



An Australian Government Initiative

Commissioning of Funding of Indigenous Services

Principles

As at October 11, 2016

HNECC PHN acknowledges the traditional owners and custodians of the land that we live and work on as the First People of this Country.

Introduction

This set of principles for commissioning of funding in Indigenous Health is designed to complement the Strategic Plan for Hunter New England Central Coast Primary Health Network (HNECC PHN), and assist in the transparent implementation of commissioning.

It is noted that commissioning is a cyclical process, which works towards improving health outcomes in a strategic and comprehensive way.

Further information about HNECC PHN commissioning is available at the following link: http://www.hneccphn.com.au/media/13644/hnecc-phn-commissioning-faqs_july-2016.pdf

These principles are informed by the Primary Health Networks and Aboriginal Community Controlled Health Organisations (ACCHO) Guiding Principles (developed by the Commonwealth Department of Health and The National Aboriginal Community Controlled Health Organisation (NACCHO)) - the *Guiding Principles*. These are available at the following link: <http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Accho>

As an essential part of HNECC PHN's delivery of its strategic plan, HNECC PHN is committed to the continual monitoring and development of its cultural competency; and to helping develop the cultural competency of providers across the Hunter, New England and Central Coast region.

Statement of Intent

In line with its strategic plan, HNECC PHN intends to deliver innovative, locally relevant solutions that measurably improve the health outcomes of our communities. In Indigenous Health, this most critically aims to close the gap in life expectancy between Indigenous and non-Indigenous Australians.

Importantly, this recognises building partnerships, care integration, innovation, capacity, resourcing, collective accountability, and outcomes are part of an incremental and strategic process that takes collective commitment.

Definition of Aboriginal Health

In its commissioning of Indigenous Health services, HNECC PHN supports the definition contained in the *Guiding Principles*.

The definition states:

"Aboriginal health means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their community."

Strategic Context

Components in HNECC PHN Commissioning for Better Health of Aboriginal and Torres Strait Islander Communities

In addition to the relevant aspects of the HNECC PHN Strategic Plan, and Commissioning documents, HNECC PHN would like to work collaboratively with organisations and communities to improve Indigenous health access and outcomes in the following ways:

1. Health Needs Assessment and Performance

- Undertaking effective health needs assessment and measurement of health outcomes (this is currently occurring in partnership with the University of Sydney, and in collaboration with ACCHOs, non-ACCHOs, clinicians and consumers).
- Recognising that Indigenous people access Indigenous-specific and /or non-Indigenous health services, depending on a range of factors. Supporting all communities and providers to work with collective accountability towards closing the gap in life expectancy.
- Evaluating PHN commissioning and service performance with a culturally sensitive approach that monitors and measures: health outcomes, patient experience, provider experience, access to care, and cost-effectiveness of care.

2. Partnerships and Service Integration

- Supporting and developing partnerships to achieve better health outcomes, underpinned by effective integrated models of care, referral pathways, service collaboration, and transition processes for care.

3. Supporting Innovation, and Building Capacity and Resources

- Working with ACCHOs and non-ACCHOs to:
 - Identify great programs
 - Actively support capacity-building within ACCHOs and non-ACCHOs to measure performance and outcomes
 - Provide opportunities to receive HNECC PHN innovation funding
 - Extend excellent services across geography, and
 - Work with providers and other sectors to attract additional funding to improve the health of Aboriginal communities across the region.
- Applying a strategic and incremental approach to building innovation, capacity and attracting resourcing in Indigenous Health care in the region.

4. Supporting the Aboriginal Health Workforce

Working with ACCHOs and non-ACCHOs to increase and build the Aboriginal Health workforce, with one example being the provision of Aboriginal Health Practitioner Clinical Placement scholarships.

Implementation Components for HNECC PHN Tendering Indigenous Funds

The following components are in addition to HNECC PHN's approach to tendering non-Indigenous funds.

1. Key Factors in Indigenous Health and Funding Allocations

HNECC PHN supports the statement in the *Guiding Principles* that "There are four key factors for improving quality of life and achieving health equity across all aspects of the social determinants of health:

- Connection to culture
- Allowing Aboriginal and Torres Strait Islander people to determine and implement the solutions
- Improving cultural awareness and respect across the wider Australian population, and
- Effective partnerships – Aboriginal and Torres Strait Islander health is everybody's business."

HNECC PHN supports the statement in the *Guiding Principles* that “Underpinning the Guiding Principles is a shared knowledge that will ensure:

- Respectful culturally sensitive consultation
- Recognition that Aboriginal and Torres Strait Islander health outcomes will be achieved when Aboriginal and Torres Strait Islander people control them, and
- Commissioned service delivery will be a strengths-based approach reflecting the United Nations Declaration on the Rights of Indigenous Peoples.”

HNECC PHN will be allocating a proportion of the Integrated Team Care, Indigenous Drug and Alcohol services, and Aboriginal Mental Health funding based on priority and identified need for the AMS/ACCHO sector. The value of these funds will be identified through information resulting from the EOI, Department of Health program guidelines, and the needs assessment currently being undertaken.

These funds will only be available for tender by the AMS/ACCHO service providers and Priority Allocated Funds will only be awarded where the application sufficiently meets the selection criteria, as determined by the evaluation committee, and if not it may be awarded to a non AMS/ACCHO. The process will also be informed by the Primary Health Networks and Aboriginal Community Controlled Health Organisations Guiding Principles developed by the Commonwealth Department of Health and NACCHO.

