

**National Partnership Agreement on
Closing the Gap in Indigenous Health
Outcomes:
Implementation Plan**

Jurisdiction: ACT

Table of contents	
BACKGROUND AND CONTEXT	3
NATIONAL REFORMS	4
1.1 National minimum service standards	4
1.2 Improved quality of Aboriginal and Torres Strait Islander identification	4
1.3 Infrastructure	4
1.4 Workforce.....	4
1.5 Cultural Security.....	5
IMPLEMENTATION PLAN	6
RISK MANAGEMENT	28
REVIEW AND EVALUATION	28
APPENDIX A: NATIONAL INDIGENOUS REFORM AGREEMENT’S SERVICE DELIVERY PRINCIPLES FOR INDIGENOUS AUSTRALIANS:	30
1.1 Priority	30
1.2 Indigenous engagement	30
1.3 Sustainability	30
1.4 Access	31
1.5 Integration	31
1.6 Improving care options and the continuity of care across the care spectrum.....	31
1.7 Accountability.....	32
APPENDIX B: NATIONAL PRINCIPLES FOR INVESTMENTS IN REMOTE LOCATIONS.....	32

BACKGROUND AND CONTEXT

There are three strategic planning documents related to Aboriginal and Torres Strait Islander health that the ACT is responsible for implementing:

1. 'A New Way: The ACT Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2006-2011'

'A New Way' is the ACT's response to the requirement in the '*National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013*' that each jurisdiction develop its own implementation plan. 'A New Way' articulates how the '*National Social and Emotional Wellbeing Strategy*', the '*ACT Health Action Plan*' and the '*Canberra Plan*' will be implemented in the ACT. 'A New Way' was developed collaboratively by the ACT Aboriginal and Torres Strait Islander Health Forum, the primary strategic planning body for Aboriginal and Torres Strait Islander health in the ACT.

'A New Way' takes an holistic and family centred approach and is focussed on the following health and wellbeing priorities and their interdependencies: building family resilience; maternal and child health; social health, including mental health and substance abuse; chronic and infectious disease prevention and management; and frail aged and people with disabilities.

2. 'Cultural Respect Implementation Plan – Aboriginal and Torres Strait Islander Health Unit 2006-2009'

The Cultural Respect Implementation Plan (CRIP) is a three year plan with goals based on the planning guidelines outlined in the Australian Health Minister's Advisory Council's (AHMAC) '*Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009*'. CRIP addresses the aims and objectives of this Framework, which was developed in response to an identified need to strengthen relationships between the Australian healthcare system and Aboriginal and Torres Strait Islander peoples.

3. 'ACT Chronic Disease Strategy 2008-2011'.

The ACT Chronic Disease Strategy (the Strategy) was designed to align with the National Chronic Disease Strategy and to provide an overarching framework for the provision of appropriate programs and supports to address the increasing prevalence of people at risk of, or living with, chronic disease in our community.

The Strategy provides a framework to pursue work that involves better coordination of existing chronic disease services and to develop new and innovative projects and programs that aim to reduce the incidence or complications of chronic disease.

The Strategy notes the higher prevalence of chronic disease for Aboriginal and Torres Strait Islander people and contains specific activities to address the needs of Aboriginal and Torres Strait Islander people in chronic disease prevention, detection and care.

N.B. The Aboriginal and Torres Strait Islander population is not of sufficient size to allow for calculation of life expectancy and child mortality rates in the ACT.

NATIONAL REFORMS

The five reforms identified below reflect system-level changes to support combined efforts to close the gap in Aboriginal and Torres Strait Islander health outcomes. A number of these reforms are being pursued through mechanisms outside of the National Partnership Agreement, while others rely upon joint and/or complementary activity by the Commonwealth and state and territory governments through the NPA. Further detail on specific activities to address national reforms is embedded within the implementation plan.

1.1 National minimum service standards for all organisations providing primary health care services to Aboriginal and Torres Strait Islander populations

Accreditation frameworks are an explicit statement of the expected level and quality of care to be provided to patients by health services and are a means of assessing the performance of these services. ACT activities will build upon complementary efforts being progressed through all National Partnership Agreements.

1.2 Improved quality of Aboriginal and Torres Strait Islander identification in key vitals and administrative datasets

Addressing quality issues in data reporting, including accuracy and coverage, is necessary to inform the evidence base and monitor progress against COAG targets and performance indicators. ACT activities will build upon complementary efforts being progressed through all National Partnership Agreements and include:

- Adding an Aboriginal and Torres Strait Islander identifier on ACT Pathology forms (Primary health care services that deliver).
- Adding an Aboriginal and Torres Strait Islander identifier on the ACT Health PMI Hub (Primary health care services that deliver).
- Undertaking a data linking project between ACT Health and Aboriginal Medical Service datasets (Primary health care services that deliver).
- Developing a specific information and awareness program to support and encourage health workers to identify clients of Aboriginal and Torres Strait Islander clients and Aboriginal and Torres Strait Islander patients to identify (Primary health care services that deliver).

1.3 Infrastructures to support transitions and linked records between primary, in-patient and specialist services

A shared electronic health record is an important systemic opportunity to improve the quality and safety of health care in Australia. The ACT, together with the Commonwealth and other jurisdictions will progress work towards shared electronic health records compliant with the national standards and guidelines of the National eHealth Transition Authority (NeHTA), including data collection and linked admission and discharge information between primary, in-patient and specialist services.

1.4 Workforce: increase the number of Aboriginal and Torres Strait Islander people in the health workforce, reform and improve the supply of the health workforce generally including the adoption of complementary workplace reforms.

The limited availability of a culturally competent workforce to provide health care to Aboriginal and Torres Strait Islander people is the single biggest risk to achievement of the objectives of the reforms under the NPA. ACT activities will build upon complementary efforts being progressed through all National Partnership Agreements and include creating new nursing scholarships (Fixing the Gaps and Improving the Patient Journey).

1.5 Cultural Security: Improved cultural security in health service delivery in all organisations providing care to Aboriginal and Torres Strait Islander people.

To ensure health services are respectful of, and responsive to, the needs of Aboriginal and Torres Strait Islander people, targeted investment is required to improve the quality and cultural security of health service delivery, and to address systemic discrimination in the health system, where it is found to exist. ACT activities will build upon complementary efforts being progressed through all National Partnership Agreements and include:

- Funding two new Aboriginal Liaison Officers (ALOs) at Calvary Hospital to ensure that Aboriginal and Torres Strait Islander people from the ACT and Regional NSW can access mainstream healthcare services (Fixing the Gaps and Improving the Patient Journey).
- Implementing Cultural Respect Indicators (Fixing the Gaps and Improving the Patient Journey).
- Providing cultural awareness training to all ACT Health professional staff (Fixing the Gaps and Improving the Patient Journey).
- Ensuring that new ACT Health programs, strategies and policies take into account any impact on and address the needs of the ACT Aboriginal and Torres Strait Islander population by undertaking an internal evaluation of the ACT Health Aboriginal Health Impact Statement (Fixing the Gaps and Improving the Patient Journey).
- Providing culturally appropriate support to Aboriginal and Torres Strait Islander patients and their families when attending hospitals by creating a culturally appropriate 'safe' space or 'breakout room' at the Canberra Hospital for Aboriginal and Torres Strait Islander patients and their families (Fixing the Gaps and Improving the Patient Journey).
- Setting up on-line information about Aboriginal and Torres Strait Islander culture and health issues accessible on the ACT Health intranet and internet websites (Fixing the Gaps and Improving the Patient Journey).

