



A commitment to stronger future collaborative reform

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Artwork by Gillimba Creative Agency

Preamble

The RACGP advocates for a more collaborative Council of Australian Governments (COAG) dialogue which places increased value on Aboriginal and Torres Strait Islander health sector input. This is required to ensure future policy design incorporates the required community-led strategic development necessary to bring about lasting change in Aboriginal and Torres Strait Islander communities.

A stronger commitment to Aboriginal and Torres Strait Islander health sector collaboration is needed to ensure future policy is shaped by those with the best knowledge and expertise to produce culturally appropriate targeted services. Increased participation from this sector will also improve the evidence base and allow the incorporation of existing working knowledge of current strengths and weaknesses.

Policy that incorporates the social determinants of health targets requires locally driven solutions drawn from inter-sectoral and community expertise. True collaboration needs to involve a cross-section of the Aboriginal and Torres Strait Islander community, from a broad range of professions within the health sector, community representatives, men and women. Every attempt should be made to collaborate with key bodies that have established recognition and respect within Aboriginal and Torres Strait Islander groups.

The RACGP is encouraged that the recently released National Aboriginal and Torres Strait Islander Health Plan¹ states a strong commitment to partnering with Aboriginal and Torres Strait Islander people, organisations, and their representatives. The new Government must commit to developing the first implementation plan and strategy for this plan to go ahead. Any future progress must maintain the level of cross-sectoral collaboration and partnership outlined in the plan.

Position of the RACGP

Further to this, there must be renewed commitment to the Closing the Gap targets. A new National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes is vital to supporting this. The Closing the Gap initiatives have been a key achievement in working to advance the health status of Aboriginal and Torres Strait Islander people and the momentum must be continued.

Health reform over recent years has seen important changes particularly to the national structures that control health sector planning and spending, with the introduction of Medicare Locals (MLs) being one key structural change to the governance arrangements. In this early phase the ability of MLs to ensure health expenditure is better aligned to needs is still to be tested. However, initial observations suggest the opportunity for ensuring positive change for Aboriginal and Torres Strait Islander peoples within this new planning approach in some instances been missed. Where MLs have partnered with Aboriginal Community Controlled Health Services (ACCHSs) there have been successful health outcomes and the establishment of increased community trust.²

In order to improve the ML model, Aboriginal and Torres Strait Islander health service planning and delivery and the overall health advancement of the community must be made a high priority within these structures. This includes ensuring increased collaboration between primary care and ACCHSs.

Enhanced sector collaboration is required from the COAG level through to the new service planning ML level to facilitate stronger policy alignment. A more cohesive strategy that incorporates collaboration with community and Aboriginal and Torres Strait health sector expertise through all levels of planning will translate to improved access and services at the local level.

References

1. Department of Health. National Aboriginal and Torres Strait Islander Health Plan (NATSIHP). Canberra: 2013. Available at www.health.gov.au/natsihp
2. Australian Medicare Local Alliance. Closing the gap: Key issues for the federal election 2013. Canberra: 2013. Available at http://amlalliance.com.au/_data/assets/pdf_file/0008/49751/AML-Alliance_Closing-the-Gap.pdf