

Review of the roles and functions of NACCHO and the state/territory Aboriginal and Torres Strait Islander health peak bodies

Report for the Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

8 August 2016



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1 Introduction

This section provides an outline of the context of this review, the approach and methodology used, and background information on the Victorian Aboriginal Community Controlled Health Organisation (VACCHO).

This report looks at VACCHOs activities primarily through the relationships and funding arrangements that underpin them. How well VACCHO performs these activities is part of this analysis, but not the only focus.

1.1 Context and purpose

This report is part of the Review of the roles and functions of National Aboriginal Community Controlled Health Organisation (NACCHO) and the state/territory Aboriginal and Torres Strait Islander health peak bodies. This section provides an outline of the context and methodology used by the Review.

In 2015, the Commonwealth Department of Health commissioned Nous Group (Nous) to conduct an independent review of the roles and functions of National Aboriginal Community Controlled Health Organisation (NACCHO) and the state/territory Aboriginal and Torres Strait Islander health peak bodies. Nous has been informed by a team of senior Aboriginal and Torres Strait Islander people with extensive experience in the health sector.

The objectives of the Review are to:

1. understand how NACCHO and the state/territory peak bodies contribute to strengthening the organisational capacity of the Aboriginal community controlled health sector and the health system's delivery of quality, culturally appropriate primary health care for the Aboriginal and Torres Strait Islander population and to achieving the CTG targets;
2. understand how current activities of NACCHO and the state/territory peak bodies align with the needs of the Commonwealth government, ACCHOs and the broader health system, and consider the capabilities required to deliver these activities;
3. consider how NACCHO and the state/territory peak bodies function as a national network and the principal issues regarding health system integration with which NACCHO and the state/territory peak bodies could engage;
4. make recommendations to inform the ongoing delivery of required support to ACCHOs. This will include consideration of a nationally consistent suite of supports to provide guidance to the state/territory peak bodies in supporting ACCHOs, including those that may be experiencing operational difficulties;
5. understand how Commonwealth and state/territory government investment interacts to address jurisdictional need; and
6. consider the range of Commonwealth investment that could be made in NACCHO and the state/territory peak bodies, what that range of investment could purchase and where it could be best targeted to achieve best value for money, having regard to factors such as geographical size, Aboriginal and Torres Strait Islander population, and number of ACCHOs in each jurisdiction.

The outcomes and recommendations from the Review will be used to inform:

- an agreed national work programme utilising Commonwealth funding with an associated monitoring framework that will contribute to, and strengthen capacity to, achieve the Closing the Gap targets; and
- how and where the Commonwealth could direct funding so NACCHO and the state/territory peak bodies can contribute most effectively to enabling the health system to deliver high quality, accessible and culturally safe care to Aboriginal and Torres Strait Islander people¹.

The Review has been guided by the Review Advisory Forum (RAF) which has representation from NACCHO, each state and territory peak body, and (for the first two RAF meetings only) the Commonwealth Department of Health. The RAF has met four times and considered the overall structure of the Review, the questions to be asked of all stakeholders, and the draft findings. Their input has been a major guide in shaping the Review and its recommendations.

In addition to the overall review report, Nous was also engaged to provide reports on each state and territory peak body and affiliate, and NACCHO. These reports are to be provided to the Department, and the peak body that is the subject of the report. They are not shared more broadly across the sector. The reports analyse the following:

- contribution to improving the quality of primary health care provided through the Aboriginal Community Controlled Health Services in their state/territory
- contribution to the improvement in the services provided to Aboriginal and Torres Strait Islander people through mainstream health services,
- networks – both with their member ACCHOs, and with the other state and territory based peak bodies and NACCHO
- organisational funding and function

This document is the report on VACCHO, prepared for the Department and VACCHO.

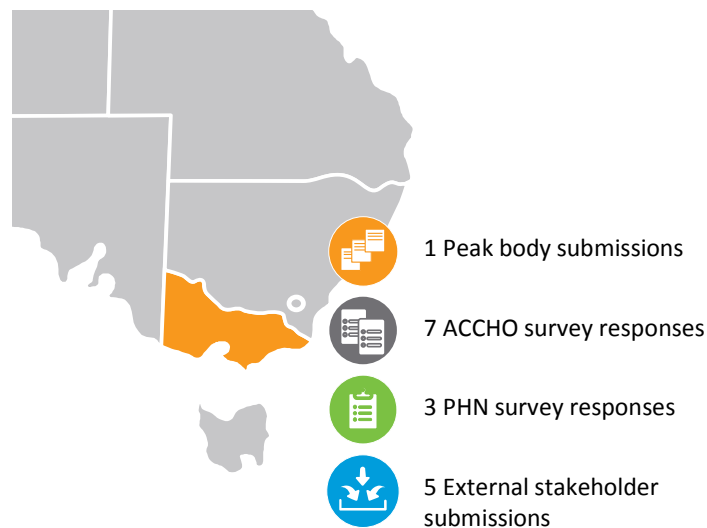
1.2 Methodology and approach

The Review began its investigation of NACCHO and the state and territory peak bodies with a document review of Annual Reports, business and action plans, strategic plans, and prior evaluations from each organisation to provide background. It then employed a variety of methodologies to gather feedback from NACCHO and each state and territory peak body, ACCHOs, Primary Health Networks and Commonwealth, state and territory health departments. ACCHOs and Primary Health Networks were invited to participate in online surveys. These surveys asked the respondents for their perceptions of the extent to which their peak body and NACCHO are effective in providing member support and representation to mainstream health services; and how effectively the peak bodies and NACCHO function as a network. The surveys asked respondents to rate effectiveness of member support on a five point scale with 'Very effective' and the top and 'Very ineffective' at the bottom. Face to face interviews were also conducted with state peak CEO's and Board members, a small group of ACCHOs from each state and territory, and health department officials. In addition the Review invited all interested stakeholders to provide submissions against key questions drawn from the Review Objectives.

¹ Review Advisory Forum Terms of Reference

A summary of surveys and submissions received that relate to VACCHO is provided in Figure 1.

Figure 1: Stakeholder input into VACCHO activities



1.3 About the Victorian Aboriginal Community Controlled Health Organisation

VACCHO is a member-based organisation and a peak body for Aboriginal health in Victoria. VACCHO represents and provides member support services to 27 member organisations – 23 full members and 4 associate members. VACCHO members are community controlled organisations that deliver health services, as well as a broad range of other family and community programmes. VACCHO members provide a complete ‘wrap around’ client focused system of support to their communities. As such, Victorian services offer a broader range of services than other ACCHOs across the country. All Aboriginal community controlled health organisations in Victoria are VACCHO members.

VACCHO provides a range of services to members delivered by 72 full-time equivalent (FTE) staff.² Services provided to members include the following:

- Sustainability and Business
- Public Health and Research
- Workforce and Wellbeing
- Policy and Advocacy
- Education and Training (Registered Training Organisation)
- Shared Services

² Accurate as at July 2016.

In addition, VACCHO has strong relationships with government, as well as strategic and operational partners. These partnerships assist VACCHO in the goal of achieving health equity for Aboriginal people in Victoria.

