

Available Funding Sources and Resources for the Aboriginal Community Controlled Health Services Sector

Department of Health

Final Report

Acknowledgement

As a firm, KPMG acknowledges Aboriginal and Torres Strait Islander peoples as the First Peoples of Australia. We pay our respects to Elders past, present and emerging. Our aim is to build a future where all Australians – Indigenous and non-Indigenous – are united by our shared past, present, future and humanity.

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Glossary

The glossary below sets out abbreviations and definitions, so that these terms are used consistently throughout this report to ensure continuity in the analysis.

- ACCHS – Aboriginal Community Control Health Service
- AHWB – Aboriginal Health and Wellbeing Branch
- COAG – Council of Australian Governments
- IAHP – Indigenous Australians’ Health Programme
- IBA – Indigenous Business Australia
- ICV – Indigenous Community Volunteers
- ISE – Indigenous Social Enterprises
- ISEF – Indigenous Social Enterprise Fund
- ITC – Integrated Team Care
- UIIH – The Institute for Urban Indigenous Health
- MBS – Medicare Benefits Schedule
- MMM – Modified Monash Model
- NACCHO – National Aboriginal Community Controlled Health Organisation
- ORIC – Office of the Registrar of Indigenous Corporations
- PBS – Pharmaceutical Benefits Scheme
- PHN – Primary Health Network
- PIP – Practice Incentive Program
- RACGP – Royal Australian College of General Practitioners
- RHOF – Rural Health Outreach Fund
- SEWB – Social and Emotional Wellbeing
- SWPE – Standardised Whole Patient Equivalent
- The Sector – Aboriginal Community Controlled Health Service sector

Executive summary

Context and background

The Department of Health engaged KPMG to develop two reports, including the Organisational Enablers Report and the Available Funding Sources and Resources Report, to support the Aboriginal Community Controlled Health Services (ACCHS) sector (the Sector). ACCHSs play a fundamental role in providing culturally safe access to health care services for Aboriginal and Torres Strait Islander peoples, including the provision of services in the most remote regions of Australia and in areas where there may be no other mainstream or alternative primary health care services available.

This project aims to inform the capacity and effectiveness of the Sector, as a fundamental provider of primary health care services to Aboriginal and Torres Strait Islander peoples. Importantly, this project aims to support the Sector to continue to provide essential health services and to reinvest in their capacity to continue to provide essential health services and to grow to meet changing community need. It represents a continuation of efforts to engage and support services to effectively and sustainably deliver health services, including through attracting diverse revenue streams, to their communities.

KPMG has been tasked with delivering two reports that involves identifying the organisational enablers (see Organisational Enablers Report), as well as the range of support and revenue sources potentially available to ACCHSs (this report).

The Indigenous Australian Health Programme is an important, foundational funding source that supports ACCHSs to deliver comprehensive primary care to their communities. In addition to this funding source, a diversity of other funding streams can support ACCHSs to expand the range and reach of the services they can deliver and support the long term sustainability of the organisation and the sector. For this reason, this report has been divided into two parts. The first identifies funding sources available to support the delivery of primary health care and ancillary services. The second section identifies resources available to support ACCHSs to enhance their capability and financial sustainability. The approach to developing this report and summary of findings has been detailed below.

Additional funding sources

The below summarises the methodology and key findings for identifying additional funding sources available for the Sector.

Methodology for identifying additional funding sources

The approach used to identify additional funding sources involved the following steps:

- Desktop research was conducted to identify a wide range of sources available, or potentially available, to the Sector;

- The funding sources were grouped into eight categories according to type and fund holder. The funding sources grouped within these eight categories have been defined in the Categories of funding sources section;
- These funding sources were validated through a small number interviews with fund holders;
- Data analysis was performed of ACCHSs Activity Work Plans for the financial year, Risk Management plans, and indicative budget for their activity to inform the current state of funding within the Sector;
- A sample of eight funding sources were selected to explore in more detail. These sources were selected to provide examples which demonstrated a mix of funding which contributes significant income to ACCHSs within the Sector currently; offers the biggest opportunity for improved funding; or represents new or novel opportunities to diversify income.
- A criteria was developed to assess the example funding sources. It was developed through iteratively testing four criteria domains that would allow for a holistic, objective assessment of the applicability of the funding source for an individual ACCHS. The criteria is as follows.
 1. **Accessibility** - how easily can ACCHSs access the source of funding? Are their particular eligibility requirements or barriers?
 2. **Availability** - is the funding equally available to all ACCHSs, or only a subset i.e. in a particular state or in rural and remote areas?
 3. **Current Utilisation** - how well utilised is the funding source across the Sector?
 4. **Size** - how much funding is potentially available to a service?

The purpose of this criteria-based assessment is to provide insight into the relevance and appropriateness of the funding source to supporting Sector sustainability. However, while the criteria has been developed and applied at a high level, it requires further testing and validation with the Sector.

Preliminary summary of findings

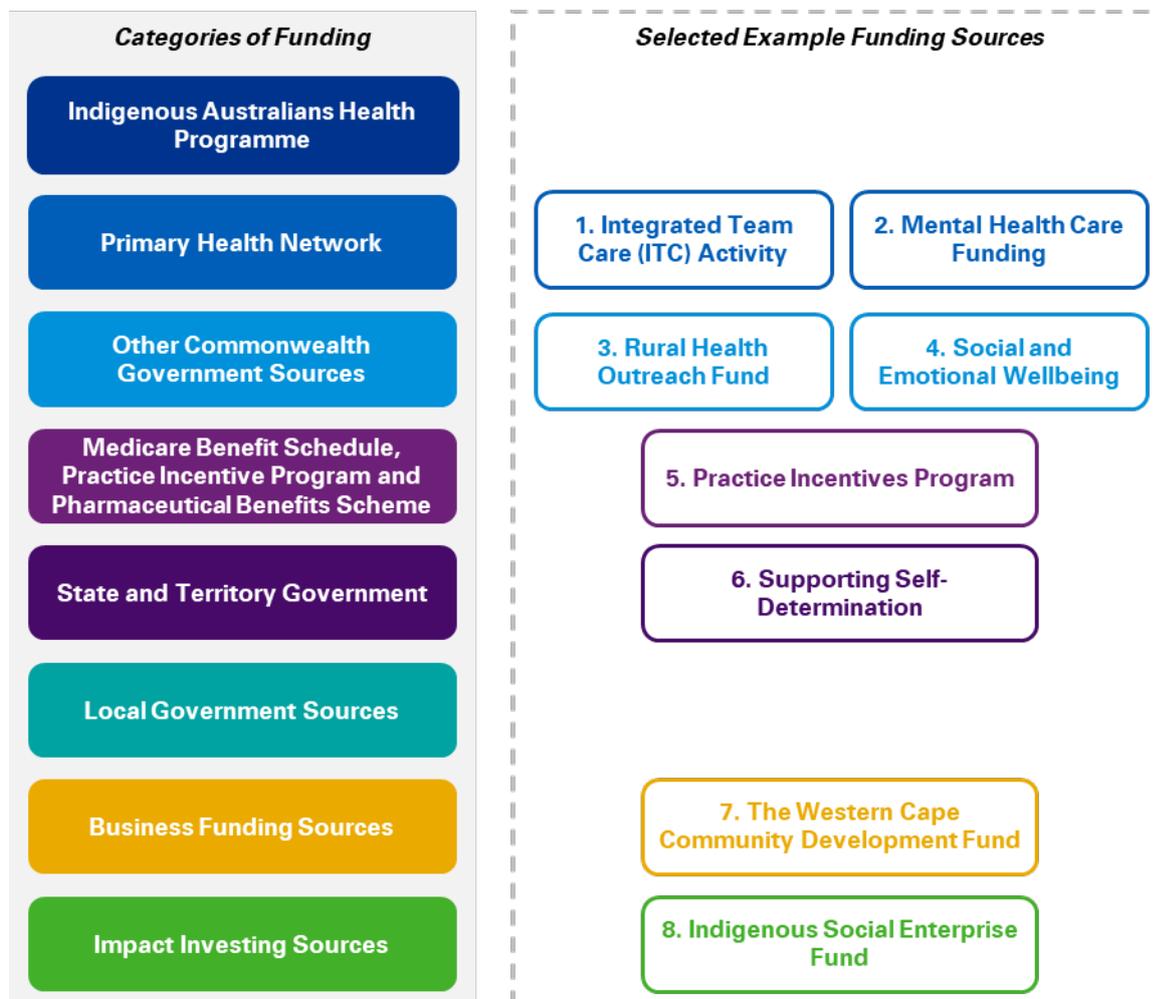
The key findings for the identification and analysis of additional funding sources included:

- A range of funding sources are available, spanning multiple types of funding and fund holders;
- ACCHSs currently access a range of funding sources. For all of ACCHSs the foundational source of funding remains the Indigenous Australians' Health Programme (IAHP);
- Funding sources are **not equally available to all ACCHSs** and the mix of funding sources that would generate a sustainable and diverse funding base may be different for each funding service;
- There is a need for **greater understanding of available and new funding sources** within the Sector and more broadly, as well as the tools to determine which funding source is best suited to an ACCHS and their community;

- There needs to be recognition of the **burden for services of managing multiple funding sources** and how this can be mitigated should ACCHSs access diverse funding sources.

As mentioned, this report identified that ACCHSs rely on a number of different sources to fund the services they deliver to their communities. The categories of funding and the selected sample of the eight funding sources has been described in Figure 1 overleaf.

Figure 1: Categories of funding and selected sample funding sources



Source: KPMG

The capacity of each source to support the Sector is influenced by its accessibility, availability, current utilisation within the Sector and size offering. Table 1 summarises these criteria in the form of a heat map for the selected funding sources. The criteria have been assessed as minimal (red), moderate (amber) or high (green) indicating the level to which the funding source meets each criteria (further details on the scale for each criteria has been provided in Table 3). For some of the selected funding sources, further engagement with the Sector is required to appropriately assess the selected funding source for some criteria. This has been indicated by N/A (grey).

Table 1: Comparative summary of selected funding sources

| Funding Source | Accessibility | Availability | Current Utilisation | Size |
|---|---------------|--------------|---------------------|----------|
| 1. Integrated Team Care (ITC) Activity | High | Moderate | High | Moderate |
| 2. Mental Health Care Funding | Moderate | Moderate | Minimal | Moderate |
| 3. Rural Health Outreach Fund (RHOF) | High | Moderate | Minimal | Moderate |
| 4. Social and Emotional Wellbeing (SEWB) Program | High | High | High | N/A |
| 5. Practice Incentives Program (PIP) | Moderate | Moderate | Moderate | Moderate |
| 6. Supporting Self-Determination | High | High | N/A | N/A |
| 7. The Western Cape Community Development Fund | Moderate | Minimal | Minimal | Moderate |
| 8. Indigenous Social Enterprise Fund (ISEF) | Moderate | Minimal | Moderate | Moderate |

Source: KPMG

Available support resources

The below summarises the methodology and key findings for identifying available resources to support ACCHSs to enhance their capability and financial sustainability. Resources can be defined as materials, staff, or other assets that can be drawn on by a person or organisation in order to function effectively. In this context, resources are those that may assist or support an organisation in overcoming obstacles to achieve improved long term sustainability.

Methodology for identifying available support resources

Desktop research of publicly available information, informed and validated by stakeholder consultations, was used to identify resources currently available in the Sector to build the capability of services. The available resources have been identified by resource type included the following:

- Online materials and documents;

- Education and training workshops;
- Capability uplift;
- Professional and financial advice through third parties; and
- Partnerships and peer development.

A summary table was developed for each resource type. This table indicates which organisational enablers each resources supports (refer to the *Organisational Enablers Report* for further definitions).

A criteria was developed to assess each resource to consider the availability, adequacy, suitability and sensitivity of resources in supporting ACCHSs. These terms can be defined as:

1. **Availability** – how readily available are support resources?
2. **Adequacy** – can the resources be tailored to meet the broad range and types of ACCHSs within the Sector?
3. **Suitability** – are the resources relevant and do they cover the spread of capacity and capability requirements for ACCHSs?
4. **Sensitivity** – are the resources culturally appropriate and sensitive to the operating context of the ACCHSs?

For the purpose of this report, the analysis of support resources was concentrated upon identifying whether the resources were available for use within the Sector. The criteria was not applied to the extent to which these resources are adequate, suitable and sensitive for their intended purpose as this cannot be appropriately determined or assessed without direct input and engagement from the Sector

Preliminary summary of findings

The key findings for the identification and analysis of available support resources included:

- ACCHSs should be able to **access support resources across a range of enablers that support their maturity** (refer to the *Organisational Enablers Report* for the definitions of the organisational enablers);
- A **wide range of supports exist within the Sector** through a variety of organisations, supports and mediums;
- There exists a **challenge for ACCHSs to navigate the wide range of support resources** to identify and access those that are required to meet their needs; and
- There is a need for **greater understanding of the adequacy, suitability and sensitivity of available support resources** for ACCHSs and their community.

Table 2, overleaf, summarises the availability of support resources for ACCHSs and provides an early indication of gaps that exist across the organisational enablers for the specified resource types. While a range of resource

types exist, they tend to be concentrated for the organisational enablers of operational structure, systems and processes, governance and financial management. Fewer types of resources appear to exist for the organisational enablers of workforce, information management and community engagement. However, the adequacy, relevance and sensitivity of the identified support resources cannot be determined without further engagement from the ACCHSs to test the appropriateness of the supports in meeting the capacity and capability needs of ACCHSs.

Table 2: Summary of available support resources by resource type

| Resource Type | <i>Operational Structure</i> | <i>Workforce</i> | <i>Systems and Processes</i> | <i>Governance</i> | <i>Financial Management</i> | <i>Information Management</i> | <i>Community Engagement</i> |
|--|-------------------------------------|-------------------------|-------------------------------------|--------------------------|------------------------------------|--------------------------------------|------------------------------------|
| Online materials and documents | Yes | No | Yes | Yes | Yes | Yes | No |
| Education and training | Yes | Yes | No | Yes | Yes | No | Yes |
| Capability uplift | No | Yes | Yes | Yes | Yes | Yes | No |
| Professional and financial advice | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Partnerships and peer development | Yes | No | Yes | Yes | No | No | Yes |

Source: KPMG

1. Introduction

1.1 Background

1.1.1 The Aboriginal Community Controlled Health Services (ACCHS) Sector

ACCHSs form an important component of Australia's primary health care system, and recognise the geographic, social and cultural factors impacting the accessibility and appropriateness of mainstream services for Aboriginal and Torres Strait Islander people. The care model for ACCHSs encompasses an Aboriginal concept of health which seeks to address a patient's presenting condition as well as underlying issues affecting social, emotional and cultural wellbeing¹. ACCHSs face the same pressures as mainstream providers but must also operate in different or complex environments and deliver care to a population with a lower socioeconomic profile and more complex health care needs². An example of this is those ACCHSs that operate in rural and remote regions (see Appendix A: Map of services by Primary Health Network Boundary and Modified Monash Model Classification) adding complexity to delivering primary health care for their communities.

The IAHP is a key mechanism through which the Commonwealth Government meets its objective to provide Aboriginal and Torres Strait Islander Australians with access to effective, high quality, comprehensive and culturally appropriate primary care services in urban, regional, rural and remote locations across Australia. Wherever possible and appropriate, IAHP provides Aboriginal and Torres Strait Islander people access to ACCHSs delivering comprehensive and culturally appropriate health care. Funding certainty under the IAHP model has allowed ACCHSs to operate in areas where a fee for service model is not viable or appropriate. It also allows ACCHSs to deliver a comprehensive model of care while not fully supported by Medicare Benefits Schedule (MBS) reimbursement.

1.1.2 Long-term financial sustainability of the sector

The Indigenous Australian Health Programme will remain an important, foundational funding source to support ACCHSs to deliver comprehensive care to their communities.

In addition to this funding source, a diversity of other funding streams can support ACCHSs to expand the range and reach of the services they can deliver and support the long term sustainability of the organisation and the sector.

¹ Ralph AP, Fittock M, Schultz R, Thompson D, Dowden M, Clemens T, et al. Improvement in rheumatic fever and rheumatic heart disease management and prevention using a health centre-based continuous quality improvement approach. *BMC Health Serv Res.* 2013;13:525.

² Australian Bureau of Statistics, 2017.

1.2 Project objectives

The overarching goal of this project is to support the strengthening of the long-term sustainability of the Sector as a fundamental provider of primary health care services to Aboriginal and Torres Strait Islander Australians.

The project objectives are to:

- support organisations within the Sector to generate income and improve grant competitiveness;
- support and improve ACCHSs access to appropriate claiming under the MBS;
- strengthen the organisational skills and capabilities of organisations to support long-term sustainability; and
- strengthen the Sector's ongoing engagement in health system innovation and participation in regional health and workforce initiatives

1.3 Purpose of this document

In alignment with the above project objectives, this report, in conjunction with the *Organisational Enablers Report*, provides a base level understanding of the current landscape of the Sector in terms of organisational enablers, additional funding sources and available resources. The purpose of the *Available Funding Sources and Resources Report* is to:

- a) identify funding sources available to support the delivery of primary health care and ancillary services;
- b) map other resources available to support ACCHSs to enhance their capability and financial sustainability;
- c) provide analysis of the purpose, eligibility and accessibility of available supports; and

This report should be read in conjunction with the *Organisational Enablers Report*.

1.4 Overview of approach

The approach to the development of this report involved mixed methods including a desktop review, targeted stakeholder interviews and data analysis. The combined outputs from these methods were analysed to inform both *Organisational Enablers* and *Available Funding Sources and Resources Report* (this report).

1.4.1 Desktop research

The desktop research provided a base level understanding of the funding sources and resources available for use by ACCHSs within the Sector. This analysis for the desktop review was concentrated upon publicly available information and directed by our experience within the Sector as well as stakeholder interviews. The completed

desktop analysis for this report (*Available Funding Sources and Resources Report*) was in the form of an environmental scan.

1.4.2 Stakeholder interviews

Stakeholder interviews were utilised to inform and validate findings from the desktop research. This was particularly important in identifying additional sources of funding that offer new opportunities for the Sector. The full list of key stakeholders interviewed for the purposes of the *Organisational Enablers Report* and *Available Funding Sources and Resources Report* can be found in Appendix B: Stakeholder Engagement List. The key themes from these interviews is captured in Appendix C: Key Themes from Stakeholder Interviews.

