Our footprints: a traveller's guide to the COAG implementation process in Western Australia

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Kevin Cox is a Gidji Man (Central Kimberley, mother's side) who was born and raised in Broome, WA. Kevin is Director of Aboriginal Health in the WA Department of Health—Area Office WA Country Health Service, Perth. Previous positions have included Director of Aboriginal Health at St John of God Health Care, Broome and Perth, CEO, Kimberley Aboriginal Community Controlled Health Organisations, Senior Project Officer and Facilitator, Kimberley National Trachoma Eye Health Program (with Prof Fred Hollows) and educator at St Mary's Secondary College, Broome.

Vicki O'Donnell was born in Derby Western Australia and lived all her life in the small town (population 4,500). Her mother is European and her father is Aboriginal (Nykgina). Vicki is married and has three children (2 daughters, 1 son) aged between 25–28 and four grandchildren (2 girls, 2 boys). Vicki has been employed as the Chief Executive Officer for the Derby Aboriginal Health Service for the past 8 years. Prior to this her years of employment were with the State Health Department and State Aboriginal Affairs Department. During her time with the Derby Aboriginal Health Service they have gone from strength to strength, expanding their funding base, procuring a culturally appropriate health service for the benefit of our people. Building a skilled and stable multidisciplinary workforce and achieving recognition at state and national levels as a high-quality service producing measurable outcomes for Indigenous people in the town and region. Vicki also contributed extensively at a range of regional, state and national forums.

Linda Waters graduated from Curtin University in 1996 with a Bachelor of Applied Science Health Promotion. She initially worked with KidSafe WA before moving into the public health sector as the Health Promoting Hospitals Coordinator at Swan/Kalamunda Health Service. It was during her time with SKHS that Linda first had the opportunity to work extensively with the Aboriginal community, sparking her commitment to improving the health of Aboriginal people. Linda subsequently moved to the Office of Aboriginal Health, WA Department of Health in January 2004 where I worked on a variety of initiatives before taking up my current position with the Aboriginal Heath Improvement Unit, WACHS as the Program Manager for Service Planning and Development.

> This groundbreaking partnership between Aboriginal people and the State Government signals a new way for WA Health to plan and develop health services with Aboriginal communities.
>
> Kim Snowball, Director General, WA Health

WA Health recognised the 2007 Council of Australian Governments' (COAG) landmark "Closing the Gap" initiative as an opportunity to develop a new approach to addressing Aboriginal health issues.

For the first time, a "grass roots" approach based on genuine consultation and engagement with Aboriginal communities and service providers would be undertaken.

In conjunction with WA Health, Aboriginal community members and government and non-government organisations united to translate the Council's agenda into meaningful practices to benefit Western Australia's Aboriginal population.

The journey begins

The individual State and Territory governments which form COAG, acknowledge that continuous and genuine partnership of government, service providers and the Aboriginal community is essential to effectively address Aboriginal disadvantage.

The active engagement of government with Aboriginal communities, better coordinated services and funding, underpinned the subsequent landmark "Close the Gap" reforms to address disadvantage in health, housing, education and employment.

The WA Country Health Service was subsequently tasked with delivering on commitments made under the WA's Implementation Plans to "Close the Gap" in Indigenous health outcomes.

Of most significance is that this journey was not undertaken by WACHS in isolation.

Rather, for the first time, we travelled side-by-side with government and non-government health service providers and the Aboriginal community to promote genuine engagement and partnership.

Working together, our collective efforts, knowledge and expertise created an innovative model combining community development principles with a commitment to Aboriginal ownership and cultural safety:

While the journey was not without its challenges, it also presented unexpected successes, and many valuable lessons had been learnt.

Closing the Gap

COAG agreed to a number of ambitious targets to "Close the Gap" in Indigenous disadvantage by improving outcomes in the areas of life expectancy, health, education and employment.

