

AGREEMENT ON QUEENSLAND ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

Between the

State of Queensland through Queensland Health

the

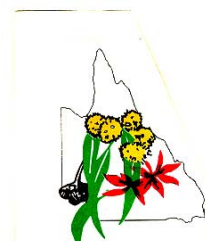
Commonwealth of Australia through the Department of Health and Ageing

the

Aboriginal and Torres Strait Islander Commission

and the

Queensland Aboriginal and Islander Health Forum



This Agreement is made on 12 June 2002 between the Queensland Minister for Health, the Commonwealth Minister for Health and Ageing, the Chairperson of the Aboriginal and Torres Strait Islander Commission and the Chairperson of the Queensland Aboriginal and Islander Health Forum.

1.0 STATEMENT OF INTENT

- 1.1 The health of Aboriginal and Torres Strait Islander peoples is a major concern for all levels of government. Aboriginal and Torres Strait Islander peoples have the worst health of all Australians and are one of the most disadvantaged groups in the community. All levels of government agree that Aboriginal and Torres Strait Islander peoples have rights to good health and to health care at least commensurate to that of the wider Australian community.
- 1.2 The goal is for Aboriginal and Torres Strait Islander peoples to achieve equitable health outcomes with the broader Australian community. All parties recognise that this will require a cooperative and sustained effort from all parties over the period of this Agreement and beyond.
- 1.3 This Agreement is underpinned and informed by the *National Aboriginal Health Strategy Working Party Report 1989* and the *Royal Commission into Aboriginal Deaths in Custody*, and recognises that there are recommendations which still have action outstanding.
- 1.4 This Agreement is also underpinned by the requirement to conform to the *National Aboriginal and Torres Strait Islander Health Performance Indicators and Targets* and to be consistent with the principles and directions detailed in the *Draft National Strategic Framework for Aboriginal and Torres Strait Islander Health* (under development). It is also informed by the *Report of the National Inquiry into the separation of Aboriginal and Torres Strait Islander children from their families "Bringing Them Home" (1997)* and its recommendations.
- 1.5 This Agreement is also underpinned by the *National Commitment To Improved Outcomes In The Delivery Of Programs And Services For Aboriginal Peoples and Torres Strait Islanders (1992)* and recognises future Council of Australian Government's (COAG) initiatives in relation to Aboriginal and Torres Strait Islander health.

2.0 AIM

- 2.1 The aim of this Agreement is to improve the health status and wellbeing of Aboriginal and Torres Strait Islander peoples at least commensurate to that of the wider Australian community through:
 - (a) improving access to both mainstream and Aboriginal and Torres Strait Islander specific health and health related programs which reflect the level of need;
 - (b) increasing the level of resources allocated to reflect the higher level of need of Aboriginal and Torres Strait Islander peoples, including within mainstream services, and transparent and regular reporting for all services and programs;
 - (c) joint planning processes which will inform the allocation of resources and allow for:
 - full and formal Aboriginal and Torres Strait Islander participation in decision making and determination of priorities;
 - improved cooperation and coordination of current service delivery, both Aboriginal and Torres Strait Islander specific services and mainstream services, by all spheres of government; and

- increased clarity with respect to the roles and responsibilities of the key stakeholders; and
- (d) acknowledgement that any programs or models developed hereunder should not divert funds from Community Controlled Health Services.

