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

Jurisdiction: New South Wales

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# 1 BACKGROUND AND CONTEXT

The Premier of New South Wales (NSW) signed the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes on 18 December, 2008. The actions that arise from the Agreements will support the achievement of a number of the COAG targets to close the gap on Indigenous disadvantage. These are to close the gap in life expectancy within a generation; to halve the gap in mortality rates for Indigenous children within a decade; and to halve the gap in unemployment outcomes within a decade. This plan sets out the NSW actions that will occur under the National Partnership Agreement. The NSW Department of Health has consulted with its partners in the development of this plan and will ensure that implementation involves key stakeholders, including the Aboriginal Health & Medical Research Council.

There are an estimated 152,685 Aboriginal people living in NSW, comprising just over 2% of the total NSW population and approximately 29% of the total Aboriginal population in Australia. This represents the largest Aboriginal population of any State and Territory in Australia. The majority of Aboriginal people in NSW live in metropolitan and inner regional areas, with only 29% of the Aboriginal population living in outer regional, rural and remote areas. However, the proportion of Aboriginal people living in an area increases with remoteness in NSW. The NSW Aboriginal population is 94.4% Aboriginal only, 3.4% Torres Strait Islander only and 2.2% Aboriginal and Torres Strait Islander. In this implementation plan all these people are referred to as Aboriginal in recognition of the fact that Aboriginal people are the original inhabitants of NSW.

In NSW life expectancy for Aboriginal males is 60 years compared to 76.4 years for all males. For Aboriginal females it is 65.1 years compared to 81.9 years all females. Thus, there is a 16.4 year gap in life expectancy for males and a 16.8 year gap for females.[1]

The socio-economic disadvantage experienced by Aboriginal people in NSW continues to place them at risk of exposure to behavioural and environmental risk factors. The leading causes of death for Aboriginal people are the same as for non-Aboriginal people – cardiovascular disease and cancer – however Aboriginal people in NSW are also twice as likely to die as non-Aboriginal people as a result of diabetes and from injuries.

Among Aboriginal people in NSW, 64% of potentially avoidable deaths were classed as preventable, compared with 59% preventable deaths among non-Aboriginal people. The proportion of preventable deaths was higher for males than for females among both Aboriginal and non-Aboriginal people. Chronic conditions such as cardiovascular disease and kidney disease share common risk factors, such as tobacco smoking, physical inactivity, poor diet and heavy alcohol consumption. Kidney damage is often caused by diabetes, and risk factors for kidney failure include high blood pressure, infections, low birth weight and obesity.

Injury and poisonings are large contributors to morbidity and mortality amongst Aboriginal people, particularly amongst younger Aboriginal people where 80% of deaths are caused by injury or poisoning. Interpersonal violence is one of the main causes of injury amongst Aboriginal people in NSW and Aboriginal people are more likely than non-Aboriginal people to be victims of violence. In NSW in 2006-07, the rate of hospitalisation for interpersonal violence among Aboriginal males was 4.2 times the rate among non-Aboriginal males. The rate among Aboriginal females was 13.4 times the rate among non-Aboriginal females.[2]

There are clear indications of high levels of mental health disorders and social and emotional well being need amongst Aboriginal people. Aboriginal people have a significantly higher level of psychosocial distress than non-Aboriginal people, and it is estimated that the rate of suicide and self-harm in Aboriginal communities may be at least twice the national rates. There are also elevated levels

[1] Population Health Division. 2008. The Health of the people of New South Wales – Report of the Chief Health Officer 2008 http://www.health.nsw.gov.au/publichealth/chorep/index.asp (Accessed 23.4.09)
[2] Ibid

of problematic substance use in Aboriginal communities and a high prevalence of grief, loss and trauma amongst Aboriginal people.[3]

Over the period 2001-2005 the suicide rate for Aboriginal males aged under 35 years old was more than three times higher than the rest of the community, whilst the rate of suicide for those in this age group for non-Aboriginal males appears to have plateaued and is falling. For females aged less than 25 years old, the rate was five times higher than for females in the rest of the community. However, for males and females over 45 years old the rate is comparable to or less than that of the rest of the community.[4]

Mental health problems manifest as a chronic disease. Mental and behavioural disorders are one of the main causes of death for Aboriginal people and also cause high rates of morbidity amongst Aboriginal communities[5]. There is also evidence that people with mental illness have co-morbidities related to their physical health that can be addressed through partnership programs to reduce hospitalisations and support them in the community.[6] An example of this is the Housing and Accommodation Support Initiative included in this plan.

This Implementation Plan has links to the National Partnership Agreement on Indigenous Early Childhood Development. NSW has previously committed funds to expand efforts to:

- halve the gap in mortality rates for Indigenous children under five within a decade;
- halve the gap for Indigenous students in reading, writing and numeracy within a decade; and
- ensure all Indigenous four year olds have access to quality early childhood education within five years, including in remote areas.

Within this implementation plan NSW has included funds for the Aboriginal Maternal and Infant Health Service. This program focuses on both the mother and the baby and is designed to support women to make healthy lifestyle choices and prevent chronic diseases by keeping them healthy during pregnancy and engaging them in education.

In NSW there are two partnerships with the Aboriginal Community Controlled Health Sector, which underpin work undertaken to improve the health of Aboriginal people in NSW. The NSW Aboriginal Health Partnership is an agreement between the NSW Department of Health and Aboriginal Health and Medical Research Council (AHMRC). This Agreement has existed since 1995 and was updated and signed on 30 April 2008. The other partnership is the Aboriginal Health Forum, which includes the AHMRC, the NSW Health, the Commonwealth Department of Health and Ageing, the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs and GP NSW.

NSW Health is currently developing an overarching document, *Strategic Directions for Aboriginal Health in NSW* which includes primary prevention, through early detection and intervention, effective management of chronic and acute care, rehabilitation and palliation. It will be important to ensure the plan takes into account the work within the areas of tackling smoking, healthy transition to adulthood, making Aboriginal health everyone's business, primary health care services that can deliver and fixing the gap in the patient journey. This plan will provide a detailed analysis of the NSW Aboriginal population, building on work already undertaken and enabling effective service planning for the future.

There are also a number of NSW strategic plans which relate to achieving improvements in Aboriginal health outcomes, including:

The *NSW State Plan* which focuses on five areas of activity of the NSW Government. These are:

- Rights Respect and Responsibility;
- Delivering Better Services,

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[3] NSW Department of Health. 2007. NSW Aboriginal Mental Health and Well Being Policy 2006-2010 http://www.health.nsw.gov.au/policies/pd/2007/PD2007_059.html (Accessed 23.04.09)

[4] Australian Bureau of Statistics and the Australian Institute of health and Welfare (2008) Ref. No.4704.0 The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2008, Australian Bureau of Statistics and the Australian Institute of Health and Welfare, Canberra, Australia.

[5] Ibid

[6] Kristy Muir, Karen Fisher, Ann Dadich, David Abelló and Michael Bleasdale, Housing and Accommodation Support Initiative Evaluation Stage 1. Sydney: NSW Department of Health, 2007

- Fairness and Opportunity;
- Growing Prosperity across NSW; and
- Environment for living.

Within these focus areas there are 34 priorities identified, of which seven are relevant to the health of Aboriginal people. The most significant of these is Priority F1 - *Improved Health and Education for Aboriginal people*.

*Two Ways Together - NSW Aboriginal Affairs Plan 2003-2012* (TWT) was introduced in 2001 as a new direction for the NSW Government in Aboriginal affairs. It is the NSW Government's ten year plan to improve the well being of Aboriginal people and communities. TWT has seven priority areas. These are health, housing, education, culture and heritage, justice, economic development and families and young people. TWT is now the vehicle for implementing State Plan Priority F1. TWT is intended to frame the NSW whole of Government approach, inter-sectoral collaboration and engagement of Aboriginal communities.

The *NSW State Health Plan* sets the NSW Department of Health's policy direction for the next 10 years and focuses on seven Strategic Directions which will form the basis for *Strategic Directions for Aboriginal Health in NSW*. These are:

1. Make prevention everybody's business
2. Create better experiences for people using health services
3. Strengthen primary health and continuing care in the community
4. Build regional and other partnerships for health
5. Make smart choices about costs and benefits of health services
6. Build a sustainable health workforce
7. Be ready for new risks and opportunities.

*Healthy People NSW – Improving the health of the population* sets the platform for population health action in NSW. The plan identifies key issues that must be tackled to meet the challenges arising from the changing profile of our community, increasing prevalence of chronic conditions and the persistent threat of existing, novel and re-emergent infectious diseases. *Healthy People NSW* focuses on health and wellbeing through approaches that focus on populations. Effective population health practice implements evidence-based strategies, best practice and quality improvement approaches alongside governance and accountability mechanisms. Activities focus on the factors that influence health, from healthy public policy and supportive environments to personal health skills.

*The NSW HIV/AIDS, Sexually Transmissible Infections and Hepatitis C Strategies: Implementation Plan for Aboriginal People 2006-2009* provides a tool for the implementation of the NSW HIV/ AIDS, STI and Hepatitis C Strategies and the National Aboriginal and Torres Strait Islander Sexual Health and Blood Bourne Virus Strategy 2005 - 2008.

The *Aboriginal Employment Strategy* is intended to increase the number of Aboriginal people employed throughout NSW health services, to comprise a minimum of 2% of the total health workforce across all levels and occupations. The strategy also aims to provide professional development experiences to Aboriginal employees which will enhance health and related service provision to the Aboriginal community.

*NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities 2006-2011* is a five year plan which provides for a whole of government response to sustain improvements to service responses to child sexual assault in Aboriginal communities and to prevent Aboriginal children and families falling through gaps between services. It focuses on improving the way the NSW Government works with Aboriginal communities as partners to address this issue, building on existing frameworks such as Two Ways Together. In addition to state-wide actions, a major component of the Government's plan consists of tailored responses.

The *Aboriginal Maternal Infant Health Service (AMIHS)* initially funded a number of new services in seven rural locations around NSW to improve health of Aboriginal women during pregnancy and decrease perinatal morbidity. The AMIHS model consists of a midwife and Aboriginal Health Worker working in partnership to provide community-based antenatal and postnatal care. The AMIHS Program is being expanded to include the establishment of 17.5 new services and the re-focusing of existing

services to be consistent with the AMIHS Service Delivery Model. A Memorandum of Understanding (MOU) has been agreed between NSW Department of Health and the Department of Community Services (DoCS) to enable AMIHS clients to receive priority access to the Brighter Futures program, a voluntary early intervention program funded by the DoCS.

The *NSW Aboriginal Family Health Strategy* (AFHS) aims to engage and empower Aboriginal families, communities and relevant agencies to take control and work together to reduce family violence, sexual assault and child abuse, according to communities' unique local needs. Locally initiated proposals which reflect these objectives are centrally funded under the strategy, two of which have won National Violence Prevention Awards.

The *NSW Aboriginal Mental Health and Well Being Policy 2006-2010* is a framework to guide NSW Health and NSW Area Mental Health Services (AMHSs) in the provision of culturally sensitive and appropriate mental health and social and emotional well being services to the Aboriginal community of NSW.
The Policy will improve the coordination of care for Aboriginal people in NSW by ensuring:

- partnerships are formed with other relevant organisations resulting in strong working relationships;
- accessible and responsive mental health services that cater for all ages and enable targeted priority areas; and
- a supported and skilled workforce in Aboriginal mental health and well being and increasing the expertise and knowledge base in this area

The *NSW Tobacco Action Plan 2005-2009* sets out the NSW Government's commitment to the prevention and reduction of tobacco related harm. The Plan addresses issues related to reducing tobacco use through the provision of cessation support, social marketing programs for tobacco control in NSW including mass media programs, further legislative program initiatives and exploring opportunities for supporting tobacco control research and evaluation in NSW.

*The Action Plan* also addresses and supports equity based programs targeting marginalised groups such as the Aboriginal and Torres Strait Islander population, culturally and linguistically diverse communities, inmates in correctional settings, people with mental health conditions, people at risk of taking up smoking and the general public. NSW Health oversees and provides significant funding to support implementation of the *NSW Tobacco Action Plan 2005-2009* in close consultation and collaboration with Area Health Services, the Cancer Institute (NSW), other government agencies, non-government organisations and medical associations. Progress and achievements to date include:

*Strategies to reduce the number of people who smoke, including assisting people to quit smoking and providing cessation services*

- *Smoking cessation training*
  NSW Health provides the NSW '*Assisting smokers to quit'* smoking cessation training project that was developed to incorporate the new national competency standards into learning and assessment materials. The training program is designed to meet elements and performance criteria of the two smoking cessation units previously developed by the NSW Health for the National Vocational Educational and Training (VET) Population Health Qualification Framework. The training was delivered via videoconference to 27 sites across NSW in 2007 with more then 300 participants enrolled in the program. The majority of participants were health workers who work closely with smokers in health settings or other relevant welfare setting, including Aboriginal health, inpatient service, community health and mental health.

