

BRONWYN  
FREDERICKS

# Service delivery in remote and discrete Aboriginal and Torres Strait Islander communities



# What we were asked to do

**Investigate and report** on services delivered to remote and discrete communities:

- levels and patterns of **government investment**
- how to improve the effectiveness and efficiency of **service delivery**
- best practice **approaches for evaluation**

## Consultation

We consulted with more than 500 stakeholders including:

- **Indigenous Councils**
- **community leaders**
- **service providers**
- **government agencies.**

We visited or met with stakeholders from **every discrete community in Queensland.**

# Inquiry into service delivery in remote and discrete Aboriginal and Torres Strait Islander communities

The Queensland Government:

- directed the Commission to undertake an **inquiry into service delivery in remote and discrete Aboriginal and Torres Strait Islander communities**
- ... to examine **what works well and why**, with a view to improving outcomes
- appointed **Professor Bronwyn Fredericks** as a Commissioner

The public inquiry model:

- We operate on a public inquiry model, underpinned by open and transparent consultation
- ... **consulted with more than 500 stakeholders**, including the Indigenous Councils, community leaders, service providers and government agencies.
- We visited or met with stakeholders from every discrete community in Queensland.

Around 1 in 5  
Aboriginal and Torres Strait  
Islander Queenslanders  
live in remote or discrete  
communities—about  
40,000 people



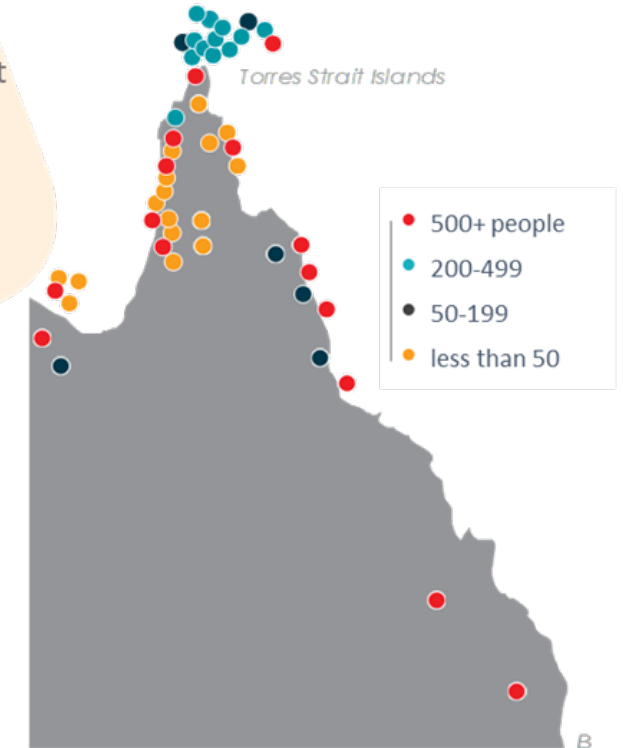
22,000 live in discrete,  
mainland communities



7,000 live in Torres Strait  
communities



11,000 live in non-discrete  
remote communities

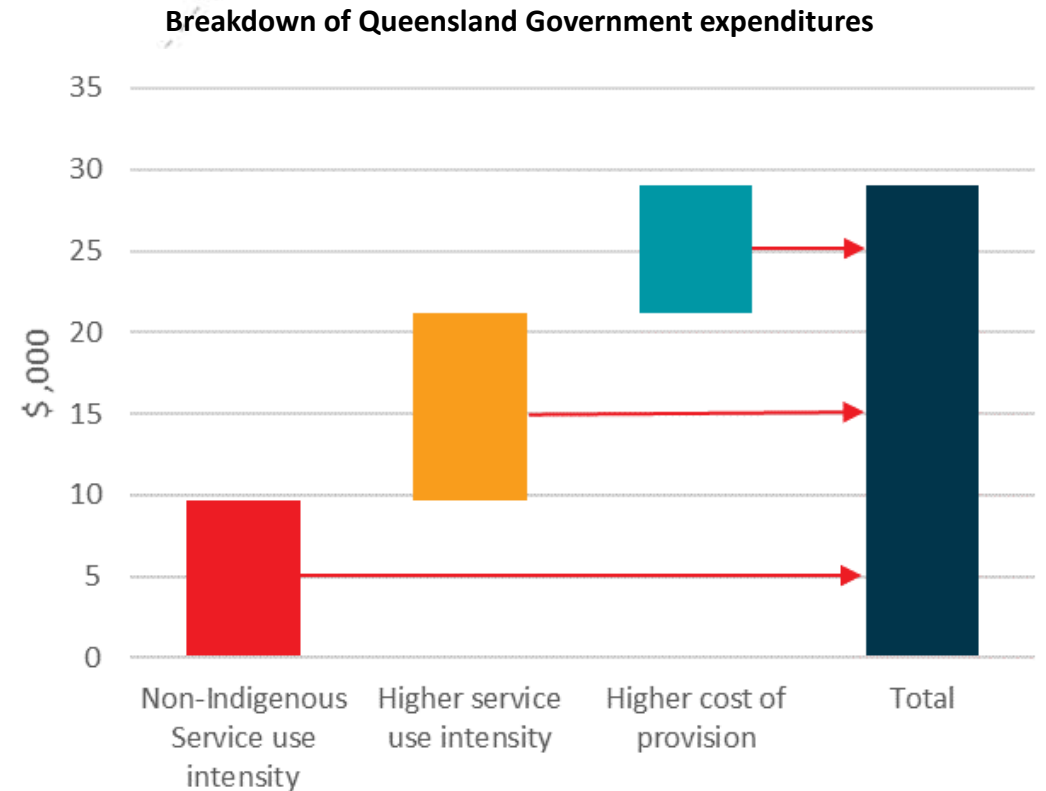


There are over 40 discrete communities in Queensland, ranging from around 50 people to just over 2,700

