Getting partnerships right in rural and remote WA

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Hi everyone. Just to start off, again I thank the Palawa people for welcoming me to speak on their land.

I probably could say that partnerships have failed in WA in the past. Partnerships in respect of health have failed. The Framework Agreement that came into place, I think, in 1999 didn’t really do as well as it should have. Apart from the egos involved, probably on the government side, there were implications in relation to the dollars that were set aside that was to get the partnership off and running.

I think the fact of the matter was that there were implications in relation to those dollars that were set aside that went to pay for the employment of doctors working in the desert in Aboriginal communities and there were implications because there was no risk assessment done in relation to the doctors that were being placed in the desert and so sustainability was a thing that was affected.

In terms of partnerships we need to look at the incentives or the investments that are required in relation to the partnerships. The time and energy that is required to put into these partnerships as well as the money—we need to think very carefully about that. Partnerships need to be structured and we need to use strategic approaches for them.

We need to have, as we all know, a level playing field in relation to Aboriginal peoples and in relation to government. We need to be involved in decision making and the communication process. We need to be treated with respect. We need to be listened to. We have a multitude of policy issues in health to deal with. In WACCHO we have about two and a half staff to deal with that, across Western Australia.

We have to deal with Primary Health Care and the access that is available to Aboriginal people. We have to deal with Aboriginal Community Controlled Health Services or health organisations, like the Aboriginal Medical Services, dealing with Primary Health Care access. And we have to ensure that access is also provided through the mainstream services. And another area that is huge is the body parts area—the heart, the eyes and the various research programs and intervention programs that are going around with them, trying to keep on top of them. It is like a runaway train, especially in terms of how we as Aboriginal Medical Services can use or benefit from the research and those intervention programs that have been carried out.

And we all know that the workforce is really central to all that. We know that in WA we have a structure for dealing with these National Strategic Frameworks coming out of Canberra and I just want to run quickly through those just to show you or give you a glimpse of how those partnerships are meant to work.
I was thinking that, you know, now we are talking about partnerships but it wasn’t too long ago when I was involved with the Kimberley Land Council. We were activists, we were, what would you call us? Stirrers. We got arrested in places like Noonkanbah to prevent trucks coming into the community to drill for oil. We had a government that was, you could say anti-Aboriginal. You could say that they said that there were mainstream services there and if you didn’t use those mainstream services or fit in then that was your fault.

We now know that since that time Aboriginal Medical Services have developed and proliferated throughout WA and other places and we are very grateful for that happening because that gives us some measure of control and in fact self determination. Aboriginal Medical Services have to be seen as the key political entity within the region to be able to negotiate on health, to be able to negotiate agreements with hospitals, with Shire Councils and whoever, to be able to ensure that Aboriginal peoples can access health services.

So, I just wanted to preface the partnership thing by saying it is fashionable to refer to other organisations and networks as public policy systems partners. Organisations have their own institutional interests. Occasionally it is possible to trade off between these interests to achieve win–win outcomes but in most normal situations of power disparities and scarce resources partnership can mask the outcomes that usually occur in these relationships. The result is disappointment. However the term “partners” can raise a reality that several more or less compatible organisations have to continue to live and work with each other for the foreseeable future, and accordingly this term heightens the importance of impact and influences capabilities of less powerful and less well-resourced organisations. This has implications for the WACCHO Network so we move between the mode of a partner and a pressure group. We sometimes have to be involved as a pressure group, to put pressure on the system, to open up doors.

The goal that is coming out of Canberra with the National Strategic Framework is to ensure that Aboriginal and Torres Strait Islander peoples enjoy a healthy life equal to that of the general population, that is enriched by a strong living culture, dignity and justice. We note that the key principles of the National Strategic Framework—there were nine of them, I have collapsed them into these ones—cultural respect and a holistic approach, health sector responsibility, working together, promoting good health, accountability and building capacity. The third grouping is community control of Primary Health Care Services, localised decision making and building capacity.

There is not much recognition, from my point of view, for Community Controlled Aboriginal Health Organisations in the framework document. I believe that the Aboriginal Community Controlled Primary Health Care Services are a major contributor out in the regions to the delivery of Primary Health Care Services. We have our Aboriginal Health Workers working on the ground in Western Australia. They number nearly 70% of the Aboriginal Health Workers employed within the State and they are employed within the Aboriginal Community Controlled Health Care Sector.

“Localised decision making, building capacity”. So, I am looking at those objectives that I showed before and the role of the Aboriginal Community Controlled Primary Health Care Services in particular. And it is WACCHO that represents those medical services and they are the members, they make up the membership of WACCHO, the WA Aboriginal Community Controlled Health Organisation.
The priorities that Canberra has drawn up—and bearing in mind that I understand that this National Health Strategy is yet to be passed at the Ministerial level, I understand that is to happen earlier this year probably by the end of March we hope—but a major priority within that is strengthening comprehensive Primary Health Care. Other strategies and priorities are in there like emotional social well-being. But strengthening comprehensive Primary Health Care, what it mainly talks about is partnerships within the States and within the regions and it is those partnerships that need to carry forward the building and strengthening of comprehensive Primary Health Care.

I have mentioned the Strategic Frameworks for Action and the Health Workforce National Strategic Framework. I don’t know if everyone has seen that. That is a new one just out about the same time as the National Strategic Framework for Health. But both strategic frameworks are meant to draw together national and State, Territory strategies, policies and plans. It says that the Health Council, the National Aboriginal and Torres Strait Islander Health Council based in Canberra will develop a detailed strategy for implementation. The AHCMA will monitor that implementation. The Joint Planning Forums established in each State and Territory I understand will oversee the implementation of it, and in WA the Joint Planning Forum is made up of ATSIC, the State Department of Health, the Commonwealth Department of Health and WACCHO.