3.0 OUTCOMES

Increased level of resources allocated to reflect the level of need

- 3.1 Under this Agreement the Commonwealth of Australia and the State of Queensland agree to:
- (a) increase current levels of resources and commitment to improve health outcomes for Aboriginal and Torres Strait Islander peoples;
 - (b) identify and publicly report through a range of mechanisms including annual reports by the Commonwealth Department of Health and Ageing and the Queensland Department of Health to Parliament, on current levels of funding for Aboriginal and Torres Strait Islander specific and mainstream health and health related services for Aboriginal and Torres Strait Islander peoples. This information is to be procured through a range of mechanisms; and
 - (c) undertake joint, needs based, planning processes and use the *Framework for Action in Aboriginal and Torres Strait Islander Health* developed as described at paragraphs 3.5 to 3.8 in partnership with Aboriginal and Torres Strait Islander communities, the Aboriginal and Torres Strait Islander Commission and the Queensland Aboriginal and Islander Health Forum and in consultation with Substance Misuse Services to inform funding decisions with respect to new and existing health and health related services for Aboriginal and Torres Strait Islander peoples.
- 3.2 Under this agreement, the Commonwealth of Australia and the State of Queensland agree to develop, in partnership with the Queensland Aboriginal and Islander Health Forum and in consultation with Substance Misuse Services, model service contracts which:
- (a) are jointly developed;
 - (b) are outcome/output oriented;
 - (c) contains clear operational service principles and negotiated processes which ensures a level of control of these services by Aboriginal and Torres Strait Islander peoples in those communities and set out how Aboriginal and Torres Strait Islander involvement in design, delivery and evaluation of Aboriginal and Torres Strait Islander health and health related services is to be implemented; and
 - (d) simplify administrative procedures for Aboriginal and Torres Strait Islander Community Controlled Health and Substance Misuse Services to consolidate grant application processes and reporting processes.
- 3.3 Under the terms of this Agreement, the Commonwealth of Australia and the State of Queensland will each retain final decision-making powers with respect to its own funding responsibilities, while acknowledging the commitment under 3.1(b) above to public accountability for funding.

3.4 In respect to 3.3, the parties agree that:

- (a) Community Controlled Health Services provide an unique level of expertise in the provision of health services;
- (b) in particular, Community Controlled Health Services have expertise in the provision of primary health care services to Aboriginal and Torres Strait Islander peoples; and
- (c) policies established under this Agreement are not a substitute for health care services provided by Community Controlled Health Service organisations but provide additional access to mainstream health services as an adjunct to, and to supplement, primary care health services.

Joint Planning

3.5 The Commonwealth of Australia and the State of Queensland agree to use the existing joint planning processes which include the Aboriginal and Torres Strait Islander Commission and the Queensland Aboriginal and Islander Health Forum, to inform policies and decisions by each party with respect to existing and new mainstream and specific primary health care services for Aboriginal and Torres Strait Islander peoples (outlined in 3.6 to 3.9).

3.6 The planning mechanisms include the following consultation mechanisms:

At the Commonwealth level -

- (a) The National Aboriginal and Torres Strait Islander Health Council, which includes representation from the National Aboriginal Community Controlled Health Organisation, the Australian Health Ministers' Advisory Council, the Commonwealth Department of Health and Ageing, the Aboriginal and Torres Strait Islander Commission, the Torres Strait Regional Authority and the National Health and Medical Research Council. The Council will advise the Commonwealth Minister for Health and Ageing on Aboriginal and Torres Strait Islander policy and planning and will monitor the national implementation of the Agreements.
- (b) A viable and independent Commonwealth funded National Aboriginal Community Controlled Health Organisation representing the community controlled health sector.

At the State level -

- (c) A Queensland Aboriginal and Torres Strait Islander Health Partnership forum that includes representation from the Queensland Aboriginal and Islander Health Forum outlined in (d); the Queensland Department of Health; the Commonwealth Department of Health and Ageing; and the Aboriginal and Torres Strait Islander Commission, to decide on key issues about regional planning as outlined in paragraph 3.7, to contribute to policy and planning development and to evaluate implementation of the Agreement in Queensland.
- (d) A viable and independent Queensland Aboriginal and Islander Health Forum, which is an affiliate of the National Aboriginal Community Controlled Health Organisation that represents the Community Controlled Health Sector in Queensland. This organisation also acts as the Secretariat for the Queensland Aboriginal and Torres Strait Islander Health Partnership and is funded for this activity by the State with a Commonwealth Department of Health and Ageing contribution.

At the Regional level -

- (e) Regional health forums underpinned by Regional Agreements that include health representation from the Commonwealth Sector, State Sector and Community Sector at the regional level, should advise the Queensland Partnership Forum outlined in 3.6 (c) on key issues about regional planning as outlined in paragraph 3.7 (b) and (c) and to contribute to health planning and development.

