

Submission

Review of Primary Health Network Business Model

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Acknowledgment of Country

VACCHO respectfully acknowledges that our office is based on the unceded lands of the Wurundjeri people of the Kulin Nation. We pay our respects to Wurundjeri ancestors and caretakers of this land, and to Elders both past and present. We extend our respect to all Traditional Owners and Elders across the lands on which we and our Members work and acknowledge their everlasting connection to Country, Culture and Community. Always was, always will be, Aboriginal land.

About us

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) was established in 1996. VACCHO is the peak Aboriginal and Torres Strait Islander health and wellbeing body representing 33 Aboriginal Community Controlled Organisations (ACCOs) in Victoria. The role of VACCHO is to build the capacity of its Membership and to advocate for issues on their behalf.

Capacity is built amongst Members through strengthening support networks, increasing workforce development opportunities and through leadership on health and wellbeing. Advocacy is carried out with a range of private, community and government agencies, at state and national levels, on all issues related to Aboriginal and Torres Strait Islander health.

Nationally, VACCHO represents the Community-controlled health and wellbeing sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO). State and Federal Governments formally recognise VACCHO as Victoria's peak representative organisation on Aboriginal and Torres Strait Islander health. VACCHO's vision is that Aboriginal and Torres Strait Islander people will have a high quality of health and wellbeing, enabling individuals and communities to reach their full potential in life. This will be achieved through the process of Community control.

Note on language

The term Aboriginal includes all Aboriginal people living in Victoria. The terms 'Community' or 'Communities' in this document refers to all Aboriginal and/or Torres Strait Islander communities across Australia, representing a wide diversity of cultures, traditions and experiences. Community is always capitalised unless it has the word Aboriginal and/or Torres Strait Islander in front of it or if it's referencing a non-Indigenous community.

Executive Summary

The current review of the Primary Health Network (PHN) Business Model presents an opportunity for the Australian Department of Health and Aged Care (DoHAC) to consider the effectiveness of the role that PHNs have in supporting health and wellbeing outcomes in Aboriginal Communities.

The current business model has presented a range of inconsistent challenges and constraints for PHNs to navigate, and as a result, relationships between PHNs and Aboriginal Community Controlled Organisations (ACCOs) have stalled in many regions. **It is not fit for the purpose of supporting and improving Aboriginal health and wellbeing.**

In this submission, VACCHO provides three key recommendations that we urge the Department of Health and Aged Care to consider in the context of:

- This review, and the ANAO Audit on the Effectiveness of the Department of Health and Aged Care's Performance Management of Primary Health Networks (ANAO 2024).
- Similar reviews undertaken recently on the role of PHNs in Aboriginal health and wellbeing (First Nations Co. & Ninti One 2024).
- The National Agreement on Closing the Gap.
- The National Aboriginal and Torres Strait Islander Health Plan 2021-2031.

We recognise that many of the challenges and constraints faced by PHNs are often the result of inflexibility within the design of *funding programs* that PHNs administer. As such, our recommendations emphasise the need for PHNs to have a new, consistent, co-designed value proposition for the ACCO sector, free from the often-arbitrary programmatic inconsistencies that currently hamper their effectiveness. Overall changes and improvements are needed to ensure that PHNs are accountable for maintaining capabilities in the following areas:

- Culturally safe and responsive communication and engagement with ACCOs.
- Working collaboratively with Aboriginal Community Controlled peak bodies and services in support of strategies and plans that are relevant to ACCOs, such as the National Aboriginal and Torres Strait Islander Health Plan (2021-2031).
- Remaining responsive to needs, priorities, and solutions that are self-determined by ACCOs.

Background

Several reviews have been undertaken which have wholly or partly assessed the role and effectiveness of Primary Health Networks (PHNs) in improving health and wellbeing outcomes within Aboriginal and Torres Strait Islander Communities. Importantly, these have given attention to the ability of PHNs to:

1. Work respectfully, effectively, and collaboratively with ACCOs.
2. Support and enable Aboriginal self-determination and advance the Australian Government's obligations under the National Agreement on Closing the Gap.
3. Commission ACCOs to deliver critical services and manage performance under those funding agreements.

In some regions in Victoria, PHNs have demonstrated that they are capable of developing approaches that support Aboriginal self-determination. They have developed commissioning and performance management approaches that are somewhat flexible and responsive to the challenges of their region. As a result, there are positive working relationships between some PHNs and ACCOs.

However, in other regions, PHNs have failed to make any meaningful adjustments in their engagement, planning, and commissioning approaches with ACCOs. As a result, communication and engagement is often disrespectful (including to the extent that we are concerned about racism and unconscious bias within some PHNs), while commissioning and performance management approaches are paternalistic and unreasonably burdensome. In these regions, relationships between PHNs and ACCOs are very poor, and some ACCOs have suspended their relationship entirely and refused to accept certain PHN funding.

