

EXECUTIVE SUMMARY

1. BACKGROUND

Aboriginal people have strong, diverse cultures and resilient communities. It is the resilience of Aboriginal people and their kinship relationships that provide the foundation upon which to build efforts to improve health. Although there have been some health gains in recent times, Aboriginal people still experience poorer health outcomes and lower life expectancy than non-Aboriginal people.

THE NSW ABORIGINAL HEALTH PLAN 2013-2023

The health system in NSW is complex, with numerous funders and providers of services that play critical roles in providing healthcare to Aboriginal people. Within this context the *NSW Aboriginal Health Plan 2013-2023* (the 'Plan') aims to work in partnership with Aboriginal people to achieve the highest level of health possible for individuals, families and communities. The Plan was developed collaboratively by the NSW Ministry of Health (MoH) and the Aboriginal Health & Medical Research Council of NSW (AH&MRC), through an extensive consultation process with key stakeholders. The six strategic directions of the Plan are: building trust through partnerships; implementing what works and building the evidence; ensuring integrated planning and service delivery; strengthening the Aboriginal workforce; providing culturally safe work environments and health services; and strengthening performance monitoring, management and accountability.

EVALUATION OBJECTIVES

The objectives of the mid-term evaluation were to:

1. Assess the breadth and effectiveness of NSW Health initiatives against the strategic directions of the Plan.
2. Identify key achievements of the Plan to date and successful initiatives suitable for sharing and scaling up.
3. Identify areas that require additional focus to enhance service delivery and improve health outcomes in the remaining years of the Plan.

EVALUATION METHODS

The mid-term evaluation had the following components:

- a self-administered survey of NSW Health organisations, exploring the range and quality of current and recent initiatives aligning with the Plan, planned activities, and staff views on areas requiring increased focus
- a critical review of key Aboriginal health policy and program documents and reports of evaluation findings
- an assessment of progress against indicators of health system performance
- semi-structured interviews with representatives of the Aboriginal community-controlled health sector in NSW (n=11) and Directors and Managers of Aboriginal Health in local health districts (LHDs) (n=6), exploring their views on Plan implementation.

EVALUATION GOVERNANCE

A working group provided advice and input into the mid-term evaluation and included representatives of the following organisations/groups: the AH&MRC; the Centre for Aboriginal Health, MoH; the Centre for Epidemiology and Evidence, MoH; and the NSW Aboriginal Health Strategic Leadership Group.



2. RESULTS

STRATEGIC DIRECTION 1: BUILDING TRUST THROUGH PARTNERSHIPS

Most Aboriginal health initiatives in NSW are underpinned by partnerships between NSW Health organisations and the Aboriginal community-controlled health sector. The *NSW Aboriginal Health Partnership Agreement 2015–2025* provides a guiding framework for engaging Aboriginal people in planning, delivering and evaluating health services. Similarly, local consultative mechanisms have been established that support the participation of Aboriginal people and communities in health system processes, like 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.

The MoH and AH&MRC currently share a strong relationship and regularly collaborate on joint projects. Other state health organisations have also formed partnerships with the AH&MRC. Equally, a range of local agreements are in place, with about three-quarters of LHDs reporting a formal partnership with an Aboriginal community-controlled health service(s) (ACCHSs). Informal partnerships are established in some areas. Some of these local partnerships are working well, while others could be strengthened.

Directors and Managers of Aboriginal Health in LHDs highlighted a need for taking time to engage and build trust with Aboriginal communities. They also felt it important to show respect for, and try to understand the perspectives of, the ACCHS sector. ACCHSs reported that ACCHS/NSW Health partnerships could be strengthened by: increasing strategic and executive-level engagement; valuing and fostering respect for the expertise and knowledge of ACCHSs; greater collaboration in designing and delivering services; improved sharing of resources; and stronger consultation and communication mechanisms. ACCHS staff valued the model of delivering LHD services in ACCHSs. This model was seen as a way of improving the cultural appropriateness of public health services.

STRATEGIC DIRECTION 2: IMPLEMENTING WHAT WORKS AND BUILDING THE EVIDENCE

NSW Health has established strategic frameworks, policies and entities that support evidence building and knowledge translation in Aboriginal health. It is enabling Aboriginal health research by establishing partnerships with academics, building research capability, developing data assets, and providing access to funding. Examples of current research grants schemes include the NSW Translational Research Grants Scheme, the Prevention Research Support Program, and the Alcohol and Other Drugs Early Intervention Innovation Fund. Some schemes, like the Mid North Coast LHD's Research Support Grant Program, have been effective in funding projects with a focus on Aboriginal health, while others have had less success in this regard.

A large number of Aboriginal health initiatives are being, or have recently been, evaluated with findings informing practice. However, relatively fewer evaluations have explored the impacts of mainstream initiatives on the health outcomes of Aboriginal people. Efforts to improve the quality of reporting of Aboriginality in perinatal, admitted patient and emergency department datasets have contributed to steady increases in the estimated accuracy of reporting of Aboriginality in these datasets, from 59–77% in 2010 to 84–91% in 2016/2017. Nevertheless, the quality of reporting could be improved in some LHDs and SHNs, especially in emergency department data.