This landmark agreement recognised that a cooperative and sustained approach by state, territory and federal governments, health service providers and the Aboriginal community would be necessary to translate the following goals into a reality:

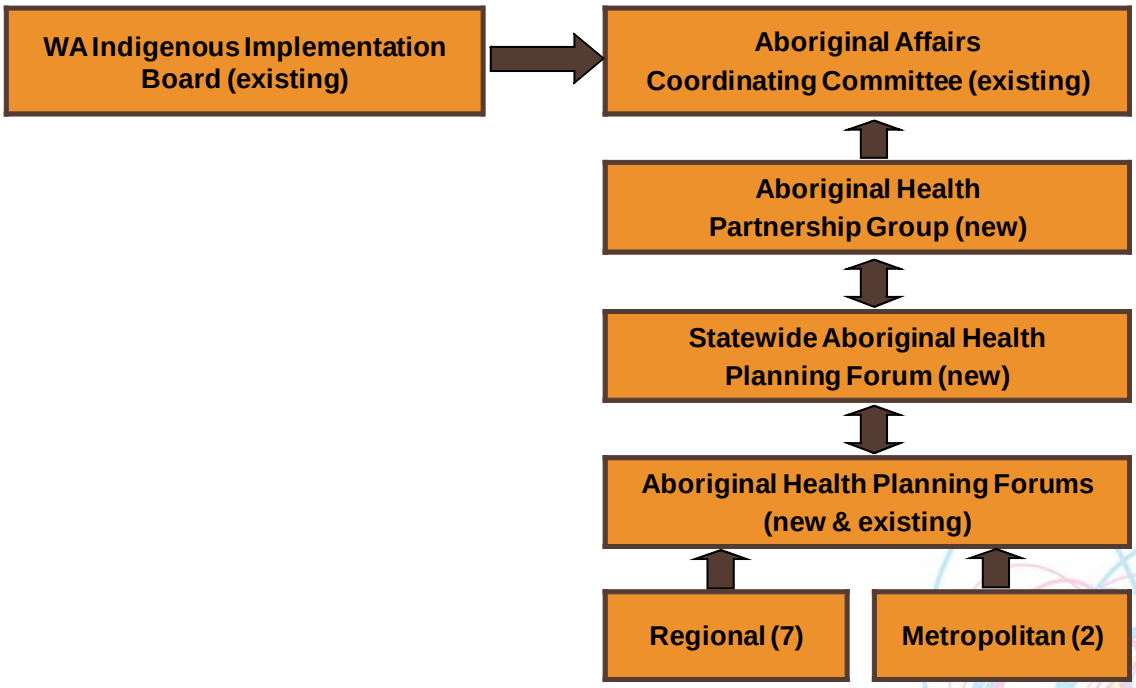
- Closing the life expectancy gap within a generation (by 2033)
- Halving the gap in mortality rates for Indigenous children under five within a decade (by 2018)
- Halving the gap in reading, writing and numeracy within a decade (by 2018)

National Partnership Agreements were to achieve these and a range of targeted goals.

WA Health assumed responsibility for 2 indigenous-specific NPAs:

- Indigenous Early Childhood Development
- Closing the Gap in Indigenous Health Outcomes

Who will navigate?



Before meaningful work could truly commence at a regional level, a number of issues had to first be addressed, including the existence and functionality of the Aboriginal Health Planning Forums.

In some regions an AHPF was technically in existence but had been relatively inactive for quite some time.

