



Australian Government

Department of Health and Aged Care

Evaluation of the Australian Government's investment in Aboriginal and Torres Strait Islander primary health care through the Indigenous Australians' Health Programme (IAHP Yarnes)

Management Response

December 2024



Overview of the IAHP Yarnes evaluation

The [Indigenous Australians' Health Programme \(IAHP\)](#) is the Australian Government's largest investment in improving health, wellbeing, and life expectancy outcomes for Aboriginal and Torres Strait Islander people.

The IAHP was established to ensure First Nations peoples have access to effective, high quality, comprehensive and culturally appropriate primary health care services in Australia. Under this program, the department provides funding to Aboriginal Community Controlled Health Services (ACCHSs) and other First Nations health initiatives.

The IAHP invests across 4 themes:

- Primary health care services – such as immunisation, activities to reduce smoking or activities that improve service delivery
- Improving access to primary health care – such as coordinating care across service, increasing the cultural skills of the health workforce or supporting outreach services
- Targeted health activities – such as managing chronic conditions or improving the ear and eye health of children
- Capital works – such as buying, leasing, building or upgrading infrastructure.

In 2017, the Department of Health and Aged Care (the department) commissioned Allen and Clarke Consulting (A+C) to undertake an independent evaluation of the IAHP. The evaluation aimed to investigate the appropriateness and effectiveness of the Australian Government's investment in Aboriginal and Torres Strait Islander primary health care (PHC) through the IAHP (IAHP Yarnes).

The evaluation was co-designed and supported by a Health Sector Co-Design Group (HSCG), who provided ongoing advice, guidance and leadership on the implementation of the evaluation, and affirmed accountability for co-design throughout.

The evaluation took a mixed-methods approach to data collation and analysis, including engagement with over 1000 participants across Australia. Participants included community members and staff across 37 partner organisations and 17 evaluation sites, and representatives of community-controlled, state, territory, and national organisations, with varying levels of remoteness.

The final report of this evaluation was provided to Government by the independent evaluators and proposed 13 recommendations for action.

Reflections from the Health Sector Co-Design Group (HSCG)

This independent reflection has been prepared by the Health Sector Co-Design Group (HSCG) and considers both the process and findings of the IAHP evaluation conducted by A+C and the role played by HSCG itself. Signed during the middle of this evaluation, the National Agreement on Closing the Gap (Closing the Gap) describes Governments' commitments to co-design and Indigenous Data Sovereignty (IDS). As one of the first properly constituted evaluation co-design groups convened in these circumstances, the HSCG found itself at the forefront of this imperative. We share our experiences and insights here.

Governance for co-design

The HSCG first met in Canberra in December 2017. It had a majority of Aboriginal and Torres Strait Islander members (see Table 1) and was co-chaired by Kate Thomann (Department of Health and Aged Care) and Dr Mark Wenitong (Apunipima Cape York Health Council). The HSCG's role included participation in the co-design of the evaluation scope, methodology and key evaluation questions which would anchor data collection and interpretation. The HSCG met face-to-face several times with A+C to develop an evaluation method that would secure the confidence of participating ACCHSs, other services and stakeholders. The initial evaluation protocol and Monitoring and Evaluation Design Report was fully supported by HSCG.

In December 2018, the then Minister of Indigenous Health announced his approval of the evaluation methodology and objectives submitted in this original Monitoring and Evaluation Design Report.

HSCG believes that it is important to reiterate here that, as agreed by the Minister, the department and ourselves as HSCG, this IAHP evaluation would:

- Meet the accountability needs of the Australian Government.
- Provide timely information and evidence to support the continuous improvement of the IAHP to accelerate change in improving Aboriginal and Torres Strait Islander people's health and wellbeing and to meet the Closing the Gap targets.
- Facilitate learning between the different levels of the health system – local, regional, state/territory and national.
- Facilitate the adaptive management and continuous improvement needs of PHC organisations and other key stakeholders across the service system.
- Ensure that Aboriginal and Torres Strait Islander communities can articulate their needs and aspirations.
- Contribute to observable change in Aboriginal and Torres Strait Islander people's health and wellbeing through supporting improvements in the IAHP and its interaction with the PHC and the broader health system.
- Inform the 2023 revision of the Aboriginal and Torres Strait Islander Health Implementation Plan.