Key to Implementation Plan

<p>Priority Area 1 – Tackle smoking</p> <ul style="list-style-type: none"> Information, education, counselling, peer education and health promotion initiatives.
<p>Priority Area 2 - Primary health care services that can deliver</p> <ul style="list-style-type: none"> The Aboriginal Midwifery Access Program
<p>Priority Area 3 – Fixing the gaps and improving the patient journey</p> <ul style="list-style-type: none"> Aboriginal and Torres Strait Islander nursing and midwifery scholarships ACT Aboriginal and Torres Strait Islander Health Workforce Employment Plan Cultural awareness training Cultural Respect indicators Aboriginal and Torres Strait Islander internet portal ACT Health Aboriginal and Torres Strait Islander Health Impact Statement Safe space at the Canberra Hospital Aboriginal and Torres Strait Islander Liaison Officers at Calvary Hospital ACT Pathology project ACT Health PMI Hub project Data linking project Identification information and awareness program
<p>Priority Area 4 – Healthy transitions to adulthood</p> <ul style="list-style-type: none"> The Opiate Program The Aboriginal and Torres Strait Islander Residential Rehabilitation Service The youth outreach network
<p>Priority Area 4 – Making Indigenous health everyone’s business</p> <ul style="list-style-type: none"> The Indigenous Integrated Service Delivery pilot project

Key for Performance Benchmarks referred to in Implementation Plan template

Initiative	Key	Performance benchmarks
Smoking	S1	Number and key results of culturally secure community education/ health promotion/ social marketing activities to promote quitting and smoke-free environments.
	S2	Key results of specific evidence based Aboriginal and Torres Strait Islander brief interventions, other smoking cessation and support initiatives offered to individuals.
	S3	Evidence of implementation of regulatory efforts to encourage reduction/ cessation in smoking in Aboriginal and Torres Strait Islander people and communities.
	S4	Number of service delivery staff trained to deliver the interventions.
Primary health care services that can deliver	P1	Number of Indigenous specific health services meeting national minimum standards.
	P2	Number of Aboriginal and/or Torres Strait Islander people receiving a MBS Adult Health Check
	P3	Number of new allied health professionals recruited.
	P4	Increased effort to refocus own purpose outlays in primary care to prioritise core service provision and evidence-based Indigenous health regional priorities.
	P5	Improved patient referral and recall for more effective health care, and in particular, chronic disease management.
	P6	Improved/new IT systems operational to support interface between systems used in primary health care sector and other parts of the health system.
	P7	Evidence of implementation of cultural competency frameworks across the applicable health workforce.
Fixing the gaps and improving the patient journey	F1	Number of new case managers/ Indigenous liaison officers recruited and operational.
	F2	Number of culturally secure health education products and services to give Indigenous people skills and understanding of preventative health behaviours, and self management of some chronic health conditions.
	F3	Key results of strategies to improve cultural security of services and practice within public hospitals.
	F4	Increased percentage of Aboriginal and/or Torres Strait Islander people with a chronic disease with a care plan in place.
	F5	Percentage of Aboriginal and Torres Strait Islander people participating in rehabilitation programs intended to reduce hospitalisation of people with chronic disease.
	F6	Increased number of culturally appropriate transition care plans/procedures/best practice guidelines to reduce readmissions by (percentage/proportion).
	F7	Improved quality of Aboriginal and Torres Strait Islander identification in key vitals and administrative datasets.
Healthy transition to adulthood	M1	Number of additional health professionals (including drug/alcohol/mental health/outreach teams) recruited and operational in each 6 month period.

PRIORITY AREA: Tackle smoking

Plan Period: July 2009 – June 2013

Essential Elements	What are we trying to do?	How are we going to do it?	Why are we going to do it?	Who will do it?	When will it be done?	How will we check progress?	What is the estimated cost?
Joint Initiatives	<p>Reduce the Indigenous smoking rate and the burden of tobacco related chronic disease for Indigenous communities. (Joint Initiative) <i>This initiative will be implemented in partnership with the Commonwealth government measure (A1) and the State/Territory government initiative ACT</i></p>	<p>ACT government to work with the Commonwealth and NGOs to:</p> <ul style="list-style-type: none"> ▪ Establish a national network of tobacco action coordinators. ▪ Implement local strategies including media placement. ▪ Consult and engage with local communities. ▪ Sponsor community events and establish quit smoking role models and ambassadors. ▪ Provide workforce training and support units. 	<ul style="list-style-type: none"> ▪ If the smoking rate among Indigenous Australians was reduced to the rate of the non-Indigenous population, the overall Indigenous burden of disease would fall by around 6.5%, and save around 420 Indigenous lives per year. This equates to an additional four extra years of life expectancy. ▪ Evidence from New Zealand in reducing Maori smoking rates and national formative research commissioned under the Indigenous Tobacco Control Initiative will inform this priority area. 	<p>ACT government in partnership with Mental Health and Chronic Disease Division and Business Group (DoHA), Indigenous and non-Indigenous health and community organisations.</p>	<p>2009-10:</p> <ul style="list-style-type: none"> ▪ Partnership, program and funding arrangements agreed with Commonwealth. ▪ Refer to Commonwealth implementation plan for detail. 	<p>Benchmark: S1 <i>Measurement:</i></p> <ul style="list-style-type: none"> ▪ Number of tobacco action coordinators. <p><i>Measurement:</i></p> <ul style="list-style-type: none"> ▪ Number of Indigenous participants in smoking cessation and support activities. <p>Benchmark: S4 <i>Measurement:</i></p> <ul style="list-style-type: none"> ▪ Number of health workers and community educators trained in smoking cessation. 	<p>This measure will be funded by the Commonwealth.</p>

PRIORITY AREA: Tackle smoking

Essential Elements	What are we trying to do?	How are we going to do it?	Why are we going to do it?	Who will do it?	When will it be done?	How will we check progress?	What is the estimated cost?
		<ul style="list-style-type: none"> ▪ Enhance Quitline to provide culturally sensitive services. ▪ Train health and community workers to deliver tobacco action programs. ▪ Implement targeted tobacco cessation programs. 					
Joint Initiative	Assist Indigenous Australians to reduce their risk of chronic disease and better manage their conditions and lifestyle risk factors through the adoption of healthy lifestyle choices (A2).	ACT government to work with the Commonwealth and NGOs to: <ul style="list-style-type: none"> ▪ Recruit and train over 100 Indigenous healthy lifestyle workers to deliver activities and programs that 	<ul style="list-style-type: none"> ▪ Many chronic diseases can be prevented or delayed through intervention, effective management and lifestyle change.¹ ▪ Access to affordable chronic disease lifestyle risk reduction programs is a barrier to good health outcomes for 	ACT government in partnership with Mental Health and Chronic Disease Division (DoHA), Indigenous and non-Indigenous health and community	2009-10: <ul style="list-style-type: none"> ▪ Partnership, program and funding arrangements agreed with Commonwealth. ▪ Refer to Commonwealth implementation plan for detail. 	<i>Measurement.</i> <ul style="list-style-type: none"> ▪ Number of healthy lifestyle workers funded and trained. ▪ Number of healthy lifestyle sessions and activities conducted. ▪ Number of participants in healthy lifestyle sessions and activities. 	This measure will be funded by the Commonwealth.

