



Towards an Aboriginal Health Plan for NSW
Consultation Paper 2 *“the same challenges seen through new eyes”*



Prepared by:

Dr Leigh Gassner & Steve Atkinson
Reos Partners
Melbourne Office
79 Little Oxford St
Collingwood, 3066 Victoria

7 February 2012



Contents

Introduction..... 3

Tackling Complex Problems..... 5

Consultation Methodology and Process to Date..... 6

Summary Findings – Dialogue Interviews..... 7

Summary Findings – Regional Workshops..... 11

Realisations..... 19

Building Blocks for the Future..... 20

What’s Missing?..... 29

Essential Parts of a Connected Whole..... 30

Creating New Outcomes..... 31

The Holding Structure..... 36

Guidance for the Development of the NSW Aboriginal Health Plan..... 37



Towards an Aboriginal Health Plan for NSW Consultation Paper 2 *“the same challenges seen through new eyes”*



Introduction

In collaborative partnership with the Aboriginal Health and Medical Research Council of NSW (AH&MRC), the NSW Ministry of Health, Centre for Aboriginal Health, (CAH) undertook a consultation and dialogue process across metropolitan and rural NSW. The consultations were designed to inform the development of a ten year Aboriginal Health Plan for NSW. It is anticipated that the Aboriginal Health Plan will provide an overarching framework and set the strategic direction for the health system in NSW to meet the challenge of achieving sustainable equality in health outcomes for Aboriginal people.

The consultation process includes stakeholder interviews, rural and metropolitan workshops throughout NSW, a Health and Wellbeing Forum, and written submissions through the Centre for Aboriginal Health webpage. The primary purpose of this dialogue process was to consult widely across a multi-stakeholder population connected to Aboriginal health in order to explore the diverse opinions and perspectives about how the current system is perceived and what is needed for the future.

The first phase of this consultation process involved thirty dialogue interviews conducted with key stakeholders across the health system in October 2011. The interviewees were asked to share “through their own eyes” their views about how they see the past and present situation of Aboriginal health in NSW, and its future. The interviews were followed up with a series of eight one-day workshops. The workshops extended the group of 30 interviewees to over 200 local decision-makers, leaders, and practitioners across the metropolitan and rural regions of NSW during November 2011. The convening question that formed the primary focus of the workshops was:

“How can we, together transform the way we work and collaborate to significantly improve health outcomes of Aboriginal people across NSW over the next ten years?”

This question was designed in a purposeful way. Firstly, it asks how “we together” can tackle this challenge, not how the challenge can be tackled separately or in competition. Secondly, it asks not what could be done to change the way we work and collaborate, but what could be done to “transform” it; transform it permanently in the way a caterpillar transforms into a butterfly – the butterfly can’t then return to its original form. Thirdly, it includes a focus on both “working AND collaborating” – both were seen as difficult and necessary challenges to tackle. Finally, to significantly improve health outcomes of Aboriginal people over the next ten years requires us to both understand what “health outcomes” look like through the eyes of Aboriginal people, and that while ten years is not a long time, it is likely to be long enough to start seeing measureable changes in Aboriginal health outcomes – changes that in some cases are just not possible to observe in just 3-5 years.



Towards an Aboriginal Health Plan for NSW Consultation Paper 2 *“the same challenges seen through new eyes”*



Introduction

The consultation process was based on an underlying philosophy of Reos Partners for tackling “stuck problems” in complex social systems: a system that is able to look clearly at itself and its current realities, is more likely to be effective in thinking together about its future. The primary purpose of the interviews, workshop and Forum was to distill and collate the views from the ground up to help us “see” the collective thinking of key leaders and decision makers from across health system. The consultations enabled us to explore the breadth of views on both the current system, as well as dreams and aspirations of the ideal future. This was conducted in a way that regarded as “very different” and “very positive” by almost all those in attendance. As one of the Aboriginal women elders said, this approach provided us with a way to see our own insight and wisdom. That while much of the same problems seem to repeat over and over again, it showed us, *“the same challenges seen through new eyes”*. This statement succinctly summed up the basis of the consultations and the new possibilities that emerged as a result.

Through exploring the convening question, challenges, issues, opportunities and leverage points for action emerged. These opportunities and leverage points have the potential to collectively form the basis of the ten year Aboriginal Health Plan for NSW.

This consultation report provides a summary of the collective outcomes from the consultation process to date, as well as the proposed building blocks for *how we can together transform the way we work and collaborate to significantly improve health outcomes of Aboriginal people across NSW over the next ten years.*

“It is never enough just to tell people about some new insight. Rather, you have to get them to experience it in a way that evokes its power and possibility. Instead of pouring knowledge into people’s heads, you need to help them grind a new set of eyeglasses so they can see the world in a new way.”

John Seely Brown



Tackling Complex Problems

Tackling seemingly intractable problems in complex social systems require a specific set of approaches that extend beyond our more traditional and typical problem solving techniques. This does not mean our typical practices are unimportant, but it means they will often benefit greatly from the inclusion of a different approach designed specifically to tackle complexity.

There are three key types of complexity that are often present in social systems (from Adam Kahane, Reos Partners, 2002). From a number of perspectives it would appear to be the case that all three types of complexity are currently present in the health system in NSW.

These three types of complexity are:

- Dynamic complexity:** Cause and effect are far apart and interdependent - the system needs to be approached as a connected whole, not in separated parts.
- Social complexity:** Actors have diverse perspectives and interests – an inclusive, participative, multi-stakeholder approach needs to be applied to find sustainable solutions for all.
- Generative complexity:** The future is unfamiliar and undetermined - a reliance on present and past practice is often not enough. The approach needs to be emergent - involving discovery and innovation to search for new solutions.

As such, the approach taken across the consultation for this work is simultaneously systemic, participative and creative.



Towards an Aboriginal Health Plan for NSW

Consultation Paper 2 *“the same challenges seen through new eyes”*



Consultation Methodology and Process to Date

Reos Partners undertook a dialogue process involving the Government, the NGO sector and Aboriginal communities in a way that enabled these stakeholders to think differently together, to openly tease out issues in new ways, and to help shift the mindsets in a manner that can collectively lead to new innovations and ideas to shift “stuck” systemic problems”. The process was designed to enable groups of system stakeholders to explore the current state side-by-side, to re-conceive what is possible, and to co-create new possibilities for the future in ways that aim to build deeper awareness, deeper understanding, new insights, deeper trust, stronger relationships and ongoing inclusion. The following consultation process was undertaken:

Multi-stakeholder dialogue and consultation process was designed to bring to the surface both prevailing views and new insights whilst concurrently and progressively identifying, building upon and validating the emerging themes and challenges.

Dialogue Interviews: This first stage involved conducting over 30 dialogue interviews from a wide range of stakeholders from across the State (October, 2011). The interviews were subsequently synthesised into key themes that provided a framework for the eight regional workshops that followed in November 2011.

Regional Workshops: Workshops were conducted in Broken Hill, Coffs Harbour, Nowra, Dubbo, Wagga Wagga, Tamworth and Sydney (x2). Each workshop was comprised of a multi-stakeholder group of local decision-makers from across the Health system. The workshops were designed to enable the stakeholders to explore the current reality as they saw it, to step back from the complexity and then to creatively imagine the ideal future. Following this, groups identifies what would be the immediate and longer-term actions at a local and State level needed to make genuine progress towards this future.

Consultation Report: The detailed findings from the interviews and workshops were analysed and synthesised into a “consultation paper” that was shared with participants of the Health and Wellbeing Forum held on Monday, 28 November 2011. This consultation paper also drew together findings from the interviews and workshops into a inter-connected set of “building blocks for the future” that define the essential elements necessary to create a systemic and sustainable shift in the health system. (Note: the current document is an updated version of the original consultation paper based on the subsequent additions from the Forum.)

Health and Wellbeing Forum: The Forum was co-hosted by Minister Kevin Humphries and the Aboriginal Health and Medical Research Council and involved a validation and exploration of the overall findings from the interviews and regional workshops, including a more in-depth review of the inter-connected “Building Blocks for Future” (included in the original Consultation Paper and also included in this document). In addition, the members of the Forum were asked to consider what was needed to ensure that these building blocks were effectively implemented in practice. New findings from the Forum have been included in the balance of this document.



Summary Findings – Dialogue Interviews

The thirty State-wide dialogue interviews enabled us to develop a rich set of themes that included views and perspectives on Aboriginal health in NSW. The purpose of the interviews was to elicit and help clarify the thinking of each interviewee on the topic of: *How can we, together transform the way we work and collaborate to significantly improve health outcomes of Aboriginal people across NSW over the next ten years?* Each interview included aspects of how the interviewees understand and saw from their perspective the current situation in Aboriginal health, the core challenges and choices they and the sector are facing, and the possibilities and leverage points they saw for future improvement and transformation. The interviewees were drawn from senior levels of government, AH&MRC Board members, local level managers, program co-ordinators and front-line providers in city, rural and regional NSW. In a sense it was a representative slice through the health system.

Based on these interviews, a number of **key themes** emerged. These themes include, **Workforce, Delivery Models, Funding, Connection, Respect, Leadership, Accountability, Measurement & Reporting, Outcomes** and **Time**. Each of these themes are described in more detail below:

Workforce: This theme was predominant in the interviews. It includes the need to attract and provide a pathway for Aboriginal people to work in the health system and for them to be continually supported to ensure retention accordingly the continual building of expertise. The ability to build capability through proper education was seen as critical in ensuring the right mix of skills and capacity are available to support the health system providing the best service to the Aboriginal community. In particular the need for local Aboriginal people to be educated and work in their own communities is important for a sustainable workforce. The issue of Aboriginal workers being treated equally and with respect was seen as necessary yet not always obvious in the system. It was also apparent that Aboriginal health workers have a very different role to that of their non-Aboriginal counterparts in that it is difficult for them to “leave their work at work”. They are expected by their community to provide advice at any time, even after work hours.

Another important whole of workforce issue relates to the mainstream services where cultural competency and cultural safety are paramount to ensuring a respectful health system free of both personal and institutionalized racism. It was clear through the interviews that the prevailing attitude in the health system should be one whereby each and every mainstream health worker is culturally competent in interacting with Aboriginal people entering the system, that is with respect and understanding, and indeed the whole system should be culturally safe for Aboriginal people seeking assistance. It must be added that the interviews clearly indicated that there was a lot more sincere effort required to achieve a mainstream system with cultural competency and cultural safety prevailing.



Summary Findings – Dialogue Interviews

Delivery Models: Delivery models focused on the critical factors which both impaired and enhanced good health service delivery within Aboriginal communities. This included the question of Aboriginal health being seen in a wholistic sense rather than being reduced to just a medical solution. The definition of Aboriginal health was often referred to in terms of the social, emotional and cultural well-being of the individual and the community, not just the medical solution which can be provided. It also included the focus of service delivery with a greater emphasis on primary health programs rather than over-emphasis on acute care. Access to the system and cultural safety in the system effected the ability of a service to deliver appropriate outcomes for Aboriginal people. The need to acknowledge the cultural, traditional and historical influences on an Aboriginal person when they consider entering the system or not is significant and determines the effectiveness of the health system in achieving good outcomes.

