

# Priority Reform Two: Building the community-controlled sector

## 2023 Sector Strengthening Plan Action Updates

### Background:

Parties to the National Agreement have committed to joint national strengthening effort through Sector Strengthening Plans which identify actions to build strong Aboriginal and Torres Strait Islander community-controlled sectors and organisations in line with the strong sector elements (sustained investment, dedicated workforce, supported by a Peak Body, with a dedicated reliable and consistent funding model).

Sector Strengthening Plans for Health, Early Childhood Care and Development, Disability and Housing are published at <https://www.closingthegap.gov.au/resources>.

Clause 47 of the National Agreement states that 'Government Parties will include in their Jurisdictional annual reports information on action taken to strengthen the community-controlled sector based on the elements of a strong sector, as outlined in Clauses 118 and 119'.

Sector Strengthening Plan actions, have been written by Commonwealth agencies in partnership, to reflect the views of the Coalition of Peaks members and community-controlled organisations.

### Health

#### [Health Sector Strengthening Plan](#)

No.	Stream	Action	Responsibilities	Initial Resource Commitment	2023 Annual Report Update
A1	Consistent Funding Model	Develop a needs-based funding model in partnership with the Aboriginal and Torres Strait Islander community-controlled health sector	NACCHO Australian Government State and Territory Governments	Nil additional financial cost to develop the model	NACCHO is developing the Core Services and Outcomes Framework which seeks to provide a needs-based funding model that reflects the full range of services that Aboriginal Community Controlled Health Services (ACCHS) deliver.
A2	Consistent Funding Model	Re-prioritise Aboriginal and Torres Strait Islander health program funds being directed to mainstream non-government organisations, towards the Aboriginal and Torres Strait Islander community-controlled health sector. This includes current and new investments in mental health, drug and alcohol, aged care and emerging health priorities for Aboriginal and Torres Strait Islander people	Australian Government State and Territory Governments	Nil additional financial cost	In March 2023, the Department of Health and Aged Care (Department) established the First Nations Health Funding Transition Program (program). The program will conduct a review of First Nation-specific programs and sub-programs to identify activities that could be implemented by First Nations-led and community-controlled organisations. In June 2023, the First Nations Health Funding Transition Advisory Group (Advisory Group) was established to guide this program's work. The Advisory Group is co-chaired by the Department and the community-controlled health sector. As of September 2023, the Advisory Group has met three times.