# Expenditure and outcomes

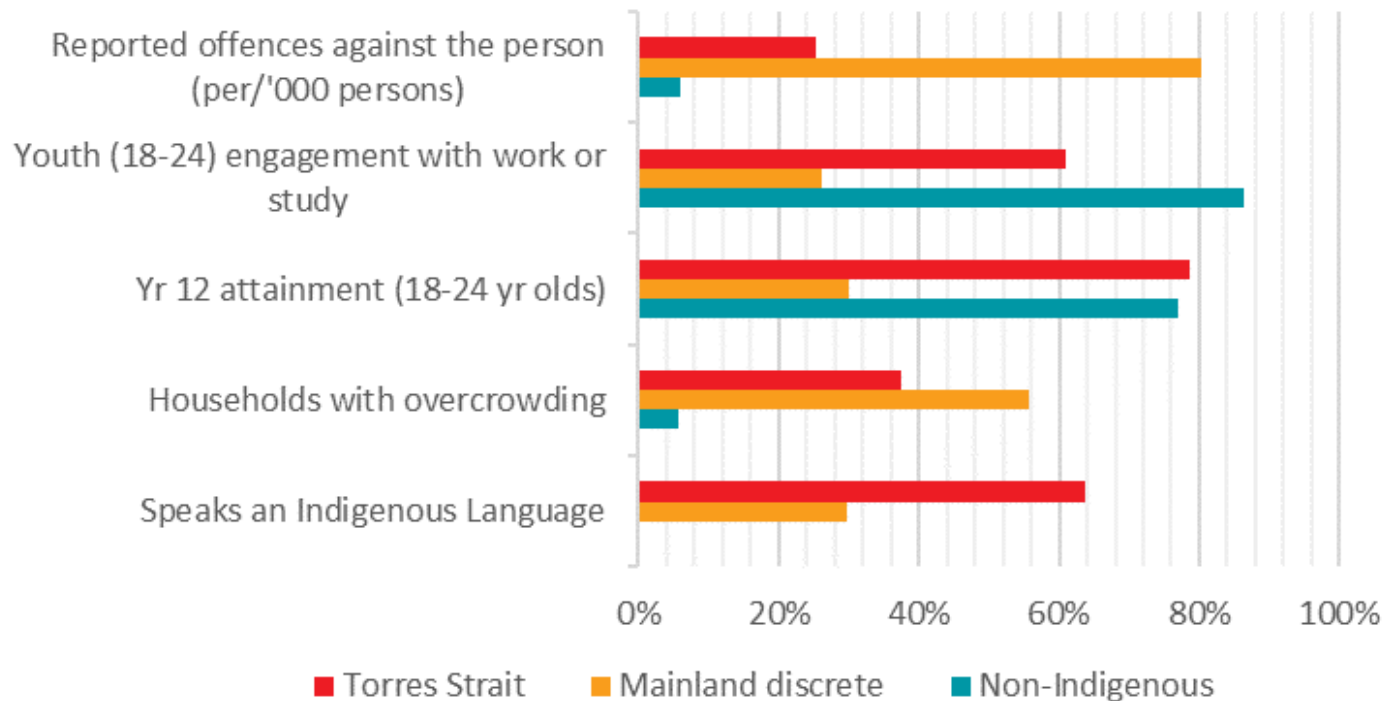
## Expenditure information is limited

- Queensland Government spent an estimated **\$1.2 billion** on services in the communities (2015-16) – around \$29,000 per person.
- Expenditure driven by: **higher need** (higher service use intensity) and higher **costs of delivery** in remote regions.
- Addressing underlying causes of higher service use could yield benefits exceeding **\$500 million** per year.



# Outcomes

In general, there is a gap in outcomes for people living in communities compared to other Indigenous and non-Indigenous Queenslanders.



- higher unemployment and limited private sector activity
- lower education, physical and mental health outcomes
- but there are some positive indicators, particularly in the Torres Strait

# Stakeholders identified beneficial programs



**Beneficial programs** tend to:

- take care of **root causes**
- adopt a **developmental approach**, including community ownership and control
- **people focused** – community leading prioritisation, design and delivery of programs
- support **iterative learning and capacity building**
- align with **place-based** requirements, rather than departmental or program boundaries.