- NSW Health provides annual support World No Tobacco Day (WNTD) activities in Area Health Services. This includes the distribution of funding and media kit to assist NSW Health Area Health Services in attracting media attention and to get maximum publicity for WNTD activities. Area Health Services implement a variety of WNTD activities and develop culturally appropriate resources and materials to reach target populations.

- Promoting and supporting smoking cessation support including implementation of the *Guide for the Management of Nicotine Dependent Inpatients* to assist health workers to treat nicotine dependent inpatients and outpatients in NSW Health facilities; and *'Let's take a moment'*, a guide

to assist all health professionals in the provision of smoking cessation intervention advice to clients who smoke, as part of routine clinical practice.

- Enhancing support services and in particular the *NSW Quitline* service.

- Developing and distributing resources to the general population and to population groups with high smoking rates including those from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander communities. Resources are available from the NSW Better Health Centre and the NSW Multicultural Health Communication Service. Resources developed include information about quitting smoking, nicotine replacement therapy products and how to use them correctly. The information is available as pamphlets, video and DVDs. The resources are also available in a range of languages.

*Strategies to support disadvantaged populations, targeting culturally and linguistically diverse and Aboriginal and Torres Strait Islander communities with high smoking rates*

- *The NSW SmokeCheck Project*
  The NSW *SmokeCheck* project focuses on providing training workshops for Aboriginal health workers (AHWs) and other health professionals working with Aboriginal communities, in the delivery of evidence-based best practice brief smoking cessation intervention. The project aims to build the capacity and skills of AHWs to implement smoking cessation programs to reduce smoking among the Aboriginal population. NSW Health and the Cancer Institute (NSW) jointly fund the NSW *SmokeCheck* project. The Project implementation has been delivered by the Australian Centre for Health Promotion, the University of Sydney. Culturally appropriate resources have been developed to support the Project.

  The NSW *SmokeCheck* project phase 1 (2006-2008) evaluation report showed that participants' skills, knowledge and level of confidence have increased in talking about smoking and its harmful effect for health; assessing client's stage of change for smoking cessation; providing advice on how to quit and/or cut down tobacco use; and providing advice on the use of NRT and ETS. The report also indicates that the Project has reached 519 participants of which 250 (48.2%) identified as Aboriginal and/or Torres Strait Islander. Of the Aboriginal participants, 199 (38%) identified themselves as an AHW during 63 training workshops across NSW.

  NSW Health has provided additional support to continue the provision of the *SmokeCheck* training workshops in 2009 to further build the knowledge, skills and confidence of AHWs and integrate the *SmokeCheck* intervention into the health system. These additional workshops will provide learning opportunities for AHWs who did not attend the initial training, and reinforce the existing skills and knowledge for those who have attended the training.

  The NSW *SmokeCheck* project phase 2 will be implemented in 2009-2010 and continue building the outcomes from phase 1. The Project phase 2 will move to extend smoking cessation support into routine service delivery to Aboriginal clients across NSW through the use of educational outreach visits to health professionals (including AHWs). This strategy will ensure *SmokeCheck* practices are incorporated into the core activities of already-established and well-developed health programs offered by NSW Health, and improve the smoking cessation rates in the NSW Aboriginal community.

- *Providing quit smoking support for disadvantaged populations in NSW*
  NSW Health is in the process of engaging Cancer Council NSW to implement two projects to provide quit smoking support for disadvantaged populations with high smoking rates in 2009-2010. These projects will include a range of strategies to raise awareness of the impacts of tobacco, and will include closely working with key regional health and community sector; provision of smoking cessation training for staff; the provision of free nicotine replacement therapy (NRT); and development and distribution of tailored resources. The proposed projects will complement the existing tobacco control projects currently implemented by NSW Health, will reduce health inequalities and meet the needs of the NSW health system in providing an equitable support service for smokers across all populations who wish to quit. It is also being proposed that an additional project to provide a series of seminars and training for health professionals in implementing smoke-free work place policy in mental health facilities be rolled out in the near future.

- *Smoking cessation in prisons*
  NSW Health provides funding for a multi-component intervention for smoking cessation among Australian male inmates that is currently being undertaken by the University of New South Wales. The project targets 450 male inmates from prisons in NSW and Queensland who are from disadvantaged populations and less likely to access preventive service such as smoking cessation program. Participants include Aboriginal people, people with a mental illness, substance users and people from low socio-economic backgrounds. The project uses a range of interventions consisting of brief cognitive behavioural therapy with combined pharmacotherapy, a stressor package, a booklet, access to the Quitline service and 3, 6 and 12 months follow-up by the project team.

*Strategies to motivate and educate people to quit smoking through social marketing program*

- The anti-tobacco campaigns and social marketing programs are aimed at reinforcing quitting behaviours amongst smokers and promoting quit and smoke-free messages. The Cancer Institute NSW provides the vehicle to implement these campaigns and its successful programs have changed the community's attitude towards smoking.

*Significant contribution to reduce people's exposure to environmental tobacco smoke (ETS)*

- The total banning of smoking in enclosed public places under the *Smoke-free Environment Act 2000* extended to licensed venues on 2 July 2007. A series of smoke free resources have been updated to outline how the Smoke-free Environment Act 2000 affects a range of settings such as restaurants, cafes, and shopping centres and also provides general information about passive smoking.

- All NSW Health hospital campuses are in the process of implementing the NSW Health Smoke Free Workplace Policy. This Policy mandates that all hospital campuses under the control of NSW Health should be totally smoke free. Currently in NSW Area Health Services, mental health facilities have been granted exemptions from this policy. The NSW Health Smoke Free Workplace Policy has established the Smoke Free Mental Health Taskforce to provide advice and recommendations to the NSW Department of Health on the most appropriate guidance to Area Health Services for the implementation of smoke free mental health facilities. The Guidelines for implementing smoke free mental health facilities in NSW have been finalised and will be available in near future.

*Strategies to decrease the marketing, advertising and promotion of tobacco products and consumption*

- The *Public Health (Tobacco) Act 2008* brings into effect new requirements for tobacco retailers and the community, and incorporates provisions of the Public Health Act 1991 relating to tobacco control. This new legislation aims to reduce the incidence of smoking and consumption of other tobacco products and non-tobacco smoking products, particularly by young people, in recognition of the fact that the consumption of those products adversely impacts on the health of the people of New South Wales and places a substantial burden on the state's health and financial resources. The Act includes provisions relating to regulating the packaging, advertising and display of tobacco products and non-tobacco smoking products, prohibiting the supply of those products to children, and reducing the exposure of children to environmental tobacco smoke. The Act commenced on 1 July 2009 with a range of phase-in periods for some of the provisions. A Regulation will be prepared to support the Act.
- Continuing to monitor compliance of advertising and display provisions of the Public Health Act 1991 and Public Health (Tobacco) Regulation 1999.
- Implementing the NSW Tobacco Control Compliance database to improve compliance monitoring with all tobacco legislation.

## 2 NATIONAL REFORMS

On 20 December 2007, the Council of Australian Governments (COAG) agreed to a partnership between all levels of Government to work with Indigenous communities to achieve the target of closing the gap on Indigenous disadvantage. COAG committed to closing the life expectancy gap within a generation; halving the mortality gap for children under five within a decade; and, halving the reading, writing and numeracy gap within a decade.

The Commonwealth's Implementation Plan in relation to health, has three main elements: addressing the risk factors which lead to chronic disease; improving the management of chronic disease and follow-up care; and expanding the number of Indigenous health workers in the workforce.

The five reforms identified below reflect system-level changes to support combined efforts to close the gap in Indigenous health outcomes. A number of these reforms are being pursued through mechanisms outside of the National Partnership Agreement (NPA), 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.

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

All NSW public health services are expected to meet National minimum service standards. NSW will undertake work to ensure that:

- Work to implement minimum service standards for all health organisations providing care for Aboriginal and Torres Strait Islander people will be aligned with the work program of the Australian Commission on Safety and Quality in Healthcare, specifically the development of a set of national safety and quality standards for accreditation across the Australian health care system.

### 2.2 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.

- The appropriate asking and accurate recording of Indigenous status is mandatory in all principal data collections administered by NSW Health.
- NSW is working to support the improvement of Indigenous identification in vitals and health administrative datasets and is putting programs in place to achieve these improvements.
- NSW has been working towards using linked data to support identification of Aboriginal people using the health system, Australian Bureau of Statistics data and cause of death data from the Registry of Births, Deaths and Marriages. NSW will work with the Commonwealth to increase access to data for this purpose.
- NSW Health is also on a working party comprising the Australian Institute of Health and Welfare, the Australian National and Darwin Universities and the Australian Bureau of Statistics, which is developing strategies to improve identification of Indigenous people.

### 2.3 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.

- NSW Health will work with the Commonwealth to 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.
- NSW Health notes, however, that this proposal requires agreement and participation by not only the levels of Australian Governments, but also by medical, pharmaceutical and ancillary practitioners in private practice and will require community support.

**2.4 Workforce: increase the number of Aboriginal 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. NSW training activities will build upon complementary efforts being progressed through all National Partnership Agreements and include:

- New nursing scholarships
- New training positions for Aboriginal people working in environmental health and delivering services to support healthy living conditions across the state.
- A new entry level population health training program specifically designed for Aboriginal people to support delivery on a range of programs, including the prevention programs related to smoking and chronic disease prevention.
- New mental health training positions to support work in relation to management of mental health as a chronic disease.
- NSW Health notes the recent Australian Institute of Health and Welfare report which shows that the number of practicing medical practitioners working as general practitioners, who identify as Indigenous, has doubled from 1996 to 2006; from 41 to 82. The number of nurses who identify as Indigenous has increased by 70% in that time.

NSW will also support staff working in new positions related to the delivery of programs in this implementation plan across the State through ongoing training and targeted programs, such as:

- Existing Aboriginal Health Workers are being provided upskilling opportunities through the Certificate IV in Aboriginal Health including having their experiences and qualifications recognised
- NSW will develop cadetships within the Allied Health sector for Aboriginal students
- NSW will investigate locally based training allowing VET-University pathways
- Community needs will be reviewed in order to develop a Aboriginal Health workforce that is able to provide relevant health care to the community
- NSW will partner with DET to develop school based training and build pathways from school to employment in health

**2.5 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.

- NSW will develop and implement a Cultural Respect Framework that ensures a culturally competent workforce providing professional, accessible and +respectful services to Aboriginal peoples in NSW.

## 3 IMPLEMENTATION PLAN

### KEY FOR NPA PERFORMANCE BENCHMARKS REFERRED TO IN IMPLEMENTATION PLAN TEMPLATE

| Initiative | Key | Performance benchmarks |
|---|---|---|
| Tackling Smoking – the single biggest killer of Indigenous people | 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. |
| Healthy transition to adulthood | H1 | Number of additional health professionals (including drug/alcohol/mental health/outreach teams) recruited and operational in each 6 month period |
| Making Indigenous health everyone's business | | |
| 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. |

# PRIORITY AREA 1: Tackling Smoking – the single biggest killer of Indigenous People

**Tackling Smoking – the single biggest killer of Indigenous People**
NSW has already begun work on tackling smoking amongst Aboriginal people, with a number of evidence generating trials being funded across the state including Smokecheck. The NSW Government is committed to reducing smoking rates amongst Aboriginal people. This is reflected in the and the State Plan and State Health Plan targets on the reduction of smoking rates. NSW Health has been developing programs within the Aboriginal Chronic Care Program to support people with chronic diseases to quit smoking.

All the programs under this priority area will include rigorous evaluation to ensure that these new programs are adding to the evidence base and achieving a reduction in smoking amongst Aboriginal people.

NSW has a rigorous framework for the implementation of regulatory efforts to encourage reduction/cessation in smoking. This work is undertaken in Aboriginal communities across the state as part of the ongoing effort to reduce smoking and increase tobacco smoke free environments. In addition, the Environmental Health workforce is working in Aboriginal communities and will continue to do so throughout the life of this NPA. The NSW Aboriginal Environmental Health Officer Training Program has ensured that 17% of the environmental health positions in public health units across NSW are filled by Aboriginal people.

