6. Implementation Issues

It is clear from the Commonwealth's decisions in 1990 and 1991 that the objectives and desired outcomes of the Commonwealth's response needed to be negotiated with State and Territory governments. ATSIC and the Commonwealth Health Department jointly conducted those negotiations.

Funding Agreements with States and Territories

The resolutions of the Joint Ministerial Forum (JMF) recognised that administrative arrangements for Commonwealth funding of Aboriginal health and housing programs, which would operate alongside and complementary to health and housing programs conducted by State/Territory governments, required a strategic and coordinated approach from government agencies.

The JMF therefore anticipated that the State and Territory governments would have a significant role in implementation of NAHS funded programs.

The requirement to secure broadly matching funds in formal agreements with the States and Territories created long delays in releasing the Commonwealth funds to community organisations. The delays were unacceptable to communities in urgent need of assistance. In addition, the States took the position that they should administer NAHS funds so as to streamline funding arrangements and ensure coordination of service delivery.

However, because the Joint Ministerial Forum pre-dated the establishment of ATSIC, the independent role of Regional Councils in funding decisions about regional health and housing programs had not been properly addressed in the NAHS administrative arrangements.

The pressing need to release Commonwealth funds eventually resulted in interim funding agreements with the States which identified new effort by States and Territories of $43.4 million in 1991–92. These agreements did not specify outcomes. However, in the letters of offer to the States/Territories concerning the NAHS funds, the Chairperson of ATSIC requested that agreements in subsequent years should take into account planning, evaluation and accountability mechanisms.

In 1992, the ATSIC Board of Commissioners determined that Commonwealth funds should be provided through the Regional Councils in direct grants to Aboriginal community controlled organisations. Funds were first allocated on a State and Territory basis and individual allocations were made to community organisations by ATSIC State Advisory Committees consisting of State, ATSIC Commissioner and Regional Council Chairpersons.

No subsequent agreements were negotiated with the States and Territories and ATSIC funded health, housing and essential services projects mainly through the Regional Councils.

The Committee could not ascertain why further agreements were not negotiated as required by Cabinet and requested by ATSIC's Chairperson. Both ATSIC and State/Territory officials expressed frustration with the process. It is reasonable to conclude that genuinely bilateral agreements involving a commitment from both parties

to engage in joint planning and to target additional funds to agreed priority needs would have been more effective.

Aboriginal and Torres Strait Islander Health Goals and Targets

The Commonwealth also decided that an interim Health Goals and Targets document would constitute an initial basis for negotiations with the States/Territories, on outcomes for the strategy. The Joint Ministerial Forum's decision also required advice from the Council for Aboriginal Health.

The interim health Goals and Targets document was developed by consultants engaged by the Commonwealth Department of Health and funded through the National Better Health Program in 1991. The goals and targets related to illness, risk factors for illness, environmental health, education, training and employment, and a range of other issues. More than 700 copies of the document were distributed for comment but only 27 responses were received, many of which did not support the document.

NACCHO rejected the interim goals and targets as being unachievable and reiterated that it was the Council of Aboriginal Health's role to develop these targets.

Since 1991, there has been little progress towards agreement on Aboriginal national goals and targets. The interim goals and targets were discussed at the inaugural meeting of the Council for Aboriginal Health in April 1992, which expressed concern at lack of consultation in their development, and decided to establish a Working Party to develop a composite set of more realistic goals and targets. No progress was made because the Council for Aboriginal Health was not fully operational.

More recently, the Department of Human Services and Health has begun a pilot project in consultation with NACCHO and AIHW aimed at developing a minimum data set which would be a first step towards developing Aboriginal health goals and targets. States and Territories are not involved. In the meantime, States and Territories have been developing their own goals and targets independently of Commonwealth agencies. NACCHO representatives expressed concern about the adequacy of consultation.

Council for Aboriginal Health

The Joint Ministerial Forum's (JMF) decision in June 1990 to establish a national Aboriginal health advisory body (the Council for Aboriginal Health) and its counterparts in the States and Territories (State Tripartite Forums) was fundamental to the operational framework for implementation of NAHS.