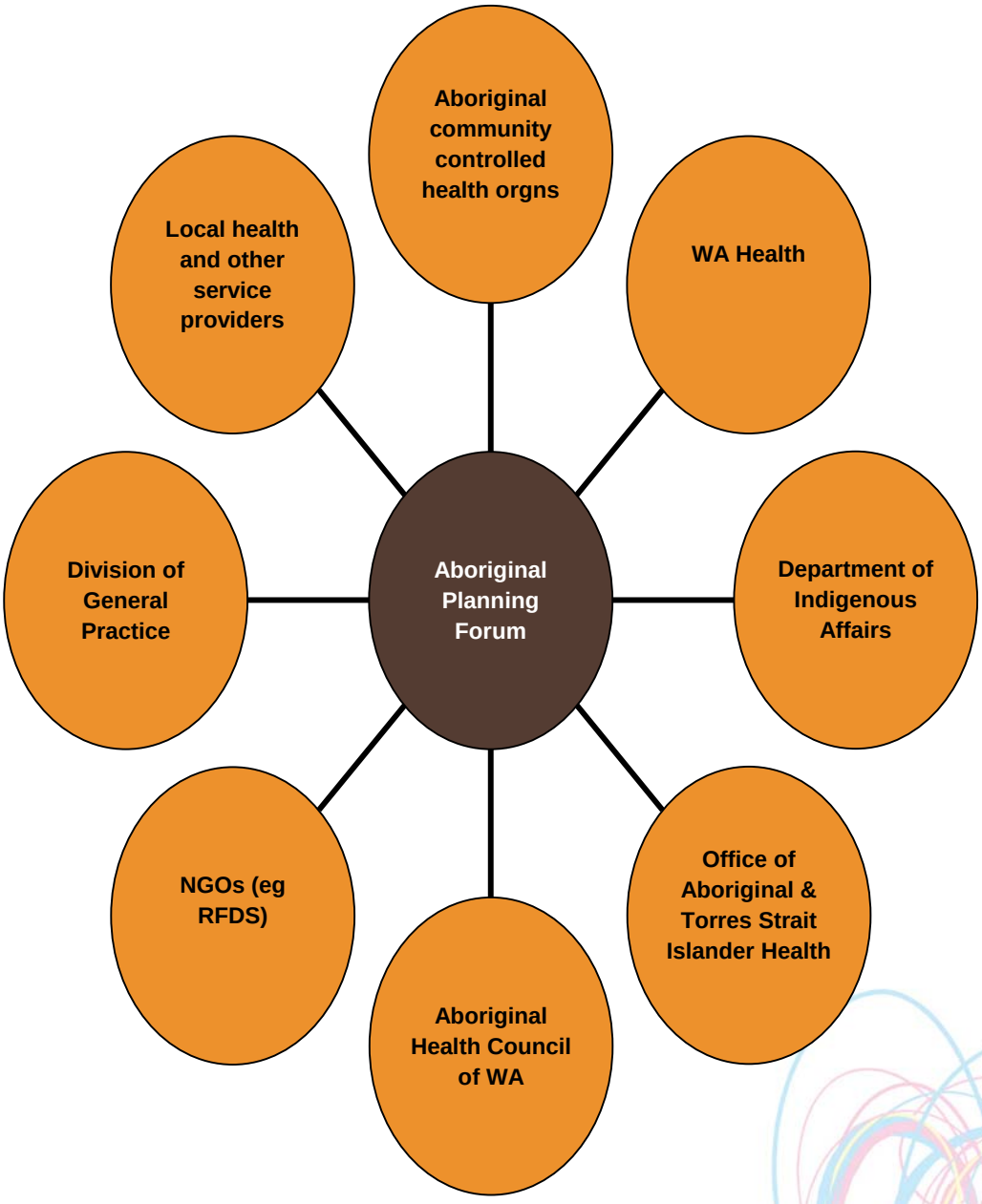
In regions without an existing AHPF, one had to be established and become functional within a short period.

In both instances, new group members needed to be identified and learn to work together as a cohesive group within tight timeframes.

Another concern was encouraging members to manage, or at the very least be willing to put aside, prior unresolved issues.

This required a commitment on behalf of all members to a shared vision, with success dependent on fostering confidence in the process and the achievement of an equitable outcome for all concerned.

Forum history



A four tiered governance structure was established to oversee the development, implementation and monitoring of CtG and IECD.

Throughout the COAG implementation process both the **WA Indigenous Implementation Board** and the **Aboriginal Affairs Coordinating Committee** remained informally aligned with other new and existing corporate governance bodies.

The Aboriginal Health Partnership Group was tasked to oversee and coordinate the delivery of the Western Australian Implementation Plan.

The Partnership Group was the vehicle by which recommendations and advice was made to the state on investment and resource allocation.

The Statewide Aboriginal Health Planning Forum was established to assist decision making on the implementation and monitoring of the CtG and IECD NPAs.

Throughout the process the SAHPF provided technical advice and support to the Metropolitan and Regional Aboriginal Health Planning Forums.

The SAHPF will continue to provide the Forums with ongoing support for COAG initiatives.

With Aboriginal engagement central to both service design and delivery of COAG initiatives, **Aboriginal Health Planning Forums** played a critical role during the formative phase of the CtG and IECD NPAs and continue to play an ongoing role with the NPAs.

During the late 1990s Western Australia was divided into six health regions for the purpose of developing regional Aboriginal Health Plans (AHPs).

The current process involved the re-invigorating or formation of the following **9 bodies**:

- 7 Regional forums: Kimberley, Pilbara, Mid West, Wheatbelt, Goldfields, Great Southern, South West
- 2 Metropolitan Forums: South Metropolitan, North Metropolitan

Forum roadshows

Between July and September 2009, the AHIU outlined the COAG directives and NPAs in a series of road-shows to AHPFs across the state.

