

3. RESULTS

3.1 STRATEGIC DIRECTION 1: BUILDING TRUST THROUGH PARTNERSHIPS

Partnerships with Aboriginal people and organisations help ensure the voices, experiences and expertise of Aboriginal people guide the design and delivery of health services. Strategic Direction 1 focuses on building relationships between NSW Health organisations and the Aboriginal community-controlled health sector in NSW. Key actions include:

- implementing the NSW Aboriginal Health Partnership Agreement
- establishing local partnerships between ACCHSs and LHDs
- supporting the AH&MRC to develop partnerships with state health organisations
- identifying and disseminating models of best-practice partnerships
- developing performance indicators for, and evaluating the effectiveness of, partnerships
- embedding Aboriginal health partnerships in performance management and accountability mechanisms at all levels of NSW Health.

3.1.1 NSW HEALTH ACTIVITIES

The document review and survey of NSW Health organisations identified many (n=98) partnerships that underpin NSW Health efforts to improve Aboriginal health. Some of the key partnerships and consultative mechanisms are described below (see the Appendix for a complete list).

Overarching partnership agreements

The NSW Aboriginal Health Partnership Agreement 2015-2025

The *NSW Aboriginal Health Partnership Agreement* is a longstanding agreement between NSW Health (representing the NSW Government) and the AH&MRC. It aims to ensure that the expertise and experiences of the Aboriginal community-controlled health sector is

KEY FINDINGS

- **A range of partnerships are in place which support the delivery of initiatives across all strategic directions of the *NSW Aboriginal Health Plan 2013-2023*.**
- **The *NSW Aboriginal Health Partnership Agreement 2015-2025* provides a guiding framework for engaging Aboriginal people in planning, delivering and evaluating health services.**
- **The MoH and other state health organisations have established partnerships with the AH&MRC, which enable joint initiatives.**
- **Partnerships between LHDs and ACCHSs vary in strength and focus, with about three-quarters of LHDs reporting a formal partnership with an ACCHS(s).**
- **Consultative mechanisms have been established that support the engagement of Aboriginal people and communities in health system processes.**
- **Partnerships could be strengthened by improving: strategic and executive-level engagement; respect for the expertise of ACCHSs; collaboration in planning and delivering services; the sharing of resources; and consultation mechanisms.**

brought to healthcare processes, to integrate Aboriginal health as a core element of all NSW Health policies and services, and to ensure that improving Aboriginal health remains a NSW Health priority.

The Agreement commits both parties to the practical application of the following guiding principles: Aboriginal people's self-determination; a partnership approach; and inter-sectoral collaboration. Implementation of the Agreement occurs through regular meetings between executive staff of the AH&MRC and the Centre for Aboriginal Health in the MoH, through AH&MRC involvement in several NSW Health committees and



reference groups, and through the establishment of numerous joint projects. Examples of joint projects include:

- delivering an education seminar series for clinicians working in ACCHSs, which aims to facilitate the delivery of evidence-based primary healthcare to Aboriginal people
- reviewing key performance indicators for ACCHSs
- establishing mechanisms to improve the governance of ACCHS performance data
- organising the 5th National Aboriginal Health Summit.

Agreement on NSW Aboriginal Health and Wellbeing 2015-2020

The *Agreement on NSW Aboriginal Health and Wellbeing 2015-2020* is a collaboration of the Australian Government Department of Health, the MoH and the AH&MRC. It aims to reduce the gap in health outcomes between Aboriginal and non-Aboriginal people in NSW. The Agreement supports effective and transparent collaboration among the partners and the engagement of local Aboriginal communities in healthcare processes.

The partners have committed to achieving the following outcomes:

- clinically and culturally appropriate services across the health network
- reporting requirements for services that meet the needs of all partners
- the availability of accurate, consistent and usable clinical data to support evidence-based clinical practice and quality improvement
- the availability of accurate, consistent and up-to-date demographic, health outcomes, and health service use and investment data for Aboriginal people
- the establishment of workforce strategies, developed in partnership with Aboriginal communities, to improve healthcare coordination and continuity across health and wellbeing services
- effective linkages with other relevant sectors to address the social, economic and environmental determinants of Aboriginal health.

The Agreement is primarily implemented through regular meetings of all parties to share information, conduct strategic planning, and establish effective linkages with relevant non-health sectors to support inter-sectoral action. Representatives of the Department of the Prime Minister and Cabinet and primary health networks also regularly attend the meetings. The Agreement provides a mechanism for achieving the Close the Gap targets.

