

4. CONCLUSIONS

4.1 OVERVIEW OF KEY FINDINGS

The *NSW Aboriginal Health Plan 2013–2023* is guiding an array of work across NSW Health, much of which is partnership-based. This includes whole-of-system initiatives, state-wide policies and guidelines, large-scale programs and services, and local programs that offer local solutions and, in some cases, potential for scaling up. Several initiatives are producing positive outcomes, whereas others seem to lack suitable monitoring and evaluation. System performance in relation to Aboriginal health has improved in some domains and is stable in others. NSW Health and Aboriginal community-controlled health sector staff highlighted several ways in which Plan implementation could be improved, especially in the areas of building trust through partnerships, ensuring integrated planning and service delivery, and providing culturally safe work environments and health services.

Findings suggest that, on the whole, progress against the strategic directions of the Plan has been moderate:

1. Building trust through partnerships: Moderate progress
2. Implementing what works and building the evidence: Moderate to good progress
3. Ensuring integrated planning and service delivery: Moderate progress
4. Strengthening the Aboriginal workforce: Moderate to good progress
5. Providing culturally safe workplaces and health services: Moderate progress
6. Strengthening performance monitoring, management and accountability: Moderate progress

Some areas of success include:

- a strong partnership between the MoH and the AH&MRC
- about three-quarters of LHDs reported a formal partnership agreement with an ACCHS(s), with informal partnerships also reported
- the establishment of infrastructure supporting Aboriginal health research and program evaluation in NSW
- improvements in the estimated accuracy of reporting of patient Aboriginal status in admitted patient, emergency department and perinatal data
- almost all Aboriginal elective surgery patients treated on time (up by seven percentage points since 2010–11) and no gap in the rate of unplanned hospital readmissions between Aboriginal and non-Aboriginal patients in NSW
- a steady increase in the proportion of NSW Health staff who identify as Aboriginal, from 1.9% in 2011–12 to 2.5% in 2016–17
- more Aboriginal people being employed in higher paid roles in NSW Health
- the implementation of mandatory Aboriginal cultural training for staff
- Aboriginal-specific programs have contributed to improvements in population health, including in immunisation, chronic disease management, and maternal and infant health
- about 90% of admitted Aboriginal patients rated their hospital care as either 'Very good' or 'Good'
- a reduction in the rate of incomplete emergency department visits among Aboriginal patients
- the establishment of performance management frameworks and mechanisms with a strong emphasis on improving Aboriginal health in NSW
- sophisticated data capture, analysis and reporting systems and tools, which support performance measurement and accountability in Aboriginal health.



Some key areas requiring improvement include:

- strengthening the quality of some partnerships between NSW Health organisations and ACCHSs, and establishing partnerships where none exist
- continuing to build the evidence of what works in Aboriginal health, especially in the areas of integrating healthcare and fostering cultural safety
- ensuring monitoring and evaluation of mainstream health initiatives assess outcomes in Aboriginal people
- ensuring whole-of-system integrated healthcare initiatives address the needs of Aboriginal patients
- addressing the high rates of unplanned mental health readmissions in both Aboriginal and non-Aboriginal patients in NSW
- increasing the representation of Aboriginal people in clinical, senior management and executive roles in NSW Health
- increasing the quality of, and completion rates for, Aboriginal cultural training
- improving prevention of, and responses to, incidents of racism
- continuing to improve our understanding of how Aboriginal people experience the health system in NSW.

4.2 EVALUATION STRENGTHS AND LIMITATIONS

The evaluation had two main strengths. First, multiple methods and data sources were used to comprehensively describe achievements, progress and stakeholder views, including those of the Aboriginal community-controlled health sector. Second, representatives of the AH&MRC and the NSW Aboriginal Health Strategic Leadership Group were engaged in project governance to ensure Aboriginal perspectives were considered during all phases of the evaluation and to oversee the quality and integrity of evaluation processes.

Conversely, there are two main limitations of the evaluation that should be considered when interpreting results. First, the methods used may not have captured all the Aboriginal health activities being implemented across NSW Health; in other words, the results may underestimate the system response in this area. Second, factors and initiatives external to the *NSW Aboriginal Health Plan 2013–2023* may have contributed to the achievements and outcomes described in this report.

4.3 RECOMMENDATIONS

The following recommendations require strategic action at the state, district and service levels. They build on achievements to date, guide action in the remaining years of the Plan, and support the achievement of health equity for Aboriginal people in NSW.