Funding: The funding theme stretched across the depth and breadth of the system. It included the complex and difficult funding arrangements between the Commonwealth and State as well as acknowledgement at the local level that funds were not always efficiently and effectively used by local services. Both the Commonwealth and State funding arrangements and the lack of coordination of local resources contributed to fragmentation of service delivery as well as unproductive competition for funds and multiple reporting and evaluation regimes. A top-down approach to funding added to the concern that many local services believed that they knew what services and program needed funding but were not able to secure it under the current arrangements – they felt they were not listened to and while numerous programs were funded they may be irrelevant or peripheral to local community needs. The overwhelming concern relating to the current funding structures was the sense of waste and duplication AND the misdirection that was occurring through the unintended consequences of fragmented and misaligned funding sources. It was felt that much more efficiency could be gained here.

Connection: Connection included the ability to link-up at all levels of the system to overcome fragmentation and enhance the co-ordination of resources and effort. Connection involved deeper and more meaningful relationships being built, beyond merely MoUs or similar. Connection also involved the need for meaningful consultation and genuine involvement in decision making rather than just looking for superficial input. It was often questioned whether those who are being consulted were actually being listened to. Underpinning the whole concept of connection was the element of trust. If trust couldn't be built with the community then the relationships would not be truly effective and sustainable and health outcomes would suffer as a result.



Towards an Aboriginal Health Plan for NSW

Consultation Paper 2 *“the same challenges seen through new eyes”*



Summary Findings – Dialogue Interviews

Respect: This theme involved the respectful treatment of Aboriginal people - a sense of equality and inclusion, without the presence of racism – either on a personal level or institutionalised. Respect also involved Aboriginal people feeling safe that if they entered the health system their confidentiality would be respected, their culture honoured and their children and families protected from being taken away by the authorities. This is a living, present day fear felt by many Aboriginal people still part of and connected to the Stolen Generation. The prevailing attitudes and level of understanding, particularly by non-Aboriginal people in the system, directly effected the experience Aboriginal people had, and indeed whether they would enter the system at all to receive help. This theme seemed to be deeply embedded.

Leadership: The need for strong, consistent, accountable and honest leadership at all levels of the system was also acknowledged. Those consulted were eager to see leadership from the Ministerial level right through to the local level. There was a clear signal about the need for strong leadership at the local level which included leadership in building and sustaining partnerships and genuinely representing the local communities. It was observed that when leadership was strong and working well, many other parts of the system started to work well also.

Accountability: Like leadership, accountability was viewed as vital from the Ministerial level down to the local level. Even though there was a feeling that accountability in government needed tightening, there was also a clear message that managers at a local level also needed to be kept accountable for delivering what was expected of them, particularly in joining up local services, ensuring funds reaching their intended purpose, and proactively advocating for their community’s needs.

Measurement & Reporting: The measurement and reporting regimes were seen as complex, bureaucratic and often unnecessary. Often reporting was seen as being done for reporting sake and what was measured and reported upon could not often seen as contributing to the desired outcomes of providing an effective health system to Aboriginal people. There was also perceived unfairness on what the Aboriginal health services had to report upon as against other non-Aboriginal services. Equally there were concerns that nothing was done with the reporting and questions were asked about how the information was used strategically to improve health outcomes.



Towards an Aboriginal Health Plan for NSW

Consultation Paper 2 *“the same challenges seen through new eyes”*



Summary Findings – Dialogue Interviews

Outcomes: Interviewees were asked what outcomes they had seen change in their time in Aboriginal health. Many commented that nothing had really changed however others were able to see a change for the better if they looked at specific local programs or in some cases over long periods of time. The general consensus was that if some positive change had occurred it had often been unnecessarily difficult and slow. The interviewees were also asked to “set their sights” for the future and what would they see. The comments were varied but many felt that if the themes described in this report could be addressed the system could shift for the better.

Time: Time was seen in several ways. Firstly, it was felt that Aboriginal health services were asked to make a difference and achieve outcomes over a very short period of time – based on short-term funding cycles rather than cycles needed to show genuine health improvements. It was generally believed that nothing sustainable could be reliably achieved over a three year period, particularly when the early part of this timeframe was needed for the program set up, recruitment etc. It was also felt that the time it takes to make a difference was not understood or acknowledged by decision-makers (funders). Time was also perceived differently from an Aboriginal perspective. Different world views collided on the issue of time and this collision between policy makers and Aboriginal communities was not constructive in addressing health outcomes. Finally there was a genuine sense of urgency that time was quickly running out and there is no time to waste. People are hurting right now and need assistance and government and others have to move decisively and systemically.



Towards an Aboriginal Health Plan for NSW

Consultation Paper 2 *“the same challenges seen through new eyes”*



Summary Findings – Regional Workshops

The eight regional workshops took place in Broken Hill, Coffs Harbour, Nowra, Dubbo, Wagga Wagga, Tamworth and Sydney (x2). The workshops were again focused on the convening question: *How can we, together transform the way we work and collaborate to significantly improve health outcomes of Aboriginal people across NSW over the next ten years?*

The workshops included three key movements or elements over the course of the day. The first movement focused on slowing down to more deeply explore the current state and attempt to “see” the system through the eyes of different stakeholders apart from ourselves. This involved a number of steps such as learning to see the current state in a new way, a gallery walk through the themes seen as most important in the region, an exploration of the insight and questions gained through exploring these themes, and an opportunity to identify the key leverage point or biggest opportunity for making a transformational shift in the current system towards the convening question.

The second movement was different in nature and involved the concept of “retreat and reflect” – a stepping away from the noise and bustle to consider what is really needed of the people in the room as concerned individuals and as a group to transform the system. The process allowed a structured “pause” or break from the first movement before shifting gear into a space of co-creation and envisaging the future.

The third and final movement was focused on looking to the future and imagining what is possible to co-create. To shift into a creative mindset, participants were asked to paint a picture of what the health system would look like in ten years time if the convening question had been successfully achieved. While not a natural activity for those in government and healthcare, it was felt that a dream or imagination of the future was a vital step towards understanding what is needed. If we can’t imagine a desired future state, how can we get there? This exercise was then followed by a very practical step of identifying and describing what immediate and long-term actions needed to be taken at both the local and State levels to get things moving. These actions were then prioritised to further sharpen the focus of what needs to occur to help shift and transform the system.

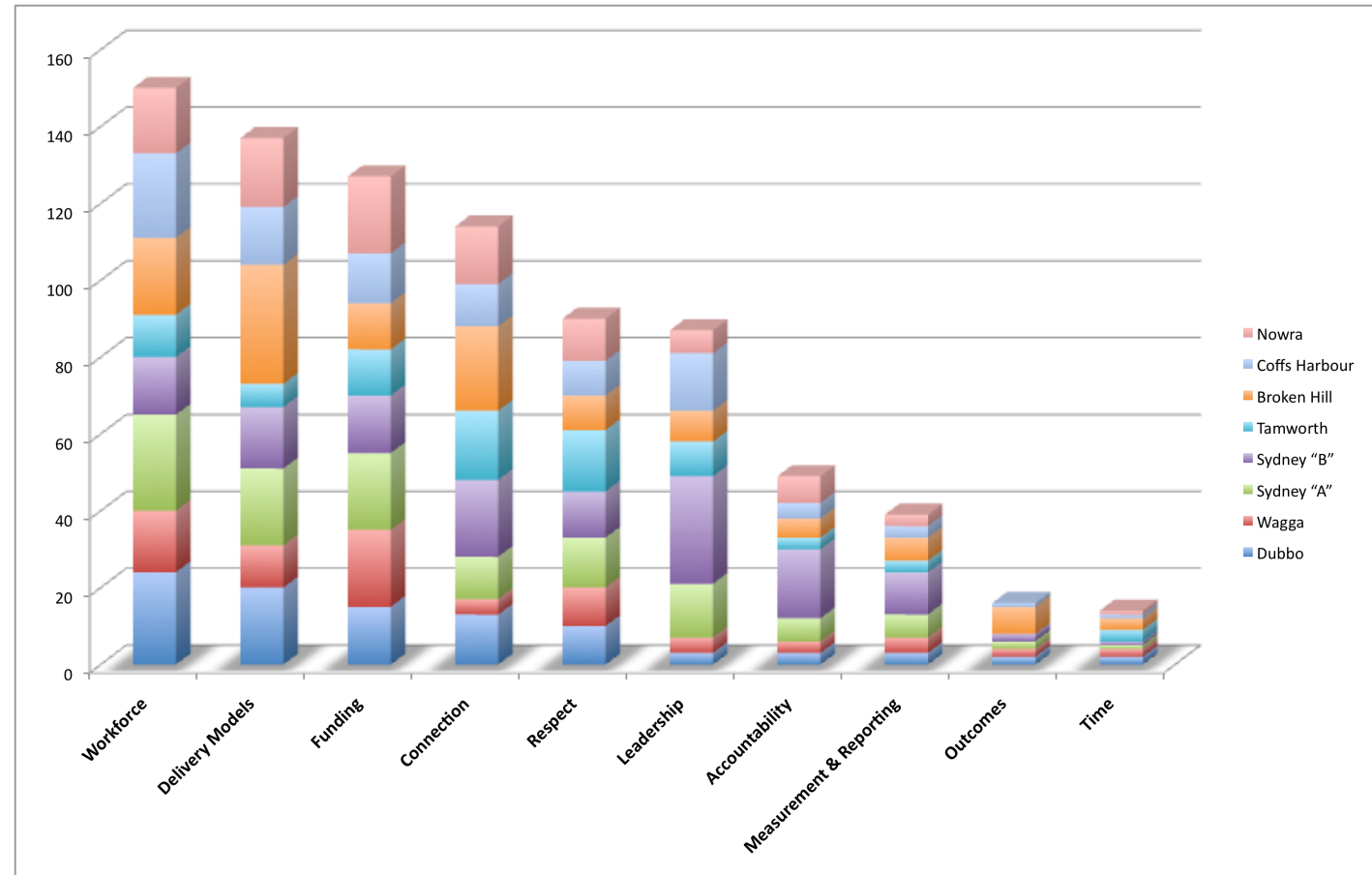
While there was a lot of rich data that was extracted from the workshops, the following pages highlight some of the high-level themes and findings from the workshops.



Summary Findings – Regional Workshops

The diagram to the right highlights the **frequency of themes** that emerged across the workshops, indicating where the areas of focus and concern lay from the stakeholders across the various regions.

