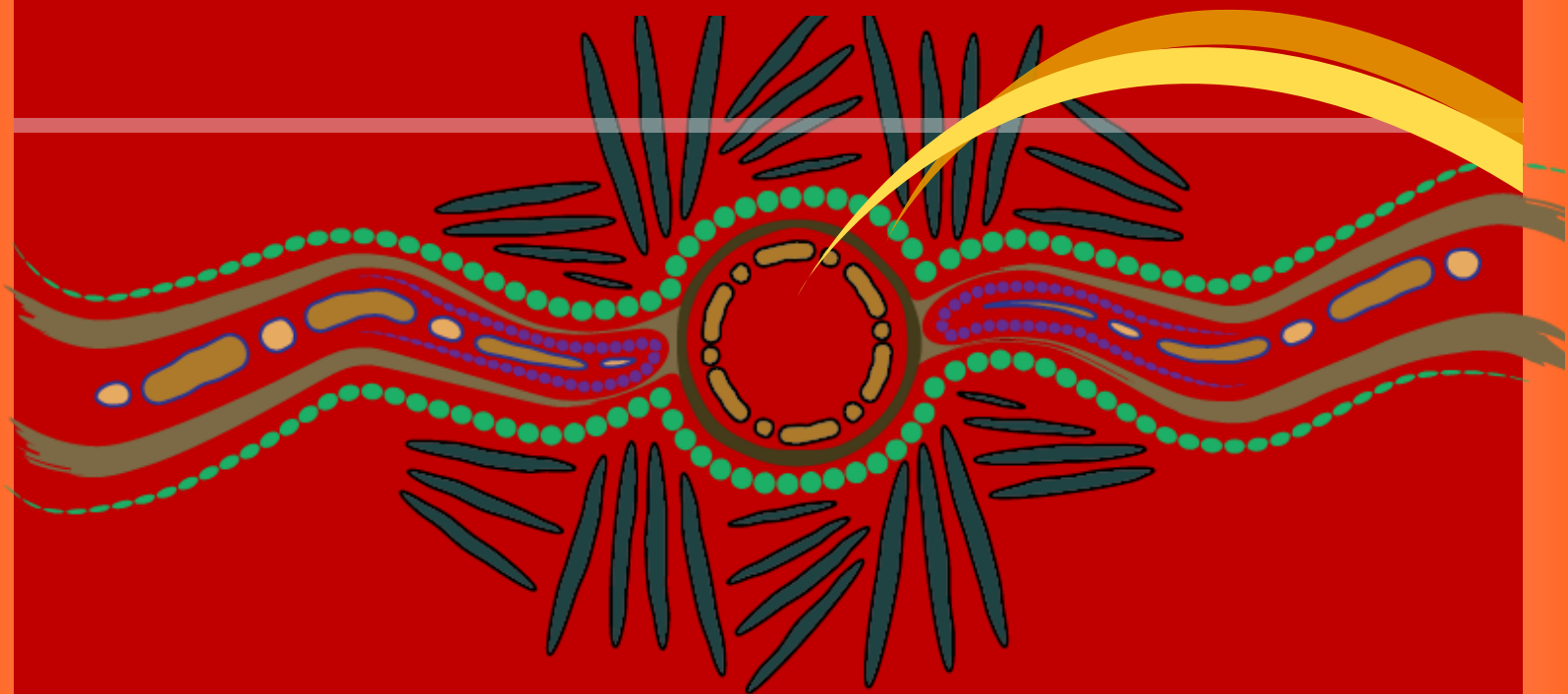


Bila Muuji Aboriginal Corporation Health Service



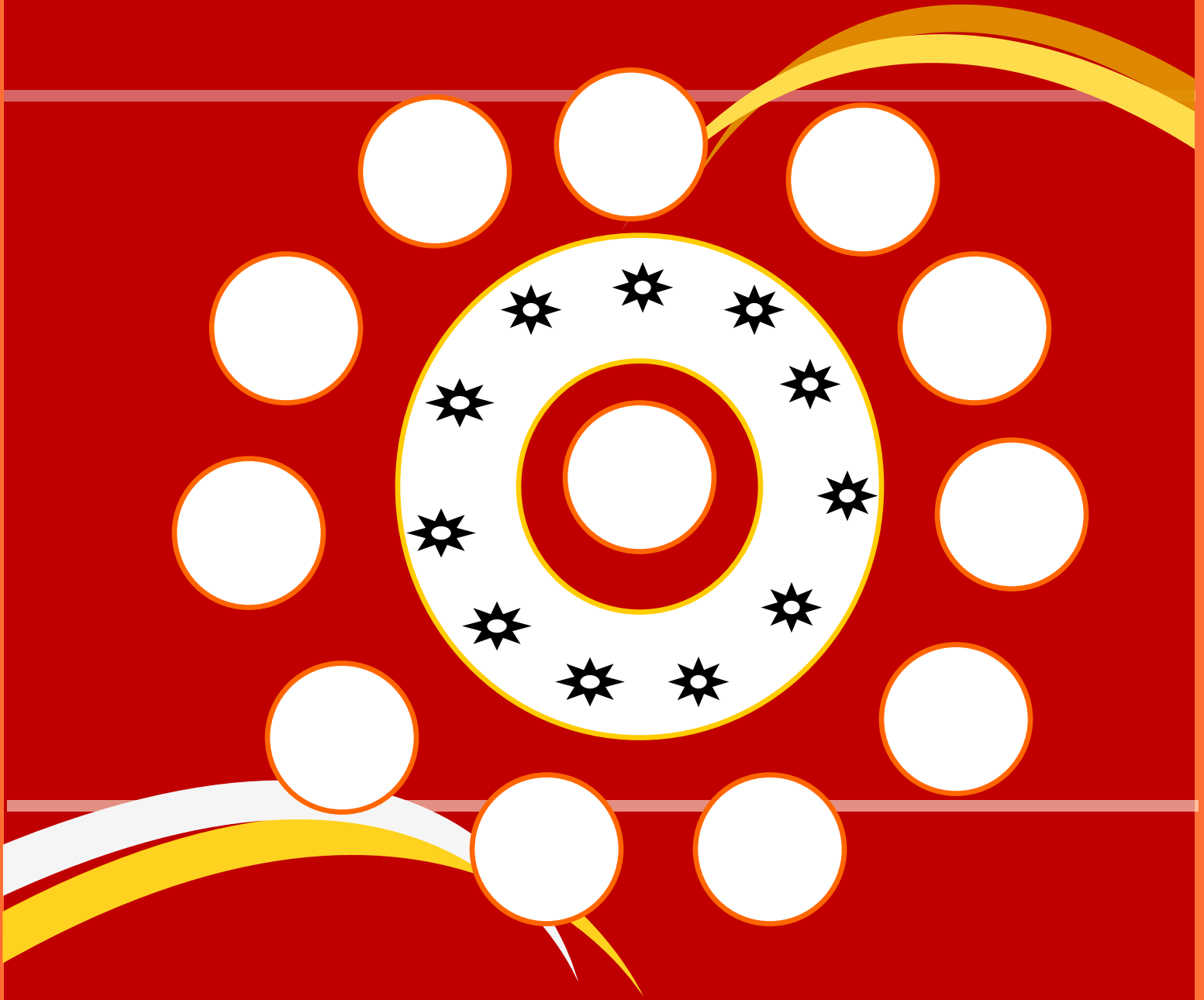
BILA MUUJJI
ABORIGINAL HEALTH SERVICE INC.

STRATEGIC PLAN

2017—2020

Access to health services is vital to the well-being of our communities and for future generations.

Bila Muuji Aboriginal Corporation Health Service



Bila Muuji Alliance

Access to health services is vital to the well-being of our communities and for future generations.



OUR VISION

**To transform
and lead
Aboriginal
health and
wellbeing in
our region.**

OVERVIEW

Our people come from all over Australia, and we acknowledge the traditional custodianship, ancestors and elders of the lands and rivers of our region, including the Baraba Baraba, Barindji, Barkinje, Barranbinya, Barundji, Dadi Dadi, Danggali, Gunu, Karenpgapa, Kureinji, Madi Madi, Malyangaba, Muruwari, Nari Nari, Waalgali, Wailwan, Wandjiwalgu, Wemba Wemba, Wiljali, Wiradjuri, Wongaibon, Yitha Yitha, Yorta Yorta peoples. We also acknowledge the vision, courage and foresight of those in the community who established the early health services, some of which have now been operating over 30 years. There have been struggles and challenges, many of which are still with us today, but together, we are overcoming these to build a powerful force for positive change in our lands in western NSW.