STRATEGIC DIRECTION 1: BUILDING TRUST THROUGH PARTNERSHIPS

1. Continue to strengthen the partnership between the Centre for Aboriginal Health in the MoH and the AH&MRC, through:
 - a. identifying shared priorities and an agreed work plan
 - b. implementing joint projects to build the capacity of the sector in the areas of professional development, continuous quality improvement, business management support and evaluation of ACCHS programs
 - c. revising funding and reporting arrangements to reflect shared priorities.

Responsibility: MoH (Centre for Aboriginal Health (CAH))



2. Build and maintain meaningful partnerships between LHDs and ACCHSs to drive strategic planning and the development of shared priorities, and to provide accountability and reporting back to Aboriginal communities. This will include:
 - a. Chief Executives and other executive staff of LHDs meeting with ACCHSs at least annually to review relevant data and discuss strategic and program planning
 - b. strengthening requirements in Service Agreements, the Corporate Governance and Accountability Compendium for NSW Health, or other documents to mandate and monitor partnership agreements.

Responsibility: LHDs and MoH (CAH, System Purchasing and Corporate Governance & Risk Management)

3. Hold Aboriginal health symposia and other activities targeting system priorities, for ACCHS and LHD staff to facilitate information sharing, networking and partnership approaches.

Responsibility: MoH (CAH with designated branches co-leading)

4. Enhance whole-of-government activities to address the social determinants of health, through:
 - a. identifying new, and building on existing, opportunities to work across NSW Government on collaborative projects, including with the Department of Education, the Office of Social Impact Investment Policy, and initiatives under OCHRE such as Connected Communities
 - b. informing the development of the Aboriginal Housing Strategy and working with Housing NSW to implement the strategy
 - c. identifying new, and building on existing, opportunities to work with the Australian Government on initiatives that would benefit from an Aboriginal health lens, including the National Disability Insurance Scheme, Aged Care and the Bilateral Agreement.

Responsibility: MoH (CAH, Centre for Population Health (CPH), Government Relations, Health and Social Policy (Integrated Care), Mental Health, System Purchasing, and Strategic Reform) and Health Protection NSW

5. Develop/adapt tools and establish mechanisms that support NSW Health organisations to measure, and act to improve, the quality of their partnerships with ACCHSs.

Responsibility: MoH (CAH)

STRATEGIC DIRECTION 2: IMPLEMENTING WHAT WORKS AND BUILDING THE EVIDENCE

1. Invest in and support ACCHS-led Aboriginal health research and evaluation, through:
 - a. implementing a program of work to support ACCHSs to evaluate local programs including developing new, or adapting existing, evaluation guidelines
 - b. promoting the use of validated data collection instruments/measures for a range of health behaviours and outcomes
 - c. strategic commissioning of research and evaluation projects in ACCHSs.

Responsibility: NSW Health (including CAH and Centre for Epidemiology and Evidence (CEE) in MoH)

2. Monitor NSW Health investment in Aboriginal health research and evaluation through a minimum set of indicators, such as the number and focus of studies.

Responsibility: NSW Health



3. Prioritise studies in NSW Health research and innovation grant schemes that aim to create new knowledge about what works in Aboriginal health, through:
 - a. enhancing LHD quotas for Translational Research Grants Scheme (TRGS) submissions from five to six where one or more submission is focused on Aboriginal health and submitted in partnership with one or more ACCHS
 - b. continuing to identify Aboriginal health as a priority research topic in large schemes like the Prevention Research Support Program and TRGS and identifying opportunities to establish Aboriginal health as a priority research topic in other NSW Health research and innovation grants schemes
 - c. supporting Advanced Health Research Translation Centres and other public/private research consortiums to strengthen existing, or create new, Aboriginal health research streams
 - d. identifying and building opportunities to support Aboriginal people in research, through the provision of mentoring and financial support in existing fellowship and grant opportunities.

Responsibility: MoH (Office for Health and Medical Research, CEE and CAH) and LHDs/SHNs

4. Elevate the focus and consideration of Aboriginal health in mainstream research and evaluation projects, ensuring that projects consider the needs of, and impacts on, Aboriginal people, through:
 - a. supporting the use of the Aboriginal Health Impact Statement and development of an evaluation plan which addresses Aboriginal health from the planning stage
 - b. ensuring that evaluations of mainstream programs consider program uptake, satisfaction and/or effects among Aboriginal people (e.g. Leading Better Value Care).