# But overall the system is not working well

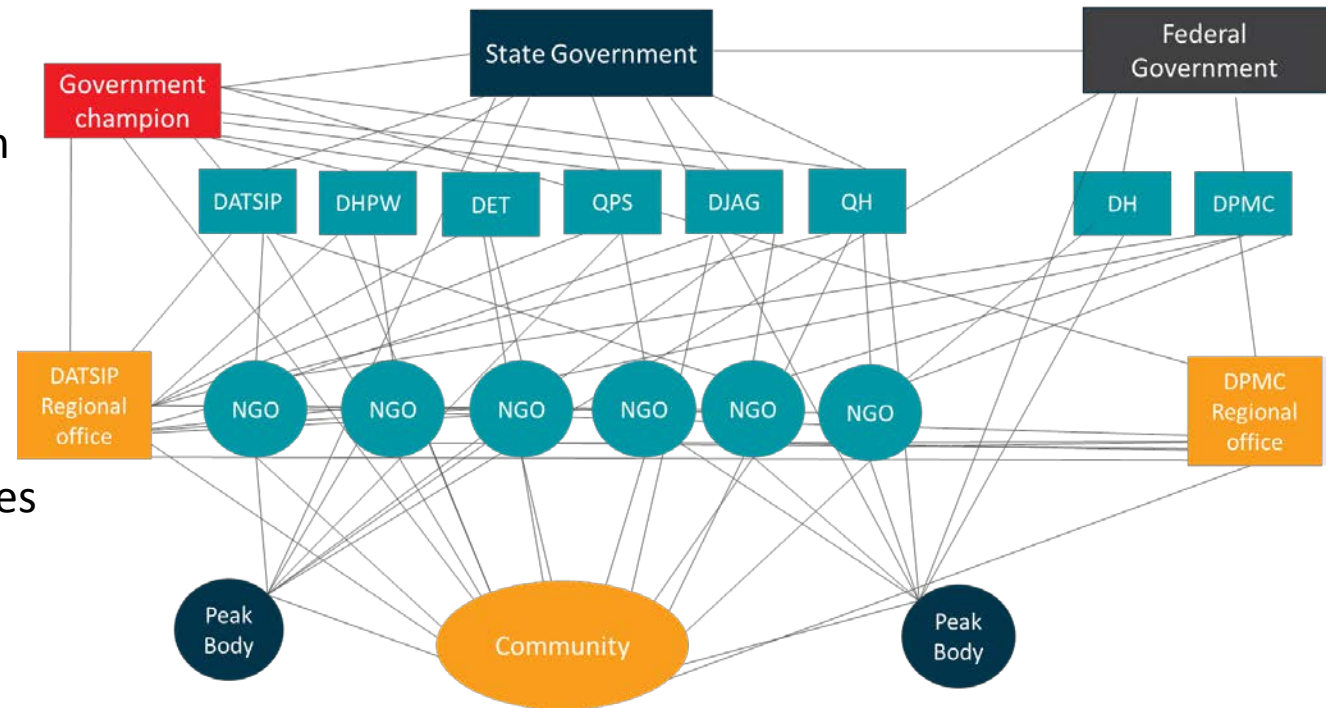
Service funding and delivery occur through multiple levels of government and administrative **silos**

The system is **supply driven** rather than focused on the needs of communities

The system creates unintended **incentives**:

- information problems mean services may **mismatch** with peoples real needs
- potential **bias** towards visible action, inefficiencies and red tape
- communities and government find it difficult to ensure genuine **accountability**

Stakeholders need better information to support effective service delivery



# Factors affecting health service delivery

Between **one-third to half of the health gap** between Indigenous and non-Indigenous Australians is estimated to be **attributable to social and economic determinants**.

- Even greater impact in remote areas:
  - Poorer access to services, medications and healthy food sources
  - Households more likely overcrowded, services such as sewerage and facilities for food preparation and washing more likely not to be working
  - Lower employment and incomes lower
- Compounded by effects on the Stolen Generations and their immediate family descendants. Compared to other Indigenous people in Australia, this group are around:
  - 50% more likely to have been charged by police
  - 30% less likely to report being in good health
  - 15% more likely to consume alcohol at risky levels



# Health system complexities

A complex arrangement of providers, funding & regulatory mechanisms.

## Queensland Government:

Manages and jointly funds public hospitals; delivers and commissions primary health care services; funds and delivers chronic disease prevention through community health centres, outpatient units, outreach programs, and Aboriginal Community Controlled Health Services

## Australian Government:

Medicare, PBS, outreach health programs; jointly funds public hospitals, community health services, Aboriginal and Torres Strait Islander health services

## Local Governments:

Deliver community-based health and home care services; public health and health promotion activities e.g. immunisation services; environmental health-related services

## Community controlled health organisations:

Culturally appropriate and multi-disciplinary models of primary healthcare e.g. Indigenous health practitioners, outreach midwives, podiatrists, audiologists, physiotherapists, dietitians, diabetes nurse educators, GPs

## Royal Flying Doctor Service:

Emergency retrieval, essential health care, GP services

## Private sector:

Limited presence in remote communities

# Health system complexities

A good health system is one that *'delivers quality services to all people, when and where they need them'* (WHO 2015)

Stakeholders told us about:

- duplication and gaps
- inappropriate service delivery models
- a mismatch with community priorities

Access is hindered by:

- cultural and language barriers
- lower levels of service availability and distance

# Health system – workforce

## What works to increase the workforce capacity?

- Upskilling local staff, usually nurses – e.g. to provide pulmonary rehabilitation to local patients, found effective and improved patient outcomes
- Recognition of lived experience or life skill where formal qualifications do not exist
- Support and incentives for current workers to access high education and training
- Increased opportunities for Indigenous people to apply for identified positions
- Person-centred care
  - enables more people to self-manage chronic conditions
  - better outcomes for patients and freeing up health workforce capacity

# Comments regarding health

- Closing the gap requires simultaneous effort outside the health system to address socioeconomic determinants of health e.g. housing, education and employment
- Localised planning and delivery is more likely to achieve health and wellbeing improvements
- Services could be better integrated to improve service delivery and client referral, reduce duplication and improve performance monitoring
- ACCHO's provide effective, culturally appropriate and multidisciplinary models of comprehensive primary healthcare
- The key to achieving a sustained improvement is to enable Aboriginal and Torres Strait Islander communities to develop solutions for themselves.