Bila Muuji means 'River Friends'. The rivers are our refuge, a source of life and wellbeing, places which give us strength. Bila Muuji expresses our identity and connection to country as nations and peoples, families, men, women, young and old, mothers and fathers and babies and cousins, aunties and uncles, elders and grandparents. Together we are strong.



OUR PURPOSE

To provide strong
Regional direction
for the delivery of
local Health Services.



A MESSAGE FROM THE CHAIR

Since 1995, the CEOs of Aboriginal Community Controlled Health Services have met together to provide peer support, networking and a combined strength for the delivery of services to the Aboriginal peoples across the Central West of NSW.

This gathering of 'River Friends' was incorporated as Bila Muuji Aboriginal Health Services. In 2015, this group welcomed Maari Ma Aboriginal Health Services from far western NSW and partnered with them to navigate the changes to Commonwealth health funding associated with the establishment of the Primary Health Network.

In 2017 Bila Muuji is ready to take the next step to lead and inspire change not only within our services in the region, but in our relationship with funders and the way in which services are funded and delivered in the future. This transformation is based on strengthening the alliance to work together not only to support each other but to travel together into a better future.

Jamie Newman





OUR VALUES

- Clear Cultural Governance Framework that sit alongside Corporate Governance
- Preferred and Valued Provider status across the region
- Key role in Health and associated sectors relevant to social indicators
- Industry role in lobbying at the State and National level.
- Satisfaction with service delivery
- Proactive leadership and capacity to drive agenda and integrated regional strategies
- Integrated regional delivery service model providing 'insurance' and buffering for members from sector changes and instability
- Business sustainability and improved funding security.
- Providing core corporate and administrative backbone to our members.
- Enabling career pathways and quality staffing .
- Regional Chronic Disease Strategy with a strong evidence monitoring framework

A MESSAGE FROM THE CEO

The Bila Muuji region covers western and far western NSW, an area of 445 000 sq kms (almost double that of Victoria) with a total population of 312 000, 12% of whom are Aboriginal. On the SEIFA index of disadvantage, this area sits alongside rural Narrabri, or just above Liverpool and Campbelltown in Sydney's western suburbs. There are high levels of unemployment, ranging up to 9.8% in Wentworth shire (NSW average is 5.4%, Australian average 5.8%). It has the lowest life expectancy in the state and in remote areas, a premature mortality rate more than double the state average. The challenges of providing health services to such a remote and dispersed population are immense and the Aboriginal involvement in the establishment of the Western NSWPHN arrangements presents a critical opportunity to transform health service delivery for the region. Aboriginal representation in the PHN is more advantageous than any other region in NSW and the strong relationship with the WNSWLHD is evident.

Phil Naden, CEO



Cultural Governance

To provide a culturally appropriate Corporate Governance framework that is consistent with the qualities of effective Governance

Principles and continuous quality improvement.



Cultural Governance and Leadership

1. Culturally responsive and accountable.
2. Community focused at all times.
3. Deliverable on Policies and Procedures.
4. Accountable, ethical and transparent.
5. Act with integrity, objectivity and honesty and in the best interest of the community.
6. Ensuring the sound, proper and effective use of financial resources.

Bila Muuji Aboriginal Corporation Health Service

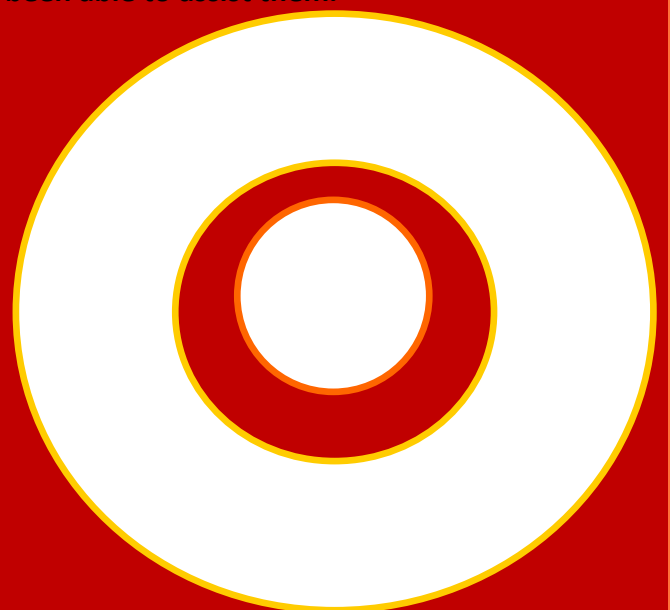
Bila Muuji, meaning 'river friends' was formed in 1995 as a strategic approach by a group of CEO's to offer support to regional CEO's in rural and remote NSW. The Aboriginal Medical Services (AMS) CEO's felt that a regional body could identify and address shared issues impacting the health and social needs of Aboriginal communities and that a unified voice in western NSW would be strengthened through the development of Bila Muuji.