3.7 The planning process will include the following components:

- (a) Regular meetings of the Queensland Aboriginal and Torres Strait Islander Health Partnership forum outlined in 3.6 (c) consisting of the Commonwealth Department of Health and Ageing, the Queensland Department of Health, the Aboriginal and Torres Strait Islander Commission at the State level, and the Queensland Aboriginal and Torres Strait Islander Health Forum to inform policies and decisions by each party with respect to existing and new mainstream and specific primary health care services for Aboriginal and Torres Strait Islander peoples.
- (b) Regional plans targeting Aboriginal and Torres Strait Islander health which identify gaps and opportunities in health service provision, and which identify priorities to improve health services, including mainstream services, and environmental health in the region.
- (c) Community health plans designed in collaboration with those Aboriginal and Torres Strait Islander communities.

3.8 The planning process will incorporate:

- (a) health care provision issues:
 - for which the Commonwealth Department of Health and Ageing has responsibility, including funding for Aboriginal and Torres Strait Islander Community Controlled Health Services; and
 - for which the Queensland Department of Health has responsibility.
- (b) environmental health issues for which the Aboriginal and Torres Strait Islander Commission has a key role; and
- (c) a mechanism, to be developed by the Queensland Aboriginal and Torres Strait Islander Health Partnership, for updating the *Framework for Action in Aboriginal and Torres Strait Islander Health*.

Access to both mainstream and specific health and health related services for Aboriginal and Torres Strait Islander peoples that reflect their higher level of need

3.9 The Commonwealth of Australia and the State of Queensland acknowledge that the delivery of health and health related services is a shared responsibility and that Aboriginal and Torres Strait Islander peoples access health care that reflects their higher level of need. This requires innovative and flexible solutions for:

- (a) action to improve access to mainstream health and Substance Misuse Services which are culturally sensitive and which actively address the needs of Aboriginal and Torres Strait Islander peoples;
 - (b) public accountability against enforceable written standards of service that are reported on; and
 - (c) current or intended complaints processes to include, for Aboriginal and/or Torres Strait Islander peoples, a process which has sufficient authority to ensure, where necessary, appropriate corrective action.
- 3.10 The Commonwealth of Australia and the State of Queensland agree to enhance mainstream health service delivery for Aboriginal and Torres Strait Islander peoples by responding to initiatives identified through the joint planning processes, which will:
- (a) ensure that mainstream health and health related services are culturally sensitive and accessible to Aboriginal and Torres Strait Islander peoples;
 - (b) provide and strengthen innovative models linking mainstream health services and specific health services for Aboriginal and Torres Strait Islander peoples;
 - (c) include strategies, including the provision of appropriate health professionals, to address the health priority needs identified by Aboriginal and Torres Strait Islander peoples through joint planning processes;
 - (d) encourage and assist General Practitioners to work in remote and rural areas with high Aboriginal and Torres Strait Islander populations and in Aboriginal and Torres Strait Islander health services;
 - (e) ensure Aboriginal and Torres Strait Islander peoples' representation on the Queensland Department of Health's District Health Councils, Regional Health Forums and Health Advisory Groups at a district, regional and local level in recognition of the high level of need for mainstream hospital and other health services.
- 3.11 The Commonwealth of Australia and the State of Queensland will, in partnership with the Queensland Aboriginal and Islander Health Forum and the Aboriginal and Torres Strait Islander Commission, implement programs and strategies to improve the status of Aboriginal and Torres Strait Islander Health Workers and to achieve agreed employment and training outcomes. These strategies will be consistent with, and support the implementation of, national core curriculum and accreditation courses that provide Aboriginal and Torres Strait Islander Health Workers with professional career development opportunities.
- 3.12 The Commonwealth of Australia and the State of Queensland will review, in partnership with the Aboriginal and Torres Strait Islander Commission, the National Aboriginal Community Controlled Health Organisation and the Queensland Aboriginal and Islander Health Forum and, in consultation with Community Controlled Substance Misuse organisations, access to mainstream services to identify areas where changes are needed, including the issues raised in paragraphs (3.9) and (3.10).