ACCHSs and LHD partnerships

About three-quarters of LHDs reported having a formal partnership agreement with an ACCHS(s) in their region (Table 1). Agreements are between LHDs, ACCHSs and, in some areas, primary health networks, SHNs and universities. The remaining LHDs described having either an informal partnership or no partnership with an ACCHS(s).

Formal partnerships broadly aim to support integrated planning and service delivery and to improve health services and health outcomes for Aboriginal people. Common activities include: joint needs analysis, strategic planning and/or service coordination; establishing mechanisms for consultation and communication; and sharing resources and information.

Partnerships between ACCHSs and LHDs occur at strategic and operational levels. LHDs and ACCHSs described a number of operational partnerships that support program delivery in areas like maternal and child health, dental health, mental health, drug and alcohol misuse, women's health, post-hospital discharge care, and healthcare access and continuity.



TABLE 1. FORMAL PARTNERSHIP AGREEMENTS BETWEEN LHDs AND ACCHSs

Partnership	Partners	Functions	Outcomes
<i>Collaborative Partnership Agreement 2017-2020</i>	Central Coast LHD, Yerin Aboriginal Health Service, Hunter New England Central Coast Primary Health Network	Undertakes joint policy and program development, implementation and evaluation. Promotes ongoing Aboriginal community engagement and consumer participation in health system processes.	<ul style="list-style-type: none"> • <i>Aboriginal Health Services Plan 2017-2020.</i> • Improved access to primary healthcare (including oral health) services for Aboriginal people. • Coordinated approach to care for mental health and drug and alcohol patients.
Far West LHD and Maari Ma Aboriginal Corporation Service Agreement to provide primary healthcare services in LHD facilities	Far West LHD, Maari Ma Aboriginal Corporation	Enhances primary healthcare services for Aboriginal people in the region.	<ul style="list-style-type: none"> • Maari Ma Aboriginal Corporation manages the LHD primary healthcare service in Wilcannia. • Other shared service arrangements include social and emotional wellbeing services, diabetes education and the Aboriginal Maternal and Infant Health Service.
<i>Illawarra Shoalhaven Aboriginal Health Partnership Agreement 2017-2020</i>	Illawarra Shoalhaven LHD, Illawarra Aboriginal Medical Service, South Coast Medical Service Aboriginal Corporation, Coordinare - South Eastern NSW Primary Health Network, Oolong House, University of Wollongong	Supports collaboration across partners, informs the development of healthcare plans and service planning, and identifies areas for future research and program evaluation.	<ul style="list-style-type: none"> • The Committee that enacts the Agreement is co-chaired by the LHD Chief Executive and has achieved strong partner engagement and willingness to work together. • Stronger connections among local service providers.
Mid North Coast Aboriginal Health Accord (2014-2018)	Durri, Galambilla and Werin ACCHSs, North Coast Primary Health Network, Mid North Coast LHD	Supports joint policy and program development and implementation, with the aim of achieving improved primary healthcare access for Aboriginal people.	<ul style="list-style-type: none"> • Partners regularly share and jointly review data, which then informs action. • Aboriginal cultural safety and security framework being developed. • A joint service mapping exercise was undertaken. • Program funding information has been shared among partners.
<i>Northern NSW Aboriginal Health Partnership Agreement 2016-18</i>	Bulgarr Ngaru Medical Aboriginal Corporation, Bullinah Aboriginal Health Service, North Coast Primary Health Network, Northern NSW LHD	Identifies service gaps for Aboriginal people and develops shared solutions. Establishes agreed positions on health policy, strategic planning, and equity in service delivery and distribution of resources.	<ul style="list-style-type: none"> • Has supported the development and implementation of: service level agreements between the LHD and ACCHSs; Ngayundi Aboriginal Health Council regional forums; and a review of ACCHSs funding models.
<i>South Western Sydney LHD and Tharawal Aboriginal Medical Service Partnership Agreement 2016-2019</i>	South Western Sydney LHD, Tharawal Aboriginal Medical Service	Describes guiding principles for collaboration and oversees a range of joint initiatives. Facilitates input from Aboriginal communities into the development of South Western Sydney LHD services.	<ul style="list-style-type: none"> • Has supported the establishment of: an ear, nose and throat surgery pathway; a range of outreach services, including specialist and allied health services; multi-disciplinary paediatric clinics; a partnership between Campbelltown Hospital and Tharawal Aboriginal Medical Service; and mechanisms for joint consumer/patient case review.
<i>Sydney Metropolitan Local Aboriginal Health Partnership Agreement 2016-2021</i>	Aboriginal Medical Service Co-operative Limited Redfern, Northern Sydney LHD, South Eastern Sydney LHD, Sydney LHD, St Vincent's Health Network, Sydney Children's Hospitals Network	Undertakes joint planning and service delivery relating to seven health priorities: social determinants of health; chronic conditions management; cancer; drug and alcohol misuse; smoking; Aboriginal workforce development; and research.	<ul style="list-style-type: none"> • Has supported the development of the <i>2016-2021 Sydney Metropolitan Local Aboriginal Health Partnership</i>, Aboriginal Health Plan.