2 Contribution to strengthening the capacity of Aboriginal community controlled health sector

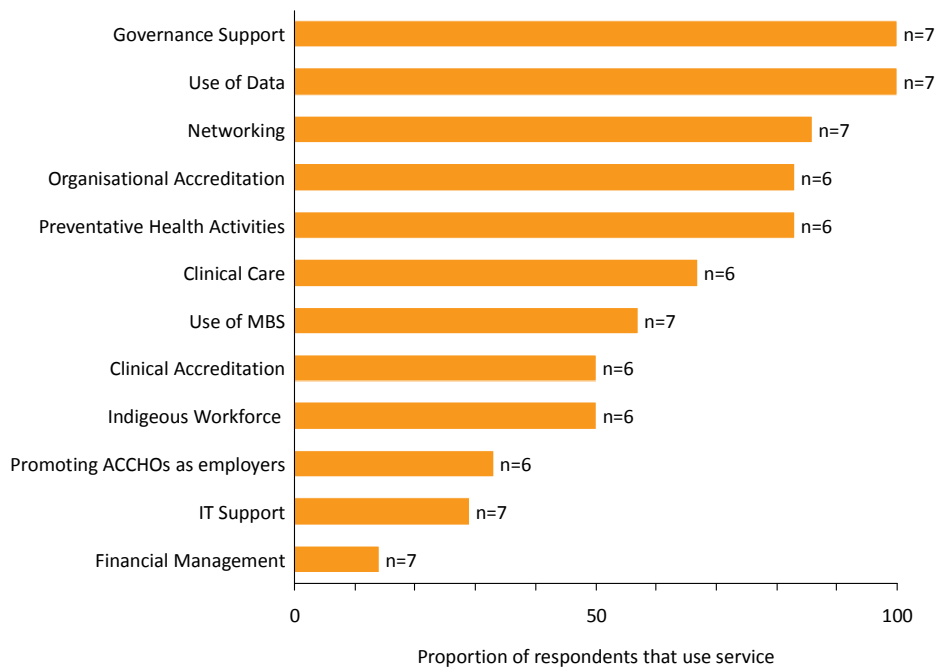
Objective one of the Review is to understand how the state/territory peak bodies contribute to strengthening the organisation capacity of ACCHOs. This section provides feedback against this objective. VACCHO provides multiple activities to support member ACCHOs to provide high quality primary health services to Aboriginal and Torres Strait Islander people. The following sections outline findings of the Review in relation to member support activities VACCHO provides.

2.1 VACCHO provides member support that effectively supports and develops the capacity of member ACCHOs

Feedback on effectiveness was generally positive, and the extent of use for different services varied

VACCHO provides a wide range of member support services. Survey responses on the use of VACCHO's services indicate that while services are widely used by members, there is some variation in the level of use for each service. In particular, 'governance support' and 'use of data' were used by all respondents. 'Financial management' was the least used, with only one respondent stating they used the service. A summary of the proportion of respondents that use each service is shown in Figure 2.

Figure 2: Percentage of survey respondents that use VACCHO services³



³ n refers to the total number of respondents that answered each question. The length of the bar shows the proportion of respondents that use the services.

Feedback on the effectiveness of the services was very positive. This was supported by consultations with CEOs of member ACCHOs, who were unequivocal in the value VACCHO provides their organisations. Specific feedback provided for each VACCHO activity is outlined in the relevant sections below.

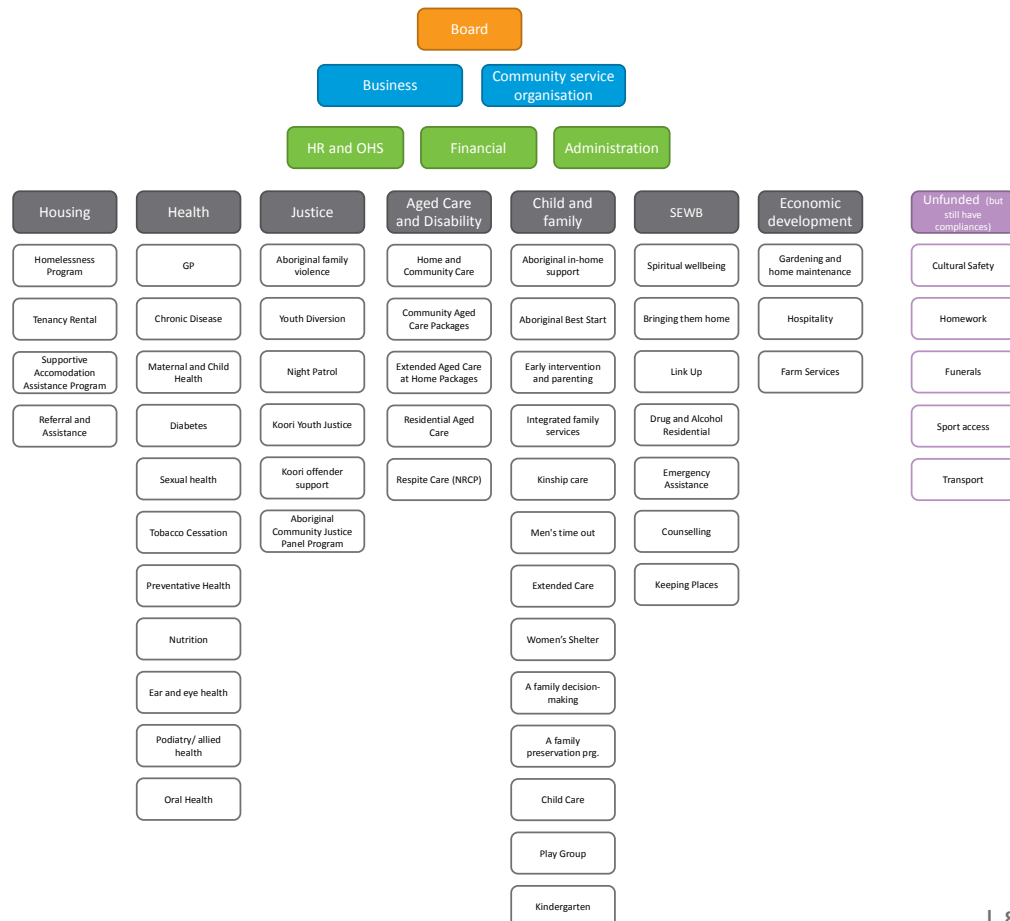
VACCHO members deliver a broader range of services than Aboriginal Medical Services in other jurisdictions, which is reflected in other services and activities that that VACCHO provide

As outlined in the introduction section, VACCHO members provide a wider range of services than typically provided by ACCHOs in other jurisdictions. The ‘wrap around’ model of service delivery means that member ACCHOs provide services in not only health, but in broader areas of social policy. This is reflected in VACCHO activities, including representation to government and wider policy areas, and through connections with other peak bodies and not-for-profits.

Victorian ACCHOs provide services around not only health, but also housing, justice, aged care and disability, child protection, education, social and emotional well-being, economic development and cultural activities. This is shown in Figure 3 below – as provided by VACCHO. During consultations with VACCHO, staff outlined that members want VACCHO (and NACCHO) to offer a broader scope of services aligned with their service areas. VACCHO has facilitated this through developing connections with other peak bodies. For example, VACCHO holds a memorandum of understanding (MOU) with Dental Health Services Victoria.

Survey responses from members also suggest that VACCHO plays a broader representation role outside of traditional health boundaries. Instead representative activities are aligned more broadly with ‘social determinants of health’, or as a submission to the Review phrased it “health encompasses their spirituality, sovereignty and so much more”. Specific examples provided included representation on changes in the aged care sector, ‘out of home’ care reform, housing, treaty talks in Victoria, and participation in the Koori Caucus (the Victorian Department of Justice – Aboriginal Justice Forum).

Figure 3: Diagram of the Legislative, Constitutional, Funding agreement and statutory compliances for a Victorian ACCHO



Members indicated that networking opportunities provided by VACCHO were particularly valuable

Member feedback also indicated that networking opportunities that VACCHO provided were very effective, ranking them as either ‘effective’ or ‘very effective’ – as shown in Figure 4 below. Only one of the survey respondents stated that they did not receive networking services.

Respondents commented on specific examples of networking opportunities provided by VACCHO. These included member meetings, AGMs, CEO network meeting, Social and Emotional Wellbeing (SEWB) forums, Aboriginal Health Worker (AHW) forums, and governance and accreditation forums. Several survey respondents outlined that these networking events were the most effective VACCHO service.