1.4.3 Data Analysis

In 2018, ACCHSs applying for IAHP funding were required to submit an application form (Indigenous Australians' Health Programme Primary Health Care Activity), which detailed their Activity Work Plan for the financial year, their Risk Management Plan, and an indicative budget for their activity. The data from the application form for 2019-20 IAHP funding has been analysed for a sample of ACCHSs, to help inform the development of this report. The approach for the data analysis involves:

- Quantitative analysis of 2019-20 budget data for a sample of ACCHSs; and
- Quantitative analysis of 2017-18 financial statements for a sample of five ACCHSs.

It is important to note that the reliability of the provided data needs to be further tested as it may not be an accurate reflection of actual income received or expenditure for the ACCHSs. The limitations of this data analysis have been included within a subsequent section of the report.

In addition, analysis was completed for a sample of five ACCHSs, reviewing their financial statements for 2017-18 to identify their sources of income and expenses. The five ACCHSs were reviewed and selected based in their level of remoteness, total budgeted income and level of detail in their financial statements. The sources of income were categorised into groups in alignment with the categories of funding for analysis. A detailed approach for all data analysis performed relevant for this report has been provided in Appendix D: Data Analysis Methodology.

1.4.4 Limitations

The approach and methodology for this report were impacted by a number of limitations, including:

- The findings of this report are based on desktop research and validated through a limited number of stakeholder interviews (Appendix B: Stakeholder Engagement List). The robustness of these findings would be strengthened through engagement with the Sector and individual services;
- no sector engagement was performed to validate the findings of this report;

- it is recommended that more extensive analysis and mapping of available resources is performed to develop a better understanding of the Sector’s business and financial maturity;
- the quantitative data being analysed is budget data for ACCHSs for 2019-20, and is therefore not an accurate reflection of actual income received or expenditure for the ACCHSs. To test the alignment, analysis was undertaken of 2017-18 financial statements for five ACCHSs;
- the data only considers one financial year, and the 2019-20 budget data may not be reflective of ACCHSs budgeted income and expenditure for other financial years;
- the income categories in the 2019-20 budget data are not clearly defined (e.g. Government contributions (including Medicare income)), and may include other income sources which are not specified in the analysis below;
- the 2019-20 budget data may not capture all income sources the ACCHS is budgeted to receive, and therefore may not be a true reflection of the budgeted total income for the ACCHSs for 2019-20;
- the 2019-20 budget data analysis considers trends within the Sector, and does not provide analysis for individual ACCHSs; and
- the 2017-18 financial statement analysis involved reviewing a sample of five ACCHSs, which represents a small proportion of the Sector. The data may not be reflective of the income distributions for other ACCHSs within the Sector. The sample size is too small to determine any correlations between the Modified Monash Model (MMM) or total budgeted income for 2019-20, to the distribution of income sources received by the ACCHS.

2. Funding Sources

2.1 The range of funding sources available for ACCHSs

This section describes the range of funding sources available to ACCHSs. The funding sources vary based on the following factors:

- the intended purpose of the funding available;
- the amount of funding available;
- the frequency of funding (i.e. recurrent or non-recurrent); and
- the data collection and reporting required to acquit the funding.

The funding sources identified in this section of the report are described at a high level in order to outline the intended purpose of specific categories of funding, and to provide examples of the types of activities that can be supported with this funding. This section does not describe in detail the amount of funding available, the frequency of funding, or the acquittal processes for each funding source. These details frequently change for each funding source and can differ from one location to another. For example, state and territory government funding sources can change to align with election commitments and state-wide priorities; local government sources across Australia can change based on community priorities; and the intended outcomes of commissioning by Primary Health Networks (PHNs) can change based on localised co-design and health service need.

This variability in the funding sources can make it difficult for organisations to navigate the eligibility criteria and reporting requirements for alternative funding sources. However, given the diversity of services that ACCHSs offer in order to meet the varying needs of their local population, the wide range of funding sources also presents an opportunity for ACCHSs to diversify their revenue streams.

In considering whether to apply for an alternative funding source, it is important for ACCHSs to consider the benefit of receiving this revenue relative to the effort required to acquit the funding (e.g. monitoring, evaluation, periodic reporting and the administrative burden of data collection).

A summarised list of the funding categories identified within this report is provided in Appendix E along with links to the publicly available list of grants that are periodically updated online.

2.2 Categories of funding sources

As discussed, there are a range of sources from which ACCHSs can obtain funds. For the purposes of this report, the funding sources have been grouped into eight categories. These categories have been determined

based on desktop research and stakeholder interviews as well as desktop analysis of available funding sources. Importantly, while IAHP has been identified as a category, this report seeks to identify additional funding sources that may be available for ACCHSs delivering primary health care in the Sector. The eight funding categories include:

- A. Indigenous Australians' Health Programme (IAHP);
- B. Primary Health Network (PHN) sources;
- C. Other Commonwealth Government sources;
- D. Medicare Benefits Schedule (MBS) claiming, the Practice Incentives Program (PIP) and the Pharmaceutical Benefits Scheme (PBS);
- E. State and Territory Government sources;
- F. Local Government Sources;
- G. Business sources; and
- H. Impact investing sources.

A description of each funding category has been provided below.

2.2.1 Indigenous Australians' Health Programme (IAHP)

In July 2014, the Australian Government established IAHP by consolidating four existing funding streams: primary health care; child and maternal health programs; Stronger Futures in the Northern Territory (Health); and programs covered by the Aboriginal and Torres Strait Islander Chronic Disease Fund. The objective of the IAHP is to provide Aboriginal and Torres Strait Islander people with access to effective, high quality, comprehensive and culturally appropriate primary health care services in urban, regional, rural and remote locations across Australia.

The Program seeks to improve:

- The health of Aboriginal and Torres Strait Islander people;
- access to high quality, comprehensive and culturally appropriate primary health care; and
- system level support to the Aboriginal and Torres Strait Islander primary health care sector.
- Funding may be provided through the following five themes:
 - Primary health care services;
 - improving access to primary health care for Aboriginal and Torres Strait Islander people;
 - targeted health activities;
 - capital works; and

- governance and system effectiveness.

2.2.2 Primary Health Network (PHN)

PHNs have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time³. PHNs play a key role in improving primary health care services for communities. They work directly with GPs, other primary health care providers and the broader community, to ensure improved outcomes for patients. As agreed with the Government, PHNs have seven key priorities for targeted work including⁴:

- mental health;
- Aboriginal and Torres Strait Islander Health;
- population health;
- health workforce;
- eHealth; and
- aged care.

2.2.3 Other Commonwealth Government sources

Other Commonwealth Government funding sources includes those programmes designed to improve access to care for Aboriginal and Torres Strait Islander people and for people living in rural and remote Australia, delivered through the Commonwealth excluding the IAHP, MBS claiming, the PIP and the PBS. Examples include policies and programs delivered by Government under the Indigenous Advancement Strategy (IAS). The IAS has streamlined how Government funding is delivered to ensure it is more flexible and better designed to meet the priorities of individual communities⁵. Another example is programmes provided through the Department of Infrastructure in support and consideration of Aboriginal and Torres Strait Islander employment and business as part of tender assessment processes and social welfare requirements. As a means to support access to funding sources offered by Government, GrantConnect provides centralised publication of forecast and current Australian Government grant opportunities and grants awarded⁶. It is a primary mechanism of Government to communicate funding opportunities. Some specific funding sources available within this category include:

- The Rural Health Outreach Fund;

³ Department of Health, [Primary health Networks](#). 2019. Accessed at:

⁴ Department of Health, [Primary Health Network](#). 2019. Accessed at:

⁵ Indigenous Advancement Strategy. Australian Government.

⁶ GrantConnect. Australian Government.

- The IAS programs, including the Social and Emotional Wellbeing program, Alcohol and Other Drugs program, Jobs, Land and Economy Program, Children and Schooling Program, Culture and Capability Program, Remote Australia Strategies Program, and Research and Evaluation Program
- The Workforce Incentive Program
- The Indigenous Employment Initiative
- The National Disability Insurance Scheme
- The Disability, Mental Health and Carers Program
- The Families and Communities Program
- Aged Care
- Indigenous Business Australia.

2.2.4 MBS claiming, the PIP and the PBS

MBS claiming and PBS are sources of Government funding designed to support access to primary health care and medicines to all Australians. PIP is designed to drive improvements in how primary health care is delivered. All three sources of funding can be used to improve outcomes for Aboriginal and Torres Strait Islander patients.

There are a range of MBS item numbers that are specifically designed to fund the model of primary health care delivered to Indigenous Australians. Services are able to claim MBS whilst also receiving Government funding via the IAHP as they have an exemption to s19 (2) of the *Health Insurance Act 1973* which otherwise precludes the payment of MBS benefits for professional services if an agreement with a Local, State or Commonwealth Government is already in place. While these MBS item numbers incentivise the delivery of a range of specific services, historically MBS funding alone for ACCHSs has not been a viable funding stream for the kind of comprehensive model of care required for services to meet their communities' needs.

MBS item numbers that specifically support the delivery of a holistic model of care for Aboriginal and Torres Strait Islander people include, but are not limited to, the MBS item numbers for health assessments (e.g. 715) and follow up consultations with an Aboriginal and Torres Strait Islander health practitioner (e.g. 10987 or 10988). In addition to the broader range of MBS item numbers that fund primary health care for Aboriginal and Torres Strait Islander people, the Quality Assurance in Aboriginal and Torres Strait Islander Medical Services (QAAMS) pathology program provides Medicare benefits for diabetes diagnosis and monitoring tests delivered in ACCHSs.

The aim of the PIP is to support general practice activities. These can include continuous improvements, quality care, enhanced capacity, and improved access to care and health outcomes for patients. It is administered on behalf of the Department of Health and, presently, consists of eight individual incentives. These incentives include payments for after-hours care, eHealth, general practitioner payment, aged care access, Indigenous

health, procedural general practitioner, quality improvement, and teaching⁷. It should be noted that payment incentives may be added or removed depending on the focuses of general practice activity.

The quality improvement PIP is likely to be of particular interest to ACCHSs because it is designed to reward practices for participating in continuous quality improvement activities in partnership with their local PHN. Practices, including ACCHSs, are encouraged to undertake quality improvement activities that focus on specialised improvement measures. There are no set targets for the improvement measures and, as such, these improvement measures can incorporate or align with the national key performance indicators (nKPIs) that ACCHSs are already measuring. The quality improvement PIP supports practices with progressing improvement measures specific to their own community, so long as these improvement measures are informed by clinical information system data and meet the needs of their population.

In addition to there being PIPs for specific types of services (e.g. after hours care), there are also a series of service incentive payments (SIPs) available for particular cycles of care and rural loading payments for eligible ACCHSs. The SIPs recognise and encourage GPs to provide specific services to individual patients. SIPs are paid directly to GPs, into their nominated bank account and provide an incentive to clinicians to complete the recommended cycle of care for asthma and diabetes. There is also a SIP available for cervical screening. The rural loading payments are available to ACCHSs participating in the PIP and are located outside a capital city or other metropolitan centres.

The PBS provides timely, reliable and affordable access to necessary medicines for Australians⁸. Under the PBS, the government subsidises the cost of medicine for most medical conditions. The PBS Schedule lists all medicines available to be dispensed at a Government-subsidised price⁹. The Closing the Gap (CTG) PBS Co-payment is specific to Aboriginal and Torres Strait Islander Australians and provides low or no-cost PBS prescriptions to clients who identify as Aboriginal and Torres Strait Islander.

While the PBS is a funding stream to subsidise costs for the individual, it has related funding programs that may support the Sector. For example, programs available through the Sixth Community Pharmacy Agreement, the Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People (QUMAX Program) and the Section 100 - Highly Specialised Drugs Program (Community Access) (as appropriate).

2.2.5 State and Territory Government sources

Sources of funding from the State and Territory Governments are mainly available through dedicated programmes of work aligned with the national *Close the Gap* campaign, for example, *Making Tracks* in Queensland and *Support Self-Determination* in Victoria.

⁷ Practice Incentives Program. Department of Health.

⁸ The Pharmaceutical Benefits Scheme. Department of Health.

⁹ The Pharmaceutical Benefits Scheme. Department of Health.

In Queensland, the *Making Tracks* investment strategy seeks to improve access to culturally appropriate and capable health services¹⁰. This includes growing the Aboriginal and Torres Strait Islander community controlled health sector, as frontline service deliverers that provide an important entry point into the health system¹¹.

Similarly, the Victorian Government launched the *Supporting Self-Determination: prioritising funding to Aboriginal organisations policy* with the overall objective to support Aboriginal self-determination and improve the health, wellbeing and safety outcomes of Aboriginal Victorians¹². Specifically, the policy aims to prioritise Aboriginal-specific funding to Aboriginal organisations who provide services that address their communities' health, wellbeing and safety needs and aspirations¹³.

2.2.6 Local Government sources

Sources of funding from Local Governments are generally administered through community grants which aim to progress a range of outcomes for communities across Australia including building stronger communities and improving the social determinants of health (e.g. education, housing, social inclusion and employment).

There is a high degree of variation in the amount of funding provided by Local Governments for community initiatives. The purpose and priorities of grant funding also varies across urban and regional councils in Australia. In Darwin, for example, the Darwin City Council funds youth and disability support services as well as programs promoting social and emotional wellbeing. In Brisbane, the Brisbane City Council administers "healthy and physical activity grants" and grants that support community wellbeing (e.g. Men's Sheds Grants). In some inner regional areas, for example Bendigo City Council, only the amounts of funding are advertised and community organisations (including ACCHSs) can submit funding proposals for new ideas to improve local communities. Other regional councils such as Wagga Wagga City Council and City of Mount Gambier have grants specifically targeted at local proprieties such as 'women and family health' in the case of Wagga Wagga City Council and 'self-help activities' and 'quality of life' in the case of the City of Mount Gambier.

In some states, revenue from gambling is also used to subsidise projects that are supported and decided upon by local communities. Examples of these grants schemes include the ClubGRANTS scheme in NSW, the Queensland Gambling Community Benefit Fund and the Western Australia Lotterywest grants.

2.2.7 Business funding sources

Business contributions are income sources provided by an investor. This investor may be either a representative from a business or organisation. They are often targeted to providers delivering services to rural

¹⁰ [Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033](#). Investment Strategy 2015-2018.

¹¹ [Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033](#). Investment Strategy 2015-2018.

¹² Department of Health and Human Services update: Human Services and Health partnership Implementation Committee. October 2018.

¹³ Supporting self-determination: prioritising funding to Aboriginal organisations project report.

and remote, vulnerable populations, and form part of an individual business corporate social responsibility program. These contributions commonly align with the social purpose and vision of a larger business to support local communities in need. Some examples of business funding sources include Aurizon, Rio Tinto, Westpac and FMG who coordinate funding initiative opportunities for services.

2.2.8 Impact investment sources

Broadly, social impact investing involves taking private sector investment and applying it to traditionally public sector issues. Social impact investment often develops through a number of parallel pressures including:

- increased pressure in the public sector to do more with less; and
- a shift in the way private sector thinks about its corporate responsibility.

Recognising the ability for cross sector partnerships to create greater impact, social impact investing, globally, has grown into a well-defined field. Impact investing can be defined as a financial undertaking that aims to generate positive social and environmental outcomes that are specific, measurable, and result in financial gain¹⁴. It differs from traditional investment in terms of:

- *Intentionality* – the investors expectation and intention is to create positive societal or environmental impact as well as financial return;
- *Investment returns* – it is expected that there will be financial return on capital and at very least a return of capital; and
- *Impact measurement* – the impact on societal or environmental problems needs to be demonstrated through measurable outcomes.

There are three types of impact investing including:

1. **Social enterprises** – are businesses that trade to intentionally tackle social problems to improve communities, provide access to employment and training or help the environment. They operate from a sustainable business model, with a blended value approach. Social enterprises are profit generating and tend to reinvest 50% of their profit back into the business towards the fulfilment of their social mission directly or through re-investment, in the organisation.
2. **Social Impact Bonds** – performance based investment instruments designed to supplement social programs at a national, state and local level. This funding is made up of a combination of government initiation, private investment and non-profit implementation. Investors are only paid if and when social outcomes are achieved.

¹⁴ KPMG Global Impact Investing Institute

3. **Other impact investments such as matched funding** – includes all other forms of impact investing and payment by results. An example includes matched funding involving the equal funding portions between government and donors towards an organisation and its social outcomes.

The type of social impact investment within a particular market is dependent on the maturity of the market itself which affects the infrastructure available for investors and the ability to measure outcomes within the market.

2.3 Current state of funding within the sector

Total direct Government expenditure on Aboriginal and Torres Strait Islander Australians was estimated to be \$33.4 billion in 2015-16¹⁵. Of this, approximately \$27.4 billion (82%) was sourced from mainstream programs and services¹⁶. The Commonwealth Government investment was approximately \$14.7 billion (43.9 per cent) of total expenditure where the remaining \$18.8 billion (56.1 per cent) was provided by State and Territory governments¹⁷. Of the Commonwealth Government expenditure, \$5.25 billion was provided for health related services for Aboriginal and Torres Strait Islander Australians¹⁸. Through the IAHP and linked programs, it is estimated that \$4.1 billion will be provided over four years from 2019-20 to improve access to culturally appropriate comprehensive primary health care for Aboriginal and Torres Strait Islanders, as well as areas of critical need through targeted investment to accelerate progress in achieving Closing the Gap targets.

An analysis of budget data for a sample of ACCHS shows that ACCHSs are accessing a range of funding sources to support primary healthcare delivery. However, regardless of the size or remoteness category, IAHP is the largest single funding source for all services according to the Australian National Audit Office¹⁹. Whilst IAHP will remain a vital foundation funding source, high reliance on this capped source may pose risks for services including:

- limited ability to flexibility meet growing and changing demand;
- disincentive to innovate business, workforce and service delivery models;
- disincentive to drive efficiency; and
- inflexibility in reallocating funding to meet changing community need.

¹⁵ 2017 Indigenous Expenditure Report. Productivity Commission for the Steering Committee for the review of Government Service Provision.