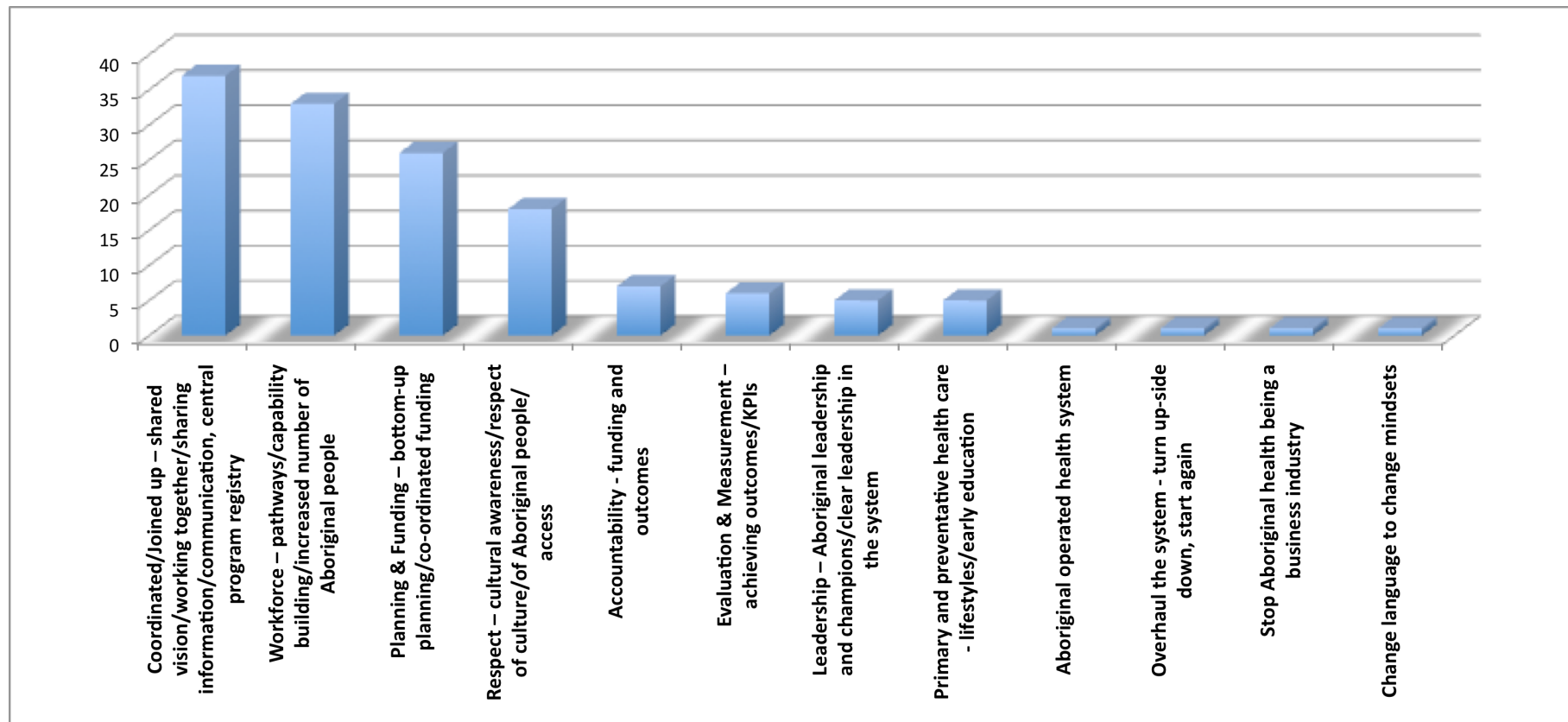
While ‘Workforce’ for example was most frequently referred to it does not necessarily mean it is more important to address than ‘Funding’ or ‘Accountability’ but rather more uppermost in people thinking about the current state.





Summary Findings – Regional Workshops

The following diagram highlights the **range and frequency of “leverage points”** or key opportunities from across all workshops that were seen as critical to address if the system is to shift:





Towards an Aboriginal Health Plan for NSW

Consultation Paper 2 *“the same challenges seen through new eyes”*



Summary Findings – Regional Workshops

The regional workshops highlighted many **insights and reflections** from those attending. Some of these have been captured in the examples below. It is often these insights that become turning points for thinking and action that can then lead to new ways of working and operating:

“I am leaving behind my cynicism that: ‘we’ve done this before,’ and ‘what’s the gain?’. I am walking out with a sense of hope and motivation. There is lots we can do, it’s just staying with it and driving it. We have lots of good opportunities...”

“More of this (workshop) is what is needed. In the 3 years I’ve been in the AMS we haven’t done something as detailed and meaningful as what we’re doing. Great there is a mix of people, not just AMS, also health services. We all want the same thing in the end. What’s needed of me is not to be so cynical and hope good things will come of it.”

“I need to sit and listen to people, and not just ‘download’. I need to be interactive and of greater acceptance of other views”

“I am grateful to have heard lots of view and thoughts about the system. I have actually noticed a bit of a shift in us today...”

“I need to be more patient and build my resilience. I have also learnt that I need to control my cynical attitude towards government. I need to continue building trusting relationships. For us all, lateral thinking and flexibility in service delivery models is very important. Respect, regard, recognition. Lead by example, breakdown barriers and silos. Support each other and mean it. We need to unite as a group and act as one.”

“I struggle with how I see racism within my organisation - how I’m exposed to it, and how I contribute. They are more questions than resolutions. How do I challenge myself to view Aboriginal people from a strength focus? How do I communicate in a better way that focuses on strengths? How do I use cultural supervision? What does that look like for me and us? What can I learn rather than what can I teach?”

“More patience and tolerance and understanding, where I work I have to be more patient of non-Aboriginal people when they try to help us. I want to be more patient. From us – to work together, communication, networking, understanding each others values.”

“I see us as leaders, we as all Australians, I went out and sat beside a lizard, he was peaceful, I thought that’s what it’s about. We need this space. I’ve been around so long, I’ve been getting angry. I have an opportunity to influence and do something about this.”

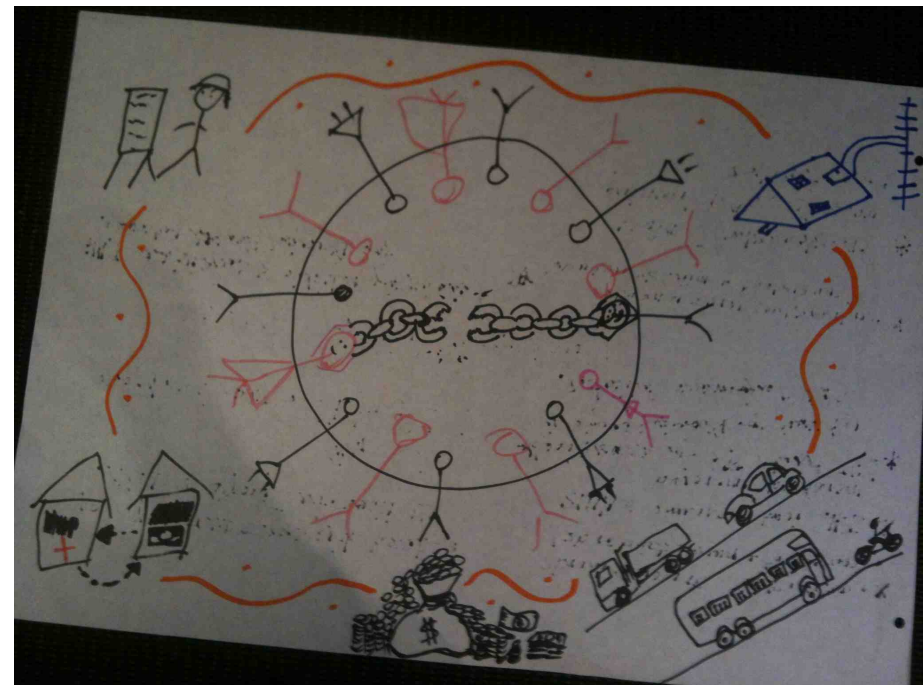
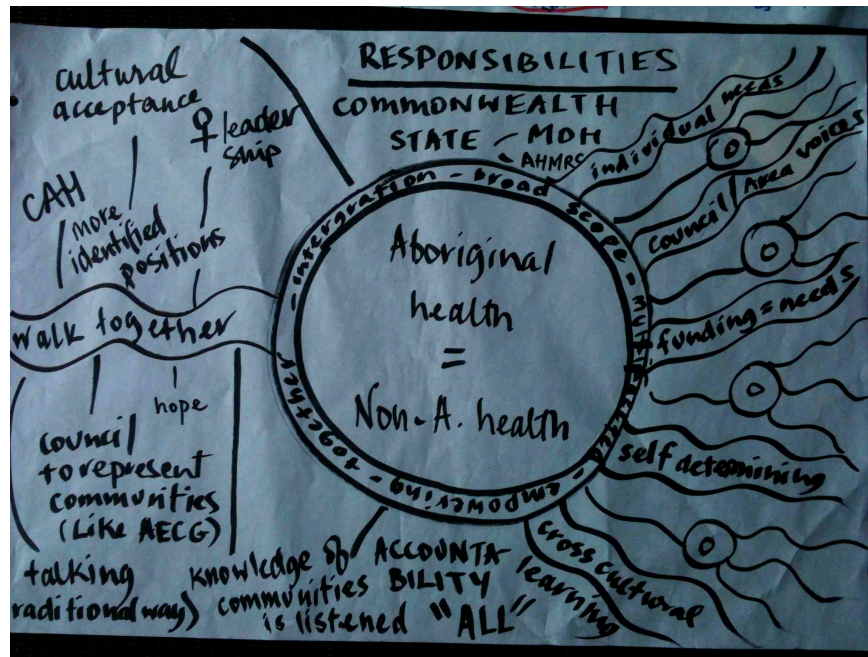
“I think we need to get past our territorial claims, and work harder together to avoid the duplication of services. We need to start walking the walk, not just the talk.”

“We need to think holistically, true commitment, collaboration, engagement, to ensure we plan better services, and build accountability into the system to close the gap...”