After the Minister's announcement, the HSCG terms of reference were adjusted to reflect its new role as research custodians, co-designers, navigators, advisors and communicators. To ensure

Aboriginal and Torres Strait Islander control and cultural safety, 'in camera' sessions confined to Aboriginal and Torres Strait Islander members were held during HSCG meetings whenever required. The intent of these sessions was understood and supported by non-Indigenous HSCG members. Similarly, additional 'in camera' sessions confined to HSCG members without A+C were also held so that issues of concern could be freely discussed, and constructive methodological solutions could be developed.

Evaluation implementation

The agreed key evaluation questions that featured prominently in the approved evaluation protocol were reflected in the evaluation. In summary, the evaluation would occur over three evaluation cycles (2020 to 2023) at different levels of the health system, in 17 geographical sites (local level); state and territory organisations (state and territory level) and national organisations (national level). In addition, topics for cross-cutting collaboration would emerge from early reflections. Importantly, for these systems-focused site studies, two levels of involvement - general or in-depth - were envisaged in recognition of the variance in local circumstances that would impact on capacity to participate in an evaluation.

HSCG accepted that the global COVID-19 pandemic disrupted the feasibility of the envisaged evaluation methods. In retrospective, such an ambitious effort to evaluate the IAHP may have been better served by more vigorous interrogation of the options proposed in 2020 to mitigate the disruption introduced by the pandemic. Site partners are to be commended for sustaining their participation in meetings and processes that differed from the original evaluation protocol and lacked promised data inputs and performance support. However, HSCG members were not associated with particular sites and had limited involvement in state and national level evaluation activities. This impacted the HSCG's ability to effectively fulfil its role in co-design during evaluation implementation.

The potential of the co-design process could have been more fully realised with greater engagement of HSCG in annual co-design planning and reflection processes, governance, and outputs including conference presentations, abstracts and peer-reviewed articles.

HSCG response to evaluation findings and recommendations

Over the duration of the evaluation, and in the production and finalisation of the evaluation report, the HSCG provided ample feedback to promote the value of the evaluation and to anticipate diverse stakeholder expectations regarding key aspects such as process, rigour, focus and data interpretation. The limitations imposed by virtual meetings and site engagements were noted, however greater insights into the improvement of primary health care would have eventuated if data exchanges envisaged in the evaluation protocol had been implemented.

The way in which qualitative data were collected, analysed and reported, has resulted in the inclusion in the Final Report of statements that are generalised as 'one shared view' with the implication that all Aboriginal and Torres Strait Islander peoples held this perspective. As a result, it is difficult to interpret the differences between participants/groups, or to understand the context in which the finding was made (e.g. was this finding shared among people in remote/urban/rural locations or those who experienced similar service types and accessibility).

Anticipated improvements in Indigenous research methods do not appear to have been achieved consistently in practice. It is difficult to ascertain to what extent, and how, Indigenous research methods were applied into the design, collection, analysis and reporting of data.

Concluding insights

The HSCG commends A+C for succeeding with the evaluation, despite the global pandemic. The quest for co-design was heartfelt and genuine among all evaluation participants and A+C members, however the discrepancy between the evaluation as envisaged in 2018 and its implementation during the COVID-19 pandemic was not ideal.

The quality of the evaluation would have been improved with several significant changes. The HSCG recommend that co-design features of the original protocol are used again at the outset of any similar evaluation activity, including the approach to the tender, the selection of evaluators and their commissioning. The HSCG affirm the importance of and benefits arising from joint decision-making that occurs when Aboriginal and Torres Strait Islander peoples, their peak bodies, community-controlled services and key sector stakeholders, work together in partnership.

Terms of reference for future evaluations should ensure co-design governance processes that prioritise transparency, engagement and informed negotiation between all parties at all times. An explicit, shared understanding of the scope of authority for co-design and accountability should be in place.

More engagement of the HSCG in data interpretation would have been beneficial. The evaluation protocol included a commitment that Aboriginal and Torres Strait Islander knowledge, and worldviews would be embedded through the evaluation via the involvement of senior Aboriginal experts in evaluation roles, governance, technical support and all aspects of the evaluation process. The extent to which this occurred is unclear.