The Bila Muuji Aboriginal Health Services Incorporated comprises Aboriginal Community Controlled Medical Services from Brewarrina, Bourke, Coomealla, Coonamble, Dubbo, Forbes, Orange, Wellington, Maari Ma, Walgett and Orana Haven Rehabilitation Centre and we are very active in trying to address the health inequality in each of our local communities. Our approach is to "provide health services addressing not just the physical well-being of the individual but also the social, emotional and cultural well-being of the whole community".

The members of Bila Muuji are fully accredited medical services with Orana Haven being a fully accredited Rehabilitation Centre as well. Members of Bila Muuji meet quarterly with most meetings held in Dubbo. Bila Muuji has a relationship with our State and National Affiliates, AH&MRC and NAACHO, the NSW Western LHD and Western NSW PHN and other major funding agencies such as NSW Ministry of Health, Department of Health and Department of Prime Minister and Cabinet. The collegiate relationships developed as a member of Bila Muuji are valuable in sharing common concerns of our business. In addition membership of the Bila Muuji offers strength in numbers when lobbying for programs or submitting for a regional proposal. Members are also available to offer advice and support to those communities wishing to establish an Aboriginal Health and/or Medical Service or for members service that require clinical and operational accreditation and governance advice.

The Aboriginal Medical Services which make up the Bila Muuji are non profit organisations and rely on public support from individuals, community groups, corporations, trusts and foundations as well as government funding to continue to improve the health and well being of their clients and the local communities. Take a moment and read about some of our client's and how we have been able to assist them.

Bila Muuji Alliance



Access to health services is vital to the well-being of our communities and for future generations.

Bila Muuji Aboriginal Corporation Health Service

Timeline

- Early 1990s - CEOs of established and new services meet and talk to help each other
- establish and grow their services
- 1995 – Bila Muuji established as a group of CEOs and Chairs meeting to share experiences and support each other and our services
- 1995 – Bila Muuji was branded and registered.
- 2005 – Wellington Aboriginal Community Health Service (WACHS) joins
- 2006 - Brewarrina and Coonamble join
- 2008 – John Piccles (ex-OATSIH) provides secretariat support to regular CEO network meetings held alternately in Sydney and Dubbo
- 2013 – Thubbo Aboriginal Medical Service closes and Bila Muuji members negotiate successfully with Australian Government to transition services and retain ACCHO control, avoiding an open tender situation
- 2014 – Coonamble AMS funds the management of transitional services in Dubbo to provide ongoing supervision while community develops governance framework
- 2015 – Maari Ma (Broken Hill and Far West) joins

Bila Muuji Alliance

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STRATEGIC PRIORITIES

Identity - Ensuring local sovereignty is respected

Aim: Respecting local sovereignty
Building regional credibility

Strategy: Develop protocols and governance arrangements with members.

Identify key considerations to inform design of organisational structure
Negotiate agreement(s) with boards

Benefits: Collective influence in lobbying and negotiating at higher levels.

Regional benchmarking of best practice
Improved credibility through performance evidence

Expressing cultural strength and diversity, both historical and contemporary



STRATEGIC PRIORITIES

Resources - Shared costs are beneficial – Regional Procurement

Aim: Sense of equity and value for all members.

Strategy: Establish regional procurement framework and Supply Nation status as supplier of services
Secure ongoing commitments appropriate to capacity and participation.

Benefits: Significant cost savings for ACCHO budgets
Increased 'buying power' for plant and equipment
Shared costs for procurement of consumables and services.
Managed risk in sourcing skills and sharing expertise.
Reduced administrative load and cost for participating services.
Improved access to new programs and capacity strengthening activities.
Reciprocal benefits: financial, capacity, relationships and communication.
Regional brokering of projects to build local capacity and fill service gaps.



Representation and Decision-Making

Endorsement for Bila Muuji CEO to function effectively and for services to get best value from the role.