Summary Findings – Regional Workshops

Imaginations of the future. Some of the **imaginings of the future** are included below. Almost all groups were able to see a sense of hope and aspiration for a positive future, provided that some key, systemic, fundamental issues were addressed:



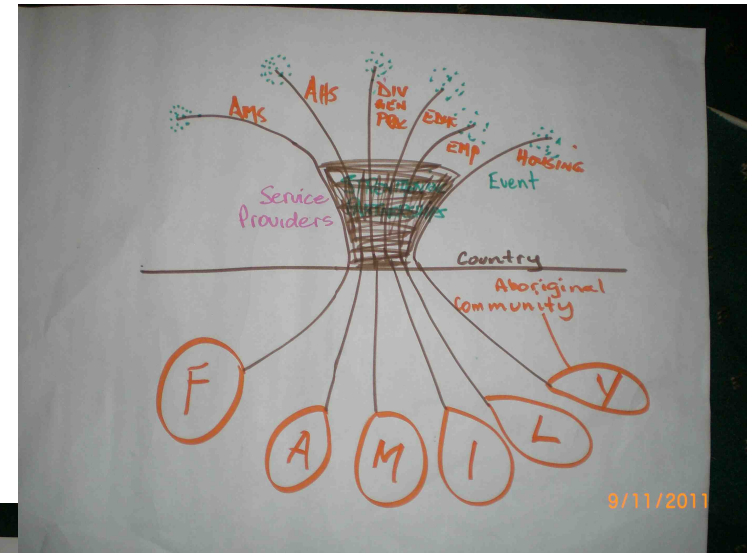


Towards an Aboriginal Health Plan for NSW
 Consultation Paper 2 *“the same challenges seen through new eyes”*



Summary Findings – Regional Workshops

Imaginations of the future:



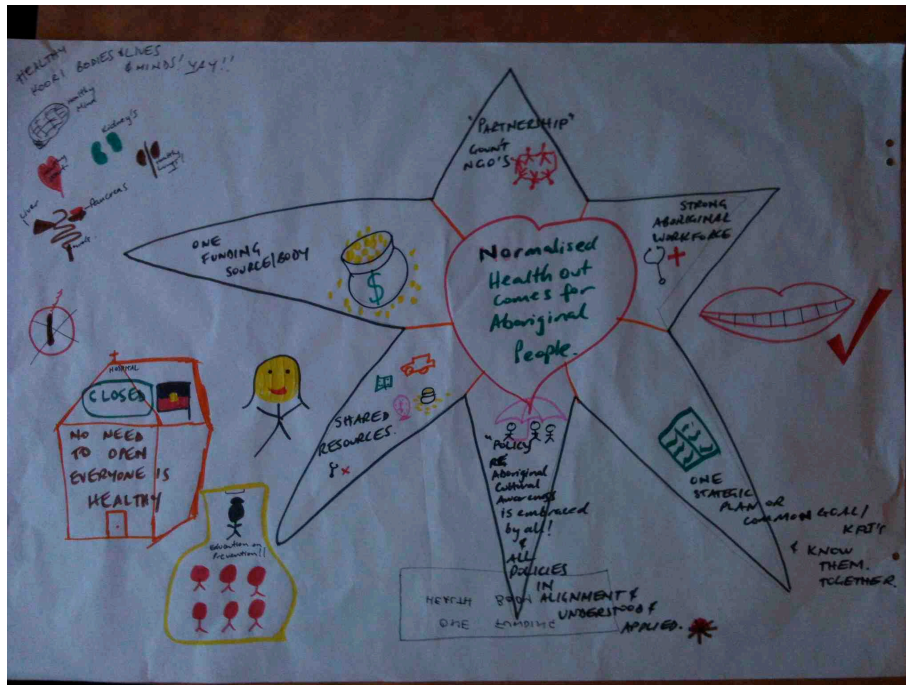


Towards an Aboriginal Health Plan for NSW
 Consultation Paper 2 *“the same challenges seen through new eyes”*



Summary Findings – Regional Workshops

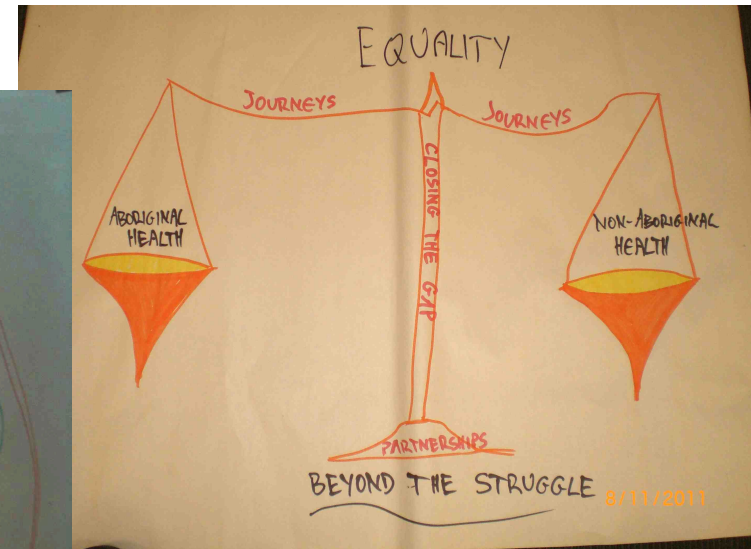
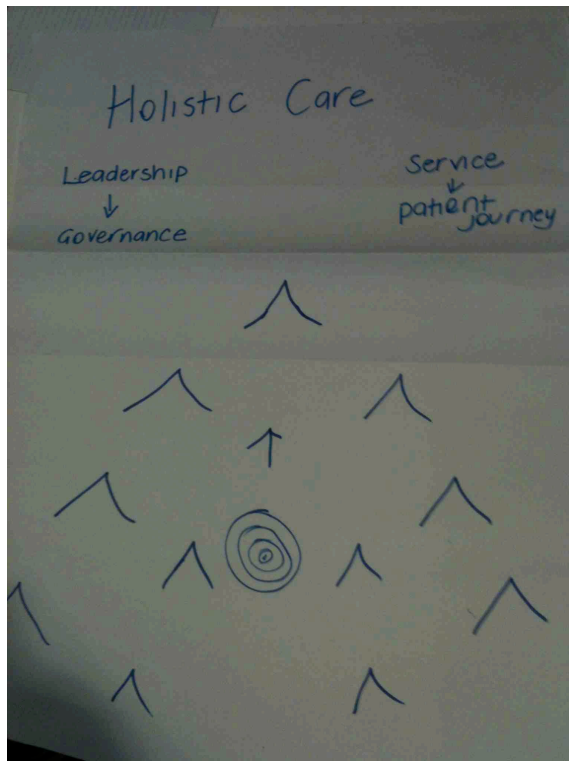
Imaginations of the future:





Summary Findings – Regional Workshops

Imaginations of the future:





Towards an Aboriginal Health Plan for NSW

Consultation Paper 2 *“the same challenges seen through new eyes”*



Realisations

There were a number of consistent points raised across the consultation process that set the scene for a shift in thinking and considering a new approach to tackling Aboriginal health at a system-wide level.

There was an emerging realisation that:

- We are all here for the same reason – to improve health;
- We are repeatedly tackling the same problems year after year, despite our best efforts to change. Why is this happening?
- We are part of a complex, “stuck” system. We need substantive, transformation of the problems – like the caterpillar transforming into the butterfly – it can’t then go back;
- We do not have a strong history of embracing change, or implementing change in an effective or sustainable way; and
- We need to learn alternative ways of tackling complex, systemic problems, and new principles and approaches of working and collaborating to significantly improve system-wide health outcomes.

So what can we do...?



Towards an Aboriginal Health Plan for NSW

Consultation Paper 2 *“the same challenges seen through new eyes”*



Building Blocks for the Future

Through a thorough synthesis and analysis of the consultation outcomes emerging from around 200 key health decision makers and stakeholders via the interviews and workshops, a core suite of fundamental “building blocks” emerged. These building blocks appeared to be essential to tackle the question: *How can we, together transform the way we work and collaborate to significantly improve health outcomes of Aboriginal people across NSW over the next ten years?* and to plan effectively for the future – a future that may unfold in unpredictable and unfamiliar ways.

There are two critical points to recognise:

The first crucial point is that these building blocks are **fundamentally inter-connected, not separate**. That is, **all seven building blocks are an essential part of a connected whole, which cannot effectively function with one or more of the parts missing**.

The second crucial feature of these building blocks is that by having all the building blocks in place and worked on simultaneously, **almost all of the challenges presented in the interviews and workshops can in some way be addressed and fundamentally changed**. The work yet to be done of course, is to carefully and systemically research and design the specific elements within and across each building block that will enable the degree of system-wide change that is necessary to tackle the convening question. This will then need to include significant implementation support and capacity building.

The building blocks include:

1. *Unified Vision & Definition of Aboriginal Health*
2. *Unified/Integrated Planning & Funding Framework*
3. *Critical Measures of Transformation*
4. *Outcome reviews/needs & gaps analyses (state & local)*
5. *Joined-up local strategy and action planning*
6. *Workforce - attract, develop, sustain*
7. *Making it happen - Joined-up local action and service delivery*

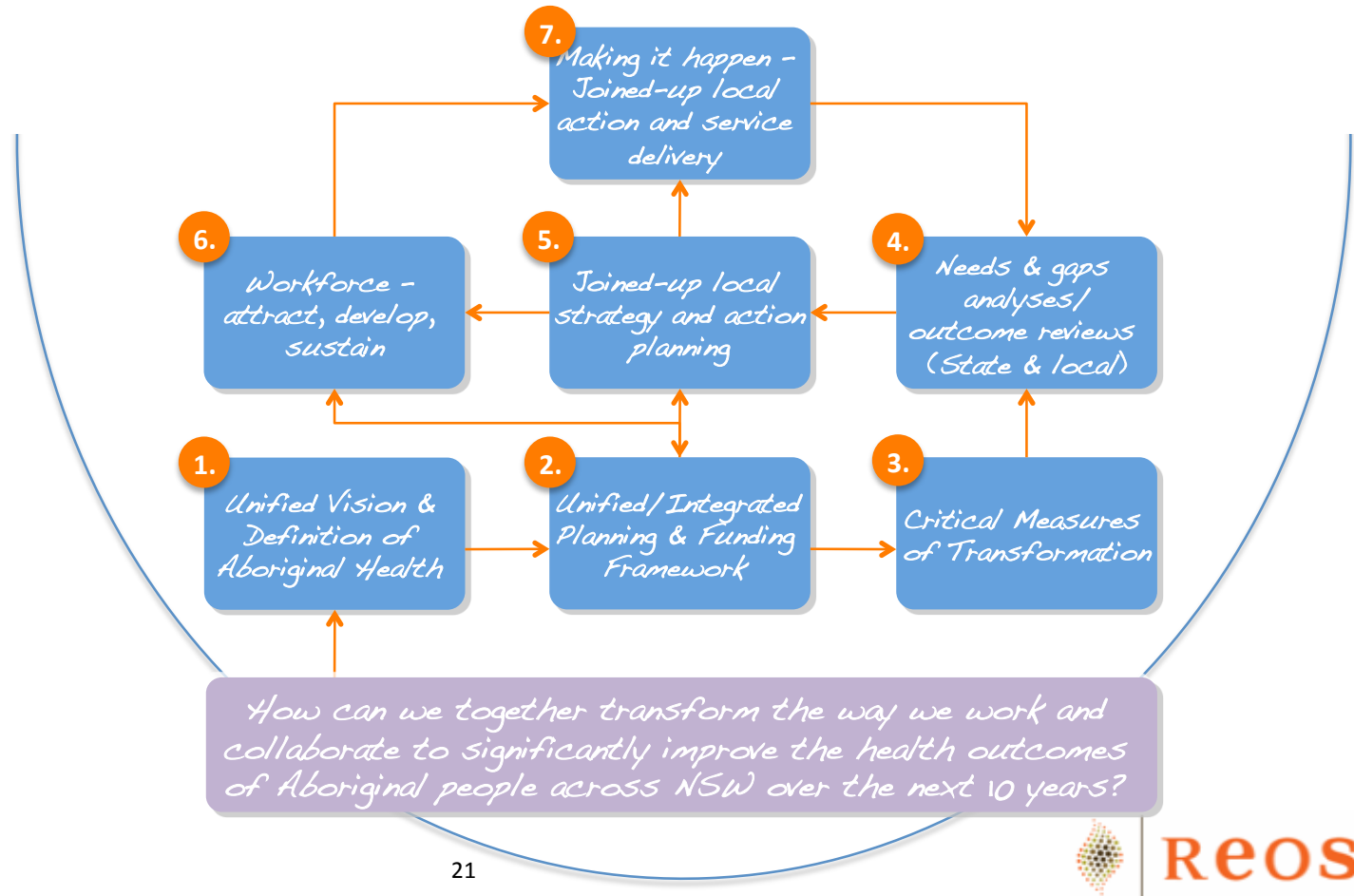
The following pages depict and describe the main elements of these building blocks for the future...