## Plan Period: July 2009 – June 2013

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
|---|---|---|---|---|---|---|
| Reduce smoking rates, amongst Aboriginal people and, particularly among pregnant women and reduce tobacco-related morbidity and mortality amongst Aboriginal people in NSW.<br><br>Contribute to the reduction in the number of birth and labour complications experienced by Aboriginal women as a result of exposure to | Establishment of an integrated evidence generating program to support quit attempts for pregnant Aboriginal women.<br><br>Provision of cessation advice and interventions and community education sessions.<br><br>Develop culturally appropriate resources<br><br>Employment of Specialist Aboriginal | Aboriginal people in NSW have very high rates of tobacco use - 43 % of the Aboriginal population being current smokers.[7]<br><br>Smoking is one of the main modifiable causes of the excessive burden of disease amongst Aboriginal people.<br><br>Smoking amongst Aboriginal women who are pregnant is 3 times higher than the general population with 53.6% in | NSW Department of Health in partnership with Area Health Services and the AH&MRC. | Work will begin in 2009/10.<br><br>Planning underway. Timelines will be provided. | S1: Number and key results of culturally secure community education/health promotion/social marketing activities to promote quitting and smoke free environments.<br><br>S2: Key results of specific evidence based Aboriginal brief interventions, other smoking cessation and support initiatives offered to individuals. | $1.25M 2009/10<br><br>$1.27M 2010/11<br><br>$0.8M 2011/12<br><br>$0.82M 2012/13 |

[7] Centre for Epidemiology and Research. 2002-2005 Report on Adult Aboriginal Health from the New South Wales Population Health Survey. Sydney: NSW Department of Health, 2006.

## PRIORITY AREA 1: Tackling Smoking – the single biggest killer of Indigenous People

| | | | | | | |
|---|---|---|---|---|---|---|
| tobacco. | Tobacco Control workers and expansion of cessation services in ACCHS. | 2006. Smoking is linked to low birth weight and premature birth.[8]<br><br>However, strategies that have reduced smoking rates amongst the non-Aboriginal population have not been as effective in Aboriginal communities. There is a need to develop the evidence base about what will work in supporting Aboriginal people, particularly pregnant women, to quit smoking. | | | S4: Number of service delivery staff trained to deliver the interventions.<br><br>Other program milestones will be negotiated with partners as the programs are established. | |

[8] Centre for Epidemiology and Research. NSW Department of Health. New South Wales Mothers and Babies 2006. NSW Public Health Bull 2007; 18(S-1).

# PRIORITY AREA 1: Tackling Smoking – the single biggest killer of Indigenous People

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Reduce the Indigenous smoking rate and the burden of tobacco related chronic disease for Indigenous communities.<br>(Joint Initiative)<br>*This initiative will be implemented in partnership with the Commonwealth government measure (A1) and the State/Territory government initiative.* | NSW Health to work with the Commonwealth and NGOs to:<br>▪ Establish a national network of tobacco action coordinators.<br>▪ Implement local strategies including media placement.<br>▪ Consult and engage with local communities.<br>▪ Sponsor community events and establish quit smoking role models and ambassadors.<br>▪ Provide workforce training and support units.<br>▪ Enhance Quitline to provide culturally sensitive services.<br>▪ Train health and community workers to deliver tobacco action programs.<br>▪ Implement targeted tobacco cessation programs. | ▪ 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.<br>▪ 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. | NSW Health in partnership with Mental Health and Chronic Disease Division and Business Group (DoHA), Indigenous and non-Indigenous health and community organisations. | **2009-10:**<br>▪ Partnership, program and funding arrangements agreed with Commonwealth.<br>▪ Refer to Commonwealth implementation plan for detail. | **Benchmark: S1**<br>*Measurement*:<br>▪ Number of tobacco action coordinators.<br><br>*Measurement*:<br>▪ Number of Indigenous participants in smoking cessation and support activities.<br><br>**Benchmark: S4**<br>*Measurement*:<br>Number of health workers and community educators trained in smoking cessation. | This measure will be funded by the Commonwealth |

# PRIORITY AREA 1: Tackling Smoking – the single biggest killer of Indigenous People

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| **Governance/ Management** | Existing governance/management mechanisms will be used to manage this program. If existing mechanisms are not appropriate NSW Health will establish an advisory group or other mechanism to support the governance of the program. Decisions will be made in consultation with the NSW Aboriginal Partnership. |
| **Linkages and Coordination** | There are links to the NSW State Plan and the NSW State Health Plan. Links will be made to other programs being developed, including any Commonwealth or other programs that may support the program.<br><br>Co-ordination will be through the NSW Department of Health in partnership with the NSW Aboriginal Health Partnership and the Aboriginal Health Forum. Where appropriate other health care providers and external agencies will be involved in the delivery of services and will be involved in the development of the program. |
| **Community/ Stakeholder Involvement** | The Aboriginal Health Forum and the NSW Aboriginal Partnership will be formally involved in the development, implementation and monitoring of the suite of programs and services that are developed under the Priority Area. Informal community stakeholder involvement mechanisms will be developed where relevant. |

# PRIORITY AREA 2: Healthy transition to adulthood

**Healthy transition to adulthood**

NSW intends to develop a range of programs to meet this priority area. It is expected that the work undertaken in injury prevention will reduce rates of hospitalisation for violence and injury and will also address issues related to uptake of alcohol and illicit drugs. The State Plan and the State Health Plan both include targets in relation to the uptake of alcohol, tobacco and illicit drugs. Programs are already in place in NSW through Justice Health and other Area Health Services to support young Aboriginal people in relation to the uptake of alcohol, tobacco and other illicit drugs and this implementation plan includes new funds to extend some of the programs that are already being implemented and are supporting young people to make healthy choices.

NSW has also been undertaking a range of work to ensure that Aboriginal young people have an increased sense of social and emotional well-being, including training of school counsellors, mental health staff and others that work with young people across the state on mental distress and well-being in Aboriginal young people. A culturally appropriate outcomes assessment tool is also under development.

NSW has a successful network of Aboriginal Sexual Health workers and a clear strategy to reduce the incidence of sexually transmitted infections. The evidence suggests that the strategies are working and that there is a drop in number of infections for sexually transmitted infections where Indigenous status is usually reported.

## Plan Period: July 2009 – June 2013

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Expansion of the Justice Health Adolescent Court and Community Team (ACCT) focusing on Aboriginal young people to support their diversion away from detention and into health services. | Expand services to three additional courts in NSW | Diversion service models have been demonstrated in Adult and Youth Drug Courts[9] to have been successful in reducing recidivism and addressing underlying health issues. | NSW Justice Health in partnership with Area Health Services. | Beginning 2009/10<br><br>First 3 months to recruit new staff<br><br>Ongoing provision of service throughout life of NPA, including evaluation and monitoring of service. | H1: Number of additional health professionals recruited and operational in each 6 months. | $0.63M 2009/10<br><br>$0.65M 2010/2011<br><br>$0.66M 2011/12<br><br>$0.68M 2012/13 |

[9] Justice Health Adolescent Mental Health and Drug &Alcohol Services - Community: Update Report, July 2008

# PRIORITY AREA 2: Healthy transition to adulthood

## Plan Period: July 2009 – June 2013

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Work with young Aboriginal people in custody to develop a release plan to transition them back into their community through referral to health and support services at a local level. This will ensure that they have access to a range of services including primary health services and services to increase their level of overall function. | Expansion of the Community Integration Team (CIT) to new sites | Seventy two percent of all referrals to CIT are Aboriginal or Torres Strait Islander young people. Data collected by CIT indicates high demand for service particularly with Aboriginal young people.<br>Data indicates an overall improvement in health outcomes and a decrease in recidivism rates.[10] | NSW Justice Health in partnership with Area Health Services and Aboriginal Community Controlled Health Sector | Beginning 2009/10<br><br>First 3 months to recruit new staff<br><br>Ongoing provision of service throughout life of NPA, including evaluation and monitoring of service. | H1: Number of additional health professionals recruited and operational in each 6 months. | $1.5M 2009/10<br><br>$1.54M 2010/11<br><br>$1.58M 2011/12<br><br>$1.62 2012/13 |

[10] Justice Health. Community Integration Team (CIT) Six Month Progress Report , February 2009 (Unpublished data)

# PRIORITY AREA 2: Healthy transition to adulthood

## Plan Period: July 2009 – June 2013

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Improve the well-being of Aboriginal people by reducing ill-health, disability and death from injury.<br><br>The project aim will be to establish demonstration injury prevention projects, based on best available evidence and knowledge. The demonstration projects will include thorough evaluations to build knowledge and expertise about effective approaches for reducing injury among Aboriginal people. | Year 1:<br>• In consultation with partners consider what particular areas of injury the program will focus on.<br>• Collate and summarise existing documented knowledge and identify key knowledge gaps;<br>• Undertake consultation across NSW to engage with, and seek the views and expertise of, Aboriginal people and other key stakeholders.<br><br>Yrs 2 – 4: implement and evaluate the demonstration initiatives selected from the work of Year 1. | Injury, both intentional and unintentional, accounts for an estimated 15% of the excess premature death and disability experienced by Aboriginal people[11].<br><br>There is a lack of documented evidence regarding effective strategies for reducing injury among Aboriginal people.<br><br>This program will be an evidence generating program that will engage with Aboriginal stakeholders and communities to develop culturally secure injury prevention initiatives. | NSW Health in partnership with AH&MRC.<br><br>Organisation successful as a result of tendering process. | Beginning 2009/10<br><br>September 2009: Tender complete<br><br>Sept 2009 – June 2010<br>Literature review<br>Stakeholder consultation<br>Development of recommendations for demonstration projects<br><br>July 2010 – June 2013 Implementation and evaluation of demonstration projects - Time line to be developed in conjunction with partners. | Program milestones will be met. (To be negotiated with partners) | $0.5M 2009/10<br><br>$2.05M 2010/11<br><br>$2.1M 2011/12<br><br>$2.15M 2012/13 |

[11] Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD, 2007. The burden of disease and injury in Australia 2003. PHE 82. Canberra: AIHW.

# PRIORITY AREA 2: Healthy transition to adulthood

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| **Governance/ Management** | Existing governance/management mechanisms will be used to manage this program. If existing mechanisms are not appropriate NSW Health will establish an advisory group or other mechanism to support the governance of the program. Decisions will be made in consultation with the NSW Aboriginal Partnership. |
| **Linkages and Coordination** | There are links to the NSW State Plan and the NSW State Health Plan. Links will be made to other programs being developed, including any Commonwealth or other programs that may support the program.<br><br>Co-ordination will be through the NSW Department of Health in partnership with the NSW Aboriginal Health Partnership and the Aboriginal Health Forum. Where appropriate other health care providers and external agencies will be involved in the delivery of services and will be involved in the development of the program. |
| **Community/ Stakeholder Involvement** | The Aboriginal Health Forum and the NSW Aboriginal Partnership will be formally involved in the development, implementation and monitoring of the suite of programs and services that are developed under the Priority Area. Informal community stakeholder involvement mechanisms will be developed where relevant. |

# PRIORITY AREA 3: Making Indigenous health everyone's business

**Making Aboriginal health everyone's business**
NSW has a whole of Government strategy, Two Ways Together which was developed to improve multi-agency, multi-program and inter-sectoral collaboration and co-ordination to meet the needs of Aboriginal families and communities.

NSW believes that ensuring that Aboriginal health is everyone's business encompasses work to address the determinants of health, including housing and employment. Issues such as poor housing and unemployment exacerbate people's ability to remain healthy and to access health services. Included in this implementation plan are programs to support Aboriginal people to live in healthy circumstances.

NSW, in response to both *Breaking the Silence: Creating the Future* and to the Wood Inquiry, is developing a range of initiatives to ensure that targeted early detection and intervention programs for high needs Aboriginal families are in place, and some of these are included in the Implementation Plan both under this priority area and within delivering primary health care services that deliver. This, however, is not the full scope of this work across Government and in the non-Government sector. There are a range of interventions occurring across agencies that support this area of work.

NSW has been addressing the issues of waiting times through the State Plan initiatives and will continue to do so as part of the drive to ensure better services across the state.