Aims:

Establish a legal agreement for the CEO to 'represent' all ACCHOs in the region through negotiating 'authority to act' and 'authority to speak' as well as consultation and grievance handling processes

Strategy:

Consult with local boards to build trust and agreement on the scope, of communication and decision-making protocols.



Benefits:

- Reduced pressure on ACCHO resources and CEOs to participate in advocacy and consultation for all members.
- Increased access of ACCHOs to strategic sector initiatives and change management for all members.
- Clarity and transparency of decision-making and approval processes for Bila Muuji activities.
- Ability to define scope and ensure local sovereignty respected
- Easier access for regional and national stakeholders and funders to engage with region overall and smaller services especially improving equity of access to benefits.
- Greater ease of participation in sector development
- Improved alignment between services in implementing best practice processes.
- Capacity improvements and better health outcomes through access to regional peer sharing.
- Ability to coordinate and demonstrate evidence based success stories.
- Opportunity to develop regional priorities and targeted investment through shared programs.
- Potential to access non-government funding, including philanthropic.
- Improved trust and collaboration between regional services .
- Potential for greater pool of workplace development pathways for staff.
- Two-way referral of issues, opportunities and information between Bila Muuji and regional ACCHOs.
- Streamline strategic priorities for the region.



Key Priorities

1. Building and Defining Relationships

2. Data Coordination

3. Regional Capacity Strengthening



Key Priorities

These three key priorities areas will form the basis of a work plan for Bila Muuji activities, coordinated by the CEO, and inform the growth of the organisation in this establishment phase to becoming a value-adding entity in the regional delivery of health services for Aboriginal peoples in western and far west NSW.

Initially there will be some costs in the establishment of infrastructure, skills development and staffing, however in time, these will be reflected by reduced costs for individual ACCHOs and a cost-effectiveness in shared resources.

The benefits outlined above, along with the changing operating environment for ACCHOs in NSW require sector transformation. Bila Muuji is well positioned across the State and has a strengthened relationship with the PHN and regional LHDs.

Bila Muuji is probably ahead of most ACCHOs in Australia in terms of being able to take the opportunity to determine the future of service delivery in its region.

This self-determination journey is at a turning point away from ACCHOs being passive recipients of health funding according to outdated government funding models based on limited or inaccurate evidence. The opportunity in this transformation is to become leaders in sector governance structures, delivery models and service outcomes. This means better health outcomes for Aboriginal people and a greater regional presence in sector politics and governance.

Key Priorities



Relationships

Intentions

- Consolidate and formalise existing relationships within Bila Muuji and with external services for transparency and accountability.
- Strengthen relationships with regional stakeholders and funders.
- Explore relationships with potential mentors, partners and co-investors.
- Establish a regional collaborative governance and service delivery model through strong committed relationships.

Activities

- Meet with individual boards of ACCHOs represented in the Bila Muuji region to discuss transformation.
- Develop agreements with boards either individually and/or collectively describing scope, roles and responsibilities.
- Confirm regional protocol(s), communication, principles and values, including rights to opt in and opt out of regional programs.
- Meet with Murdi-Paaki and Three Rivers Regional Assemblies to discuss regional strategies and linkages for health.
- Develop Theory of Change for regional sector development.
- Meet with regional stakeholders to promote Theory of Change.
- Develop regional cultural and corporate governance model(s) with design based on review of existing models elsewhere .
- Lead in seeking a regional transformative accord between all stakeholders to secure collaborative commitment to achieve health and service parity in the region.



Key Priorities

Measuring Success

- Agreements secured with boards of all eleven services providing clarity and 'licence to operate'/'authority to act'.
- Revision of constitution (if necessary) and regional protocol document to reflect regional diversity of views.
- Transition to a robust regional constitution and governance model to secure future activity.
- Foundation of trust enabling negotiation of a regional Transformative Change Accord for exponential rather than incremental change.
- Engaging with mainstream providers and funders to achieve an Aboriginal-led agenda.
- Effective representation and participation in transforming regional health service delivery with transparent communication flow.
- Regular forensic reviews of internal Bila Muuji relationships to ensure strong regional collaborative framework.
- Measure and share summary data and celebrate success stories.
- Forensic review of each ACCHO annually.