In addition, ACCHOs will have the ability to tender for the remainder of funds available further through open tender processes. HNECC PHN recognises and respects that Indigenous people access Indigenous-specific and/or non-Indigenous health services, and that this choice needs to be reflected in service commissioning processes.

2. Partnerships

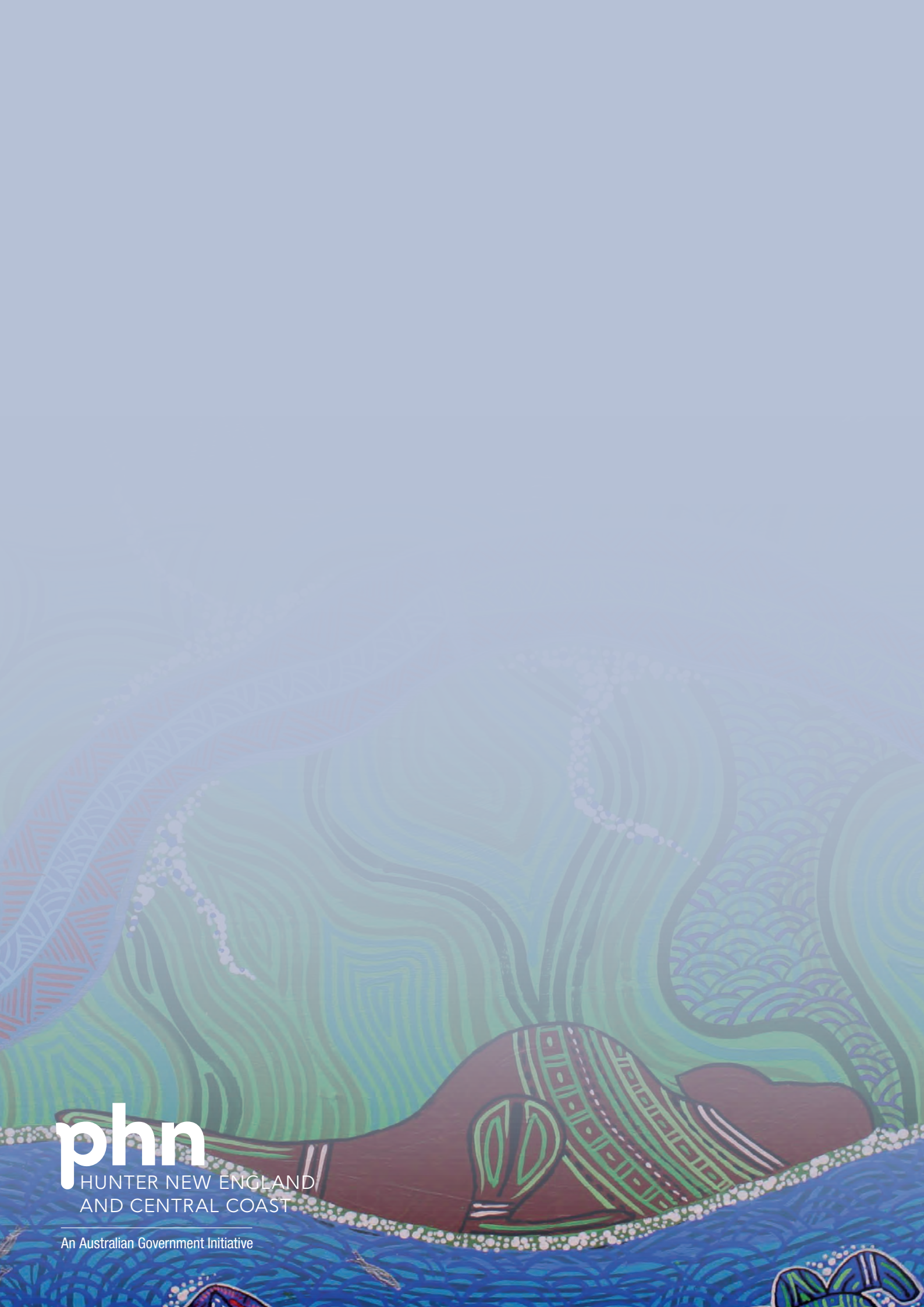
HNECC PHN supports the statement in the *Guiding Principles* that “Working in partnership to remove barriers to good health and building the evidence around health interventions is critical for improving the health and wellbeing of Aboriginal and Torres Strait Islander people. Partnerships also provide a mechanism to effectively engage with communities on their goals and priorities for health. An understanding of Aboriginal and Torres Strait Islander culture is important to partners who wish to engage with Aboriginal and Torres Strait Islander people effectively and as equals.”

In addition to this, HNECC PHN believes that integrated service delivery between different providers can achieve better health outcomes for communities than those provided in isolation.

HNECC PHN will provide substantial weighting to partnerships or joint ventures in commissioning of Indigenous funding, with a focus on supporting partnerships between Aboriginal Community Controlled and non-Aboriginal Community Controlled providers.

3. Unique Tender Criteria

In accordance with the *Guiding Principles*, and in addition to other tender criteria (such as partnerships), successful applicants for Indigenous funds will be expected to demonstrate ability in areas such as cultural sensitivity, culturally appropriate services, community involvement in the development and evaluation of services, Indigenous workforce development, and Indigenous stakeholder relationships.



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HUNTER NEW ENGLAND
AND CENTRAL COAST

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