

**Aboriginal Health Plan for NSW:
Synthesis of responses to the
discussion paper**

***Towards an Aboriginal Health Plan
for NSW.***

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INTRODUCTION

LMS Consulting and Associates were contracted to review the submissions received following wide promotion of "Towards an Aboriginal Health Plan for NSW: Discussion Paper" (hereafter "the Plan") prepared in partnership by NSW Health and Aboriginal Health and Medical Research Council.

A total of 57 submissions were received including:

- 6 from branches within NSW Health
- 5 from other departments within NSW government
- 17 from representatives within Local Health Districts of pillars of NSW Health
- 24 from a range of non-government organisations at local, state and national levels including service providers, advocacy organisations, professional organisations, and a group based at a university
- 4 de-identified submissions
- 1 individual (not otherwise aligned with an organisation)

A template was provided for responses, however, respondents were able to provide a submission in a variety of forms. In this report, each section of the Discussion Paper is examined using the prompts provided by the original document. These prompts asked respondents to consider the underlying concepts in each section as well as to respond to the specific details provided. This report summarises and synthesises the diverse array of submissions (both in format and content).

Analysis of submissions was conducted in a number of steps in accordance with a conventional approach to thematic analysis of text data. First, submissions were grouped according to category (for example, LHD/Pillar, Ministry of Health and so on). Key issues raised in each submission for each consultation question were extracted and summarised. These summaries were read again to identify patterns of comments across each consultation question as well as dissenting, interesting or "outlier" responses. Where appropriate, specific recommendations (such as changing to wording of Principles) were noted for verbatim presentation in the report. A written report for each section was prepared to represent commonalities in responses as well as representation of any dissenting views. De-identified quotes were selected to represent key themes of the responses and presented verbatim in the report.

In addition, where there were differences in responses by type (such as a unique view presented by a particular sector, or differing views between sectors), the consultants sought to indicate this. However, comments were typically not sufficiently different across type of respondents to draw meaningful conclusions.

A further step was to examine themes that were apparent across consultation questions. The consultants re-read summaries of each section (Vision, Principles, Strategic Direction and so on) to identify such over-arching themes (such as concerns regarding social determinants of health). The consultants discussed these over-arching themes until consensus was reached and they are listed below.

1. Re-orientation of the Plan to directly and explicitly acknowledge and address social determinants of health

Overall, respondents did not agree with the approach taken in the Plan regarding social determinants of health. Respondents felt that this Plan should place the social determinants of health as central to its principle, vision and goals.

2. Alignment of the Plan with key NSW and national reform agendas and processes

Although respondents generally were supportive of the principles and vision of the Plan, they raised significant concerns regarding the lack of explicit acknowledgement of and links to key NSW and national reform agendas and initiatives. In particular, *Closing the Gap in Indigenous Health* at the national level and the NSW Ministerial Taskforce were key processes and programs with which the Plan should align. In addition, a range of other structures, reports and processes relevant to the Plan were noted by respondents.

Respondents called for strong partnerships between State and Commonwealth governments, and mainstream community and Aboriginal community controlled organisations to optimise the implementation of the Plan.

3. Health equity

The term “health equality” was used to describe the vision of the Plan. There was a split in comments from respondents between agreeing with “health equality” versus strongly worded suggestions for the term “health equity” to acknowledge that some groups (such as Aboriginal people) would require additional investments and resources to achieve desired health outcomes.

4. Fundamental reorganisation to embed the goals and vision of the Plan within regular structure and functions of NSW Health

There was strong endorsement that the principles of the Plan should be embedded within the existing organisational and systemic structures (service level agreements, KPIs, position descriptions) and enforced through linking funding with progress against targets. This was acknowledged as requiring a fundamental reorganisation and restructure of NSW Health processes (see funding below).

5. Developing the workforce

Respondents agreed that development of the workforce was a key action to achieve the vision of this Plan. However, respondents raised concerns that the Plan did not make reference or link to other key relevant processes, particularly the *Good Health – Great Jobs, and Respecting the Difference, An Aboriginal Cultural Training Framework for NSW Health* report.

Two other concerns were raised in this section – that the non-Aboriginal workforce was not addressed in Strategic Direction 5. In other sections, education and support of the non-Aboriginal workforce were identified as key issues including training in cultural safety as well as promoting understanding of the Plan and what this means “in practice”.