Western Sydney Aboriginal Health Collaborative	Western Sydney LHD, Sydney Children's Hospitals Network, Western Sydney Primary Health Care Network, Greater West Aboriginal Health Service	Develops and drives the implementation of Aboriginal health policies and projects in Western Sydney that address joint priorities and appropriately respond to the needs of Aboriginal people.	<ul style="list-style-type: none"> • Has informed the development of the <i>Western Sydney Integrated Health Partnership Framework 2017-2020</i>. • Partnership implementation, monitoring and evaluation plans currently being developed to align with the Western Sydney Partnership Advisory Council.
<i>Western NSW LHD Aboriginal Partnership Agreement 2015-2020</i>	Western NSW LHD, Bila Muuji Aboriginal Health Services	<p>Provides leadership and advice on health policies, strategic planning, service issues, and equity in the allocation of resources.</p> <p>Supports implementation of local Partnership Action Plans which promote joint initiatives and enhanced communication and collaboration between partners at the local level.</p>	<ul style="list-style-type: none"> • Progress on development and implementation of local Partnership Action Plans.



Consultative mechanisms

The Aboriginal Chronic Conditions Network, Agency for Clinical Innovation

The Aboriginal Chronic Conditions Network aims to improve health service delivery to, and the healthcare experiences of, Aboriginal people with chronic conditions. It is a NSW-wide consultative mechanism that ensures a partnership approach underpins efforts to enhance chronic care services for Aboriginal people. The Network executive is co-chaired by senior Aboriginal leaders and includes representatives of LHDs, ACCHSs and other NGOs, universities, the Australian Institute of Health and Welfare, Aboriginal communities, and primary health networks. The Network draws on the expertise of its members to develop evidence-informed tools, guidelines, models of care, and community-based programs.

The Aboriginal Drug and Alcohol Network

The Aboriginal Drug and Alcohol Network provides advice and expertise on key NSW Health plans, services and programs. Members include Aboriginal drug and alcohol workers in ACCHSs, LHDs, NGOs and the private sector. The AH&MRC receives MoH funds to support the Network and its leadership group, to coordinate an annual Network forum, and to provide advice to NSW Health on drug and alcohol workforce issues.

Local Aboriginal community consultation mechanisms

Aboriginal community consultation mechanisms have been established in some LHDs to support Aboriginal community ownership of joint LHD and ACCHS initiatives. For example, the Toomelah Boggabilla Healthy Communities Sub Committee of the Hunter New England LHD Board and the Sharing and Learning Circle in the Nepean Blue Mountains LHD support coordinated planning and implementation of health initiatives, monitor health priorities and outcomes in local communities, and develop local solutions to identified health problems.

Local Decision Making is an Aboriginal community governance initiative under the NSW Government's plan for Aboriginal Affairs, OCHRE. NSW Health supports the application of Local Decision Making to increase the effectiveness of service delivery to meet local needs and increase the capacity of Aboriginal decision-making bodies. NSW Health's participation is primarily through LHDs because of the local nature of discussions. LHD Executive representatives work with those alliances that have identified health as a priority.

CASE STUDY

SOUTH WESTERN SYDNEY LHD AND THARAWAL ABORIGINAL MEDICAL SERVICE PARTNERSHIP AGREEMENT 2016-2019 — COORDINATION OF MENTAL HEALTHCARE

The Partnership Agreement between South Western Sydney LHD and Tharawal Aboriginal Medical Service aims to improve health outcomes and access to health services among Aboriginal communities. It sets out guiding principles for working together (including the use of collaborative approaches), details a range of initiatives to be implemented, and delineates the responsibilities of each organisation.

