

Outcome 8

## Indigenous Health

**Improved access by Aboriginal and Torres Strait Islander peoples to effective primary health care and substance use services and population health programs**

### OUTCOME SUMMARY – THE YEAR AHEAD

The Government is committed to achieving sustainable gains in health status for Aboriginal and Torres Strait Islander people by improving access to high quality primary health care services, medical and pharmaceutical services and population health programs. All policies relating to the health of Indigenous Australians are based on the principle of shared responsibility for addressing the causes and consequences of ill health and the development and delivery of health care services. The Department's activities are based on engagement with Aboriginal and Torres Strait Islander people and organisations, mainstream health programs and relevant Australian Government and State and Territory government agencies.

Although many initiatives are coordinated through the Office for Aboriginal and Torres Strait Islander Health (OATSIH), the Department manages all programs to ensure effective and accessible health programs for Indigenous Australians.

The National Strategic Framework for Aboriginal and Torres Strait Islander Health will guide much of this effort.

### Key Strategic Directions for 2006-07

During 2006-07, the Australian Government will:

- improve access to, and the responsiveness of, mainstream health systems including developing new brokerage services in urban areas;
- provide complementary action through Aboriginal and Torres Strait Islander specific health and substance use services including the roll out of a comprehensive petrol sniffing strategy in central Australia; and
- collaborate across governments and the health sector to improve service delivery and outcomes.

### Major Activities

#### Increasing access to primary health care for Indigenous Australians

In 2006-07, access to primary health care will be enhanced by the provision of additional funding to new and existing Indigenous-specific services. Funding priorities are based on the distribution of the Indigenous population across Australia; the cost differentials between remote, rural and urban areas; and the capacity of local organisations to use the funds to improve Indigenous health status. Regional planning processes ensure investment is supported by whole-of-government approaches to improve Indigenous health outcomes.

Funding of capital works projects in 2006-07 will see the construction, upgrading and maintenance of health clinics, substance use facilities and staff housing, with a major focus on the infrastructure needs of rural and remote areas.

### **Improved access to mainstream health systems**

The Department will continue work to better harness mainstream health financing programs for Aboriginal and Torres Strait Islander people. A major focus in 2006-07 will be to respond to the findings of a national review jointly undertaken with Medicare Australia to investigate current barriers in access to the Medicare Benefits Schedule (MBS), the Pharmaceutical Benefits Scheme (PBS) and non-Medicare health financing programs. In 2006-07 there will be a particular emphasis on improving uptake of the child and adult health checks funded by the MBS and the access to and better use of pharmaceuticals.

This will be given additional impetus by the funding of new brokerage services in urban areas to link Indigenous Australians living in urban areas to appropriate mainstream primary and allied health care able to meet their health needs.

Social marketing and preventive health programs will better address the needs of Aboriginal and Torres Strait Islander peoples and there will be a strong focus on improved outcomes under a number of national population health strategies including alcohol and other drugs.

### **Workforce development**

Effective health workforce planning, education, training, retention and support underpin the capacity of the health system to respond effectively to Aboriginal and Torres Strait Islander peoples' health needs. The implementation of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework will continue in 2006-07. A key focus will be the implementation of the revised Aboriginal and Torres Strait Islander Health Worker qualifications and competencies, additional scholarships, improved student recruitment and retention support for Indigenous Australians in health disciplines.

In 2006-07, OATSIH will develop the Improving Indigenous Health Worker Employment Program to provide real jobs and real wages for 130 positions in community-based Aboriginal and Torres Strait Islander health care and substance use services. Positions which are currently being paid under the Community Development Employment Project (CDEP) program will be translated to 130 permanent positions providing real employment prospects and increase financial benefits for the workers and their communities.

### **Developing Indigenous-specific service delivery and sector capacity**

Further consolidation and development of Indigenous health services for Aboriginal and Torres Strait Islander people will be a major priority during 2006-07. This will include a focus on continuous improvement in the management capacity of existing services and support for the implementation and enhancement of business and health management systems.

OATSIH will encourage more Indigenous health services to achieve accreditation through mainstream accreditation agencies and to upgrade their health information management processes. There will also be an increased recognition of exemplary health services, as well as addressing the management issues which affect a small number of services.

A national evaluation of all OATSIH funded social health programs (including the Bringing Them Home and Mental Health Programs) due to be completed in September 2006 will refocus the directions of these programs and build better synergies across mental health, social and emotional well-being and substance use services.