Data Collection and Evaluation

- 3.13 The Commonwealth of Australia and the State of Queensland will, in partnership with the Aboriginal and Torres Strait Islander Commission, the National Aboriginal Community Controlled Health Organisation and the Queensland Aboriginal and Islander Health Forum, and in consultation with Substance Misuse Services, establish culturally sensitive and ethical privacy and confidentiality protocols in line with the *Commonwealth Privacy Act (1988)*, for the

routine collection of standardised data on Aboriginal and Torres Strait Islander health. These protocols are to recognise Aboriginal and Torres Strait Islander ownership of the data including clarity about the use of data. Any change in the use of the data will require agreement from the owners of the data.

- 3.14 The Commonwealth of Australia and the State of Queensland will, in partnership with the Aboriginal and Torres Strait Islander Commission, the National Aboriginal Community Controlled Health Organisation and the Queensland Aboriginal and Islander Health Forum, and in consultation with Community Controlled Substance Misuse Services, improve the quality of relevant data available on the provision of mainstream health services to, and utilisation of mainstream health services by, Aboriginal and Torres Strait Islander peoples.
- 3.15 The Commonwealth of Australia and the State of Queensland agree, in partnership with the Aboriginal and Torres Strait Islander Commission, the National Aboriginal Community Controlled Health Organisation and the Queensland Aboriginal and Islander Health Forum and in consultation with Community Controlled Substance Misuse Services, to:
- (a) develop health outcome indicators to measure progress in improving the health of Aboriginal and Torres Strait Islander peoples; and
 - (b) report specifically on the *National Aboriginal and Torres Strait Islander Health Performance Indicators and Targets* and any other health outcome indicators developed under (a) above.

4.0 ROLES AND RESPONSIBILITIES

- 4.1 Primary responsibility for the delivery of mainstream health services resides with the State/Territory governments. The Commonwealth Department of Health and Ageing is responsible for administering the Medical Benefits Scheme and the Pharmaceutical Benefits Scheme. For a range of health and health related services, the roles and responsibilities of the Commonwealth Department of Health and Ageing and the Queensland Department of Health have evolved over time and are encapsulated in a number of agreements.
- 4.2 The Memorandum of Understanding (1995) between the Aboriginal and Torres Strait Islander Commission and the Health and Family Services portfolio (now Health and Ageing portfolio) identifies the roles and responsibilities of each of these Commonwealth agencies in primary health care services and environmental health.
- 4.3 The Commonwealth of Australia is jointly responsible with State and Territory governments for responding to the health needs of all Australians and this includes Aboriginal and Torres Strait Islander peoples. More specifically:
- (a) The Commonwealth has a leading and coordinating role in the development of national health policy while working in partnership with the States/Territories;
 - (b) Aboriginal and Torres Strait Islander Commission has a range of functions under the *Aboriginal and Torres Strait Islander Commission Act (1989)* including responsibility for monitoring the effectiveness of programs for the Aboriginal and Torres Strait Islander peoples, including programs conducted by bodies other than the Commission; and
 - (c) The State and Territory governments have primary responsibility for the provision of, and in conjunction with the Commonwealth, the funding of a range of health services including public hospitals, mental health and other health services.

- 4.4 Aboriginal and Torres Strait Islander Community Controlled Health and Substance Misuse organisations will retain control over the design and delivery of services they are funded for, against agreed outcomes.
- 4.5 This Agreement recognises local Aboriginal and Torres Strait Islander community control as the culturally valid process for delivering specific health, primary health care, and substance misuse services to Aboriginal and Torres Strait Islander peoples. Aboriginal and Torres Strait Islander Community Controlled Health and Substance Misuse Services therefore provide a legitimate form of health care and have a responsibility, as do mainstream health services, for the provision of a range of appropriate and effective health services to Aboriginal and Torres Strait Islander communities and peoples.

5.0 INTERSECTORAL COLLABORATION

- 5.1 The Commonwealth of Australia and the State of Queensland recognise the World Health Organisation's contention that:

“The efforts of the health sector alone are not enough to bring about significant improvements in health. Other sectors such as economic development, agriculture, education and water supply may, in some situations, have an even greater potential for improving health than the health sector itself.”