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A3	Consistent Funding Model	Optimise utilisation of Medicare in the Aboriginal and Torres Strait Islander community-controlled health sector	Australian Government Department of Health NACCHO Sector Support Organisations	\$3.7 million (estimated)	The Virtual Funding Pool provided NACCHO \$4.23m to optimise utilisation of Medicare in the First Nations community-controlled health sector. The activity has received \$3.33m to date to establish national and jurisdictional coordinators to roll out supports to ACCHS that will improve Medicare Benefits Schedule claiming and utilisation of primary care initiatives.
A4	Workforce	Invest in a permanent, highly skilled, and nationally credentialed Aboriginal and Torres Strait Islander Environmental Health workforce	NACCHO Sector Support Organisations Australian Government State and Territory Governments	To be determined	The Virtual Funding Pool has provided NACCHO \$1.23m to develop a National Strategic Roadmap for an Aboriginal and Torres Strait Islander Environmental Health Workforce Project. The activity has received \$1.02m to date with work to date focused on establishing effective engagement, consultation and co-design with the sector and recognised experts to build the roadmap. An expert Aboriginal and Torres Strait Islander Environmental Health Steering Committee has been established and consultation through community of practice and workshops has taken place.
A5	Workforce	Build community-controlled RTO capacity and improve the quality of RTO training within or linked to community-controlled health organisations	Australian Government State and Territory Governments NACCHO Workforce peak bodies	To be determined	NACCHO provided with \$1.17m to build First Nations community-controlled health registered training organisations (RTO) capacity and improve RTO training. The activity has received \$1.09m to date with a draft National ACCHS Workforce and Training Gap Analysis completed and work commenced towards developing the Implementation Plan, guided by an Expert Advisory Group.  The new National Skills Agreement will come into effect on 1 January, and will include \$214 million for Closing the Gap initiatives. Please note that further input on this issue should be sought from DEWR.
A6	Workforce	Convene a Clinical Workforce Taskforce to analyse and systematically address the full range of pertinent industrial, professional, socio-economic and employment impediments affecting the Aboriginal and Torres Strait Islander community-controlled health sector.	Australian Government Department of Health NACCHO Sector Support Organisations Workforce peak bodies	To be determined	The Northern Territory Primary Health Care Workforce Summit (Summit) was held in August 2023, in response to concerns raised by key stakeholders of the critical workforce challenges faced in the region. In attendance were ministerial representatives from the Federal and NT Governments, as well as stakeholders including the Aboriginal Community Controlled Health sector, workforce peaks, research, university and training institutions, and Aboriginal and Torres Strait Islander nursing, midwifery and medical organisations. As a result of discussions with these key stakeholders, a number of prioritised actions were identified, and the Department is working to establish an expert advisory group, including community controlled sector representatives to explore the prioritised actions and work with stakeholders to develop an action plan.
A7	Workforce	Resource permanent health career pathways co-designed in jurisdictions through partnerships between the Aboriginal and Torres Strait Islander community-controlled health sector, its Sector Support Organisation, relevant national Aboriginal and Torres Strait Islander health workforce peak bodies, governments, the Australian Health Practitioner Regulation Agency, and vocational training/tertiary institutions.	Australian Government State and Territory Governments NACCHO Sector Support Organisations Member services and partners as negotiated	To be determined	The Australian Government is investing \$54.3 million over five years (2022-23 to 2026-27) for the First Nations Health Worker Traineeship program, which is being delivered by NACCHO. NACCHO has delivered a comprehensive Traineeship Framework which underpins the program and provides all stakeholders with a clear understanding on how the program will be rolled out across the four-year period. The framework factors in the phased approach as the capacity of the Aboriginal Community Controlled Health Registered Training Organisations (ACCHRTOs) grows. The Australian Government currently funds Aboriginal and Torres Strait Islander Health Professional Organisations (ATSIHPOs) \$52.9 million over four years (from 2022-23 to 2025-26) to support and develop the Aboriginal and Torres Strait Islander health workforce. One of the core activities of the ATSIHPOs is to provide support to their members to enable progression in their careers. The Indigenous Allied Health Association (IAHA) is being provided with \$8 million over four years (2022-23 to 2025-26) to administer the Allied Health Academy Program. The Health Academy works with high school students from years 7-12, starting with health literacy, moving to leadership and career planning, and then transitioning into the Health Academy in years 11 and 12. Through the Health Academy, participants enter a school-based traineeship pathway, complete a year 12 qualification, gain work experience and a Certificate III qualification in allied health assistance. IAHA has established academies in the NT, Queensland, NSW and the ACT. The Indigenous Health Workforce Traineeships (IHWT) program provided \$13.6 million over three years (2020-21 to 2022-23) to approved NACCHO affiliates, or equivalent organisations to: <ul style="list-style-type: none"> <li>• Increase the number of skilled First Nations people working in the First Nations primary health care sector;</li> <li>• Create viable career pathways in health for First Nations people; and</li> <li>• Build the capacity of the ACCHOs to provide culturally appropriate health care to its First Nations clients</li> </ul> The Australian Indigenous Doctors Association (AIDA) was funded \$0.36 million from 2020-21 to 2022-23 to deliver the Indigenous Medical Specialist Trainees program. The program involved developing minimum and best practice



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					standards to implement across specialist colleges to support First Nations doctors who were to looking to enter or undertake specialist training.
A8	Capital Infrastructure	Fund major and medium-size capital and physical infrastructure including permanent clinic builds and large-scale renovations, mobile clinics, maintenance, repairs and extensions to ensure facilities meet building codes and accreditation standards	Australian Government State and Territory Governments	\$254.4 million over four years (as announced)	Investment in community-controlled health sector infrastructure is required to ensure that services can deliver vital care to First Nations peoples and communities. Investment of \$247.5 million, including \$100 million from the Indigenous Australians' Health Programme (IAHP) to ACCHS and National Infrastructure Project Facilitator, will deliver new or renovated health clinics and associated housing for health professionals. 61 Major Capital Works projects have commenced, totalling \$138.6 million.
A9	Capital Infrastructure	Fund staff accommodation required to ensure regional and remote communities have the stable health workforce they require with equitable access to staff accommodation for local Aboriginal and Torres Strait Islander health workforce	Australian Government Department of Health WA Government	\$254.4 million over four years includes funds for clinical staff accommodation only (see A8) Non-clinical staff – to be determined	As above. Investment in community-controlled health sector infrastructure is required to ensure that services can deliver vital care to First Nations peoples and communities. Investment of \$247.5 million, including \$100 million from the Indigenous Australians' Health Programme (IAHP) to ACCHS and National Infrastructure Project Facilitator, will deliver new or renovated health clinics and associated housing for health professionals. 61 Major Capital Works projects have commenced, totalling \$138.6 million.
A10	Capital Infrastructure	Fund reliable IT capacity and connectivity for electronic clinical information systems, telehealth, community engagement, and client connection with their community-controlled health service in every region (urban, regional and remote) and equitable access to other technological and digital innovations to improve culturally safe, cost-effective service delivery.	Australian Government Department of Health	\$254.4 million over four years (see A8)	As above. Investment in community-controlled health sector infrastructure is required to ensure that services can deliver vital care to First Nations peoples and communities. Investment of \$247.5 million, including \$100 million from the Indigenous Australians' Health Programme (IAHP) to ACCHS and National Infrastructure Project Facilitator, will deliver new or renovated health clinics and associated housing for health professionals. 61 Major Capital Works projects have commenced, totalling \$138.6 million.
A11	Service Delivery	Rectify overburden of activity reporting to governments to allow the Aboriginal and Torres Strait Islander community-controlled health sector to focus on outcomes while maintaining accountability.	All jurisdictions	Nil additional financial costs (and release of resources currently diverted to unnecessary reporting)	<p>The Department of Health Closing the Gap Steering Committee continues to oversee the review of policies and programs to identify areas to focus on the Closing the Gap Priority Reforms, outcomes, and targets. The Steering Committee's Closing the Gap Framework for Action has guided key projects across the Department aligned with the Priority Reforms.</p> <p>In November 2023, the Steering Committee held its inaugural annual roundtable with First Nations peak health organisations to hear their priorities. The Department heard there is a lack of government accountability to partnerships, including the overburden of reporting on the sector. Addressing these concerns will be a key focus for the Framework for Action in 2024.</p>
A14	Service Delivery	Fund health workforce leadership development programs and initiatives for Aboriginal and Torres	NACCHO	To be determined	IAHA has been provided \$2m to extend delivery of its culturally safe two-way learning program High Schools to Deadly Careers across multiple jurisdictions including the Northern Territory (NT), Western Queensland (QLD), Cape York and the Torres Strait Islands, and locations in New South Wales and Western Australia. The project focuses on developing relationships at the local community, regional and state level in order to outreach into