## Plan Period: July 2009 – June 2013

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
|---|---|---|---|---|---|---|
| To support the research and evaluation agenda in Aboriginal health and ensure that new interventions are evaluated and monitored and that findings are disseminated and utilised to inform policy/program development | Develop a position to support the development and implementation of a research and evaluation agenda for interventions to improve the health of Aboriginal people in NSW. | There is a lack of evidence in relation to interventions that are effective in relation to improving the health of Aboriginal people and where there is evidence it is often hard to access for those who are developing programs.<br><br>There is a need to co-ordinate the development of evidence and to ensure that evidence is disseminated and then acted upon when new program and services have been shown to be effective.<br>This program will, in | NSW Department of Health will lead the work.<br><br>The project will work in partnership with the AH&MRC, GP NSW, the Area Health Services and universities in NSW | December 2009 Recruitment to position<br><br>Project plan developed by March 2010<br><br>Forward timeline will be provided. | Recruitment to position<br><br>Co-ordination of research findings<br><br>Dissemination of effective research across the health sector<br><br>Other indicators developed within project plan | $0.12M in 2009/10<br><br>$0.12M in 2010/11<br><br>$0.13M in 2011/12<br><br>$0.13M in 2012/13 |

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| | | partnership with AH&MRC, identify priorities for research.<br><br>It will also work with other organisations to consider how to promote the use of evidence in practice. | | | | |

# PRIORITY AREA 3: Making Indigenous health everyone's business

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
|---|---|---|---|---|---|---|
| To improve environmental health conditions in Aboriginal communities and to contribute to ensuring Aboriginal people have improved health and longer lives. | Expand the Housing for Health program into the Sydney/Illawarra metropolitan area offering the program to 15 Aboriginal community housing providers, managing approximately 370 properties. | Aboriginal people have the poorest health outcomes of any group in Australia. Environmental health determinants have been strongly identified as a key factor in this equation.<br><br>Aboriginal people experience higher hospitalisation rates than non-Aboriginal people for all diseases associated with poor environmental health.<br><br>Research has shown that improving essential health hardware (fixing a leaking toilet, electrical repairs, having sufficient hot water, having somewhere to wash a baby or child etc.) can reduce the risk of disease and injury and lead to improvements in health status. | NSW Health in partnership with NSW Housing and the Aboriginal Community, metropolitan Aboriginal community housing providers and the Aboriginal Community Controlled Health Sector in metropolitan areas. | Year 1 - 45 houses<br>Year 2 - 65 houses<br>Year 3 - 65 houses<br>Year 4 - 65 houses | Improvements in the nine critical healthy living practices in these Aboriginal communities will be measured through the Housing for health survey process. | $0.5M 2009/10<br><br>$0.7M 2010/11<br><br>$0.72M 2011/12<br><br>$0.74M 2012/13 |

# PRIORITY AREA 3: Making Indigenous health everyone's business

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Increase the number of Aboriginal people employed in the Environmental Health workforce | Expand the Aboriginal Environmental Health Officer Training (AEHTO) program, through partnerships with Area Health Services (AHS) and Local Government (LG).<br><br>Upon the development of articulated educational pathways (enHealth), examine the potential of building a parallel Aboriginal Environmental Health Technicians workforce in partnership with Local Government and Aboriginal Land Councils. | The AEHTO is a proven program that has developed a strong Aboriginal Environmental Health workforce over the past 12 years.[12]<br><br>The new funds will increase the number of training places on the program and increase the number of Aboriginal people working in environmental health.<br><br>Aboriginal people experience higher hospitalisation rates than non-Aboriginal people -for all diseases associated with poor environmental health | NSW Health (AEHTO program and Environmental Health Technicians workforce)<br><br>Local Government (AEHTO program and Environmental Health Technicians workforce)<br><br>Local Aboriginal Land Councils (Environmental Health Technicians workforce) | Trainees recruited by December 2009<br><br>On-going support and employment throughout training program.<br><br>Development of Aboriginal Environmental Health Technicians program dependent on enHealth program of work. | Double the number of Aboriginal people within the AEHO Training program<br><br>Retention of graduates within the Environmental Health workforce (AHS and LG)<br><br>Increased engagement of Aboriginal communities by Environmental Health sectors within AHS and LG.<br><br>Improved environmental health determinants in Aboriginal communities. | $0.53M in 2009/10<br><br>$0.54M in 2010/11<br><br>$0.56M in 2011/12<br><br>$0.57M in 2012/13 |

[12] NSW Department of Health. Review of the Aboriginal Environmental Health Officer Training Program (Unpublished data)

# PRIORITY AREA 3: Making Indigenous health everyone's business

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Provide high quality mental health care in a high security setting to forensic mental health patients including Aboriginal people. | Through the newly opened Forensic Hospital that provides inpatient care to adults, both male and female, young people and adolescents and includes a Long Stay Unit that aims to progress patients towards transfer to conditions of lower security. | Increase Justice Health and Mental Health and Drug & Alcohol Office's (MHDAO) capacity to treat Aboriginal forensic patients in high security settings. Aboriginal people are over represented in the prison system.<br><br>The Forensic hospital has been built to provide high quality mental health care to forensic and correctional patients who require care in a high secure setting. The numbers of both forensic patients and mentally ill persons in custody in NSW have been increasing in recent years. The Forensic Hospital has been designed and built to enable the delivery of comprehensive, individualised treatment and rehabilitation programs to forensic, correctional and high risk civil patients in accordance with international best practice. It is the most recent addition to a comprehensive state-wide forensic mental health framework that currently includes medium secure units, the Statewide | NSW Justice Health with support from the NSW Department of Health. | Extra effort from 2009/10.<br><br>Timelines will be provided. | Key indicators have been developed.<br><br>The Forensic Hospital will be continually evaluated. | $3.8M 2009/10<br><br>$3.9M 2010/11<br><br>$3.99M 2011/12<br><br>$4.1M 2012/13 |

## PRIORITY AREA 3: Making Indigenous health everyone's business

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| | | Community and Court Liaison Service, the Community Forensic Mental Health Service and correctional ambulatory mental health services. | | | | |

# PRIORITY AREA 3: Making Indigenous health everyone's business

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
|---|---|---|---|---|---|---|
| Increase Aboriginal Mental Health Workforce in NSW to increase access to services for Aboriginal people and increase AHS capacity to treat Aboriginal people leading to an increase in Aboriginal people seeking primary health care. | Expand Aboriginal Mental Health Workforce Program into metropolitan Area Health Services. | There are clear indications of high levels of mental health and social and emotional well being need amongst Aboriginal people. Aboriginal people have a significantly higher level of psychosocial distress than non-Aboriginal people, and it is estimated that the rate of suicide and self-harm in Aboriginal communities may be at least twice the national rates. There are also elevated levels of problematic substance use in Aboriginal communities and a high prevalence of grief, loss and trauma amongst Aboriginal people.<br><br>The Aboriginal Mental Health Workforce Program is increasing the number of Aboriginal workers working across Area Health Services and working to make services more accessible. These funds will extend the program to metropolitan areas. | Metropolitan Area Health Services | Trainee places recruited to in 2009/10<br><br>Trainees studying for degree and in a range of placements across community health and hospital settings in Area Health Services with ongoing support. 2009/10 – 2012/13<br><br>Evaluation of program 2009/10 – 2012/13 | Trainees recruited.<br><br>AHS to report on traineeship positions established. | $1.64M 2009/10<br><br>$1.69M 2010/11<br><br>$1.72M 2011/12<br><br>$1.77M 2012/13 |

# PRIORITY AREA 3: Making Indigenous health everyone's business

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Implement the interagency Safe Families Orana Far West Program to strengthen the capacity of Aboriginal communities to appropriately recognise, report and reduce the incidences of child sexual assault and other forms of family violence within their communities | Establish new Aboriginal Family Health Worker positions in 5 locations and a Senior Health Clinician position in Greater Western Area Health Service.<br><br>The positions will work closely with the communities and other Government service providers to provide access to appropriate health services for vulnerable children and families | The Breaking the Silence Report showed clear evidence of the need for a suite of programs to link services, support women and create primary care and support services that are accessible and effective and that fix the gaps in the patient journey. | GWAHS with oversight from Department of Health<br><br>Specific Aboriginal Community Controlled Health Services in GWAHS.<br><br>This is a co located team model to be delivered in partnership with the Department of Community Services and Department of Aboriginal Affairs | Employment of workers and rollout of services via a staged process across the 5 locations in 2009/10<br><br>Ongoing work throughout period of NPA | Six monthly updates will be provided by GWAHS | $0.719M 2009/10<br><br>$0.74M 2010/11<br><br>$0.75M 2011/12<br><br>$0.77M 2012/13 |

# PRIORITY AREA 3: Making Indigenous health everyone's business

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Development of a Statewide Child and Adolescent Mental Health Service (CAMHS) plan for the social and emotional well being of Aboriginal children, families and young people.<br><br>Develop and implement an Aboriginal Child and Adolescent Mental Health and Wellbeing Plan and strategy | Provide funding for a full time position in MH-Kids for an Aboriginal Child and Adolescent Mental Health and Wellbeing Manager, MH-Kids. | The CAMHS plan links with the National Strategic Framework for Aboriginal and Islander Health, the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Well Being 2004-2009, the NSW Aboriginal Mental Health and Well Being Policy 2006-2010 the Two Ways Together Families and Communities Action Plan and the NSW Aboriginal Maternal and Infant Health Strategy. | NSW Department of Health in partnership with Area Health Services and the Aboriginal Community Controlled Health Sector. | Plan developed in 2009/10<br><br>Plan implemented from 2010/11 | Plan developed<br><br>Plan implemented and evaluation underway | $0.12M 2009/10<br><br>$0.12M 2010/11<br><br>$0.13M 2011/12<br><br>$0.13M 2012/13 |

# PRIORITY AREA 3: Making Indigenous health everyone's business

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Improve health service responses to child sexual assault in Aboriginal communities. | Establish additional Aboriginal child sexual assault counselling positions in priority locations<br><br>Develop and implement a training and workforce development initiatives to ensure services are culturally competent<br><br>Implement a range of initiatives to enhance the availability of forensic and medical services to victims of sexual assault, focusing on rural locations. These are linked to CASAFAM training and support initiatives under priority area 5<br><br>Establish an additional community based treatment program in Hunter New England based on the New Street Program<br><br>Develop a suite of | The Breaking the Silence Report showed clear evidence of the need for improved services to Aboriginal communities to address child sexual assault in the context of family violence.[13] | NSW Health | Extra effort from 20009/10 | P4: Increased effort to refocus own purpose outlays in primary care to prioritise core service provision and evidence-based Indigenous health regional priorities. | $0.78M 2009/10<br><br>$0.52M 2010/11<br><br>$0.52M 2011/12<br><br>$0.53M 2012/13 |

[13] NSW Attorney General's Department. Breaking the Silence: Creating the Future – Addressing child sexual assault in Aboriginal communities in NSW. Sydney: Attorney General's NSW, 2006.

# PRIORITY AREA 3: Making Indigenous health everyone's business

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| | culturally appropriate awareness raising programs to target the causes and address the consequences of abuse. | | | | | |

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| **Governance/ Management** | Existing governance/management mechanisms will be used to manage this program. If existing mechanisms are not appropriate NSW Health will establish an advisory group or other mechanism to support the governance of the program. Decisions will be made in consultation with the NSW Aboriginal Partnership. |
| **Linkages and Coordination** | There are links to the NSW State Plan and the NSW State Health Plan. Links will be made to other programs being developed, including any Commonwealth or other programs that may support the program.<br><br>Coordination of all actions in *Keep Them Safe* is a responsibility of the NSW Dept. of Premier and Cabinet. Co-ordination will be through the NSW Department of Health in partnership with the NSW Aboriginal Health Partnership. Where appropriate other health care providers and agencies involved in the delivery of services that may support the development of the program.<br><br>Co-ordination will be through the NSW Department of Health in partnership with the NSW Aboriginal Health Partnership and the Aboriginal Health Forum. Where appropriate other health care providers and external agencies will be involved in the delivery of services and will be involved in the development of the program. |
| **Community/ Stakeholder Involvement** | The Aboriginal Health Forum and the NSW Aboriginal Partnership will be formally involved in the development, implementation and monitoring of the suite of programs and services that are developed under the Priority Area. Informal community stakeholder involvement mechanisms will be developed where relevant. |

# PRIORITY AREA 4: Primary Health Care services that can deliver

**Primary health care services that can deliver**
NSW recognises that to ensure the gap is closed it will be important to take a life course approach to the work that is undertaken in this area. This program commences with the Aboriginal Maternal Infant Health Service and then will work across all life stages in the area of primary care. This Implementation Plan has links to the National Partnership Agreement on Indigenous Early Childhood Development. NSW has previously committed funds to expanded effort to:

- halve the gap in mortality rates for Indigenous children under five within a decade:
- halve the gap for Indigenous students in reading, writing and numeracy within a decade; and
- ensure all Indigenous four year olds have access to quality early childhood education within five years, including in remote areas.

Within this implementation plan NSW has included funds for the Aboriginal Maternal and Infant Health Service. This program focuses on both the mother and the baby and is designed to support women to make healthy lifestyle choices and prevent chronic diseases by keeping them healthy during pregnancy but also engaging them in education and health promotion activities.