Responsibility: NSW Health

5. Strengthen the capability of researchers to conduct Aboriginal health research and evaluation in line with established principles, guidelines and cultural protocols. This will include exploring potential strategies with the AH&MRC and the AH&MRC Ethics Committee.

Responsibility: MoH (Office for Health and Medical Research, CAH and CEE)

6. Explore mechanisms for ensuring engagement of ACCHSs, the AH&MRC and Aboriginal communities in the design and implementation of state-wide Aboriginal health research and evaluation, including considering cultural reference groups.

Responsibility: NSW Health (including CAH and CEE in MoH)

7. Identify and build opportunities to foster knowledge translation through improved engagement of both clinical and policy staff in ACCHSs and NSW Health in all phases of research and evaluation studies. This includes through Aboriginal health symposia for sharing innovative models of care and evaluations.

Responsibility: NSW Health

STRATEGIC DIRECTION 3: ENSURING INTEGRATED PLANNING AND SERVICE DELIVERY

1. Increase the focus on improving access to care, patient experiences and healthcare outcomes of Aboriginal people in whole-of-health system integrated care initiatives, through:
 - a. ensuring existing initiatives are inclusive of, and respond to the needs of, Aboriginal people, drawing on and utilising co-design and co-production
 - b. developing and implementing integrated care strategies focused on responding to the needs of Aboriginal people



- c. ensuring new integrated care initiatives and scaling up of existing initiatives systematically consider and address the needs of Aboriginal people through completing Aboriginal Health Impact Statements and consulting with CAH.

Responsibility: NSW Health (including CPH, Mental Health and System Purchasing in MoH, NSW Ambulance, and Agency for Clinical Innovation (ACI))

2. Embed Aboriginal concepts of health and wellbeing in ACI clinical networks and activities, including specific programs of work developed in consultation with Aboriginal people, through:
 - a. ensuring ACI networks focus on including Aboriginal representation and that Aboriginal health is considered and included in network activities
 - b. developing resources on co-designing programs and strategies with Aboriginal communities.

Responsibility: ACI

3. Identify opportunities to investigate integrated care issues and implement solutions for Aboriginal people, including analysis of surgical waiting lists for key procedures, specialist follow up, and uptake and use of digital health records.

Responsibility: MoH (System Performance Support and CAH), ACI and e-Health

4. Work with the AH&MRC and other stakeholders to identify, define and implement holistic models of health and wellbeing in ACCHSs and LHDs. This will include models focusing on mental health and wellbeing with a particular focus on reducing unplanned mental health readmissions.

Responsibility: MoH (Mental Health and CAH)

5. Support enhanced linkages and partnerships between LHDs/SHNs and ACCHSs to identify and respond to issues with coordinated care and discharge planning.

Responsibility: MoH (System Performance Support)

6. Ensure well designed evaluations of clinical redesign and integrated care projects targeting Aboriginal patients, and mainstream integrated care projects, to ensure impacts on Aboriginal patients are explored and findings are used to improve health service delivery to Aboriginal people.

Responsibility: MoH (System Information and Analytics, Strategic Reform, CAH, Health and Social Policy) and ACI

7. Strengthen inter-sectoral work by continuing to support the sharing of data and joint planning across state and federal governments and NSW Government departments to leverage the potential of data linkage to improve service delivery and health outcomes for Aboriginal people. This will support the implementation of initiatives under Solution Brokerage and more broadly through Local Decision Making Accords.

Responsibility: MoH (CAH, CPH, CEE, Government Relations, System Information and Analytics, and Mental Health) and NSW Ambulance

STRATEGIC DIRECTION 4: STRENGTHENING THE ABORIGINAL WORKFORCE

1. Build the Aboriginal health workforce in NSW Health organisations, through:
 - a. all organisations working to achieve 1.8% Aboriginal representation across all salary bands and occupations in line with whole-of-government strategy and NSW Health KPIs



- b. all organisations working to achieve Aboriginal employment of 2.6% or higher commensurate with the representation of Aboriginal people in the populations they serve, as highlighted in *Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020*
- c. supporting all NSW Health services to apply affirmative action principles in the selection and appointment of candidates as set out in the Government Sector Employment Rule 26 – Employment of Eligible Persons GSE
- d. building the Aboriginal Health Worker (AHW) workforce in specific areas of need such as hospital liaison roles
- e. enhancing work with education organisations to create career pathways for Aboriginal students into health jobs.