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		Strait Islander staff working in or aspiring to work in the Aboriginal and Torres Strait Islander community-controlled health sector to maximize service impact and health outcomes			<p>schools and related settings, linking First Nations high school students with current IAHA students and graduates who are training towards a career in allied health. The activity has received \$1.63m to date, to support engagement with schools and community organisations in NSW, Qld (including the Torres Strait Islands), NT, and the ACT, with further engagement to come in WA.</p> <p>NAATSIWP has been provided \$0.99m to address workforce barriers for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners. The activity has received \$0.99m to date with a gap analysis underway to develop an understanding of the different approaches across jurisdictions on the roles of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners. National consultation on the project is anticipated to begin from April 2024 to understand stakeholder perspective on workforce barriers.</p>
A15	Governance	Transition government-managed primary health clinics in Queensland, Northern Territory and Western Australia to community-controlled comprehensive primary health care services, and identify locations in all jurisdictions where new community-controlled primary health care services are required to meet the needs of Aboriginal and Torres Strait Islander people.	Australian Government Department of Health NACCHO Sector Support Organisations	To be determined	In the 2022/23 financial year, four Northern Territory (NT) Government operated primary health care clinics transitioned to Aboriginal community control. Central Australian Aboriginal Congress (Congress) successfully took over the operations in Yulara and Imanpa on 1 March 2023 and in Kaltukatjara on 3 July 2023. This concludes the current transition process for Congress. Red Lily Health Board (Red Lily) successfully transitioned the Waruwi health clinic on 1 September 2022 and is due to take over service delivery in Jabiru in mid-2024. Several additional communities in the NT have indicated their interest in transitioning to community control. The Northern Territory Aboriginal Health Forum (NTAHF), of which the Department is a member, is considering these requests through the agreed Pathways to Community Control (P2CC) program processes. Following an evaluation of the P2CC program, completed in mid-2022, the Department established a Steering Committee, co-chaired with the sector, and with representatives from each of the NTAHF members to implement the 13 recommendations into the P2CC program. The majority of agreed actions are due to be implemented by the end of 2023.
A16	Governance	Fund Board corporate governance programs including needs assessment, capability development and support including independent expertise where required for CEO recruitment and essential criteria for CEOs across the Aboriginal and Torres Strait Islander community-controlled health sector	NACCHO Sector Support Organisations	To be determined	NACCHO has been provided \$1.96m to undertake an Aboriginal and Torres Strait Islander Community Controlled Health Sector Governance Training and Support project. The activity has received \$1.55m to date to deliver sector governance workshops and National Health Executive Leaders' program that will strengthen the governance and capability of ACCHS. In addition, sector needs assessment have been conducted and consultations continue with ACCHS and affiliates about their highest need areas for governance resources.
A17	Peak Body	Expand independent Aboriginal and Torres Strait Islander representation on government and non-government bodies and other decision-making entities whose decisions affect the health of Aboriginal and Torres Strait Islander peoples.	Australian Government Department of Health NACCHO Sector Support Organisations	To be determined	The Department recognises that the strengths of First Nations peak health organisations must be embedded across both First Nations-specific and mainstream representative bodies. The Department continues to work closely with NACCHO to identify nominees for potential membership on health technology assessment committees. In 2023, the Medical Services Advisory Committee (MSAC) formally appointed a First Nations representative and membership on the Pharmaceutical Benefits Advisory Committee (PBAC) is still being identified with NACCHO. These appointments will ensure advice and recommendations provided to government by these committees embeds First Nations perspectives. In addition, the Department of Health and Aged Care has established a taskforce to progress governance and accountability for key health policies aligned with the National Agreement, including the Health Sector Strengthening Plan.