# A reform proposal

Enabling Aboriginal and Torres Strait Islander peoples to develop ways to improve outcomes for themselves

Three key elements of reform:

1. Structural reform
2. Service delivery reform
3. Economic reform

Underpinned by:

- capacity and capability building within government, service providers and communities to support a new way of doing things
- timely and transparent data collection and reporting to support performance and accountability.

# Inquiry into service delivery in remote and discrete Aboriginal and Torres Strait Islander communities

## The overarching reform proposal

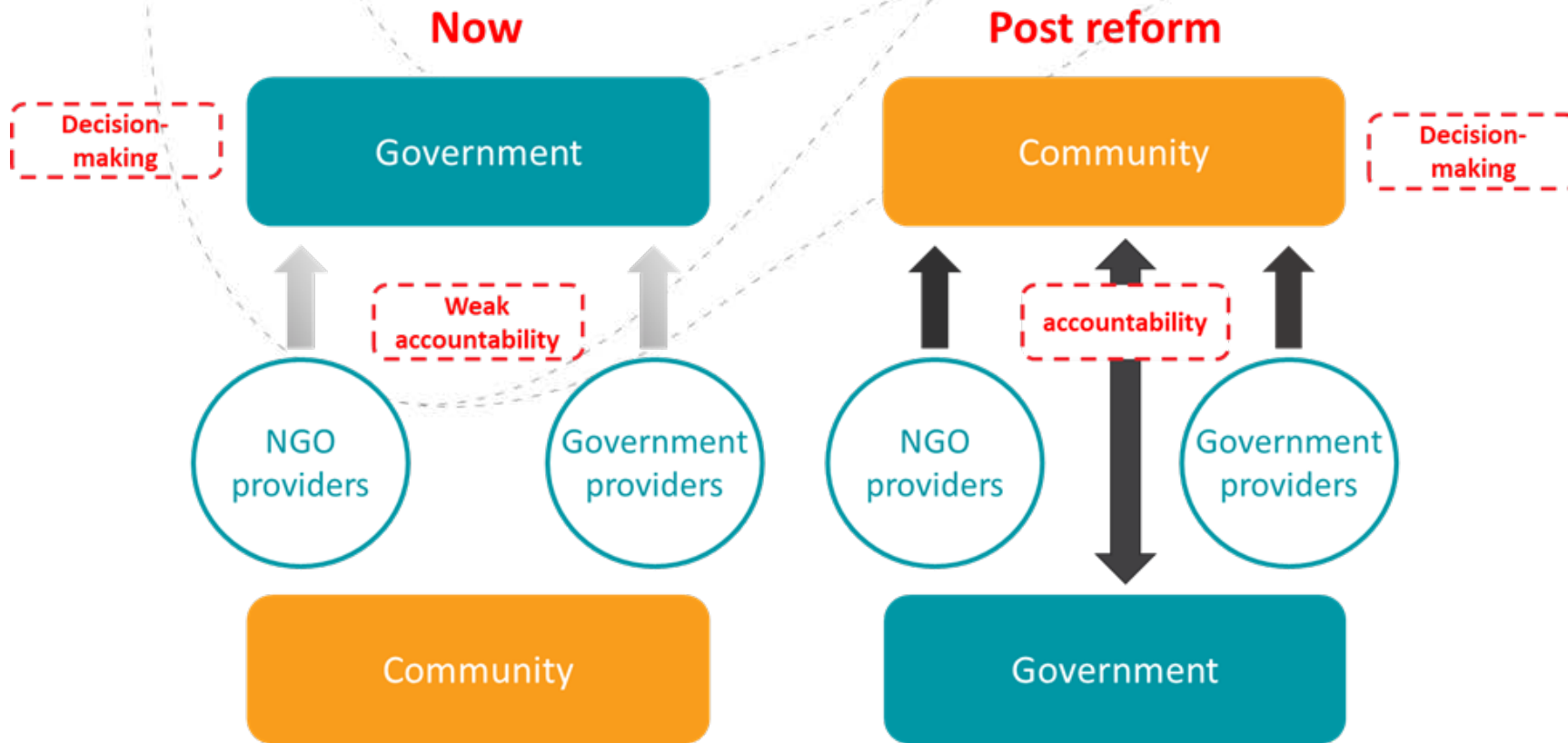
The Queensland Government should commit to a long-term reform of the governance, policy and funding of service delivery to communities. This reform should include:

- structural reform to transfer accountability and decision-making to regions and communities, reform funding and resourcing arrangements, and monitor progress through independent oversight
- service delivery reform to put communities at the centre of service design and better focus on the needs of individuals through service delivery models that suit the circumstances
- economic reform to enable economic activity, support community development and make communities more sustainable.

Each of these reform elements must be supported by capacity and capability building for government, service providers and communities; and transparent and timely data collection and reporting to support performance and accountability.

