



Taking care of business:

Innovative ways Aboriginal and Torres Strait Islander community controlled health organisations manage corporate support needs

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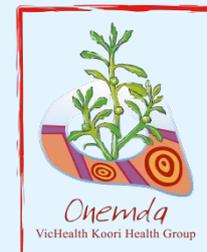
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Acknowledgements

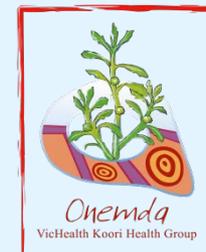
Many people gave generously of their time, knowledge and expertise.

- Those involved in consultations & workshops
- Members of our reference group
- Case study sites
 - Katherine West Health Board
 - Queensland Aboriginal and Islander Health Council
 - Bila Muuji Health Services Inc
 - Central Australian Aboriginal Congress
- Staff from the former Cooperative Research Centre for Aboriginal Health (CRCAH), now the Lowitja Institute



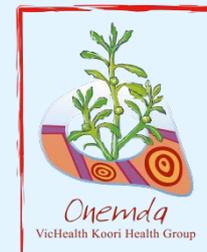
Background

- Effective corporate functioning (eg governance, HR, finances) important for optimal performance of organisations
- Challenges in creating corporate structures that:
 - ‘Unlock value’ from limited resources
 - Best support core business – in this case comprehensive primary healthcare
- Different approaches developed over 200 years (eg centralised, de-centralised, matrix models)
- There have been many (costly) restructures – some problems solved, others created
- Aboriginal Community Controlled Health Services (ACCHSs) have been increasing in complexity and experience high demand
- Need to ensure corporate services support optimal functioning of ACCHS
- Significant work done by ACCHSs on developing models for collaborative corporate support



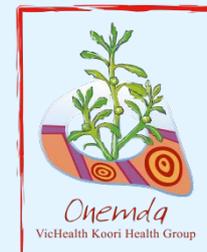
What we did...

- Part 1
 - What are the range of corporate support needs of ACCHOs taking into account the differences between services?
 - How do different ACCHOs access different kinds of corporate support?
 - **Methods:** consultation & first national roundtable
- Part 2 (focus of this talk)
 - What do the different models for shared corporate support look like?
 - What might be the key features of organised support for different kinds of organisations?
 - What might be some potential strategies for action?
 - **Methods:** case studies (interviews with both support providers & those getting support) & second national roundtable



Factors influencing the support required

- The broad environment
 - Health systems reform, change & transition
- Increasing administrative complexity
- Number & range of services within a region
- Available workforce
- Organisational factors (size & stage of growth, location, type & complexity, internal capacity)