Responsibility: NSW Health (including Workforce Planning and Development in MoH)

- 2. Monitor the success and impact of NSW Health scholarship, cadetship and training programs for Aboriginal people, including data on completion and employment outcomes.

Responsibility: MoH (Workforce Planning and Development, Nursing and Midwifery and CEE)

- 3. Support AHWs in LHDs and SHNs to transition to clinical roles through documenting and sharing models of care and ensuring roles incorporate the full scope of practice of the worker's qualification.

Responsibility: MoH (Workforce Planning and Development)

- 4. Build the Aboriginal clinical workforce, through:
 - a. working with Aboriginal peak professional bodies to recruit Aboriginal clinicians to NSW Health
 - b. enhancing existing initiatives aimed at increasing entry and completion of clinical training pathways.

Responsibility: MoH (Workforce Planning and Development)

- 5. Develop and implement a NSW Health Policy Directive that will build the Aboriginal health workforce in executive and leadership roles through a targeted strategy to support the career pathways of all Aboriginal staff, through:
 - a. managers actively and opportunistically seeking and facilitating secondment and up-skilling opportunities in performance reviews
 - b. managers encouraging mentoring for all Aboriginal employees.

Responsibility: MoH (Workforce Planning and Development, and Nursing and Midwifery)

- 6. Support the clinical, continuous quality improvement, and other skill capability of ACCHS staff by delivering and facilitating professional development opportunities.

Responsibility: NSW Health (including MoH, ACI and Health Education and Training Institute (HETI))

- 7. Review enablers and barriers to employment and career progression for Aboriginal people and develop strategies to improve employment outcomes.

Responsibility: MoH (Workforce Planning and Development, and Nursing and Midwifery)



STRATEGIC DIRECTION 5: PROVIDING CULTURALLY SAFE WORK ENVIRONMENTS AND HEALTH SERVICES

1. Promote and strengthen implementation of the NSW Health Aboriginal Health Impact Statement (AHIS) across all NSW Health organisations, through:
 - a. offering professional development and up-skilling opportunities in the use of the AHIS
 - b. sharing case studies and application, including practical principles such as co-design and co-production
 - c. enhancing monitoring and reporting on compliance and quality of the AHIS, and follow up to ensure initiatives are implemented as stated.

Responsibility: NSW Health (including CAH in MoH, and HETI)

2. Implement the recommendations of the Respecting the Difference training evaluation and drive NSW Health organisations to meet the 80% completion target, through:
 - a. implementing targeted training for executive level staff in NSW Health organisations
 - b. ensuring that management of contractors engaged for a period of 6 months or more includes a requirement to undertake Respecting the Difference training
 - c. enhancing reporting and accountability of training completion at Ministry branch level and within hospitals.

Responsibility: NSW Health (including Workforce Planning and Development in MoH)

3. Support the response to episodes of 'take own leave' as clinical incidents by continuing to review take own leave with a view to identifying contributing and protective factors including, for example, racism and links between primary care and tertiary services.

Responsibility: Clinical Excellence Commission and MoH (CAH)

4. Support health organisations to deliver services that are free from racism by strengthening policies and procedures to ensure appropriate mechanisms are available and utilised to address all incidents of racism, through:
 - a. raising awareness of racism in grievance and complaints processes in the simplified and accelerated complaints and grievance resolution process currently being developed
 - b. revising the NSW Health Code of Conduct to specifically refer to a prohibition of racism
 - c. ensuring racism is adequately addressed where appropriate, for example in social media, advertising and public communications policies
 - d. a promotional/educational campaign for NSW Health staff.

Responsibility: MoH (Workforce Planning and Development, Legal and Regulatory and Strategic Communications and Engagement)

5. Identify and evaluate programs that will build the evidence of what works in creating culturally safe health services for Aboriginal people, and ensure that initiatives are informed by the best available evidence.

Responsibility: MoH (CEE, CAH and other Ministry branches) and pillars

6. Develop strategies and resources to build the cultural safety of the NSW Health system in partnership with the AH&MRC, through:
 - a. developing a suite of tools to support cultural safety initiatives and subsequent audits within Health organisations (such as those included in the Hunter New England LHD Cultural Redesign Project)



- b. developing resources for managers to support the implementation of culturally safe workplaces
- c. embedding the actions to improve health care for Aboriginal people from Version 2 of the National Safety and Quality Health Service Standards into agreements, policy directives, and other documents.