NSW will work with the Commonwealth to improve access to primary health care by working to improve co-ordination across the care continuum, particularly for people with chronic diseases and/or complex needs.

NSW has been working with some Divisions of General Practice to support diabetes prevention in an evidence generating program that includes Aboriginal people and has been developing work on care pathways for people with chronic diseases and/or complex needs.

In NSW the Service Development and Reporting Framework (SDRF) has been implemented to ensure that Aboriginal Community Controlled Health Organisations (ACCHOs) do not have to fulfil excessive reporting requirements. NSW will continue to refine use of the SDRF to ensure that funds given to the ACCHO sector are used to deliver on their requirements and that extra funds are spent on delivery of services.

NSW is committed to the provision of culturally secure services for Aboriginal people and NSW Health continues to commit funds to increase the number of Aboriginal people working in the health workforce and to ensuring that services address issues related to cultural security. Area Health Services across the state are developing local partnership agreements with Aboriginal Community Controlled Health Organisations (ACCHOs) and are working to develop culturally secure services.

# PRIORITY AREA 4: Primary Health Care services that can deliver

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| To map capacity of a range of primary health care and prevention programs that are implemented by Aboriginal Community Controlled Health Services in NSW to ensure that Area Health Services, other primary care providers and specialist services have a clear understanding of services available in the Aboriginal Community Controlled Health Sector and to enable ongoing work to fill the gaps in service delivery. | Undertake a state-wide mapping and consultative project throughout NSW to identify what services are provided by each ACCHS and ensure that this information is available to service users and referrers.<br><br>Once mapping is undertaken the data will be entered into NSW data systems to ensure that Community Health and hospital staff have access to information about what services are provided by the Aboriginal Community Controlled Health Sector.<br><br>This specific project will be updated and ongoing as part of existing resources beyond the initial piece of work. | To ensure the provision of comprehensive primary care services and to fix the gap in the patient journey it is important to be able to support patients and referrers by having a comprehensive database of services available across the state.<br><br>This mapping project will ensure that there is a clear understanding of what services are provided at ACCHOs across the state and will ensure that patients are given information about services available to support fixing the gap in the journey.<br><br>It will also enable identification of gaps in service delivery and ongoing work to fill the gaps. | NSW Health<br><br>Aboriginal Health & Medical Research Council of NSW (AH&MRC)<br><br>Aboriginal Community Controlled Health Sector | 12 Months 2009/10 | P5: Improved patient referral and recall for more effective health care, and in particular, chronic care management. | $0.22M 2009/10<br><br>Resources to be identified to meet gaps as appropriate |

# PRIORITY AREA 4: Primary Health Care services that can deliver

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
|---|---|---|---|---|---|---|
| Expansion of the Aboriginal Maternal and Infant Health Service (AMIHS) to improve health outcomes for Aboriginal women and their babies during pregnancy and birth, support healthy lifestyle choices during pregnancy and beyond and decrease maternal and perinatal morbidity and mortality.<br><br>This program has links to the National Partnership Agreement on Indigenous Early Childhood Development. | AMIHS provides primary community-based maternity care to women in pregnancy and the postnatal period up to 8 weeks after the baby is born.<br><br>It has a strong community development component which aims to promote healthy lifestyle, encourage and increase engagement with maternity care and link families to primary health care services. | AMIHS has undergone external evaluation which demonstrated the following statistically significant outcomes for Aboriginal mothers and babies: a decreased rate of premature birth; improved breast-feeding rates and increased access to antenatal care early in pregnancy.<br><br>In addition, the clientele of AMIHS have demonstrated high levels of satisfaction with the service and as such engage well with the service. | NSW Department of Health, Area Health Services and Aboriginal Community Controlled Health Services in collaboration with the AH&MRC. | Extra effort from 2009/10<br><br>Time line to be provided | P3: Number of new allied health professionals recruited.<br><br>P4: Increased effort to refocus own purpose outlays in primary care to prioritise core service provision and evidence-based Indigenous health regional priorities<br><br>P5: Improved patient referral and recall for more effective health care, and in particular chronic care management. | \$3.6M 2009/10<br><br>\$3.69M 2010/11<br><br>\$3.78M 2011/12<br><br>\$3.87M 2012/13 |

# PRIORITY AREA 4: Primary Health Care services that can deliver

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Improve coordination of service delivery for families that have high level of contact with services such as heath (including primary health care), child protection, juvenile justice, corrections, and housing. | Redevelopment of Aboriginal Family Health Strategy<br><br>Additional Family Health Worker positions located in areas of unmet need followed by full rollout of Aboriginal Family Health Coordinator positions<br><br>NSW Health will coordinate and utilise existing expert mechanisms on violence prevention to guide redevelopment and implementation of this initiative. | Aboriginal Family Health Strategy Review 2005<br><br>Breaking The Silence Report addressing child sexual assault in Aboriginal Communities<br><br>Aboriginal Family Health Service Review 2008 | NSW Health in partnership with the AH&MRC | Aboriginal Family Health Strategy redevelopment finalised by March 2010<br><br>Aboriginal Family Health Coordinator Pilot positions in place by April 2010<br><br>Regional and local integrated violence prevention/ intervention response plans developed<br><br>Gaps in service provision identified and establishment of positions in areas of unmet need<br><br>Identification of models of success<br><br>Models rolled out across state in 2012/13 | P3: Number of new allied health professionals recruited.<br><br>P4: Increased effort to refocus own purpose outlays in primary health care to prioritise core service provision and evidence-based Indigenous health regional priorities.<br><br>P7: Evidence of implementation of cultural competency frameworks across the applicable health workforce. | $0.260M 2009/10<br><br>$0.384M 2010/11<br><br>$0.450M 2011/12<br><br>$0.463M 2012/13 |

# PRIORITY AREA 4: Primary Health Care services that can deliver

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Provide dentists for rural ACCHOs that have no dentist but have facilities to support increased oral health and access to education about oral health and risk factors. | Recruiting 4 dentists that are employed on a one week in at the Sydney Dental Hospital (SDH) and one week out basis (rural ACCHOs).<br><br>The clinic in Sydney will also be a dedicated ACCHO clinic. | There is now clear evidence of the links between poor oral health and chronic disease.[14]<br><br>Access to oral health programs, including education during treatment, will support reduction in risk factors for chronic diseases and poor oral health.<br><br>There is also clear evidence of poor oral health of rural Aboriginal communities and of the difficulty in employing dentists in rural communities.<br><br>This program will allow Aboriginal people living in rural and remote regions of NSW access to dental services within local Aboriginal Community Controlled Health Organisations. | NSW Health in partnership with the Aboriginal Community Controlled Health Sector | Development of MOU to be signed in September 2009.<br><br>Recruitment of dentists.<br><br>Rotating service to be provided to rural and remote areas.<br><br>Ongoing delivery of service across 4 years of NPA.<br><br>Evaluation of service across 4 years of NPA.<br><br>Time line will be provided. | P3: Number of new allied health professionals recruited.<br><br>P4: Increased effort to refocus own purpose outlays in primary health care to prioritise core service provision and evidence-based Indigenous health regional priorities. | $1.5M 2009/10<br><br>$1.54M 2010/11<br><br>$1.58M 2011/12<br><br>$1.62M 2012/13 |

[14] World Health Organisation http://www.who.int/mediacentre/factsheets/fs318/en/index.html (Accessed 20.4.09)

# PRIORITY AREA 4: Primary Health Care services that can deliver

## Plan Period: July 2009 – June 2013

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost?[15] |
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| Reduce the number of Aboriginal children coming into contact with the child protection system and improve support for those children in the system. | Implementation of Health-related actions in *Keep Them Safe- A shared approach to child wellbeing 2009-2014,* NSW Government, March 2009<br>This includes the following key initiatives: | In response to the findings and recommendations in the Report of the Special Commission of Inquiry into Child Protection Services in NSW.<br><br>Relevant statistics include that:<br>14.1% of children and young people reported to NSW DoCS are Indigenous;<br>28% of children and young people entering OOHC in 2007/08 in NSW were identified as Indigenous | NSW Health is lead agency for 31 actions. NSW Health Central Office (including the Centre for Aboriginal Health) is working with Area Health Service representatives on planning for implementation.<br>Appropriately trained and skilled Aboriginal staff (including Aboriginal Family Health Workers) will be involved in delivering the reforms.<br><br>Partner agencies include other NSW justice and human service agencies.<br><br>Implementation is also in partnership with the NGO sector including Aboriginal | *Keep Them Safe* includes immediate, short term and long-term timeframes (see below for specific initiatives) | Overseen by NSW Special Commission of Inquiry Senior Officers<br>Quarterly reporting to Human Service and Justice Cabinet Committee<br>Annual public reporting<br><br>Outcome measures will be developed from September 2009 to identify progress in improving outcomes for children and identify whether the system results in reducing risk for children. | $5.115M 2009/10<br><br>$5.975M 2010/11<br><br>$7.175M 2011/12<br><br>$7.174M 2012/13 |

[15] . Funding has been apportioned from the total *Keep Them Safe* NSW Health allocation according to the percentage of Aboriginal children and families who will receive services. Allocation amounts are under embargo until release of the NSW State Budget on 16 June 2009.

# PRIORITY AREA 4: Primary Health Care services that can deliver

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| | | | specific organisations | | | |
| | 1. Establishment of Child Wellbeing Units in key agencies including NSW Health and new NGO operated Regional Intake and Referral Service (RIRS) to assist children and families in need of assistance below the statutory reporting threshold. This will include appropriate referral pathways to link Aboriginal children and their families with the culturally responsive human and justice services available in their local community to meet their needs. | To give effect to the Commission's recommendations for a new intake and referral model for child protection. Aim is to ensure that children and families receive the services they need earlier.<br><br>. | | Units to be established by October 2009<br><br>RIRS trials in 3 locations commencing by March 2010<br><br>RIRS established statewide by March 2012 | | |
| | 2. Comprehensive multi-disciplinary health and development assessments for children entering out of home care (OOHC).<br><br>OOHC co-ordinators to be appointed in each Area Health Service.<br><br>Prevalence study to consider the health needs of children already in care.<br><br>Any model developed for | The Inquiry highlighted evidence of the high rates of physical, developmental and emotional health problems for children in OOHC compared with the general community of Australian children.<br><br>The KARI Clinic which currently provides these assessments for Aboriginal children in OOHC in South West Sydney was positively evaluated in 2005 It won the NSW Aboriginal Health | | Health assessments to occur by June 2010 OOHC coordinators established and filled by December 2009. Prevalence study to commence after June 2009 | | |

# PRIORITY AREA 4: Primary Health Care services that can deliver

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| | OOHC assessments and referral pathways will specifically consider the cultural needs of Aboriginal children. | Awards for Strengthening Aboriginal Families and Children in 2008. | | | | |
| | 3. Further trials of sustained health home visiting (SHHV) targeting young, first time, isolated mothers with low levels of education. This initiative will include assistance to Aboriginal children and families. This action will include monitoring of Commonwealth sustained health home visiting trials which focus on Aboriginal communities. | SHHV has been trialled in Australia and overseas. An initial and successful trial was conducted in Miller, NSW. There is considerable overseas evidence of its effectiveness as a targeted intervention for vulnerable families. | | Trials to commence in 2009/10 | . | |
| | 4. Enhancement of programs for children of parents with mental health and/or drug and alcohol issues. | In 2007/08:<br>25% of reports to DoCS with the primary issue being 'drug and alcohol use by carer' were for children who were identified as Aboriginal[16];<br>14% of reports to DoCS with the primary issue being 'carer mental health issues' were for children who were identified as Aboriginal[17]<br><br>The Inquiry highlighted the | | Extension of services to commence in 2009/10 | | |

[16] Source: DoCS KiDS - Corporate Information Warehouse annual data for 2007/08.
[17] Source: DoCS KiDS - Corporate Information Warehouse annual data for 2007/08.