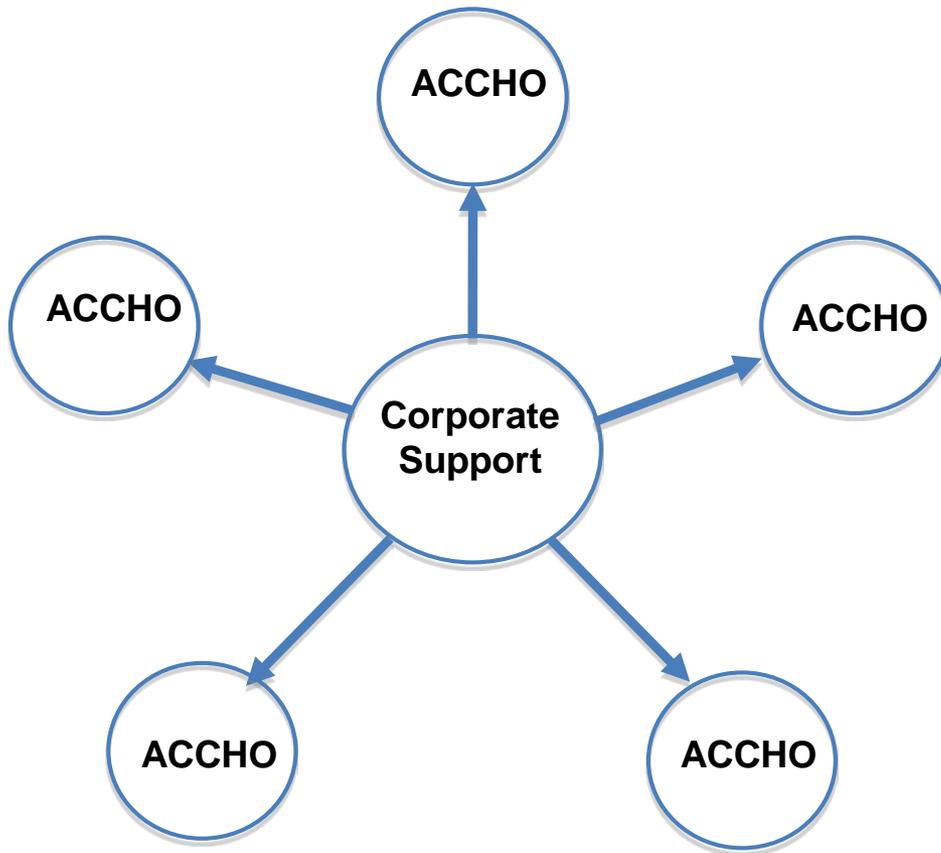


Part 2: Case studies

- Katherine West Health Board
- Central Australian Aboriginal Congress
- Queensland Aboriginal and Islander Health Council
- Bila Muuji Health Services Inc



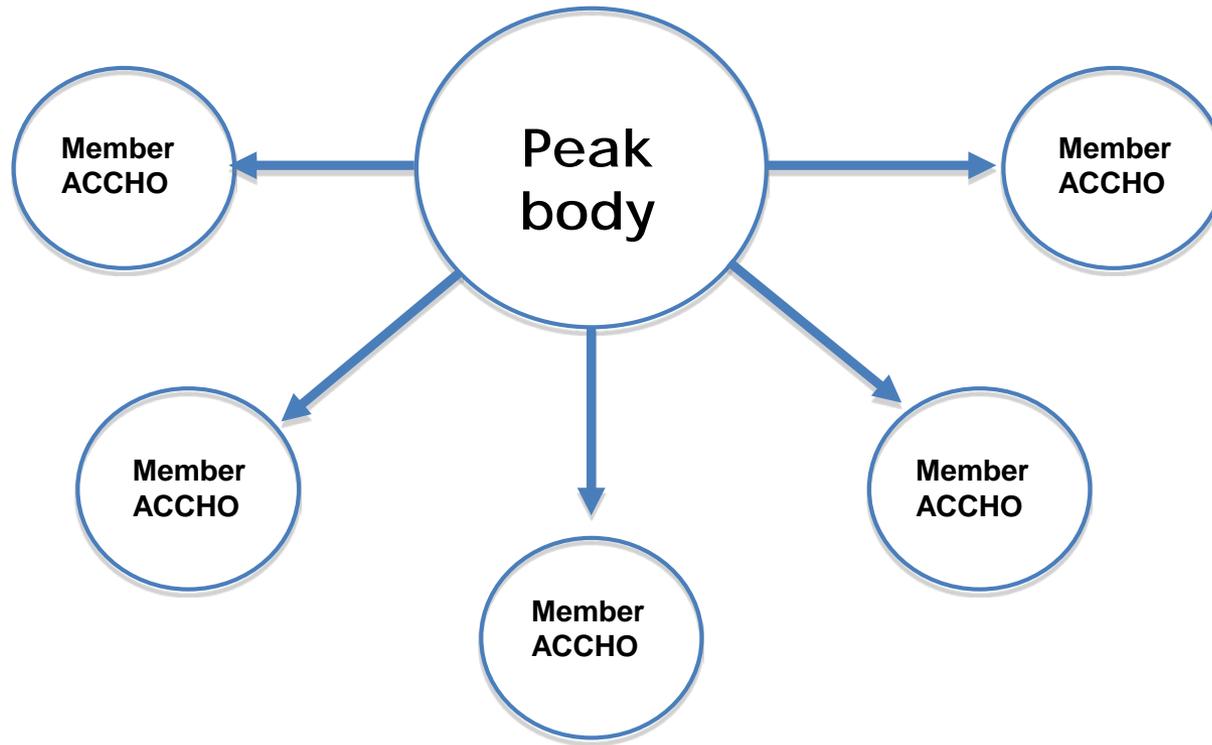
Centrally provided support



Range of types, examples:

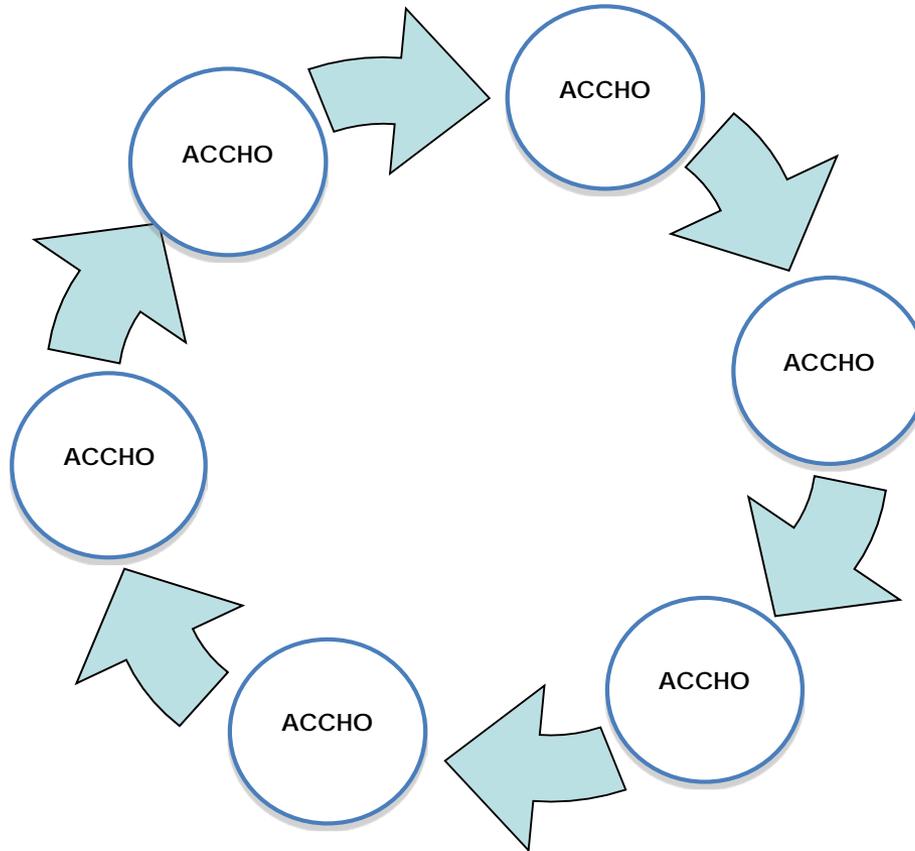
- Independent, jointly governed central agency
eg. Kimberly Aboriginal Medical Services Council
- Centralised corporate support as part of larger regional organisation
eg. Katherine West Health Board
- Centralised corporate support provided by a large ACCHS to smaller ACCHSs through an auspicing arrangement
eg. Central Australian Aboriginal Congress

Peak Body support



Example: *Queensland Aboriginal & Islander Health Council*

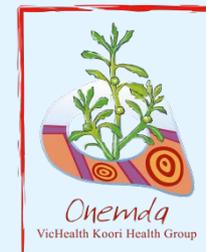
Peer Support Network



Example: ***Bila Muuji
Health Services Inc***

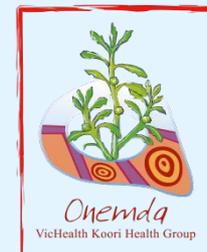
Advantages of collaborative models of corporate support

- Potential economies of scale
 - Maximising value for each dollar spent
 - Reduced duplication of effort
 - Developing responses to common issues
 - Access to high quality, timely, specialist advice
- Capacity for increased revenue generation, resource pooling, skills and staff sharing, joint projects
- Capacity for service development & continuous improvement
 - Sharing knowledge about good practice
 - Supporting each other through change management
 - Development of consistent business practices across services
 - Support framework for smaller or transitioning organisations
- Enabling services to focus on their ‘core business’

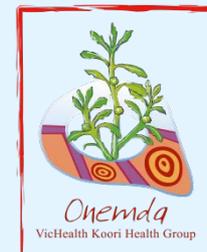


Some potential risks & challenges

- Getting agreement about the model
 - governance, decision making, functions, funding
 - ensuring equitable benefit to all participants
- Resources & time to setup & maintain support structures
- Diminished community and/or organisational ownership
- Might be seen as opportunity to reduce funding
- Divisions between organisations with different agendas
- Ensuring local capacity is built
- Members opting out