¹⁶ 2017 Indigenous Expenditure Report. Productivity Commission for the Steering Committee for the review of Government Service Provision.

¹⁷ 2017 Indigenous Expenditure Report. Productivity Commission for the Steering Committee for the review of Government Service Provision.

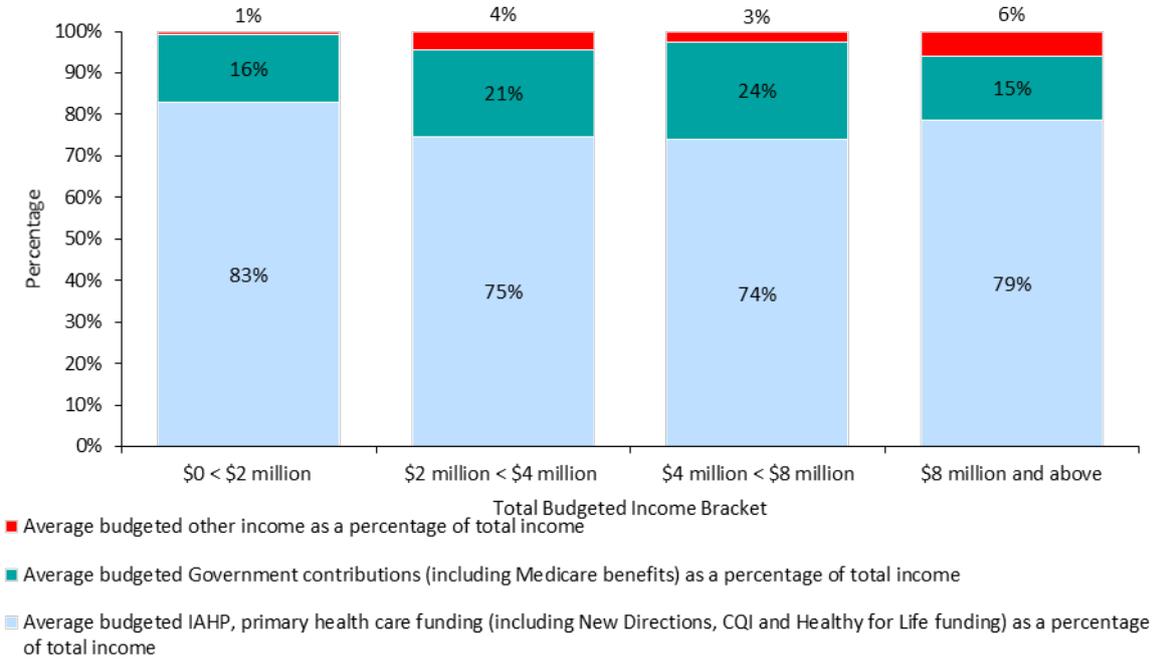
¹⁸ 2017 Indigenous Expenditure Report. Productivity Commission for the Steering Committee for the review of Government Service Provision.

¹⁹ [Primary Healthcare Grants under the Indigenous Australians' Health Program](#). Australian National Audit Office (ANAO). June 2018.

Whilst the reliability of the budget data needs to be further tested, including through direct engagement with ACCHS, it does demonstrate the degree of change which would be required to create more of a balanced share between funding sources for each service and across the Sector. It also demonstrates the opportunity to provide analysis back to services on their cost structures and opportunities to drive improvement.

Figure 2 and Figure 3, overleaf, describes the average proportion of funding budgeted in 2019-20 from the IAHP funding, Government contributions, and other income, by total budgeted income and by level of remoteness (Modified Monash Model (MMM) rating), respectively. MMM is a geographical classification system, using population data, to identify levels of remoteness across Australia.

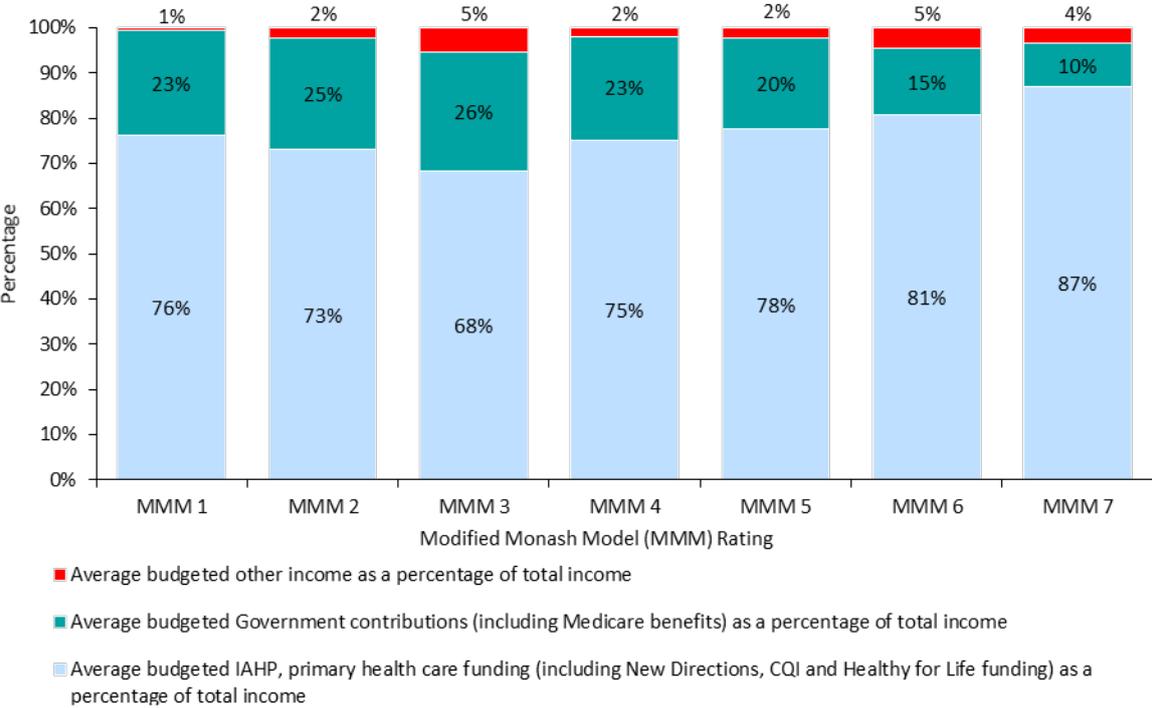
Figure 2: Average proportion of funding budgeted in 2019-20 from IAHP funding, Government contributions, and other income by total budgeted income



Source: KPMG analysis on data provided by the Commonwealth Department of Health

Note: Overall percentages may not add to 100 percent due to rounding.

Figure 3: Average proportion of funding budgeted in 2019-20 from IAHP funding, Government contributions, and other income, by remoteness level

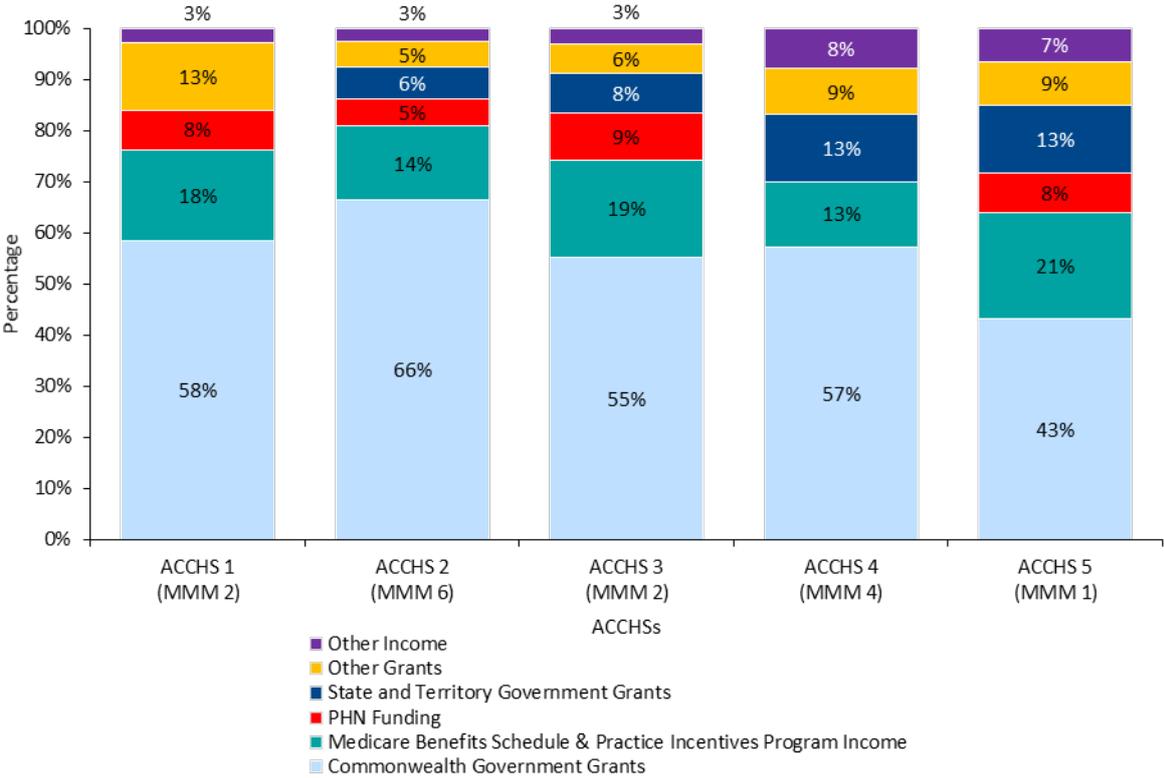


Source: KPMG analysis on data provided by the Commonwealth Department of Health

Note: Overall percentages may not add to 100 per cent due to rounding.

Figure 4 illustrates that for a sample of five ACCHSs, there is variability in the proportion of income attributable to each category based on their 2017-18 financial statements. The five ACCHSs accessed a range of grants from the Commonwealth Government, State and Territory Government, and from the respective PHN. Other grants includes all other grants the ACCHS received that may have been from business or not for profit organisations. Other income includes all other income sources not included in the other five categories, such as interest received and rent income.

Figure 4: The proportion of income received from six income sources for 2017-18, for a sample of five ACCHSs



Source: KPMG analysis on data provided by the Commonwealth Department of Health

Note: Overall percentages may not add to 100 percent due to rounding.

2.4 The relationship between diversity of income and sustainability

IAHP is an important source of funding for the Sector. This programme supports ACCHSs to deliver a comprehensive, culturally appropriate model of care to Aboriginal and Torres Strait Islander Australians. However, whilst health need continues to grow IAHP is a capped source of funding. In this context, additional funding sources will be important for services to continue to grow to meet the changing needs of their communities and for the Sector to increase its reach.

Beyond these considerations, diverse funding sources are important for any organisation to successfully navigate their changing operating environment²⁰. Evidence suggests that diverse funding sources allow an organisation to:

- navigate uncertainty surrounding changing priorities, across all funding sources;

²⁰ Sontag-Padilla, LM., Staplefoote, L., Morganti, K.G., 2012. Financial Sustainability for Nonprofit Organisations: A Review of Literature.

- avoid challenges that may be experienced should a source of funding become unavailable²¹;
- increase total revenue to meet or surpass the costs associated in delivering its services; and
- experience a level of confidence in long term planning that is essential for effective and strategic use of resources²².

While diverse income can offer additional financial support for ACCHSs, it is important to recognise the burden that can be associated with managing multiple funding sources. Stakeholder interviews identified the capacity and capability required by ACCHSs to effectively generate new income, respond to grant rounds and manage reporting obligations. This can place considerable demands on ACCHSs, particularly when considering diversifying funding sources. While it is anticipated that larger ACCHSs may be able to manage these capability and capacity requirements, smaller ACCHSs may struggle in not only meeting these administrative needs, but also meeting criteria for applying for funding.

2.5 Criteria to assess available funding sources in the Sector

The purpose of this section of the report is to explore those funding sources for the Sector which:

- contribute significant income to ACCHSs within the Sector currently;
- offer the biggest opportunity for improved funding; and/or
- represent new or novel opportunities to diversify income.

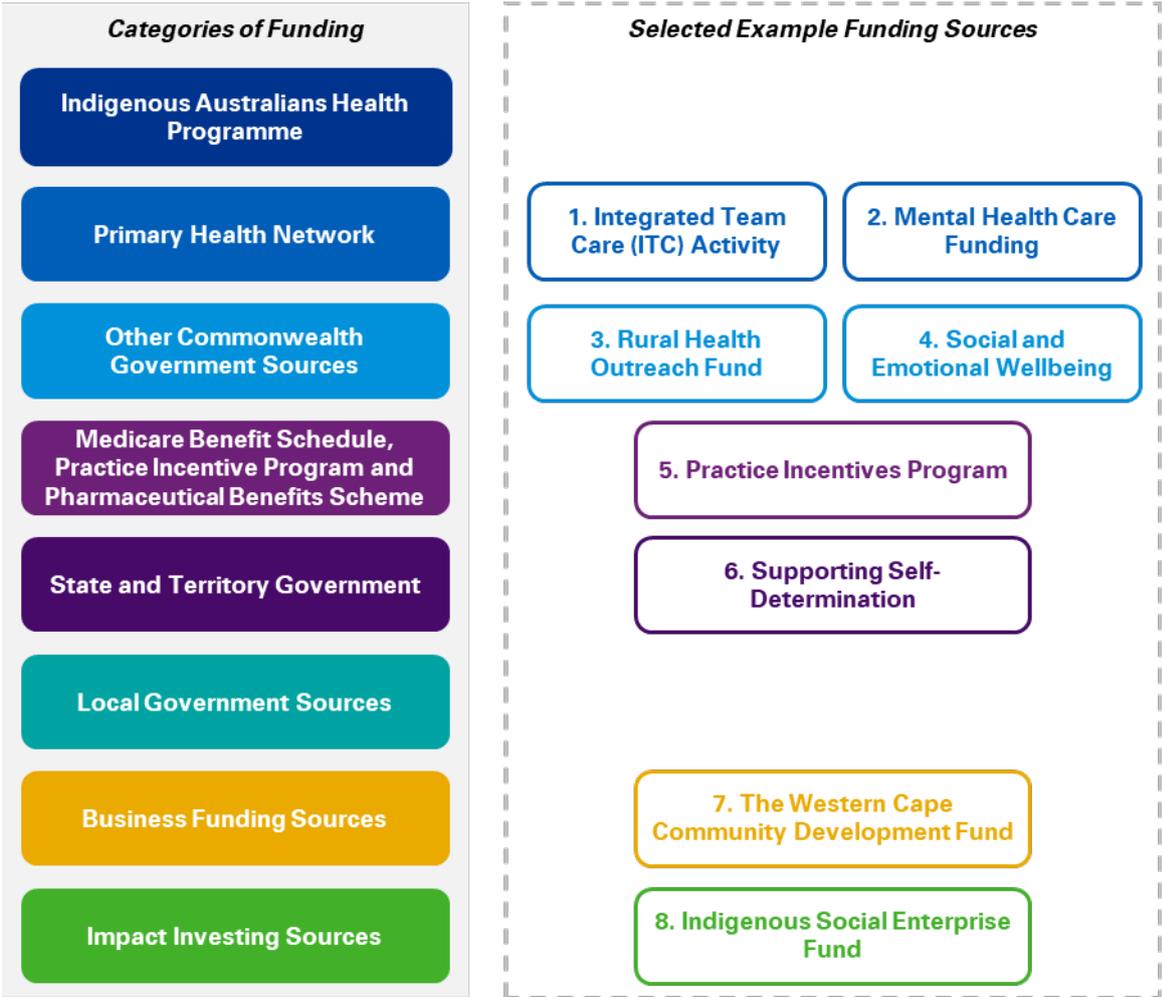
Based on the above, a sample of eight funding sources have been selected through desktop research and stakeholder consultations. These eight sources span the seven of the eight categories of funding defined above. It should be noted that the selection of these funding sources was based upon publicly available information and stakeholder consultations and was limited by no consultations or engagement with the Sector.

The categories of funding and selected example funding sources have been described in Figure 5.

²¹ Sontag-Padilla, LM., Staplefoote, L., Morganti, K.G., 2012. Financial Sustainability for Nonprofit Organisations: A Review of Literature.

²² Sontag-Padilla, LM., Staplefoote, L., Morganti, K.G., 2012. Financial Sustainability for Nonprofit Organisations: A Review of Literature.

Figure 5: Categories of funding and selected sample funding sources



Source: KPMG 2019

In order to assess the availability of the funding source within the Sector, a high level criteria was developed. The purpose of this criteria was to provide an objective, although high level, assessment of the availability of the funding source for an individual ACCHSs and its applicability across the Sector more broadly. It is intended to highlight the accessibility, availability, current utilisation and size offering of selected funding sources to inform ACCHSs on where they should concentrate their efforts to develop capability and / or seek resources to support them. It is important to note that not all ACCHSs will have the same funding needs. As such, this criteria provides the opportunity to highlight the benefits and limitations of eight funding sources for the range of ACCHSs across Australia.

The high level criteria assesses the funding sources with regard to:

1. **Accessibility** – how easily can ACCHSs access the source of funding? Are there particular eligibility requirements or barriers to access?
2. **Availability** – is the funding equally available to all ACCHSs, or only a subset (e.g. available for ACCHSs in a particular state or rural and remote areas)?
3. **Current Utilisation** – how well utilised is the funding source across the Sector?

4. Size – how much funding is potentially available to a single ACCHS?

The criteria have been assessed as minimal, moderate or high as per Table 3 below.

Table 3: Assessment criteria for funding sources

| Criteria | Minimal | Moderate | High |
|----------------------------|--|---|---|
| Accessibility | ACCHSs encounter limited / no access to funding due to eligibility requirements or barriers. | ACCHSs encounter some difficulties accessing funding with some difficult eligibility requirements and barriers. | Service encounters minimal to no difficulties in accessing funding. |
| Availability | Funding is not available to ACCHSs within the Sector. | Funding is only available to a select proportion of ACCHSs within the Sector. | Funding is available to a majority of ACCHSs within the Sector. |
| Current Utilisation | There is limited utilisation of the funding source across the Sector. | There is some use of the funding source across the Sector. | The funding source is widely utilised across the Sector. |
| Size | A minimal amount of funding is available to the ACCHSs. | A moderate amount of funding is available to the ACCHSs. | A significant amount of funding is available to the ACCHSs. |

At the time of completing this report, the criteria has been applied to a level that is appropriate based on publicly available information and stakeholder interviews. Both the criteria and the application of the criteria needs to be further tested and validated through engagement with the Sector prior to finalising the assessment of each funding source explored below.