# PRIORITY AREA 4: Primary Health Care services that can deliver

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| | | need to give priority to programs that address the needs of whole families. | | | | |
| | 5. Additional services for children under 10 who display sexually abusive behaviour. The new services will be based in an area of high need and will have a focus on Aboriginal children. | The Inquiry found that an effective therapeutic intervention is needed for children in this target group who are not fully recognised by the current system. Early identification of potential sex offenders is required for intervention and diversion. Hunter New England Area Health Service Kaleidoscope is an existing model demonstrating demand for this service. | | From 2009/10 | | |
| | 6. A further *New Street* Program for Adolescents aged 10-17 years who display sexually abusive behaviour. The program will be located in an area of high need and will include clients who are Aboriginal. | A May 2006 evaluation by the *Faculty of Education and Social Work, University of Sydney* found strong evidence for the effectiveness of the New Street program both in reducing reoffending, and in protecting the target group from themselves becoming victims of crime and/or abuse or neglect.<br><br>A new *Rural New Street* program was established in 2008 in Tamworth and is particularly targeting Aboriginal clients.<br><br>The Inquiry noted that | | From 2009/10 | | |

# PRIORITY AREA 4: Primary Health Care services that can deliver

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| | | similar programs in New Zealand for Aboriginal child sex offenders, such as the Te Piriti Special Treatment Program have been the subject of positive evaluation, particularly because the program is attuned to the cultural background of those involved. | | | | |

# PRIORITY AREA 4: Primary Health Care services that can deliver

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Expand capacity of ACCHS to treat their local Aboriginal population and to link with AHS to provide a range of services to Aboriginal people. | Increase ACCHS capacity to treat Aboriginal people leading to an increase in Aboriginal people seeking primary health care through expansion of the Aboriginal mental health workforce in ACCHS across NSW. | There are clear indications of high levels of mental health and social and emotional well being need amongst Aboriginal people. Aboriginal people have a significantly higher level of psychosocial distress than non-Aboriginal people, and it is estimated that the rate of suicide and self-harm in Aboriginal communities may be at least twice the national rates. There are also elevated levels of problematic substance use in Aboriginal communities and a high prevalence of grief, loss and trauma amongst Aboriginal people.<br><br>This program will increase the number of Aboriginal Mental Health workers working in ACCHOs. | ACCHOs across NSW. | Funding provided in 2009/10 through Funding and Performance Agreements.<br><br>Employment of workers in 2009/10.<br><br>Ongoing provision of service throughout life of the NPA. | P3: Number of new allied health professionals recruited.<br><br>P4: Increased effort to refocus own purpose outlays in primary health care to prioritise core service provision and evidence-based Indigenous health regional priorities.<br><br>P5: Improved patient referral and recall for more effective healthcare, in particular, chronic disease management. | $0.75M 2009/10<br><br>$0.77M 2010/11<br><br>$0.79M 2011/12<br><br>$0.81M 2012/13 |

# PRIORITY AREA 4: Primary Health Care services that can deliver

## Plan Period: July 2009 – June 2013

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Establish a Statewide network of CASAFAM[18] Clinicians to provide professional development and clinical supervision.<br><br>The network will support multidisciplinary and professional partnerships, provide a professional advice and support line as well as mentoring and clinical supervision for medical and nursing staff undertaking forensic and medical examinations. | An EOI will be conducted, with consortium bids highly regarded.<br><br>Bids must demonstrate experience working with Aboriginal communities.<br><br>Training will target Aboriginal doctors and doctors working with Aboriginal Medical Services. | Doctors and Sexual Assault Nurse Examiners undertaking this work have reported a lack of clinical advice and support as a priority issue.<br><br>This has significantly impacted on their willingness to undertake examinations and be available on call after hours. | An expression of interest process will be facilitated by the NSW Department of Health | Beginning in 2009/10<br><br>1. EOI process complete within 6 months<br><br>2. Roster of Lead Clinicians providing phone support within 18 months<br><br>3. Within 18 months | P4: Increased effort to refocus own purpose outlays in primary health care to prioritise core service provision and evidence-based Indigenous health regional priorities.<br><br>P5: Improved patient referral and recall for more effective healthcare, in particular, chronic disease management.<br><br>P7: Evidence of implementation of cultural competency frameworks across the applicable health workforce.<br><br>1. NSW Health will include criteria, such as those below, in the funding and performance agreement established with the successful tenderer.<br><br>2. Roster of on-call supervisors who can | $1.65M one-off funding in 2009/10 |

[18] Child Abuse and Sexual Assault (Adult and Child) Forensic and Medical

# PRIORITY AREA 4: Primary Health Care services that can deliver

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| | | | | | provide advice and support in relation to victim population groups<br><br>3. Establishment of free 1800 number for supervision calls. | |

# PRIORITY AREA 4: Primary Health Care services that can deliver

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Ensure that NSW has a workforce that is culturally competent to provide forensic and medical services to victims of sexual assault (of all ages) and child victims of physical abuse and neglect. | Develop a post graduate forensic medicine qualification for doctors and nurses, which will include courses:<br>Adult sexual assault, Child and adolescent sexual assault, Child physical abuse and neglect and<br>Cultural competency.<br><br>Each module will be a stand alone module with the potential to build towards a Diploma or Masters level qualification.<br>All modules will be accredited through appropriate professional bodies. | Many medical practitioners have limited interest in providing forensic medical responses to victims of sexual assault and child abuse. One of the key factors is a lack of training and support in this area.<br><br>There is limited accredited medical training in NSW. Many doctors and nurses travel interstate to seek advanced training of this nature. | An expression of interest process will be managed by NSW Health. Academic and professional institutions will be invited to apply.<br><br>Consortium approaches will be encouraged, including ensuring Aboriginal advisors are involved throughout the development of this qualification. | . Beginning 2009/10<br><br>1. within 6 months<br><br>2. within 12 months<br><br>3. within 24 months<br><br>4. within 48 months | F3: Key results of strategies to improve cultural security of services and practice within public hospitals<br><br>P4: Increased effort to refocus own purpose outlays in primary health care to prioritise core service provision and evidence-based Indigenous health regional priorities.<br><br>P5: Improved patient referral and recall for more effective healthcare, in particular, chronic disease management.<br><br>1. EOI process complete<br><br>2. Communication and Promotion Plan developed and implemented, targeting Aboriginal doctors/ nurses and doctors/ nurses<br>working with Aboriginal communities | $1.35M one-off funding in 2009/10 |

# PRIORITY AREA 4: Primary Health Care services that can deliver

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| | | | | | 3. Curriculums developed<br><br>4. Modules conducted | |

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| **Governance/ Management** | Existing governance/management mechanisms will be used to manage this program. If existing mechanisms are not appropriate NSW Health will establish an advisory group or other mechanism to support the governance of the program. Decisions will be made in consultation with the NSW Aboriginal Partnership. |
| **Linkages and Coordination** | There are links to the NSW State Plan and the NSW State Health Plan. Links will be made to other programs being developed, including any Commonwealth or other programs that may support the program.<br><br>Coordination of all actions in *Keep Them Safe* is a responsibility of the NSW Dept. of Premier and Cabinet. Co-ordination will be through the NSW Department of Health in partnership with the NSW Aboriginal Health Partnership. Where appropriate other health care providers and agencies involved in the delivery of services that may support the development of the program.<br><br>Co-ordination will be through the NSW Department of Health in partnership with the NSW Aboriginal Health Partnership and the Aboriginal Health Forum. Where appropriate other health care providers and external agencies will be involved in the delivery of services and will be involved in the development of the program. |
| **Community/ Stakeholder Involvement** | The Aboriginal Health Forum and the NSW Aboriginal Partnership will be formally involved in the development, implementation and monitoring of the suite of programs and services that are developed under the Priority Area. Informal community stakeholder involvement mechanisms will be developed where relevant. |

# PRIORITY AREA 5: Fixing the gaps and improving the patient journey

**Fixing the gaps and improving the patient journey**

NSW, through delivery on State Plan and State Health Plan targets, has already undertaken work in this area. There are a range of programs already being implemented which are not included in this implementation plan to address issues related to:

- Reducing the average length of stay;
- Improving the level of engagement between Aboriginal patients, referred care providers and primary level providers to deliver better follow up and referral processes;
- Improved patient satisfaction with the care and patient journey and reducing admission and incomplete treatments for Aboriginal patients.

NSW has been developing this work over a number of years and much of it is integral to ensuring that Aboriginal people in NSW receive treatment and are able to access services and make positive health care choices. This includes the delivery of specialist outreach into the rural areas to give Aboriginal people access to specialist services and work to reduce avoidable hospital admissions.

NSW already has a range of workforce strategies in place. In implementing the *Aboriginal Mental Health and Wellbeing Policy 2006-2010* NSW Health has funded the creation of trainee positions across the state to ensure that Aboriginal mental health workers have access to qualifications and services are more accessible for Aboriginal people. There will be an increased number of trainee places as part of the implementation plan. Alongside the training program NSW is providing funds to develop clinical leadership across the state, ensure state-wide coordination of services and create service pathways for older Aboriginal people.

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Develop the Aboriginal population health workforce to support the implementation of prevention activities across NSW. | Create designated Aboriginal position(s) on the Public Health Officer (PHO) Training Program to study towards a DrPH.<br><br>Create new entry level trainee positions and enrol successful candidates in University of Wollongong Population Health BA/BSc course. | The PHO Training Program is an ongoing, evaluated program. The entry level program has been trialled successfully in an Area Health Service .<br><br>The program will create employment and ensure career opportunities in population health for Aboriginal people and will build the Aboriginal public health workforce.<br><br>It will also ensure that | NSW Health in partnership with Area Health Services, UNSW and University of Wollongong and other supervising organisations. | Beginning 2009/10<br><br>Initial cohort will take 3 yrs to complete.<br><br>Second cohort being in 2010/11 | 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.<br><br>H1: Number of additional health | $0.2M 2009/10<br><br>$0.515M 2010/11<br><br>$0.525M 2011/12<br><br>$0.54 2012/13 |

## PRIORITY AREA 5: Fixing the gaps and improving the patient journey

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| | | Aboriginal public health workers are involved in the development and implementation of prevention activities linked to the implementation of this NPA. | | | professionals recruited and operational with each 6 month period. | |

# PRIORITY AREA 5: Fixing the gaps and improving the patient journey

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Evaluate a range of models of care for patients who have a very high risk of experiencing an acute event and/or need help coordinating health care services.<br><br>Care Coordinators, working in community settings will work with patients both face to face and by telephone. They will coordinate care and deliver some clinical services to patients during visits, and will predominantly be based in the community setting with other service providers.<br><br>They will work across all health sectors to ensure that patient referral and recall is more effective and will develop care plans for those accessing the service.<br><br>Patients will be referred to less intensive health coaching services, where risk assessment suggests that is appropriate, as part of the program. | Develop an evidence generating trial in metropolitan and rural areas to support Aboriginal patients who have a high risk of experiencing an acute event and/or need help coordinating health care services.<br><br>The program will be designed to consider:<br>• Integration of service provision across primary, secondary and tertiary sectors.<br>• Data and information management for quality improvement<br><br>The trial will be evaluated and, if successful will be evidence to ensure the redirection of mainstream funds to support the roll out of the program to other areas. | Aboriginal people living in NSW have a significantly higher incidence of chronic disease than the general population.<br>Aboriginal people utilise health services significantly less than the general population and often present to health services late in the course of their disease, which results in higher rates of complications and death. This disproportionately high burden of chronic conditions is a significant contributor to Aboriginal people having a life expectancy that is 17 years lower than that for non-Aboriginal people. | NSW Health in partnership with Area Health Services, Divisions of GP and the Aboriginal Community Controlled Health Sector.<br><br>The evaluation arm of the program will be tendered out to an independent organisation, that will work with all the organisations involved in the trial. | Trail to begin in 2009/10<br><br>EOI to identify evaluator July 2009<br><br>Identification of program sites August 2009<br><br>Development of MOUs and indicators September 2009<br><br>Recruitment of staff by December 2009<br><br>Trail underway January 2010.<br><br>Trial continues to 2012/13<br><br>Evidence gathered during trial used to redirect funds to programs across the state – ongoing | F1: Number of new case managers recruited and operational<br><br>F4: Increased percentage of Aboriginal people with a chronic disease with a care plan in place.<br><br>F5: Percentage of Aboriginal people participating in rehabilitation programs intended to reduce hospitalisation of people with chronic disease.<br><br>F6: Increased number of culturally appropriate transition care plans/procedures/ best practice guidelines to reduce readmissions.<br><br>P4: Improved patient referral and recall for more effective health care, and in particular, chronic disease management. | $3.97M 2009/10<br><br>$5.09M 2010/11<br><br>$6.94M 2011/12<br><br>$7.91M 2012/13 |