# 1. Structural reform

Decision-making and accountability transferred closer to communities



- better meet **community needs**
- **empower** people to take opportunities
- create incentives for more **responsive, efficient and innovative** service delivery
- be more effective in improving **outcomes and wellbeing**

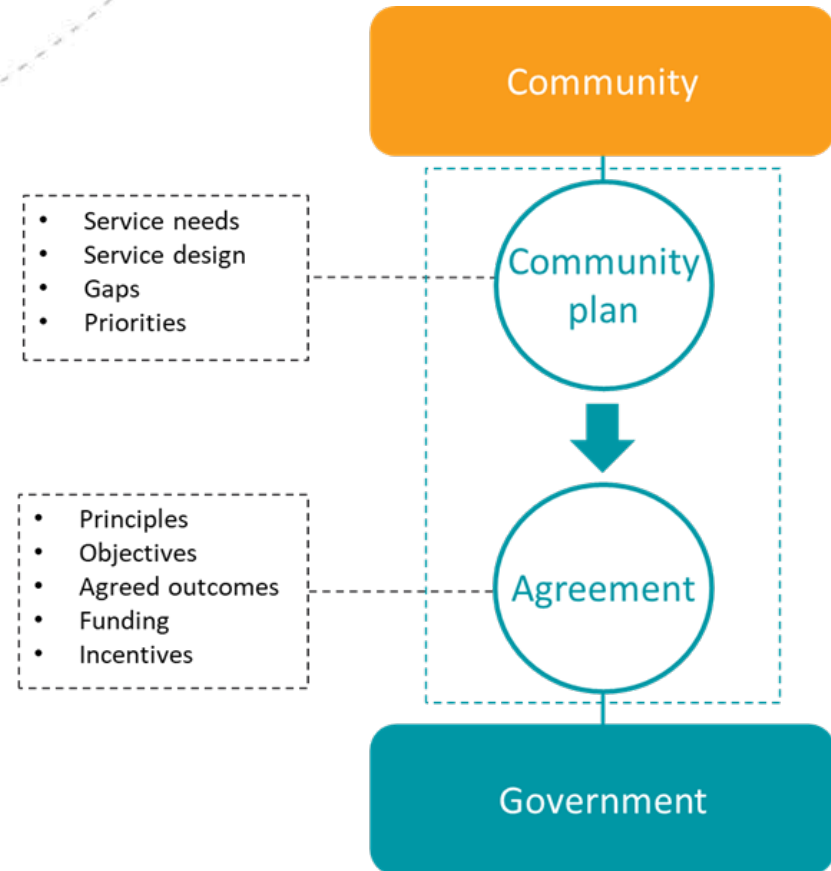
# 1. Structural reform (continued)

Reallocate **roles and responsibilities**—manage accountability through agreements.

## Agreements:

- **negotiated** between government and communities
- specify the **objectives, principles and outcomes** being sought
- **communities** to determine the best way to achieve outcomes
- cover **all services** delivered in communities

Not about creating new bodies, but changing roles and responsibilities.



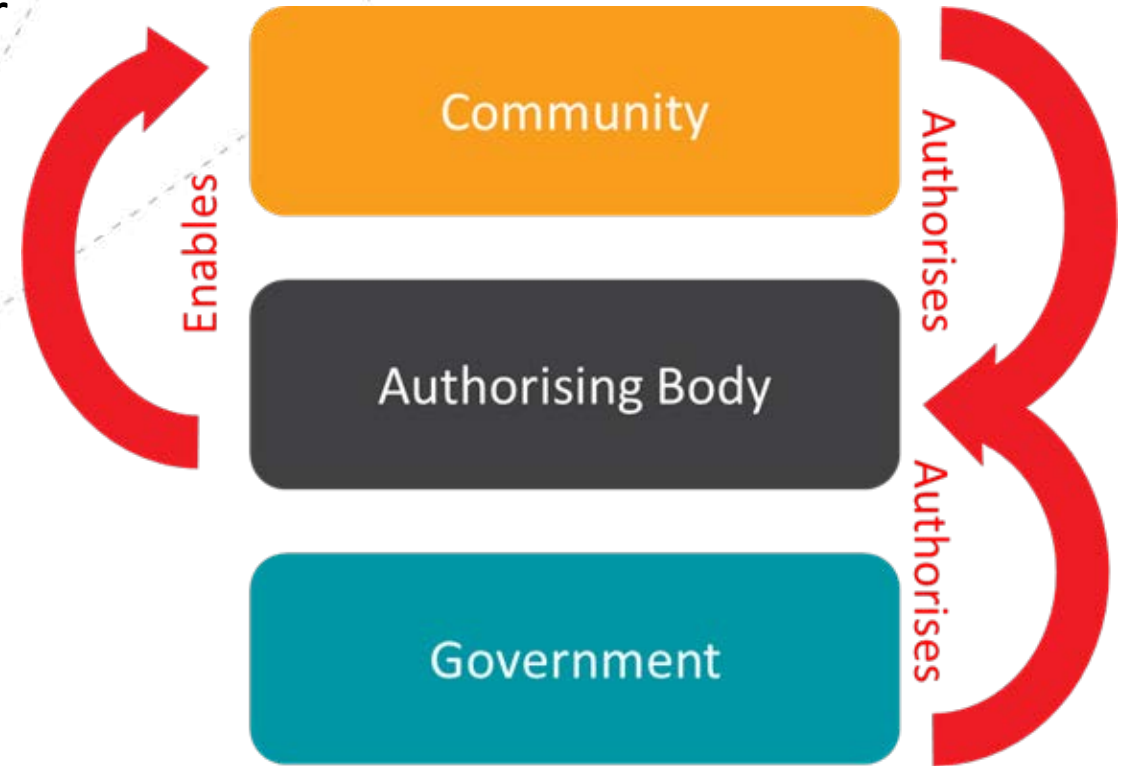


# 1. Structural reform (continued)

**Authorising bodies** will facilitate the transfer of decision making and accountability.

Authorising bodies will be:

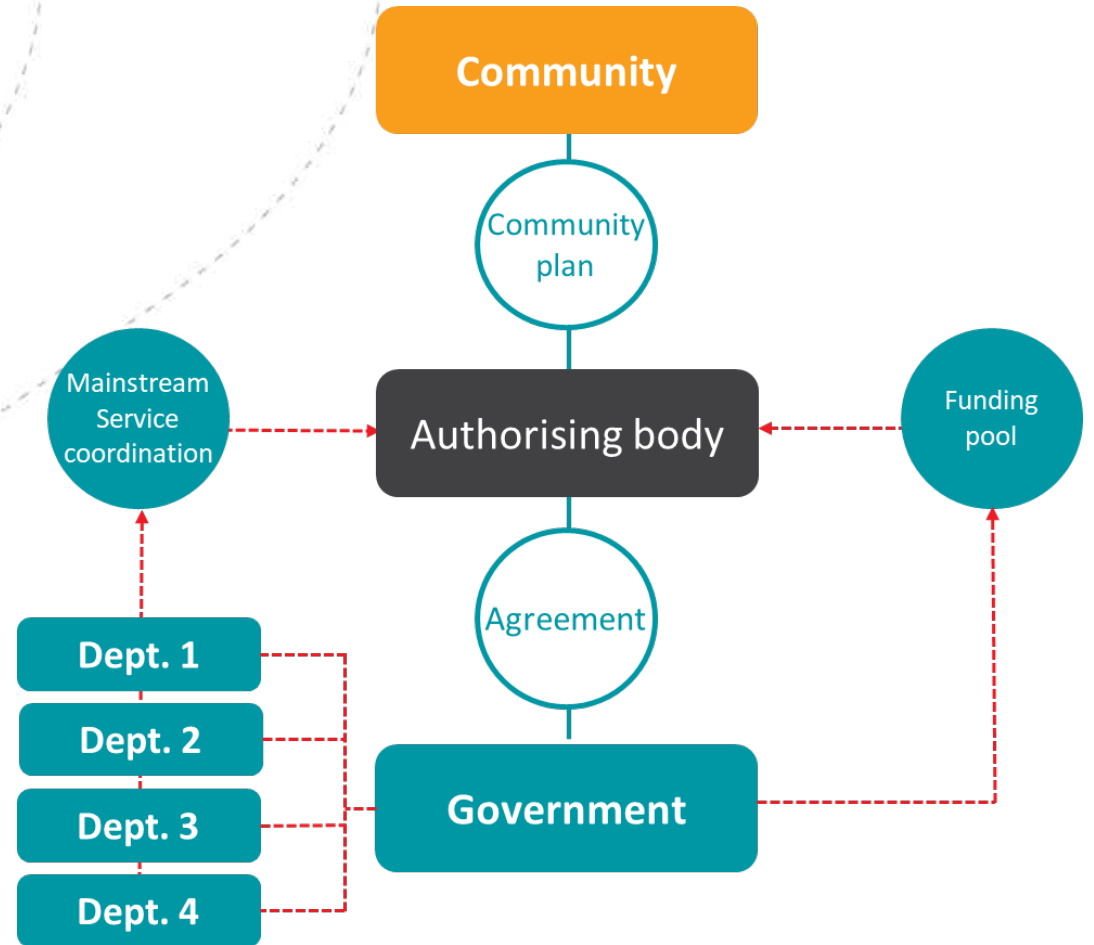
- **legal entities** that enable communities to enter into agreements with government
- **owned by** and representative of the **communities**
- **responsible** for community-level decision making
- **accountable** for decisions made, and for any resourcing associated with agreements



# 1. Structural reform (continued)

## Reforms to funding and resourcing

- Mainstream service delivery negotiated with communities
- Grant and other funding pooled and transferred under the agreement
- Reporting and compliance to communities



## 2. Service delivery reform

Several **policy changes** could improve service delivery, including models that:

- put **communities at the centre** of service design
- better focus on the **needs** of individuals and communities
- suit the **circumstances**

Many of these reforms can build on existing government policies and programs.



### 3. Economic reform

Enable economic activity, support community development and make communities more sustainable.