Building Blocks for the Future

Our findings from the consultations suggest that there are seven essential, integrated building blocks – all are needed as vital, inter-connected parts of the whole. Each of the building blocks will be described in further detail on the following pages:

The diagram to the right depicts the convening question (at the bottom) underpinning the seven building blocks. The arrows show the primary relationships between the building blocks and the large “U” shape around them all represents the need to lead and manage (and “hold”) these building blocks as an inter-connected holistic framework. Failure to do so will greatly reduce the system’s capacity to effectively improve health outcomes of Aboriginal people (for more details on this holding structure, please refer to page 35).





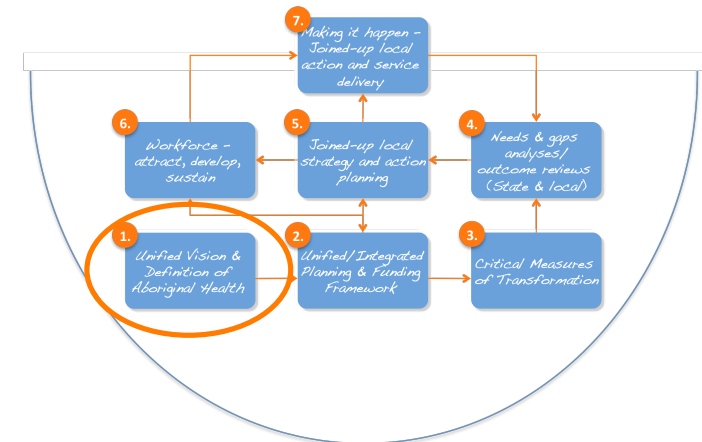
Building Blocks for the Future

1.

Unified Vision & Definition of Aboriginal Health

Involves creating:

- Single, shared vision across triumvirate (Commonwealth, State, and AH&MRC);
- Single clarity on the definition and conception of Aboriginal Health [see 1989 National Aboriginal Health Strategy (NAHS) - physical, social, emotional, spiritual, cultural].



Additional perspectives for consideration from the Health and Wellbeing Forum:

- Definition: no change – accept NAHS definition 1989;
- Build the shared vision and message together with triumvirate AND local communities; drawing upon their knowledge and wisdom. Ensure the message is delivered in a way that is understood and accepted by the local workers and communities;
- Strong bipartisan commitment from government for the entire duration of this 10 year plan - all parties must remain engaged;
- Gain community engagement. Start/use existing partnerships and people (health workers etc) known and trusted by community;
- Develop a regional strategy where all key stakeholders meet together with clearly identified roles and responsibilities to address all social and health issues such as housing, education, employment, incarceration rates (...this is bigger than health).



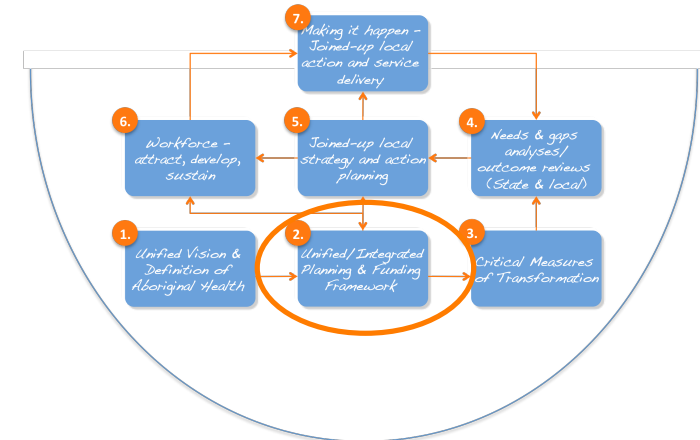
Building Blocks for the Future

2.

*Unified/Integrated
 Planning & Funding
 Framework*

Involves creating:

- Unified planning/measurement/accountability framework; and
- Integrated, “outcome focused” planning and funding model based on BOTH State AND local strategy, genuine evidence (needs/gaps) and sound research (such as, prevention, early intervention);
- Based on collaboration and partnership with shared goals and outcomes.



Additional perspectives for consideration from the Health and Wellbeing Forum:

- Define and agree core health deliverables/outcomes (versus process);
- Move away from single issue/competitive program funding – consider new models;
- Building relationships and cooperation between State and Commonwealth on funding options for best outcome (efficiencies, reduction of waste, overlaps etc);
- Understand outcomes based on the cost of service, with disadvantage weighting;
- Include service providers, Ministry, AH&MRC, GPs, LHDs, DOHA, OATSIH, consumers, and other key stakeholders [including (housing, education, welfare), Aboriginal community groups, NSW Coalition of Aboriginal Peak Organisations and AHWs e.g. AHEOs];
- Create a shared plan through a matching of local priorities and state priorities, all of which should be part of building “trust” and on-going consultation (refer to link between Building Blocks 2 and 5);
- What's also needed? Strength of cooperation and ownership (planning and funding);
- DOHA – program funding local/state priorities into national agreement.



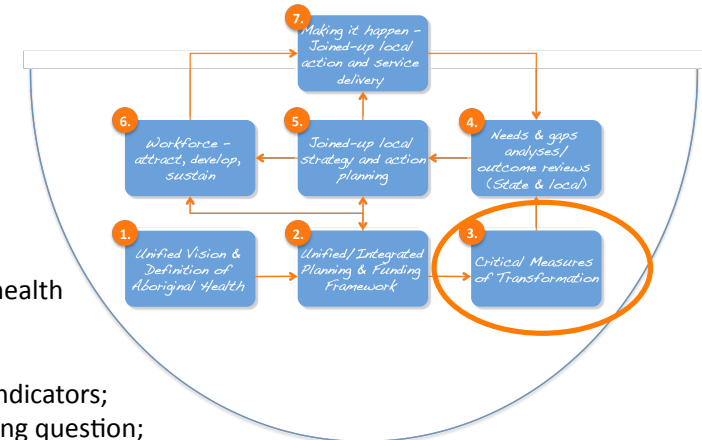
Building Blocks for the Future

3.

Critical Measures of Transformation

Involves creating:

- Carefully crafted, evidence-based tools, measures and KPIs that focus primarily on Aboriginal health “outcomes” (social, emotional and cultural health of both individuals and communities);
- Specific – targeted on a small number of key areas;
- Transparent, consistent, including both historical (past performance) and leading (predictive) indicators;
- Ensure measures are as simple as possible AND as powerful as possible – linked to the convening question;
- Remove all unnecessary reporting measures;
- Measure both “what” needs to be done and “how” it needs to be done (such as, partnership effectiveness, leadership, trust).



Additional perspectives for consideration from the Health and Wellbeing Forum:

- Agree an aligned reporting framework across all levels from DG to service level (with aligned measures relevant and appropriate to each level);
- Measures on partnerships, effectiveness/functioning-everyone, develop tools to measure, agree on things to measure. Agree on a small number of indicators at each level;
- Shift towards prevention, early intervention, child health etc. – to produce the best and most cost effective results;
- Financial accountability measures – for Aboriginal health dollars (and mainstream funding relative to Aboriginal health needs);
- Address the root cause issues (whatever they might be), give us the best chance of making a difference;
- Financial accountability–report the Aboriginal specific funding allocations and expenditure to the original health partnership.



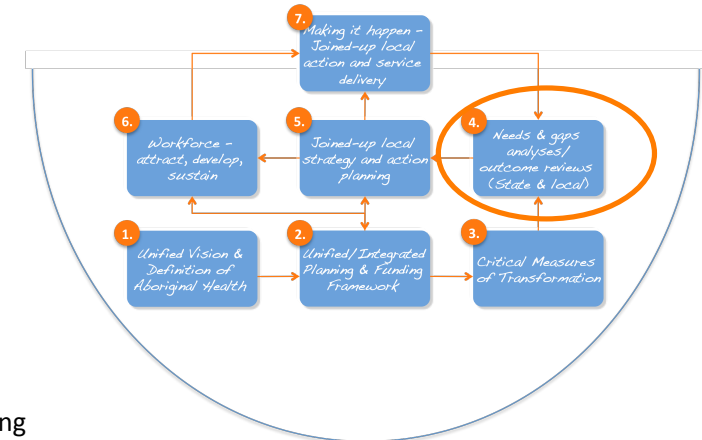
Building Blocks for the Future

4.

*Needs & gaps
analyses/
outcome reviews
(State & local)*

Involves creating:

- Meaningful, simplified and automated reporting;
- Regular, sensitive/responsive need and gap analyses at local levels (provide composite view at regional and state also) based on evidence of effective outcomes and achievement of Critical Measures of Transformation and KPIs (defined in Building Block 3);
- Use the above data as critical input for joined-up local strategy and action planning (see Building Block 5);
- Reviews at local and State level – focusing on evidence of strengths and gaps for learning and best practice sharing (share and grow versus isolate and compete).
- The process for best practice identification is critical (based on local, domestic and international data).



Additional perspectives for consideration from the Health and Wellbeing Forum:

- Ministry provides information gaps (to inform planning in Building Block 5);
- The Bureaus of Health Information provide information on performance;
- Build evidence of what works – bring in other evidence from global research and best practices for local learning/ consideration (links to Building Blocks 2 and 5 also);
- Need to be clear on purpose and uses - endorse use for strategic purposes.



Building Blocks for the Future

5.

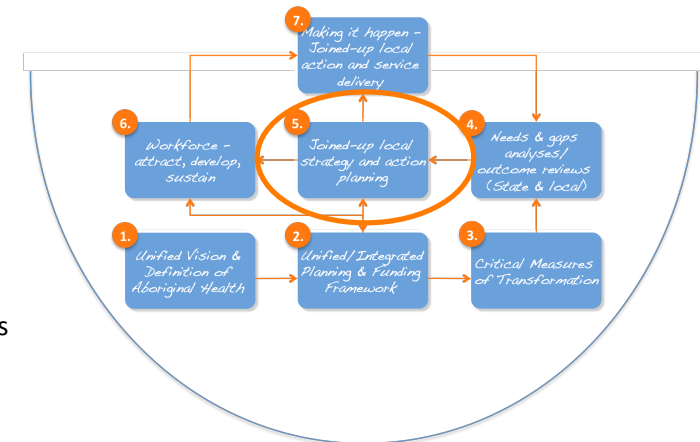
Joined-up local strategy and action planning

Involves creating:

- Regular, facilitated joined-up local strategy, action planning and informed decision-making based on a single vision, review of local needs and gaps, delivery of measures and relevant KPIs (from Building Blocks 3 and 4);
- Identify strengths to retain, share and build, and gaps to learn more about;
- Local multi-stakeholder (community members, decision-makers etc.) planning for programs to start, stop and change as needed;
- Explore ways to innovate within a flexible but rigorous accountability framework;
- Cross-region learning and co-operation.

