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

## Jurisdiction: Victoria

## Table of contents

## 1 BACKGROUND AND CONTEXT

The combination of the Victorian Indigenous Affairs Framework (VIAF), the Council of Australian Governments (COAG) agenda and the Federal Government apology to the stolen generations has placed a heightened emphasis on improving the length and quality of life for Indigenous Australians.

In December 2007 and March 2008 COAG agreed to six ambitious targets for closing the gap between Indigenous and non-Indigenous Australians. This included a commitment to close the gap in life expectancy within a generation and to halve the gap in mortality rates for Indigenous children under five within a decade.

On August 19 2008, Premier John Brumby on behalf of the Victorian Government signed a statement of intent to close the 17-year gap in life expectancy between Indigenous and non-Indigenous people.

The Victorian statement of intent, in line with the Commonwealth statement of intent, committed the Victorian Government to the following:

- To develop a comprehensive, long-term plan of action, that is targeted to need, evidence-based and capable of addressing the existing inequities in health services, in order to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by 2030.
- To ensure primary health care services and health infrastructure for Aboriginal and Torres Strait Islander peoples which are capable of bridging the gap in health standards by 2018.
- To ensure the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.
- To work collectively to systematically address the social determinants that impact on achieving health equality for Aboriginal and Torres Strait Islander peoples.
- To build on the evidence base and support what works in Aboriginal and Torres Strait Islander health, and relevant international experience. To support and develop Aboriginal and Torres Strait Islander community-controlled health services in urban, rural and remote areas in order to achieve lasting improvements in Aboriginal and Torres Strait Islander health and wellbeing.
- To achieve improved access to, and outcomes from, mainstream services for Aboriginal and Torres Strait Islander peoples.
- To respect and promote the rights of Aboriginal and Torres Strait Islander peoples, including by ensuring that health services are available, appropriate, accessible, affordable, and of good quality.
- To measure, monitor, and report on our joint efforts, in accordance with benchmarks and targets, to ensure that we are progressively realising our shared ambitions.

On the 27 April 2009, the Ministerial Taskforce on Aboriginal Affairs (MTAA) endorsed ambitious targets and timelines to the Close the Gap under the Victorian Indigenous Affairs Framework (VIAF). These explicit five, ten and fifteen year targets commit the Victorian Government to reduce the incidence of low birth weight babies, reduce the incidence of smoking during pregnancy, and reduce the incidence of infant mortality.

This Implementation Plan forms a key component of the Victorian Government's commitment to improving quality and length of life for Aboriginal Victorians.

## 2 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. The actions in Victoria's Implementation Plan will advance the Service Delivery Principles as described below:**

### 2.1 Priority

The Victorian Government has been active in setting ambitious targets for closing the gap for Aboriginal Victorians. This is evidenced through the development of the Victorian Indigenous Affairs Framework (VIAF) and the establishment of the Ministerial Taskforce on Aboriginal Affairs (MTAA).

### 2.2 Indigenous engagement

The initiatives that Victoria will implement will not succeed unless there is Aboriginal community ownership and leadership. The Victorian Government has worked closely with the Aboriginal community to ensure community input has been central to the development and future implementation of these initiatives.

Engagement has occurred through an existing Indigenous Health Tripartite Framework Agreement, called the Victorian Advisory Council on Koori Health (VACKH). The Department of Human Services (DHS) will continue to work with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and the Commonwealth and State office of Department of Health & Ageing (DoHA) including the Office of Aboriginal & Torres Strait Islander Health (OATSIH) to ensure ongoing collaboration in the implementation, monitoring and review of this National Partnership**.**

### 2.3 Sustainability

Victoria has long been cognisant of the need for a sustained effort to reduce the burden of disadvantage. The majority of funding outlaid as part of Victoria's initiatives builds upon and expands on programs already in existence. The expansion of the Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program is a continuation of 25 years worth of effort based on the Aboriginal Hospital Liaison Officer (AHLO) program. Victoria will also build on the successes of the existing Aboriginal Health Promotion and Chronic Care (AHPACC) partnership program that has been instrumental in improving Aboriginal Victorians' access to primary health care services.