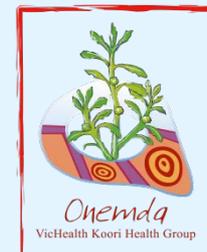


Features, lessons & observations



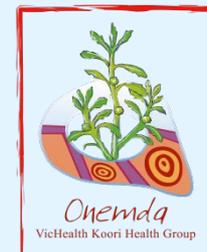
Leadership

- Sector driven
 - Response to identified issues
 - Enable organisations to maximize their operations in order to deliver excellent services
- Visionary leadership
 - Develop new ways of thinking and working
 - Facilitate processes of change which can be step wise and long term



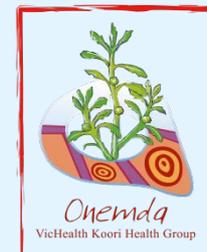
Governance, principles & agreements

- Governance
 - Participating organisations should be represented
 - Confidentiality about business of member organisations must be maintained
- Clearly articulate principles to underpin joint work –eg:
 - Supporting self determination & community control
 - Strengthening capacity of organisations
 - Transparency & accountability
 - Integrity & respect
- Establish formal agreements
 - What can be provided?
 - How will it be provided?
 - What will it cost
 - When will it be reviewed?



Process

- **Good process is critical** (more important than having a model to apply)
 - No 'one size fits all'
 - All potential participants should be involved
 - Ownership issues
 - Rules
 - Identifying how different needs will be met
 - Careful planning & implementation
 - Setting realistic goals consistent with stage of development
 - Allowing time to build structures slowly and carefully
 - Allowing time for organisations to change and adapt
 - Regular review to ensure structure remains relevant & accessible



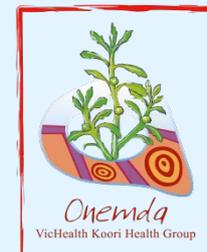
Functions – internal or external

- Each organisation needs to make decisions about what functions they want done internally & what might be outsourced or shared
- For each organisation this will be influenced by:
 - Capacity to identify strengths & weaknesses in corporate functions
 - Views about which corporate functions need to be integrated with health service delivery functions
 - Availability of skills locally
 - The extent to which organisations want to maintain direct control over corporate functions (& views about how this affects community control)
 - Organisational capacity to train and/or employ relevant staff
 - Whether particular skills are required: routinely for service operation; relatively infrequently but over a long period; only in specific circumstances



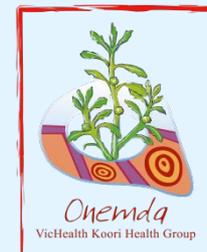
Support providers

- Professionalism & highly skilled staff
- Good communication & relationship development
- Respond to diversity of (and changing) support needs
- Capacity building approach
 - Individuals (knowledge transfer & skill development, support for role, training & networking)
 - Organisations (development of templates, infrastructure)
- Range of mechanisms for support provision
 - Direct (local level) support
 - Regional support (regional training, regional meetings, peer support)
 - State-wide support (conferences, advocacy, sector-wide infrastructure development, networks)



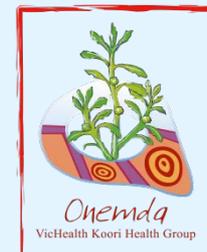
Funding & accountability

- All models required contribution from participants/ members
 - Administration fee
 - Fee-for-service
 - Membership fee
- Accountability
 - Governance
 - Written agreements
 - Feedback & review
- Demonstrating benefits important to success



Since then.....

- Changing environment – eg:
 - Indigenous Advancement Strategy
 - Changes to governance requirements of ACCHOs
 - Changes to organisation of mainstream PHC
- All models have continued to develop and adapt to the changing environment



Conclusion

- Collaboration can provide flexibility & enable capacity to maximise opportunities
- Risks of collaboration for corporate support include:
 - Organizations in transition may need different kinds of support
 - Purpose of support structures can change without review of governance & operation
 - High & increasing demands for support and high staff workloads
 - Secondary functions overwhelm primary service provider role
 - Limited funds & resources
- Highlights leadership of the ACCHO sector and their capacity to develop innovative solutions
- Potential benefits of collaboration include:
 - Economies of scale
 - Capacity for increased revenue generation, resource pooling, skills and staff sharing, joint projects
 - Capacity for service development & continuous improvement
 - Enabling services to focus on their 'core business'