Additional perspectives for consideration from the Health and Wellbeing Forum:

- Should be supported by a single integrated State-wide strategy (Building Block 2) and reporting of measures and need/gap analyses (building Block 4);
- Determine priorities at the local level whilst concurrently mapping existing processes;
- Build trust and transparency (no secrets) as part of “how” this is done;
- Map existing local consultation processes and agree forward processes;
- Gain collaborative agreements and commitment;
- AH&MRC and Ministry and GPNSW combine planning with AMS, Medicare Locals and LHDs;
- Begin planning, establish planning group, collect data/information from community, draft plan for consultation;
- Feed collective strategies and action planning into unified planning and funding framework (Building Block 2) to maximise health return on funds at local need and State levels.





Building Blocks for the Future

6.

*Workforce -
 attract, develop,
 sustain*

Involves creating:

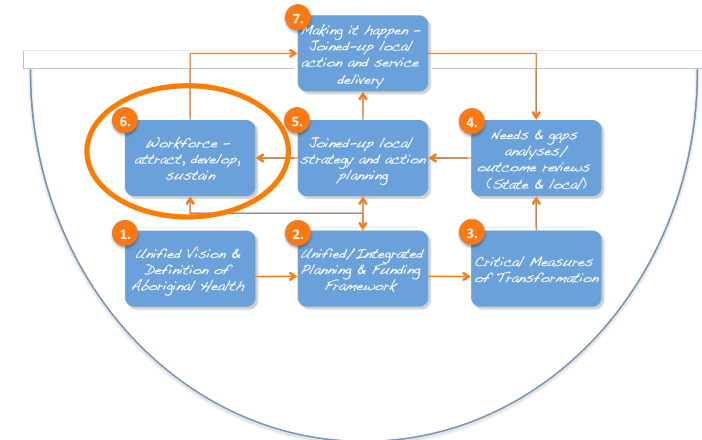
- Whole workforce strategy developed and driven by the shared vision, and planning and funding framework (Building Blocks 1 and 2) AND specific local needs (Building Block 5);
- Workforce strategy to focus on all levels from DG to service level (to address critical measures of transformation (defined in Building Block 3) including “what” needs to be done, and “how” it needs to be done (behaviour);
- Ensure it is constantly evolving and informed by evidence-base from Building Blocks 1 to 5.

Include an integrated focus on:

- Local workforce attraction;
- Education;
- Measures of cultural safety and competency;
- Continued growth and support (eg. mentoring);
- Employment/Career paths;
- Aboriginal people taking leadership positions;
- Sustainable succession plans.

Additional perspectives for consideration from the Health and Wellbeing Forum:

- Parity between ACCHS and NSW Health staff – pay, conditions, award structures, qualifications (need to address impacts on funding (link to Building Block 2);
- High rates of recruitment, retention and/or job progression (includes job migration between ACCHS and public health);
- Cultural respect and cultural safety education rolled out across the system – ensure all staff (non-Aboriginal/Aboriginal) staff are culturally competent. Define outcome measures/benchmarks (link to Building Block 3);
- Ensure educational institutions include specific Aboriginal health components in all relevant courses/disciplines - align across institutions/States;
- Ensure plenty of well-trained and competent Aboriginal leaders in the system;
- Everyone has some responsibility.



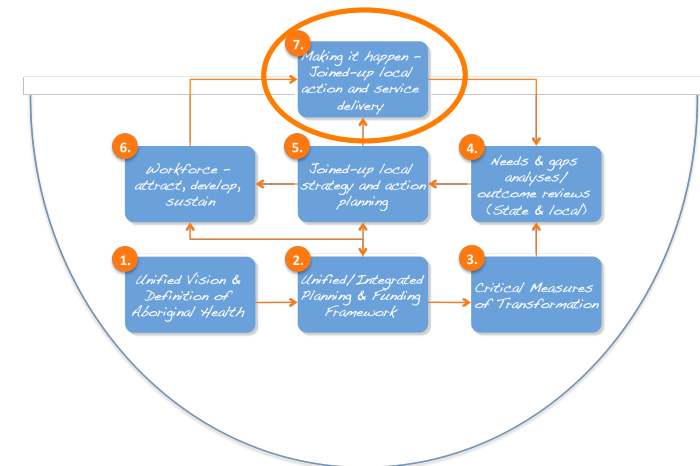


Building Blocks for the Future

7. *Making it happen -
 Joined-up local
 action and service
 delivery*

Involves creating:

- “on the ground” implementation of local strategy and action plans (link to Building Block 5);
- Ensure there is “built-in” collaboration, consultation, feedback, accountability;
- Identify new ways to work together, join-up and implement innovation ideas;
- Transition in better models of care and service delivery;
- Scale and replicate successes;
- Drive towards shared outcomes with measureable improvements in Aboriginal health indicators (linked to Building Blocks 2, 3 and 5) based on performance mechanisms.



Additional perspectives for consideration from the Health and Wellbeing Forum:

- Requires better and shared communication, meeting regularly and reliably;
- Needs to be data driven – needs data/trends/gaps/performance (Building Blocks 3, 4 and 5);
- Ensure there is role clarity between agencies - remove duplication, maximise outcomes and coverage of services to the local need (Building Block 5), respect for ACCHS comprehensive primary health care;
- Shared planning/review across all agencies;
- Increased involvement from the community at large – aimed at improving support and understanding of Aboriginal people.
- Ensure agency stakeholders have Aboriginal health focus.



What's Missing?

Throughout the consultation process, numerous repeating problems, challenges, gaps and unmet needs were espoused. These were not only an on-going source of frustration in the workplace but substantially hindered the achievement of better Aboriginal health outcomes.

Some examples are included here:

- Structured, in-built, genuine dialogue, consultation, collaboration & engagement;
- Deep local participation in decision-making;
- Aboriginal involvement in decision-making;
- Build mutual trust and respect, not "talk and tick".

- Innovative, co-ordinated, collaborative approaches to funding;
- Reduced waste & duplication;
- Allow for best investment and best ROI (eg. prevention, early intervention etc.).

- Non-fragmented, non-isolated, non-competitive;
- Real partnerships;
- Local co-ordination;
- Rigour and accountability;
- True cross-agency planning and service delivery models.

- Single top-down, bottom-to-top vision and focus.

- Clear KPIs, accountabilities (top to bottom, leader to worker);
- Regular follow-up;
- Behavioural measures - cultural competence;
- Transparent progress tracking - shared access;
- Concrete, reliable, evidence-based (not hunch-based) action and focus;;
- Information pathways - what, who, how? (health data, programs, outcomes etc).

- System-wide leadership consistency;
- Together NOT separate;
- In-built respect and honour of cultural difference;
- Long-term commitment.

- More recognised qualifications;
- Formal employment strategy;
- Local Employment opportunities.

- Reduced bureaucracy;
- Practical, targeted, consistent reporting and measurement.

- We need substantive, transformational change - we see the same issues coming up again and again...why?
- Why are these issues still problems today?

- Define cultural competence indicators;
- Build and measure cultural competence and cultural safety.

- Outcome/evidence driven NOT program/time/government driven;
- Redirect funds for best use, fill gaps, further reduce waste;
- Stop under-performance;
- Scale-up positive improvements.

- Deeper community understanding;
- Accessible, safe, patient-centred care;
- Clear patient pathways;
- Increased acknowledgement, inclusion, cultural safety.

- Recognition that:
 - We are all here for the same reason - to improve health;
 - We are repeatedly tackling the same problems year after year, despite our efforts to change - we're in a complex, "stuck" system;
 - We do not have a strong history of embracing change or implementing change in a sustainable way;
 - We need to learn alternative ways of tackling complex, systemic problems, and new principles and approaches of working and collaborating to significantly improve system-wide health outcomes.



Towards an Aboriginal Health Plan for NSW

Consultation Paper 2 *“the same challenges seen through new eyes”*



Essential Parts of a Connected Whole

By reviewing the previous seven building blocks it is possible to see the inherent logic in their fundamental inter-connectedness. Not only will carefully and rigorously addressing all seven building blocks together ensure many of the key drivers of success in the system are effectively functioning, it will help ensure that almost all of the issues, challenges and unmet needs espoused in the interviews, workshops and Forum can in some way be addressed and fundamentally changed.

Explaining complex problems in social systems, is often not possible using traditional, linear cause and effect relationships. Through deeper analysis, it is often the case that there are many inter-related causes and effects dynamically at play. For example, it is unlikely that “lack of trust” or “lack of respect” is caused by a single factor, or in fact could be effectively tackled by a single course of action. It is much more likely that there are numerous causal factors that are constantly in motion. Tackling these moving issues often requires a more sophisticated lens of inquiry and then solution development.