Key Priorities

Data Coordination

Intentions

Deliver annual regional data summaries to:

1. Demonstrate progress and success
2. Summarise regional influence and capacity
3. Identify key areas of risk requiring investment/research
4. Manage data sharing to respect local service delivery challenges and models, and
5. Use comparison data in restricted confidential channels only to coordinate capacity strengthening and resource sharing



Key Priorities

Activities

- Form regional data management group coordinated by Bila Muuji.
- Centralise a Regional IT program co-ordination with Bila Muuji.
- Establish parameters for evidence base to support key goals.
- Gather and analyse ABS population data for projections and social determinants of health.
- Establish data sharing protocols and systems across region.
- Develop confidentiality and local sovereignty protocols around data handling and de-identification.
- Establish monitoring framework for key indicators e.g. Medicare revenue generation proportional Primary Health funding.

Measuring Success

- Have population and projection data on hand to illustrate regional priorities, challenges and success.
- Available data summaries to support advocacy and capacity strengthening activities.
- Evidence base to support planning, fundraising and continuous improvement in service delivery
- Research agenda established to inform future data/evidence collection and analysis as well as research partnerships.



Key Priorities

Regional Capacity Strengthening

Intention

- Establish preferred provider status for delivery of Aboriginal health and associated services and regional programs through Bila Muuji coordination.
- Enable access to resources for all member services to deliver best practice and operate to full potential.
- Build a workforce strategy covering recruitment, training, secondments and career development for the region.

Activities

- Aligning practice and processes across services to streamline processes and reduce administrative burden.
- Coordinate reporting to reduce administrative burden.
- Strengthen and formalise patient referral system regionally.
- Develop locum GP coordination role and systems.
- Coordinate specialist access and follow up processes.
- Share best practice in Medicare billing to maximise income from 19(2) and PIP payments.
- Seek funding for regional programs to address service gaps and challenges .
- Develop corporate and research partnerships aligned with Bila Muuji priorities with key Universities.
- Monitor program funding levels and anticipate funding opportunities
- Diversify funding base to reduce dependence on government grant funding
- Audit each ACCHO forensically for CQI, Governance and Financial stability.



Key Priorities

Measuring Success

- Maximised Medicare revenue generation across all services.
- All member services able to claim 19(2).
- Comprehensive Workforce Development Strategy guiding regional workforce development and stability.
- Securing base systems and sustainability of ongoing service delivery across region.
- Services experience a sense of equity in accessing regional program support, activities and expertise proportional to need.
- Clients able to access the full range of health care in parity with mainstream for equivalent demographic.
- Strong networks of contributing partners enabling financial sustainability and access to strategic skills.



The operating environment for ACCHOs in western NSW has changed significantly in recent years with the transition from Medicare Locals to the Primary Health Network arrangements.

Changes are likely to come about, as a result of the Commonwealth government review of NACCHO and peak body affiliates. There is a move towards a more competitive tendering environment and funding model that informs government decision-making.

With these changes at the National and State levels, comes a reduced capacity for government decision-makers to engage with individual ACCHOs in a capacity building sense and a move to what is considered more transparent and accountable locally informed funding decisions through PHN commissioning and tendering processes through the regions.

