

## Senate Community Affairs Committee

### ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

#### HEALTH PORTFOLIO

#### Supplementary Budget Estimates 2016 – 2017, 19 October 2016

Ref No: SQ16-000609

**OUTCOME:** 2 – Health Access and Support Services

**Topic:** Funding for Aboriginal Health Services

**Type of Question:** Written Question on Notice

**Senator:** Dodson, Patrick

**Question:**

In terms of PHNs, what representation do ACCHOs have on the Boards of the 31 PHNs and what are the long-term plans for funding ACCHOs, especially as it relates to funding being administered by PHNs?

**Answer:**

Primary Health Networks (PHNs) have a hierarchy of governance structures. At the Board level, Board membership is not mandated under the PHN Program Guidelines. The Guidelines stipulate:

- *At a minimum, Boards should be skills-based and managers and staff should be appropriately qualified and experienced. Boards will have accountability for the performance of the PHN in relation to outcomes, as well as clinical, financial, risk, planning, legal and business management systems. PHNs should be structured to avoid, or actively and appropriately manage conflicts of interest, particularly in relation to purchasing, commissioning ... and providing services.*

PHNs have reported the following Indigenous Health Sector representatives on their Boards:

- five PHNs that have a Board member who represents a community controlled health organisation;
- 12 PHNs that have an Aboriginal and/or Torres Strait Islander person on their board; and
- a further seven PHNs that have a non-Indigenous expert in Indigenous health on their board.

Below the Board level, the Guidelines require that each PHN establish a GP-led Clinical Council and a Community Advisory Committee. Indigenous representation is provided for across each PHN, within its locally-customised governance arrangements. PHNs have collectively advised that over 73 representatives of Indigenous health and community members (both Indigenous and non-Indigenous experts) are involved in Clinical Councils and/or Community Advisory Groups nationally.

PHNs are also required to maintain broad engagement with stakeholders across their region, including Community Controlled Health Organisations (ACCHOs), Local Hospital Networks (or equivalent), public and private hospitals, Aboriginal Medical Services, allied health providers, health training coordinators, state and territory government health services, aged care providers and private health insurers.

For information about funding for ACCHOs, please refer to the response provided to Question on Notice, SQ16-000611.