6. Involvement of Aboriginal people

There was consensus of the central importance of involving Aboriginal people in further developing and implementing the Plan. This included close work with Aboriginal communities to develop definitions and then targets and programs that meet the needs of and are meaningful for Aboriginal people. Ongoing consultation through the life of the Plan was endorsed to identify where responsive action was required, to address local priorities and to monitor progress. However, such involvement of Aboriginal people was noted as contributing to “consultation burden” for communities.

7. Ongoing funding

Respondents recognised that the achievement of deep and permanent improvements to the health outcomes of Aboriginal people required sustained funding and a long term vision, noting that some changes will require the ten year life of this Plan or longer to achieve. Respondents were frustrated by short-term funding allocations that did not deliver these outcomes.

8. Measuring Success

Respondents indicated that they were confused regarding the relationship between the section “Measuring Success” and the material presented in Strategic Direction 2 (Clear Measures of Performance). Respondents noted that the measures suggested were overly broad and difficult to measure on the ground. There was a feeling that further work was required to develop KPIs for each indicator of effectiveness and to provide greater clarity regarding how Strategic Direction 2 differs from the “Measuring Success” section.

9. Making it happen locally

Many respondents also indicated that they were unclear about Strategic Direction 6 “Making it Happen Locally” which seemed similar to Strategic Direction 4 “Ensuring Local Strategy and Action Planning”, and suggested that the two directions be rolled into one.

While submissions provided critical suggestions for strengthening the Plan, there was general endorsement of the need for a 10 year plan and the overall support for the Vision, Principles and Strategic Directions.

Overall, the respondents generally endorsed the Strategic Actions but noted concerns in line with the themes presented above. In addition, it was apparent that a possible approach to structuring the Strategic Actions could be according to:

- Outcome measures: high level achievements such as health equality (or equity as noted above), services receiving long term funding tied to realistic and collaboratively defined key performance indicators
- Planning or output measures: improvements in integrated planning such as longer term planning that is coordinated between State (Health and other agencies) and Commonwealth agencies
- Process measures: such as community involvement in planning and decision making

PRINCIPLES

Are these Principles appropriate? Are there any other Principles that should support the Plan?

Two sets of underpinning principles were presented for comment. Overall, respondents considered these principles to “capture a ‘mind set’ for health care workers who are striving for reform” and indicated their support for “a collaborative approach that is transparent, accountable and part of our core business”.

Four major themes were apparent in the responses regarding the appropriateness of the principles. Respondents supported the inclusion of social determinants in the Plan rather than what they perceived as the bracketing of this to the Ministerial Taskforce on Aboriginal Affairs. An understanding of the social determinants of health was viewed as central to directing health service reform, as well as genuinely addressing the wholistic definition of health provided later in the discussion document.

A second main theme in submissions was the importance of cultural safety. This was described as important for individual workers (both Aboriginal and non-Aboriginal workers), services and the health system more generally.

The third theme regarded the importance of primary and preventative health care. This was commented on in relation to the importance of the existing network of Aboriginal community controlled health services and in relation to the importance of social determinants of health.

The fourth theme regarded the need to move beyond short-term funding to allow longer term programs and hence longer term outcomes to be realised. This was also noted as important to consider in developing strategic directions and in particular, in measures of success.

Specific groups within the Aboriginal population were noted as being particularly vulnerable and requiring specific mention at the level of principle including children, people with mental illness and people with disabilities.

Respondents also noted some concerns regarding the formulation, expression and consistency of the principles. Some respondents felt that the principles were a “mixture of principles, actions and accountabilities”. Other respondents suggested that there were too many principles and that some may pull in opposite directions to other principles (such as, innovation may occur when there is no evidence to guide decisions). Others suggested that each principle should be defined including noting the intent of each principle (to ensure shared interpretation) and the alignment of each principle with strategic directions and measures of success. The principles (and the plan more generally) were described as requiring “a high degree of health literacy” which was echoed in other comments requesting a clarification of the audience of the Plan. Indeed, one submission requested that the terms “NSW Health system” and “NSW health system” be used in a clear and consistent manner throughout the document, and that the Plan be clearer in its use for “providing strategic direction for the work of NSW Health, including the Ministry and Local Health Districts”.

Respondents directed attention to a range of other documents and processes to which the Plan should articulate. Respondents also asked how the Plan will coordinate and complement the processes and initiatives occurring at the Commonwealth level.

VISION

Do you agree with Vision?

The proposed Vision of the Plan is: Health equality for Aboriginal people in NSW.

