What is Aboriginal and Torres Strait Islander community control?

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Community control is based on the principle of self-determination and gives Aboriginal and Torres Strait Islander people control over the way services are provided in their community.

When talking about health services, greater community control means government and other health stakeholders engaging with the community so that community can have greater involvement in the planning, development, management and delivery of health services, to a degree that reflects local community aspirations.

The National Aboriginal Community Control Health Organisation defines community control as “a process which allows the local Aboriginal community to be involved in its affairs in accordance with whatever protocols or procedures are determined by the Community.”

It defines an Aboriginal Community Controlled Health Service as:

- an incorporated Aboriginal organisation
- initiated by a local Aboriginal community
- based in a local Aboriginal community
- governed by an Aboriginal body which is elected by the local Aboriginal community
- delivering a holistic and culturally appropriate health service to the Community which controls it.


The Queensland Aboriginal and Islander Health Council adopts the principles of community controlled primary health care as set out by the National Aboriginal Health Strategy (1989) as the gold standard approach to improving the health status of Aboriginal and Torres Strait Islander people. The principles encompass:

- a holistic view of health care which includes physical, social, spiritual and emotional health of people
- capacity-building of community-controlled organisations and the community itself to support local and regional solutions or health outcomes
- local community control and participation
- partnering and collaborating across sectors
- recognising the inter-relationship between good health and the social determinants of health


The predominant form of Aboriginal and Torres Strait Islander community control in Australia, and Queensland, is the Aboriginal and Torres Strait Islander Community Controlled Health Organisation managing and delivering health services, but community control can take other forms such as contracting other providers for health services.
The more control of health services that a community has, the greater responsibility it has to the community and to funding bodies (see diagram). A community should have the opportunity to work towards a form of community control that suits their capacity, needs and aspirations. In individual communities this may change or develop over time.

**Why move to greater Aboriginal and Torres Strait Islander community control?**

- Given the poor health status of Aboriginal and Torres Strait Islander Queenslanders, we need to look at how things can be done differently to improve access to health services and the health status of Aboriginal and Torres Strait Islander people.

International and national research and experience shows that:

- In any population, but specifically disadvantaged populations, improving access to primary health care is critical for improving health outcomes.
- Community involvement in the design and delivery of primary health care services is a key factor in improving access to primary health care.
- Canada, the United States of America and New Zealand have taken a systematic approach to increase community control and have seen improvements in Indigenous health indicators.
What is the Transition to Aboriginal and Torres Strait Islander Community Control Draft Strategic Policy Framework about?

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<tr>
<th>Vision</th>
<th>Every Queenslander has the same opportunity for health and happiness.</th>
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<td>Mission</td>
<td>Communities are responsible for their health services at a level that is commensurate with their abilities and aspirations.</td>
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<td>Principles</td>
<td>1. Transitioning health services to community control is a dynamic and iterative process.</td>
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<td>2. Communities and health staff are not disadvantaged through the transformation of health services.</td>
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<td>3. There is continuity of health care service delivery for communities throughout the process of transfer.</td>
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<td>4. Health services provide best practice Comprehensive Primary Health Care, underpinned by rigorous clinical and organisational governance, and delivered through cost-effective interventions.</td>
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<td>5. Communities and health staff and their unions or nominated representatives are actively engaged and consulted throughout the change process with accountability back to the community.</td>
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<td>6. Changes take account of the rights of traditional owners through Native Title.</td>
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<td>7. Public confidence is established and maintained through transparent accountability and reporting processes.</td>
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<td>Objectives</td>
<td>• Self-determination: Aboriginal and Torres Strait Islander people actively participate in the planning, management and delivery of health services in their community.</td>
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<td>• Access: Aboriginal and Torres Strait Islander people access health services at the same rates as non-Aboriginal and Torres Strait Islander people relative to their need.</td>
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<td>• Quality: Health services in discrete communities are culturally secure and based on best available evidence.</td>
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<td>• Equity: Aboriginal and Torres Strait Islander people receive a fair share of health resources regardless of where they live.</td>
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The Draft Strategic Policy Framework outlines the broad directions that will support Queensland’s Aboriginal and Torres Strait Islander communities, health service providers, and the Queensland and Commonwealth governments to work in partnership to enable greater community control of local health services.
The Draft Strategic Policy Framework identifies key policy issues as the basis for consultation and negotiation with stakeholders so that a more specific plan and guidelines in key areas such as industrial relations, information management and financial management can be developed.

Diagram 1: Policy issues in the Draft Strategic Policy Framework

- Continuum of Control Models
- Models of community control
- Community mandate
- Community engagement
- Community capacity building
- Community governance

- Organisational readiness
- Organisational Capacity building

- Comprehensive Family Centred PHC
- Core Services
- Quality and Safety
- Clinical governance
- Multidisciplinary Care
- Integrated care and services
- Team based care
- Care Coordination/ case management

- Workforce planning
- Workforce training and education
- Industrial relations

- Data Collection and Sharing
- Shared resources (e-health)
- Privacy

- Building
- Land
- Equipment

- Revenue Impact
- Funds pooling
- Capitation model
- Governance

- Performance Measures
- Accountability Standards
- Evaluation

- Empowered Citizens
- Leadership and Governance
- Competent and Comprehensive Primary Health Care
- Workforce Support and Development
- Information Management
- Infrastructure Management (hard)
- Structural and Funding Reform
- Performance and Accountability
What services are in scope for transition to community control?

Programs and services that will potentially be transitioned to community control range from preventative primary health care through to acute clinical care. Services and programs may include, but not be limited to, smoking cessation programs, immunisation and clinic based treatment. The timing and scope of transition will be dependent on the aspirations and capacity of different communities.