**Remove barriers** to economic activity and employment:

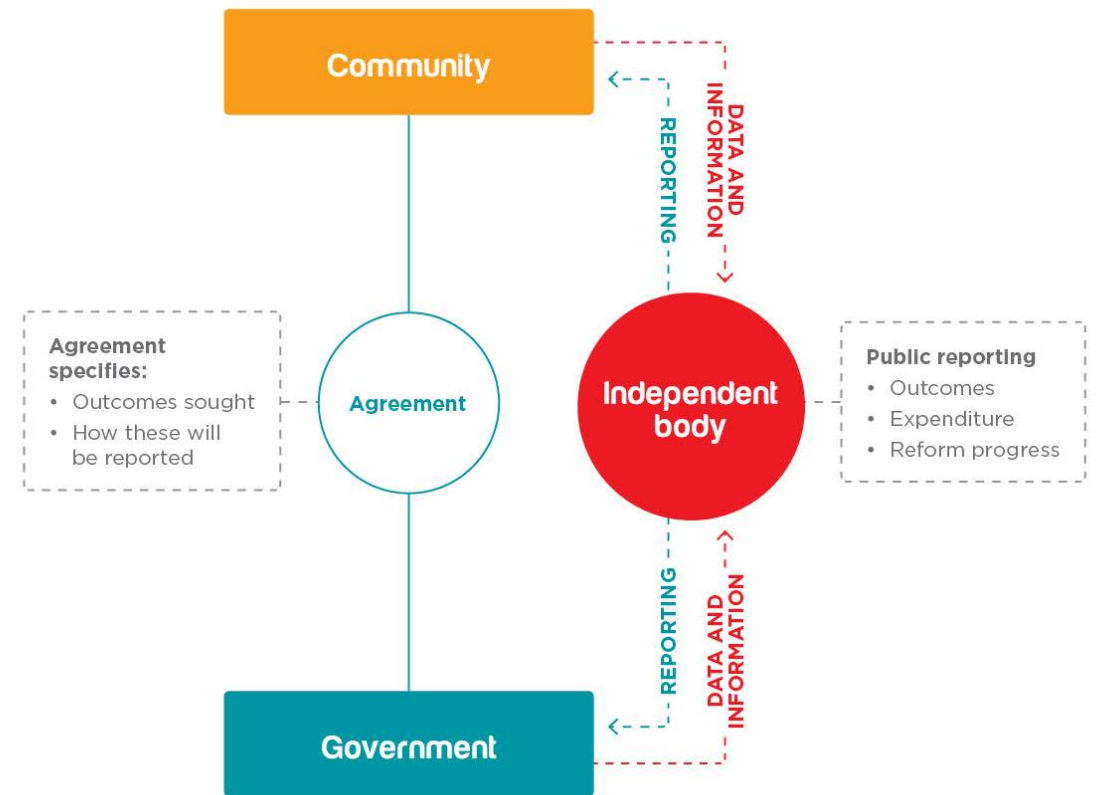
- **incentives to invest** in communities and human capital, take risk and create wealth
- procurement policies that enable **Indigenous businesses** to fairly participate
- **avoid crowding out** existing opportunities
- continue to develop **local capabilities** to deliver and maintain infrastructure
- ensure that basic **law and order** is effectively managed
- improve the **land tenure system** to support development

# Monitoring, Evaluation and Reporting and Independent Oversight

Monitoring and evaluation is best performed by an **independent body**.

Timely and transparent data collection, monitoring and reporting on expenditure, performance and outcomes are important to:

- support **informed decision-making**
- ensure there is sufficient **accountability**
- keep reforms **on track**
- allow **practice to be informed by successes and failures**



# Some service area issues

Stakeholders identified **housing, community safety, education and training, health and municipal services** as key areas for reform.

There are opportunities to improve services through:

- effective **prevention**
- better focusing on the **root cause** of problems
- addressing specific **individual** and **community needs**
- removing **service and regulatory barriers** to the involvement of local residents in service delivery



# Implementation

**Clear commitment** of the Queensland Government is crucial to enable successful implementation, including:

- **ministerial leadership** to authorise and lead the reforms, and **central agency** management to drive whole-of-government change
- **joint oversight committee** (comprising community and government) to guide change, and an agreed **implementation plan**
- reforms established in **legislation, policies, budget, delegations, forums, and systems**
- ongoing, **independent monitoring and reporting** of progress.

# Implementation (continued)

**Effective transition** will:

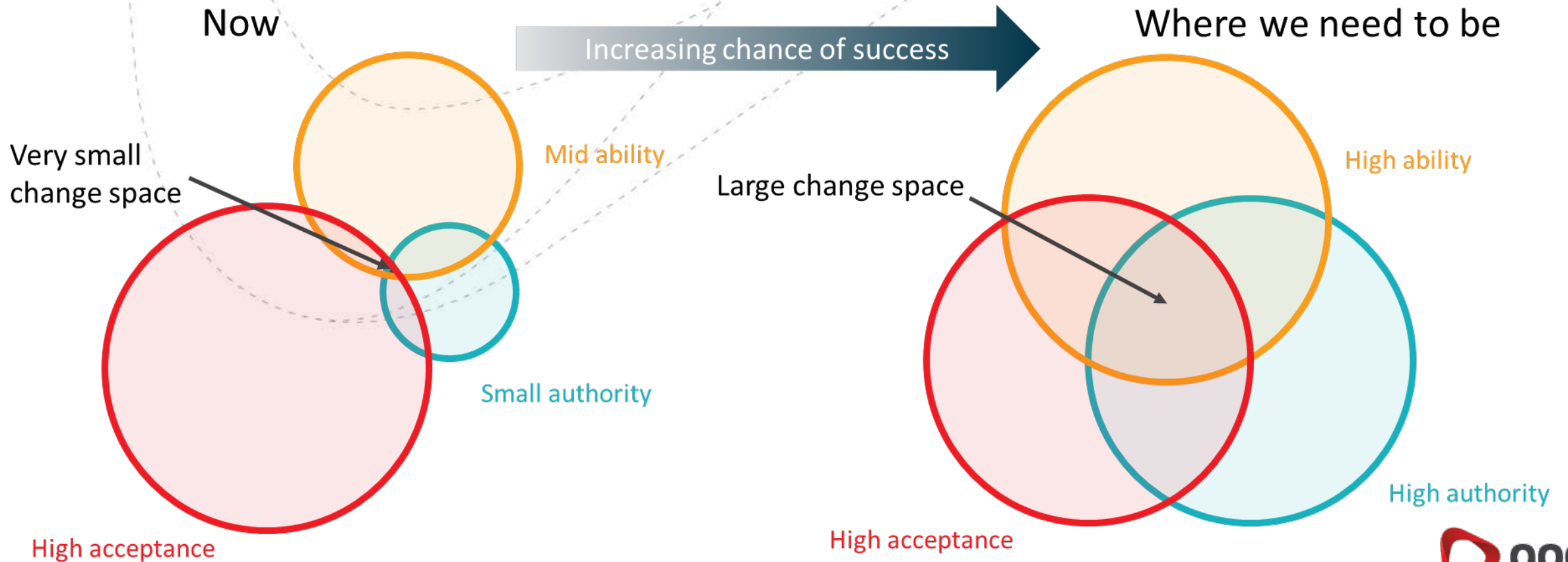
- enable **early adopter communities** to progress at a faster pace, while other communities are supported to build their capacity
- allow for **early wins** that can be built on as experience and trust develop.