# PRIORITY AREA 5: Fixing the gaps and improving the patient journey

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Address chronic diseases amongst Aboriginal people through increased access to case management and treatment services through primary care and hospitals. | Establish a multidisciplinary model of care for Aboriginal people with chronic diseases.<br><br>Build the capacity of ACCHS to diagnose and manage chronic diseases through workforce development, including training ACCHS doctors to participate in shared care.<br><br>Train Aboriginal Health Education Officers (AHE0) and Aboriginal Health Workers (AHW) to address chronic disease issues.<br><br>Develop a state-wide health promotion project to raise awareness of chronic diseases and encourage accessing primary care services for treatment. | Aboriginal people living in NSW have a significantly higher incidence of chronic disease than the general population.<br><br>Aboriginal people utilise health services significantly less than the general population and often present to health services late in the course of their disease, which results in higher rates of complications and death.<br><br>This disproportionately high burden of chronic conditions is a significant contributor to Aboriginal people having a life expectancy that is 17 years lower than that for non-Aboriginal people.<br><br>The project will improve health service delivery and improve co-ordination between sectors. | NSW Health in partnership with the AH&MRC. | September 2009 Establishment of positions<br><br>December 2009 Recruitment to positions<br><br>January 2010 Service delivery ongoing<br><br>September 2009 – ongoing Evaluation established at outset; review at 2 year and 4 year mark<br><br>September 2009-September 2011 Training from ACCHS staff across NSW<br><br>September 2009 – ongoing Mentoring of clinicians<br><br>June 2010 Training AHEO and AHW | 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 diseases<br><br>F4: Increased percentage of Aboriginal people with a chronic disease with a care plan in place<br><br>F5: Increased number of Aboriginal people participating in rehabilitation programs to reduce hospitalisation of people with chronic disease.<br><br>F7: Improved quality of Aboriginal identification in key vitals and administrative data sets. | $1.18M 2009/10<br><br>$1.0M 2010/11<br><br>$0.83M 2011/12<br><br>$0.85M 2012/13 |

# PRIORITY AREA 5: Fixing the gaps and improving the patient journey

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Reduce re-admission rates for Aboriginal patients who have been admitted to hospital for treatment of a chronic disease. | Increase identification of Aboriginal people in hospital.<br><br>Increased access to a range of rehabilitation programs for Aboriginal people.<br><br>Follow up within 48 hours of discharge for Aboriginal people with a chronic disease.<br><br>Increased communication between hospitals, community health and primary health care services.<br><br>Build the capacity of mainstream services to engage with Aboriginal clients and with the Aboriginal Community Controlled sector.<br><br>Development and implementation of clinical guidelines. | Aboriginal people are admitted to hospital at about 1.7 times the rate of non-Aboriginal people.<br><br>Compared with rates for non-Aboriginal people, hospitalisation rates for Aboriginal people in NSW are<br>-140% higher for conditions for which hospitalisation can be avoided though prevention;<br>-210% higher for diabetes;<br>-230% for chronic respiratory disease<br>-40% higher for cardiovascular disease.<br><br>Support to access rehabilitation services will increase uptake and will reduce readmission to hospital. | | Employment of staff in 2009/10.<br><br>Work in hospitals to increase identification of Aboriginal people from 2009/10.<br><br>Ongoing work across the state to engage with Aboriginal people leaving hospital and referral to services. | | $4.3M 2009/10<br><br>$4.4M 2010/11<br><br>$4.52M 2011/12<br><br>$4.63M 2012/13 |

# PRIORITY AREA 5: Fixing the gaps and improving the patient journey

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| 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).<br><br>Joint initiative with state and territory governments.<br><br>This element forms a continuum with *Helping Indigenous Australians improve their self management of established chronic disease* (B4) to effectively reduce the impact of chronic disease. | NSW Health to work with the Commonwealth and NGOs to:<br>▪ Recruit and train Indigenous healthy lifestyle workers to deliver activities and programs that target the key lifestyle contributors to chronic disease.<br>▪ Deliver lifestyle risk reduction sessions to individuals and families, particularly targeting those who are considered to be at high risk of developing a chronic disease. | ▪ Many chronic diseases can be prevented or delayed through intervention, effective management and lifestyle change.[i].<br>Access to affordable chronic disease lifestyle risk reduction 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 and prevent chronic disease.[ii]. | NSW Health in partnership with Mental Health and Chronic Disease Division (DoHA), Indigenous and non-Indigenous health and community organisations. | **2009-10:**<br>▪ Partnership, program and funding arrangements agreed with Commonwealth.<br>▪ Refer to Commonwealth implementation plan for detail. | *Measurement*:<br>▪ Number of healthy lifestyle workers funded and trained.<br>▪ Number of healthy lifestyle sessions and activities conducted.<br>▪ Number of participants in healthy lifestyle sessions and activities.<br><br>**Benchmark: S4**<br>*Measurement*:<br>▪ Number of healthy lifestyle workers funded and trained. | This measure will be funded by the Commonwealth |
| Improve Indigenous Australians' awareness of, and access to, health measures to better promote their health and wellbeing. *This initiative will be implemented in partnership with the Commonwealth government measure (A3) and the State/Territory government initiatves.* | NSW Health government to work with the Commonwealth and NGOs to:<br>▪ Partner with communities to develop local-level information and communication activities.<br>Implement local strategies, including media placement. | ▪ The World Health Organization's Ottawa charter recommends a five pronged approach for health promotion, including public awareness campaigns.[iii]<br>Health promotion is an important factor in reducing risk factors at the population level.[iv] | NSW Health in partnership with Business Group (DoHA), Indigenous and non-Indigenous health and community organisations | **2009-10:**<br>▪ Partnership, program and funding arrangements agreed with Commonwealth.<br>Refer to Commonwealth implementation plan for detail | **Benchmark: S1**<br>*Measurement*:<br>▪ Number and type of targeted activities undertaken.<br>▪ Number and type of culturally appropriate information resources developed.<br>Description of dissemination of information undertaken | This measure will be funded by the Commonwealth |

# PRIORITY AREA 5: Fixing the gaps and improving the patient journey

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Support Indigenous Australians to better manage or self-manage their chronic disease.<br>*This initiative will be implemented in partnership with the Commonwealth government measure (B4) and the State/Territory government initiative.*<br>This element forms a continuum with *Assisting 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)* to effectively reduce the impact of chronic disease. | NSW Health to work with the Commonwealth and NGOs to:<br>▪ Fund the delivery of healthy lifestyle/self management workforce training programs.<br>▪ 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 established chronic disease or who are at risk of developing a chronic disease.<br><br>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. | ▪ Many chronic diseases can be prevented and its progress delayed through intervention, effective management and lifestyle change.[v].<br>▪ 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]. | NSW Health in partnership with Mental Health and Chronic Disease Division (DoHA), Indigenous and non-Indigenous health and community organisations | **2009-10:**<br>▪ Partnership, program and funding arrangements agreed with Commonwealth.<br>Refer to Commonwealth implementation plan for detail. | **Benchmark: P5**<br>*Measurement*:<br>▪ Number of workers provided with training on supporting healthy lifestyle change and self management.<br>▪ Number of participants, activities and sessions | This measure will be funded by the Commonwealth. |

# PRIORITY AREA 5: Fixing the gaps and improving the patient journey

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Support the AH&MRC to build capacity within the NSW Aboriginal Community Controlled Health Sector on chronic disease prevention and management.<br><br>Support the AH&MRC to work collaboratively with NSW Health and other organisations in NSW on the development and implementation of chronic disease care programs | Provide funding for a project worker at AH&MRC to provide:<br>• regional workshops for ACCHS staff on chronic disease management.<br>• support for ACCHSs to develop locally relevant protocols for screening, referral and management for chronic diseases<br>• facilitating linkages between ACCHSs and Area Health Service chronic disease activities to ensure Aboriginal people with a chronic disease have access to services.<br>• Ensuring that chronic disease prevention and management is included in training and educational activities for ACCHO staff<br>• ensuring local ACCHO forms and protocols for Adult and Child Health Checks include evidence-based approaches to screening, preventing, following up and managing chronic disease<br>• promoting evidence-based approaches to | The AH&MRC is the peak body for the Aboriginal Community Controlled Health Sector in NSW. Its role is to build capacity within the sector and to work in partnership with the NSW Department of Health to ensure that ACCHS are working collaboratively with Area Health Services across the state to develop chronic care programs that will fix the gap in the patient journey.<br><br>There is a need to increase the capacity of the AH&MRC so as to ensure the organisation is able to support its members and is able to engage in the planning and co-ordination of chronic care programs being rolled out by the NSW Department of Health and run by the Area Health Services. | AH&MRC | Position recruited to by September 2009.<br><br>Timeline for projects to be provided. | P5: Improved patient referral and recall for more effective health care, and in particular, chronic disease management.<br><br>F4: Increased percentage of Aboriginal people with a chronic disease with a care plan in place.<br><br>F5: Percentage of Aboriginal people participating in rehabilitation programs intended to reduce hospitalisation of people with chronic disease.<br><br>F6: Increased number of culturally appropriate transition care plans/procedures/best practice guidelines to reduce readmissions. | $0.236M 2009/10<br><br>$0.236M 2010/11<br><br>$0.236M 2011/12<br><br>$0.236M 2012/13 |

# PRIORITY AREA 5: Fixing the gaps and improving the patient journey

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| | screening, prevention, following up and managing chronic disease | | | | | |

# PRIORITY AREA 5: Fixing the gaps and improving the patient journey

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Provide Aboriginal people suffering from mental illness with stable housing combined with clinical mental health services.<br><br>Aboriginal people participating in the Housing and Accommodation Support Initiative (HASI 5A) program will access a range of health, specialist and general community services. Regular contact with general practitioners and appointments with specialists, improved diet and increased physical activity which will improve physical health and ensure treatment of chronic diseases. | Partnership program between NSW Health, NSW Housing and NGOs to provide housing and services to Aboriginal people. | The HASI 5A is designed to:<br>• Improve early intervention and continuity of care<br>• Reduce unnecessary hospital admissions<br>• Increase employment and education opportunities<br>• Increase community participation, including stable and supported accommodation.<br><br>The evaluation of Stage 1 showed that HASI is displaying outstanding success in providing a stable, consistent and integrated hospital to community care system for people with a mental illness and associated psychiatric disability and that the program is helping to avert homelessness and to reduce the need for hospitalisation. However, the evaluation of Stage 1 of HASI Program showed low retention of Aboriginal people in the Program.<br><br>The second stage of HASI has been developed to specifically support Aboriginal people. | NSW Health in partnership with NSW Housing and participating NGOs | Key indicators under development.<br><br>HASI 5A will be evaluated.<br><br>Extra effort from 2009/10 | F3: Key results of strategies to improve cultural security of services and practice within public hospitals<br><br>F4: Increased percentage of Aboriginal people with a chronic disease with a care plan in place.<br><br>F5: Percentage of Aboriginal people participating in rehabilitation programs intended to reduce hospitalisation of people with chronic disease.<br><br>P4: Increased effort to refocus own purpose outlay in primary care | $3.8M 2009/10<br><br>$3.91M2010/11<br><br>$4.03M 2011/12<br><br>$4.15M 2012/13 |

# PRIORITY AREA 5: Fixing the gaps and improving the patient journey

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| To increase the number of Aboriginal nurses and midwives across NSW | Increase the number of midwifery cadetships by 6 each year, for 4 years.<br>Increase the number of Nursing cadetship by 10 each year, for 4 years.<br>Introduce 40 new Enrolled Nurse cadetships each year, for 4 years. | Currently the NSW Aboriginal Registered Nurse and midwife workforce sits at approximately 0.4 % and the Enrolled Nurse workforce sits at 1.9%.<br><br>This program will increase the number of enrolled nurses in NSW. There is evidence from unpublished data in NSW that some enrolled nurses who were enrolled in the cadetship program go on to study to become registered nurses. | The Nursing and Midwifery Office, NSW Health currently implements the NSW Aboriginal Nursing and Midwifery Strategy. This program would be an extension of the above Strategy. | Recruitment for the project positions will occur in July 2009 and 2010 respectively.<br>Cadets will be recruited at the beginning of each academic year. | F3: Key results of strategies to improve cultural safety of services and practice within public hospitals<br><br>That the recruitment of Aboriginal nursing and midwifery students meets stated benchmarks. | $0.21M 2009/2010<br><br>$0.96M 2010/2011<br><br>$1.16M 2011/2012<br><br>$1.37M 2012/2013 |

# PRIORITY AREA 5: Fixing the gaps and improving the patient journey

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| To further educate the current Aboriginal nursing and midwifery workforce to provide services in midwifery, child health, mental health and drug and alcohol. | To provide further education to current Aboriginal nurses and midwives in chronic disease management, Child Health, Paediatrics, Mental Health and Drug and Alcohol so that they are able to work more effectively with patients in a range of settings. | To increase the number of Aboriginal nurses and midwives working in these targeted areas by providing support through scholarships.<br><br>Currently Aboriginal Nursing and Midwifery workforce data does not indicate specialty areas. | NSW Health in partnership with universities and RTOs. | Beginning 2009/10 Scholarships will be allocated in each academic year. | F3: Key results of strategies to improve cultural safety of services and practice within public hospitals<br><br>That the allocation of scholarships to Aboriginal nurses and midwives for targeted areas are met. | $0.14M 2009/2010<br><br>$0.24M 2010/2011<br><br>$0.144 2011/2012<br><br>$0.147 2012/2013 |