Figure 4: Survey response to effectiveness of VACCHO member networking activities



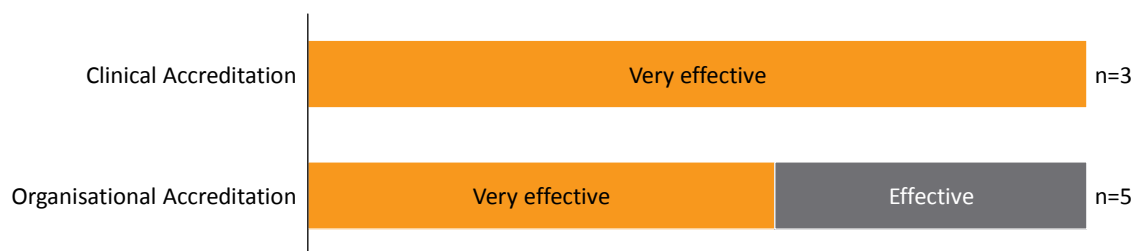
Support for maintaining clinical and organisational accreditation was also seen as important by members

VACCHO plays an important role in supporting ACCHO members in gaining and maintaining clinical and organisational accreditation. This fills a service gap for Victorian ACCHOs, as support would otherwise have to be provided by consultants. Feedback from members is that support received in this area was very effective.

All 22 VACCHO members that are applicable under the Royal Australian College of General Practitioners (RAGCP) standards are RACGP accredited. VACCHO supports member organisations to maintain accreditation through providing general information services to all members, specific tools that can be used by members and further tailored support. These activities are designed to build up members’ capacity prior to the accreditation assessment. This proactive approach is effective in ensuring members maintain clinical accreditation and service delivery standards remain high, with obvious flow on effects for the health of Aboriginal and Torres Strait Islander people in Victoria.

VACCHO also provides member support for organisational accreditation against the QIC or ISO standards. This occurs through a gap assessment, followed by a change management approach targeted toward embedding accreditation standards into the organisation. The ‘Vital Signs’ resource provides a tool for members to undertake a gap analysis across key accreditation areas. This is initially through a self-assessment, with members asking for VACCHO assistance and further support based on this activity. Members see these support services as highly effective and valuable– as shown in Figure 5.

Figure 5: Survey response to effectiveness of VACCHO clinical and organisational accreditation activities



Another respondent who noted the importance of VACCHO’s accreditation support reinforced this.

“ Clinical accreditation, as well as organisational accreditation, is the biggest area [our service] leans on for support from VACCHO. The service we receive from VACCHO in the accreditation space is fantastic with the team more than willing to drive out to [our location] and meet face to face to support us– VACCHO member ”

Other documents and resources support this ‘face-to-face’ delivery of information including documents developed and used by other VACCHO members. Other member feedback supported that these services were valuable and supported the delivery of quality health services.

This service fills an important capacity development gap for member ACCHOs. Organisations would otherwise be required to hire consultants that are expensive and would not be likely to provide ongoing support in the same manner. VACCHO estimates that this would be up to \$44,000 for the accreditation process. The level of support offered by VACCHO is also more comprehensive. It includes support for the accreditation process, ongoing support to maintain accreditation, provision of tools, and are also able to act as a ‘translator’ on day of assessment, thereby ensuring the process is clear to members. The knowledge and understanding of community-controlled governance held by VACCHO is also an important differentiator.

VACCHO plays a proactive role in governance support and acts as an advocate for services in difficulty

VACCHO also offers governance support for member organisations. VACCHO works with Boards to give advice and support for governance matters either on site or via the phone. VACCHO also hold Board Forums for members to build the governance capability of Boards and provides supporting information. This includes a 40 page booklet for ACCHO board members which outlines key considerations for new ACCHO board members, including information on governance, the role of Board directors and their legal responsibilities.

A number of VACCHO member CEOs noted that the governance support provided was very important for their organisations. This was generally supported by survey responses, as shown in Figure 6. VACCHO commented that this service was very important as all member board members are volunteers, and the level of education of some directors can be quite low. For this reason, VACCHO have continued to fund this out of the Primary Health Care funding, despite it no longer being a budget line item. Governance support is a key performance indicator for primary health care funding by the Department.

Figure 6: Survey response to effectiveness of VACCHO governance support services



VACCHO also provides support to ‘services in difficulty’. They have recently adopted a more proactive and preventative approach to services in difficulty through their governance training and support. VACCHO also plays a role in attending as an advocate for services in difficulty and providing ‘crisis support’. This includes working within the communities through elders, with Boards, and with member CEOs. VACCHO staff commented how it was important that they were not seen as ‘taking over the organisation’. This would risk reputational damage for VACCHO, and lessen their effectiveness in the long term.

Workforce development

VACCHO are currently not able to provide this service in the primary health care funding pool, however they do provide it in other areas. This is likely to explain why only half of respondents outlined that they use these services. Those that did use the services found them to be effective – as shown in Figure 7. Particular examples provided included training programs operated by VACCHO. VACCHO also commented they advocate on social and emotional wellbeing (SEWB) training.

Figure 7: Survey response to effectiveness of workforce development services



VACCHO’s data strategy supports member organisations

VACCHO have developed and implemented a data strategy for their members. 22 of the 22 services with a clinic have signed up for the data sharing agreements between members and VACCHO. According to VACCHO, this information accounts for around 25,000 Aboriginal Victorians - half of the state population. This program is funded to 31 December 2016.

VACCHO’s submission to the Review outlines the purpose of the data strategy. The data strategy is to “enhance the capacity of VACCHO’s members to use their own data for advocacy, planning and continuous improvement” (VACCHO submission).

VACCHO provides a repository for member organisations health data and see their role as acting as ‘custodians’ for this data. As such, clear data governance arrangements are in place – outlining how to use, share and store the data. A data advisory group has been established where Members decide on data improvement initiatives. The VACCHO improvement cycles are also Member driven where data topics/ themes are agreed to and a series of Webinars are conducted over a three month period.

One area that has recently been a focus of the data strategy is the ‘Tackling Indigenous Smoking’ program. The information from the data strategy was able to inform member discussions with government and discussions within the individual communities. According to one VACCHO staff member, “the data enabled a conversation about how this might be possible”. With the supporting data, member CEOs were able to realise how a 10% reduction target might be possible in their own community, allowing local communities to establish their own targets.

VACCHO display Members’ de-identified health service data to benchmark performance against national and state averages, including National Key Performance Indicators (nKPIs) and RACGP Accreditation standards. One survey respondent outlined the process.

“ Each member can only see their graph alongside de-identified graphs of other agencies. This enables each ACCHO to see where they are faring against the National average, as well as other state ACCHOs. Sitting along the graphs and data are fortnightly webinars – VACCHO member ”

Both the use of data for benchmarking and health focus areas enables planning around policy and future planning at the member level. It should be noted that in phase one of the data strategy only those services with a clinic or health service were approached to sign an Information Exchange Agreement –

other services will be offered an opportunity to share other data collected once the VACCHO ICT/IM and internal CRM is further developed and fully implemented.

Generally 'use of data' services were found to be effective by members. One member did however comment that they found the service 'very ineffective'. This is shown in Figure 8.

Figure 8: Service response to the effectiveness of data support services



In their submission, VACCHO have commented that they would like to see NACCHO play a more active role in relation to the use of data. This is discussed further in Section 4 – Funding arrangements and investment.

Sexual health support is also provide by VACCHO

VACCHO provide education and training for sexual health workers. This function is currently resourced with two non-clinical positions under the Primary Health Care Schedule from the Department. According to VACCHO further resources in the member organisations and VACCHO would be beneficial to address the prevalence of STIs and Blood Borne Viruses in Indigenous communities.

At present, VACCHO provides support to these services through a 'train the trainer' toolkit – the "Deadly Sexy Health Kit" which was developed by VACCHO's Sexual Health and Reproduction team. The toolkit supports training that is provided to youth workers and Aboriginal Health Workers. The toolkit includes information on sexual health, including context on gender and sexuality, including LGBTIQ. This is important given the low levels of awareness of sexual health that exist in some communities.