There were two main responses to this question. Participants typically agreed with the proposed vision or suggested that “equality” be replaced by “equity”. In suggesting the use of “equity” respondents included comment such as “health inequities are the unfair and avoidable differences in health status between different population groups. Inequalities are attributable to biological variations, individual free choice, or the external environment. A vision for health equity recognises that not everyone will have the same health outcomes, but should have the same opportunity to maximise their health and well-being.” Specific wording proposed for use of the term “equity” included: “health equity for Aboriginal people in NSW”.

A third suggestion involved using concepts of community such as promoting cultural identity through health communities. Specific wording for this included: “strong, respected Aboriginal communities in NSW, whose families and individuals enjoy good health and well-being”.

How should vision be embedded within health system?

The majority of responses to this question involved systemic embedding of the Vision throughout all levels of the health system and in all relevant policies and practices so that it is “explicitly, actively and consistently emphasised and reinforced if it is to be of any value and guide effort and engender commitment”. One respondent likened this to a “formal change management process”.

Other aspects relevant to embedding the vision include the need for top down and bottom up leadership and accountability across the system (“relevant KPIs in all Performance Agreements from Director General down”). The need for champions for change was noted including senior staff and Aboriginal and non-Aboriginal people at all levels of the health system. One respondent likened this to a “formal change management process”.

A small number of respondents suggested that further work is required to operationalise the vision to ensure that the underlying concepts are understood, integrated and implemented. In other words, “what health equality [or equity] means in practice”.

Beyond the health system, a few submissions noted the importance of a whole of government approach to embed the vision in other systems (this relates to respondents’ strong endorsement of the importance of a social determinants of health approach to the Plan).

A small number of participants suggested that the concepts of the Vision need to be further developed in genuine partnership with Aboriginal people to ensure that the Vision is expressed “in ways that are more meaningful to Aboriginal people” including “meaningful implementation and accountability mechanisms”.

How do we ensure that the definition of Aboriginal health is understood across the health system?

The definition of Aboriginal Health for the Plan is:

Not just the physical well-being of an individual but the social, emotional and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life.

A main theme of responses involved extensive roll-out of cultural awareness training for the health workforce including current and new staff that could be linked to professional standards and competencies. One respondent requested that training include addressing institutional racism.

As above, some respondents emphasised that this definition will require presenting the underlying concepts in ways that “make sense to those responsible for service delivery” to facilitate the “blending” of the definition into “everyday practice and service delivery”. One respondent emphasised that collaboration and involvement of Aboriginal people in delivering and communicating this definition was “vital”, noting in particular, that the AHMRC (“as peak representative body and voice of Aboriginal communities on health in NSW representing the

Aboriginal community controlled health services”) was not identified as a key partner within the subsequent actions of this Plan.

A further suggestion to ensure that this definition was understood was to invest in projects that “address all aspects of definition (individual, cultural, community)”. Again, this comment asks NSW Health to move beyond a health systems perspective to engage with other services and sectors (such as housing or employment) that link to the “social, emotional and cultural well-being of the whole community”. Further, understanding of the definition was noted as “supported by structures that ensure that funding is available to address social, emotional and cultural causes of disenfranchisement and that health intervention are designed with communities to ensure that they are socially and culturally acceptable”.

A few respondents noted the importance of including content regarding Aboriginal health in pre-training curriculum for clinical and non-clinical disciplines (involving universities, colleges and Registered Training Organisations).

Communication and education strategies, involving social media were suggested and that these include Aboriginal communities.

One further suggestion was to include further detail linking this Plan to *1989 National Aboriginal Health Strategy*, especially particularly reinforcing the importance of a whole-of life view to health service delivery and use of the full definition of health as it appears in this strategy.

Do you agree with overarching goal? Is there a more appropriate one?

The proposed overarching goal of the Plan is: Culturally safe and optimal services for Aboriginal people in NSW.

There was a split in responses between endorsement of the proposed goal and concerns about the framing of the goal including a substantial number of specific suggestions for re-wording. The overarching themes to comments in this section were to clarify the meaning of “culturally safe” and “optimal” in this proposed goal. Without such clarification respondents were concerned that interpretation and application of the goal would be difficult to achieve.

It was suggested that the term “culturally safe” was not widely understood and would benefit from definition, and a definition that was agreed by and meaningful to Aboriginal people, a theme described in sections above. A further suggestion was to use the definition included in the *NSW Health Multicultural Health Policy and Implementation Plan*. Other comments were focused on whether “culturally safe” was the appropriate term, suggesting “culturally appropriate”. One respondent suggested “cultural respect”.