What does transition to Aboriginal and Torres Strait Islander community control mean to me as a community member?

By engaging in a process of transitioning to greater community control as a community member you could expect a greater understanding of your health rights and responsibilities, and access to services that are delivered in a more culturally appropriate way. Transition to community control also provides community members with ways to influence what health services are delivered in their community. This means that you may have an opportunity to participate in the planning, development, management and delivery of health services in your community (e.g. participating on a health action team or board of a Community Controlled Health Organisation).

Does transition to Aboriginal and Torres Strait Islander community control mean more money for Aboriginal and Torres Strait Islander health?

In the first instance, the focus of transition will be on delivering better health outcomes within existing resources. It is expected that transition to community control will provide more efficient and flexible models of service delivery that deliver better outcomes for the existing investment and provide better opportunities to access existing health funding. Simply put, this means we think that by having greater community control we can use the existing money for health in a way that better suits what the community needs.

How will transition to Aboriginal and Torres Strait Islander community control affect health service delivery in my community?

Transitioning to greater community control means the community is involved in deciding the best model of service delivery that meets the health needs for the community. Depending on what your community chooses, this may mean that health services delivered in your community are provided by someone different.

Does transition to Aboriginal and Torres Strait Islander community control mean that Queensland Health won’t provide my health service anymore?

Not necessarily. Some communities may want Queensland Health to provide some or all services but may agree on a way for the community to have more say in how Queensland Health delivers services and what services are delivered.
Will my community get less health services if we transition to Aboriginal and Torres Strait Islander community control?

The Queensland Government is committed to ensuring communities are not disadvantaged through a transition process. Sometimes health services change because of changing needs, for example during flu season money and time may be redirected to immunisation, or when there are more young mums in a community more money and time may be redirected to services for mums and babies.

Is every Aboriginal and Torres Strait Islander community in Queensland going to transition to Aboriginal and Torres Strait Islander community control?

Every Aboriginal and Torres Strait Islander community should be given the opportunity to consider how they might be more involved in health. In terms of a formal transition process, this will require careful consideration on a community-by-community basis.

What does transition to Aboriginal and Torres Strait Islander community control mean for the Queensland Health staff?

The Queensland Government is committed to ensuring health staff, employed by Queensland Health or other health service providers, are not disadvantaged through a transition process. Queensland Health is working with unions to develop an Industrial Relations Negotiations Framework that upholds Queensland Health’s industrial obligations to employees, as set out in the relevant awards, agreements and policies.

By law, doesn’t Queensland Health have to provide health services?

Under the Council of Australian Governments Heads of Agreement on National Health Reform, both the State governments and the Federal Government continue to have responsibilities for health services. Queensland Health is a Queensland Government department and it can provide services directly (for example through Queensland Health hospitals and community health centres) or it can provide funding to other organisations to provide services (for example Queensland Health provides funding to the Apunipima Cape York Health Council).

Under the National Health Reforms, the Queensland Government is reforming the way health services in Queensland will be managed and delivered in the future. Local Health and Hospital Networks will be responsible for the day-to-day operation of public hospitals and delivery of public health services. The Australian Government is making reforms to primary health care by establishing Medicare Locals to improve coordination and integration of primary health care in local communities.
What is the Queensland Government’s commitment?

The Queensland Government, Opposition and non-government stakeholders, including unions, have signed the Closing the Gap Statement of Intent. The Statement of Intent commits the parties to supporting and developing Aboriginal and Torres Strait Islander community controlled health services to achieve lasting improvements in Aboriginal and Torres Strait Islander health and wellbeing. The Australian Government signed an equivalent statement at the national level.

The Queensland Government is committed to ensuring that communities and health staff are not disadvantaged through a transition process. To do this, it is important that there is regular communication and consultation, and that comprehensive transition policy and accountability tools are developed and put in place.

How long will transition take?

The process is expected to take at least three to five years for each community. Each community will start from a different point and have different end points. Any timeframes should be set locally and may need to be adjusted. International experience is that transition is a gradual process of capacity building and learning for both communities and government. The transition process has to be flexible and be able to adapt to changes that might happen in a community, a region, or in Queensland or Australia more broadly.

What is going to happen next?

Queensland Health will consult on the Strategic Policy Framework, with a focus on the three initial transition communities of Yarrabah, Mapoon and Kowanyama. A more detailed policy package and plan will be finalised to guide the transition process. The Queensland Government will then consider this and whether transition of health services should progress in the three initial communities. If it is approved, there will be a period of monitoring and evaluation before the Queensland Government considers transition in other communities.
Who has been consulted so far?

A Joint Working Group was established to help develop a policy for transition to Aboriginal and Torres Strait Islander community control in Queensland. Regular participants included:

- Queensland Aboriginal and Islander Health Council
- Apunipima Cape York Health Council
- Gurriny Yealamucka Health Service Aboriginal Corporation
- General Practice Queensland
- Royal Flying Doctors Service, Queensland
- Australian Department of Health and Ageing
- Queensland Health

The following Unions have also been consulted in the development of the draft Strategic Policy Framework:

- Australian Workers Union
- Queensland Public Sector Union
- Queensland Nurses Union
- Australian Council of Unions

How do I have my say?

- Your answers to the following questions will be helpful in shaping the development of the final Strategic Policy Framework and a more detailed policy package and plan for transition to community control in Queensland:
  1. To what extent is the Draft Strategic Policy Framework consistent with what you or your organisation consider important for improving Aboriginal and Torres Strait Islander health in Queensland?
  2. What challenges exist that have not been addressed in the Draft Strategic Policy Framework?

- Submit your feedback on http://www.getinvolved.qld.gov.au/
- If you are a Queensland Health employee, you can talk to your line manager, union representative or Indigenous health leader in your District.