VACCHO's Sexual and Blood Borne Viruses team also strongly advocate and develop policy for recognition of the complex issues of diagnosis and treatment access for Aboriginal people living in Victoria. In addition to workforce training through the "Deadly Sexy Health Kit" which focuses on developing healthy relationships in young Aboriginal people, access to HIV and Hepatitis C prevention and treatments is a key priority area.

VACCHO also collaborates with other organisations to support effective delivery of sexual health. Currently, VACCHO is working with Hepatitis Victoria to strengthen the capacity that exists within community-controlled services. This is important, as marginalised groups may not connect through mainstream services.

VACCHO undertakes and supports research activities that build the evidence base on Indigenous health and support Indigenous health outcomes

Recently, VACCHO has tried to shift from a reactive position to a proactive process where VACCHO can define important areas of research in Indigenous health. This research is largely informed by the data strategy implemented by VACCHO.

VACCHO also supports external research through assessing the validity and appropriateness of methodologies and research designs. In part, this is because there is no Aboriginal Research Ethics Committee in Victoria, and HREC Boards often do not have Aboriginal representation. Two HRECs – St Vincent's and Melbourne University – require potential researchers to seek approval from VACCHO if undertaking Indigenous health work.

At times, VACCHO is also involved in the co-design of the research. This can be facilitated through MOUs. VACCHO commented that in particular MOUs with peak bodies meant this was conducted well.

Otherwise, VACCHO supports research that is translational and developmental. They commented that it is important the research builds the evidence base of the sector. VACCHO requires the following to approve research designs:

- Demonstration of appropriate consultation mechanisms with communities
- Clear capacity building through research project (such as through Aboriginal Research Assistants or acknowledgement of work)
- Informal or formal communication of outcomes to the community, with a clear process around results and informing the community of outcomes.

VACCHO also plays a role of building capacity of ACCHOs in relation to research. In partnership with the South Australian Health and Medical Research Institute, VACCHO has run two masterclasses for ACCHO staff:

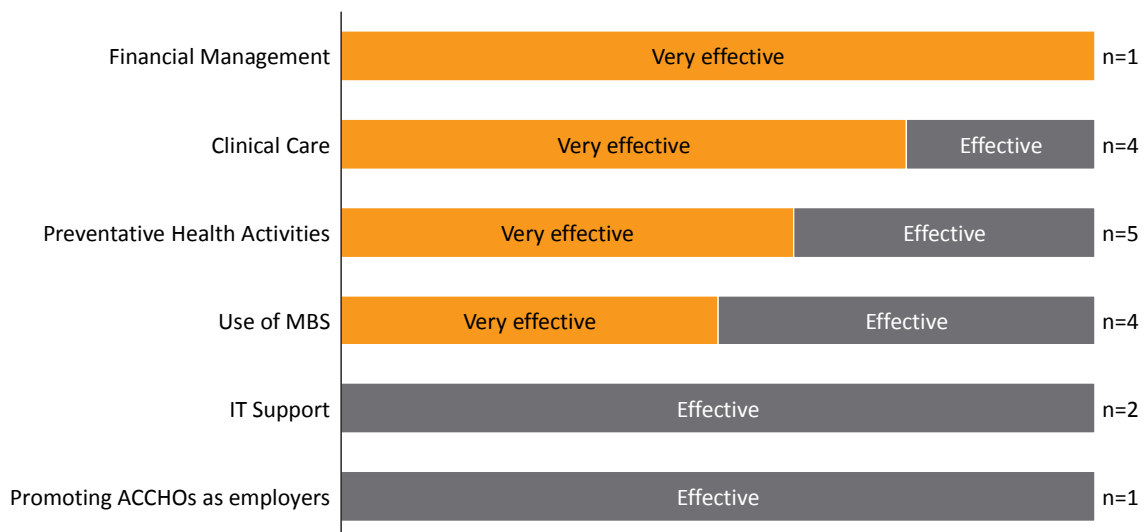
1. 'Understanding what to do when approached by researchers'
2. 'How to do research yourself' (including good governance, HREC, and consent)

Other services were seen as effective by the members that use them

Survey respondents were asked to rate the effectiveness of all VACCHO services that they reported using. In general, responses were positive. A summary of the responses provided for each service that has not been discussed earlier in this section is provided in Figure 9.

Overall the services provided by VACCHO were seen very positively by member respondents. More than 90% of survey responses rated VACCHO services as 'very effective' or 'effective'.

Figure 9: Survey response to effectiveness of other VACCHO services



One respondent offered negative feedback on the effectiveness of VACCHO but this was an exception

Survey responses from one member were negative on the role of VACCHO and the effectiveness of the organisation in representing its members' views. The member commented that VACCHO needed to listen more closely to the preferences and positions of their members in relation to key indigenous health policy issues.

This position was not supported by other member health services, all of whom provided a positive assessment of the role and effectiveness of VACCHO.

2.2 Summary of findings

A summary of key findings on VACCHOs member support activities are outlined below.

Summary of VACCHOs contribution to strengthening Aboriginal Community Controlled Health sector:

- The member support provided by VACCHO is seen as effective by members.
- It is therefore clear that VACCHO fulfils its function to improve the quality of service delivery to Aboriginal and Torres Strait Islander people through the ACCHOs.

3 Contribution to strengthening the capacity of mainstream health services to deliver quality, culturally appropriate care

The second part of Objective One of the Review is to understand how the state/territory peak bodies contribute to strengthening the capacity of mainstream services to provide quality, culturally appropriate care to Aboriginal and Torres Strait Islander clients. This section provides feedback against this objective.

3.1 Collaboration with Commonwealth and State Governments

VACCHO acts as the Chair for the Victorian Advisory Council for Koori Health (tri-partite agreement) and maintains strong relationships with government through representation activities. This section outlines findings related to VACCHO's relationship with the Commonwealth and Victorian Governments. Information presented here is based on feedback from health department officials, ACCHOs and the VACCHO submission.

VACCHO enjoys a positive relationships with both Commonwealth and Victorian Governments

VACCHO plays an important role in offering health policy advice to the Commonwealth and State Governments. This is primarily through participation on the Victorian Advisory Council for Koori Health – the tri-partite agreement that is in place in Victoria. VACCHO provides secretariat support for this body out of Primary Health care funding. Consultations with key VACCHO staff and Commonwealth Department of Health representatives outlined that the tri-partite relationship was productive, and participants enjoyed a strong working relationship.

VACCHO, primarily through their CEO, maintains a strong relationship with the Secretary of the Commonwealth Department of Health and at the Director level, as well as key contacts in the Victorian Government. During consultations, key VACCHO staff commented on reform fatigue that VACCHO experiences at the state level. In particular, the amalgamation of Department of Health and Human Services (DHHS) has meant different relationships have had to be formed with key stakeholders.

Stakeholders have commended the reputation and leadership of the VACCHO CEO as having an important profile within government and the community. The CEO's role on expert advisory committees is highly valued by government. Member CEOs, staff, government and non-government stakeholders all commented on the importance of the CEO as a driver of VACCHO's representation activities.

These relationships have supported key advocacy work undertaken by VACCHO

These relationships with key government stakeholders support advocacy work that VACCHO undertakes on behalf of its members. VACCHO plays a key role in setting the agenda in relation to both the community controlled health sector and Aboriginal community policies more broadly.

Key activities undertaken by VACCHO include making submissions to enquiries, representation through the Victorian Advisory Council for Koori Health, development of election platforms at the state level and developing budget responses, and representative roles on other bodies. VACCHO staff have commented that the State Government expects VACCHO to be very proactive in setting the agenda for Indigenous health in Victoria, commenting they "want us to shake them by the shoulders" and inform them what they should fund. External stakeholder submissions supported this. They outlined that VACCHO were

effective in their representation activities and “play an important role in influencing the government’s agenda”.