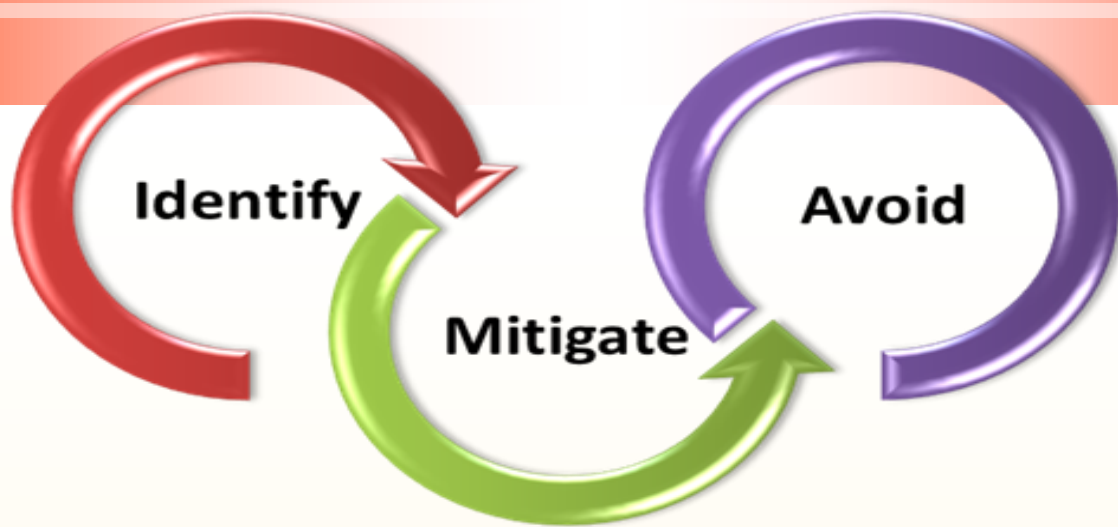


At the same time, mainstream providers have powerful lobbying capacity and a strong presence in the Aboriginal health space. Some larger ACCHOs have been very successful in attracting additional funding or in tendering processes, sometimes in partnership with mainstream service providers.

For smaller regional ACCHOs to compete in this environment, there is a considerable burden on resources, both to develop the capacity to write submissions as well as provide the evidence base to attract funding. The potential for partnership and peer support and sharing amongst Bila Muuji ACCHOs will be an important part of the transformation process.

In this environment, in order to apply self-determination principles for Aboriginal community controlled health services, working collaboratively provides strength in numbers.

The combined strength of the Bila Muuji region and the capacity to support each other through difficult times has already proved its worth. Building on those successes, the potential to drive the direction of sector development in the region is very positive, particularly due to the strong representation in PHN structures and governance.



These key risks require a coordinated response to advocate and provide leadership at a regional and national level. Having a regional CEO presence enables smaller services to be represented, build capacity and be prepared for changes. Investing in managing risks enables planning for the future and a more pro-active and influential role in the development of the Aboriginal health sector.

Key activities in this area to mitigate these risks are to develop the regional capacity for:

- Advocacy and lobbying.
- Regional procurement.
- Participation in consultation processes.
- Actively proposing strategies for regional capacity strengthening.
- Building strong relationships with regional stakeholders and funders.
- Communication strategies and tools.
- Protocols for decision-making processes.
- Regional accountability and transparency.
- Building regional shared infrastructure for financial, legal, HR and IT .
- Accountability and forensic audit tools.



At present, CEOs in the region are connected through the Bila Muuji membership and constitution. In order to enable Bila Muuji to continue to support CEOs and regional sector development in a competitive funding environment, the governance of the organisation will need to take a cultural and corporate governance shift to engage with regional stakeholders effectively. This requires building relationships beyond the CEO network, with ACCHO boards to secure an ongoing alliance structure, as illustrated on the next page.

The stages of this process will be:

- Raising awareness of Bila Muuji achievements and potential.
- Engaging boards in the planning process to explore regional alliance potential and endorsement of Bila Muuji strategies.
- Reaching clarity and commitment, securing agreement from boards to participation in alliance activities (either individually or collectively).
- Ongoing communication; protocol refinement/review/redesign of governance; and implementation of agreed model.



To be the lead Organisation for Aboriginal Health in the Central and Far West Region of NSW

OUR STRENGTHS

- Dedicated, highly and professional skilled staff.
- Eleven members across region.
- Capacity – Competency – Leadership.
- Strong funding position – \$100 million combined funding across region in ACCHO hands.
- Good networks/relationships/connections – research and community.
- Strong influence – PHN, LHD, Murdi Paaki and Three Rivers Regional Assembly links, broader community, each other, other sectors.
- Regional Chronic Disease funding of \$5 million (for Aboriginal clients plus \$2 million mainstream program).
- Business approach and capability.
- Stable and strong governance arrangements.
- Data to demonstrate success.
- Tested GP model of care – broad population inclusion, efficiency and resource-sharing across large distances, access for remote communities.
- Holistic approach aimed at parity of health access and status for remote and regional communities serviced.



Productive Stakeholder Relationships and Partnerships



Our Partnership With Bila Muuji

#ClosingTheGap

Access to health services is vital to the well-being of our communities and for future generations.

Productive Stakeholder Relationships and Partnerships



Productive Stakeholder Relationships and Partnerships

NAACHO

Department of Health

Department of Prime Minister and Cabinet

WNSW Local Health District

WNSW Primary Health Network

Three Rivers Alliance

Murdi Paaki Regional Assembly

Western NSW Eye Health Partnership.