Next steps

The HSCG reaffirms the importance of the four Priority Reforms of the National Agreement on Closing the Gap (Priority Reforms) as the architecture for genuine co-design and shared decision-making.

HSCG welcomes this Management Response and offers to continue to support strategic Aboriginal and Torres Strait Islander health initiatives in progress at the Department of Health and Aged Care. The HSCG anticipates that these initiatives will address some of the critical issues that the Yarnes evaluation uncovered. There may also be special merit in the continuation of efforts to articulate both the philosophical foundations and practicalities for co-design in evaluation practice to advance Aboriginal and Torres Strait Islander health and wellbeing. Gaining from our experience as an HSCG, we would be delighted to participate in any high-level deliberations to further support sophisticated co-design in the Australian health system to operationalise the four Priority Reforms.

MEMBERS FROM COMMENCEMENT

- **Dr Mark Wenitong** (co-chair)
- **Mr Karl Briscoe**
- **Dr Dawn Casey**
- Ms Kim Grey
- **Dr Janine Mohamed**
- **Mr Rob McPhee**
- **Ms Angela Young**
- Dr Fadwa Al-Yaman
- **Ms Jess Yamaguchi**
- Professor Jeanette Ward

MEMBERS LEAVING AND JOINING

- ***Ms Kate Thomann*** whose position was replaced by ***Ms Melinda Turner*** (co-chair)
- **Dr Chris Bourke**
- **Mr Bob Davis**
- Ms Nicki Herriot whose position was replaced by **Ms Sandy Gillies**
- **Professor Norm Sheehan**
- *Dr Tomoko Sugiura* whose position was replaced by *Dr Fui Choong*
- *Dr Mike Mays*

Bold indicates Aboriginal and Torres Strait Islander members

Italics indicates members from the Department of Health and Aged Care

Australian Government Response

The Australian Government welcomes the findings of the evaluation and remains committed to achieving improved health outcomes for First Nations peoples.

The Government is delivering on this commitment through implementation of key frameworks including the [National Agreement on Closing the Gap](#) (National Agreement), the [National Aboriginal and Torres Strait Islander Health Plan 2021-2031](#) (Health Plan) and the [National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031](#) (Workforce Plan). The IAHP is a key initiative supporting the implementation of these frameworks.

First Nations people's interactions with the health system is complex, and there are a wide range of factors that affect health outcomes in the population that extend beyond the scope of the IAHP. The IAHP does, however, provide an opportunity to have significant impact on the health system and on health outcomes for First Nations people in Australia.

The IAHP Yarnes evaluation provides a valuable contribution to the evidence-base that examines the appropriateness and effectiveness of the Australian Government's investment in Aboriginal and Torres Strait Islander primary health care. Insights from this evaluation will help to inform future prioritisation and investment of funds within the IAHP and will support continual policy and program improvement.

Key findings

The IAHP Yarnes evaluation identifies 11 key findings as seen below, informing 13 recommendations:

- The IAHP provides critical investment in PHC for Aboriginal and Torres Strait Islander people.
- People value comprehensive, holistic, high-quality health care.
- People do not routinely experience health care that aligns with what they value in health care design and delivery.
- ACCHSs carry significant responsibility within their communities.
- Mainstream health settings cannot reproduce the experience of community-driven, place-based care.
- IAHP funding is too low for services to consistently deliver values-aligned care.
- Reporting and administrative burden has improved under the IAHP but remains too onerous for many services.
- Orientation and role of the IAHP in broader primary care system lacks clarity.
- Administration of the IAHP is not well integrated to the broader health policy and funding landscape.
- Client journeys and outcomes are not tracked through data and reporting processes.
- There are complex relationships between primary care activity, social determinants of health and health outcomes.

The Government recognises that effective whole-of-government approaches, in partnership with First Nations communities and people, are critical to addressing system fragmentation, improving access to services, addressing service gaps, addressing inflexibility in funding, improving transparency around funding and services, and addressing reporting burden. These factors must be addressed through a range of initiatives and policies that account for the interactions between health services, departments, agencies and jurisdictions.