PRIORITY AREA: Tackle smoking

Essential Elements	What are we trying to do?	How are we going to do it?	Why are we going to do it?	Who will do it?	When will it be done?	How will we check progress?	What is the estimated cost?
	<p>Joint initiative with state and territory governments.</p> <p>This element forms a continuum with <i>Helping Indigenous Australians improve their self management of established chronic disease</i> (B4) to effectively reduce the impact of chronic disease.</p>	<p>target the key lifestyle contributors to chronic disease.</p> <ul style="list-style-type: none"> Deliver lifestyle risk reduction sessions to 25,000 individuals and families, particularly targeting those who are considered to be at high risk of developing a chronic disease. 	<p>Indigenous Australians. Significant ongoing personalised support is needed to encourage self management of lifestyle risk factors and prevent chronic disease.ⁱⁱ.</p>	<p>organisations.</p>		<p>Benchmark: S4 <i>Measurement.</i></p> <ul style="list-style-type: none"> Number of healthy lifestyle workers funded and trained. 	
Joint Initiative	<p>Improve Indigenous Australians' awareness of, and access to, health measures to better promote their health and wellbeing. <i>This initiative will be</i></p>	<p>ACT government to work with the Commonwealth and NGOs to:</p> <ul style="list-style-type: none"> Partner with communities to develop local-level information and 	<ul style="list-style-type: none"> The World Health Organization's Ottawa charter recommends a five pronged approach for health promotion, including public awareness campaigns.ⁱⁱⁱ Health promotion is 	<p>ACT government in partnership with Business Group (DoHA), Indigenous and non-Indigenous health and community organisations.</p>	<p>2009-10:</p> <ul style="list-style-type: none"> Partnership, program and funding arrangements agreed with Commonwealth. Refer to Commonwealth implementation plan for detail. 	<p>Benchmark: S1 <i>Measurement.</i></p> <ul style="list-style-type: none"> Number and type of targeted activities undertaken. Number and type of culturally appropriate information resources developed. Description of 	<p>This measure will be funded by the Commonwealth.</p>

PRIORITY AREA: Tackle smoking

Essential Elements	What are we trying to do?	How are we going to do it?	Why are we going to do it?	Who will do it?	When will it be done?	How will we check progress?	What is the estimated cost?
	<i>implemented in partnership with the Commonwealth government measure (A3) and the State/Territory government initiative ACT</i>	<p>communication activities.</p> <ul style="list-style-type: none"> Implement local strategies, including media placement. 	<p>an important factor in reducing risk factors at the population level.^{iv}</p>			<p>dissemination of information undertaken.</p>	
Own Initiatives	<p>Reduce Aboriginal and Torres Strait Islander smoking rates, with additional focus on specific groups e.g. AMS staff, pregnant women and mothers, young people, people with drug and/or mental health issues and adults and young people in detention.</p>	<p>Targeted information and education, counselling, peer education and support and health promotion supported by Nicotine Replacement Therapy (NRT) based interventions in line with Commonwealth funded initiatives.</p>	<p>Although decreasing, smoking rates among ACT Aboriginal and Torres Strait Islander people are significantly higher (41.1% in 2004-05) than in the general population.</p> <p>42.9% of ACT resident Aboriginal and Torres Strait Islander women who gave birth during 2000-04, reported that they smoked during pregnancy¹.</p>	<p>ACT Health</p> <p>Winnunga Nimmityjah Aboriginal Health Service (WNAHS)</p> <p>Gugan Gulwan Aboriginal Youth Corporation</p> <p>ACT Division of General Practice</p>	<p>2009-10</p> <ul style="list-style-type: none"> Undertake research Design programs Send relevant service delivery staff to training to deliver interventions <p>2010-11</p> <ul style="list-style-type: none"> Implement programs Deliver interventions <p>2011-12</p> <ul style="list-style-type: none"> Ongoing implementation <p>2012-13</p> <ul style="list-style-type: none"> Ongoing 	<p>Benchmark: S1, S2</p> <p><i>Measurement:</i></p> <ul style="list-style-type: none"> Number of initiatives developed and funded <p><i>Measurement:</i></p> <ul style="list-style-type: none"> Number of people enrolled in programs Listing of NRT on the PBS Number of participants in smoking cessation and support activities <p>Benchmark: S4</p> <p><i>Measurement:</i></p> <ul style="list-style-type: none"> Number of health 	<p>\$200,000 per annum</p> <p>\$800,000 over four years</p> <p>Funding sourced from 08/09 ACT Government Budget</p>

¹ Pg. 14, The Health of Aboriginal and Torres Strait Islander People in the ACT 2000 To 2005, Health Series Number 40, Population Health Research Centre, Population Health Division, ACT Health, August 2007

PRIORITY AREA: Tackle smoking

Essential Elements	What are we trying to do?	How are we going to do it?	Why are we going to do it?	Who will do it?	When will it be done?	How will we check progress?	What is the estimated cost?
					implementation <ul style="list-style-type: none"> ▪ Undertake an evaluation 	workers and community educators trained in smoking cessation	
Community/ Stakeholder Involvement	ACT Health, in partnership with relevant community partners, will develop and deliver culturally appropriate and relevant services to target audiences. Feedback of cultural appropriateness of model and service provision engagement strategies will be gained through regular meetings with the ACT Aboriginal and Torres Strait Islander Elected Body (ATSIEB), United Ngunnawal Elders Council (UNEC) and the Aboriginal and Torres Strait Islander Health Forum (ATSIHF).						

PRIORITY AREA: Primary health care services that deliver

Plan Period: July 2009 – June 2013

Essential Elements	What are we trying to do?	How are we going to do it?	Why are we going to do it?	Who will do it?	When will it be done?	How will we check progress?	What is the estimated cost?
Joint initiatives	Support Indigenous Australians to better manage or self-manage their chronic disease. <i>This initiative will be implemented in partnership with the Commonwealth government measure (B4) and the State/Territory government initiative ACT.</i> This element forms a continuum with <i>Assisting Indigenous Australians to reduce their risk of chronic disease and better manage their conditions</i>	ACT government to work with the Commonwealth and NGOs to: <ul style="list-style-type: none"> ▪ Fund the delivery of 400 healthy lifestyle/self management workforce training programs. ▪ The training will provide the competency-based skills appropriate to support lifestyle change and self management skills in Aboriginal and Torres Strait Islander people who have 	<ul style="list-style-type: none"> ▪ Many chronic diseases can be prevented and its progressed delayed through intervention, effective management and lifestyle change.^v. ▪ Access to affordable chronic disease risk reduction/self management programs is a barrier to good health outcomes for Indigenous Australians. Significant ongoing personalised support is needed to encourage self management of lifestyle risk factors to prevent chronic disease or to slow its progression.^{vi}. 	ACT government in partnership with Mental Health and Chronic Disease Division (DoHA), Indigenous and non-Indigenous health and community organisations.	2009-10: <ul style="list-style-type: none"> ▪ Partnership, program and funding arrangements agreed with Commonwealth. ▪ Refer to Commonwealth implementation plan for detail. 	Benchmark: P5 Measurement: <ul style="list-style-type: none"> ▪ Number of workers provided with training on supporting healthy lifestyle change and self management. ▪ Number of participants, activities and sessions. 	This measure will be funded by the Commonwealth.