2.6 Assessment of available funding sources in the Sector

In alignment with the high level criteria, this report identifies, where possible, the eight funding sources' purpose and scope, eligibility and accessibility, funding value and type (e.g. recurrent, one-off, grant), any associated guidelines and rules, and prevalence and utilisation of funding within the Sector. A preliminary assessment of the funding source has been provided but is limited with further validation and engagement with the Sector required for a holistic assessment of the funding sources and their accessibility for ACCHSs. The eight funding sources have been described in detail below by category of funding.

2.6.1 Primary Health Network (PHN) sources

Increasingly PHNs are responsible for commissioning services required to meet primary health care needs of the population within their boundaries. At present, ACCHSs work with PHNs to assess need, plan and coordinate delivery and, ultimately, become a provider of commissioned services for their local community. PHNs and the Sector have established guiding principles to work together to improve access to health services

and improve health outcomes for Aboriginal and Torres Strait Islander people²³. PHNs administer a range of flexible and dedicated funds. These funds are used by commission services to meet the identified need within their boundaries. However, the delivery of services by ACCHSs within a PHNs is dependent upon the relationship between the two. Furthermore, in stakeholder consultations, it was identified that there is a greater need to understand what funding the ACCHSs may be able to access through the PHNs.

Stakeholder consultations identified that ACCHSs were more likely to respond only to opportunities to deliver services directly targeting improved outcomes for Aboriginal and Torres Strait Islander health care delivery. Two reasons were identified for this: ACCHSs may not have the clinical capacity to deliver against broader tenders when compared to mainstream services; and ACCHSs either believe they will not be competitive or are unaware of their ability to bid for such services. Greater promotion of the ability for ACCHSs to apply for non-targeted tenders may offer further opportunity for funding.

An important consideration for the Sector is individual patient choice. This was raised in PHN consultations where some indicated that they have specific, dedicated funding available for Aboriginal and Torres Strait Islander service providers but direct a portion of this to mainstream service providers. The intent behind this is to encourage and promote individual patient choice and ensure that mainstream services can offer culturally appropriate care. While not an opportunity for additional funding, it is important that this is recognised in meeting the needs of the communities.

The role of PHNs as commissioners for Aboriginal and Torres Strait Islander primary health care was consistently mentioned as an area for further consideration. This was raised in relation to the recognition of some ACCHSs operating across PHN boundaries where reporting and commissioning requirements are vastly different. This results in significant reporting obligations hindering workforce capacity to deliver services, particularly for those with relationships with more than one PHN. Standardising these requirements across PHNs may improve and reduce these demands for ACCHSs.

A range of PHN funding sources that may apply for ACCHSs include, but are not limited to, Integrated Team Care (ITC) activity, mental health care funding, alcohol and other drugs, psychosocial support services, in-home palliative care, and social isolation. ITC and mental health care funding have been selected to be explored in further detail due to their applicability to ACCHSs within the Sector.

Integrated Team Care (ITC) Activity

Purpose and scope

ITC was established to support Aboriginal and Torres Strait Islander people with complex chronic diseases to effectively manage their conditions through access to one-on-one assistance by Care Coordinators and access to brokerage funds through Supplementary Services²⁴. ITC provides the opportunity for PHNs to develop flexible approaches to improve Aboriginal and Torres Strait Islander people's access to high quality, culturally

²³ Primary Health Networks (PHNs) and Aboriginal Community Controlled Health Organisations (ACCHOs) – Guiding Principles. March 2016.

²⁴ [Review of Care Coordination within the Integrated Team Care Program Summary Report](#). Department of Health. 2018.

appropriate health care and allows the PHN to develop innovative approaches that best meet local needs through the commissioning process²⁵. The aims of the ITC Program are to:

- contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through access to care coordination, multidisciplinary care, and support for self-management; and
- improve access to culturally appropriate mainstream primary care services (including but not limited to general practice, allied health and specialists) for Aboriginal and Torres Strait Islander people²⁶.

Within a PHN region, ITC teams assist Aboriginal and Torres Strait Islander people to obtain primary health care as required, provide care coordination services to eligible Aboriginal and Torres Strait Islander people with chronic disease/s who require coordinated, multidisciplinary care, and improve access for Aboriginal and Torres Strait Islander people to culturally appropriate mainstream primary care.

Accessibility and eligibility

PHNs seek to commission service delivery arrangements of ITC that most effectively and efficiently meet the needs of the clients in their regions and consider existing service arrangements including those delivered by the Sector²⁷. The eligibility of ACCHSs to access ITC funding is dependent upon the PHN in which it operates. As part of the service planning process, PHNs identify the range of service providers that can meet the required service delivery arrangements. A key element of this is to ensure effective ITC coverage across the geographic region of the PHN where commissioning arrangements for the provision of ITC can occur via direct engagement or a tender process.

PHNs base decisions about the service delivery and whether a direct, targeted or open approach to the market is undertaken, upon a framework that includes needs assessment, market analyses, and clinical and consumer input²⁸. Any funding arrangements with service providers are reflected by the outcome of the above framework and depend upon the PHNs regional circumstances.

Availability and current utilisation

It is understood that this funding source is reasonably prevalent within the Sector based on stakeholder consultations. However, the utilisation of such funding may be reliant upon the relationship that exists between the PHNs and the ACCHSs within their boundaries. Further engagement with ACCHSs and the Sector more broadly is required to determine the prevalence and utilisation of ITC funding for ACCHSs.

Funding type and size offering

²⁵ [Review of Care Coordination within the Integrated Team Care Program Summary Report](#). Department of Health. 2018.

²⁶ [ITC Program Implementation Guidelines](#). 2018-19 to 2020-21. April 2019.

²⁷ [ITC Program Implementation Guidelines](#). 2018-19 to 2020-21. April 2019.

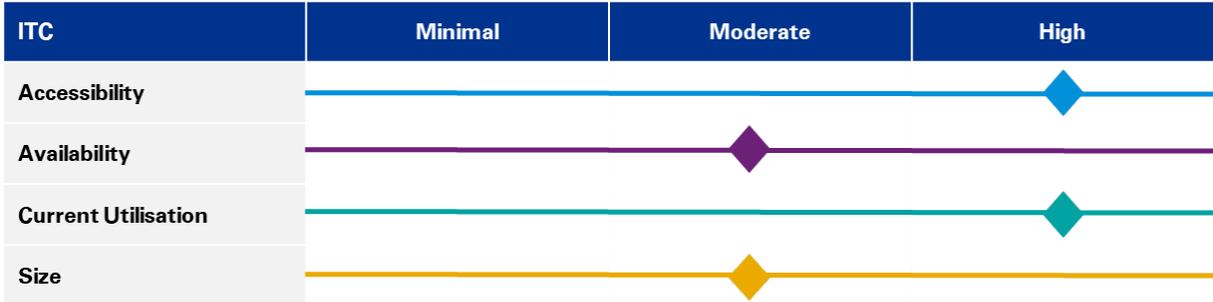
²⁸ [ITC Program Implementation Guidelines](#). 2018-19 to 2020-21. April 2019.

The funding value and type of ITC is dependent upon the PHN as well as the services that are required to be delivered by the commissioned ACCHSs²⁹. There is considerable variability in funding received for this source and further analysis through sector engagement is required to determine the range and type of funding.

Associated guidelines and rules

The guidelines and rules for ITC may vary between the PHN boundaries. However, all funding and services will be provided in line with the ITC program guidelines dictating useability, management and reporting of the funding by providers and PHNs³⁰.

Figure 6: High level assessment of ITC



Source: KPMG. Note – further engagement with the Sector is required to test and validate the high level assessment.

Mental Health Care Funding

Purpose and Scope

PHNs have been allocated dedicated mental health funds by the Commonwealth and are commissioners of primary mental health services. While the commissioning of services may vary between the boundaries of each PHN, the outcomes for improving mental health remain consistent. The purpose of this funding is to:

- increase the efficiency and effectiveness of primary mental health and suicide prevention services for people with or at risk of mental illness and / or suicide; and
- improve access to and integration of primary mental health care and suicide prevention services to ensure people with mental illness receive the right care in the right place at the right time³¹.

Accessibility and eligibility

Commissioning of services for mental health care is dependent upon the commissioning framework for each PHN region where the approach to market is tailored to align with the local procurement context³². An approach to market may include an expression of interest, request for tenders, or direct negotiation. More

²⁹ [Activity work Plan 2018-2021: Integrated Team Care Funding](#). Hunter New England and Central Coast PHN. June 2018.

³⁰ [ITC Program Implementation Guidelines](#). 2018-19 to 2020-21. April 2019.

³¹ [Annexure A1 – Primary Mental Health Care. PHN Program Guidelines and Policies](#).

³² Updated Activity Work Plan 2016-2019: Primary Mental Health Care Funding. North Western Melbourne PHN. February 2018.

commonly, commissioning for mental health care funding occurs through open tender or is rolled over with the currently engaged service.

Availability and utilisation of funding

Mental health service programs commissioned by PHNs are generally available to support population needs, rather than targeted to particular groups. These services are generally delivered by mainstream service providers. However, recognising the burden of mental health conditions for Aboriginal and Torres Strait Islander peoples, there is an opportunity for ACCHSs to become a provider of comprehensive, culturally appropriate mental health services funded by PHNs. Further sector engagement and survey analysis is required to determine the prevalence and utilisation of mental health care funding for ACCHSs.

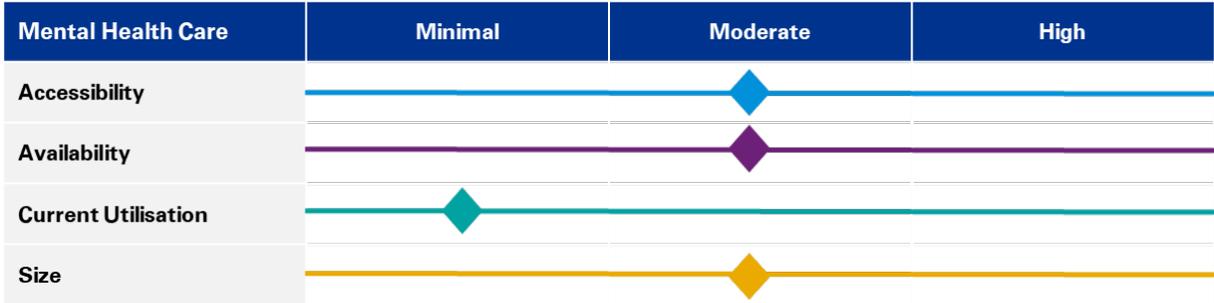
Funding type and size offering

Similar to ITC, the funding value and type of primary mental health care services can be dependent on the PHN and the services required of the commissioned ACCHSs. Approximately \$1.030 billion (exc. GST) is available for primary mental health over three years commencing in 2016-2017³³. Funding is allocated to PHNs based on population size, rurality, socio-economic factors and relative to Medicare-funded psychological services³⁴. Further analysis through Sector engagement is required to determine the range of funding received.

Associated guidelines and rules

The guidelines and rules for mental health care funding may vary between the PHN boundaries. However, all funding and services will be provided in line with the PHN Grant Program Guidelines that provides information on the program, eligibility, probity, and governance and accountability³⁵. In addition, the *Annexure A1 – Primary Mental Health Care* provides further information on primary mental health care activity that supplements the overall guidelines.

Figure 7: High level assessment of mental health care funding



Source: KPMG. Note – further engagement with the Sector is required to test and validate the high level assessment.

³³ [Annexure A1 – Primary Mental Health Care. PHN Program Guidelines and Policies.](#)
³⁴ [Annexure A1 – Primary Mental Health Care. PHN Program Guidelines and Policies.](#)
³⁵ [Primary Health Networks – Grant Program Guidelines.](#) Department of Health. February 2016.

2.6.2 Other Commonwealth Government sources

A range of Commonwealth Government programs may be available for ACCHSs to access for additional funding. Programs directed towards ACCHSs are the Rural Health Outreach Fund (RHOF), the Social and Emotional Wellbeing Initiative and The Alcohol and Other Drugs program.

Rural Health Outreach Fund (RHOF)

Purpose and scope

The RHOF supports the delivery of medical specialist, GP, nursing, allied and other health services in rural, regional and remote Australia. Some ACCHSs, particularly those with a lower level of maturity, commonly experience a high workforce turnover in some staff groups and / or a high reliance on an outsourced workforce model including GP locums. In this context, greater access to RHOF may mitigate some of these challenges. There are four priorities under the RHOF: chronic disease management, eye health, maternity and paediatric health, and mental health³⁶. Services outside these priorities may also be supported.

Outreach programs provide a flexible funding pool to support health professionals deliver care services in outreach locations by providing funding support to cover the basic costs of travel, accommodation, meals and other associated expenditure.

The program's objectives are to:

- provide both public and private outreach services that addressed prioritised community needs;
- broaden the range and choice of health services available in regional, rural and remote locations; and
- remove the financial disincentives that create barriers to service provision.

Accessibility and eligibility

To be considered eligible for funding, applicants must propose to undertake activities that meet the aim, objectives and priorities for the Fund as stated in the *Rural Health Outreach Fund: Flexible Fund Guidelines*, and comply with the terms of the application documentation³⁷.

- Applicants must be one of the following:
- National organisations;
- State level organisations;
- Consortia at either a State or National level, with one applicant within the Consortia nominated as the lead;
- not-for-profit entities;
- companies or corporations; or

³⁶ [Rural Health Outreach Fund \(RHOF\)](#).

³⁷ [Rural Health Outreach Fund: Flexible Fund Guidelines](#).

- State or Northern Territory Departments of Health.

A majority of ACCHSs would fall into that of not-for-profit entities.

Availability and utilisation of funding

In terms of broad utilisation, RHOF has identified that currently only 1% of Aboriginal and Torres Strait Islander people are accessing rural health services provided by Outreach. While the exact reason behind this cannot be determined, RHOF actively seeks to increase the utilisation of the program amongst Aboriginal and Torres Strait Islander people to access rural health services³⁸. Further sector engagement and survey analysis is required to determine the prevalence and utilisation of RHOF funding for ACCHSs.

Funding type and size offering

The total value of funds available through the Fund from 2013-14 is anticipated to be approximately \$31 million per annum³⁹. Further engagement with the Sector is required to determine what range of funding is received by ACCHSs.

Associated guidelines and rules

All funding and services must be provided in line with the *Rural Health Outreach Fund: Flexible Fund Guidelines* dictating useability, management and responsibilities associated with the funding.

Figure 8: High level assessment of RHOF



Source: KPMG. Note – further engagement with the Sector is required to test and validate the high level assessment.

Social and Emotional Wellbeing Program

Purpose and scope

Social and emotional wellbeing (SEWB) is funded by the Department of the Prime Minister and Cabinet (PM&C) to improve the health, wellbeing and resilience of Aboriginal and Torres Strait Islander families. The program funds organisations to provide:

- antenatal and postnatal care;

³⁸ [Rural Health Outreach Fund. Rural Workforce Agency.](#)

³⁹ [Rural Health Outreach Fund: Flexible Fund Guidelines.](#)

- information about baby care;
- practical advice and assistance with breastfeeding, nutrition and parenting;
- monitoring of developmental milestones, immunisation status and infections; and
- health checks for Aboriginal and Torres Strait Islander children before starting school⁴⁰.

Accessibility and eligibility

SEWB is available for organisations that deliver physical and mental health services to support social and emotional wellbeing of Aboriginal and Torres Strait Islander communities⁴¹.

Availability and utilisation of funding

In 2017-18, Aboriginal and Torres Strait Islander primary health services funded under IAHP were delivered from 383 sites through 198 organisations⁴². Of the 383 sites, 88% delivered social and emotional wellbeing services⁴³. While this is indicative of all organisations delivering Aboriginal and Torres Strait Islander primary health services, it can be suggested that the utilisation of this funding source in the Sector is reasonably large based on the high percentage of ACCHSs making up the 198 organisations (71% of these organisations were ACCHSs, with the rest either Government-run organisations or other non-government-run organisations)⁴⁴.

Funding type and size offering

Further engagement and analysis in the Sector is required to determine what range of funding is received by ACCHSs and the cadence at which it occurs.

Associated guidelines and rules

The strategic guidelines for SEWB funding are detailed in the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023⁴⁵.

⁴⁰ [Aboriginal and Torres Strait Islander health organisations: OSR Key results 2016-17](#). June 2018.

⁴¹ Aboriginal and Torres Strait Islander health organisations: Online Services Report – key results 2016-17.

⁴² [Aboriginal and Torres Strait Islander health organisations: Online Services Report – key results 2017-18](#).

⁴³ [Aboriginal and Torres Strait Islander health organisations: Online Services Report – key results 2017-18](#).

⁴⁴ [Aboriginal and Torres Strait Islander health organisations: Online Services Report – key results 2017-18](#).

⁴⁵ [National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023](#).

Figure 9: High level assessment of SEWB



Source: KPMG. Note – further engagement with the Sector is required to test and validate the high level assessment. The size offering for this funding source is yet to be identified. As such, the criteria of size cannot be appropriately assessed at this time.

2.6.3 MBS claiming, the PIP and the PBS

As discussed previously, MBS claiming, the PIP and PBS are important sources of Government funding available for the Sector.

Services are able to both receive government funding and claim MBS as a result of the *Health Insurance Act 1973 Direction under Subsection 12* directing that Medicare benefits shall be payable in respect of referred professional services provided by salaried allied health and dental health professions, Aboriginal and Torres Strait Islander Health Practitioners and Aboriginal health workers engaged by the ACCHSs listed in the Schedule of the Direction⁴⁶. All the Medicare benefit amounts received is solely for the purpose of providing comprehensive primary health care to a predominantly Aboriginal and Torres Strait Islander population⁴⁷.

The PIP has been selected to be explored in further detail due to its contribution of income to ACCHSs as well as its opportunity for continued funding in the Sector.