An objective of the Partnership is to establish culturally safe mainstream health services by leveraging the expertise and experiences of Tharawal Aboriginal Medical Service staff. The Partnership is implemented through regular meetings of both organisations and other consultative mechanisms. Engagement occurs at both the executive and operational levels.

The collaborative mental health model is a good example of a joint initiative of the Partnership. The model includes a mental health outreach service for Tharawal Aboriginal Medical Service clients and joint consumer review meetings. These meetings clarify the roles and responsibilities of each partner in delivering culturally safe and effective care, particularly for patients with complex needs.

The Partnership has improved pathways to healthcare for Aboriginal patients in the region. There is also a view that it has improved the cultural safety of South Western Sydney LHD services by establishing innovative outreach models, and through Tharawal Aboriginal Medical Service's input into how mainstream services are provided to Aboriginal clients and their families.

The *Premier's Memorandum - M2015-01-Local Decision Making* mandates the roles and responsibilities of NSW Government agencies to ensure regional alliances are aware of NSW Government priorities, services and data.

Partnership projects

The document review and survey of NSW Health organisations identified many health projects in NSW that are underpinned by effective partnerships between NSW Health and the Aboriginal community-controlled health sector, across all strategic directions of the Plan (see the Appendix for a full list). Examples include:

- Take Blaktion, an integrated communication and sexual health education campaign aimed at young Aboriginal people in NSW



- establishment of a legal clinic in Bungee Bidgel Aboriginal Health Clinic aiming to remove barriers to legal assistance and to improve the health, social and emotional wellbeing of Aboriginal patients
- development of the *2018 Report of the Chief Health Officer: Aboriginal Kids—a healthy start to life*
- Building Strong Foundations for Aboriginal Children, Families and Communities, a free, culturally safe early childhood health service for Aboriginal children from birth to school entry age and their families
- Aboriginal Go4Fun, a family-based healthy lifestyle program targeting children who are above a healthy weight.
- differences in the organisational priorities of ACCHSs and LHDs
- not having enough time to engage and build trust with Aboriginal organisations or communities
- the absence of an ACCHS within the boundaries of some LHDs and, conversely, needing to coordinate with multiple ACCHSs, especially in geographically large LHDs
- NSW Health funding being inconsistently allocated across all ACCHSs
- being unfamiliar with the internal structures of partnering agencies
- lack of a local Aboriginal health plan to guide engagement with Aboriginal organisations, or inadequate provisions and accountability for partnerships in local plans.

Partnership projects are occurring in a range of health areas but are particularly common in the clinical redesign and integrated care area. As such, a large number of partnerships between NSW Health and the Aboriginal community-controlled health sector are described in Section 3.3 (Ensuring integrated planning and service delivery) of this report.

3.1.2 STAKEHOLDER FEEDBACK

Views of NSW Health staff

Directors and Managers of Aboriginal Health in LHDs described three main factors they felt enabled effective partnerships between LHDs and ACCHSs. Firstly, being patient and taking the time to build trust; this can often require acknowledging and addressing historical breakdowns in trust. Secondly, ensuring there is executive buy-in and respectful leadership from both LHDs and ACCHSs. Lastly, showing respect for, and trying to understand the perspectives of, the ACCHS sector:

“Taking time to get an understanding of Aboriginal perspectives. It doesn’t work if you only take on an LHD agenda. You need to understand the reasons why there is not equitable access to services. Understanding what works and what doesn’t work from their end.” (LHD 4)

LHD and SHN staff reported a commitment to working with Aboriginal organisations and communities to design and deliver health services, however, they described several barriers to doing so, such as:

- sometimes needing to negotiate complex local relationships when engaging with partner organisations

CASE STUDY

NGAYUNDI ABORIGINAL HEALTH COUNCIL, NORTHERN NSW

The Ngayundi Aboriginal Health Council provides a forum for members of the Bundjalung, Yaegl and other Aboriginal Nations in Northern NSW to participate in, and provide advice on, health service planning, delivery and evaluation in the region. Its aim is to achieve equity of health outcomes between Aboriginal and non-Aboriginal people.

The Council provides an informed community perspective on the health issues and needs of Aboriginal communities to the Northern NSW LHD, the North Coast Primary Health Network and the Northern NSW Aboriginal Health Partnership. Council members include Aboriginal people from across Northern NSW.

A Council executive with rotating membership; provides nominees for local working and advisory groups; comments on health policies, strategies and other documents; consults the wider Aboriginal community on specific health matters and facilitates community participation in health processes; shares information with communities; and advocates and lobbies to positively influence health decision making.