PRIORITY AREA: Primary health care services that deliver

Essential Elements	What are we trying to do?	How are we going to do it?	Why are we going to do it?	Who will do it?	When will it be done?	How will we check progress?	What is the estimated cost?
	<p><i>and lifestyle risk factors through the adoption of healthy lifestyle choices (A2) to effectively reduce the impact of chronic disease.</i></p>	<p>established chronic disease or who are at risk of developing a chronic disease.</p> <ul style="list-style-type: none"> ▪ The trained workforce will deliver sessions and activities to 50,000 Indigenous individuals and families with established chronic disease or who are at high risk of developing a chronic disease. 					

PRIORITY AREA: Primary health care services that deliver

Essential Elements	What are we trying to do?	How are we going to do it?	Why are we going to do it?	Who will do it?	When will it be done?	How will we check progress?	What is the estimated cost?
Own Initiatives Child and Maternal Health	Improve child and maternal health	Increase funding to meet identified need for WNAHS' Aboriginal Midwifery Access Program (AMAP) to provide antenatal and postnatal support to Aboriginal and Torres Strait Islander mothers.	Between 2000-04 13.4% of babies born to ACT resident Aboriginal and Torres Strait Islander women weighed less than 2,500 grams. Also, 14.2% of babies born to ACT resident Aboriginal and Torres Strait Islander women were born at less than 37 weeks gestation ² .	ACT Health WNAHS	<p>2009-2010</p> <ul style="list-style-type: none"> ▪ Performance against existing agreement reviewed ▪ New funding agreement entered into. <p>2010-2011</p> <ul style="list-style-type: none"> ▪ Ongoing program implementation <p>2011-2012</p> <ul style="list-style-type: none"> ▪ Ongoing program implementation <p>2012-2013</p> <ul style="list-style-type: none"> ▪ Ongoing program implementation ▪ Performance against existing agreement reviewed. 	<p>Benchmark: P1 Measurement.</p> <ul style="list-style-type: none"> ▪ Number of women receiving antenatal/postnatal support. ▪ Proportion of babies born of low birth weight whose mothers access AMAP 	<p>\$82,000 increase in AMAP funding for 2009/10 financial year.</p> <p>Funding for this proposal will utilise existing ACT Health service delivery funds.</p> <p>In July 2010 a new funding agreement may be entered into that would then determine future expenditure on this program.</p>

² Pg. 30, The Health of Aboriginal and Torres Strait Islander People in the ACT 2000 To 2005, Health Series Number 40, Population Health Research Centre, Population Health Division, ACT Health, August 2007

PRIORITY AREA: Fixing the gaps and improving the patient journey

Plan Period: July 2009 – June 2013

Essential Elements	What are we trying to do?	How are we going to do it?	Why are we going to do it?	Who will do it?	When will it be done?	How will we check progress?	What is the estimated cost?
Own Initiatives	Improve the Aboriginal and Torres Strait Islander workforce capacity through the provision of nursing and midwifery scholarships.	Funding of two enrolled nursing and midwifery scholarships (including provision of course fees, a textbook allocation and potentially a laptop). Additionally, to support the concept of career pathways, the successful scholarship holders may be offered part-time work at the Canberra Hospital.	Aboriginal and Torres Strait Islander peoples make up 1.3% of the ACT population, however only 1% of the health workforce identify as Aboriginal and/or Torres Strait Islander ³ .	ACT Health in partnership with training providers (Yurauna Centre, Canberra Institute of Technology), educational institutions (Australia Catholic University and University of Canberra) and WNAHS.	<p>2009-2010</p> <ul style="list-style-type: none"> Annual allocation of nursing scholarships offered. Training commences. <p>2010-2011</p> <ul style="list-style-type: none"> Annual allocation of nursing scholarships offered. Training commences. <p>2011-2012</p> <ul style="list-style-type: none"> Annual allocation of nursing scholarships offered. Training commences. <p>2012-2013</p> <ul style="list-style-type: none"> Annual allocation of nursing scholarships offered. Training commences. 	Benchmark: P7 Measurement: Number of Aboriginal and Torres Strait Islander peoples in the ACT Health workforce.	Cost not yet finalised. Funding for this proposal is to be provided by the ACT Health Nursing and Midwifery office from existing scholarship funding.
Own initiatives	Increase the number of	Develop and implement an	As above	ACT Aboriginal and Torres	<p>2009-2010</p> <ul style="list-style-type: none"> Undertake research 	Benchmark: F3 Measurement:	No ACT Health funding is

³ Pg. 1113, Aboriginal and Torres Strait Islander Health Performance Framework 2008, Australian Institute of Health and Welfare, Canberra.

PRIORITY AREA: Fixing the gaps and improving the patient journey

Essential Elements	What are we trying to do?	How are we going to do it?	Why are we going to do it?	Who will do it?	When will it be done?	How will we check progress?	What is the estimated cost?
	Aboriginal and Torres Strait Islander peoples employed in the health workforce.	Aboriginal and Torres Strait Islander Health Workforce Employment Plan for the ACT, incorporating clinical, educational, research and administrative positions.		Strait Islander Health Forum.	<ul style="list-style-type: none"> ▪ Undertake consultation ▪ Implement Plan <p>2010-2011</p> <ul style="list-style-type: none"> ▪ Ongoing plan implementation <p>2011-2012</p> <ul style="list-style-type: none"> ▪ Ongoing plan implementation <p>2012-2013</p> <ul style="list-style-type: none"> ▪ Ongoing plan implementation. ▪ Undertake review of Plan 	<ul style="list-style-type: none"> ▪ Number of Aboriginal and Torres Strait Islander peoples in the ACT Health workforce. ▪ Recruitment and retention of Aboriginal and Torres Strait Islander peoples in the health workforce. 	available however this project will utilise existing staff time and ACT Health resources.
Own Initiatives Cultural security	Improve cultural security of services and cultural competency of the workforce.	Provide cultural awareness training to all staff in ACT Health.	<p>Barriers to accessing health care for Aboriginal and Torres Strait Islander peoples include a lack of provision of culturally appropriate services.</p> <p>Methods, described as intrusive and culturally inappropriate, led to early self-discharge by Aboriginal and Torres</p>	ACT Health Aboriginal and Torres Strait Islander training provider.	<p>2010-2011</p> <ul style="list-style-type: none"> ▪ Secure provider ▪ Secure training model ▪ Promote training <p>2011-2012</p> <ul style="list-style-type: none"> ▪ Ongoing provision of training. <p>2012-2013</p> <ul style="list-style-type: none"> ▪ Ongoing provision of training. ▪ Undertake review of 	Benchmark: F3 Measurement. Number of ACT Health attending Aboriginal and Torres Strait Islander cultural awareness training.	<p>\$108,000 per annum</p> <p>\$324,000 over three years</p> <p>Funding for training to be provided through the individual ACT Health line areas' budgets.</p>