Gilbert and Tobin

Ashurst Legal

Bila Muuji Aboriginal Corporation Health Service

POTENTIAL

Transformation – This period is a ‘coming of age’ and old ways need to mature to enable new and bolder ways of doing things

‘Securing the business’ for both members and Bila Muuji itself to move forward.

Workplace strategy reform –locum service, GP sourcing, recruiting, and training

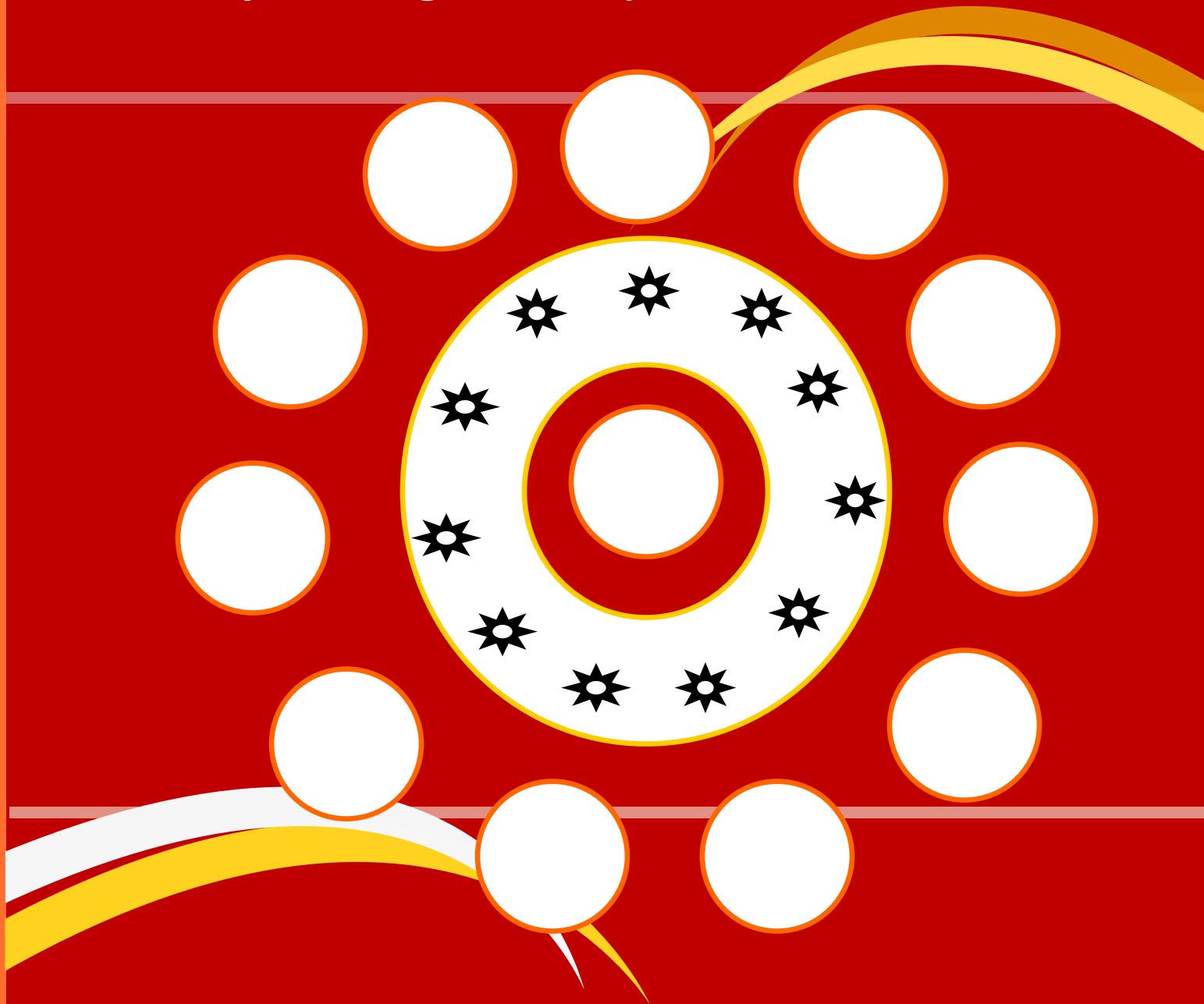
Funding and procurement – establishing a ‘Supply Nation’ approach and negotiating broader alliances with mainstream and government funders and providers. Aiming at 3-5 year funding cycles at minimum

Leveraging capability through resource sharing and shared practice model

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