Concern regarding the use of “optimal” was centred around the term being “too broad and ill defined, not commonly understood in same way. Open to interpretation”. Linked to this this was concern regarding the need for specific outcome, performance measures and targets used to define “optimal”. One respondent asked “how would you know when the service is optimal?”. Other terms suggested to replace “optimal” included “effective, acceptable and accessible” and “the best”.

Some suggestions for re-wording picked up on comments referred to in earlier sections, particular in relation to the need to explicitly capture issues of social determinants of health. In this regard, the focus on “services” was seen as too narrow and allowing implementation of the Plan to effectively ignore social determinants. Further, a number of specific suggestions included reference to “health outcomes” rather than a focus on the quality of health services.

How do we ensure the overarching goal is strived for across the health system?

Responses to this question were typically concerned with embedding the goal of the Plan within the regular functions and structures of the health system and within legislative and public policy frameworks. That is, that the goal should be integrated (and accountability processes established) within all service level agreements

and plans, mandated as part of all funding applications, and that compliance with the goal is linked to ongoing funding.

Implementation of the goal was described as requiring clear and achievable targets that should be regularly evaluated. One respondent indicated that the Minister should report progress to NSW Parliament as well as reporting of the patient experience to staff, management and boards. Other respondents called for local priorities to be the focus when developing targets (and allocating resources) to support self-determination of Aboriginal people.

To achieve this, respondents indicated that strong “endorsement” and leadership was required from the Minister and senior executive as well as Chief Executives of each LHD. Such support could be enhanced with a policy directive regarding the Plan. Beyond senior figures in the health system, it was suggested that “champions” would be required to promote the goal.

To support the strategies above, respondents also suggested education regarding the meaning of culturally safe services “in practice” and inclusion of the goal in curriculum for health workers (including in that delivered by Registered Training Organisations, as noted above). Education about the operationalisation of the goal was suggested to “ensure concepts are understood, integrated and implemented”. One respondent called for the need for “workplace culture change to achieve tolerance and respect and ensuring a more ethnically diverse health workforce”.

Finally, the importance of partnerships was raised including collaboration between State and Commonwealth governments and with mainstream and Aboriginal community controlled health services.

STRATEGIC DIRECTION 1

Integrated Planning and Funding for Aboriginal Health in NSW

Is this strategic direction appropriate?

This strategic direction which aims at creating a single, statewide planning and funding framework with clear measures of accountability was widely supported in the submissions. It was described as “vitaly important”, a “good strategic direction”, and “an appropriate model for achieving better health outcomes for Aboriginal people”. For some respondents it was considered to be the strategic direction that would have the most relevance for their programs.

Nevertheless, some submissions made qualifications to their overall support. It was suggested that the strategic direction would benefit greatly by providing of an explanatory note outlining what is meant by 'integrated planning and funding', and that the suggested Possible Strategic Actions should include a number of examples of how this would be achieved in practice. A few submissions commented that it did not address the need for long-term and sustainable outcomes.

It was acknowledged that real integrated funding would be required in order to develop a whole of government approach to address the social determinants of health (specifically; housing, access to meaningful education, traineeships and employment and equity in health service provision).

The respondents support the implied longer term funding model. It was pointed out that Aboriginal funding is often sporadic and tied to short term funding cycles. Long term sustained funds is required, tied to realistic performance indicators for Aboriginal services. Currently there are many funding bodies for Aboriginal health in NSW, often operating in silos with inconsistent planning and funding cycles and reporting requirements.

Specific consideration needs to be given to how the Commonwealth and NSW governments will work together to ensure adequate funding for successful mainstream and Aboriginal community controlled primary health care services and to properly connect these services to each other and areas of need.

It is important for communities to be involved in the design and development of program activities. To establish genuine partnerships, the cultural understanding of non-Aboriginal health service providers and the consequent culture within health services must be addressed to promote a culture which is genuinely welcoming of, and accessible to, the Aboriginal population and which recognises the shared responsibility in collaborative efforts to close the gap in health outcomes.

While the Strategic Direction is considered to be appropriate, implementation is likely to be very difficult since it involves a shift from a focus on immediate results to a framework that enables health services to address long-term, complex health issues.

How would we know that we had been successful in achieving the strategic direction?