### **Continuing improvements in accountability and effectiveness**

The effectiveness of Indigenous-specific health services is being enhanced by the implementation and expansion of the Service Development and Reporting Framework (SDRF) which provides a structured process for services to plan and be accountable for the comprehensive primary health care services they provide. Action plans being developed annually by services provide an improved mechanism for effective management and enhanced accountability. The implementation of the SDRF across all services funded will be completed in 2006-07.

The Healthy for Life initiative aims to enhance the capacity of primary health care services to improve the quality of their service delivery for child and maternal health and chronic disease care to Aboriginal and Torres Strait Islander peoples. It is anticipated that by the end of 2006-07 over 50 sites will be established and a further national call for applications will be undertaken.

### **Whole-of-Government engagement**

Key areas of work for the Department in 2006-07 will include:

- contributing to Indigenous policy and service coordination at the national level;
- engagement with Indigenous Coordination Centres at a regional level;
- participation in Shared Responsibility Agreements and Regional Partnership Agreements;
- leadership of the whole-of-government trial in the Anangu Pitjantjatjara Yankunytjatjara Lands;
- in collaboration with Outcome 5 (Rural Health), working with State and Territory governments to implement Council of Australian Governments reforms aimed at providing better health services for rural and remote communities; and
- working with Medicare Australia to improve service delivery and outcomes for Indigenous Australians through funding support for Indigenous Liaison Officers.

The Department will continue to focus on key initiatives that contribute to and align with whole-of-government priorities including:

- continued expansion of the Petrol Sniffing Prevention Program with a particular emphasis on whole-of-government and regional approaches;
- primary health care policy and program development contributing to whole-of-government early childhood activities; and
- developing safer communities through continued effort to address mental health and substance use including petrol sniffing, alcohol and tobacco use.

### **Performance Measurement**

In 2006-07, the Department will continue to work with Medicare Australia to improve the Medicare enrolment rate, the rate of voluntary Indigenous identification and the analysis of Medicare Benefits Schedule data on Aboriginal and Torres Strait Islander primary health care services and State and Territory government-funded Aboriginal health services.

### Outcome 8 Resourcing

Table 3.1.8 shows how the 2006-07 Budget appropriations translate to total resourcing for Outcome 8, including administered expenses, revenue from government (appropriation), revenue from other sources, and the total price of outputs.

**Table 3.1.8: Total resources for Outcome 8**

	Estimated actual 2005-06 \$'000	Budget estimate 2006-07 \$'000
<b>Administered appropriations</b>		
<b>Program 8.1: Aboriginal and Torres Strait Islander Health</b>		
Appropriation Bill 1	339,862	377,971
	<b>339,862</b>	<b>377,971</b>
<b>Total Administered Appropriations</b>	<b>339,862</b>	<b>377,971</b>
<b>Departmental appropriations</b>		
<b>Health and Ageing</b>		
Output Group 1 - Policy Advice	11,036	11,903
Output Group 2 - Program Management	33,107	35,710
<b>Total price of departmental outputs</b> <i>(Total revenue from government and from other sources)</i>	44,143	47,613
Total revenue from government (appropriations) contributing to price of departmental outputs	44,043	47,505
Total revenue from other sources	100	108
<b>Total price of departmental outputs</b> <i>(Total revenue from government and from other sources)</i>	44,143	47,613
<b>Total Price of Outputs for Outcome 8</b> <i>(Total Revenue from Government and from other sources)</i>	44,143	47,613
<b>Total estimated resourcing for Outcome 8</b> <i>(Total price of outputs and administered appropriations)</i>	<b>384,005</b>	<b>425,584</b>
	2005-06	2006-07
<b>Average staffing level (number)</b>		
Department	322	336

### Measures Affecting Outcome 8

A summary of measures affecting this outcome is provided at Table 2.2, Section 2. Measure descriptions are published in full in Budget Paper No. 2, *Budget Measures 2006-07*, available on the Australian Government website at <<http://www.budget.gov.au>>.

## Contribution of Administered Programs to Outcome 8

### Program 8.1: Aboriginal and Torres Strait Islander Health

Aboriginal and Torres Strait Islander Health provides funding for the provision of high quality, coordinated primary health care, substance misuse and population health activities for Aboriginal and Torres Strait Islander people. The contribution of this program is measured by the level of health service provision available for Indigenous Australians with program achievement indicated by increasing access to and continual improvements in effective health care and substance misuse services for Aboriginal and Torres Strait Islander people.

### Contribution of Departmental Outputs to Outcome 8

The Department describes its core activities in terms of three output groups: policy advice, program management and agency-specific service delivery. Outcome 8 reports on policy advice and program management. Refer to Section 3.1 for more information on output groups.