These services and activities are undertaken by the Policy and Advocacy branch within VACCHO. VACCHO has commented that efforts are made to leverage this work across the NACCHO network.

“ We recognise that we are fortunate to have a policy and advocacy team, which some other states do not. For this reason we try and support other states in relation to this – VACCHO staff member ”

Key representative activities undertaken by VACCHO that have emerged during the Review include:

- Representative role with National Aged Care Alliance on behalf of the NACCHO network
- Supporting members and representing to government for Department of Prime Minister and Cabinet (PM&C) requirements for members to transition registration from cooperatives to ORIC
- Liaising with State Government to see if additional funding was available for programs that had lost funding following the transition of Indigenous affairs to PM&C.
- NATSI Health Plan and Implementation Plan, raising awareness of implications through extensive research, member consultation and Director level consultation.
- Representative activities at the State Government levels on ‘closing the gap’, Aboriginal Affairs Victoria meetings, health sector and other representation to Premier and Cabinet.
- Advocacy on Koolin Ballit, Child Protection (Taskforce 1000), Ice Taskforce and Drugs and Alcohol, mental health issues and reform (10 year plan).
- Playing a change agent role in the culture and language used within State Government in relation to Aboriginal affairs – including discussion around treaties and self-determination.
- Key submissions, including recent Commission Senate Enquiries, and state level submissions on IAS, NATSI Health Plan, and the National Closing the Gap Steering Committee.

VACCHO has also identified the early years as an area where opportunities exist to ‘close the gap’. Koori funding provided by the Victorian Government has not been sufficient. According to VACCHO, the data strategy indicates that separate funding is not pooling together sufficiently to address the level of need. Coordination across multiple agencies that have responsibility for maternal and child health and complicates coordination efforts.

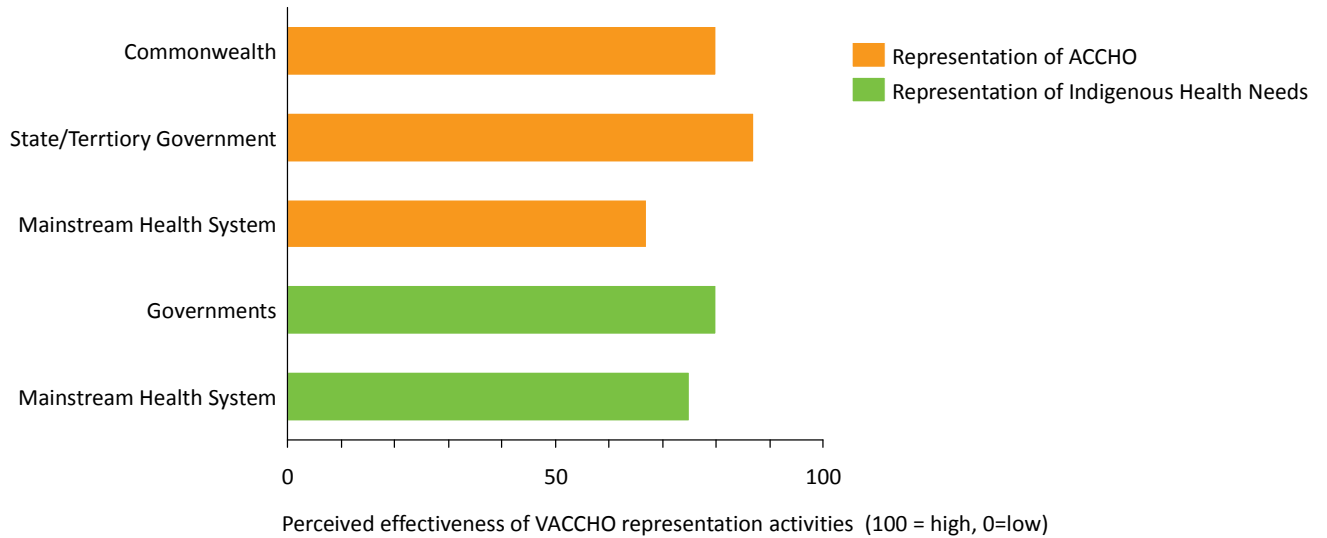
VACCHO’s submission to the Review identified taking a holistic approach to child and maternal health within member communities as an important policy focus area for VACCHO. In particular, VACCHO consultations outlined the opportunity to close the gap around early years by engaging actively with the tri-partite agreement:

- early intervention
- extra investment in early years
- infrastructure and expertise.

Importantly, members feel they are represented through these engagements

Member feedback through consultations and the online survey indicated that they were very happy with the quality of the representation they received from VACCHO. Comments during the consultations with members emphasised the ‘ground-up approach’ and the manner in which structure provides a voice for the 27 member ACCHOs. Survey respondents outlined that the peak body was effective in representing the organisation and indigenous health needs to government and health bodies – as shown in Figure 10. Most respondents indicated that the representation was either ‘effective’ or ‘very effective’.

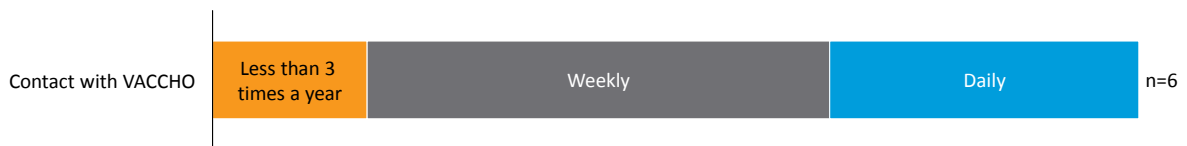
Figure 10: Survey respondents’ assessment of the effectiveness of VACCHO representation activities⁴



Several respondents also noted the VACCHO CEO Professional Networking meeting as providing productive two-way exposure, for government officials to Indigenous service providers and vice versa. Kim Peake (Secretary, DHHS) and Natalie Hutchins (Victorian Minister for Aboriginal Affairs) have recently attended this forum. The forum generally focuses on high level policy and offers a mechanism for direct input for members. The Commonwealth also actively engages through this forum and the Commonwealth Department of Health have provided briefings in the past.

Feedback from the survey indicated that the peak body regularly communicates with member organisations in Victoria. Most respondents commented that their organisation communicates with or receives information from VACCHO either ‘daily’ or ‘weekly’ – as shown in Figure 11. Only one respondent commented they receive information less than three times a year.

Figure 11: Level of contact between respondents and VACCHO



⁴ Scores have been calculated based on survey responses. A score of 100 indicates that all respondents stated the service was ‘very effective’ and a score of 0 indicates that all of the respondents stated it was ‘very ineffective’.

3.2 Engagement with mainstream health and human services providers

VACCHO also engages with the mainstream health and human services sectors extensively, including through formal partnership and MOUs. This supports delivery of culturally safe services to Aboriginal Victorians.

External stakeholders were unanimous in recognising the value of VACCHO in supporting the delivery of culturally appropriate services to Aboriginal Victorians. VACCHO's value was summarised by one submission outlined below.

“ Role of ACCHOs and their peaks are incredibly important – significant disadvantage remains for Aboriginal and Torres Strait Islander Australians. In Melbourne and Victoria this is no less the case – our local organisations work hard to ensure the visibility of Victorian Aboriginal people in the national discussion – External stakeholder submission ”

The submission recognised that “Aboriginal people are best placed to determine what is most beneficial for Aboriginal people”. The submission went on to outline that notions of community control are valid and should be resourced accordingly. Another stakeholder outlined that VACCHO were “a trusted partner in Indigenous health”.

The single point of contact for Indigenous health matters in Victoria was also highly valued by other stakeholders. One member outlined how due to VACCHO's credibility and legitimacy they were able to engage only with VACCHO, and not directly engage with individual ACCHOs, unless specifically required to. A survey response from a PHN also outlined the value as a single point of contact on state health issues.