(WHO 1991)

- 5.2 Environmental health and primary health care policy and program arrangements will be addressed simultaneously in the *Framework for Action in Aboriginal and Torres Strait Islander Health* agreement.
- 5.3 The Commonwealth of Australia and the State of Queensland will foster collaboration from a range of sectors, which contribute to health and well-being, such as agriculture, local government, land, animal husbandry, socio-political, cultural, food, industry, education, communications and community infrastructure such as housing and public works, through:
- (a) the establishment of cross government processes between Queensland government departments, the community and their representatives; and
 - (b) developing and strengthening innovative options for better intersectoral collaboration.

6.0 REPORTING AND MONITORING ARRANGEMENTS

- 6.1 The Queensland Aboriginal and Torres Strait Islander Health Partnership and the National Aboriginal and Torres Strait Islander Health Council will be responsible for evaluating the implementation of the Agreements within their respective jurisdictions.
- 6.2 The State of Queensland and the Commonwealth of Australia will report as appropriate on progress in implementing commitments under this Agreement and the *Framework for Action in Aboriginal and Torres Strait Islander Health* at the Australian Health Ministers' Conference. This should include, at a minimum:
- (a) funding for Community Controlled Health Services;
 - (b) improved outcomes for mainstream services; and

(c) linkages between community controlled and mainstream services including innovation in coordinated care.

6.3 The format for the annual report to the Australian Health Ministers' Conference shall be agreed to by all jurisdictions, to ensure consistency in the reports. The annual jurisdictional report from Queensland shall be collaborative effort by all signatories to this Agreement.

6.4 Reporting under this Agreement is to occur regularly (on a twelve monthly basis), and be transparent.

7.0 DURATION OF AGREEMENT

7.1 This Agreement will come into effect from the date of signing by all parties and shall continue in force until the parties agree to terminate the Agreement or execute a further Agreement (in substitution of this Agreement).

7.2 Agreement in writing is required by all signatories to the Agreement to vary the contents of this Agreement. Notification of any change to the Agreement must be directed to all parties to this Agreement.

7.3 An independent audit of activity, progress and the effectiveness of processes established under this Agreement will be undertaken twenty-four months from the date when all parties sign this Agreement, and will be jointly funded by the Commonwealth Department of Health and Ageing and the Queensland Department of Health.

8.0 STATUS OF ATTACHMENT

8.1 The attachment to this Agreement is to be read as a provision of this Agreement.

INTERPRETATION

In this Agreement, unless a contrary intention is indicated:

“Aboriginal and Torres Strait Islander Community Controlled Health Services” means those Health and Substance Misuse Services operated by organisations that are incorporated and controlled by Aboriginal and/or Torres Strait Islander peoples. In particular they must have provision for annual general meetings open to its members and election to a management committee from the general membership.

“Aboriginal and Torres Strait Islander Health Worker” means an Aboriginal and/or Torres Strait Islander person who is employed in a health service, involved in the delivery of health care and may have undertaken accredited education and training on Aboriginal and Torres Strait Islander health work.

“Agreed health outcomes” refers to outcomes agreed to by all parties entering into an agreement, including service agreements.

“Assessment of needs” means to identify the real short and long term unmet need for health service delivery, to recognise risk factors for health and to prioritise those needs and risk factors against all resources.

Report of the National Inquiry into the separation of Aboriginal and Torres Strait Islander children from their families “Bringing Them Home”(1997) refers to the report of the Human Rights and Equal Opportunity Commission’s National Inquiry into the separation of Aboriginal and Torres Strait Islander children from their families

“Health” is defined in the *National Aboriginal Health Strategy Working Party Report (1989)* as including not just the physical well-being of the individual but the social, emotional and cultural well-being of the whole community. This is a whole of life view and it also includes the cyclical concept of life-death-life.

“Environmental health” means the physical aspects of the living environment in a community that impacts on the health status of Aboriginal and Torres Strait Islander peoples.