Three main themes were identified in the submissions. The first, and most common, response was to refer to outcomes based criteria, for example, “achievement of health equality”, “improved health for Aboriginal people” and “when Aboriginal services are receiving long term sustainable outcomes tied to realistic key performance indicators”, which were agreed by LHDs, Medicare Locals, AMS etc.

Second, planning or output measures, such as improvements in integrated planning, were seen as key measures of success.

Third, process measures were considered to be vitally important for the success of this Plan. These measures included community involvement in service planning and decision-making, demonstrations of appropriate cultural training consultations between Ministry, LHDs and Aboriginal community controlled health organisations, and knowledge transfer and improved sharing of information.

Does this Strategic Direction meet the Principles of the Plan?

The few comments that addressed this question stated that the Strategic Direction met or substantially met, or had the potential to meet the principles, particularly the principles relating to leadership, governance and reporting.

Are the possible Strategic Actions appropriate? What needs to happen at the local and state level to make this Strategic Direction happen?

In general, the submissions considered that the Possible Strategic Actions were appropriate.

Further, the Plan and its expectations needs to be communicated to all funding stakeholders, and it should provide readily useable information and resources for NGOs and other organisations to use in the development of their own strategic plans.

It was recognised that the Plan needs significant Ministry of Health investment in terms of funds, staffing and local contact to take it forward.

STRATEGIC DIRECTION 2

Clear measures of performance

Is this Strategic Direction appropriate?

A few submissions queried whether performance measurement constitutes a Strategic Direction or should be regarded as part of an implementation plan. Some felt that there was a considerable overlap between Strategic Direction 1 and Strategic Direction 2. However, most submissions thought that the Strategic Direction was appropriate and supported its focus on health outcomes.

Effective evaluation of Aboriginal health plans requires the development of trust and good working relations and work with leading Aboriginal research organisations.

A number of submissions highlighted the difficulties in developing meaningful and accurate performance indicators. It was pointed out that, unless the objectives of the Plan were stated, it was difficult to develop indicators of performance.

Many submissions agreed with the proposed possible Strategic Action to remove all unnecessary measurement and reporting.

How would we know if we had been successful?

Most submissions commented that success in achieving the Strategic Direction would be evident from the development of quantitative and qualitative measures, measured and interpreted in context.

Does the Strategic Direction meet the Plan's principles?

Only a few submissions addressed this question. Those that did said that it provides leadership and governance and accountability.

Are the possible strategic actions appropriate? What needs to make them happen?

It was generally agreed that all the possible Strategic Actions were appropriate, with suggestions 1 (develop performance measures), 4 (ensure measures are transparent) and 5 (remove all unnecessary reporting requirements) viewed as most expedient and achievable.

STRATEGIC DIRECTION 3

Building the evidence of what works, conducting needs and gaps analyses.

Is this strategic direction appropriate?

There were fewer comments on this Strategic Direction than on the previous two Strategic Directions. Nevertheless, the strategic direction was considered appropriate owing to its importance.

It was considered that the draft Plan provided an opportunity for national, state and local agencies to collaborate more. Mapping the evidence base and the identification of gaps in Aboriginal health in NSW needs to be as inclusive as possible across different funding jurisdictions to ensure that the evidence is gathered and needs and gaps identified.

A number of submissions pointed out that the Aboriginal community controlled health sector has demonstrated many examples of improving health outcomes where safe, holistic health care is provided.

One submission cautioned that existing information systems are hard to integrate, hence there is a need for supporting local effort through the creation of an information platform for planning.

How would we know that we had been successful in achieving this Strategic Direction?

The comments in the submissions were brief and to the point and emphasised the importance of evaluation and research.

Does this Strategic Direction meet the principles?

The Strategic Direction was considered to meet the Plan's principles in respect of transparency, accountability, evidence-based and outcomes focused programs.

Are the possible strategic actions appropriate?

The submissions considered that all the possible Strategic Actions would facilitate achievement under this Strategic Direction, but, since each requires considerable resource allocation and multilevel coordination, some prioritisation of the proposed actions and their timing will be necessary.

In order for the actions to be effective, there needs to be more capacity building of the

health service workforce in their skills and capabilities in planning and conducting research and evaluation. Also, there needs to be successful community engagement, shared decision making, strong leadership, and effective partnerships between services.

STRATEGIC DIRECTION 4

Ensuring local strategy and action planning

Is this Strategic Direction appropriate? Or should it be modified in any way?