⁴ Australian Institute of Health and Welfare 2006

PRIORITY AREA: Fixing the gaps and improving the patient journey

Essential Elements	What are we trying to do?	How are we going to do it?	Why are we going to do it?	Who will do it?	When will it be done?	How will we check progress?	What is the estimated cost?
			Strait Islander patients when they were at greatest risk of complications to recovery and avoidable death ⁴ .		training		
	As above	Devise and evaluate services against Cultural Respect indicators.	As above	ACT Health	<p>2009-2010</p> <ul style="list-style-type: none"> ▪ Develop indicators. ▪ Undertake consultation. ▪ Implement Indicators. ▪ Evaluate services against the Indicators. <p>2010-2011</p> <ul style="list-style-type: none"> ▪ Ongoing program implementation <p>2011-2012</p> <ul style="list-style-type: none"> ▪ Ongoing program implementation <p>2012-2013</p> <p>Ongoing program implementation</p>	Benchmark: F3 Measurement. x	No ACT Health funding is available however this project will utilise existing staff time and ACT Health resources.
	As above	Set up on-line information about Aboriginal and Torres Strait Islander culture and health issues	As above	ACT Health	<p>2009-2010</p> <ul style="list-style-type: none"> ▪ Research requirements of website. ▪ Undertake consultation. 	Benchmark: F3 Measurement. <ul style="list-style-type: none"> ▪ Number of hits to external Internet website 	No ACT Health funding is available however this project will utilise existing staff time

PRIORITY AREA: Fixing the gaps and improving the patient journey

Essential Elements	What are we trying to do?	How are we going to do it?	Why are we going to do it?	Who will do it?	When will it be done?	How will we check progress?	What is the estimated cost?
		accessible on the ACT Health intranet			<ul style="list-style-type: none"> ▪ Develop website. <p>2010-2011</p> <ul style="list-style-type: none"> ▪ Ongoing updating of website. <p>2011-2012</p> <ul style="list-style-type: none"> ▪ Ongoing updating of website. <p>2012-2013</p> <ul style="list-style-type: none"> ▪ Ongoing updating of website. 		and ACT Health resources
	Ensure that new ACT Health programs, strategies and policies take into account any impact on and address the needs of the ACT Aboriginal and Torres Strait Islander population	Undertake an internal evaluation of the ACT Health Aboriginal Health Impact Statement (AHIS)	As above	ACT Health	<p>2009-2010</p> <ul style="list-style-type: none"> ▪ Undertake research ▪ Undertake review, with adequate consultation. ▪ Redesign AIHS. ▪ Implement new AIHS. <p>2010-2011</p> <ul style="list-style-type: none"> ▪ Ongoing implementation <p>2011-2012</p> <ul style="list-style-type: none"> ▪ Ongoing implementation. <p>2012-2013</p> <ul style="list-style-type: none"> ▪ Ongoing implementation 	Benchmark: F3 <i>Measurement:</i>	No ACT Health funding is available however this project will utilise existing staff time and ACT Health resources

PRIORITY AREA: Fixing the gaps and improving the patient journey

Essential Elements	What are we trying to do?	How are we going to do it?	Why are we going to do it?	Who will do it?	When will it be done?	How will we check progress?	What is the estimated cost?
Culturally appropriate support	Provide culturally appropriate support to Aboriginal and Torres Strait Islander patients and their families when attending hospitals.	Create a culturally appropriate 'safe' space or 'breakout room' at the Canberra Hospital for Aboriginal and Torres Strait Islander patients and their families.	As above	ACT Health	<p>2009-2010</p> <ul style="list-style-type: none"> ▪ Undertake research. ▪ Undertake consultation. ▪ Design space in conjunction with existing redevelopment. <p>2010-2011</p> <ul style="list-style-type: none"> ▪ Fit out space. ▪ Commence using space 	<p>Benchmark: F3</p> <p><i>Measurement:</i></p> <ul style="list-style-type: none"> ▪ Feedback provided by Aboriginal Liaison Service Officers ▪ Usage of amenities ▪ A patient satisfaction survey may be undertaken 	<p>Funding amount not yet determined.</p> <p>Funding for this proposal will be provided under the ACT Health Capital Asset Development Plan 2008 (ACT Government 08/09 Budget).</p>
	<p>Improve cultural security of services and practice within public hospitals.</p> <p>Improve patient satisfaction with the care and patient journey.</p>	Fund two new Aboriginal Liaison Officers (ALOs) at Calvary Hospital to ensure that Aboriginal and Torres Strait Islander people from the ACT and Regional NSW can access mainstream healthcare services. (three ALO's are already based at the Canberra	As above	ACT Health	<p>2010-2011</p> <ul style="list-style-type: none"> ▪ Design selection criteria and duty statements. ▪ Establish governance arrangements. ▪ Recruit ALOs. ▪ Implement program. <p>2011-2012</p> <ul style="list-style-type: none"> ▪ Ongoing program implementation. <p>2012-2013</p> <p>Ongoing program implementation</p>	<p>Benchmark: F3</p> <p><i>Measurement:</i></p> <ul style="list-style-type: none"> ▪ Number of Aboriginal and Torres Strait Islander Liaison Officers recruited and operational. ▪ Number of clients serviced. ▪ A patient satisfaction survey may be undertaken 	<p>\$197,626 per annum from 10/11</p>

PRIORITY AREA: Fixing the gaps and improving the patient journey

Essential Elements	What are we trying to do?	How are we going to do it?	Why are we going to do it?	Who will do it?	When will it be done?	How will we check progress?	What is the estimated cost?
Data improvement	Improve quality of Aboriginal and Torres Strait Islander identification in key vitals and administrative data sets.	Hospital). Include an Aboriginal and Torres Strait Islander identifier on ACT Pathology forms.	The under-identification of Aboriginal and Torres Strait Islander patients in administrative data leads to a biased estimation of the true use of health services, which impacts on estimates of health expenditures and affects accurate planning and delivery of health services to Aboriginal and Torres Strait Islander people ⁵ . Improving identification on pathology forms has flow-on effects of improving identification in other data sets e.g. ACT Cancer Registry, Communicable Disease Register and hospital data.	ACT Health and ACT Pathology.	<p>2009-2010</p> <ul style="list-style-type: none"> ▪ Determine software modifications ▪ Undertake staff consultation ▪ Undertake community consultation ▪ Undertake staff education ▪ Implement program. <p>2010-2011</p> <ul style="list-style-type: none"> ▪ Evaluate program ▪ Implement recommended changes ▪ Ongoing implementation. <p>2011-2012</p> <ul style="list-style-type: none"> ▪ Ongoing program implementation. <p>2012-2013</p> <ul style="list-style-type: none"> ▪ Ongoing program implementation. 	<p>Benchmark: F7 Measurement:</p> <ul style="list-style-type: none"> ▪ Number of Aboriginal and Torres Strait Islander identifications in key vitals and administrative data sets. 	<p>Total cost not yet ascertained (however there will be a minimum cost of \$57,231).</p> <p>N.B. Funding for this proposal is yet to be secured.</p>