NSW Health is supporting knowledge translation in Aboriginal health by engaging in research partnerships, funding and implementing research conferences and symposia, and commissioning evidence reviews and exchange meetings between researchers and clinicians.

LHDs felt they could do more to support high quality evaluations of local Aboriginal health programs—in partnership with the AH&MRC and ACCHSs—and build the research and evaluation capability of their Aboriginal staff. AH&MRC staff described evaluations with strong collaboration between NSW Health and the AH&MRC, but felt NSW Health could engage them earlier in the design of evaluation studies and do more to share findings with, and acknowledge the contributions of, Aboriginal organisations.



STRATEGIC DIRECTION 3: ENSURING INTEGRATED PLANNING AND SERVICE DELIVERY

NSW Health is implementing whole-of-system initiatives aiming to improve healthcare integration, however, some of these could have a stronger emphasis on improving the health and healthcare experiences of Aboriginal people. Performance frameworks and clinical networks have also been established; these enable integrated planning and service delivery. Some of these clinical networks have established an Aboriginal health program of work, including the Aboriginal Chronic Conditions Network and the Cardiac Network.

NSW Health is also implementing many (n=120) clinical redesign and integrated care projects aiming to improve the health outcomes and healthcare experiences of Aboriginal people. Several of these projects have been evaluated using robust methods and some have achieved good outcomes, like the 48 Hour Follow Up program. However, others require better monitoring systems and well designed 'deep dive' investigations of outcomes. There are several examples of NSW Health organisations collaborating with ACCHSs in delivering care to Aboriginal people, such as the Bila Muuji Tele Home Monitoring project, the Building Brighter Grins program, and the Mehi Integrated Care program.

In the last seven years in NSW, rates of the following indirect indicators of coordinated and integrated healthcare have been stable in Aboriginal people: unplanned hospital readmissions (6%); emergency department re-presentations (6–7%); and mental health readmissions (17–18%), although rates among both Aboriginal and non-Aboriginal patients are high. Further, almost all (98%) Aboriginal elective surgery patients are treated on time in NSW, up from 91% in 2010–11.

Between 2010–11 and 2016–17, incidents of unplanned hospital readmissions among Aboriginal people decreased by three percentage points or more in Southern NSW LHD, Murrumbidgee LHD and Mid North Coast LHD, while they increased by three percentage points or more in St Vincent's Health Network* and South Eastern Sydney LHD.

LHDs felt that effective partnerships with ACCHSs were an important enabler for providing joined-up healthcare to Aboriginal people. Likewise, ACCHSs reported a need for better collaboration between LHDs and ACCHSs in planning and delivering services, especially in the context of supporting Aboriginal people who have complex care needs and/or are leaving hospital.

Through the Bilateral Agreement, the MoH is collaborating with the Australian Government Department of Health to support joint planning and service delivery and reduce avoidable demand for health services. NSW Health is influencing the social determinants of Aboriginal health through various inter-sectoral initiatives. Focus areas include: preventing disease associated with poor housing; building cohesive and resilient communities; improving child safety and development; supporting access to essential social services; and increasing employment opportunities.

STRATEGIC DIRECTION 4: STRENGTHENING THE ABORIGINAL WORKFORCE

NSW Health has established a system-wide framework and the 'Stepping Up' website (and related activities) to strengthen its Aboriginal workforce, with performance data used to inform action at state and local levels. Additionally, it is implementing many initiatives (n=70) aiming to recruit, retain and develop Aboriginal staff, with many achieving good outcomes. Examples include the Aboriginal Environmental Health Officer Training Program, the Aboriginal Oral Health Scholarships Program, and the Aboriginal Health Worker Project. Still, there were relatively few examples of NSW Health organisations collaborating with education organisations to create career pathways for Aboriginal students into health jobs.

Between 2011–12 and 2016–17, the proportion of NSW Health staff who identified as Aboriginal increased from 1.9% to 2.5%, which is approaching the target of 2.6%. During the same period, the proportion of staff who identified as Aboriginal increased in 16 of 17 LHDs and SHNs, with Mid North Coast LHD achieving a 3.1% absolute increase (from 1.5% to 4.6%). Many LHDs are aiming for Aboriginal employment levels commensurate with the representation of Aboriginal people in the populations they serve through local Aboriginal health workforce action plans.

Aboriginal people are increasingly employed in higher paid roles, however, the NSW Health target of 1.8% of staff in all salary bands being Aboriginal is yet to be met. Although NSW Health is implementing initiatives designed to develop Aboriginal health leaders, the number and proportion of NSW Health executives who identify as Aboriginal is small.

* The increase in St Vincent's Health Network should be interpreted with care as the baseline rate is based on small counts.



