

NACCHO



NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION BUSINESS PLAN

Overview of the

NACCHO
Business Plan

2003-2006



1. Foreword

Overview of the Process

In February 2003, an Executive Sub-Committee was established to develop the Business Plan. From this, a consultant was engaged to work with the Sub-Committee, which involved meetings between the Consultant, Sub-Committee, Executive, CEO and staff.

Overview on Strategic Focus

The Executive stressed the strengths within the membership and affiliates that unify NACCHO. The Business Plan is informed by key documents including:

- NACCHO's Memorandum and Articles of Incorporation (1997);
- The National Aboriginal Health Strategy (1989); and
- The Ways Forward Report (1995).

Over the next three years NACCHO will strive to further develop working relationships across a range of Commonwealth Government agencies based on an equitable partnership to be an effective advocate for our members.

Underpinning this direction will be NACCHO's strength and unity within the membership. NACCHO will work in partnership with Affiliates to monitor the full implementation of agreed national level decisions.

NACCHO respects and views proper membership, terms of reference, work plans and effective operations of joint forums established under State and Territory Aboriginal Health Framework Agreements as being a most important mechanism for ensuring consistency between national agreements and outcomes in States and Territories.

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1. Guiding Principles (*Ways Forward Report Swan/Raphael 1995*)

1. Aboriginal health is holistic, encompassing mental health and physical, cultural and spiritual health. Land is central to well being. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal ill health will persist.
2. Self-determination is central to the provision of Aboriginal health services.
3. Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal people's health problems generally and mental health problems in particular.
4. It must be recognised that the experiences of trauma and loss present since European invasion are a direct outcome of the disruption to cultural well being. Trauma and loss of this magnitude continues to have inter-generational effects.
5. The human rights of Aboriginal peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental ill health. Human rights relevant to mental illness must be specifically addressed.
6. Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal people's mental health and well being.
7. The centrality of Aboriginal family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.
8. There is no single Aboriginal culture or group but numerous groupings, languages, kinships, and tribes, as well as ways of living. Furthermore, Aboriginal peoples may currently live in urban, rural or remote settings, in urbanised, traditional or other lifestyles, and frequently move between these ways of living.
9. It must be recognised that Aboriginal peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment.

Aboriginal and Torres Strait Islander peoples have different cultures and histories and in many instances different needs. Nevertheless, both groups are affected by the problems that face them as Indigenous peoples of Australia. The differences must be acknowledged and may need to be addressed by locally developed, specific strategies.

NACCHO carries out its mandate reflecting the following core values:

- Aboriginal community control
- Ground-up approach to planning, policy development and implementation.
- Holistic, comprehensive Primary Health Care approach
- Aboriginal cultural Integrity
- Co-ordination and integration of activity
- Strategic partnerships and alliances
- Proactive and responsible action
- Respect and loyalty.

2. NACCHO Membership

Membership of NACCHO is open to member organisations of a State or Territory peak Aboriginal Community Controlled Health Services (ACCHSs) affiliated with NACCHO which have been deemed by the respective peak body to have met the following criteria for membership:

- An incorporated Aboriginal organisation
- Initiated by a local Aboriginal community
- Based in a local Aboriginal community
- Governed by an Aboriginal body which is elected by the local Aboriginal community
- Delivering a holistic and culturally appropriate health service to the Community which controls it.

Under the *Articles of Association* NACCHO Membership does not permit:

- (a) organisations controlled by Government to any extent; and
- (b) organisations which do not provide holistic primary health care services

The Constitution does provide for Associate Membership status in Affiliates by evolving Aboriginal Community Controlled Health Committees and by health related services while they transition to full ACCHSs status.

The peak body Affiliates that endorse ACCHSs are not themselves members of NACCHO.

3. Vision

Sovereign Aboriginal peoples with a state of well being, consistent with our holistic concept of health, at least equal to that which existed prior to invasion and colonisation, enjoying all the rights and responsibilities inherent in our unceded sovereignty.