The Council for Aboriginal Health had no statutory authority. It was established as a Standing Committee to the Australian Aboriginal Affairs Council and the Australian Health Ministers Conference. The Joint Ministerial Forum (the combined meeting of the two ministerial bodies) has not met since its Joint Ministerial Resolutions on NAHS in June 1990.

The Council's terms of reference included responsibility for review of the effectiveness of health services provided to Aboriginal or Torres Strait Islander peoples and review of progress towards implementation of the NAHS, particularly in regard to intersectoral collaboration. In exercising its responsibilities, the Council for Aboriginal Health was to have regard to the advice of State/Territory tripartite forums.

There was a 22-month delay between the decision to establish the Council and its inaugural meeting. The Council was to have been a standing committee to the Commonwealth and State/Territory Ministers for Health and Aboriginal Affairs.

NACCHO members were concerned that the Ministers and ATSIC did not support the Council of Aboriginal Health and expressed frustration at delays in the implementation process. In the event, the Joint Ministerial Forum has not met since its own inaugural meeting in June 1990 which agreed to the Council's establishment. It is therefore clear that the Ministers did not support the Council of Aboriginal Health.

The Codd Review attributed the delays to disputes over community membership. However, these disputes occurred only in the six months leading up to the Council's inaugural meeting. The primary reason appears to have been lack of political support from Ministers and ATSIC which was responsible for providing secretariat support to the Council.

At the June 1990 Joint Ministerial Forum the Ministers decided also that the Council should be reviewed after its first two years of operation. Because the first meeting was delayed until April 1992, the hearing began before the Council had an opportunity to become fully operational.

Review of the Council for Aboriginal Health

The Codd Review reported to the Commonwealth Ministers for Health and Aboriginal and Torres Strait Islander Affairs on 31 March 1993. That report commented that:

> Although the establishment of ATSIC did not come as a surprise to those working on structures for Aboriginal health, it is quite evident that the appropriate relationships between ATSIC and the proposed Aboriginal health bodies (especially the Council for Aboriginal Health and State Tripartite Forums) was not fully thought through at the time.
>
> Indeed the Development Group report itself noted "the imminent commencement of ATSIC and the different decision making process that will therefore come into play and that there will need to be an assessment of the structural arrangements and their relationship to ATSIC in the review of the Council proposed in its second year".
>
> With hindsight, it would have been useful for these critical relationships to have been sorted out at the time.

The Codd Review also found while subsequent meetings started discussion on some important issues of substance, the meetings focused on procedural matters, for example ATSIC's role.

In the report to Ministers in March 1993, the Codd Review recommended a restructured Council. However, no decisions were taken on its future at that time.

ATSIC proceeded to implement the funding elements of the Commonwealth's response to the NAHS. In doing so, the Commission augmented two of its pre-existing programs - the Health Program and the Community Housing and Infrastructure Program.

At the fourth and last meeting of the Council of Aboriginal Health in October 1993, one of the major resolutions was to recommend to the Ministers for Health and Aboriginal Affairs that National Aboriginal Health Strategy funding be transferred to the Commonwealth Health portfolio for five years, to be reviewed after that time. This recommendation was made on the understanding that funding for the Council to hold meetings would continue.

Intersectoral Collaboration

The need to develop a coordinated intersectoral strategy is critical to achieving the objective of equity of access. The Ottawa Charter makes the following statement:

> The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by non-governmental and voluntary organisations, by local authorities by industry and by the media.[2]

The Council of Aboriginal Health had been envisaged as the primary mechanism to improve intersectoral collaboration and consultation. However, there has been no further progress on this issue because the Council lacked political support and ATSIC withdrew the secretariat support. Although ATSIC has taken over these functions to a large degree, its capacity to produce outcomes has been weakened by a lack of expertise in health systems, planning and policy development.

Discussions between the Commonwealth and State and Territory governments are continuing. Some States and Territories have proposed bilateral agreements with the Commonwealth in the area of Aboriginal health in accordance with the 'National Commitment to Improved Outcomes in the Delivery of Programs and Services for Aboriginal Peoples and Torres Strait Islanders'. This commitment has been endorsed by the Council of Australian Governments and provides a framework for better intergovernmental cooperation in the future.

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[2] ibid.