Aboriginal people are under-represented in medical (0.7%), nursing (1.5%) and allied health (1%) staff, supporting the perception of some ACCHSs that there is a shortage of Aboriginal clinical staff in local hospitals. Some ACCHSs also reported a need for better workforce support for the Aboriginal community-controlled health sector. NSW Health stakeholders identified recruitment to Aboriginal-targeted and -identified senior roles as an area requiring attention.

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

NSW Health is implementing many initiatives (n=57) aiming to improve the cultural safety of workplaces and health services for Aboriginal people, with some achieving good reach and outcomes, particularly in the areas of immunisation, chronic disease management, and maternal and infant health. Mandatory Aboriginal cultural training has been established; 86% of employees have completed the online module and 44%* have attended the face-to-face workshop. An evaluation of the training is underway and will investigate its effectiveness and inform its ongoing implementation.

Service Agreements between the MoH and LHDs and SHNs, and the NSW Aboriginal Health Impact Statement, provide important levers for the delivery of culturally safe care. However, use of the latter is variable among NSW Health organisations.

Collectively, NSW Health activities aiming to foster greater cultural safety seem to have contributed to reduced incomplete emergency department visits (from 10.1% in 2010-11 to 7.3% in 2016-17) and a stable rate (2.5-2.6%) of discharge from hospital against medical advice in Aboriginal people in NSW. Further, in 2014, a majority (89%) of Aboriginal people admitted to hospital in NSW rated their experience of hospital care as either 'Very good' or 'Good', which was comparable to levels of satisfaction among non-Aboriginal patients. In the same year, the proportion of Aboriginal admitted patients who rated their overall experience of care as either 'Very good' or 'Good' ranged from 95% in Nepean Blue Mountains LHD, Sydney LHD and Southern NSW LHD to 76% in Murrumbidgee LHD.

ACCHSs reported examples of their clients experiencing discrimination or racism when using NSW Health services. Some also felt that LHDs did not provide a culturally safe work environment for Aboriginal staff. Encouragingly, some ACCHSs and LHDs are collaborating to improve the cultural safety of mainstream health services in NSW. Some Managers and Directors of Aboriginal Health in LHDs felt that their organisations had good systems in place to identify and respond to incidents of racism. Conversely, others reported there was more work to be done in this area and that their organisations focused on preventing racism through cultural training and programs.

STRATEGIC DIRECTION 6: STRENGTHENING PERFORMANCE MONITORING, MANAGEMENT AND ACCOUNTABILITY

NSW Health has established frameworks that guide and support performance monitoring, management and accountability in Aboriginal health. Responsibility for Aboriginal health is also built into various NSW Health policies and procedures, organisational structures, and the composition and functions of health service governing boards. A recent review conducted by the Centre for Aboriginal Health, MoH, found that 16 of 17 LHD and SHN boards had at least one member with Aboriginal health expertise, knowledge or experience.

The Centre for Aboriginal Health coordinates key committees that promote accountability for, and seek to improve, Aboriginal health in NSW, including the Strategic Aboriginal Health Steering Committee and the NSW Aboriginal Strategic Leadership Group. Similarly, many LHDs have established Closing the Gap strategies and implementation committees seeking to reduce the gap in health outcomes between Aboriginal and non-Aboriginal people and to improve organisational responsibility for Aboriginal health.

Many initiatives (n=67) are being implemented that support data-driven improvements and accountability in the delivery of health services and programs to Aboriginal people, like the establishment of Aboriginal Health Dashboards and scorecards and various data warehouse and analytics applications. Examples of the latter include: the Clinical Services Planning Analytics portal; Secure Analytics for Population Health Research and Intelligence; and the Activity Based Management portal.

* Proportions describe completions and not compliance, as employees have six months before they are required to complete the training.



Large-scale patient experience and population health surveys have been established that monitor clinical services and population health initiatives in NSW, some of which have trialled enhancements aiming to improve the validity and reliability of data captured on the health and healthcare experiences of Aboriginal people—for example, oversampling of Aboriginal patients for the NSW Admitted Patient Survey in 2014.

NSW Health has established health topic-specific strategic frameworks that: prioritise action among Aboriginal patients and populations; have strong governance arrangements; and have effective processes for monitoring, and using data to drive, implementation. The approach used in the blood borne viruses and sexually transmissible infections portfolio provides an example of good practice.

Both ACCHSs and LHDs reported a need for increased engagement with the Aboriginal community-controlled health sector when developing or reviewing performance indicators, and when reporting on the performance of LHDs and NSW Health-funded ACCHSs.

Some ACCHSs also expressed that the *NSW Aboriginal Health Plan 2013–2023* provides useful guidance to the health system in NSW but that it was not being adequately translated into practice locally. It was felt that improved communication about the Plan, and more funding for related programs, may enable better buy-in from stakeholders.

3. CONCLUSIONS

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

The mid-term evaluation has identified areas of success as well as areas needing improvement. The following recommendations require strategic action at the state, district and service levels. They build on achievements to date and re-focus efforts over the next five years of the Plan to help achieve the Plan's vision 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)