4. Values

“NACCHO is a living embodiment of the aspirations of Aboriginal communities and their struggle for self-determination. The NACCHO and the services it represents are enduring examples of community initiated and controlled solutions to the deep-rooted social, political and economic conditions that prevail in many Aboriginal communities. In the contemporary context they represent the only truly effective and culturally valid mode of delivering effective and sustainable health and health related services to Aboriginal peoples.”

5. Structure

NACCHO is the peak national body representing local Aboriginal Community Controlled Health Services (ACCHSs) on Aboriginal health and well-being. It has a history stretching back to a meeting of Aboriginal Medical Services in Albury in 1974, when the National Aboriginal and Islander Health Organisation (NAIHO) was established.

The Executive Committee

The 120 ACCHSs endorsed by the State and Territory Affiliates directly elect the 22-person Executive Committee (Board) on the basis of one delegate each from the ACT and Tasmania, three delegates each from the remaining six jurisdictions, and a Chairperson and Vice-Chairperson.

Elections for the delegates to the Executive Committee are held annually to coincide with each Affiliate's Annual General Meeting, however the full membership at biennial annual general meetings elects the Chairperson and Vice-Chairperson for two year terms.

The Executive Committee's role is to meet four times each year to:

- Make clear decisions regarding policy directions, strategic objectives and work program deliverables and to monitor performance;
- Develop, monitor, review and make continual improvements to NACCHO's Business and Operational plans; and
- Maintain and strengthen the connections between the membership and the Executive Committee.

Organisational Structure

The NACCHO Secretariat will be restructured in order to implement this plan effectively. This restructure is currently being finalised and will be considered by the Executive Committee at their next meeting in November 2003.

6. Objectives, Roles and Functions

Objectives

- a) To ameliorate poverty within the Aboriginal community;
- b) The advancement of Aboriginal religion;
- c) To provide constructive educational programs for members of the Aboriginal community; and
- d) To deliver holistic and culturally appropriate health and health related services to the Aboriginal community.

Roles and Functions

1. To deliver support for and development of a national network of Aboriginal Community Controlled Holistic Health Services (ACCHSs).

- 1.1. To channel resources, information, training and other practical support to ACCHSs, both directly and also indirectly through Affiliates, to enable ACCHSs to enhance and improve delivery of their health care responsibilities at local and regional levels in accordance with Aboriginal understandings of holistic health care and religion.
- 1.2. To assist Affiliates expand the number of Aboriginal communities establishing ACCHSs delivering culturally appropriate, quality holistic health care to increasing numbers of Aboriginal peoples, at local and regional levels.
- 1.3. To consolidate and strengthen the control of ACCHSs over their own health management information systems and to increase the influence of the NACCHO network over external collection and analysis of Aboriginal health information and research that will impact on decisions regarding resources, policies, strategies and programs.

2. To articulate, represent and advocate the needs, aspirations, priorities and policy views of the national network of ACCHSs.

- 2.1. To manage a national Secretariat with an adequate and professional staff capability and modern technologies to fulfil this role.
- 2.2. To participate in and advocate for the development of culturally appropriate health policies, strategies, programs and projects with the Commonwealth Government, with Commonwealth and State/Territory governments, and with other relevant institutions.
- 2.3. To involve ACCHSs and Affiliates in the fulfilment of this role, including through representation on appropriate committees and similar bodies as well as through public education and debate.
- 2.4. To develop a NACCHO network information management strategy and a NACCHO network research capability and work program, on a stand-alone basis and/or in collaboration with other reputable institutions, to consolidate NACCHO's leadership in representation and advocacy.

7. Governance

The keys to the effective governance of NACCHO are the performance of its Executive Committee and the quality of three sets of working relationships, namely, between Secretariat staff and Executive Committee, between Secretariat staff and the CEO/Chairperson, and between the Executive Committee and members. The other integral component of NACCHO's operations is the relationship with the State and Territory Affiliates.

Secretariat/Executive Committee

The basis for healthy working relationships is through the direction set out by the Executive Committee. This includes the determination of strategic priorities and directions, establishment of objectives and the performance deliverables detailed in regard to those objectives. In return, staff will develop and implement work plans, guided by the Executive and the CEO.

Secretariat/Chairperson/CEO

The Chairperson and the CEO manage the work plan implementation process in between meetings of the Executive Committee, fulfilling their responsibilities prescribed in the *Articles of Incorporation*.