Practice Incentives Program (PIP)

Purpose and scope

The PIP encourages general practices to continue providing quality care, enhance capacity, and improve access and health outcomes for patients. The applicability of PIP within the Sector is directly dependent upon the eligibility of the service for the eight individual incentives. The individual incentives include after hours, eHealth, general practitioner, aged care access, Indigenous health, procedural general practitioner, quality improvement, rural loading incentive, and teaching.

Accessibility and eligibility

To be eligible for the PIP, a service must meet certain criteria, including the following:

⁴⁶ Commonwealth of Australia. *Health Insurance Act 1973*. Direction under subsection 19(2).

⁴⁷ Circumstances under which an ACCHS is granted directions under subsections 19(2) and 19(5) of the *Health Insurance Act 1973*.

- be a general practice as defined by the Royal Australian College of General Practitioners (RACGP);
- be an open practice defined by the PIP;
- be accredited, or registered for accreditation as a general practice against the RACGP Standards;
- maintain at least \$10 million in public liability insurance cover for the main location and each additional practice location. Legal liability is not public liability; and
- make sure all general practitioners and nurse practitioners have the required professional indemnity insurance cover as set out by their respective National Board's Registration standard: Professional indemnity insurance arrangements.

In addition to the program eligibility criteria, there are additional criteria relevant to individual incentives. For example, for the PIP eHealth Incentive, practices must have met their practice's shared health summary minimum upload target by the point-in-time date for each payment quarter in addition to participating in the PIP and meeting each of the eligibility requirements

Availability and utilisation of funding

The PIP requires ACCHSs to be accredited, or registered for accreditation as a general practice against the RACGP Standards, a small but significant proportion of ACCHSs (41 or 20.9% of all ACCHSs) are currently not eligible for PIP⁴⁸. Greater awareness, as well as support for ACCHSs may increase the ability for ACCHSs to access this funding source. However, it should be noted that there is significant overhead with accreditation impacting the availability of this funding source for some ACCHSs.

Based on stakeholder consultation with the Department, it is understood that the PIP Indigenous Health Incentive (IHI) is available to and relatively well utilised by the Sector. However, the utilisation of the other PIP, which are equally available to both mainstream service providers and ACCHSs, within the Sector is less clear. In order to appropriately assess the accessibility, availability and utilisation of the other PIP, they should be further explored separately from the PIP IHI.

Funding type and size offering

There are three types of incentive payments under the PIP including:

1. **Practice payments** are made to practices contributing to quality care;
2. **Service incentive payments** are made to GPs to recognise and encourage them to provide specified services to individual patients. The Aged Care Access Incentive is a service incentive payment, paid to the GP's nominated account; and
3. **Rural loading payments** are made to practices whose main practice location is outside a capital city or other major metropolitan centre.

⁴⁸ [Australian Government Department of Health](#), May 2019.

The structure of the payment methods for the eight incentives have been detailed in Table 4, Table 5 and Table 6 below. PIP payments are generally based on a measure of the practice size, known as the Standardised Whole Patient Equivalent (SWPE) value.

Table 4: Payments under the Practice Incentive Program (PIP) Quality stream

| Incentive | Aspect or Activity | Payment amount |
|-------------------------------|--|--|
| Indigenous Health Incentive | Sign on payment: once only payment to practices that agree to undertake specified activities to improve the provision of care to their Aboriginal and / or Torres Strait Islander patients with a chronic disease | \$1,000 per practice |
| Indigenous Health Incentive | Patient registration payment: payment to practices for each Aboriginal and / or Torres Strait Islander patient aged 15 years and over who is registered with the practice for chronic disease management. | \$250 per eligible patient per calendar year |
| Indigenous Health Incentive | Outcomes payment Tier 1: payment to practices for each registered patient for whom a target level of care is provided by the practice in a calendar year | \$100 per eligible patient per calendar year |
| Indigenous Health Incentive | Outcomes payment Tier 2: payment to practices for providing the majority of care for a registered patient in a calendar year | \$150 per eligible patient per calendar year |
| Quality Improvement Incentive | A payment to practices to undertake continuous quality improvement through the collection and review of practice data | \$5.00 per SWPE capped at \$12,500 per quarter |

Source: Services Australia, Australian Government. October 2019.

Table 5: Payments under the Practice Incentive Program (PIP) Capacity stream

| Incentive | Aspect or Activity | Payment amount |
|-----------------------|---|-----------------|
| After Hours Incentive | Level 1: Participation | \$1 per SWPE |
| After Hours Incentive | Level 2: Sociable after hours cooperation coverage | \$4 per SWPE |
| After Hours Incentive | Level 3: Sociable after hours practice coverage | \$5.50 per SWPE |

| Incentive | Aspect or Activity | Payment amount |
|----------------------------|--|---|
| After Hours Incentive | Level 4: Complete after hours cooperative coverage | \$5.50 per SWPE |
| After Hours Incentive | Level 5: Complete after hours practice coverage | \$11 per SWPE |
| Aged Care Access Incentive | Tier 1: payment to GPs for providing at least 60 eligible MBS services in residential aged care facilities in the financial year | \$1,500 per financial year |
| Aged Care Access Incentive | Tier 2: payment to GPs for providing at least 140 eligible MBS services in residential aged care facilities in the financial year | \$3,500 per financial year |
| eHealth incentive | Practices must meet each of the requirements to qualify for payments through this incentive | \$6.50 per SWPE capped at \$12,500 per practice per quarter |
| Teaching Payment | Payment for teaching medical students to a maximum of 2 sessions per GP per day | \$200 per session |

Source: Services Australia, Australian Government. October 2019.

Table 6: Payments under the Practice Incentive Program (PIP) Rural support stream

| Incentive | Aspect or Activity | Payment amount |
|-----------------------|---|--|
| Procedural GP Payment | Tier 1: Payment for a GP in a rural or remote practice who provides at least 1 procedural service, which meets the definition of a procedural service, in the 6-month reference period | \$1,000 per procedural GP per 6 month reference period |
| Procedural GP Payment | Tier 2: Payment for a GP in a rural or remote practice who meets the Tier 1 requirement and provides after-hours procedural services on a regular or rostered basis (15 hours per week on average) throughout the 6-month reference period | \$2,000 per procedural GP per 6 month reference period |
| Procedural GP Payment | Tier 3: Payment for a GP in a rural or remote practice who meets the Tier 2 requirements and provides 25 or more eligible surgical, anaesthetic or obstetric services in the 6-month reference period | \$5,000 per procedural GP per 6 month reference period |

| Incentive | Aspect or Activity | Payment amount |
|-------------------------|--|--|
| Procedural GP Payment | Tier 4: Payment for a GP in a rural or remote practice who meets the Tier 2 requirements and delivers 10 or more babies in the 6 month reference period or meets the obstetric needs of the community | \$8,500 per procedural GP per 6 month reference period |
| Rural Loading Incentive | Payment for a practice whose main location is outside a metropolitan area, based on the Rural, Remote and Metropolitan area (RRMA) Classification. Once all incentive payments are added the rural loading amount is applied | RRMA 3 – 15% RRMA 4 – 20% RRMA 5 – 40% RRMA 6 – 25% RRMA 7 – 50% |

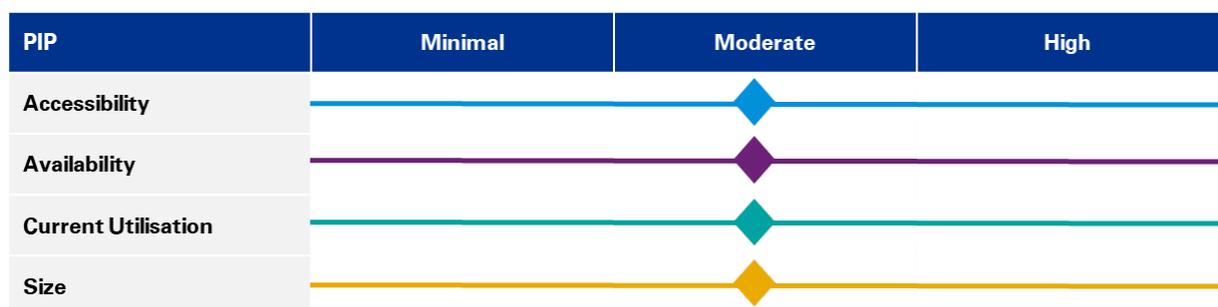
Source: Services Australia, Australian Government. October 2019.

Associated guidelines and rules

Continued eligibility for PIP payments depends on the ability of the service or provider to meet their obligations for the PIP. The practice must:

- be able to prove its claims for payment;
- provide accurate information to the Department of Health as part of their audit program to demonstrate the practice meets the PIP eligibility requirements;
- keep a copy of all documents relating to the PIP requirements for a minimum of 6 years;
- confirm all details in the annual confirmation statements are correct; and
- inform administration about changes to practice arrangements within seven days or at least seven days before the relevant point in time date, whichever date is first⁴⁹.

Figure 10: High level assessment of PIP



Source: KPMG. Note – further engagement with the Sector is required to test and validate the high level assessment.

⁴⁹ [Practice Incentives Program guidelines](#). Department of Health. Accessed at:

2.6.4 State and Territory Government sources

As defined above, each State and Territory has its own plan and programs for funding. Victoria's *Self-Determination prioritising of funding* has been selected to be explored in greater detail due to its recent whole of government reform surrounding the concept of self-determination. It centres on the notion that Aboriginal and Torres Strait Islander people should be making decisions about the redistribution and prioritisation of funding through the Sector in service provision to the Aboriginal and community controlled communities.

Supporting Self-Determination: prioritising funding to Aboriginal organisations policy

Purpose and scope

In July 2017, *Supporting self-determination: prioritising funding to Aboriginal organisations* policy was launched with the overall objective to support Aboriginal self-determination and improve the health, wellbeing and safety outcomes of Aboriginal Victorians⁵⁰. The policy aims to prioritise Aboriginal-specific funding to Aboriginal organisations that provide services that address their communities' health, wellbeing and safety needs and aspirations. The policy will apply to the allocation of all funding targeted to the provision of supports and services to Aboriginal people and communities:

- Funding for Aboriginal supports and services is to be directed to Aboriginal organisations.
- Exemptions to this policy require a written justification of why allocation to an Aboriginal organisation is not possible.
- Exemptions to this policy require the sign off of a Deputy Secretary.
- Aboriginal organisations may subcontract services to other organisations⁵¹.

Accessibility and eligibility

Funding allocated to Aboriginal organisations will be determined by an assessment criteria and any accreditation requirements outlined for individual programs⁵². The new policy does not preclude mainstream services. However, evidence will be required to provide a clear rationale for an exemption to the policy as well as relevant approvals⁵³.

This evidence includes:

⁵⁰ Supporting self-determination: prioritising funding to Aboriginal organisations project report. Victoria State Government. March 2019.

⁵¹ Supporting self-determination: prioritising funding to Aboriginal organisations project report. Victoria State Government. March 2019.

⁵² Supporting self-determination: prioritising funding to Aboriginal organisations project report. Victoria State Government. March 2019.

⁵³ Supporting self-determination: prioritising funding to Aboriginal organisations project report. Victoria State Government. March 2019.

- demonstrating that the mainstream organisation has the ability to provide culturally safe and responsive services;
- confirming that the mainstream organisation meets the requirements for delivering the proposed services (including accreditation or other standards, where applicable); and
- demonstrating that the mainstream organisation can meet the assessment criteria required to deliver the program or services.

Availability and utilisation of funding

At present, this policy is yet to come into effect and is in a period of transition. Funding through the *Korin Korin Balit-Djak* was extended to 30 June 2019 to enable organisations to be sufficiently prepared to transition to the new arrangements and ensure service continuity across the Sector. The *Korin Korin Balit-Djak* is funding provided by the Aboriginal Health and Wellbeing Branch (AHWB), formerly known as *Koolin Balit* funding, where the strategic direction of this funding is committed to prioritising funding to Aboriginal organisations as a part of self-determination⁵⁴.

Funding type and size offering

The three funding allocation options outlined in the policy are:

- funds allocated directly to an Aboriginal organisation;
- funds allocated to Aboriginal-led partnerships and/or consortiums (including subcontracting and auspicing arrangements via an Aboriginal organisation); and
- funds allocated to mainstream agencies, as an exemption to the policy pending documented Deputy Secretary approval⁵⁵.

Further engagement and analysis in the Sector is required to determine what range of funding is received by ACCHSs and the cadence at which it occurs.

Associated guidelines and rules

The funding guidelines for the *Supporting self-determination: prioritising funding to Aboriginal organisations* policy were formalised in the 2017 policy and funding guidelines including Volume 2: Health Operations 2018-19 and Volume 3: Human services policy and funding plan 2015-19⁵⁶.

⁵⁴ Supporting self-determination: prioritising funding to Aboriginal organisations project report. Victoria State Government. March 2019.

⁵⁵ Supporting self-determination: prioritising funding to Aboriginal organisations project report. Victoria State Government. March 2019.

⁵⁶ Supporting self-determination: prioritising funding to Aboriginal organisations project report. Victoria State Government. March 2019.

Figure 11: High level assessment of Supporting Self -Determination

| Self-Determination | Minimal | Moderate | High |
|---------------------|---------|----------|------|
| Accessibility | | | ◆ |
| Availability | | | ◆ |
| Current Utilisation | | | |
| Size | | | |

Source: KPMG. Note – further engagement with the Sector is required to test and validate the high level assessment. The prioritisation and redistribution of this funding source is currently in transition and is yet to be implemented. As such, the criteria of current utilisation and size cannot be appropriately assessed at this time.

2.6.5 Business funding sources

Through stakeholder interviews, it was identified that there may be opportunity for ACCHSs to engage with businesses for funding in the form of investment. Suggested businesses include Rio Tinto, Many Rivers, Westpac and FMG. Funding from these organisations would be dependent upon their corporate missions as well as the early engagement that may need to be initiated by ACCHSs themselves.

The Western Cape Community Development Fund – Rio Tinto

Purpose and scope

Through three agreements, Rio Tinto partners with five Indigenous communities including Weipa, Napranum, Aurukun, Mapoon, and Northern Peninsula area. The fund is a formalised partnership program that addresses key social, environmental, and economic challenges and opportunities and create long-term, sustainable benefits. This fund focuses investment across five areas including education, environment, health and wellbeing, inclusion and economic development.

Accessibility and eligibility

The fund board assesses applications against five priority areas. To be eligible, the project must:

- link to one of the fund’s focus areas;
- provide benefits for one or more of the communities in the funds catchment area;
- align with Rio Tinto values;
- be managed by a project team that has the capacity to manage funds and projects effectively;
- not be run by a privately owned business (e.g. a community organisation or a not-for-profit);
- have clear performance measures that focus on sustainable outcomes;
- have achievable timeframes and a realistic budget; and

- have a broad range of support for the project from other community organisations and partners.

Availability and utilisation of funding

Further sector engagement and survey analysis is required to determine the prevalence and utilisation of this funding source for ACCHSs.

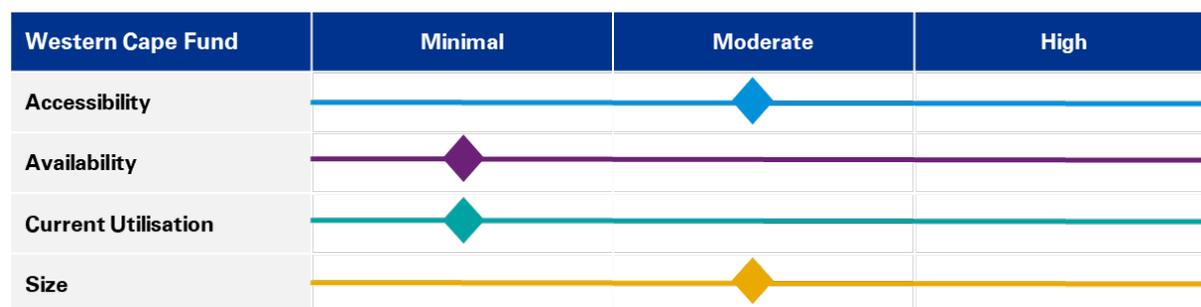
Funding type and size offering

Successful applicants are required to work with the Fund’s Executive Officer to develop and execute a Partnership Funding Agreement. It is important that the project has realistic timeframes so that allocated funding is used as appropriate⁵⁷. Further engagement and analysis in the Sector is required to determine what range of funding is received by ACCHSs and the cadence at which it occurs.

Associated guidelines and rules

The funding guidelines for the Western Cape Community Development Fund are detailed in the Western Cape Community Development Fund Factsheet 2019-2021.

Figure 12: High level assessment of the Western Cape Community Development Fund



Source: KPMG. Note – further engagement with the Sector is required to test and validate the high level assessment.

2.6.6 Impact investment sources

Impact investment sources offers an opportunity for funding for ACCHSs. In particular, as ACCHSs focus on tackling social problems to improve a community, there may exist the opportunity for additional funding options within the Sector. The Indigenous Social Enterprise Fund (ISEF) has been selected to be explored in further detail. While this pilot fund has since been discontinued, it offers an innovative funding model that may be able to be similarly applied for use within the Sector.

Indigenous Social Enterprise Fund (ISEF)

Purpose and scope

⁵⁷ [Western Cape Community Development Fund 2019-2021](#). Rio Tinto.

ISEF was established as a two year pilot fund in September 2013 as a partnership between Social Ventures Australia, Indigenous Business Australia (IBA), and Reconciliation Australia. The fund was set up to support Indigenous Social Enterprises (ISEs) to develop and scale by filling the capital gap in the market. All investments were directed towards developing and nurturing Indigenous social enterprises with a commercial focus so that they can successfully access further investment in the future. It should be noted that this fund was part of a pilot and is no longer available. However, the applicability to the Sector in driving ACCHSs as sustainable social enterprises should be considered.

Accessibility and eligibility

The fund required social enterprises to meet the following criteria:

- Indigenous ownership – At least 50% of beneficial interests in the applicant organisation are owned or held on behalf of Aboriginal and/or Torres Strait Islander peoples;
- Social mission – The applicant organisation must be a non-profit organisation, or owned by a non-profit organisation, that has been established to facilitate economic self-management or self-sufficiency for Aboriginal and/or Torres Strait Islander peoples;
- Financially self-sustaining – The enterprise derives a substantial proportion of its revenue from trading activities (not including income generated through tenders to deliver government community service contracts);
- Governance – Have a board and management in place with the qualifications, skills, experience and reputational standing to manage the enterprise; and
- Stage of development – Applicants must be in either start-up stage (have a business plan and be ready to launch) or growth stage (an existing social enterprise that requires capacity building through the development of new markets or products).