There was a high level of endorsement of this Strategic Direction although overlaps were noted with Strategic Directions 6 and 1. Concerns and comments about this Strategic Direction were focused on integrating any process (or framework) developed within this Plan with those already in existence, particularly Commonwealth policies and processes to “ensure that a consistent and integrated approach to planning, funding and reporting is adopted”. Medicare Locals were identified as a particular resource to draw upon.

Other key frameworks and plans in this regard were those developed by the NSW Ministerial Taskforce, particularly the *Partnership Community Program; One Place One Plan*.

Some comments suggested that a key role for NSW Health was to provide support for “resources, infrastructure, systems and processes needed to support communication, collaboration and coordination” and that the Strategic Direction could be re-worded to “focus more on how to support and facilitate local strategy and action planning”. A further coordinating role for NSW Health was identified, that is to facilitate collection and dissemination of effective practice.

Respondents strongly endorsed that the genuine participation of Aboriginal communities and services in planning local strategy and action was vital. Two further key issues regarding integration of varying planning processes related to the Aboriginal communities’ preference for wholistic approaches and the need to reduce burden on communities that would result from multiple consultation and planning processes.

How would we know we have been successful in achieving this Strategic Direction?

Comments to this question could be categorised in terms of outcome, output and process measures.

At the level of outcome, respondents noted such indicators of successful implementation of this Strategic Direction as:

- identify and measure that each community has the right mix of services to meet their health needs
- innovative community development projects that make a positive difference
- When Aboriginal peoples and communities report that they are benefitting from local strategies and plans (in which they have been involved in developing and implementing) which have resulted in tangible improvements, better coordination of service delivery and, ultimately, improved health outcomes.

Outputs (regarding improvements in integrated planning) measures of success were noted as:

- Non duplication of services
- Programs developed and implemented with Aboriginal community involvement
- Clear plans regarding service goals and delivery and their integration
- That collaborative agreements and partnerships exist
- Number of partnership focused arrangements within Local Health Districts and Medicare Locals

At the process level, some respondents noted the importance of this directly:

- Measuring success is partly about describing the process needed to form truly successful partnerships in health
- Local community and organisations are involved in all stages of researching, developing, implementing and evaluating locally relevant and tailored programs

Does this Strategic Direction meet the principles of this Plan?

There was strong endorsement that this Strategic Direction meets the proposed principles of this Plan.

Are the possible Strategic Actions appropriate? What needs to happen at the local and state level to make this Strategic Direction happen?

Few specific alternatives for the Possible Strategic Actions were proposed by respondents. Comments in this section echoed issues raised above in particular requesting “specific guidance” to guide implementation of “broad statements”.

Suggested ways to build “local capacity” included partnerships and local planning processes based on learning from “partnerships that already exist and which are proving very successful”. This was also seen as important in avoiding the development of a prescribed and “labour intensive, one-size-fits-all approach”. A driver for development of local plans and action was noted as requiring a change to funding approaches to require “collaboration and planning and support for organisations to participate (skills, training, coaching)”.

However, the “consultation burden” for communities was noted as a concern. Suggestions to reduce this burden included, as noted above, integration of this Plan with other existing processes and agendas.

STRATEGIC DIRECTION 5

Strengthening the Workforce – Attract, Develop, Sustain

Is this Strategic Direction appropriate? Or should it be modified in anyway?

This Strategic Direction includes both attracting and supporting Aboriginal staff and developing skills and understandings of all staff to achieve a culturally safe working environment. The majority of respondents believed that a focus on strengthening the workforce was particularly important.

It was suggested by a number of respondents that there is a need to ensure that the workforce development strategies suggested in this Plan are in line with the *Good Health-Great Jobs*, the *Aboriginal Workforce Strategic Framework 2011-2015*. The Framework provides an outline to increase the Aboriginal workforce with the aim of contributing to improvements in the wellbeing of Aboriginal people. The framework includes reporting mechanisms to monitor progress. Additionally, *The Respecting the Difference: Aboriginal Cultural Training Framework* may assist in working towards a more culturally aware environment.

Developing strategies to strengthen the workforce was seen as critical to successful health outcomes for Aboriginal people and that this strategy must be responsive and culturally inclusive of Aboriginal people and communities (e.g. employing local Aboriginal staff with local knowledge to ensure local planning is effective and reflects local need; linking to Strategic Directions 4 and 6). The Strategic Direction was acknowledged by respondents as recognising that government services need to be more responsive and culturally inclusive for Aboriginal people and communities. Skills and personnel shortage could present barriers to successful implementation of Aboriginal programs.