Executive Committee/Membership

Maintaining and strengthening the connections between the membership and the Executive Committee is a responsibility for all 22 Executive Committee members especially through their positions on Committees of the Affiliates, and as well will involve special attention from the Chairperson and Deputy Chairperson of NACCHO.

State and Territory Affiliates

Approximately 20 per cent of members are directly represented on the NACCHO Executive Committee. Such a significant percentage of the 120 membership should ensure that the Executive Committee is aware of members' expectations and priorities. This is a significant advantage that NACCHO possesses over many other national peak bodies.

NACCHO and the affiliates have a strong working relationship. To ensure the most effective way of channelling the high volume of two-way communication to coordinate feedback on policy development, advocacy, and priorities ongoing improvement strategies will be fostered.

8. Strategic Directions 2003-2006

Overview

Consistent with NACCHO's roles and functions, NACCHO's Strategic Directions over the next three years focus on six central areas. They are:

- Workforce Issues
- Health Financing
- Relationship Management
- Health Information and Data Collection, and Research
- Political advocacy
- Service Support

These six priority areas are based on the premise that NACCHO operates from a holistic health and well being perspective as clearly defined through the values and guiding principles in part one of this plan. Thus, while not any specific health and well being areas are highlighted, all aspects of health and well being are to be incorporated into the five priority areas.

The following table provides a map on how all the aspects of the plan complement, guide and inform the implementation of this Business Plan.

Vision	Values	Roles	Strategic Directions	Timeframe
<p>Sovereign Aboriginal peoples with a state of well being, consistent with our holistic concept of health, at least equal to that which existed prior to invasion and colonisation, enjoying all the rights and responsibilities inherent in our unceded sovereignty</p>	<ul style="list-style-type: none"> • Aboriginal community control • Ground-up approach to planning, policy development and implementation. • Holistic, comprehensive Primary Health Care approach • Aboriginal cultural Integrity • Co-ordination and integration of activity • Strategic partnerships and alliances • Proactive and responsible action • Respect and loyalty. 	<ul style="list-style-type: none"> • To deliver support for and development of a national network of ACCHSs • To articulate, represent and advocate the needs, aspirations, priorities and policy views of the national network of ACCHSs. 	<ul style="list-style-type: none"> • Workforce Issues • Health financing • Relationship management • Health and Well Being Information, and data collection, and research • Political advocacy • Service Support 	<ul style="list-style-type: none"> • 18 Immediate Priorities (3- 6 months) • 17 Short Term Priorities (6- 12 months) • 33 Medium Term Priorities (1-3 yrs)

8.1 Workforce Issues

NACCHO, as the delivery system for holistic primary health care for Aboriginal peoples, will:

1. Continue to build the capacity of members through adequate funding of positions and through education and training strategies and recruitment and retention strategies, so that members can impact more effectively on Aboriginal health and well being outcomes.
2. Develop performance benchmark standards for assessing and recognising graduates emerging from Aboriginal Health Worker training courses offered by Registered Training Organisations (RTOs) and seeking employment with members, and, in cooperation with Affiliates and members, conduct assessments and advise Aboriginal students and members.
3. Monitor the progress and the real outcomes from the participation of Affiliates in the implementation of the Health Workforce National Strategic Framework (“the yellow book”) at State and Territory level, and at national level ensure that resourcing decisions both address the identified needs and priorities of members and also protect the integrity of member-based RTOs.
4. Develop and manage an internal Health and Well Being Workforce Development Program for staff of members, that will include funding for scholarships, training and on-the-job development, and that will increase the number of Aboriginal administrative personnel.

8.2 Health Financing

1. Advocate to place core funding and roll out funding for the duration of national strategies for NACCHO, Affiliates and members on at least a triennial basis linked to objectives and activities in Operational (“Business”) Plans.
2. Advocate to ensure that funding for the NACCHO Network will be viable to fulfil the objectives and activities identified by the Network and to reflect objective assessments of previously-identified Aboriginal health and well being needs, such as those identified in Commonwealth Government commissioned reports (eg. the “Deeble Report”).
3. Negotiate as a jointly identified priority with the Ministry of Health and Ageing, including the Minister, a transparent strategy to transition all members to an accredited status and will coordinate the strategy’s implementation through Affiliates.