As such, PHNs operate inconsistently, resulting in overall inequity for ACCOs and the Communities that we serve.

Future Direction

Consistent with the final report from the *Review of sector funding arrangements and service provider capability for Aboriginal and Torres Strait Islander mental health and suicide prevention services and the Integrated Team Care (ITC) program* (First Nations Co. & Ninti One 2024), VACCHO recommends that the Australian Government transition the funding programs currently managed through PHNs to a new Aboriginal-led approach, co-designed with the Aboriginal Community Controlled Sector.

We further recommend that the DoHAC work with the ACCO sector to develop a new value proposition for PHNs, through which they can flexibly provide support for Aboriginal health and wellbeing outcomes in alignment with the Australian Government's obligations under the National Agreement on Closing the Gap.

Recommendations

VACCHO recommends that the Australian Government redesign the role that Primary Health Networks have in supporting Aboriginal health and wellbeing outcomes and optimises their business model to provide enablement in this new role. This includes:

- 1. Transition current funding arrangements for the ITC and MHSP programs to an Aboriginal-led model, co-designed with the ACCO sector.**

Transitioning the Integrated Team Care (ITC) Program and the Mental Health and Suicide Prevention Program (MHSP) to an Aboriginal-led model is essential in resetting the role and value proposition of PHNs in relation to ACCOs.

This recommendation is consistent with the Final Report from the *Review of sector funding arrangements and service provider capability for Aboriginal and Torres Strait Islander mental health and suicide prevention services and the Integrated Team Care (ITC) program* (2024).

- 2. Work with the ACCO sector to co-design a new value proposition for PHNs, including an agreed scope for PHNs to flexibly support and respond to priorities and needs identified through respectful and effective collaboration with ACCOs.**

A new value proposition for PHNs should be co-designed with the ACCO sector, to ensure that PHNs are a key enabler in meeting the Australian Government's obligations under the National Agreement on Closing the Gap. This should explore the potential value of PHNs and Aboriginal Community Controlled peak bodies working together to provide ACCOs with tailored regional support. For example:

- a) To navigate and optimise the Medicare Benefits Schedule (MBS), and to leverage the opportunities and improvements offered by digital health enablement.
- b) To collaborate in the development of regional needs assessments, including to establish regional or place-based partnerships or governance mechanisms through which emerging needs can be identified and discussed.
- c) To facilitate ACCO relationships with mainstream providers of Primary Healthcare services, including for example pharmacies, allied health services, Care Finders, and mental health and suicide prevention services. This includes ensuring that mainstream Primary Healthcare services are culturally responsive.
- d) To increase access to tailored professional development opportunities for the Primary Health, Mental Health, and Suicide Prevention workforces employed in ACCOs.

- e) To implement the Australian Government's commitment to the Priority Reforms in the National Agreement on Closing the Gap (Coalition of Peaks & COAG 2020):
 - a. Formal Partnerships and Shared Decision Making.
 - b. Building the Community-Controlled Sector.
 - c. Transforming Government Organisations.
 - d. Shared Access to Data and Information at a Regional Level.

3. Mandate ongoing Cultural Safety Training in all PHNs, and prioritise staff who are responsible for population health planning and prioritisation processes, community engagement, and grants management.

Recognising that PHNs need to develop and maintain the capabilities required to engage respectfully, VACCHO urges the mandating of Cultural Safety Training across all PHNs, prioritising staff who:

- a) are responsible for engaging with Aboriginal Communities.
- b) are involved in population health planning and prioritisation processes.
- c) are involved in grants management.

This recommendation is critical in ensuring that PHNs are trusted and effective partners in supporting and responding to priorities that are locally self-determined or collaboratively identified. It further safeguards PHNs from becoming ineffective in scenarios where relationships are damaged through a combination of:

- a) A lack of respect and awareness of Aboriginal and Torres Strait Islander peoples, cultures, and rights enshrined in the UNDRIP (United Nations 2007).
- b) Ignorance of the unique governance model through which Aboriginal Community Controlled Organisations are established and operate.
- c) Ignorance of the history and context of Aboriginal and Torres Strait Islander Communities and ACCOs in their respective region.
- d) Overreliance on unreliable and inaccurate data in needs assessment processes, especially where this data is used in the absence of an Indigenous Data Governance Framework, or as a substitute for direct engagement with ACCOs.

Conclusion

Primary Health Networks operate with a level of inconsistency that creates regional inequities in the commissioning of critically needed services. While some PHNs are notably successful at partnering with ACCOs, others have demonstrated considerable ineptitude. An overall redesign of the PHN's role and purpose is needed in the context of Aboriginal health and wellbeing. VACCHO invites comprehensive engagement with the ACCO sector to discuss and co-design a new PHN value proposition for the ACCO sector.

Finally, we urge the DoHAC to ensure that the current review and any associated reform is advanced with the dual objective of enhancing the Australian Government's implementation of the Priority Reforms in the National Agreement on Closing the Gap.

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Reference List

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