Responsibility: MoH (CAH) and Clinical Excellence Commission

STRATEGIC DIRECTION 6: STRENGTHENING PERFORMANCE MONITORING, MANAGEMENT AND ACCOUNTABILITY

1. Develop and implement an Aboriginal governance and accountability framework for NSW Health that includes a focus on:
 - a. local, divisional and state-wide governance arrangements with ACCHSs, other Aboriginal community organisations and Aboriginal communities
 - b. strengthening partnership arrangements between NSW Health organisations and the Aboriginal community-controlled health sector
 - c. accountability processes and mechanisms back to Aboriginal communities.

Responsibility: MoH (CAH)

2. Elevate the reporting of Directors and Managers of Aboriginal Health to the Chief Executive of LHDs.

Responsibility: MoH (CAH) and LHDs

3. Build mechanisms for the work of the NSW Aboriginal Strategic Leadership Group to inform LHD planning.

Responsibility: MoH (CAH) and LHDs

4. Build the Aboriginal health capacity, focus, and expertise of LHD and SHN boards, including through a board charter letter that mandates training, procedures and meeting requirements (this may include Respecting the Difference Aboriginal health training for board members).

Responsibility: MoH (Corporate Governance and Risk Management)

5. Enhance information on patient experience surveys to enable monitoring of progress towards culturally safe health services, through:
 - a. investigating novel approaches to enhancing information collection from Aboriginal patients
 - b. scheduling periodic oversampling of Aboriginal patients in patient experience surveys, including admitted patients and maternity ward patients
 - c. sharing and analysing survey data split by Aboriginality at the state-wide level, where there has been no oversampling of Aboriginal patients
 - d. ensuring the introduction of Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) appropriately and meaningfully capture the experiences of Aboriginal people, particularly in the domains of experiences of racism and cultural safety.

Responsibility: ACI, Bureau of Health Information, and MoH (CAH and System Information and Analytics)



6. Continue to build on and utilise the Aboriginal Health Dashboards and associated activities to prioritise action and accountability for Aboriginal health. This will include:
 - a. raising the visibility and accessibility of the Dashboards
 - b. continued enhancement and dissemination of the Dashboard Toolkit including case studies highlighting best practice.

Responsibility: MoH (CAH)

7. Build the Aboriginal health focus in MoH/LHD Service Agreements by disaggregating appropriate improvement measures by Aboriginality and identifying new benchmarks and monitoring measures.

Responsibility: MoH (CAH, System Purchasing, and System Information and Analytics)

8. Continue to build the clinical safety and quality of the health system for Aboriginal people (including cultural safety), through:
 - a. establishing a requirement for LHDs/SHNs to include one or more Aboriginal health-focused quality and safety strategies in Clinical Safety and Quality Accounts
 - b. supporting NSW Health organisations to embed the Aboriginal-specific actions in the National Safety and Quality Health Service Standards.

Responsibility: MoH (System Management and CAH), LHDs and Clinical Excellence Commission

9. Strengthen systems and processes for sharing NSW Health data with the AH&MRC to support shared projects and AH&MRC-led work. This will include:
 - a. sharing NSW ACCHS KPI state-wide data on a quarterly basis and working towards sharing service-identified data
 - b. sharing LHD Dashboards with the AH&MRC
 - c. working collaboratively to analyse and share NSW Health data reports with the ACCHS sector.

Responsibility: MoH (CAH)

10. Strengthen adherence to the NSW Health Policy Directive PD12-42 *Aboriginal and Torres Strait Islander Origin – Recording of Information of Patients and Clients*. This includes, as a priority, ensuring the following systems include a patient/client/staff member Aboriginal status data item and allow extraction, analysis and reporting of these data:
 - a. Ambulance NSW patient information systems
 - b. Incident Information Management System.

Responsibility: NSW Health

11. Develop an annual report card to monitor progress against the recommendations from the mid-term evaluation of the *NSW Aboriginal Health Plan 2013-2023*. The Strategic Aboriginal Health Steering Committee through the NSW Aboriginal Health Strategic Leadership Group will review the report cards and oversee ongoing implementation of the Plan.

Responsibility: NSW Health (including CAH in MoH)