8.3 Relationship Management

1. Establish, through an ATSI/NACCHO Partnership Agreement, that:
 - The NACCHO Network is recognized as the health policy provider to ATSI at national, state/territory and regional levels;
 - ATSI, in its budget submissions, recognise the NACCHO Network as the delivery system for holistic primary health care services and accordingly restricts its program expenditure to environmental health;
 - ATSI expenditures are aligned with NACCHO Network priorities; and
 - Working alliances are implemented where ATSI and the NACCHO Network are jointly represented in external forums.
2. Develop direct, regular and organized consultations and working relationships with the Commonwealth Minister for Health and Ageing and with the Secretary for the Department of Health and Ageing, as well as with other key Commonwealth Ministers, so as to provide clear advice and to secure high level decisions for follow-up by their managers and staff.
3. Support Aboriginal professional associations in advocating for increased numbers of Aboriginal health professionals and to secure their recognition of NACCHO's roles and support for them.
4. Build a relationship that is based on partnership of support and cooperation with a range of health associations such as the Australian Medical Association (AMA), Royal Australian College of General Practitioners (RACGP), Doctors' Reform Society (DRS), Royal Australian and New Zealand College of Psychiatrists (RANZCP), Rural Health Alliance (RHA), Australian Council of Social Service (ACOSS), and Anglicare (via its Policy Research Unit).

8.4 Health Information and Data Collection, and Research

1. Develop and implement a Health and Well Being Information Management Strategy based on data collected and owned by members as well as data sets developed publicly, to develop evidence-based analyses to advocate NACCHO Network priorities in policies, strategies and programs so as to improve health and well being outcomes for Aboriginal peoples.
2. Implement a Health and Well Being Monitoring System to measure changes in the health and well being status of Aboriginal peoples from a holistic perspective, including social determinants.
3. Actively and selectively participate in shaping the design and collation of data by public agencies, ensuring they accept and acknowledge the diversity amongst Aboriginal peoples and also ensuring that the publication and interpretation of data is not reliant on the opinion of individuals and “experts” but rather is informed and analysed by the NACCHO Network.
4. Establish a Research Unit to be resourced from governments and private means and communicate its plans:
 - To set a national agenda for research responding to the requirements of members and Affiliates.
 - To impact on the design of all Aboriginal health and well being research through, among other things, advice to existing Ethics Committees and to establish Ethics Committees or their equivalents in States and Territories that are Aboriginal community controlled and to which other parties are invited, and establishment of data protocols.
 - To develop preferred strategies, policies and programs based on NACCHO’s research program and analysis of other research products.

8.5 Political Advocacy

1. Advance and continue to advocate the sovereign rights of Aboriginal peoples at the international, national and community level, in partnership with other national Aboriginal community controlled peak bodies.
2. Re-focus the political and policy advocacy activities of the Executive Committee, and that of the Chairperson, towards the Commonwealth Minister for Health and Ageing, and other key Ministers, which will ensure compliance by senior and middle managers in the bureaucracy.
3. Strengthen the Executive Committee's communications with and briefings to a range of political parties in the Commonwealth Parliament and to Parliamentary scrutiny processes such as Senate Estimates Committees.
4. Through the Chairperson supported by the Chief Executive Officer, set the public agenda on Aboriginal Health and accordingly will incorporate into the media communications strategy a strengthened focus on activities that involve Commonwealth Ministers and leaders of professional associations and recognised national bodies/institutions.
5. Consolidate its communications, media and publications activities into a Communications Strategy that enhances NACCHO's peak council representation and advocacy roles and that empowers and utilises the Aboriginal media in print, radio and television.

8.6 Service Support

1. Initiate, and also respond to requests from members for, support activities that consolidate and enhance the recognition, respect, impact, scope and community coverage of Aboriginal Community Controlled Health Services (ACCHSs).
2. Incorporate and support the work of the national network of mental health social and emotional well being service delivery and education, training and support centres.