The key findings of this evaluation show that IAHP funding is critical to PHC and in particular the delivery of services through the Aboriginal Community Controlled Health Services (ACCHSs). It is noted that the National Aboriginal Community Controlled Organisation (NACCHO) is the national leadership body for ACCHSs and is one of our key partners in building and strengthening the Aboriginal community-controlled health sector.

The Government also acknowledges that the IAHP strengthens the capacity of ACCHSs to deliver their services, while recognising broader system improvements could provide better service delivery and better address community needs.

The evaluation also makes a range of unique contributions to the discussions regarding the IAHP, drawing on A+C's strong engagement with community and evaluation site partners across 17 evaluation sites. In prioritising the participants' framing of concepts and issues, the evaluation provides a distinct insight into highly individualised experiences. This contribution highlights the varying familiarity that some participants have with aspects of the IAHP, particularly those pertaining to current IAHP design, function, management, and delivery.

A+C's evaluation provides a unique angle on the potential paths to ensuring better health outcomes for First Nations peoples.

Limitations

The Government recognises that there are limitations to this evaluation.

Many participants took part in the evaluation, providing their time and sharing valuable experiences. Despite this, it should be acknowledged that the evaluation remains under-representative, and the findings may not be reflective of every First Nations person.

Furthermore, the evaluation heavily relied on qualitative data with limited quantitative measures to support these views. This has resulted in a lack of understanding as to the extent of the issues raised by participants.

Shifts in the broader health, social and political landscape across the duration of the evaluation resulted in changes to the IAHP within the evaluation period.

Substantial developments in the Aboriginal and Torres Strait Islander health and PHC system also had significant impact on health priorities and activities within the scope of the evaluation. These include the development and release of the [Health Plan](#), changes to the [National Agreement](#), including the release of the Priority Reforms, and other review and reform processes.

As a result, some recommendations of this evaluation reflect priority areas that have already begun implementation by the Government, or do not adequately reflect the current context.

Recommendations

Site partners and state and territory peak bodies have reviewed and provided feedback on the IAHP Yarnes findings and recommendations.

The IAHP Yarnes delivered 13 recommendations.

- The Government agrees with 7 recommendations (1, 3, 4, 9, 10, 11 and 12), which have already been or are in the process of being implemented.
- The Government partially agrees with 6 recommendations (2, 5, 6, 7, 8 and 13) as some aspects may be out of scope for the IAHP, not feasible, or being actioned through another mechanism.

See **Attachment A** for the Government response to each of the 13 recommendations.

Next Steps

A whole-of-system approach is required to meet the health needs of First Nations Australians.

The Australian Government continues to invest through the IAHP to improve the health and wellbeing outcomes of all Aboriginal and Torres Strait Islander people, and to provide access to effective, responsive, high-quality, and culturally appropriate health care across the country.

This evaluation has enabled the Government to hear directly from stakeholders and provide advice on key areas for improvement within the IAHP.

This response reinforces the Government's commitment to working in genuine partnership on issues that impact the lives of Aboriginal and Torres Strait Islander people, and to drive systemic change to action the Priority Reforms.

Attachment A: Australian Government response to recommendations

Recommendation	Response	Explanation	Action Plan	Timeframe
1. The Department of Health and Aged Care continue to invest in the delivery of comprehensive PHC services to Aboriginal and Torres Strait Islander people through the IAHP.	Agree	The department agrees investment through the IAHP is critical for increasing access to culturally responsive health care and improving the health and well-being of Aboriginal and Torres Strait Islander people.	<p>The department will continue to provide funding under the IAHP to improve the health and wellbeing outcomes of all Aboriginal and Torres Strait Islander people, and to provide access to effective, responsive, high-quality, comprehensive, and culturally responsive care in remote, regional, and urban areas.</p> <p>This includes ongoing funding for comprehensive Primary Health Care (cPHC) whilst working with the community sector to develop a needs-based funding model.</p> <p>Note, the IAHP is not intended to fund all First Nations health initiatives.</p>	Ongoing
2. The Department of Health and Aged Care to strengthen the alignment of the IAHP to a shared decision-making partnership with Aboriginal and Torres Strait Islander people.	Partially agree	<p>The department agrees that where appropriate and feasible, it will embed shared decision making to determine priorities, while also meeting its responsibilities under the Public Governance, Performance and Accountability (PGPA) Act 2013.</p> <p>The department is a member of a number of partnerships and co-design groups which are governed by other entities.</p>	<p>The IAHP directly aligns with <i>the National Agreement</i> and the <i>Health Plan</i>. Both were developed in genuine partnership with Aboriginal and Torres Strait Islander leaders, and directly reflect their voices, needs and aspirations rather than the priorities of governments.</p> <p>The department has established a First Nations Health Governance Group (FNHGG) as a genuine partnership between the department and First Nations health experts and leaders to oversee implementation of the <i>Health Plan</i> and the <i>Workforce Plan</i>. The FNHGG will co-design and share decision making by embedding expert and First Nations perspectives in the department's policy design, delivery and advice to government. This includes policy and funding decisions related to the IAHP.</p>	Ongoing