The Council holds four community meetings per year. Meetings occur in different locations in Northern NSW, are open to all Aboriginal people, and facilitate information sharing and Aboriginal community ownership of health policies and initiatives. The Council also provides governance of the *Northern NSW Integrated Aboriginal Health and Wellbeing Plan 2015–2020* and the *Northern NSW LHD Reconciliation Action Plan*.



Regarding the last point, NSW Health staff highlighted a need for a comprehensive enterprise-wide approach to partnerships with Aboriginal organisations and communities, supported by internal structures and resources.

Views of the Aboriginal community-controlled health sector

ACCHS and AH&MRC staff highlighted both enablers and barriers to effective partnerships between their organisations and NSW Health, with some of the views expressed echoing and building on feedback from NSW Health staff.

Characteristics of effective partnerships

- **Partnership equality**, whereby ACCHSs have a fair say in decision making and planning, and their expertise is valued:

“An ideal partnership would be one where partners are equal, the LHD listens to what we have to say, and we work together on joint initiatives. There would be benefits for the community.” (ACCHS 6)

- **Regular contact between parties**, which interviewees felt could enable effective communication, productivity, collaboration, and ACCHSs input into NSW Health policy and program development:

“There are regular meetings between our service, the LHD and the PHN [primary health

network] at the executive level ... There are also bi-monthly meetings of an Aboriginal Health Committee at local hospitals to examine issues ... and also review a local Dashboard.” (ACCHS 4)

Interviewees also emphasised the importance of involving the AH&MRC and ACCHSs in the early stages of planning an initiative, which they felt could help avoid ‘tokenistic’ partnerships.

- **Multi-agency collaboration**, which interviewees felt could support streamlined service integration, improved discharge planning, increased Aboriginal community engagement, and staff secondments to facilitate cultural exchange.
- **Active engagement of LHDs in ACCHS activities** such as the delivery of services by LHDs in ACCHS sites:

“The dental service provides an example of good partnership that underpins effective service delivery. The LHD dentists work at our service and also supply consumables and we pay for dentures. We are still paying for the dental service. Roles are negotiated via an MOU [Memorandum of Understanding]. There is case conferencing to manage clients and there is a good relationship with the LHD Dental Manager.” (ACCHS 10)

- **Strong leadership at the executive level from both parties**, which aligns with the views of LHD Directors and Managers of Aboriginal

CASE STUDY

THE ABORIGINAL CANCER PARTNERSHIP PROJECT (2013–2015)

The Aboriginal Cancer Partnership Project was a collaboration of the AH&MRC, the Cancer Institute NSW and the Cancer Council NSW. The Project aimed to improve the cancer outcomes of Aboriginal people in NSW by working collaboratively with Aboriginal communities. Its objectives were to:

- raise cancer awareness and increase the capacity of Aboriginal communities to respond to cancer
- build the skills, knowledge and capacity of the Aboriginal health workforce in cancer care, and improve the care of Aboriginal people with cancer
- build partnerships between mainstream services and ACCHSs to enhance the cultural capability of health professionals working in cancer care, and to improve service accessibility
- reduce barriers experienced by Aboriginal people who need to access cancer care.

The Project had the following elements: Aboriginal community awareness-raising workshops (n=17); community action workshops (n=2); health professional training; clinical placements in, and site visits to, ACCHSs and local cancer services (staff exchanges); health professional support networks; and partnerships between cancer services and ACCHSs to enhance the cultural capability of health professionals working in cancer care.

The Cancer Institute NSW worked with five lead ACCHSs in Moree, Nowra, Broken Hill, Redfern and Albury to establish culturally appropriate clinical placements for cancer care professionals and health worker support networks. The Project led to the review and updating of a culturally appropriate cancer course for Aboriginal health professionals. Additionally, Aboriginal health worker clinical placements in, and site visits to, cancer services contributed to improved relationships, trust and understanding of cancer services.



Health. It was felt that this could depend on individual personalities and that executive support and leadership needed to be established in a systemic way:

“There is now a different approach with the LHD CE [Chief Executive]. There is a sense of urgency, the start of a change in culture in the LHD. The partnership is now strong and there is an accessible team. We can now have real conversations on broader issues ... The LHD CE brings a more genuine approach. She has good understanding and experience of working with communities.” (ACCHS 8)

health or if it's been absorbed into the broader system.” (ACCHS 6)

Strategic partnerships

AH&MRC staff felt they had a strong partnership with the MoH through the *NSW Aboriginal Health Partnership Agreement*. They perceived that this good relationship had resulted in: the adoption of a collaborative approach to working together; increased support for their member services; and increased investment in capacity building activities for ACCHSs. They also described partnerships with a range of state health organisations, like the Cancer Institute NSW, the Mental Health Commission, the Bureau of Health Information, and the Agency for Clinical Innovation.

