26 May 2017

Service delivery in Indigenous communities
Queensland Productivity Commission
PO Box 12112
George St QLD 4003

To whom it may concern

RE: INQUIRY INTO SERVICE DELIVERY IN REMOTE AND DISCRETE ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

Thank you for providing the opportunity to address matters raised in the consultation papers and terms of reference of the above inquiry.

Apunipima Cape York Health Council (Apunipima) is the largest remote community controlled health organisation in Queensland and delivers comprehensive primary health care services to 11 Cape York communities. This service includes Aboriginal and Torres Strait Islander Health Practitioners, outreach midwives, podiatrists, audiologists, physiotherapists, dietitians and nutritionists, diabetes nurse educators, paediatricians and GPs. Apunipima adheres to a family centred model of comprehensive primary health care which sees clients as people embedded in families and communities.

Apunipima has extensively studied the integration and collaboration of remote services in Cape York, with a view to both addressing the social determinants of health in these communities, and how we can better maximise the high infrastructure costs and associated issues from staff accommodation to e-health and shared care and connectivity in these remote communities.

Apunipima has been advocating for sustained improvements in Aboriginal and Torres Strait Islanders health status through a consolidated Cape York Investment plan to address the integrity of the existing health system which suffers from fragmentation, multiple providers, multiple records, service gaps and the lack of a master plan to maximise results.

Aboriginal and Torres Strait Islander people are suffering three times the rates of chronic disease compared to other Australians. This under investment continues to add to the social economic disadvantage in these communities and is contributing and often an underlying factor to many issues that they continue to face.

At present that under investment has been assessed to be as much as $75m dollars per annum which includes over $5000 per person under expenditure of baseline primary health care services which is available by your average Australian with Indigenous expenditure considerably more. The health status of people across the Cape and Torres Strait is poor on any number of indicators especially in chronic disease, with the current rates of mortality and morbidity on average 12 years less than the state average for Queensland1.

1 NQPHN, Health Needs Assessment 2016
Apunipima acknowledges that the disparity in outcomes between Aboriginal and Torres Strait Islander Australians and other Australians has been an ongoing concern for governments. To date, there has been significant achievements in a number of key areas against the Council of Australian Governments targets, such as narrowing the gap in life expectancy, improved mortality rates for children and increased proportion of young Aboriginal and Torres Strait Islander Australians completing year 12.

However, there has been little or no change for some indicators, such as the relatively high rates of family and community violence, drug and substance use and the relatively high rates of disability and chronic disease.

The current level of investment in community-based Indigenous Primary Healthcare services from all government sources (Australian Government and Queensland Government) averages to about $7,995 per Indigenous person per year\(^2\). These resources are unevenly distributed between remote locations, and the need to look at future investment decisions for remote locations which are guided by the principles that form part of the National Indigenous Reform Agreement is required. These Principles need to be applied to program funding and service delivery decisions relating to Remote Indigenous outcomes, through both mainstream and Indigenous specific programs, for remote Queensland. Governments can build on investments made across a range of areas so as to maximise outcomes in specific communities and regions.

The acceleration of a realignment of investments in Cape York will result in economic efficiency gains and will significantly increase health outcomes for patients and health systems in general. This is evident from the Australian Government's commitment to the *Stronger Futures in Northern Territory* which has proven success in closing the gap outcomes in infant mortality and life expectancy equal to non-Indigenous Australians by 2023.

The current system of health service funding in the Cape, if left unchanged, will not meet the projected demands of closing the gap outcomes arising from aging, the growth in chronic disease, non-identified need for NDIS and rising expectations of healthcare. The objective must be to ensure that all Indigenous residents can access the full range of community-based Comprehensive Primary Health Care services through an integrated Model of Care, led by one provider.

There is an opportunity to assess duplication and where we must redouble our efforts and derive better value from the admittedly finite resources of government and commit to ensuring we are better tracking progress across the jurisdictions so we can target our efforts and accelerate outcomes\(^3\). Real reform therefore requires a much more localised delivery and a regionalised supportive policy framework, which encourages local development and helps to progress local capacity, rather than more fly in/fly out non-government organisations, and in the case of remote community’s may need to build sustainability for local Indigenous led services.

We welcome the opportunity to brief you in person on Apunipima's Cape York Reinvestment Plan.

Yours faithfully

PAUAL ARNOL
A/g Chief Executive Officer

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2 AIHW, Expenditure on health for Aboriginal and Torres Strait Islander people 2010-11
3 Minister Turnbull Speech to Parliament on the 2016 Closing the Gap Report