Recommendation	Response	Explanation	Action Plan	Timeframe
			As agreed at the National Aboriginal and Torres Strait Islander Health Ministers Roundtable in March 2024, the next Addendum to the National Health Reform Agreement (NHRA) will include an inaugural First Nations Schedule. This will be co-designed between governments and First Nations stakeholders through the formal partnership with the National Aboriginal and Torres Strait Islander Health Collaboration. Health system priorities identified for operationalisation in this Schedule, and the NHRA more broadly, include improving cultural safety and addressing racism, embedding First Nations leadership in governance arrangements, and bolstering the critical role of ACCHSs, including through increased partnership opportunities.	
3. Co-design an investment strategy for the IAHP to improve access to comprehensive PHC and health and wellbeing outcomes for Aboriginal and Torres Strait Islander people.	Agree	The department agrees to progress a co-design process to refine the purpose and scope of the IAHP, to develop a framework to guide funding decisions.	<p>Recognising the increasing and competing demands on the available funding under the IAHP, the department has commenced working with key stakeholders from the First Nations health sector to refresh the purpose and scope of the IAHP.</p> <p>This will inform a framework to embed a strategic, evidence-based, and outcomes-focused approach for activities under the IAHP. This framework will establish a consistent, robust rationale for funding prioritisation and investment, in line with priorities identified by Aboriginal and Torres Strait Islander people, communities and organisations.</p>	Medium term
4. Continue to invest in improved health and wellbeing outcomes for Aboriginal and Torres Strait Islander people through	Agree	The department agrees continued investment in ACCHSs to deliver culturally responsive, cPHC is a key priority of the IAHP and is crucial to improved health and wellbeing	From 1 July 2024, ACCHSs delivering comprehensive primary health care under the IAHP are receiving four-year rolling funding arrangements to enhance sustainability and continuity of service delivery. These funding	Ongoing

Recommendation	Response	Explanation	Action Plan	Timeframe
increasing IAHP funding to support the delivery of Aboriginal and Torres Strait Islander community-controlled comprehensive PHC.		outcomes for Aboriginal and Torres Strait Islander peoples.	<p>arrangements are supported by a \$300 million boost, bringing the total funds available to ACCHSs to \$2.70 billion (over four years from 2024-25).</p> <p>The department and NACCHO are continuing to work in partnership to scope the work required to transition ACCHS' funding arrangements to a needs-based funding model as set out in NACCHO's Core Services and Outcomes Framework.</p>	
5. Increase investment to support the development of a strong and stable Aboriginal and Torres Strait Islander PHC workforce.	Partially agree	<p>IAHP directly supports the ACCHS sector as the third largest employer of Aboriginal and Torres Strait Islander people in Australia.</p> <p>While investment in workforce development, training and conditions of employment falls outside the scope of the IAHP, the department acknowledges the critical role that an appropriately skilled, available, and responsive Aboriginal and Torres Strait Islander health workforce contributes to improved health outcomes.</p>	<p>In FY23-24, IAHP funded services employed around 9,700 FTE staff of which 50% (around 4,900 FTE) were First Nations people.</p> <p>The department will continue to work closely with key stakeholders internally and across government to grow and sustain the Aboriginal and Torres Strait Islander workforce across the health system, in line with the Workforce Plan.</p> <p>The department will continue to partner with Aboriginal and Torres Strait Islander Controlled Workforce Organisations working to grow the number of First Nations people within the workforce, increasing the cultural safety of the broader health workforce, pathways for health worker trainees and supporting better care of First Nations peoples.</p>	Ongoing / Medium term
6. Support ACCHSs to connect regionally with other organisations to build partnerships and alliances that strengthen the community-controlled sector.	Partially agree	<p>The department is supportive of increased engagement between ACCHS and the broader First Nations health sector, noting the national remit of the department.</p> <p>IAHP funding provided to ACCHS allows flexibility in the way that it is used. Services are able to determine their specific needs for the</p>	<p>The department is currently reviewing mechanisms to partner with First Nations health sector representatives to enable jurisdictional and regional perspectives to be elevated to national policies and programs.</p> <p>Some IAHP initiatives such as the Integrated Team Care (ITC) program managed by the</p>	Ongoing