Barriers to working collaboratively

- **Poor communication and consultation**, whereby some ACCHSs reported that LHDs did not communicate about important staff changes or service restructures, or did not respond to correspondence from ACCHSs. AH&MRC staff highlighted a need for open dialogue and transparency between organisations to enable the implementation of strategies in a purposeful and timely way.
- **Lack of respect for, or awareness of, the ACCHS sector**, whereby interviewees perceived that some LHD staff could: have a paternalistic attitude towards ACCHSs; see ACCHS programs and services as second rate; misunderstand the role that ACCHSs play in the health system; or under-value the expertise of ACCHSs regarding Aboriginal culture and clinical service delivery.
- **Unwillingness of some staff in LHDs/SHNs to collaborate with ACCHSs**, which interviewees felt could result in ACCHSs giving up attempts to develop a meaningful partnership:

“The LHD staff are not reliable. As an example, the Otitis Media program was supposed to be run in partnership with the LHD. We asked the LHD to help out with running the program when the program coordinator was on leave, but the LHD let us down and we couldn't rely on LHD staff to share the load. Now we are running the program on our own.” (ACCHS 7)

- **A perceived lack of funding for effective programs and poor transparency of funding processes:**

“The LHD provides us with \$50K per year in funding—this has not increased since 2004. It's not clear if the LHD have maintained Aboriginal health funding specifically for Aboriginal

3.1.3 SUMMARY AND IMPLICATIONS

A range of partnerships are in place that support the implementation of health initiatives across all strategic directions of the *NSW Aboriginal Health Plan 2013–2023* and that support the engagement of Aboriginal people in health services planning and delivery. A number of these partnerships have achieved good outcomes, however, there is room to embed a more systemic approach to partnerships tied to strong accountability and monitoring mechanisms.

The MoH and AH&MRC currently share a strong relationship—which is grounded in the *NSW Aboriginal Health Partnership Agreement 2015–2025*—and regularly collaborate on joint projects. The MoH should continue to work collaboratively with the AH&MRC to address shared priorities, such as racism, wellbeing and self-determination. Encouragingly, other state health organisations have also formed partnerships with the AH&MRC.

Partnerships between LHDs and ACCHSs vary in strength and focus, with about three-quarters of LHDs reporting a formal partnership with an ACCHS(s). More could be done to support stakeholders to monitor the function and effectiveness of these partnerships and intervene early when challenges to collaboration arise.

ACCHS and AH&MRC staff felt that their partnerships with NSW Health organisations could be strengthened by improving: strategic and executive-level engagement among all parties; respect for the expertise of ACCHSs; collaboration in designing and delivering services; sharing resources; and consultation and communication mechanisms. The last of these could be improved by creating targeted networking and information sharing opportunities, such as an annual health forum for LHDs and ACCHSs.



Strong partnerships between LHDs and ACCHSs have the potential to improve the health and lives of Aboriginal people. Further work is required to identify and disseminate models of best-practice partnerships and to embed Aboriginal health partnerships in NSW Health performance management and accountability mechanisms, in close collaboration with the AH&MRC.

ASSESSMENT OF PROGRESS AGAINST KEY ACTIONS[†]

Based on the data presented in this report, progress against the key actions of Strategic Direction 1 of the *NSW Aboriginal Health Plan 2013–2023* is moderate:

1. *Implementing the NSW Aboriginal Health Partnership Agreement*: Good progress.
2. *Establishing local partnerships between ACCHSs and LHDs*: Moderate progress.
3. *Supporting the AH&MRC to develop partnerships with state health organisations*: Good progress.
4. *Identifying and disseminating models of best-practice partnerships*: Some progress.
5. *Developing performance indicators for, and evaluating the effectiveness of, partnerships*: Some progress.
6. *Embedding Aboriginal health partnerships in performance management and accountability mechanisms at all levels of NSW Health*: Some progress.

[†] Assessments are based on the investigators' appraisal of the evidence presented in this report with respect to the breadth and quality of relevant initiatives.