Availability and utilisation of funding

Overall, the fund was limited as many applicants were unable to meet ISEFs criteria, and would have required significant pre-investment support to build the financial capability of enterprises prior to investment submissions.

Funding type and size offering

The investment packages were a combination of grants and loans, with the loan component being interest-free and flexible repayment terms⁵⁸. The pilot confirmed that the combination loan and grant product was an attractive offering to ISEs with investment proposals ranging from \$80,000 to \$480,000 to be used for capital expenditure, operating expenses, or a combination of the two.

Associated guidelines and rules

⁵⁸ [Indigenous Social Enterprise Fund Fact Sheet. Social Ventures Australia.](#)

The funding guidelines for the ISEF are detailed in the Indigenous Social Enterprise Fund Factsheet⁵⁹.

⁵⁹ [Indigenous Social Enterprise Fund Fact Sheet. Social Ventures Australia.](#)

Figure 13: High level assessment of ISEF



Source: KPMG. Note – this funding opportunity is currently no longer available for use.

2.7 Comparison of funding source availability

This Table 7 is a comparative table of the eight funding sources that have been explored above. It can be determined that while the accessibility and availability of the selected funding sources is relatively moderate to high, current utilisation and size is less so. However, this may be a result of requiring further engagement with the Sector to test and validate this high level assessment, particularly for these two criteria.

Table 7: Comparative summary of the selected funding sources

| Funding Source | Accessibility | Availability | Current Utilisation | Size |
|--|---------------|--------------|---------------------|----------|
| 1. Integrated Team Care (ITC) Activity | High | Moderate | High | Moderate |
| 2. Mental Health Care Funding | Moderate | Moderate | Minimal | Moderate |
| 3. Rural Health Outreach Fund (RHOF) | High | Moderate | Minimal | Moderate |
| 4. Social and Emotional Wellbeing (SEWB) Program | High | High | High | N/A |
| 5. Practice Incentives Program (PIP) | Moderate | Moderate | Moderate | Moderate |
| 6. Supporting Self-Determination | High | High | N/A | N/A |

| Funding Source | Accessibility | Availability | Current Utilisation | Size |
|---|---------------|--------------|---------------------|----------|
| 7. The Western Cape Community Development Fund | Moderate | Minimal | Minimal | Moderate |
| 8. Indigenous Social Enterprise Fund (ISEF) | Moderate | Minimal | Moderate | Moderate |

Source: KPMG

3. Support Resources

3.1 Resources to enhance capability and financial sustainability

This section identifies available resources to support ACCHSs in improving their capability and capacity for the long term. Resources can be defined as materials, staff, or other assets that can be drawn on by a person or organisation in order to function effectively. In this context, resources are those that may assist or support an organisation in overcoming obstacles to improve long term capability and financial sustainability.

Through stakeholder consultations, it was identified that there is a wide range of resources that exist within the Sector through a variety of organisations, supports and mediums. While this was supported by desktop research, navigating these resources presented a challenge in itself. There is limited coordination and overall guidance of where to access resources for different purposes. This presents challenges for ACCHSs in identifying resources which may enable them to further develop their capacity and capability. However, based on limited engagement with the Sector at this time, this is inconclusive, particularly as some of the most relevant, appropriate and successful support resources may yet be identified through sector consultation.

When identifying appropriate support resources for the Sector, it is important to consider the definition of sustainability, *“the capacity and capability of an organisation delivering primary health care services to withstand environmental changes, whilst delivering primary health care that is holistic, responsive, comprehensive, and culturally appropriate to the community which controls it”* (see *Organisational Enablers Report* for further details of the definition). As such, support resources may include:

- those that are generally available;
- those that are specific to community controlled organisations; and / or
- those that are specific to community controlled health services.

It is important that the support resources that reside within these brackets assist ACCHSs to improve their long term capability.

However, within the Sector, it is important to consider the availability, adequacy, suitability and sensitivity of resources in supporting ACCHSs. These terms can be defined as:

1. **Availability** – how readily available are support resources?
2. **Adequacy** – can the resources be tailored to meet the broad range and types of ACCHSs within the Sector?

3. **Suitability** – are the resources relevant and cover the spread of capacity and capability requirements for ACCHSs?
4. **Sensitivity** – are the resources culturally appropriate and sensitive to the operating context of the ACCHSs?

In this way, although a wide range of general supports may be accessed by ACCHSs, not all may be adequate, suitable, and sensitive to the communities and members in which they serve. As such, specifically targeted support resources for the Sector can provide the greatest level of support for ACCHSs and the Sector more broadly.

3.2 Support resources for the Sector

Resources can be provided in a variety of forms and types. Based on desktop research and stakeholder consultations, these support resource types include:

- online materials and documents;
- education and training workshops;
- capability uplift;
- professional and financial advice through third parties; and
- partnerships and peer development.

Within the Sector, a large number of organisations provide a variety of support resources across these types to enhance ACCHSs' capability and capacity. For each resource type, this report provides a definition, and example of a resource available and an indication of the spread of supports available across the organisational enablers. It should be noted that this analysis has been limited by no engagement with the Sector and will require further validation should additional information become available.

3.2.1 Online materials and documents

Online materials and documents include those that are available on the internet. Within the Sector, there are a large variety and range of online resources supplied by websites of organisations and businesses to support ACCHSs. Some of these entities include, but are not limited to, PHNs, Office of the Registrar of Indigenous Corporations (ORIC), NACCHO, and Sector Support Organisations (SSOs)⁶⁰. There is huge variety and scale of online resources available, but the extent to which they are adequate, relevant and sensitive to their intended purpose cannot be identified without input from the Sector.

⁶⁰ Sector Support Organisations (SSOs) were previously termed Affiliates

Office of the Registrar of Indigenous Corporations (ORIC)

ORIC provides a range of online resources for use by any ACCHSs or individuals requiring further guidance.

These resources include:

- factsheets on particular topics about the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (CATSI) and running corporations;
- guides to reporting and the legislation governing Aboriginal and Torres Strait Islander Corporations;
- a health corporation checklist containing a list of questions to check compliance and identify areas that require attention;
- forms for corporation changes, reporting and registration;
- templates for rule books, members, officers, meetings and delegations;
- information for corporations involved in managing native title; and
- policy statements about the CATSI Act.

Assessment of available online materials and document resources

The assessment below (Table 8) has been completed based on resources identified, and was informed through desktop research and key themes extracted from the stakeholder interviews. These key themes were collected in alignment with the stakeholder group and can be found in Appendix C: Key Themes from Stakeholder Interviews.

Table 8: Assessment of available online materials and document resources

| <i>Operational Structure</i> | <i>Workforce</i> | <i>Systems and Processes</i> | <i>Governance</i> | <i>Financial Management</i> | <i>Information Management</i> | <i>Community Engagement</i> |
|------------------------------|------------------|------------------------------|-------------------|-----------------------------|-------------------------------|-----------------------------|
| Yes | No | Yes | Yes | Yes | Yes | No |

3.2.2 Education and training

Education and training includes those resources that provide opportunities for ACCHSs to facilitate improved capacity and capability for service delivery. Often, these resources are in the form of workshops, online courses, training days and / or programs that can cover a range of topics designed to assist further development of staff.

Service Development Assistance Panel

One example of education and training resources is those provided by the Service Development Assistance Panel (SDAP). SDAP provides culturally appropriate local solutions to address the challenges of maintaining and delivering quality aged care services to Aboriginal and Torres Strait Islander communities and people living in

remote areas⁶¹. SDAP consists of suitably qualified organisations engaged to provide specialist advice and assistance to eligible aged care providers⁶². SDAP offers four categories of assistance:

1. Service Delivery;
2. Sector Support;
3. Financial Management; and
4. Project Management.

While SDAP also provides online materials and documents, they offer facilitation of information sessions, education and awareness activities, strategic planning activities, staff training and staff recruitment, retention and rostering activities.

Eligibility for SDAP assistance applies for aged care services located in remote and very remote areas and / or those providing aged care to a significant number of Aboriginal and Torres Strait Islander people located anywhere in Australia⁶³.

Assessment of available education and training resources

The assessment below (Table 9) has been completed based on resources identified, and was informed through desktop research and key themes extracted from the stakeholder interviews. These key themes were collected in alignment with the stakeholder group and can be found in Appendix C: Key Themes from Stakeholder Interviews.

Table 9: Assessment of available education and training resources

| <i>Operational Structure</i> | <i>Workforce</i> | <i>Systems and Processes</i> | <i>Governance</i> | <i>Financial Management</i> | <i>Information Management</i> | <i>Community Engagement</i> |
|------------------------------|------------------|------------------------------|-------------------|-----------------------------|-------------------------------|-----------------------------|
| Yes | Yes | No | Yes | Yes | No | Yes |

3.2.3 Capability uplift

Capability uplift refers to access of an organisation to suitably trained administrative staff that improve the capacity of the team and environment in which they operate. An example of this would be a secondment program where an external resource / staff joins supports a team and / or organisation with a specific focus to build the capacity of those around them as well as support business processes and operations.

Through stakeholder interviews, it was identified that Queensland had recently invested in supporting services to better position themselves in responding to funding opportunities. It was achieved through a tailored plan that was co-designed with a third party and each service to develop the capacity and capability of the

⁶¹ [Service Development Assistance Panel Factsheet](#). Department of Health. June 2017.

⁶² [Service Development Assistance Panel Factsheet](#). Department of Health. June 2017.

⁶³ [Service Development Assistance Panel Factsheet](#). Department of Health. June 2017.

organisation. Feedback provided indicated that specific types of supports were imperative in facilitating a smoother transition for services. These supports included governance, skill based requirements, business planning, options analysis and strategic thinking. It is important to note that different services utilised different forms of supports to lift capability.

The Jawun Model

Jawun is a model where corporate, government and philanthropic organisations come together with Indigenous people to increase the capacity of Indigenous leaders, organisations and communities to achieve their own development goals⁶⁴. Jawun operates through the following:

- a) Projects for support are identified – Indigenous organisations outline their capability and capacity priorities;
- b) Skills required are identified – Jawun helps the Indigenous organisations think through the corporate or government secondees required;
- c) Secondees are matched with projects – Jawun works with corporate and government partners to identify suitable secondees; and
- d) Induction and support – Jawun manages the secondees' induction into the region and provides ongoing support during the secondment⁶⁵.

This model effectively drives progress and improvement in Indigenous communities through emphasis on Indigenous-led organisations, initiatives with a local or 'place-based' focus, and programs that utilise the unique skills of partners.

Indigenous Community Volunteers

Indigenous Community Volunteers (ICV) is a registered charity and non-profit community development organisation. ICV provides access to skilled volunteers and resources in areas where education, health care and employment opportunities are limited⁶⁶. They pair volunteers with organisations that require help and are supported by and rely on philanthropic funding. The local community decides what skills are needed, manages project design and selects volunteers.

Assessment of available capacity building resources

The assessment below (Table 10) has been completed based on resources identified, and was informed through desktop research and key themes extracted from the stakeholder interviews. These key themes were collected in alignment with the stakeholder group and can be found in Appendix C: Key Themes from Stakeholder Interviews.

⁶⁴ [The Jawun Model.](#)

⁶⁵ [The Jawun Model.](#)

⁶⁶ [Indigenous Community Volunteers. Information for Communities.](#)

Table 10: Assessment of available capacity building resources

| | | | | | | |
|------------------------------|------------------|------------------------------|-------------------|-----------------------------|-------------------------------|-----------------------------|
| <i>Operational Structure</i> | <i>Workforce</i> | <i>Systems and Processes</i> | <i>Governance</i> | <i>Financial Management</i> | <i>Information Management</i> | <i>Community Engagement</i> |
| No | Yes | Yes | Yes | Yes | Yes | No |

3.2.4 Professional and financial advice

Professional and financial advice includes access to third parties and / or independent bodies for advice on business systems and processes, financial management, governance structures or any other areas that may be required.

Indigenous Business Australia

IBA was created to assist and enhance the economic development of Aboriginal and Torres Strait Islander people across Australia⁶⁷. IBA can provide an assessment of the resources and assistance that can be utilised to assist organisations through the business life cycle. They offer a range of tailored workshops to develop business skills as well as provide access to an external business consultant to provide businesses with specialised support including procurement and tendering; growth strategies; marketing and strategic planning; bookkeeping and accountancy; websites and search engine optimisation; IT systems; networking events; business risk mitigation; business review and turnaround; due diligence; and succession planning⁶⁸.

Assessment of available professional and financial advice resources

The assessment below (Table 11) has been completed based on resources identified, and was informed through desktop research and key themes extracted from the stakeholder interviews. These key themes were collected in alignment with the stakeholder group and can be found in Appendix C: Key Themes from Stakeholder Interviews.

Table 11: Assessment of available professional and financial advice resources

| | | | | | | |
|------------------------------|------------------|------------------------------|-------------------|-----------------------------|-------------------------------|-----------------------------|
| <i>Operational Structure</i> | <i>Workforce</i> | <i>Systems and Processes</i> | <i>Governance</i> | <i>Financial Management</i> | <i>Information Management</i> | <i>Community Engagement</i> |
| Yes | Yes | Yes | Yes | Yes | Yes | Yes |

3.2.5 Partnerships and peer development

Partnership and peer development refers to the capacity and capability uplift driven by relationships between two or more ACCHSs or between an ACCHS and other organisation. Stakeholder consultations identified the instances of a larger ACCHS supporting or, in some cases, subcontracting a smaller ACCHS to deliver services.

⁶⁷ [Indigenous Business Australia](#). 2018.

⁶⁸ [Indigenous Business Australia](#). 2018.

For one smaller ACCHS, it facilitated growth and development of capacity and capability to meet the criteria of a funding source and receive funding for services at the next commissioning cycle. In this context, while partnerships can be a legal form of business operation between two organisations, it can also include informal relationships that may form between similar organisations for growth and development.

Institute for Urban Indigenous Health

The Institute for Urban Indigenous Health (IUIH) coordinates planning, development, and delivery of comprehensive primary health care services to the Indigenous population of South East Queensland. IUIH develops business-to-business partnerships with like-minded organisations to further expand service delivery, secure ongoing delivery of programs and increase a network of community support⁶⁹. This model of service offers organisations the opportunity to support initiatives and the delivery of comprehensive primary health care⁷⁰. In this context, IUIH is supporting local ACCHSs and their communities in South East Queensland to take responsibility for and deliver health services to Indigenous Australians by Indigenous Australians.

Assessment of available partnerships and peer development

The assessment below (Table 12) has been completed based on resources identified, and was informed through desktop research and key themes extracted from the stakeholder interviews. These key themes were collected in alignment with the stakeholder group and can be found in Appendix C: Key Themes from Stakeholder Interviews.

Table 12: Assessment of available partnerships and peer development

| <i>Operational Structure</i> | <i>Workforce</i> | <i>Systems and Processes</i> | <i>Governance</i> | <i>Financial Management</i> | <i>Information Management</i> | <i>Community Engagement</i> |
|------------------------------|------------------|------------------------------|-------------------|-----------------------------|-------------------------------|-----------------------------|
| Yes | No | Yes | Yes | No | No | Yes |

There is huge variety and scale of resource types identified to be available to the Sector. Table 13 summarises the analysis completed in the previous section and, at a high level, provides an indication of areas of gaps that currently exist across resource types for each enabler of sustainability. It can be determined that while a range of resource types exist, they tend to be concentrated for the organisational enablers of operational structure, systems and processes, governance and financial management. Fewer types of resources appear to exist for the organisational enablers of workforce, information management and community engagement.

As such, in terms of the definition of sustainability, *“the capacity and capability of an organisation delivering primary health care services to withstand environmental changes, whilst delivering primary health care that is holistic, responsive, comprehensive, and culturally appropriate to the community which controls it”*, it can be determined that there exists support resources directed towards building the capacity and capability of an

⁶⁹ [Empowering Communities](#). Institute for Urban Indigenous Health.

⁷⁰ [Empowering Communities](#). Institute for Urban Indigenous Health.

ACCHS. However, it is evident from this analysis that while a large range of resources exist, categorising them in a way that is easy locate and access may further support the Sector.