⁵ Australian Institute of Health and Welfare 2006

PRIORITY AREA: Fixing the gaps and improving the patient journey

Essential Elements	What are we trying to do?	How are we going to do it?	Why are we going to do it?	Who will do it?	When will it be done?	How will we check progress?	What is the estimated cost?
	As above	Include an Aboriginal and Torres Strait Islander identifier on the ACT Health PMI Hub	As above	ACT Health	<p>2009-2010</p> <ul style="list-style-type: none"> ▪ Determine software modifications ▪ Undertake staff consultation ▪ Undertake community consultation ▪ Undertake staff education ▪ Implement program. <p>2010-2011</p> <ul style="list-style-type: none"> ▪ Evaluate program ▪ Implement recommended changes ▪ Ongoing implementation. <p>2011-2012</p> <ul style="list-style-type: none"> ▪ Ongoing program implementation. <p>2012-2013</p> <ul style="list-style-type: none"> ▪ Ongoing program implementation. 	<p>Benchmark: F7 <i>Measurement:</i></p> <ul style="list-style-type: none"> ▪ Number of Aboriginal and Torres Strait Islander identifications in key vitals and administrative data sets. 	<p>\$27,000 per annum</p> <p>\$81,000 over three years</p> <p>N.B. Funding for this proposal is yet to be secured.</p>
	As above	Undertake a data linking project between ACT Health and AMS datasets.	As above	ACT Health	<p>2009-2010</p> <ul style="list-style-type: none"> ▪ Research the requirements of the project ▪ Design project 	<p>Benchmark: F7 <i>Measurement:</i></p> <ul style="list-style-type: none"> ▪ Number of Aboriginal and Torres Strait Islander identifications 	<p>Total \$67,231 over two to three years.</p> <p>N.B. Funding for</p>

PRIORITY AREA: Fixing the gaps and improving the patient journey

Essential Elements	What are we trying to do?	How are we going to do it?	Why are we going to do it?	Who will do it?	When will it be done?	How will we check progress?	What is the estimated cost?
		The person's identification status data from AMS will be compared to the same person's status recorded in ACT Health administrative data.			<ul style="list-style-type: none"> ▪ Implement project. <p>2010-2011</p> <ul style="list-style-type: none"> ▪ Ongoing project implementation. <p>2011-2012</p> <ul style="list-style-type: none"> ▪ Evaluate and complete project. <p>2012-2013</p> <ul style="list-style-type: none"> ▪ Implementation of recommendations. 	in key vitals and administrative data sets.	this proposal is yet to be secured.
	As above	Develop a specific information and awareness program to support and encourage health workers to identify clients of Aboriginal and Torres Strait Islander clients and Aboriginal and Torres Strait Islander patients to identify.	As above	ACT Health in collaboration with ATSIHF.	<p>2009-2010</p> <ul style="list-style-type: none"> ▪ Research the requirements of the programs ▪ Design programs ▪ Implement programs. <p>2010-2011</p> <ul style="list-style-type: none"> ▪ Ongoing program implementation. <p>2011-2012</p> <ul style="list-style-type: none"> ▪ Ongoing program implementation. <p>2012-2013</p> <ul style="list-style-type: none"> ▪ Ongoing program implementation. 	<p>Benchmark: F7 Measurement:</p> <ul style="list-style-type: none"> ▪ Number of Aboriginal and Torres Strait Islander identifications in key vitals and administrative data sets. 	<p>Total cost not yet ascertained.</p> <p>May utilise existing staff time and ACT Health/ACT Health Forum resources.</p> <p>N.B. Funding for this proposal is yet to be secured.</p>

PRIORITY AREA: Fixing the gaps and improving the patient journey

Essential Elements	What are we trying to do?	How are we going to do it?	Why are we going to do it?	Who will do it?	When will it be done?	How will we check progress?	What is the estimated cost?
Governance/ Management	ACT Health, in partnership ATSIHF, will ensure that each partner has clear understanding of their roles and responsibilities in contributing to the whole of project. Regular meetings will be held to assess and modify progress as required.						

PRIORITY AREA: Healthy transition to adulthood

Plan Period: July 2009 – June 2013

Essential Elements	What are we trying to do?	How are we going to do it?	Why are we going to do it?	Who will do it?	When will it be done?	How will we check progress?	What is the estimated cost?
Own initiatives Substance abuse	Improve the network of alcohol/drug treatment and support services.	Fund WNAHS' Opiate Program (TOP) to: provide flexible multidisciplinary health care service to meet the needs of drug and/or alcohol dependant people and deliver formal education programs for Medical Practitioners on drug issues as required (in partnership with the ACT Health Alcohol and Drug Program).	In 2004-2005, 30% of ACT Aboriginal and Torres Strait Islander residents reported that they had used illicit substances during the past 12 months (PHRC 2007). ACT Aboriginal and Torres Strait Islander secondary students were significantly more likely than non-Aboriginal students to report illicit substance use in 2002 and 2005 ⁶ .	ACT Health WNAHS	2009-2010 <ul style="list-style-type: none"> ▪ Design program ▪ Implement program. 2010-2011 <ul style="list-style-type: none"> ▪ Ongoing program implementation. 2011-2012 <ul style="list-style-type: none"> ▪ Ongoing program implementation. 2012-2013 <ul style="list-style-type: none"> ▪ Ongoing program implementation. 	Benchmark: F5 <i>Measurement:</i> <ul style="list-style-type: none"> ▪ Number of Medical Practitioners participating in TOP ▪ Number of Medical Practitioners, other Drug and Alcohol workers and Non-Government Organisations attending TOP education sessions ▪ Medical Practitioners satisfaction levels with TOP services ▪ Satisfaction with the education and training provided TOP ▪ WNAHS patient satisfaction levels with TOP ▪ Report patient health outcomes using an outcome indicator tool 	Funding for this proposal will utilise existing service delivery funds.
	Improve the network of	Establish an Aboriginal and	In 2004-2005, 30% of ACT Aboriginal and	ACT Health	2009-2010 <ul style="list-style-type: none"> ▪ Design Model of Care 	Benchmark: F5 <i>Measurement:</i>	\$10.8 million over four years.