“Framework for Action in Aboriginal and Torres Strait Islander Health” refers to a document arising from a joint, needs based planning process undertaken and endorsed by the Queensland Aboriginal and Torres Strait Islander Health Partnership (referred to as a “Regional Plan” in other jurisdictions).

“Health and health related services” are those services covered by the holistic definition of health and include such services as substance misuse, health promotion and disease prevention services, women’s and men’s health, aged care, services for people with a disability, mental health services as well as clinical and hospital services.

“Intersectoral collaboration” is defined in the *National Aboriginal Health Strategy Working Party Report (1989)* as the dependency that exists between health and all other sectors of a community’s activities. In health, intersectoral collaboration recognises the fact that improvement in health cannot be achieved through efforts of the health sector alone. Vital to the efforts to improve health and well-being are the contributions of a variety of sectors including agriculture, land, animal husbandry, socio-political, cultural, food, industry, education, communications and community infrastructure such as housing and public works.

“Joint planning” means a process involving the Commonwealth, the Queensland Department of Health and community levels to coordinate health planning.

“Key stakeholders” means the Aboriginal and Torres Strait Islander Commission; Aboriginal and Torres Strait Islander communities and organisations in Queensland including Aboriginal and Torres Strait Islander specific Health and Substance Misuse Services; the Commonwealth Government; the National Aboriginal Community Controlled Health Organisation and its State/Territory affiliates; and the Queensland Government.

“Mainstream health services” means health and health related services which are available to, and accessed by, the general community.

“Model service contract” means a contract between the funding body(ies) and an Aboriginal and Torres Strait Islander community controlled health and/or health related service to achieve outcomes/outputs which are agreed by the funding body(ies) and the service.

“National Aboriginal Community Controlled Health Organisation” is the national peak body of community controlled health services. The Queensland Aboriginal and Islander Health Forum is its State affiliate in Queensland (see separate reference). It seeks to improve the health of Aboriginal and Torres Strait Islander peoples through increasing the control that Aboriginal and Torres Strait Islander individuals and communities have over their lives and their health services.

“National Aboriginal and Torres Strait Islander Health Council” means the national advisory structure established to provide the Commonwealth Minister for Health and Ageing with broad policy advice on Aboriginal and Torres Strait Islander health issues.

“National Aboriginal and Torres Strait Islander Health Performance Indicators and Targets” refers to a nationally agreed set of outcome measures against which all jurisdictions are required to report on an annual basis.

“Primary health care” is the first point of contact between the community and the health care system. Aboriginal community controlled health services operate primary health care according to the working definition of primary health care as defined in the *National Aboriginal Health Strategy Working Party Report (1989)*.

“Queensland Aboriginal and Torres Strait Islander Health Partnership” refers to a meeting of the Commonwealth Department of Health and Ageing, the Queensland Department of Health, the Queensland Aboriginal and Islander Health Forum and the Aboriginal and Torres Strait Islander Commission.

“Queensland Aboriginal and Islander Health Forum” refers to the peak body representing Aboriginal community controlled health services in the State of Queensland.

“Resources” refers to funding (in real terms), staffing and any other efforts directed towards policy, planning, implementation and evaluation of services.

“Royal Commission into Aboriginal Deaths in Custody” refers to the *Royal Commission into Aboriginal Deaths in Custody Report*. The Royal Commission into Aboriginal Deaths in Custody was established in October 1987 to investigate the deaths in custody of Aboriginal people that occurred during the 1980s. The Report and 339 recommendations were tabled to Parliament in 1991.

THIS AGREEMENT WAS MADE BY THE PARTIES ON THIS
12th DAY OF JUNE 2002.

SIGNED FOR AND ON BEHALF OF THE)
COMMONWEALTH OF AUSTRALIA BY)

SENATOR THE HONOURABLE KAY PATTERSON)
MINISTER FOR HEALTH AND AGEING)

.....)

IN THE PRESENCE OF)

.....)

SIGNED FOR AND ON BEHALF OF THE)
STATE OF QUEENSLAND BY)

THE HONOURABLE WENDY EDMOND)
MINISTER FOR HEALTH)

.....)

IN THE PRESENCE OF)

.....)