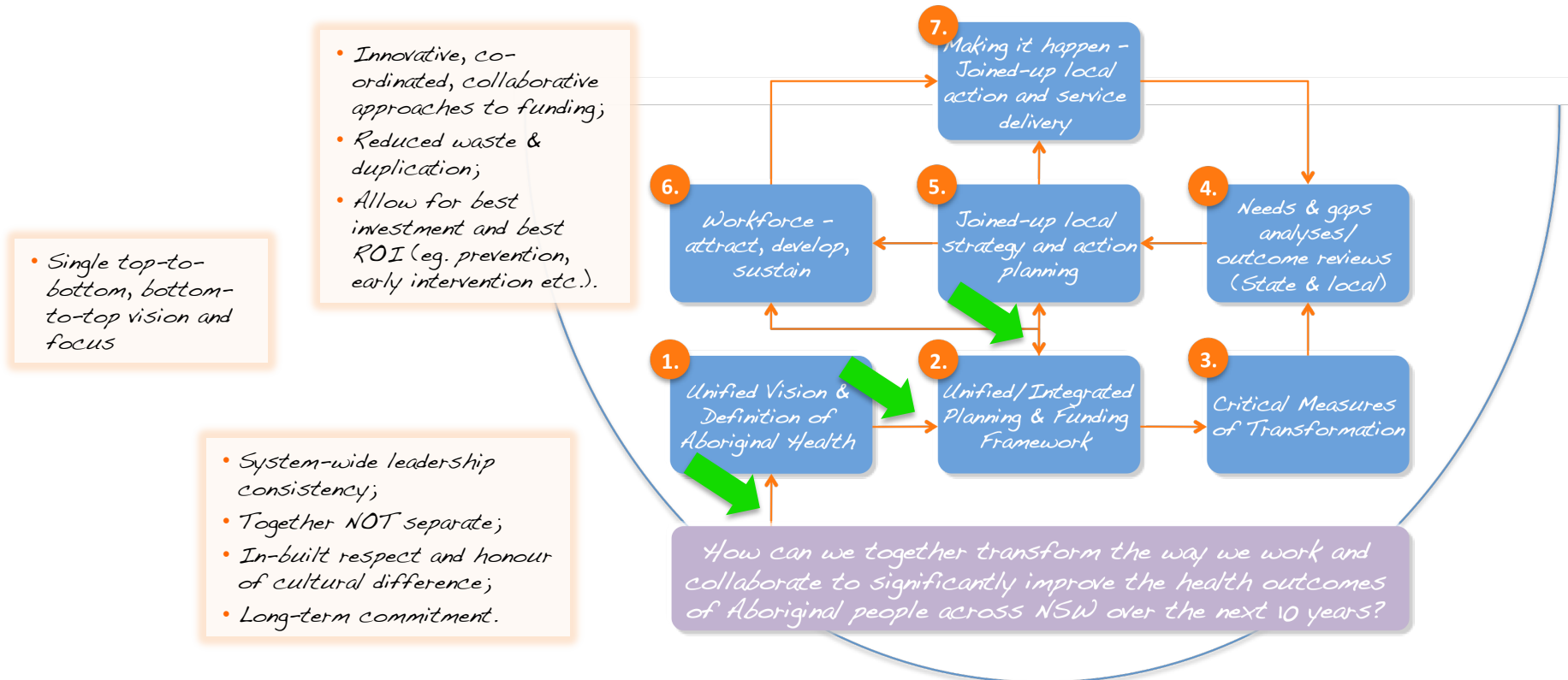
Perhaps by more deeply understanding the building blocks and rethinking the way the building blocks in the health system connect, it may be possible to create different Aboriginal health outcomes.

The following pages summarise where new outcomes could be created by connecting different building blocks (and by default, where numerous issues, challenges and unmet needs may be addressed). Please note that at this point, the following pages do not, nor are they intended to, describe with specific details exactly “how” these outcomes are to be achieved.



Creating new Outcomes

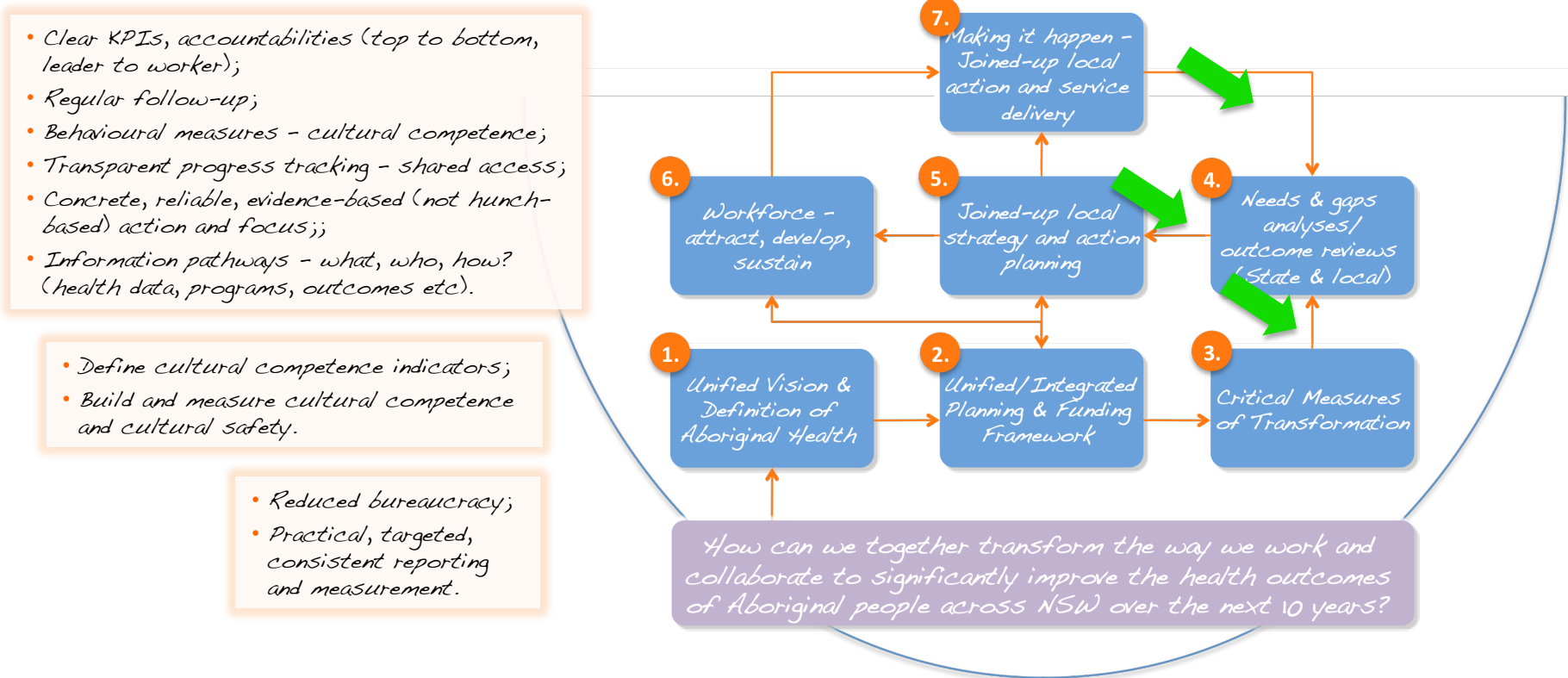
The cream coloured boxes summarise the new outcomes that could be achieved and the green arrows point to the intersection and connecting of the building blocks where these outcomes are likely to be created. It is commonly the case that by creating one or more of these outcomes, one or more challenges, blockers or unmet needs will be addressed:





Creating new Outcomes

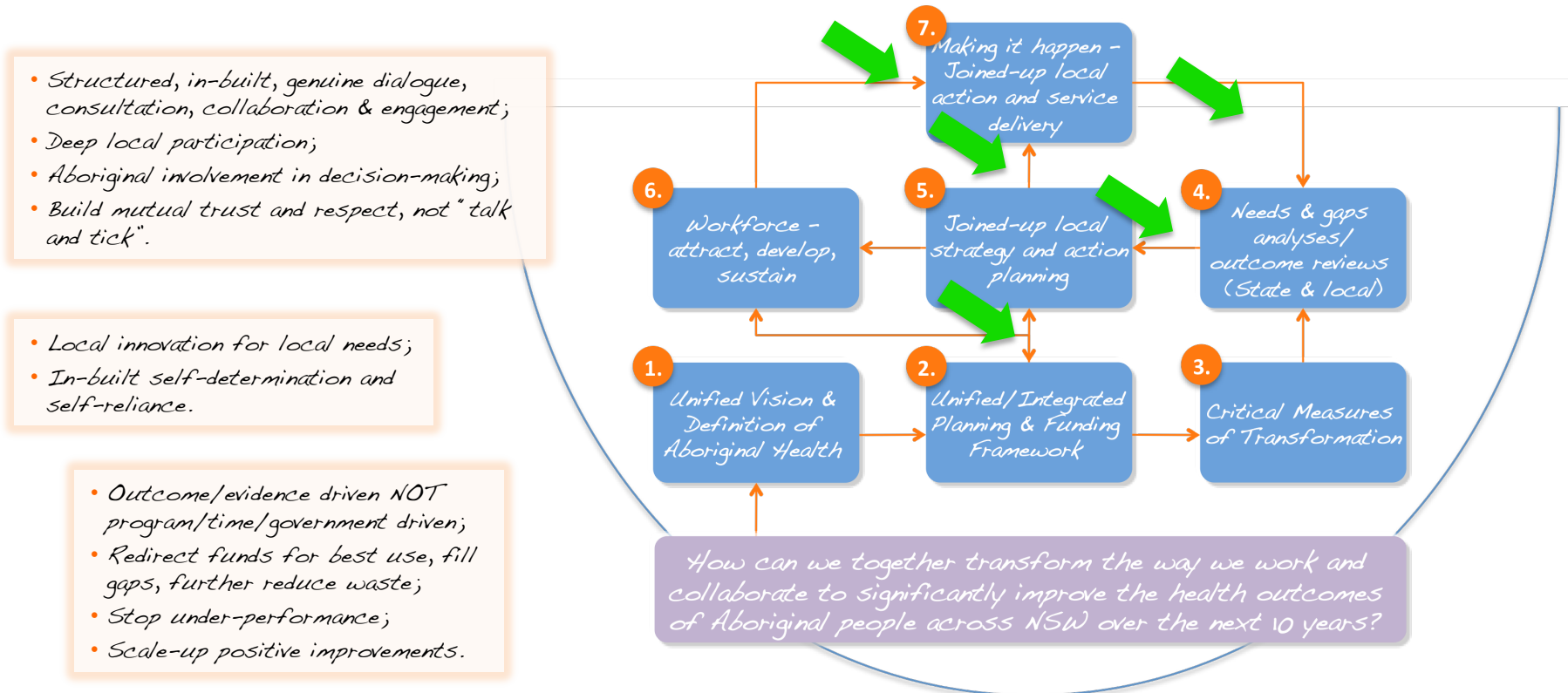
The cream coloured boxes summarise the new outcomes that could be achieved and the green arrows point to the intersection and connecting of the building blocks where these outcomes are likely to be created. It is commonly the case that by creating one or more of these outcomes, one or more challenges, blockers or unmet needs will be addressed:





Creating new Outcomes

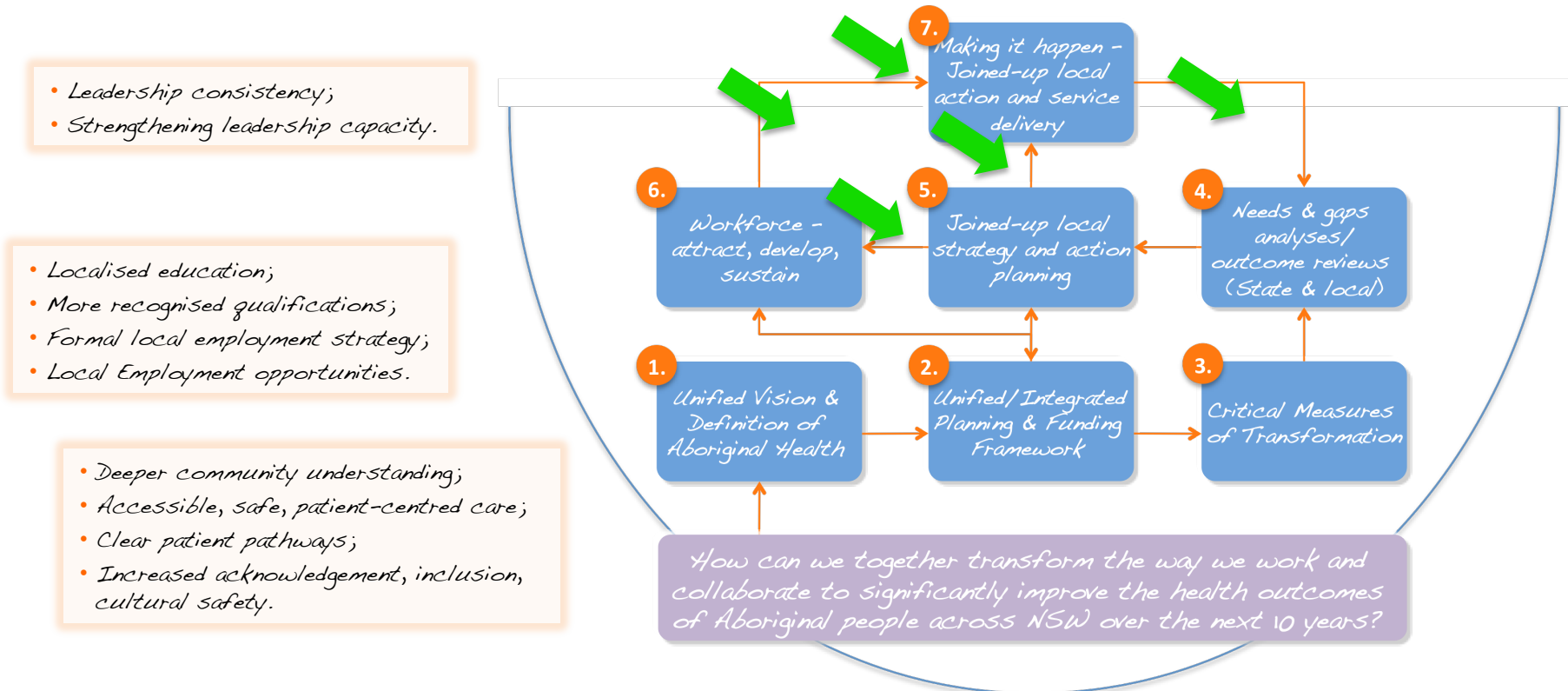
The cream coloured boxes summarise the new outcomes that could be achieved and the green arrows point to the intersection and connecting of the building blocks where these outcomes are likely to be created. It is commonly the case that by creating one or more of these outcomes, one or more challenges, blockers or unmet needs will be addressed:





Creating new Outcomes

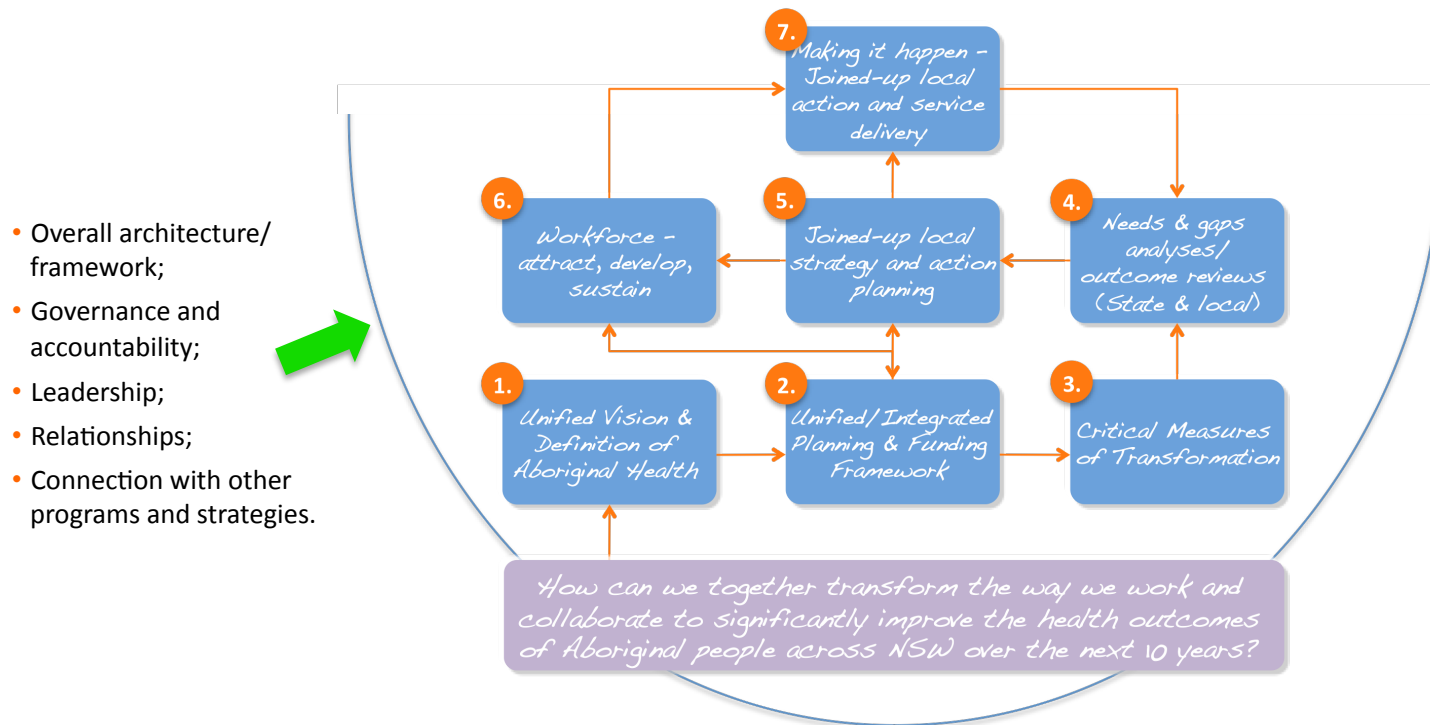
The cream coloured boxes summarise the new outcomes that could be achieved and the green arrows point to the intersection and connecting of the building blocks where these outcomes are likely to be created. It is commonly the case that by creating one or more of these outcomes, one or more challenges, blockers or unmet needs will be addressed:





The Holding Structure

While the building blocks appear to represent the minimum number of elements (that when effectively actioned and connected) account for the greatest number of system blockers, inefficiencies and areas of dysfunction and waste, there remains the question of how this will be led, managed, governed, supported, implemented and sustained over the next ten years. This brings us to the final aspect of the model (alluded to on page 21) which is the large “U” shape (see the green arrow below). This “U” represents the holding structure, mechanism or container for ensuring these building blocks are effectively led, managed, governed, supported, implemented and sustained over the next ten years and beyond.



- Overall architecture/ framework;
- Governance and accountability;
- Leadership;
- Relationships;
- Connection with other programs and strategies.



The Holding Structure

The holding structure is critical in moving the Aboriginal Health Plan for NSW from a conceptual framework to an operational reality that provides the best health outcomes for Aboriginal people in NSW. While the elements that provide a strong holding structure for Aboriginal health in NSW will need further design, elements to consider in building a holding structure include:

- An **overall framework** and process by which the building blocks can be worked on individually through deeper research and design AND still remain firmly part of a connected whole. Such a framework can consistently and over a period of time protect and sustain the development, implementation and ongoing operation of the Plan so as to achieve, short, medium and long-term outcomes at State and local levels;
- **Governance and accountability** processes that ensure the work is undertaken and supported in set timeframes and in accord with the approved Aboriginal Health Plan;
- A strong, identifiable and respected **leadership** structure including individuals taking both a personal, social and professional leadership role AND working together (eg. a steering group) for the benefit of the larger system transformation. Who will these individuals and groups be?;
- An ability to facilitate and support work at many levels in the system and to build trusting **relationships** vertically at State, Regional and local levels, and horizontally throughout the government and non-government sectors;
- An ability to be sensitive and responsive in managing any **connection with other programs and strategies** in progress in different sectors and organisations which focus on the social determinant of Aboriginal health and well-being – education, housing, justice etc.

Additional perspectives for consideration from the Health and Wellbeing Forum relating to the holding structure

- Key agency stakeholders are critical to involve through partnerships at the State and local level;
- Aboriginal health is not just a medical model, other agencies need to be included (social determinants – housing, education, justice etc);
- Ministerial task force operating – perhaps they should take things on board (complementary);
- What government processes are necessary internally and externally?;
- Partnerships enshrined in the State and local governance levels;
- Political bipartisan support;
- The 4 pillars have this as a combined responsibility;
- Director-General and Deputy Director-General support and stewardship is important. Local leadership teams will be important;
- Partnership groups replicated at different levels of the system;
- Leadership and governance must be simple and have good processes.



Towards an Aboriginal Health Plan for NSW

Consultation Paper 2 *“the same challenges seen through new eyes”*



Guidance for the Development of the NSW Aboriginal Health Plan



The Aboriginal Health Plan for NSW needs to be developed from the recognition that only real change in the health system will deliver the Government’s commitment to closing the gap in Aboriginal health outcomes. It is intended that the plan will deliver this change by addressing some of the fundamental, causal factors that appear to be driving problems and ways of working that have come to be accepted and “worked around” rather than tackled.

Delivering a 10 year Aboriginal Health Plan requires us to consider how to ensure there is real reform in the health system through re-examining ways of achieving Aboriginal health equity, developing new ways of working together and delivering services, and tackling the complex problems that contribute to health inequities. Continuing to do what is currently done will not deliver the Aboriginal health outcomes that the NSW Government has committed to. As was insightfully articulated by an Aboriginal Elder during the recent consultation process, the proposed Plan enables us to see the same challenges through new eyes.

The State-wide consultation process elicited a number of underpinning principles for guiding the development of the 10 year Aboriginal Health Plan for NSW and enabling us to tackle issues of Aboriginal health in a new way (see below). These are proposed as a new way of us working together.

- **Systemic: the whole AND the parts** - This will require an ongoing iterative process of working on both the whole AND all the parts. The focus is on systemic and transformational change to deliver improved health outcomes.
- **Government AND Community** (collaborative partnerships) – The development and implementation of the Plan is one of collaborative partnership across Government AND community where there is equality in thought, action and decision-making.
- **Inter-connected planning and implementing** - The “head and the hands” are connected. Planning and implementation operating together where one informs the other is both vital and continuous.
- **Making the plan “the work”** - Implementing the plan must be a primary or core function in the way people work, not an “add on” to other activity.
- **Safe (politically/bureaucratically) AND innovative** - Innovating safely involves being creative in a manner where expectations are clear and managed.
- **Rigour and evidence** - A rigorous measurement and accountability framework with monitoring and evaluation will provide signposts for future action and review. Building an effective evidence base can take years.
- **Focus on outcomes NOT process** - Focusing on outcomes (over process) will help ensure the most appropriate action is taken to provide the best possible Aboriginal health outcomes.
- **Economically and socially sustainable** - Fiscal responsibility and a “whole of community” focus will help drive the best possible long-term Aboriginal health outcomes in NSW.