Recommendation	Response	Explanation	Action Plan	Timeframe
		development of formal partnerships and alliances at a regional level.	<p>department enable partnerships between community-controlled services.</p> <p>Through the National Funding Agreement (NFA) with NACCHO, the department supports the ACCHS sector to build their capability and capacity. This allows them to sit on committees/working groups and provide jurisdictional leadership to facilitate engagement with the broader ACCH sector to progress implementation of whole of health system reforms.</p>	
7. Increase the flexibility and coherency of funding, including through the IAHP, to support the delivery of comprehensive PHC to Aboriginal and Torres Strait Islander people and communities.	Partially agree	<p>The current funding provided by the IAHP for cPHC is flexible and able to be utilised by each service in a way that enables them to allocate as needed to deliver services and support staff.</p> <p>The department notes that work is underway in partnership with NACCHO to develop the Core Services and Outcomes Framework.</p> <p>As per recommendation 3, the department is also co-designing a framework to guide IAHP investment decisions.</p> <p>Noting that ultimate approval of policy and funding are a decision of government.</p>	<p>The NACCHO Core Services and Outcomes Framework seeks to provide a needs-based funding model that reflects the range of services that ACCHS deliver. This work is consistent with recommendations from the Health Sector Strengthening Plan. Longer term IAHP PHC funding arrangements aim to facilitate the transition to the Core Services and Outcomes Framework.</p> <p>The co-designed investment framework will further facilitate increased flexibility and coherency of funding decisions under the IAHP.</p>	Ongoing / Medium term
8. Support partnerships between mainstream health organisations and Aboriginal and Torres Strait Islander people to improve the delivery of culturally safe and responsive services across the health system.	Partially agree	<p>The department acknowledges that an appropriately skilled, available and responsive Aboriginal and Torres Strait Islander health workforce is critical to an effective, efficient and culturally safe national health system, and one that delivers better health outcomes for all Australians. This can only be achieved when all elements of the health sector work together.</p> <p>The department recognises the importance of establishing formal partnerships that foster shared decision-making arrangements with</p>	<p>The department supports a number of partnership arrangements that involve mainstream health organisations to manage improvements, provide advice and/or guide implementation of various IAHP programs.</p> <p>Work will continue with key stakeholders across the department and government to strengthen the cultural safety of health systems, in line with the Workforce Plan.</p>	Medium-long term

