

Principles for commissioning healthcare services for First Nations peoples'

EXECUTIVE SUMMARY



Hunter New England & Central Coast Primary Health Network (HNECC PHN) intends to deliver innovative, locally relevant solutions that measurably improve the health outcomes of our communities, including First Nations peoples' and their communities.

In acknowledgement of the commitment made at a National level between PHNs and the National Aboriginal Community Controlled Health Organisations (NACCHO) that developed the Primary Health Networks and Aboriginal Community Controlled Health Organisations (ACCHO) Guiding Principle (*the Guiding Principles*)¹, HNECC has developed a local set of guiding principles that are used when commissioning healthcare services for our First Nation people.

This local document aligns the 12 commissioning principles² that were established for PHN by the Commonwealth with the *Guiding Principles* to reflect a commitment where the health and well-being of First Nations people becomes a broader responsibility.

HNECC's local principles for commissioning healthcare services for First Nations people (*hereafter the PHN Principles*) align with the six key domains identified during the National consultation - Closing the Gap; cultural competency; commissioning; engagement and representation; accountability, data and reporting; service delivery and research. These *PHN Principles* also recognise that for First Nations people, health is not only physical well-being but also refers to the social, emotional and cultural well-being of the community to allow each individual to thrive and achieve their full potential.

Further to this, the *PHN Principles* are underpinned by four key factors that contribute to improving quality of life and achieving health equity across the social determinants of health for First Nations people, including:

- Connection to culture
- Empowering First Nations people to determine and implement the solutions
- Improving cultural awareness and respect across the wider Australian population
- Effective partnerships – First Nations people health is everybody's business.

There is a rich diversity and knowledge that exists in Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal Community Controlled Health Organisations (ACCHOs) across the regions, given the strong links with First Nations communities and the essential role these organisations play in supporting First Nations people to live better lives. With reference to this, HNECC PHN adopts and values a partnered approach to achieving health equity by working with local ACCHOs, First Nations peoples' communities and primary care providers to identify opportunities to commissioning services that are culturally safe, high quality, responsive and accessible for First Nations peoples.

The following sets out HNECC PHN's approach to commissioning to achieve better health of First Nations people in the region.

- 1. Understand the needs of the community** by analysing data and engaging with stakeholders we are able to better understand the needs of First Nations people ahead of the commissioning process. Health needs assessments and measuring health outcomes support triangulation of national, state and local qualitative and quantitative data.
- 2. Engage with potential service providers well in advance of procuring new services** to understand the ACCHOs sector's capacity to participate in designing and delivering services while adopting innovative and varied approaches to procurement that are flexible and responsive to local needs.

¹ Department of Health (March 2016) Draft Primary Health Networks (PHNs) and Aboriginal Community Controlled Health Organisations (ACCHOs) – Guiding Principles. Canberra (accessed at: <https://www.health.gov.au/sites/default/files/documents/2021/04/primary-health-networks-phn-and-aboriginal-community-controlled-health-organisations-guiding-principles.pdf> - August 2022)

² HNECC PHN (2021) Commissioning Health Care Services Operational Guide. Newcastle.

3. **Putting outcomes for people at the heart of the strategic planning process** where all aspects of the commissioning process are informed by consumers to support closing the gap in equality of health status and life expectancy. Client reported outcomes and experience measures, and the quadruple AIM approach sits at the centre of the commissioning process, and where relevant, commissioned services contribute to measuring key activities aligning with the Closing the Gap targets.
4. **Adopt a whole of system approach** that includes developing partnered health care solutions and services to address community needs.
5. **Understand the fullest practical range of providers** including the valuable contribution ACCHOs make to delivering outcomes for First Nation people's, while recognising that First Nations people also have a choice to access non-ACCHO services. Given this, non-ACCHO services must therefore be able to demonstrate their journey towards achieving cultural safety. It is an imperative to encourage partnerships between ACCHO and non-ACCHO providers to ensure health outcomes are achieved for First Nations people.
6. **Co-design solutions** to apply a strategic approach to building First Nations peoples' health care, while ensuring self-determination, equity, accountability and co-responsibility as enabling values underpinning the implementation of culturally responsive healthcare services.
7. **Consider investing in the capacity of providers and consumers** to build the First Nations workforce through School Based Apprenticeships and Traineeships (SBATs), scholarships and other initiatives, while also supporting non-ACCHO organisations to develop and maintain cultural safety through contractual inclusions. Supporting ACCHOs to overcome barriers to competitively tender for funds, while enhancing the sector to attract additional funds is also an element of commissioning services for First Nation's people.
8. **Ensure procurement and contracting processes are transparent and fair**, facilitating the involvement of the broadest range of both ACCHO and non-ACCHO suppliers, and including alternative arrangements in recognition of the oral traditions of First Nations people. This includes the use of video and yarning submissions that support equitable access to funding opportunities.
9. **Manage through relationships** while working in partnership to build connections at multiple levels of the organisations and facilitate links between stakeholders. This involves recognising and ensuring the rights of First Nations peoples' to lead the design, formulation and implementation of healthcare services that address gaps and respond to healthcare needs.
10. **Develop environments of trust** where long-term partnerships between the HNECC PHN and key First Nations stakeholders are developed and maintained to work towards collaborative governance, shared decision-making and collective performance management.
11. **Ensure efficiency, value for money and service enhancements** through a culturally safe approach which incorporates First Nations peoples' knowledge, perspectives and priorities in the development and implementation of approaches and methods to measure relative costs, benefits and value of service options for First Nations peoples' and communities.
12. **Monitor and evaluate** is achieved by incorporating First Nations peoples' knowledge, perspectives and priorities in the development and implementation of evaluation approaches, engaging with First Nation evaluators and listening to the voice of communities. Culturally safe, validated tools are used to collect data on health outcomes, patient experience, and provider experience, and HNECC acknowledges First Nation's peoples' right to govern the creation, collection, analysis, interpretation, management, dissemination and reuse of this data as an enabler of self-determination and effective self-governance³.

Additionally, a priority allocation of funds are available for ACCHO providers when services are dedicated for First Nations people - Integrated Team Care, Alcohol and Other Drug Services and First Nations Mental Health Services. Further to this, and where ACCHO providers are evaluated and ranked highly in a competitive exercise, funds will be awarded in addition to the priority allocation.

The HNECC PHN commissioning processes is iterative and continues to mature. Opportunities to consider alternative approaches to procurement, alternatives to written submissions and enhanced reporting and monitoring process are ongoing. These enhancements and broader commissioning principles are utilised when commissioning services for First Nations people to demonstrate HNECC PHNs commitment to First Nations people health and well-being.

³ The National Study of Aboriginal & Torres Strait Islander Wellbeing (2018) Indigenous Data Sovereignty Principles. Australian National University, Canberra (accessed at: <https://mkstudy.com.au/indigenousdatasovereigntyprinciples/> - August 2022)