We signed off on a WA Framework Agreement in July 2002. It was also a Statement of Commitment that brings another “train” into the region I suppose. The Statement of Commitment was signed off by the Premier and ATSIC, and alliances are currently being negotiated between Aboriginal peak bodies for health, native title and legal services in WA. But the main aim within that Statement of Commitment is the regional agreements and I guess ATSIC is one party to signing off on regional agreements, but we also need to look very carefully at the role of WACCHO and the Aboriginal Community Controlled Sector and its involvement in that.

The objective for the Framework Agreement signed by the four parties is to improve health outcomes for Aboriginal and Torres Strait Islander peoples in WA through a co-ordinated approach to the planning, funding and delivery of health and related services.

I guess the biggest issue that we are faced with is the need to increase the level of resources allocated to reflect the level of needs within the Aboriginal Community Controlled Health Sector. Joint planning plays a big role and access to both general Aboriginal and Torres Strait Islander specific health related services, which reflect a high level of need, and involved in that is data collection and evaluation.

I heard yesterday that someone was speaking about programs within a particular region and the difficulty with data collection, the need for hospitals for example to be able to provide entry of Aboriginal people who are receiving services within the hospitals, with GPs and so on.

The Joint Planning Forum as I said is made up of representatives from the WA Department of Health, the Commonwealth, ATSIC and WACCHO. Twelve members of the JPF with six of those coming from WACCHO and six of those coming from the
government side meet twice yearly. They have Executive Committee Meetings four times a year and they have Officers meeting fairly regularly, like every fortnight.

The Joint Planning Forum as I have said is responsible for managing implementation of the Framework Agreement, overseeing implementation of regional health plans and recommending methods for assessing relative priority needs identified in regional health plans and any other functions. Some of the JPF priorities I have listed here enhancing JPF structures and processes, including new business rules and a JPF Work Plan for the State Implementation Plans for the National Strategies for Health and for Workforce we are looking currently at proving work plans for the implementation of those strategies within the State. And establishing regional planning structures in each region of WA.

The fee cap of the Primary Health Care Access Program is another program that we are looking at and trying to work out how best to do that. The workforce strategy we have taken within WACCHO… we are developing a strategy for the Aboriginal Community Controlled Health Sectors. We will then take that strategy and use it as a negotiation tool to negotiate with government about it. And then there is the Indigenous Affairs Advisory Committee that has been set up under the Statement of Commitment by the State government. One of the Ministers is chairing that Committee. Unfortunately WACCHO is yet to have a seat on that Committee. ATSIC is seen as the representative for that at this point in time.

But combined with that of course is the Justice Agreement that we need to negotiate. Reasonable Justice Agreements and reasonable Health Agreements would be our focus in that area and that impacts as well on matters like workforces.

For these priorities for OATSIH you can see there: data recording and collection, reporting and analysis capabilities of the JPF partners and organisations, we need to have an opportunity I suppose to look at data to inform our decision making within the joint planning process. Management support and development, business planning and accreditation for AMS is a big issue.

Enhancing partnership arrangements in line with the Framework Agreement, implementing the Aboriginal and Torres Strait Islander Workforce, National Strategic Framework, facilitating linkages and opportunities between ACCHOs and other services are priorities for OATSIH.

The next seven slides I have just listed what I thought were the major challenges for the partnerships in Western Australia. The first challenge here I see is a need to revise the 1999 Aboriginal Health Plan. Now I don’t know what is happening in other States and Territories. Whether there are regional Aboriginal Health Plans and getting sign-off on the revised ones is a first step in implementation of the National Strategic Frameworks within the regions. And another big priority that is hand in hand with that is making regional Aboriginal Health Priorities the first priorities for the mainstream health plans.

The major partnership challenge number two is regional agreements—as I have said it is not worth having regional health plans if you don’t have regional agreements in place that commit or compel the partners to be able to enhance the resources and the service provision within the regions.
Challenge number three is ensuring regional planning funds are going to be adequate to pay for planning and requirements such as planning offices and their operations. The Aboriginal health priorities identified such as capital and equipment or human resources, and this is the same for the workforce by the way. We are really behind the eight ball so far in addressing the recruitment and support of the workforce within the regions. We have no structure in place; we have no central administration for that yet.

Number four is establishing regional Aboriginal health structures to ensure the collective voice of ACCHOs. You have heard from the Kimberley Aboriginal Medical Service Council here the last few days. The Kimberley has assisted in providing leadership across the State and we see it as important for regional structures to be established in other areas of the State, in other regions of the State to be able to provide that leadership—whether it be Aboriginal Health Worker training, Health Workforce Assistance or whether it be in other policy areas.

Business planning is something that we need to develop in those regions as well. And of course the biggest challenge is to increase funding to recruit and retain Aboriginal Health Workforces in the regions. That includes nurses; there is a big need for dentists and Aboriginal Health Workers. There needs to be a major increase in Aboriginal Health Workers. But we need to get the dollars to support that staff, once recruited, to build the workforce sustainability.

One of the big areas that is missing is Senior Medical Officers. Camps in the Kimberleys have a Senior Medical Officer. The other regions—we need access for those other regions to a Senior Medical Officer so that they are able to assist with policy, to assist the doctors that are coming into Aboriginal Medical Services and the nurses and to be able to give us proper policy advice.

And the final one is regional Aboriginal health priorities being effectively embraced by the whole of government in the regions to the extent that all planning is adjusted to consciously aim at lifting Aboriginal health status.

Thank you.