⁶ Pg. 18, The Health of Aboriginal and Torres Strait Islander People in the ACT 2000 To 2005, Health Series Number 40, Population Health Research Centre, Population Health Division, ACT Health, August 2007

PRIORITY AREA: Healthy transition to adulthood

Essential Elements	What are we trying to do?	How are we going to do it?	Why are we going to do it?	Who will do it?	When will it be done?	How will we check progress?	What is the estimated cost?
	family-based alcohol/drug treatment, rehabilitation and support services.	Torres Strait Islander Residential Rehabilitation Service. The service will target Aboriginal and Torres Strait Islander residents from the ACT and surrounding region and will have the capacity to accommodate 16 people	Torres Strait Islander residents reported that they had used illicit substances during the past 12 months. In 2004-2005, 11% of ACT Aboriginal and Torres Strait Islander residents reported risky/high risk alcohol use in the week prior ⁷ .	Aboriginal and Torres Strait Islander Advisory Board	<ul style="list-style-type: none"> ▪ Create broader design brief. ▪ Engage project team. <p>2010-2011</p> <ul style="list-style-type: none"> ▪ Construct service. <p>2011-2012</p> <ul style="list-style-type: none"> ▪ Service becomes operational. <p>2012-2013</p> <ul style="list-style-type: none"> ▪ Ongoing service provision. 	<ul style="list-style-type: none"> ▪ Number of Aboriginal and Torres Strait Islander people participating in rehabilitation program. ▪ Number of Aboriginal and Torres Strait Islander people completing rehabilitation program. 	
	Increase sense of social and emotional wellbeing for Aboriginal and Torres Strait Islander youth.	Create a youth outreach network to support early diagnosis, treatment and advice to at-risk young Aboriginal and Torres Strait Islander peoples.	Between July 2000 and June 2005 there were 219 hospital separations for ACT Aboriginal and Torres Strait Islander people experiencing mental health issues and behavioural disorders ⁸ .	ACT Health in partnership ATSIHF ACT Department of Housing and Community Services	<p>2010-2011</p> <ul style="list-style-type: none"> ▪ Design program ▪ Implement program. <p>2011-2012</p> <ul style="list-style-type: none"> ▪ Ongoing program implementation. <p>2012-2013</p> <ul style="list-style-type: none"> ▪ Ongoing program implementation. 	<p>Benchmark: F6</p> <p><i>Measurement:</i></p> <ul style="list-style-type: none"> ▪ Number of additional health professionals (including drug/alcohol/mental health/outreach teams) recruited and operational. ▪ Number of identified patients accessing the network. 	<p>\$150,000 per annum from 10/11</p> <p>\$450,000 over three years</p>

⁷ Pg. 16, The Health of Aboriginal and Torres Strait Islander People in the ACT 2000 To 2005, Health Series Number 40, Population Health Research Centre, Population Health Division, ACT Health, August 2007

⁸ Pg. 32, The Health of Aboriginal and Torres Strait Islander People in the ACT 2000 To 2005, Health Series Number 40, Population Health Research Centre, Population Health Division, ACT Health, August 2007

PRIORITY AREA: Making Indigenous health everyone's business

Essential Elements	What are we trying to do?	How are we going to do it?	Why are we going to do it?	Who will do it?	When will it be done?	How will we check progress?	What is the estimated cost?
Own Initiatives	<p>Improve multi-agency, multi-programme and inter-sectoral collaboration and coordination to meet the needs of Aboriginal and Torres Strait Islander families and communities.</p> <p>Improve access to targeted early detection and intervention programs by high need Aboriginal and Torres Strait Islander families.</p>	Strengthen and recurrently fund the successful Indigenous Integrated Service Delivery project. This is a diversion project of at-risk children away from statutory care and protection system.	41 per 1,000 Aboriginal and Torres Strait Islander children aged 0-16 years in the ACT were the subject of child protection substantiations compared to 7 per 1,000 for the non-Indigenous population ⁹	<p>ACT Department of Housing and Community Services</p> <p>ACT Health</p> <p>ACT Department of Education and Training</p> <p>NGOs</p>	<p>2009-2010</p> <ul style="list-style-type: none"> Implement program. <p>2010-2011</p> <ul style="list-style-type: none"> Ongoing program implementation. <p>2011-2012</p> <ul style="list-style-type: none"> Ongoing program implementation. <p>2012-2013</p> <ul style="list-style-type: none"> Ongoing program implementation. 	<p>Benchmark: F6 Measurement:</p> <ul style="list-style-type: none"> Number of Aboriginal and Torres Strait Islander families entering into this initiative. Number of Aboriginal and Torres Strait Islander children who remain located with their family home after they have been identified as meeting at least one of the criteria for entry to the program (whether on orders or not) Level of reports and reports associated with these families. 	<p>\$756,000 per annum</p> <p>\$3,024,000 million over four years</p>

⁹ Pg. 921, Aboriginal and Torres Strait Islander Health Performance Framework 2008, Australian Institute of Health and Welfare, Canberra.

RISK MANAGEMENT

ACT Health has 'Risk Management Guidelines' and 'Risk Management Integrated Policy and Procedures'.

The Risk Management Guidelines have been adapted for use in ACT Health as the methodology for assessing and managing risk. These guidelines provide information on:

- Risk management practices in ACT Health;
- Risk management procedures in ACT Health;
- Templates for conducting risk assessments;
- Monitoring and reviewing risk assessments;
- Implementing treatment plans; and
- Templates for risk register.

The Risk Management Integrated Policy and Procedures assists in the management of fiscal, environmental and social responsibilities and the achievement of the outputs and deliverables of ACT Health. Adherence to this policy enables ACT Health to fulfil our roles and responsibilities and to achieve the organisational objectives.

A detailed risk management plan will be developed and incorporated into project plans for each initiative.

The support of the Aboriginal and Torres Strait Islander health sector, mainstream health services, communities and state and territory governments will be required for effective coordination of the multifaceted Commonwealth chronic disease package. This includes regional planning and prioritisation to address local needs and minimise duplication in program delivery. The planning and implementation of the Commonwealth chronic disease package will require regular and ongoing inclusion and involvement of key Aboriginal and Torres Strait and non-Indigenous stakeholders at all levels.

REVIEW AND EVALUATION

Scope of work

The ACT Implementation Plan is designed to deliver a number of key health initiatives to improve health outcomes for Aboriginal and Torres Strait Islander people living in the ACT, in line with Commonwealth Government's '*Closing the Gap in Indigenous Health Outcomes*' agenda.

Additionally, the Plan is part of ACT Health's response to its obligations under other national and ACT frameworks, including:

- Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009;
- National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013;
- Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework 2004;

- A New Way: The ACT Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2006-2011;
- Cultural Respect Implementation Plan – Aboriginal and Torres Strait Islander Health Unit 2006-2009; and
- ‘ACT Chronic Disease Strategy 2008-2011’.

Approach

ACT Health, in conjunction with the Aboriginal and Torres Strait Islander Health Coordination Group, ACT Health Forum, Aboriginal and Torres Strait Islander Elected Body, United Ngunnawal Elders’ Council and ACT Taskforce on Indigenous Affairs, will have overall responsibility for coordinating and monitoring progress of the Plan. This will include:

- Developing a comprehensive evaluation plan;
- Identifying performance indicators and standards that are relevant for each successive evaluation period;
- Establishing procedures for collecting and analysing relevant data;
- Analysing data, interpreting and developing conclusions and recommendations;
- Regularly monitoring implementation activities;
- Preparing and presenting periodic progress reports to management on progress so that adjustments can be made if necessary to ensure effective implementation; and
- Providing to the government and the community a final evaluation of progress at the end of the Plan to make judgements about the overall and ultimate success of the plan.