VACCHO provides support for and advocacy to the mainstream health sector

VACCHO is very proactive in providing support and advocating to the mainstream health sector to ensure delivery of culturally safe care and services. They hold multiple MOUs with social services providers and health service providers, and constantly communicate with mainstream health organisations. This includes through engagement with the recently introduced PHNs through the Victorian PHN Alliance. VACCHO are regularly invited to attend the PHN alliance and provide support for protocols and guidelines. PHN CEOs are also members of the Victorian Advisory Council on Koori Health.

The Review received a very high level of external stakeholder submissions, as well as survey responses from three of the six PHNs in Victoria. This level of engagement is likely to represent a good level of involvement and influence of VACCHO in the mainstream health and human services sector.

External stakeholders that provided input to the Review have outlined that they consult widely with VACCHO on a range of policy areas. One stakeholder in particular outlined that engagement with VACCHO represents a clear link to Aboriginal communities they represent and they respect their role as the peak body for Indigenous health in Victoria.

Some stakeholders noted opportunities to improve VACCHO's representation and communication to the mainstream health sector include through e-newsletters or other forms of regular communication outlining key areas of work and achievements. Another stakeholder commented that VACCHO could play

a further role in strengthening the Coalition Aboriginal Health Alliance. According to the stakeholders opportunities exist to harness the energy from mainstream organisations that want to be involved. Stakeholders did however acknowledge that resource constraints might make this difficult.

Stakeholders indicated there were further opportunities for expanding cultural safety training

VACCHO provides cultural safety training to some mainstream organisations. One submission outlined the value of this training as effectively supporting the cultural competency of the organisation. The stakeholder was very positive on the value of the training itself and commended the ongoing support provided to staff that had undertaken it.

Submissions from several other organisations suggested there was an opportunity for VACCHO to play a greater role in this area through extending access to training. However pressures around resourcing and funding were acknowledged by these stakeholders.

VACCHO will play an important role in supporting providers during sector changes

Many stakeholders consulted in mainstream health outlined the important role that VACCHO will have in the face of key changes to disability and aged care within the sector. VACCHO will have both a supportive role for member organisations that are experiencing this change, such as addressing knowledge or capacity gaps around individual budgeting and finance structures. They will also be an important source of information for the mainstream sector. One stakeholder commented that feeding through this information of member experiences will be important for the sector and provide direct experiences for designing mainstream services for Indigenous Australians.

3.3 Summary of findings

An overview of key findings related to VACCHOs contribution to the mainstream sector is outlined below.

Summary of VACCHOs contribution to delivery of culturally appropriate care in mainstream sector:

- VACCHO are active in their representational activities through the tri-partite forum, and hold very positive relationships across many levels of government which inform Indigenous health policies.
- The community controlled sector in Victoria perceives that VACCHO effectively represents their and, more broadly, Indigenous health interests to the state and Commonwealth Governments.
- VACCHO has also established several partnerships and relationships with mainstream health and human service providers. This supports the delivery of culturally safe service for Indigenous Australians.
- VACCHO are effective in improving the capacity of the Victorian health system to deliver quality, culturally appropriate care to Aboriginal and Torres Strait Islander people.

4 Collaboration with NACCHO

Objective three of the Review is to consider how NACCHO and the state/territory peak bodies function as a national network. This section provides feedback against this objective.

In general, VACCHO members saw NACCHO as having a valuable role. However, some VACCHO members commented that they did not clearly understand the role of NACCHO. Some VACCHO staff and member organisations have suggested that alternate governance arrangements might better support the network.

Members outlined the benefits of NACCHO in its role to provide a ‘one voice model’

Several VACCHO members commented that the key strength of NACCHO is providing a single national peak body for the community controlled health sector and Indigenous health more broadly.

Consultations with member CEOs provided feedback on the value of NACCHO. Members outlined that the governance structure and the manner in which individual organisation’s views and interests were able to feed through to the national level creates a “ground up approach” across the country. This allows the sector to speak with a united voice. A selection of feedback is included below.

“ *The NACCHO model provides a one voice model for all states and territory ACCHOs agreeing on a stance and NACCHO taking this stance to advocate for change – VACCHO member survey response* ”

“ *Important that an organisation from a small town of 1300 people is able to feed through the Victorian level first, and then to the national level – VACCHO member CEO interview* ”

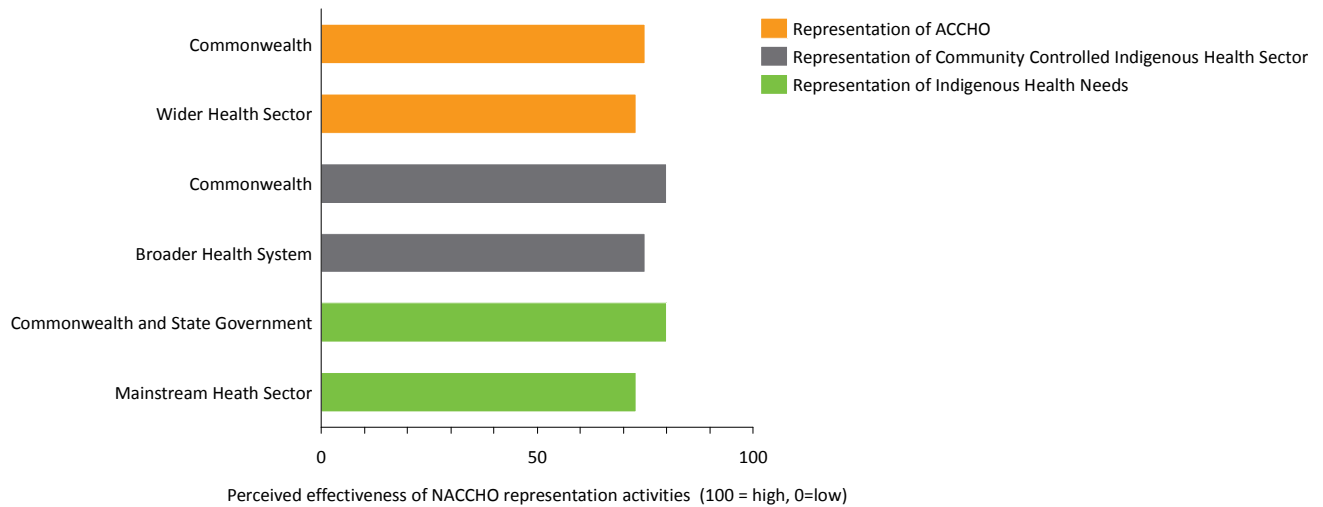
External stakeholders who saw the model as effective also supported this. This was the case especially given the ‘diversity of Aboriginal communities across the country’.

Members also emphasised the organisation’s value in advocacy and policy development through this “one voice model”. One positive example cited was the GP co-payment policy issue and the advocacy undertaken by NACCHO to convey their position and the impact on Aboriginal Australians. The following were identified as roles NACCHO should play by VACCHO member CEOs:

- Repository for best practice across the country
- Body that acknowledges diversity of the sector
- National data collection agency
- Policy leadership

Survey feedback indicated that Victorian members perceived that the representation NACCHO currently undertakes is effective (Figure 12).

Figure 12: Respondents' assessment on NACCHO representation, by VACCHO members (n=7)⁵



Victorian members and stakeholders have mixed views about how well the 'national network' currently functions

Victorian members provided mixed feedback on how well the network currently functions. Feedback from members indicated that there were clear areas for improvement and that barriers existed to the national network functioning efficiently. In some instances, the understanding of the 'national network' and how it does and should function is low.

Survey responses outlined some key barriers to the national network functioning effectively. Staff being based only in Canberra was seen as a limitation by one member. The low number of Aboriginal staff members was also seen as a barrier. Another member commented that their NACCHO affiliation was only as a result of their VACCHO membership, and they were not formally members. This suggests a low level of understanding of the governance arrangements in place.