Table 13: Summary of available support resources by resource type

| Resource Type | <i>Operational Structure</i> | <i>Workforce</i> | <i>Systems and Processes</i> | <i>Governance</i> | <i>Financial Management</i> | <i>Information Management</i> | <i>Community Engagement</i> |
|--|-------------------------------------|-------------------------|-------------------------------------|--------------------------|------------------------------------|--------------------------------------|------------------------------------|
| Online materials and documents | Yes | No | Yes | Yes | Yes | Yes | No |
| Education and training | Yes | Yes | No | Yes | Yes | No | Yes |
| Capability uplift | No | Yes | Yes | Yes | Yes | Yes | No |
| Professional and financial advice | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Partnerships and peer development | Yes | No | Yes | Yes | No | No | Yes |

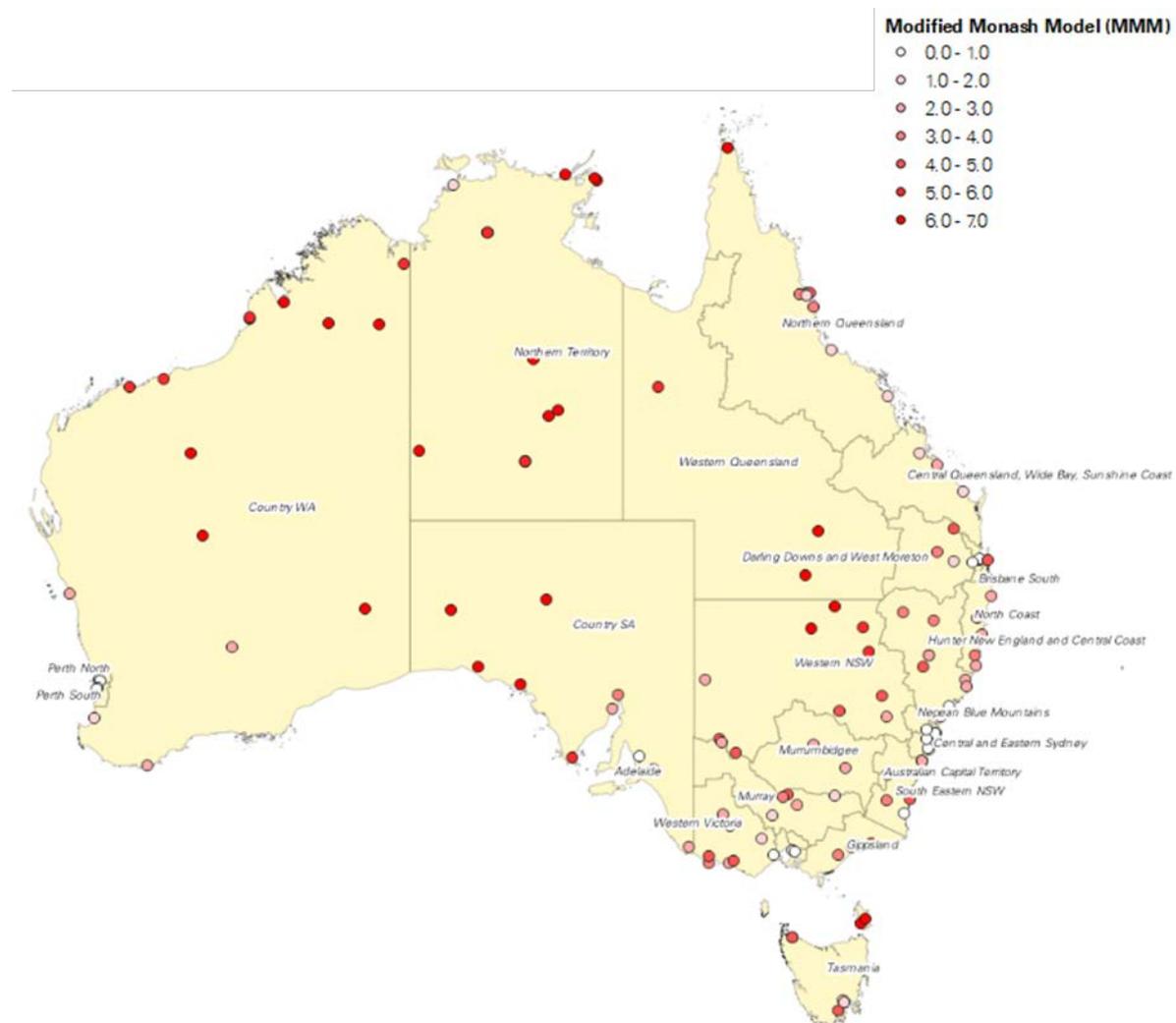
Source: KPMG

Appendices

Appendix A: Map of services by PHN Boundary and Modified Monash Model Classification

Figure 14 dictates a map of ACCHSs across Australia by Primary Health Network (PHN) Boundaries. The colour scale indicates level of remoteness by the Modified Monash Model (MMM). MMM is a geographical classification system, using population data, to identify levels of remoteness across Australia.

Figure 14: Map of services by Primary Health Network Boundary and Modified Monash Model Classification



Source: KPMG

Appendix B: Stakeholder engagement list

The key stakeholders interviewed to inform the findings of this report has been captured in Table 14 below.

Table 14: Stakeholder engagement list

| Organisation | Date of consultation |
|---|--------------------------------------|
| The Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) | Wednesday 24 July |
| Brisbane South Primary Health Network | Monday 1 July |
| Broadspectrum | Monday 1 July |
| Central Desert Native Title Services (CDNTS) | Thursday 4 July |
| Department of Health | Tuesday 19 June and Friday 21 July |
| Department of Social Services | Monday 8 July and Friday 12 July |
| Department of Veterans' Affairs | Wednesday 17 July |
| Eastern Melbourne Primary Health Network | Friday 26 July |
| Hunter New England Central Coast Primary Health Network | Thursday 4 July |
| Indigenous Accountants Australia (IAA) | Tuesday 16 July |
| Noongar Chamber of Commerce & Industry (NCCI) | Friday 5 July |
| Northern Territory Primary Health Network | Monday 1 July |
| Office of the Registrar of Indigenous Corporations (ORIC) | Thursday 4 July |
| Indigenous Business Australia (IBA) | Friday 5 July |
| Perpetual | Friday 26 July |
| Central Queensland, Wide Bay and Sunshine Coast Primary Health Network | Friday 19 July |
| Queensland Health | Thursday 18 July |
| South Australia Health | Thursday 11 July |
| Services Australia | Wednesday 3 July and Tuesday 16 July |
| Social Ventures Australia | Thursday 18 July |
| Victoria Department of Premier and Cabinet | Tuesday 16 July |

| Organisation | Date of consultation |
|--|----------------------|
| Victoria Department of Health and Human Services | Wednesday 10 July |
| Wentwest Primary Health Network | Wednesday 17 July |
| Western Australia Primary Healthcare Alliance | Friday 12 July |

Appendix C: Stakeholder consultation themes

Table 15 and Table 16 summarise the key themes identified through stakeholder interviews by stakeholder group for funding sources and support resources respectively. The tables below represents a summary of the outputs of stakeholder consultation. Given the small sample size and the inability to engage directly with the sector, no attempt at thematic analysis of these outputs has been made.

Table 15: Key themes from stakeholder interviews for sources of funding within the Sector

| Stakeholder Group | Key Themes |
|--|--|
| <p>Commonwealth Government Departments</p> | <ul style="list-style-type: none"> • There is limited awareness and understanding of the different funding sources (and quantum) available to ACCHS, between Departments or even within the same Department. • Other Commonwealth sources of funding include - PHN, NDIS, mental health, workforce incentive program - there are quite a few incentives, such as subsidising training for doctors and scholarships - special access to urban ACCOs • It has been difficult to identify what other income the ACCHSs have been successful in accessing as ACCHSs struggle with understanding why they need to share with the Department. |
| <p>State and Territory Government</p> | <ul style="list-style-type: none"> • Each State has its own plan and programs for funding for ACCHSs. These can differ between the states and territories. • Reporting obligations have a huge impact on funding with great demands of ACCHSs. • Queensland: Consistent in approach to market (to ACCHSs) with funding and programs where they are continued to fund as a roll over processes. Recently, a sample of services were supported to better position themselves to respond to funding opportunities. This was achieved through a tailored plan that was co-designed with each service to develop capability of the organisation. Supports were concentrated around scaffolding, governance, skill base requirements, business planning, options analysis and strategic thinking. It was highlighted that determining what the support for each organisation was imperative in driving this capability transition. • SA Health: Current contracts are by activity rather than outcomes driven. Workforce modelling - current ACCHSs have never had workforce modelling |

| Stakeholder Group | Key Themes |
|---|--|
| | <p>for primary health care. This will allow for a better understanding of supply and demand and how these services can be more innovative in this space.</p> |
| PHNs | <ul style="list-style-type: none"> • PHNs offer significant funding sources for ACCHSs • PHNs direct specific funding for Aboriginal and Torres Strait Islander people where some is sectioned off for capability uplift of mainstream services. • ACCHSs are potentially not responding to all funding sources that may be available whereby, it was identified to be limited early engagement with ACCHSs and a majority of funding accessed is that which is targeted to Aboriginal and Torres Strait Islander people. • There is a significant reporting burden for ACCHSs due to requirements for commission of services. |
| Business and Philanthropic Organisations | <ul style="list-style-type: none"> • Business organisations tend to focus in on specific visions and missions that align with their corporate citizenship direction. For example, supporting organisations to attract individuals and engage them in education programs. • Indigenous health services should be proactive and engage with businesses to see if they are able to meet the procurement requirements. Otherwise, businesses will go through standard procurement and, commonly, mainstream services. There needs to be a shift in the model from receiving funding to providing services. |
| Other Community Controlled Organisations | <ul style="list-style-type: none"> • Particular skillsets are required to be able to source and acquit grant funding. This is a huge enabler. • A strategic plan that aligns with objective of the funding body, and being able to explain how that fits within the requirements of the funding organisation. |
| Other sector support organisations and groups | <ul style="list-style-type: none"> • Other funding opportunities may exist through businesses including Many Rivers, Westpac and FMG as well as mining grants. |

Table 16: Key themes from stakeholder interviews for available support resources in the Sector

| Stakeholder Group | Key Themes |
|-------------------------------------|--|
| Commonwealth Government Departments | <ul style="list-style-type: none"> • There is limited awareness and understanding of support resources (and relevance and quantum) available to ACCHS, between Departments or even within the same Department. • ACCHSs go to multiple places for support, depending on jurisdictions. Some receive state based support, and others by each other (peer support). Internet is used for a majority of resources or individuals e.g. Medicare liaison officers. • Each organisation is different – some have great business models, and some struggle to open their doors. As such, a wide range of support resources are required. • Support exists through multiple avenues including the rural workforce agencies, national rural workforce agency and empowered community programs (different Aboriginal organisations linking together to create an empowered community). • Entrepreneur’s program – business advisors who are experts to assess a business, write a report and make recommendations (Australian Government Initiative) – Program run by public services, rather than business advisors. • National Community Hubs – bridge the gap between migrants and the wider community, they connect women with schools, with each other and with organisations that can provide health, education, and settlement support. |
| State and Territory Government | <ul style="list-style-type: none"> • Partnerships ensure training that supports the Sector in developing capability of ACCHSs. • ACCHSs need support in cultural capability and workforce development. • Half yearly round tables and regular communications throughout the year for greater support and peer development between ACCHSs. |
| PHNs | <ul style="list-style-type: none"> • While peak bodies assist with additional support, not all ACCHSs interact with peak bodies. Peer support between ACCHSs would facilitate greater growth and capability development. |

| Stakeholder Group | Key Themes |
|---|--|
| | <ul style="list-style-type: none"> Other partnerships – the partnership model may offer greater flexibility for services, either purely ACCHSs or with a mainstream service. The Institute is a great example of this. |
| Business and Philanthropic Organisations | <ul style="list-style-type: none"> Indigenous health services need to be able to access resources to support corporate Australia. A variety of support organisations can be accessed by ACCHSs, just need the ability to identify who, based on capability and / or funding requirements to deliver services to their community. |
| Other Community Controlled Organisations | <ul style="list-style-type: none"> Indigenous Community Volunteers (ICV) – pairs volunteers with organisations that need help. It relies on philanthropic funding. Resources like ICV and Jawun provide capability and, by closing the skills gap, the organisation can contribute to long term financial sustainability. |
| Other sector support organisations and groups | <ul style="list-style-type: none"> IBA can help support applications for grants. Community partnership – model delivery i.e. ACCHSs have different types of service delivery models where community controlled organisations partner and work with other mainstream organisations. |

Appendix D: Data analysis methodology

Aboriginal Community Controlled Health Services (ACCHSs) applying for Indigenous Australians' Health Programme (IAHP) funding are required to submit an application form (Indigenous Australians' Health Programme Primary Health Care Activity), which details their Activity Work Plan for the financial year, their Risk Management Plan, and an indicative budget for their activity. The data from the application form for 2019-20 IAHP funding has been analysed to support the development of this report. The data contained responses from 120 ACCHSs.

Additionally, the 2017-18 financial statements for a sample of five ACCHSs has been analysed to identify the income sources that the ACCHS accessed and their distribution of expenses, as well as to identify significant differences in composition between the 2019-20 budget data provided in the IAHP application form and their actual 2017-18 income and expenditure.

Approach and methodology

The approach for the data analysis involves:

- Quantitative analysis of 2019-20 budget data for a sample of ACCHSs⁷¹.
- Quantitative analysis of 2017-18 financial statements for a sample of five ACCHSs⁷².

The analytical approaches are explained further in the section below.

Quantitative analysis of the 2019-20 Budget Data

Analysis was completed to understand the diversification of income sources available to the Sector, and the proportion of block funding and Medicare Benefits Schedule (MBS) budgeted funding as a source of income for the ACCHSs. The budget data for 2019-20 includes three sources of income:

- IAHP funding – including New Directions Mother and Babies Service (New Directions), Continuous Quality Improvement (CQI) and Healthy for Life funding.
- Government contributions – including Medicare benefits.
- Other income.

Analysis was also completed on the ACCHSs budgeted expenses to identify potential cost drivers for the ACCHS.

To analyse trends within the Sector, the characteristics of the ACCHSs considered in the analysis include:

- Modified Monash Model (MMM) classification. MMM is a geographical classification system, using population data, to identify levels of remoteness across Australia.

⁷¹ Data provided by the Commonwealth Department of Health

⁷² Data provided by the Commonwealth Department of Health

- Total budgeted income for 2019-20, analysed through the ranges in Table 17 below. The ranges were determined from analysis of the distribution of total budgeted income for the 120 ACCHSs.

Table 17: Ranges of total budgeted income for 2019-20, and the number of ACCHS within each range.

| Total Budgeted Income 2019-20 | Number of ACCHS |
|-------------------------------|-----------------|
| \$0 < \$2 million | 33 |
| \$2 million < \$4 million | 35 |
| \$4 million < \$8 million | 33 |
| \$8 million and above | 19 |

Limitations for the quantitative analysis

- The quantitative data being analysed is budget data for ACCHSs for 2019-20, and is therefore not an accurate reflection of actual income received or expenditure for the ACCHSs. To test the alignment, analysis was undertaken of 2017-18 financial statements for five ACCHSs (refer to Quantitative Analysis – 2017-18 Financial Statement Analysis).
- The data only considers one financial year, and the 2019-20 budget data may not be reflective of ACCHSs budgeted income and expenditure for other financial years.
- The income categories in the 2019-20 budget data are not clearly defined (e.g. Government contributions (including Medicare income)), and may include other income sources which are not specified in the analysis below.
- The 2019-20 budget data may not capture all income sources the ACCHS is budgeted to receive, and therefore may not be a true reflection of the budgeted total income for the ACCHSs for 2019-20.
- The data analysis considers trends within the Sector, and does not provide analysis for individual ACCHSs.

Quantitative analysis of the 2017-18 Financial Statement Analysis

Analysis was completed for a sample of five ACCHSs, reviewing their financial statements for 2017-18 to identify their sources of income and expenses. The analysis also included completing a comparison to the 2019-20 budget data, to identify significant differences in composition between the 2019-20 budget data provided in

the IAHP application form and their actual 2017-18 income and expenditure. The characteristics of the five ACCHSs reviewed are listed in Table 18, overleaf.

Table 18: Five sample ACCHSs reviewed as part of the 2017-18 Financial Statement Analysis.

| Service | MMM | Total Budgeted Income 2019-20 ⁷³ |
|---------|-----|--|
| ACCHS 1 | 2 | \$4 million < \$8 million |
| ACCHS 2 | 6 | \$8 million and above |
| ACCHS 3 | 2 | \$8 million and above |
| ACCHS 4 | 4 | \$4 million < \$8 million |
| ACCHS 5 | 1 | \$2 million < \$4 million |

Source: KPMG analysis on data provided by the Commonwealth Department of Health and publically available MMM data⁷⁴

The income sources for the sample of ACCHSs were analysed to identify the distribution of income sources received during 2017-18. For the analysis, the income sources were categorised into the following groups:

- Commonwealth Government Grants – Includes all grants received from the Commonwealth Government, including IAHP funding.
- Medicare Benefits Schedule and Practice Incentives Program Income – For ACCHS 1, this also includes immunisation incentives.
- Primary Health Network (PHN) Funding – For example, this includes funding for Integrated Team Care, Mental Health, and Alcohol and other Drug Service Development.
- State and Territory Government Grants.
- Other Grants – Includes all other grants the ACCHS received, which could include impact investing sources and / or business funding sources.
- Other Income – Includes all other income sources not included in the other five categories above (e.g. interest received, rent income).

The expenses for the sample of ACCHSs were analysed to identify potential cost drivers for the ACCHS. The expenses were categorised into the following groups:

- Care related - Includes care related costs that the ACCHS incurred (e.g. clinic supports, activities).

⁷³ Data provided by the Commonwealth Department of Health

⁷⁴ Australian Government, Department of Health. [Health Workforce Locator](#)

- Travel - Includes motor vehicle and travel expenses.
- Salaries and wages - Includes superannuation contributions.
- Building and occupancy expenses - Includes rent, repairs and maintenance, utilities, cleaning, security and safety inspections.
- Other - Includes all other expenses not included in the categories above.

Limitations for the 2017-18 Financial Statement quantitative analysis

- The analysis involved reviewing a sample of five ACCHSs, which represents a small proportion of the Sector. The data may not be reflective of the income or expense distributions for other ACCHSs within the Sector.
- The sample size is too small to determine any correlations between the MMM or total budgeted income for 2019-20, to the distribution of income sources received by the ACCHS.
- Analysis is provided for income and expense data reported in the 2017-18 financial statements, against the ACCHSs 2019-20 budget data. The data is not directly comparable due to the different time periods, so limited findings may be obtained from this analysis, however it highlights the potential differences between the distribution of income sources and expenditure from the two data sources.
- There was inconsistency in how expenses were reported for each ACCHS in the 2017-18 financial statements, and therefore there may be differences in the expenses included within each expense category for the analysis.

Appendix E: List of online links for each of the funding categories and sources

Table 19 summarises the online resources available to describe the funding categories outlined in Section 2. These links also provide more detailed information about the grants available, including eligibility criteria and application details.