Engaging with ACT Aboriginal and Torres Strait Islander community organisations will be vital to the review and evaluation procedure.

Timeframe

The current COAG arrangement allows for jurisdictions to deliver all initiatives on or before June 2013. The ACT has agreed to deliver all its projects on time and on budget, which will include a review and evaluation process.

APPENDIX A: NATIONAL INDIGENOUS REFORM AGREEMENT'S SERVICE DELIVERY PRINCIPLES FOR INDIGENOUS AUSTRALIANS:

Service Delivery Principles for Indigenous Australians are detailed within the COAG National Indigenous Reform Agreement. Implementation of this Plan will advance these Service Delivery Principles as described below:

1.1 Priority

- *It is Objective 1 of 'A New Way' to 'Address priority health issues by ensuring: needs are understood; best practice services are implemented; a qualified workforce is available; and appropriate partnerships are established'.*

Priority health issues will be addressed through: strengthening support services; improving coordination of services across government and the community; increasing the scope of services according to identified need; undertaking research into social determinants; and identifying areas of unmet need, supported by evidence.

1.2 Indigenous engagement

- It is Goal 1.1 of the Cultural Respect Implementation Plan (CRIP) to *'Foster cooperation and better coordination of health service delivery across the ACT Government and ACT Aboriginal community. This will include the following outcomes: Health service delivery planning takes into consideration all input from community groups and relevant government agencies; Health service delivery planning is inclusive of the Aboriginal and Torres Strait Islander community, rather than an exclusive process'.*
- It is Goal 1.2 of CRIP to *'Facilitate participation by the Aboriginal and Torres Strait Islander community in policy development'.*

Engagement with Aboriginal and Torres Strait Islander communities will be ensured through working with the Aboriginal and Torres Strait Islander Health Forum, ACT Aboriginal and Torres Strait Islander Elected Body and the United Ngunnawal Elders Council. Additionally, other Aboriginal and Torres Strait Islander organisations will be engaged as necessary.

1.3 Sustainability

- It is Goal 2.3 of CRIP to *'Ensure that ... cultural issues are resolved in practical and sustainable ways that are acceptable to the Aboriginal and Torres Strait Islander community'.*

Sustainability of services will be ensured through developing programs in consultation with the ACT Aboriginal and Torres Strait Islander communities, to ensure that these communities are more comfortable accessing health services in the ACT. Furthermore, partnership agreements will be developed between ACT Health and relevant services.

1.4 Access

- It is a key objective of ACT Health to provide community and consumers with better access to appropriate services.
- It is Objective 2 of 'A New Way' to *'Provide an effective and responsive health system for Aboriginal and Torres Strait Islander people in the ACT, by ensuring that: needs are understood; relevant services can be easily accessed; services are coordinated and provide the best possible outcomes; services are of high quality and culturally safe'*.
- It is Goal 2.3 of CRIP *'Ensure that ... the Aboriginal and Torres Strait Islander community is more comfortable accessing health services in the ACT'*.

Access to services will be ensured by: investigating ways to improve geographic access to health and wellbeing services across Canberra; conducting evaluations of need and identifying emerging issues; raising awareness of mainstream health providers of the role of Aboriginal health workers; and providing accommodation options for interstate patients of public hospitals and their families.

1.5 Integration

- It is a key objective of ACT Health to form effective partnerships with key stakeholders; and to ensure compliance with ACT Government community engagement protocols in the development of future strategies and plans.
- It is Objective 3 of 'A New Way' to *'Influence the health and family well-being impacts of the health related sector, by ensuring that ... initiatives addressing wellbeing are collaborative and coordinated'*.

Integration of services will be ensured by: developing a mechanism for collaboration and coordination between ACT Health and relevant health-related government agencies; increasing collaboration and coordination of services across government agencies involved in Aboriginal and Torres Strait health and wellbeing; establishing cross-government action groups to develop and monitor health and wellbeing projects involving other government agencies; and ensuring cross-government Aboriginal and Torres Strait Islander health and well-being initiatives are centrally developed and monitored.

1.6 Improving care options and the continuity of care across the care spectrum

- It is a key objective of ACT Health to improve patient safety and quality of care; and improving care options and the continuity of care across the care spectrum.
- It is Objective 3 of 'A New Way' to *'Influence the health and family well-being impacts of the health related sector, by ensuring that: health*

related areas are aware of their responsibilities for contributing to the wellbeing of the Aboriginal and Torres Strait Islander community and services are of a high quality and culturally safe’.

Care options and the continuity of care will be ensured by: improving cultural safety practices employed at ACT Health and in the Division of General Practitioners; conducting local research to identify areas of unmet need for at-risk groups; reviewing existing services and investigating the need for additional service provision; developing an Aboriginal employment strategy for mainstream health services; and supporting the health-related sector in developing an appropriately skilled and resourced workforce.

1.7 Accountability

- It is a key objective of ACT Health to:
 - Monitor budgets;
 - Monitor NGO funding agreements;
 - Contribute to the development and implementation of ACT Health risk management, strategic management and asset management plans;
 - Improve capacity of Policy Division to deliver a quality service through improved management of information;
 - Promote the collection and use of accurate (clinical) data and quality information to help inform policy development;
 - Comply with all relevant legislation and standards for Division work program; and
 - Implement relevant recommendations from audit reports.

- It is a Objective 4 of ‘A New Way’ to *‘Improve resourcing and accountability by: increasing the capacity and capabilities of service providers; better understanding the cost of service delivery; providing more flexible funding arrangements; and improving the management of performance reporting’.*

Accountability will be improved by: supporting governance training for the Management Boards of Aboriginal health and health-related service providers; and negotiating flexible funding arrangements with Aboriginal health and well-being service providers.

APPENDIX B: NATIONAL PRINCIPLES FOR INVESTMENTS IN REMOTE LOCATIONS

Not applicable, as there are no remote regions in the ACT.

ⁱ Lorig, K and Holman, H. *Patient self-management: a key to effectiveness and efficiency in care of chronic disease*. Public Health Rep, 2004 119(3).

ⁱⁱ Lorig, K and Holman, H. *Patient self-management: a key to effectiveness and efficiency in care of chronic disease*. Public Health Rep, 2004 119(3).

ⁱⁱⁱ Laugesen M, Swinburn B, New Zealand's tobacco control programme 1985-1998, *Tobacco Control* 2000, 9: 155-162

^{iv} Commonwealth of Australia 2007. *Changing Behaviour: A Public Policy perspective*.

^v Lorig, K and Holman, H. *Patient self-management: a key to effectiveness and efficiency in care of chronic disease*. Public Health Rep, 2004 119(3).

^{vi} Lorig, K and Holman, H. *Patient self-management: a key to effectiveness and efficiency in care of chronic disease*. Public Health Rep, 2004 119(3).