Recommendation	Response	Explanation	Action Plan	Timeframe
		<p>Aboriginal and Torres Strait Islander people, and that more must be done so that Aboriginal and Torres Strait Islander people can also access culturally safe and responsive care from mainstream health services.</p> <p>The department is supportive of partnerships between mainstream health organisations and Aboriginal and Torres Strait Islander people noting they are primarily for relevant organisations and Aboriginal and Torres Strait Islander people or organisations to establish at the jurisdictional or local levels.</p>	As outlined in recommendation 2, cultural safety is a key component of the inaugural Addendum to the NHRA.	
9. The Department of Health and Aged Care to strengthen Aboriginal and Torres Strait Islander health policy capability and capacity across the department, including in the specialist First Nations Health Division, to support shared policy decision-making, governance and accountability processes.	Agree	This recommendation is consistent with the National Agreement (Priority Reform 3: Transforming Government Organisations) and work is underway to develop a cultural capability strategy.	The department's Closing the Gap Steering Committee is leading the structural change required to align internal processes with Priority Reforms. Through this committee the department is taking a stronger approach to respond to the Capability Review and progressing development of a cultural capability strategy.	Ongoing
10. The Department of Health and Aged Care to work with PHNs to strengthen the PHC system to improve care for Aboriginal and Torres Strait Islander people.	Partially agree	<p>The department agrees with the recommendation and acknowledges the role of PHNs in the PHC system for commissioning and co-ordinating First Nations specific and whole of population programs accessed by First Nations people. The department, however, is not solely responsible for funding PHNs, and the core funding that is provided to the PHNs is not funded through the IAHP.</p> <p>We agree that continued collaboration between the department and PHNs to align with the National Agreement on Closing the Gap is</p>	<p>The department is currently undertaking a review of the PHN Business Model and will consider options to ensure that the network has the right policy framework and supporting administrative and governance structures in place.</p> <p>The department will continue to advocate for better health care and support for Aboriginal and Torres Strait Islander peoples through services coordinated or commissioned by PHNs.</p>	Long term

Recommendation	Response	Explanation	Action Plan	Timeframe
		likely to lead to improved outcomes of care for Aboriginal and Torres Strait Islander peoples.		
11. Invest in Aboriginal and Torres Strait Islander communities to lead community health needs assessments to strengthen decision-making on health service planning, design and delivery.	Agree	The department recognises Aboriginal and Torres Strait Islander community control in health services as a process which allows the local community to be involved in its affairs in accordance with protocols or procedures as determined by the community. Insofar as the IAHP provides funding for ACCHSs to tailor services to meet the health needs of their communities, the department will continue to invest in First Nations communities.	<p>The department is working closely with NACCHO to deliver programs in partnership with the Community Controlled Sector, that give genuine effect to community led assessments that inform sector led service delivery. This includes work to address a range of issues, including rheumatic heart disease, ear health, dialysis services, and early childhood health outcomes.</p> <p>The department notes that the forthcoming NACCHO Core Services and Outcomes Framework will provide a standard with which First Nations health services could align to ensure consistent and coherent approaches to data development and management.</p>	Ongoing / Medium-long term
12. Improve the relevance and use of IAHP data and reporting processes to support shared accountability and decision-making on health service planning, design and delivery.	Agree	<p>That department agrees that all IAHP data uphold Governance of Indigenous Data principles.</p> <p>The department's Health Data Portal Qlik dashboard, which provides health services with access to their national Key Performance Indicator and Online Services Report data, was co-designed with First Nations health services. Through the dashboard, health services can track and compare their data with consolidated data from similar health services, providing insights that can inform planning, design and delivery.</p>	<p>The department will continue working with health services to increase the relevance and understanding of, and engagement with, the IAHP data collection, particularly regarding the potential of the Health Data Portal Qlik dashboard to contribute to planning, design and delivery of health services.</p> <p>The department is committed to ensuring appropriate governance of First Nations data aligned to the APS Framework for Governance of Indigenous Data.</p>	Ongoing / medium term
13. The Department of Health and Aged Care to provide active and continuous leadership and management of the	Partially agree	The department publishes performance information annually in the Corporate Plan and the Portfolio Budget Statement.	The department continues to strengthen performance reporting through its annual performance statements audit processes.	Ongoing

Recommendation	Response	Explanation	Action Plan	Timeframe
ongoing implementation of the IAHP, including regular reporting to partners on progress against the co-design investment strategy.		<p>The department's 2024-25 Corporate Plan includes a performance measure directly related to growing IAHP investment in culturally appropriate health care through ACCOs:</p> <p><i>Increase the percentage of annual Indigenous Australians' Health Programme (IAHP) funding directed to Aboriginal and Torres Strait Islander Community Controlled Organisations (ACCOs).</i></p>	<p>The department will continue to provide leadership over the management of the IAHP, including strengthening processes to support early, informed and systemic consideration of program issues, actions, and recommendations.</p> <p>The department will work with state/territory governments to report annually and transparently against the accountability framework over the life of the Health Plan. This will be overseen and centred around Aboriginal and Torres Strait Islander people's perspectives, priorities, knowledge systems and leadership, including through the recently established First Nations Health Governance Group.</p>	