Some members also commented that the narrow focus of NACCHO meant potential benefits of the national network were not fully realised. Members suggested that NACCHO is only active in health, mental health and some work in justice – despite the wider focus of Victorian member organisations. They commented that NACCHO might consider a broader focus considering all social determinants of health when representing interests of the Indigenous community – especially where these have implications at the Commonwealth level.

Some members that were engaged through consultations did not see value in their membership of NACCHO, and did not think the national network functioned well. A member made the following comment.

“ We are a member, but what does this mean in the bigger scheme of things – VACCHO member CEO interview ”

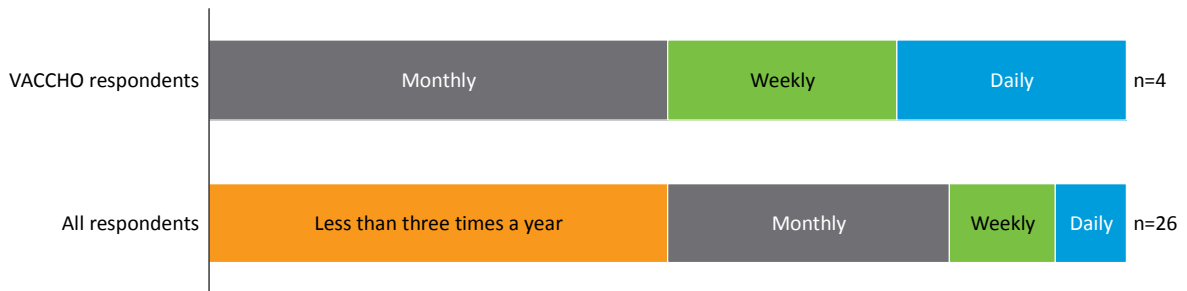
Other members' responses supported this view and suggested their ACCHO's level of engagement with NACCHO was not significant. Commonwealth representatives based in Victoria supported this, stating

⁵ Scores have been calculated based on survey responses. A score of 100 indicates that all respondents stated the service was 'very effective' and a score of 0 indicates that all of the respondents stated it was 'very ineffective'.

that they did not feel as though it currently functioned as a national network. Instead, they felt NACCHO acts in parallel to the state bodies. The Commonwealth deals with both directly in most instances.

While feedback from Victorian members of NACCHO appeared to be mixed, survey responses did indicate that NACCHO maintains regular communication with organisations in Victoria – shown in Figure 13. This may be due to the effective role played by VACCHO in disseminating key information.

Figure 13: Level of communication from NACCHO



Furthermore, many VACCHO respondents were positive about the effectiveness of VACCHO and NACCHO working together. This is shown in Figure 14 below.

Figure 14: Effectiveness of NACCHO and peak body at working together



From a VACCHO perspective communication networks between NACCHO and the state peak may have broken down more recently

VACCHO staff commented that the networking and sharing of information between members of the network could be improved. NACCHO has an important role in this to compile and distribute general information that was relevant across multiple jurisdictions. They did comment that, in general, strong coordination between VACCHO and other state and territory peak bodies still exists, but there is an opportunity for improvement in the overall functioning of the network.

VACCHO has also commented that processes for the development of national advocacy issues could be more clearly established. At present, these are largely ad hoc. NACCHO’s strategic planning days provide a mechanism through which VACCHO can provide input. These occur quarterly. VACCHO has recommended the re-introduction of the National Policy Network. The re-establishment of the network with a clear work plan for the group would support a more formal policy input mechanism from the state bodies.

Members suggested alternate governance arrangements might be more appropriate

Many members of VACCHO have suggested that alternate governance arrangements might better support the community controlled sector. Feedback from members was that some confusion existed about ACCHOs being member entities for both. This has resulted in an overlap in the roles and responsibilities of NACCHO and the state and territory peak bodies.

Some members have put forward that Affiliates (jurisdictional peaks) should be members of NACCHO, and that ACCHOs should remain members of the state peaks. These ACCHOs should be enabled to report up on national issues.

Others commented that the role of state CEOs in decision-making needs to be formalised. The suggestion was made in some survey responses and during discussion with member CEOs that the National Board should be constituted of all jurisdictional peak body CEOs and the state Chairperson as voting Directors.

It was also agreed that the member support role of NACCHO should be limited without coordination of the state peak bodies. One member commented “NACCHO can’t be everything to everyone”. Instead the focus should be on advocacy at the Commonwealth level and coordination of the network, with the structure and governance arrangements designed accordingly.

4.2 Summary of findings

An overview of key findings related to VACCHO’s role in the NACCHO national network is included below.

Summary of findings on VACCHO’s role in the NACCHO network:

- VACCHO members and staff were clear on the opportunity for NACCHO to provide “one voice” for community controlled members across Australia.
- Some members outlined the value of being a NACCHO member was not currently realised, and opportunities existed for this to improve.
- Feedback from ACCHO members and VACCHO outlined that communication and coordination between VACCHO and NACCHO could be improved.
- It was outlined that alternate governance arrangements might be required to support NACCHO’s activities.

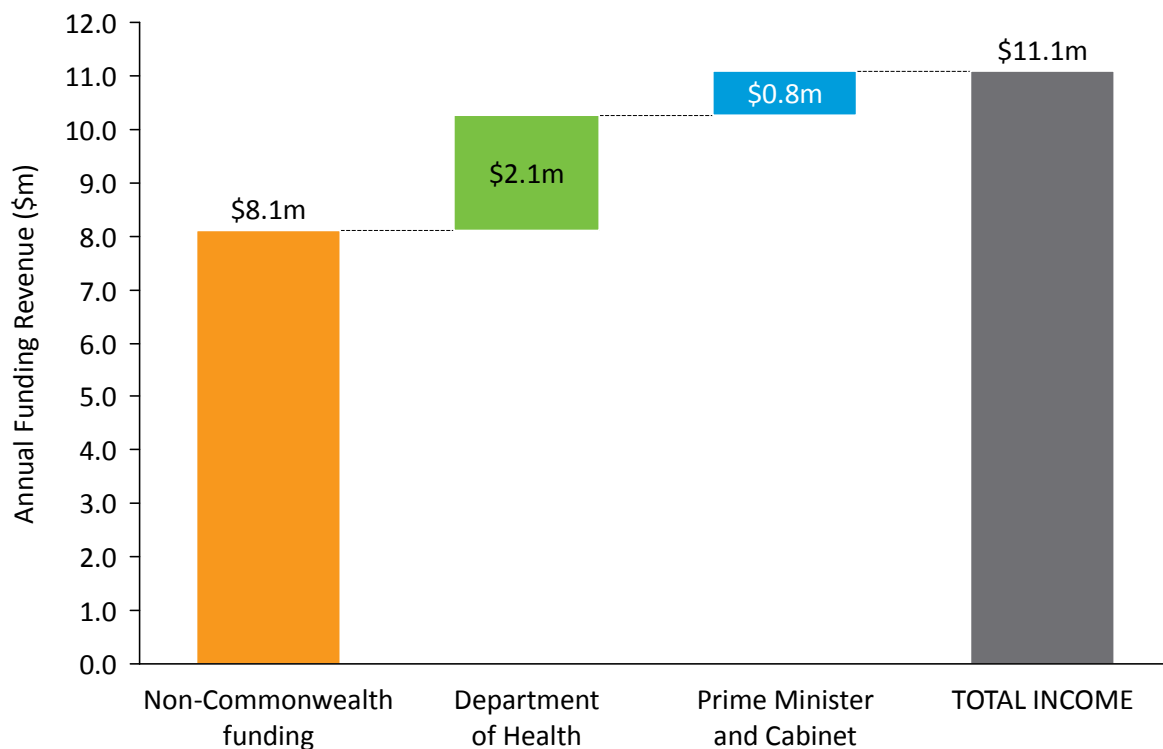
5 Funding arrangements and investment

Objective five of the Review is to understand how Commonwealth and state/territory government investment interacts to address jurisdictional need. The Review also seeks to clarify an effective system for investment in the state/territory peak bodies, and what it could purchase. This section presents feedback against these two objectives.