Despite endorsement that this strategic direction was appropriate some concerns were noted by respondents. For example one respondent suggested that the strategic plan was lacking in evidence of how any of the actions are to be achieved. Additionally it was noted that this section needs to be clearer about which sections of the workforce it is referring to and needs to call for greater collaboration between sectors in achieving pay equity and career choices for Aboriginal staff across government, non-government and Aboriginal community controlled health sectors.

In a further concern it was noted that the strategic direction refers to recruitment but it does not refer explicitly to the non-Aboriginal workforce. This workforce can be very important in driving positive health change, but this workforce needs to be more culturally competent.

How would we know we had been successful in achieving this strategic direction

A number of measures of success were suggested such as numbers of Aboriginal people employed in all levels, increased qualifications, demonstrated parity in salary and positive perceptions of working within Aboriginal health.

Does this strategic direction meet the principles of this Plan?

All respondents who responded to this question agreed that the Strategic Direction met the principles outlined for this Plan.

Are the possible Strategic Actions appropriate? What needs to happen at the local and state level to make this Strategic Direction happen?

Respondents indicated that there needs to be a strategic investment across the state to support professional development opportunities for all Aboriginal health staff and an investment in career pathway opportunities. Leadership needs to be provided by the Ministry in regards to the prioritisation of Aboriginal staff for professional development training. Strategic actions to strengthen the workforce should be developed in consideration of existing initiatives, such as the Health Workforce Australia Aboriginal and Torres Strait Islander Health Workforce project and the *NSW Health Professionals Workforce Plan*.

A key strategy in improving local employment opportunities which are meaningful and sustainable is consultation with the local community and the forging of strong partnerships between government agencies, industry, businesses, employers and communities.

There was a suggested need to plan how to engage young people and make pathways for them into health sector employment. The development of the Aboriginal health workforce will depend on a comprehensive, integrated pipeline approach that engages and supports Aboriginal people through primary and secondary school, tertiary education or training programs, into the health workforce and throughout their career. Support may be in the form of scholarships, mentoring and leadership development programs, or providing pathways into education and training so as to recruit, retain and sustain the Aboriginal health workforce.

There must be specific investment in Aboriginal Health Workers, Aboriginal Outreach Workers and Aboriginal Liaison Officers, who play a vital role linking Aboriginal peoples and communities with the health services they need.

The development and implementation of the Plan may also present opportunities to increase the non-Aboriginal health, medical and support workforce's awareness and understanding of Aboriginal culture and the Aboriginal definition of health. This may include encouraging education and training providers to build cultural awareness and appreciation into training programs and curriculum. There is need for widespread organisational cultural change within the NSW health system to embed Aboriginal cultural values and perspectives into organisational arrangements and clinical approaches of service providers.

STRATEGIC DIRECTION 6

Making it happen locally

Is this Strategic Direction appropriate?

This Strategic Direction received fewer comments overall and fewer substantive comments than any of the other Strategic Directions suggesting that its intent was unclear and misunderstood. While considering that the Strategic Direction was appropriate, a number of the submissions said that it seems to be similar to Strategic Direction 4 on *Ensuring Local Strategy and Action Planning*, and suggested that the two strategic directions be rolled into one.

A small number of submissions discerned that the Strategic Direction was about developing partnerships at the local level rather than about strategic planning of local services. They welcomed the inclusion of the Strategic Direction as a standalone strategic direction. Those who supported this view stressed the importance

of self determination, localised decision making and community capacity building. Community capacity building would involve partnership building, developing and maintaining relationships, information and knowledge transfer, infrastructure support and a sharing of experiences of what works. This in turn would encourage flexibility and innovation at the local level.

How would we know if we had succeeded in achieving this Strategic Direction?

Suggested indicators of success focused on activity and planning to meet local needs.

Does this Strategic Direction meet the principles?

Only a few submissions answered this question and then only in general terms eg 'broadly, though principles need to be refined'.

Are the possible strategic actions appropriate? What needs to happen?

It was suggested that the following actions need to happen to make this Strategic Direction happen:

- the appointment of dedicated workers to build partnerships and collaborations at a local level working with local Aboriginal communities
- Plans need to be formulated by and with the local community and Elders
- Concrete actions and feedback must be provided following consultation and planning
- local Aboriginal people need to see the results of consultations to avoid feelings of 'consultation overload'.