This provided opportunities to:

- describe the “building blocks”
- map out the synergies between the National Indigenous Reform Agreement, CtG and IECD NPAs, and the WA Implementation Plans
- briefly outline to each region the CtG and IECD NPA priority areas
- explain the difference between Western Australian Government expenditure and that of the Commonwealth

Occupying 1/3 of Australia’s total landmass, the unique nature of WA presented significant challenges to the AHIU.

With over half of WA’s Aboriginal population residing in outer regional, remote or very remote areas, the distances travelled were far greater than those travelled in other jurisdictions within Australia.

Despite the numerous human resource challenges for WA we strongly believed that in order to successfully secure regional engagement and commitment to the COAG journey a “hands-on” presence was essential.

Indigenous engagement

> Engagement with Indigenous men, women and children and communities should be central to the design and delivery of programs and services.
>
> National Indigenous Reform Agreement: 2009

Each Planning Forum was encouraged to engage with the community and seek input towards identifying community health priorities through a variety of different methods.

Given the tight consultation timeframe, developing effective and efficient service delivery models that best met community needs proved particularly challenging for both the AHPFs and Aboriginal communities and agencies.

The WA Implementation Plans provided a framework to guide localised project plans and strategies including costs, performance measures, evaluation methodologies and risk assessments.

From information gathered the Forums developed overarching Aboriginal Health Plans and developed specific proposals to meet the CtG and IECD objectives and outcomes.

Effective collaboration required that all parties be prepared to :

- listen and respect one another's point of view
- open to change and not be defensive, and
- willing to negotiate on challenging issues.

Develop health plans

In order to develop health service proposals for closing the gap within their region Planning Forums were tasked with identifying health priorities and undertaking a service gap analysis.

The nine Aboriginal Health Plans contained over 160 health service proposals totalling $320 million, well in excess of the $145.8 million available.

Each proposal was assessed against the ten guiding principles to identify the best fit of available funds within each priority area and health region.

The panel then provided recommendations to the AHPG which was responsible for endorsing recommended funding allocations.

Contracts

The first stage of this long journey was nearing its end. A total of 120 proposals were either fully or partially funded by 30 June 2010, resulting in:

- **45 contracts** under the five priority areas for CtG
- **21 contracts** under Elements Two and Three for IECD.

Of these 66 contracts, 41 were developed with non-government organisations (including Aboriginal Community Controlled Organisations and Divisions of General Practice) and 25 with Department of Health Area Health Services.

Five priority areas identified within the Closing the Gap in Indigenous Health NPA

- tackling smoking
- healthy transition to adulthood
- making Indigenous health everyone's business

- primary health care services that can deliver
- fixing the gaps and improving the patient journey

Elements Two and Three of the Indigenous Early Childhood Development (IECD) NPA:

- increased access to antenatal care, pre-pregnancy and teenage sexual and reproductive health
- increased access to, and use of, maternal and child health services by indigenous families.

Reporting

> There is a need to ensure a balance without overburdening agencies (government and non-government) and the community with over regulation and reporting. The Forums also need to take some responsibility for holding their regional agencies to task.
>
> Susan Powe, Manager, Aboriginal Health Service Development Unit

In addition to the 6-monthly reports to the Commonwealth, the AHIU also submits financial and service reports to the Western Australian Departments of Treasury and Finance, and Premier and Cabinet.

Service providers are required to detail their key outcomes and achievements to their respective Metropolitan or Regional Aboriginal Health Planning Forum through a 6-monthly Peer Review component.

This includes describing progress against the specified CtG and IECD outputs and additional information on key risks for service delivery, including workforce recruitment and retention, and any related infrastructure issues.

The inclusion of this peer review process reflects the commitment to community engagement embedded within the NPAs.

Looking ahead

For the first time, Western Australia government and non-government organisations had travelled hand-in-hand with Aboriginal communities to take the first of many shared steps in reducing Aboriginal disadvantage.

The significant financial commitment of the COAG National Partnership Agreements is an important step along this road.

More important, however, is the commitment from all levels of government to travel in partnership with Aboriginal people, communities and organisations.

For each traveller, their chosen path or route may vary, but it is this genuine engagement which will ensure the successful completion of the journey and arrival at a common destination.

But the journey doesn't end here … Thank you