5.1 Commonwealth contribution is a valuable but small part of VACCHO's total funding

Commonwealth funding makes up a relatively small proportion of total funding received by VACCHO. According to VACCHO's submission to the Review, Commonwealth funding makes up only 27% of VACCHO's total annual income. Only 12% of their annual income is received through Primary Health Care funding.

Figure 15: Commonwealth contribution to VACCHO⁶



A further breakdown of the Commonwealth funding for 2015-2016 provided by both the Department and PM&C is also included overleaf.

⁶ Data on Department of Health funding and PM&C funding have been provided by each department for FY 2015-2016. Total income is based on VACCHO Annual Budget figures for FY 2015-2016.

Commonwealth Government funding for 2015-2016:

Department of Health

- Indigenous Health Peak Body - \$1,801,421.05
- Tackling Indigenous Smoking – Regional Grants - \$312,192.12
- Ear Health Coordinator – \$34,090.91

Department of Prime Minister and Cabinet

- SEWB WSU - \$552,455
- SEWB RTO – \$211, 170
- Children and Schooling – VET Pathways to Education and training - \$80,000

Government funding is often ‘leveraged’ to ensure important services are offered to members

VACCHO has outlined both in their submission to the Review and during consultations with staff that funding from multiple sources is leveraged to provide the appropriate services that their members require.

“ We are able to provide a broad range of member support services and programs because we have built strong relationships with other funding bodies and are able to strategically integrate and leverage from our funding sources to build the appropriate scope and level of services needed by our members – VACCHO submission ”

As such, activities that VACCHO undertake are often additional to those provided for by Commonwealth funding. During consultations, VACCHO staff provided a specific example of funding being used to enable a broader, and more tailored service to be provided. Recent changes to the Department of Human Service standards (DHS1), and very short transition time, had a significant impact on VACCHO members. VACCHO used Commonwealth funding to run workshops to outline the changes for members and continued to work with their member organisations to ensure continued compliance against the standards.

During consultations, key VACCHO staff outlined that changes in the way VACCHO are funded have enabled this further. Commonwealth providing consolidated funding has allowed VACCHO the freedom and autonomy to address the needs of the sector and in a flexible and responsive way.

5.2 VACCHO has experienced some resource constraints and have identified areas further funding could be directed

Stakeholders during consultations and through submissions have outlined how VACCHO experiences some resource constraints in conducting their role as a peak body. This is discussed further below.

Overall funding levels have been identified as a constraint by both ACCHOs and external stakeholders

Multiple stakeholders have commented that funding levels are a constraint on the services that VACCHO are able to offer, and their ability to support their member organisations fully. This included VACCHO staff, members, and external stakeholders – including government.

Feedback from the member survey indicated that VACCHO funding levels has meant that at times there are not enough people “on the ground”. Furthermore, short funding periods were raised as a constraint for VACCHO, causing difficulties in planning. One member made the following comment.

“ Short term funding acts as a barrier to the effectiveness of the peak body –
VACCHO member survey response

Stakeholders within the Commonwealth also mentioned that, at times, VACCHO’s level of funding is not sufficient for them to fulfil their role. They also noted that the Commonwealth does not explicitly fund VACCHO for many member support activities they provide.

During consultations VACCHO staff outlined multiple areas that funding could be directed to better support their members. In turn, these would result in better health services for Indigenous Victorians. Key areas for investment are outlined below.

- **Accreditation** – Currently the accreditation function only has one dedicated FTE. Given the volume of work and the importance of maintaining clinical and organisational accreditation this is not adequate. VACCHO have proposed that four FTE for this function would enable them to adequately provide proactive support for members in this space.
- **Community of practice for financial management** – VACCHO have identified the opportunity to develop a community of practice for financial management to support their member ACCHOs financial operations. The intention would be to bring member Boards together to work on a range of issues, and share lessons from experiences. This would leverage and build upon the pockets of very good financial management that exist in the member organisations.
- **Ongoing funding for Public Medical Health Officer (PMHO) and Sexual Health and Blood Borne Virus Team** – continuation of funding for the PMHO position and the sexual health team is not clear to VACCHO at this stage. According to VACCHO the work undertaken by these is critical to ensuring population health outcomes for Aboriginal Victorians and should continue to be funded. Further opportunities also exist for specific Aboriginal health strategies in the area of Sexual Health and Blood Borne viruses. VACCHO has identified that a regional approach, as used in the Regional Tackling Indigenous Smoking Program might be appropriate.
- **Indigenous workforce development** – Recently VACCHO have not been able to provide Indigenous workforce development services through primary health funding pool due to resource constraints. In particular, VACCHO sees opportunities to provide development support for ACCHOs in understanding the competitive tender process and developing tender responses. This is seen as increasingly important shifts towards competitive tender processes – with the IAS a key example.
- **Ongoing funding for data use** – Data activities were only funded for a 12 month period which expires on 31 December 2016. VACCHO would like to see continued funding to develop an evidence based to shape appropriate policies and responses. The Commonwealth sees this as highly valuable to assist with planning activities, however no advice has been given to date about the future of this funding.

- **Early years** – VACCHO currently receive Koori funding from the Victorian Government, however extra resourcing in early years will help to prevent negative outcomes in the Aboriginal and Torres Strait Islander population. The most recent portfolio budget identified this area as a key priority. It is a current gap in funding for VACCHO.
- **Tackling Indigenous smoking** – VACCHO recently requested funding for tackling Indigenous smoking. They were only provided 50% of funding requested by the Commonwealth. This has resulted in the program being underfunded and the scale of the program reduced. VACCHO has identified this as a key health challenge, pointing to the very high rates of Indigenous smoking in the population (53% compared to 13% of wider population).

VACCHO have identified opportunities for development of a ‘back-of-house’ social enterprise

VACCHO have identified an opportunity to implement a back of house social enterprise to better support members and create an additional revenue stream for VACCHO. Initial funding would be required to establish the social enterprise.

The introduction of the social enterprise would create efficiencies across the VACCHO network by reducing or removing the cost from back of house operations within ACCHOs. This would result in a greater level of professionalism for ACCHOs reporting and allow ACCHOs to direct more funding to front of house clinical services.

VACCHO sees they could play three roles in this arrangement:

1. As a service provider to member ACCHOs
2. As a partnership broker (increased purchasing power as a network)
3. Through provision of professional services.

This support is increasingly important due to the changes that are occurring within the sector, and the increasing complexity and sophistication of funding and reporting arrangements in the health, disability and aged care sectors.

This offer will build on Human Resources advice for member organisations that is already in place.

5.3 Summary of findings

A summary of key findings related to VACCHOs funding is presented below.

Summary of findings related to funding:

- Commonwealth funding is only a small component of VACCHO funding.
- Consolidated funding has provided increased freedom for VACCHO to address the needs of the sector in a flexible and responsive way.
- VACCHO leverages funding from different sources to provide important services to members.
- There are multiple areas where VACCHO would benefit from additional funding. This would improve the quality and level of services delivered to Aboriginal and Torres Strait Islander people.

Appendix A Performance measures for NACCHO and State Peak project funding

Improving system-wide clinical and public health initiatives and business systems

- **Indicator 1**, Support to member organisations to make better use of data to improve service planning and delivery
- **Indicator 2**, Support to ACCHS to achieve/maintain accreditation
- **Indicator 3**, Support to ACCHS to implement CQI activities

Improving member organisations' capacity and capability

- **Indicator 4**, Leadership and support provided to members to strengthen governance
- **Indicator 5**, Leadership and support provided to members to strengthen clinical governance
- **Indicator 6**, Members supported to improve and maintain information systems

Engagement with government and other key stakeholders

- **Indicator 7**, Engagement with government and other key stakeholders on policy and programme priorities – contribution of expertise and advice

Building a skilled and sustainable workforce (including education and training)

- **Indicator 8**, Contribution to national workforce strategy specific for ACCHS workforce.