It was also considered important that the Plan provide guidance on partnership approaches across the different kinds of organisations that work in Aboriginal health – from Aboriginal community controlled health services to community-based organisations, other non-government organisations and research institutions.

LEADERSHIP, GOVERNANCE AND RESOURCING

Do you have any suggestions for how the Leadership and Governance requirements of this Plan should be structured within the new governance arrangements of the NSW Health?

Leadership and different governance models were noted as critical to achieving outcomes. The Leadership and Governance models / frameworks referred to in this section were commended. Appropriate resourcing of these models/ frameworks needs to be achieved. It is reasonable to assume that collaborative approaches to service delivery will result in cost savings in some areas but may require additional effort and resources in others. It is important that the Leadership and Governance structures and requirements of the new Plan have at their heart, the principle of Aboriginal community self-determination.

There must strong leadership, governance and resourcing arrangements built into the Plan to drive the effective implementation and evaluation of the Plan over ten years. In addition to ongoing commitment to the Plan, there must also be continued commitment to the *Close the Gap Campaign for Indigenous Health Equality* across the whole of government to ensure focus and consistency for improved health outcomes for all Aboriginal people. Local governance, strategy and action planning should occur through a partnership between Aboriginal Community Controlled Health Sector, Medicare Locals, Local Health Districts and Speciality Health Networks who work together under Aboriginal leadership to drive integration of care and service design and delivery to Aboriginal peoples within their area.

It was felt that executive and management leadership are required at every level to champion change, attitudes, support partnerships and performance.

Additionally it was suggested that good governance means identifying the systems, policies and processes for ensuring accountability, probity, openness, consultation and monitoring of the Plan.

Do you have any comments on how to resource the Plan with both financial and human resources?

There were concerns raised by respondents that that no additional funding would be provided to implement the Plan. To better understand the resources requirement of the Plan, it may be beneficial to develop annual

performance targets and activities. This will ensure that the scope and intended outcomes of the Plan are realistic and in line with available resources.

It was further suggested that a realistic assessment and baseline of the current financial and human resources available to Aboriginal Health needs to be done. It was also felt that State and Commonwealth Government work together to determine joint services and funding models to reduce duplication of services and funding on the ground at local level.

MEASURING SUCCESS

Are these proposed measures of success appropriate? Are there any missing?

There was a split in responses to this section. Most respondents agreed that the measures of success were appropriate in principle. This section also appeared to generate substantial respondent concern particularly in relation to the way in which success would be measured.

It was noted that the range of outcome measures may result in any program being able to demonstrate success on some of these measures without resulting in “any effect on the ground”. Similarly, the proposed measures were suggested to be “overly broad and insufficiently measurable to be of significant utility for service providers”. Respondents noted that further work was required to develop KPIs for each indicator of effectiveness (as noted in Strategic Direction 2).

Some concerns were raised about the organizing framework for the measures of success.

One respondent noted that the measures of success should be listed against the Strategic Actions noted under each Strategic Directions, rather than grouping them according to key themes that emerged from the consultation process and suggested that this is the first time that these key themes have been mentioned in the document. This alternative document would look something like this: Strategic Direction then Strategic actions then Measures of Success against key actions.

Further, there were other, well-established organizing frameworks suggested such as that used for *Closing the Gap* initiatives and the framework used by the Bureau of Health Information.

The statement “insufficiently measurable to be of significant utility for service providers” also raises the issue of perspective and interpretation of measures. For example, it was noted that the measure of “reduce unnecessary bureaucracy” might be differently interpreted by Ministry than it would be by communities. Another example concerned the “respect” measure, with a respondent noting that Aboriginal communities should have a “major role” in evaluating this measure. It was felt that some measures may “pull in opposite directions”, for example, “reduction in waste and duplication” may be achieved at the expense of locally directed action.

Respondents suggested two areas for which additional measures should be developed: targets for social and emotional wellbeing; and with respect to primary health care as a core focus.

Respondents indicated the “vital” need for “strong data and information management systems” to support the collection and analysis of performance indicators. Further, information on existing benchmarks was required to determine whether efforts guided by the Plan would result in improved health outcomes for Aboriginal people.

In addition, it was noted that all strategies under the column “Health system effectiveness” should have “Clear measures of performance” to ensure accountability for the achievement of strategies. At present some are not linked with “clear measures of performance” (including workforce, funding, connection, leadership and accountability).