Table 19: Collation of funding source links by category

| Category | Source link |
|--|---|
| Indigenous Australians' Health Programme | <p>IAHP Guidelines are provided online.</p> <p>Funding that becomes available under the IAHP Guidelines will be advertised as a Grant Opportunity on GrantConnect. Furthermore, the IAHP Guidelines may be varied from time-to-time by the Australian Government as the needs of the IAHP dictate. Amended Guidelines will be published on the GrantConnect website.</p> |
| Primary Health Network | <p>The guidelines for PHN program and funding are provided online. It is important to note that programs and grants funded by PHNs will be advertised on individual PHN websites. For ACCHSs to find their local PHN(s), noting that some ACCHSs fall within the jurisdiction of more than one PHN, ACCHSs can locate their local PHN and information about available grants, funding and commissioning priorities online.</p> <p>Funding that becomes available through PHNs will also be advertised as a Grant Opportunity on GrantConnect.</p> |
| Other Commonwealth Government sources | <p>The Other Commonwealth Government Sources include a range of Commonwealth Government departments and agencies. All of these organisations advertise their grants and the appropriate funding guidelines on GrantConnect.</p> |
| MBS claiming, the PIP and PBS | <p>There are a range of resources which can be used to supplement the knowledge of ACCHSs around MBS claiming, PIP and the PBS. The claiming and eligibility rules can change so it is important for ACCHSs to confirm these details with their Medicare Liaison Officer and to investigate any rejected claims. The resources available to ACCHSs include, but are not limited to, the following:</p> <p>Your guide to Medicare for Indigenous health services.</p> <p>MBS Items for Aboriginal Community Controlled Health Services and Other Primary Health Care Providers</p> <p>The Department of Health PBS website</p> |

| Category | Source link |
|---|--|
| | <p>The Alternative Arrangements for Medicines</p> <p>Practice Incentives Program</p> <p>Practice Incentives Program guidelines</p> |
| <p>State and Territory Government sources</p> | <p>The State and Territory Government sources are provided by a range of departments of agencies. The funding provided by these organisations is advertised in a range of online locations including public tender websites, websites listing grants and a series of department specific websites. The list below is not exhaustive but provides an indication of the websites which contain information about grant and program funding from the State and Territory Governments.</p> <p>New South Wales</p> <p>New South Wales grants and support</p> <p>Community development</p> <p>Queensland</p> <p>Queensland Government Grants Finder</p> <p>Advance Queensland Open Grants</p> <p>Queensland Council of Social Services Current Grants</p> <p>Victoria</p> <p>Victorian Government Grants and Programs</p> <p>South Australia</p> <p>Grants SA</p> <p>Northern Territory</p> <p>Grants NT</p> <p>Tasmania</p> <p>Tasmanian Community Fund</p> <p>Grants, Funding and Assistance</p> <p>Department of Premier and Cabinet</p> <p>Western Australia</p> |

| Category | Source link |
|--------------------------|--|
| | <p>WA Find a Grant</p> <p>Grants and Tenders</p> |
| Local Government sources | <p>There is no single online source of truth for local government funding sources. Some local councils are better than others at describing and advertising the grants available. It is best to call the local council in addition to searching council websites for grant and funding opportunities.</p> |
| Business funding sources | <p>The funding provided by businesses is commonly advertised on the Australian Government's Business website.</p> <p>In each state and territory, businesses may also advertise on their own websites and / or community websites. An example of this is NSW Clubs which advertise grants on ClubGRANTS Online.</p> <p>One option for identifying grants in a range of online locations is to subscribe to a service such as the Grants Hub which searches for and identifies relevant grants for organisations.</p> |

Table 20 below provides a summarised list of all example funding sources identified within this report (*Available Funding Sources and Resources Report*). It should be recognised that the categories and sample of funding sources within this report were intended to provide an indicative range of the scale of funding opportunities that exists within the Sector. The table below provides each source by category and associated link for eligibility criteria and application details.

Table 20: List of example funding sources

| Funding source | Category | Source link |
|---|------------------------------|---|
| Indigenous Australians' Health Programme (IAHP) | IAHP | <p>IAHP Guidelines are provided online.</p> <p>Funding that becomes available under the IAHP Guidelines will be advertised as a Grant Opportunity on GrantConnect.</p> |
| Integrated Team Care (ITC) Activity | Primary Health Network (PHN) | <p>ITC Guidelines are provided online.</p> <p>It is important to note that funding for this program can vary by PHN jurisdiction and will be advertised on individual PHN websites.</p> |

| Funding source | Category | Source link |
|--|---------------------------------------|--|
| Mental Health Care Funding | PHN | <p>Mental Health Care Activity funding guidelines are provided online.</p> <p>It is important to note that funding for this program can vary by PHN jurisdiction and will be advertised on individual PHN websites.</p> |
| Psychosocial Support services | PHN | <p>The guidelines for PHN program and funding are provided online.</p> <p>It is important to note that funding for this program can vary by PHN jurisdiction and will be advertised on individual PHN websites.</p> |
| In-home Palliative care funding | PHN | <p>The guidelines for PHN program and funding are provided online.</p> <p>It is important to note that funding for this program can vary by PHN jurisdiction and will be advertised on individual PHN websites.</p> |
| Social Isolation funding | PHN | <p>The guidelines for PHN program and funding are provided online.</p> <p>It is important to note that funding for this program can vary by PHN jurisdiction and will be advertised on individual PHN websites.</p> |
| The Rural Health Outreach Fund (RHOF) | Other Commonwealth Government Sources | <p>The fund holders for the RHOF operate at a state-based level and are available online.</p> <p>It is important to note that funding for this program can vary by jurisdiction and will be advertised on individual fund holder websites.</p> |
| Social Emotional Wellbeing Program (Indigenous Advancement Strategy) | Other Commonwealth Government Sources | <p>A description of the programs under the IAS, including details of outcomes sought and the types of activities that can be funded are provided online.</p> |
| Alcohol and Other Drugs Program (Indigenous Advancement Strategy) | Other Commonwealth Government Sources | <p>A description of the programs under the IAS, including details of outcomes sought and the types of activities that can be funded are provided online.</p> |
| Jobs, Land and Economy Program (Indigenous Advancement Strategy) | Other Commonwealth Government Sources | <p>A description of the programs under the IAS, including details of outcomes sought and the types of activities that can be funded are provided online.</p> |

| Funding source | Category | Source link |
|---|---------------------------------------|---|
| Children and Schooling Program (Indigenous Advancement Strategy) | Other Commonwealth Government Sources | A description of the programs under the IAS , including details of outcomes sought and the types of activities that can be funded are provided online. |
| Culture and Capability Program (Indigenous Advancement Strategy) | Other Commonwealth Government Sources | A description of the programs under the IAS , including details of outcomes sought and the types of activities that can be funded are provided online. |
| Remote Australia Strategies Program (Indigenous Advancement Strategy) | Other Commonwealth Government Sources | A description of the programs under the IAS , including details of outcomes sought and the types of activities that can be funded are provided online. |
| Research and Evaluation Program (Indigenous Advancement Strategy) | Other Commonwealth Government Sources | A description of the programs under the IAS , including details of outcomes sought and the types of activities that can be funded are provided online. |
| The Workforce Incentive Program | Other Commonwealth Government Sources | The Workforce Incentive Program will commence on 1 January 2020. Further information on the program is currently available online. The guidelines will be published on this site prior to the transition on 1 January 2020. |
| Indigenous Employment Programs | Other Commonwealth Government Sources | There exists a range of Indigenous Funding Programs that provide business benefits including access to employment incentives, training and support, and access to ready-applicants. There is no single source of information on these programs, however, all of these organisations should advertise their grants and the appropriate funding guidelines on GrantConnect . |
| The National Disability Insurance Scheme (NDIS) | Other Commonwealth | NDIS Guidelines are provided online. |

| Funding source | Category | Source link |
|--|---------------------------------------|--|
| | Government Sources | Funding available under the NDIS is by application through an Access Request either verbally or using a paper form. |
| The Disability, Mental health and Carers Program | Other Commonwealth Government Sources | <p>The Disability, Mental Health and Carers Program Guidelines can be found in the Program Guidelines overview, available online.</p> <p>The Department of Social Services funds eligible non-government organisations to deliver Community Mental Health Programs, including Family mental Health Support Services, Carers and Work, The Individual Placement and Support Trail, and A Better Life.</p> |
| The Families and Communities Program | Other Commonwealth Government Sources | <p>ACCHSs are eligible to apply for the Department of Social Services Families and Communities funding for social inclusion and community development projects (one-off funding).</p> <p>The Families and Communities Program Guidelines are available online.</p> |
| Aged Care Funding | Other Commonwealth Government Sources | <p>Aged care subsidies and supplements are available to providers of aged care services in home care and residential care. The Australian Government pays eligible providers an amount of subsidy for each care recipient, and individual supplements to care recipients to support their care.</p> <p>The subsidies and supplements for aged care funding are detailed online.</p> <p>This website also provides key contact details for each subsidy and supplement available.</p> |
| Indigenous Business Australia | Other Commonwealth Government Sources | <p>A range of funding options are available from Indigenous Business Australia for ACCHSs. These may include loans, performance bonds, and finance packages. Further details of these programs and contact details are available online.</p> <p>Application details for these programs and contact details can also be accessed through the above site.</p> |
| Medicare Benefit Schedule (MBS) Claiming | MBS claiming, the Practice Incentive | There are a range of resources which can be used to supplement the knowledge of ACCHSs around MBS claiming. The claiming and eligibility rules can change so it is important for ACCHSs to confirm |

| Funding source | Category | Source link |
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| | Program (PIP) and the Pharmaceutical Benefit Scheme (PBS) | <p>these details with their Medicare Liaison Officer and to investigate any rejected claims. The resources available to ACCHSs include, but are not limited to, the following:</p> <p>Your guide to Medicare for Indigenous health services.</p> <p>MBS Items for Aboriginal Community Controlled Health Services and Other Primary Health Care Providers.</p> |
| After hours care PIP ⁷⁵ | MBS claiming, the PIP and the PBS | <p>The guidelines for the PIP are available online.</p> <p>Application for the PIP can be performed online through Health Professional Online Services, using a Provider Digital Access (PRODA) account. Specific details for the After Hours Care PIP can be found in the specific Guidelines. The claiming and eligibility rules can change so it is important for ACCHSs to confirm Program details and to investigate any rejected claims.</p> |
| eHealth PIP ⁷⁶ | MBS claiming, the PIP and the PBS | <p>The guidelines for the PIP are available online.</p> <p>Application for the PIP can be performed online through Health Professional Online Services, using a Provider Digital Access (PRODA) account. Specific details for the eHealth PIP can be found in the specific Guidelines. The claiming and eligibility rules can change so it is important for ACCHSs to confirm Program details and to investigate any rejected claims.</p> |
| General practitioner payment PIP ⁷⁷ | MBS claiming, the PIP and the PBS | <p>The guidelines for the PIP are available online.</p> <p>Application for the PIP can be performed online through Health Professional Online Services, using a Provider Digital Access (PRODA) account. Specific details for the General Practitioner PIP can be found in the specific Guidelines. The claiming and eligibility rules can change so it is important for ACCHSs to confirm Program details and to investigate any rejected claims.</p> |

⁷⁵ Payment incentives may be added or removed depending on the focuses of general practice activity.

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| Funding source | Category | Source link |
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| Aged care access PIP ⁷⁸ | MBS claiming, the PIP and the PBS | The guidelines for the PIP are available online. Application for the PIP can be performed online through Health Professional Online Services, using a Provider Digital Access (PRODA) account. Specific details for the Aged Care Access PIP can be found in the specific Guidelines. The claiming and eligibility rules can change so it is important for ACCHSs to confirm Program details and to investigate any rejected claims. |
| Indigenous health PIP ⁷⁹ | MBS claiming, the PIP and the PBS | The guidelines for the PIP are available online. Application for the PIP can be performed online through Health Professional Online Services, using a Provider Digital Access (PRODA) account. Specific details for the Indigenous Health PIP can be found in the specific Guidelines. The claiming and eligibility rules can change so it is important for ACCHSs to confirm Program details and to investigate any rejected claims. |
| Procedural general practitioner PIP ⁸⁰ | MBS claiming, the PIP and the PBS | The guidelines for the PIP are available online. Application for the PIP can be performed online through Health Professional Online Services, using a Provider Digital Access (PRODA) account. Specific details for the Procedural General Practitioner PIP can be found in the specific Guidelines. The claiming and eligibility rules can change so it is important for ACCHSs to confirm Program details and to investigate any rejected claims. |
| Quality improvement PIP ⁸¹ | MBS claiming, the PIP and the PBS | The guidelines for the PIP are available online. Application for the PIP can be performed online through Health Professional Online Services, using a Provider Digital Access (PRODA) account. Specific details for the Quality Improvement PIP can be found in the specific Guidelines. The claiming and eligibility rules can change so it is important for ACCHSs to confirm Program details and to investigate any rejected claims. |

⁷⁸ Payment incentives may be added or removed depending on the focuses of general practice activity.

⁷⁹ Payment incentives may be added or removed depending on the focuses of general practice activity.

⁸⁰ Payment incentives may be added or removed depending on the focuses of general practice activity.

⁸¹ Payment incentives may be added or removed depending on the focuses of general practice activity.

| Funding source | Category | Source link |
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| Teaching PIP ⁸² | MBS claiming, the PIP and the PBS | The guidelines for the PIP are available online. Application for the PIP can be performed online through Health Professional Online Services, using a Provider Digital Access (PRODA) account. Specific details for the Teaching PIP can be found in the specific Guidelines. The claiming and eligibility rules can change so it is important for ACCHSs to confirm Program details and to investigate any rejected claims. |
| Service Incentive Payments (SIPs) ⁸³ | MBS claiming, the PIP and the PBS | SIPs are paid directly to GPs for incentive for clinicians. The guidelines are included as part of the PIP Guidelines and are available online. The claiming and eligibility rules can change so it is important for ACCHSs to confirm Program details and to investigate any rejected claims. |
| Closing the Gap (CTG) PBS Co-payment ⁸⁴ | MBS claiming, the PIP and the PBS | The CTG PBS Co-payment Measure improves access to PBS medicines for eligible Aboriginal and Torres Strait Islanders living with, or at risk of, chronic disease. Information about patient registration, prescribing, dispensing and claiming pharmaceutical items under the CTG – PBS Co-payment measure can be accessed online as an Education Guide . |
| Programs through the Sixth Community Pharmacy Agreement | MBS claiming, the PIP and the PBS | The Sixth Community Pharmacy Agreement supports existing community pharmacy programs and enables pharmacists to deliver new and expanded medication management services for Australians who need additional assistance to management their medications. The Sixth Community Pharmacy Agreement is available online. |
| Quality Use of Medicines Maximised for Aboriginal and Torres Strait | MBS claiming, the PIP and the PBS | The QUMAX aims to improve quality use of medicines and contribute to positive health outcomes of Aboriginal and Torres Strait Islander peoples, of any age, who present at participating ACCHSs. The Program Rules are available online. |

⁸² Payment incentives may be added or removed depending on the focuses of general practice activity.

⁸³ SIPs are paid directly to GPs for incentive for clinicians.

⁸⁴ This initiative offers low or no-cost PBS prescriptions to clients who identify as Aboriginal and Torres Strait Islander.

| Funding source | Category | Source link |
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| Islander People (QUMAX Program) | | |
| Section 100 – Highly Specialised Drugs (HSD) Program (Community Access) (as appropriate) | MBS claiming, the PIP and the PBS | The HSD Program provides access to specialised PBS medicines for the treatment of chronic conditions which, because of their clinical use and other special features, have restrictions on where they can be prescribed and supplied. The National Health (Highly Specialised Drugs Program) Special Arrangement 2010 provides the legislative framework for the HSD Program and is available online. |
| Making Tracks – Queensland | State and Territory sources | The Making Tracks Investment Strategy is available online. A range of funding programs and initiatives are included within this strategy that are targeted across five priority areas. |
| Support Self-Determination - Victoria | State and Territory sources | Supporting Self-determination: Prioritising Funding to Aboriginal Organisations Policy is available online. |
| Darwin City Council – Community Programs | Local Government sources | Community and environment grants are advertised on the City of Darwin website online. These programs are directed towards supporting community organisations carry out activities which contribute to community and environment outcomes. The Community Grants Program Guidelines are available online. |
| Brisbane City Council – Healthy and physical activity grants | Local Government sources | The Healthy and Physical Activity Grants provide funding to local not-for-profit community groups for projects to increase participation in community sport, recreation and physical activity in Brisbane. The Health and Physical Activity Grants guidelines are available online. |
| Wagga Wagga City Council – women and family health grants | Local Government sources | Wagga Wagga City Council provides funding towards local community service needs and priorities from the ClubGRANTS scheme (see below). The committee has placed a high priority on early childhood and family services, women and family health, and childcare services. The application portal and further eligibility information is available online. |

| Funding source | Category | Source link |
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| City of Mount Gambier – self-help activities and quality of life grants | Local Government sources | Community grants and funding are available to community groups for distribution for the development of community services. The application form is paper-based and accessible online . |
| ClubGrants (NSW) | Local Government sources | The ClubGRANTS scheme is a statewide initiative that provides the framework for registered clubs to directly fund priority projects and services. The funding provided assists groups that may not have otherwise been able to secure financial assistance and helps to ensure valued services and projects continue to be delivered. The scheme allows registered clubs with annual gaming machine revenue exceeding \$1 million to apply a percentage of that revenue to specific development and support projects. The application portal is available online. |
| The Queensland Gambling Community Benefit Fund | Local Government sources | Not-for-profit groups operating in Queensland can apply for grants through the Gambling Community Benefit Fund to enhance capacity to provide services. Eligibility criteria and application information is available online. |
| Western Australia Lotterywest grants | Local Government sources | Lotterywest offers grants to not-for-profit organisations and local government authorities. Eligibility criteria and application information is available online. |
| Aurizon – Community Giving Fund | Business funding sources | The Aurizon Community Giving Fund provides funding in support of health and wellbeing, community safety, environment and education. Eligibility criteria and application information is available online. |
| Rio Tinto – The Western Cape Community Development Fund | Business funding sources | The guidelines for the Western Cape Community Development Fund are available online. The application form is also accessible online . |

| Funding source | Category | Source link |
|--|---------------------------|---|
| Many Rivers | Business funding sources | <i>Note: further information of this funding program was inaccessible at the time of report completion.</i> |
| Westpac | Business funding sources | A range of grants exist through the Westpac Foundation for social enterprises and community organisations. Further information and application details can be accessed online. |
| Fortescue Metals Group (FMG) | Business funding sources | The Fortescue Community Grants invest in projects, groups and initiatives that have a positive impact on the Pilbara communities. An overview of the grant program is available online. The community grant application form is also available online. |
| Indigenous Social Enterprise Fund (ISEF) | Impact Investment sources | <i>Note: this funding program was used as an example only and is no longer available as a funding source.</i> |

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