Partnership with the **Australian Government** is recommended to **maximise effectiveness** of the reforms.



# Implementation

There is a **need to build authority** to allow change to happen



# Implementation (continued)

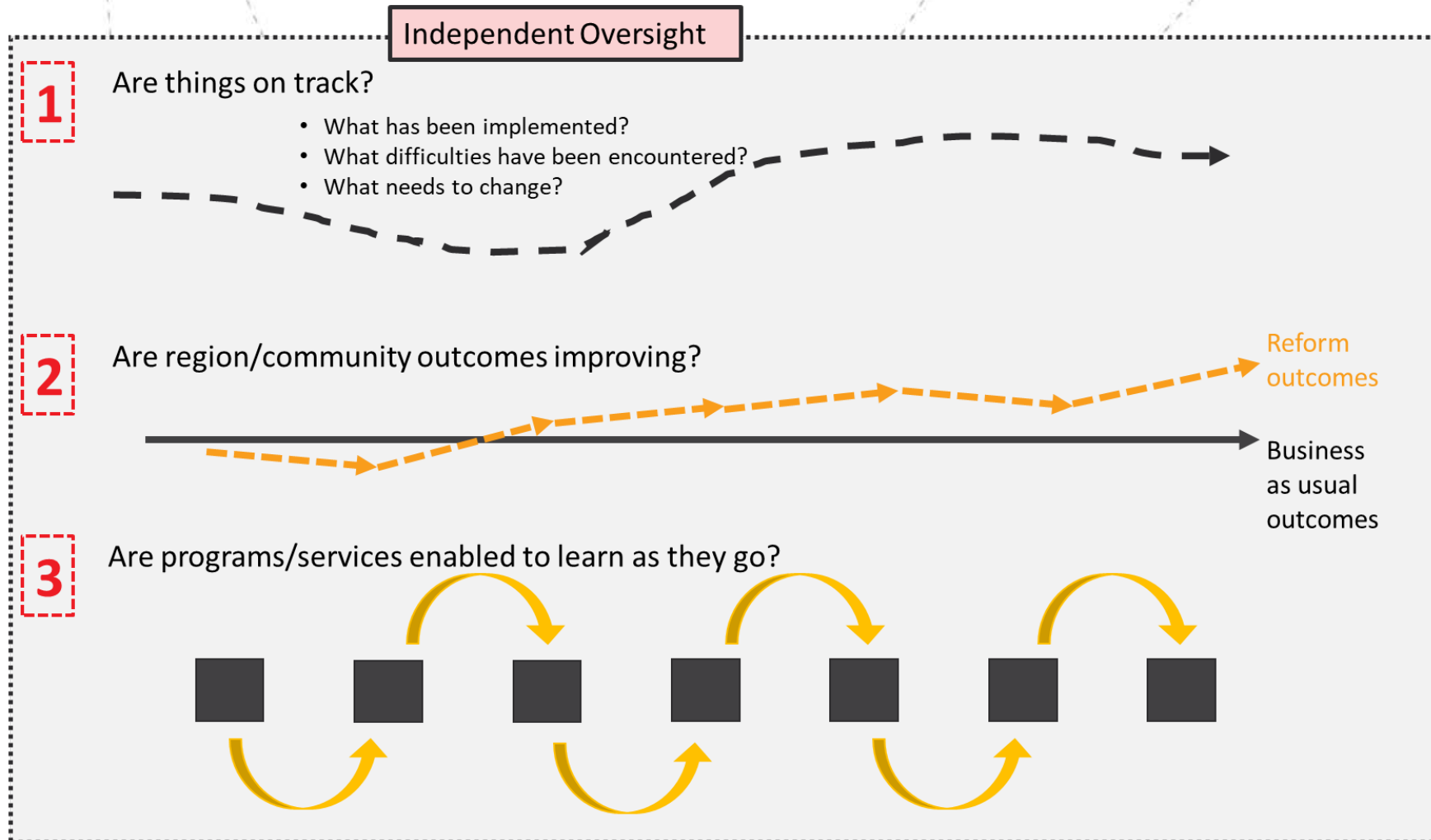
Reforms **will take time** to implement and will require:

- a clear commitment from the Queensland Government
- ministerial leadership to authorise and lead the reforms, and management to drive whole-of-government coordination when needed
- joint oversight committee (comprising community and government) to guide change, and an agreed implementation plan
- enabling early adopter communities to progress at a faster pace, while other communities are supported to build their capacity
- allowing for early wins that can be built on as experience and trust develop.

Partnership with the **Australian Government** is recommended to maximise effectiveness of the reforms.

# Keeping reforms on track

Evaluation needs to be both **practical and independent.**



## Key dates –

**Consultation paper released**  
**31 March 2017**

**Initial consultation**  
**April-June 2017**

**Release of the draft report**  
**6 October 2017**

**Further consultation**  
**October - November 2017**

Final report was submitted to the  
Government by 22 December 2017

The Final Report went public in June 2018