### Performance Information for Outcome 8

Performance information for administered programs, individual outputs and output groups relating to Outcome 8 are summarised in Table 3.2.8.

**Table 3.2.8: Key Performance Information for Outcome 8**

#### Performance Information for Administered Programs

Indicator	Measured by	Reference Point or Target
<b>Administered Funding – Indigenous Health Programs</b>		
Increased Aboriginal and Torres Strait Islander people access to primary health care and substance use services.	Organisations providing/purchasing primary health care and/or substance use services.	At least 200 organisations.
Increased episodes of primary health care for Aboriginal and Torres Strait Islander people.	Number of episodes of primary health care provided.	At least 1.6 million episodes of primary health care provided.
Demonstrated access to culturally appropriate social and emotional well being and mental health services.	Number of episodes of care provided.	At least 90,000 episodes of care provided.
Redeveloped or improved clinics in remote areas.	Clinics are redeveloped or improved through the capital works program.	At least 18 new clinic redevelopments or improvements.

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Indicator	Measured by	Reference Point or Target
<b>Administered Funding – Indigenous Health Programs (cont)</b>		
Support for health staff in remote areas through the provision of housing.	Health staff housing established through the capital works program.	At least 10 new health staff houses/duplexes.
Increase in the number of Aboriginal and Torres Strait Islander people studying in health-related disciplines.	Scholarships awarded to Aboriginal and Torres Strait Islander students through the Puggy Hunter Memorial Scholarship Scheme.	At least 60 Aboriginal and Torres Strait Islander students receive scholarships.
Uptake of the Healthy for Life initiative.	Number of Healthy for Life sites established.	At least 42 Healthy for Life sites established by the end of 2006-07.
Increased number of communities being supplied with Opal fuel.	The number of new communities supplied.	At least 65 communities using Opal fuel by the end of 2006-07.
<b>Cost: \$377.971m</b>		

**Performance Information for Departmental Outputs**

Indicator	Measured by	Reference Point or Target
<b>Output Group 1 – Policy Advice</b>		
Quality, relevant and timely advice for Australian Government decision-making.	Ministerial satisfaction.	Maintain or increase from previous year.
Relevant and timely evidence-based policy research.	Production of relevant and timely evidence-based policy research.	Relevant evidence-based policy research produced in a timely manner.
<b>Price: \$11.903m</b>		

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Indicator	Measured by	Reference Point or Target
<b>Output Group 2 – Program Management</b>		
Administered budget predictions are met and actual expenses vary less than 0.5% from budgeted expenses.	Percentage that actual expenses vary from budgeted expenses.	0.5% variance from budgeted expenses.
Stakeholders to participate in program development.	Opportunities for stakeholder participation through a range of avenues, such as surveys, conferences and meetings.	Stakeholders participated in program development through consultative bodies and processes including the National Aboriginal and Torres Strait Islander Health Council and all jurisdictional Health Forums.
<b>Price: \$35.710m</b>		

## Evaluations

### Social and emotional well being

The Department will evaluate the Bringing Them Home and Indigenous Mental Health programs. These comprise the Link Up Program, the Bringing Them Home Counsellors Program, the Social and Emotional Wellbeing Regional Centres Program, and funding for Mental Health Services in Aboriginal Community Controlled Health Services.

The evaluation will assess the impact of each program on its client target group(s), and the likely future demand for the program. It will develop recommendations to inform future program objectives, directions and alignment. The evaluation will also identify best practice models and possible alternative delivery models.

The evaluation is being guided by a Reference Group, and involves extensive consultations with key stakeholders, individually and through national forums and site visits.

The project commenced in March 2006 and is due for completion in September 2006.

### Major Reviews

There are no major reviews planned to be undertaken in 2006-07.

## **Performance Improvement Initiatives**

### **Aboriginal and Torres Strait Islander Health Performance Framework**

In 2006-07, the Department will work in collaboration with the State and Territory Governments on the next phase in the development of the Aboriginal and Torres Strait Islander Health Performance Framework (HPF). The HPF is designed to measure the impact of the National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH) and inform policy analysis, planning and program implementation. The HPF complements the qualitative reporting on progress in the implementing of the NSFATSIH through the NSFATSIH 'Progress Against Jurisdictional Implementation Plans,' report. The HPF has approximately 90 measures in three groups:

- health status and outcomes;
- determinants of health including socioeconomic and behavioural factors; and
- health system performance.