# PRIORITY AREA 5: Fixing the gaps and improving the patient journey

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Develop and implement the Aboriginal Cultural Respect Framework across Area Health Services to ensure that mainstream services are accessible and culturally secure and increase the capacity of mainstream services to engage with Aboriginal patients | Develop a framework that provides reference for Area Health Services to implement Cultural Respect training for their workforce.<br><br>The framework will include protocol, guidelines, resources, and online learning facilities to support the Area Health Services to implement the framework. | To ensure a culturally competent health workforce providing professional, accessible, respectful and culturally secure health services to Aboriginal peoples in NSW.[19]<br><br>The framework will guide Area Health Services, community health services and hospitals in the development and delivery of culturally secure services across the state. | NSW Department of Health in partnership with the Area Health Services. | December 2009 - Survey of Learning and Development Managers in Area Health Services to establish training needs to be completed.<br><br>December 2009 – Cultural Respect Framework resources completed.<br><br>December 09 – Feb 2010 – Training of Area Health Services Learning and Development staff and evaluation of the framework.<br><br>Ongoing from February 2009, Implementation of training in Area Health Services with reports provided to NSW Department of Health at 6 monthly intervals.<br>August 2010 | F3: Key results of strategies to improve cultural security of services and practice within public hospitals<br><br>P7: Evidence of implementation of cultural competency frameworks across the applicable health workforce. | \$0.37M 2009/10<br><br>\$0.5M 2010/11<br><br>\$0.51M 2011/12<br><br>\$0.52M 2012/13 |

[19] Australian Health Ministers' Advisory Council. Standing Committee on Aboriginal and Torres Strait Islander Health Working Party. AHMAC Cultural Respect Framework for Aboriginal and Torres Strati Islander health, 2004-2009. Department of Health South Australia, 2004.

# PRIORITY AREA 5: Fixing the gaps and improving the patient journey

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| | | | | Review of Aboriginal client complaints in regard to cultural issues and/or racism issues will be addressed.<br><br>The review will be repeated in following years. | | |

# PRIORITY AREA 5: Fixing the gaps and improving the patient journey

**Plan Period: July 2009 – June 2013**

| What are we aiming to do? | How will we do it? | Why are we doing it? | Who will do it? | When will it be done? | How will we check progress? | What will it cost? |
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| Improving Aboriginal identification in NSW Health's collection systems | Implement the Collecting Patients Registration Information Training Program (CPRITP) for NSW Health personnel and front line staff who collect data in hospitals.<br><br>Training sites will be established and training will occur each year. | Quality of Aboriginal data remains a significant problem that limits the information for making informed decisions about service/program delivery.<br><br>Previous work undertaken in NSW hospitals has shown that ongoing training will improve the quality of data collection. | NSW Department of Health<br><br>Area Health Services | Implementation of the Collecting Patients Registration Information Training Program from 2009/1<br><br>Train the trainers and training for hospital staff in 2009/10<br><br>Training for hospital staff in each year 2010/11 – 2012/13<br><br>Evaluation of the CPRITP throughout 4 year period. | F7: Improved quality of Aboriginal identification in key vitals and administrative data sets. | $0.68M in 2009/10<br><br>$0.41M 2010/11<br><br>$0.42M 2011/12<br><br>$0.43M 2012/13 |

# PRIORITY AREA 5: Fixing the gaps and improving the patient journey

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| **Governance/ Management** | Existing governance/management mechanisms will be used to manage this program. If existing mechanisms are not appropriate NSW Health will establish an advisory group or other mechanism to support the governance of the program. Decisions will be made in consultation with the NSW Aboriginal Partnership. |
| **Linkages and Coordination** | There are links to the NSW State Plan and the NSW State Health Plan. Links will be made to other programs being developed, including any Commonwealth or other programs that may support the program.<br><br>Co-ordination will be through the NSW Department of Health in partnership with the NSW Aboriginal Health Partnership and the Aboriginal Health Forum. Where appropriate other health care providers and external agencies will be involved in the delivery of services and will be involved in the development of the program. |
| **Community/ Stakeholder Involvement** | The Aboriginal Health Forum and the NSW Aboriginal Partnership will be formally involved in the development, implementation and monitoring of the suite of programs and services that are developed under the Priority Area. Informal community stakeholder involvement mechanisms will be developed where relevant. |

## 4 RISK MANAGEMENT

A detailed risk management plan will be developed and incorporated into project management plans for each of the initiatives in this Implementation Plan.

There are, however, some inherent risks across all of the programs, as set out in the table below.

| **Risk** | **Risk rating** | **Origin/cause/source of risk and trigger point for deploying strategies** | **Risk mitigation/control strategies** |
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| Inability to deliver agreed services and programs within timeframes | Medium | Inability to recruit staff to deliver on agreed programs.<br>Delays in negotiations with peak bodies and with ACCHS<br>Lack of clear communication lines between ACCHS and mainstream services<br>Key performance indicators are not met | Initial involvement of the Aboriginal Health Forum in the implementation plans for services and programs<br>The development of clear contracts and use of the SDRF in negotiation<br>Regular communication between the NSW Department of Health Centre for Aboriginal Health, Area Health Services and NGOs<br>Contracts delivering on the services and programs |
| Difficulties in securing the appropriate workforce to implement programs and services in a short timeframe | Medium | The delivery of the program/service will be delayed | Promotion of new positions and services<br>Creation of trainee positions<br>Outsourcing of tasks to appropriate consultants. |
| Difficulty in attracting and retaining staff impacting on delivery | High | Lack of applications for positions in rural and remote areas<br>Trainees withdraw from training programs<br>Qualified workers are not retained | NSW Health identifies opportunities for staff to work as part of a network to ensure on-going support for workers<br>NSW Health identifies areas where staff can work across a range of sites<br>NSW Health ensures the creation of eligibility lists where positions are filled |
| Difficulties in communication and co-ordination with NGOs, community groups and peak bodies | Low | Delays in planning and implementation or programs and services | Ensure that the Aboriginal Health Forum and the NSW Aboriginal Health Partnership meet regularly<br>Engage AHS in discussions about work with NGOs<br>Ensure that areas of |

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| | | | concern are recognised early and action taken to rectify the situation |
| Service providers fail to deliver services as required | Low | Service providers do not deliver services that are accessible to particular groups<br><br>Services are not delivered to standard<br><br>The service provided does not deliver the required outcomes | Manage tender process effectively<br><br>Ensure that initial contracts and MOUs are clear and that contracts are entered into with services who have the track record to deliver<br><br>Ensure that monitoring of programs is effective and problems are dealt with early |
| Decisions lack transparency | Low | Relations with peak bodies and ACCHS sector damaged<br><br>Negative media attention | Ensure that communication is recorded<br><br>Ensure that implementation is conducted in partnership with the Aboriginal Health Forum<br><br>Ensure appropriate consultation has been undertaken with appropriate community groups and peak bodies<br><br>Ensure that all services and programs meet legislation and policy requirements |
| Funding shortfall in 2011/12 and 2012/13 | Low | The delivery of the program/service will not be rolled out across all Area Health Services | Expected that funds will be made up from new funding and redirection of mainstream funding |
| Due to lack of measurability of the Performance Benchmarks in the National Partnership Agreement jurisdictions will have difficulties reporting against the benchmarks. | Medium | Jurisdictions will be unable to provide reports against the benchmarks<br><br>The public reporting on implementation of the NPA will be compromised | NSW will consider how to report against the benchmarks in negotiations with the Commonwealth and other jurisdictions |

## 5 REVIEW AND EVALUATION

NSW Health will develop a rigorous monitoring and evaluation framework for the programs and services proposed in this implementation plan. Where the proposed programs and services are based on existing programs and there is evidence of effectiveness then KPIs will be monitored closely to ensure services are delivering effectively. Where programs and services are proposed in areas where there is little evidence of effectiveness an independent evaluation will be included in the implementation of the program, the programs will be stepped up once evidence of effectiveness is shown and evaluation findings will be shared with other jurisdictions.

All programs and services will be required to collect baseline data and ongoing data to measure effectiveness and NSW Health will also use existing datasets to support the monitoring of programs and services.

## 6 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:**

### 6.1 Priority

*Programs and services should contribute to Closing the Gap by meeting the targets endorsed by COAG while being appropriate to the local community*

New South Wales will ensure that the programs and services that are identified in this plan are designed to contribute to the closing the gap targets identified by COAG, particularly in relation to closing the gap in life expectancy within a generation and reducing the gap in child mortality within a decade. All initiatives will be evidence based where there is evidence of effectiveness and, where there is not evidence the initiative will be evaluated and information published to support the development of the evidence base.

### 6.2 Indigenous engagement

*Engagement with Indigenous men, women and children and communities should be central to the design and delivery of programs and services*

New South Wales will ensure that all program and service development engages Aboriginal people across the state. Initiatives will be developed in partnership with the AH&MRC and with the Aboriginal Community Controlled Health Sector and there will be collaboration across state government departments and with the Commonwealth Department of Health and Ageing to ensure initiatives are complementary and services are delivered where they are needed.

Where programs and services are delivered by non-Aboriginal non-government organisations the tendering process and the contract will provide clear guidance that planning, implementation and evaluation must include engagement with local stakeholders.

### 6.3 Sustainability

*Programs and services should be directed and resourced over an adequate period of time to meet the COAG targets.*

NSW recognises that meeting the COAG targets will require sustained effort in a range of areas. Program and services in this Implementation Plan that are based on evidence based programs that already exist will be provided with on-going funding to ensure that new programs and services are sustainable. For areas of work where the evidence base about successful interventions does not exist, or is not well developed, NSW will develop new programs, which will include rigorous evaluation to develop the evidence base. If program are shown to be successful, NSW will ensure they are sustained. This will include ensuring program flexibility to meet local needs.

### 6.4 Access

*Programs and services should be physically and culturally accessible to Indigenous people recognising the diversity of urban, regional and remote needs.*

NSW will ensure that programs and services are implemented by professionally, clinically and culturally competent service providers. NSW has a large urban Aboriginal population and work will be undertaken with mainstream services across the state to ensure they are culturally competent in conjunction with the development of new services and programs.

Services and programs will be developed in partnership with the AH&MRC and Aboriginal communities to ensure that all issues related to access are considered prior to implementation. New models of service delivery will be developed and evaluated to support accessibility of services.

### 6.5 Integration

*There should be collaboration between and within Governments across all levels and their agencies to effectively co-ordinate programs and services.*

In NSW implementation will occur through the Aboriginal Health Forum, which includes representatives from the state, Commonwealth and community. The Two Ways Together Co-ordinating Committee will also ensure that services are co-ordinated and that there is collaboration across state agencies and with the community.

### 6.6 Accountability

*Programs and services should have regular and transparent performance monitoring, review and evaluations.*

All services and programs will be required to report to agreed performance indicators on a regular basis. Where services and programs are being trialled an evaluation will be undertaken to support development, implementation and, where effectiveness is shown, sustainability.

## 7 NATIONAL PRINCIPLES FOR INVESTMENTS IN REMOTE LOCATIONS

**In addition the following principles should also be considered in any investment in remote locations, as detailed in the COAG National Indigenous Reform Agreement.**

National principles for investments in remote locations include:

a) remote Indigenous communities and remote communities with significant Indigenous populations are entitled to standards of services and infrastructure broadly comparable with that in non-Indigenous communities of similar size, location and need elsewhere in Australia;

b) investment decisions should aim to improve participation in eduction/training and the market economy on a sustainable basis; reduce dependence on welfare where possible; and promote personal responsibility, engagement and behaviours consistent with positive social norms;

c) priority for enhanced infrastructure support and service provision should be to larger and more economically sustainable communities where secure land tenure exists, allowing for services outreach to access by smaller surrounding communities, including:

    i. recognising Indigenous peoples' cultural connections to homelands (whether on a visiting or permanent basis) but avoiding expectations of major investment in service provision where there are a few economic or educational opportunities; and
    ii. facilitating voluntary mobility by individuals and families to areas where better education and job opportunities exist, with higher standards of service.

## References for Joint Commonwealth and NSW Initiatives

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[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 Pubic 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).