AGREEMENT ON

SOUTH AUSTRALIAN ABORIGINAL HEALTH and WELLBEING

Between the
State of South Australia
the

Australian Government
and

the

Aboriginal Health Council of South Australia Inc

2005 – 2010

Government of South Australia | Department of Health

Australian Government
Department of Health and Ageing

Aboriginal Health Council of South Australia Inc.

Introduction

This Agreement is made on **18th November 2005** between the South Australian Department of Health, the Australian Government's Department of Health and Ageing and the Aboriginal Health Council of South Australia Inc. These parties comprise the South Australian Aboriginal Health Partnership (SAAHP).

This Agreement is underpinned by the National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003 -2013), the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework, the National Cultural Respect Framework and the National Principles for Service Delivery to Indigenous Australians (Council of Australian Governments meeting June 2004)

This Agreement follows two previous Agreements first signed in 1996 and resigned in 2001 between the parties (including ATSIC until its abolition in June 2005) to advance the health and wellbeing of South Australia's Aboriginal and Torres Strait Islander population.

(*Hereafter Aboriginal people includes both Aboriginal and Torres Strait Islander people living in South Australia)*

Aim of Agreement

This 2005 – 2010 Agreement provides a framework for the partners to work together and in partnership with Aboriginal people and communities, in a spirit of cooperation and collaboration, to improve health and wellbeing outcomes for Aboriginal people in South Australia.

Aboriginal Health Context

The Aboriginal community strive to attain and maintain wellbeing despite widespread social disadvantage and poor social, spiritual and emotional health and wellbeing which has been created through historical and contemporary factors.

Current health service provision efforts arise from the public health sector (State/Australian Government), the private sector (General Practitioners, Dentists, Allied Health etc), Aboriginal Community Controlled Health Services (community based and community managed services) and the Community sector as individual, family and community self-care providers.

Despite the continued individual efforts of the public, community controlled, private and community sectors, Aboriginal health and wellbeing has not progressed to a comparable level of the general population.

The 1989 National Aboriginal Health Strategy (NAHS) noted that a major barrier to improved outcomes for Aboriginal Health has been a lack of coordination and collaboration between the health sectors and implementation of effective community engagement mechanisms. The National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003 -2013) seeks to address these deficiencies.

The State and Australian governments acknowledge the Aboriginal Community Controlled Health Service's unique level of expertise and success in the provision of primary health care services to Aboriginal people.

Commitments

The State and Australian Government's are committed to an ongoing partnership with the Community Controlled/ Community Based Health Sector through its representative peak body - the Aboriginal Health Council of South Australia.

All parties acknowledge that the health and wellbeing of Aboriginal people is not just about the provision of health services. It is about their participation in the design and delivery of such services. All parties agree to develop effective community participation/engagement mechanisms within SAAHP.

The parties are committed to ongoing cooperative and collaborative health system reforms and linkages with other sectors responsible for economic, social and environmental initiatives. In particular those that arise from the emerging whole of government mechanisms

The parties of this Agreement will work together to:

- Develop transparent community endorsed Aboriginal health improvement planning, delivery, monitoring and accountability mechanisms with respect to enhancement of health and wellbeing related services for Aboriginal people
- Facilitate the development of accessible, accurate and affordable data collection and information systems that support an evidenced based approach to planning, delivery and evaluation of Aboriginal health improvement planning approaches
- Develop a competent health workforce by ensuring community capacity building, cultural, clinical and management skills are supported by appropriate training, supply, recruitment and retention strategies
- Increase state-wide and regional resource allocation to meet identified need on an equitable basis.
- Establish effective linkages with sectors responsible for improving the social, economic and environmental determinants of health inclusive of the 'Whole of Government' approach

In order to:

- Improve access to mainstream and Aboriginal specific services and achieve greater equity of health and wellbeing outcomes for Aboriginal people.

Roles and Responsibilities

Responsibility for achievement of the health and wellbeing improvement commitments in this Agreement will be shared, as appropriate, between all parties working within a spirit of cooperation and collaboration.

Furthermore this Agreement recognises the existing individual roles and responsibilities of the parties to this agreement.

Under the terms of this Agreement, the Australian Government, the State of South Australia and the Aboriginal Health Council of South Australia maintain autonomy with respect to their individual legislative requirements and responsibilities whilst fulfilling their agreed commitment to the SAAHP

Reporting and Monitoring Arrangements

The parties to this Agreement agree that SAAHP will report annually on progress in implementing commitments under this Agreement at the Australian Health Ministers' Conference.

The annual SAAHP report shall be collaborative effort by all parties to this Agreement

An independent audit of activity; progress and the effectiveness of processes established under this Agreement will be undertaken thirty six months from the date when all parties sign this Agreement.

Duration of This Agreement

This Agreement is for the period 2005-2010 and will come into effect from the date of signing and shall continue to the 30th June 2010 and/or until parties agree to terminate the Agreement or execute a further Agreement (in substitution of this Agreement)

Agreement in writing is required by all parties to the Agreement to vary the contents of this Agreement, prior to 30th June 2010. Notification of any change to the Agreement must be directed to all parties to this Agreement

ATTACHMENT A

INTERPRETATION

In this Agreement, unless a contrary intention is indicated:

"Aboriginal Community Controlled Health Services" means those health and substance use services operated by organisations that are incorporated and controlled by Aboriginal people.

"AHCSA" means the Aboriginal Health Council of South Australia and refers to the peak body representing Aboriginal community controlled health services in the State of South Australia.

"Community Participation" – is defined in *The National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003 -2013 Context* (2003) as a process that enables individuals and groups in the community to contribute to debate and decision making about a particular activity. In relation to health this means creating, when mutually beneficial, opportunities for community members and consumers to participate in planning, implementing, managing and evaluating health services and identifying health issues and ways of addressing them.

"Health" is defined in the National Aboriginal Health Strategy Working Party Report (1989) as including not just the physical well-being of the individual but the social, emotional and cultural well-being of the whole community. This is a whole of life view and it also includes the cyclical concept of life-death-life.

"Health and wellbeing related services" are those services covered by the holistic definition of health and include such services as substance use, health promotion and disease prevention services, children, adolescent, women's and men's health, aged care, services for people with a disability, mental health services as well as clinical and hospital services.

"South Australia Aboriginal Health Partnership" refers to a meeting of the Australian Government Department of Health and Ageing, the South Australian Department of Health and the Aboriginal Health Council of South Australia

"Resources" refers to funding, staffing and any other efforts directed towards policy, planning, implementation and evaluation of services.

THIS AGREEMENT WAS MADE BY THE PARTIES ON THIS 18th DAY OF NOVEMBER 2005

SIGNED FOR AND ON BEHALF OF THE
AUSTRALIAN GOVERNMENT by

THE HONOURABLE ANTHONY JOHN ABBOTT MP.....
MINISTER FOR HEALTH AND AGEING

IN THE PRESENCE OF .....

SIGNED FOR AND ON BEHALF OF THE
STATE OF SOUTH AUSTRALIA by

THE HONOURABLE JOHN HILL MP
MINISTER FOR HEALTH

.....

IN THE PRESENCE OF .....

SIGNED FOR AND ON BEHALF OF THE
ABORIGINAL HEALTH COUNCIL OF SOUTH AUSTRALIA INC by

MR ROBERT DANN
CHAIRPERSON

.....

IN THE PRESENCE OF .....