More broadly, the Victorian government continues to work in partnership with Aboriginal Community Controlled Health Organisations (ACCHOs) to strengthen organisational governance and capacity through a cross-government agency initiative - *Positioning Aboriginal Services for the Future* exercise led by DHS.

Strengthening the organisational capacity of Aboriginal communities and organisations to meet the health needs of Aboriginal people in Victoria is central to achieving the actions outlined in this Implementation Plan.

In light of workforce shortages across a number of health professions and given the demand for future Aboriginal health workforce services, Victoria is continuing to work in partnership with VACCHO, through the VACKH workforce sub-committee, in redesigning and expanding the Aboriginal health workforce. Developing meaningful career pathways for Aboriginal Health Workers (AHWs) and other staff in ACCHOs through the provision of training and professional development opportunities is critical to addressing current and future workforce needs and meeting the objectives of initiatives set out in this Implementation Plan.

### 2.4 Access

Despite the Victorian Aboriginal population being primarily urban and regionally based, there are still numerous barriers, social and economic, that hinder Aboriginal people accessing quality primary and secondary health care in mainstream settings.

Victoria's initiatives are aimed at improving Aboriginal Victorians' access to quality healthcare by supporting the ACCHO sector and ensuring mainstream health care organisations are culturally competent in the delivery of health care services to Aboriginal patients.

In this Implementation Plan, the term 'Aboriginal' includes all Aboriginal and Torres Strait Islander people.

### 2.5 Integration

The Victorian Government will integrate with all levels of government, work collaboratively with government and non-government services, and be responsive to the needs of local Aboriginal communities and service providers.

Within DHS, an Aboriginal Coordination Board will coordinate and integrate initiatives, policy responses and investment, while also serving to monitor the relative performance of DHS Divisions and Regions.

The Victorian Government's efforts in implementing initiatives under the Implementation Plan will also be integrated into the responsibilities of the MTAA.

DHS Central Office will work with regional Closing the Gap committees to coordinate the recruitment and deployment of the Commonwealth funded initiatives and positions under this partnership.

### 2.6 Accountability

Victoria's Implementation Plan will be subject to regular, transparent and culturally appropriate performance monitoring, review and evaluation. This will be achieved by working in collaboration with VACKH, VACCHO, ACCHOs, and Victorian community health services, Victorian hospitals, local government, DHS divisions and other relevant government portfolios.

Victoria will review its performance against the National Health Performance Framework, COAG and VIAF targets and indicators. Evaluation will include process and outcome targets, and will utilise both quantitative and qualitative methods.

A key mechanism for state-wide planning, governance, coordination, monitoring and evaluation of the Implementation Plan will be the establishment of a state-wide Victorian

Closing the Gap committee (state-wide Closing the Gap committee). The state-wide Closing the Gap committee will be formed as a subcommittee of VACKH and will comprise of representatives from VACCHO, DHS, OATSIH, and General Practice Victoria (GPV). This committee will drive the coordination and integration of Commonwealth and Sate funded initiatives

Regional implementation health plans will be developed, managed and monitored through the establishment of Regional Closing the Gap committees (regional committees). In each DHS region, the regional committee will comprise of representation from local hospitals, ACCHOs, GPs, Community Health Services, Primary Care Partnerships, DHS and OATSIH. Each regional committee will be co-chaired by a DHS Closing the Gap regional manager and a senior representative from a regional Aboriginal Advisory/Reference group.

Regional implementation health plans will identify need based on population; existing evidence of health needs form central and local data and known service gaps. By addressing these needs and filling service gaps it is expected that a more coherent and equitable Aboriginal health service system will be developed across the state. DHS regional managers will be accountable for the Closing the Gap outcomes in their region and will be responsible for leading the establishment of regional benchmarks based on the collection and analysis of local health data.

The state-wide and regional Closing the Gap committees will draw on Victorian cross-government portfolio representation on a needs basis when required.

DHS central office will work with DHS regions in the collection and analysis of regional datasets to establish baseline data for the purpose of developing and monitoring regional implementation health plans. Data extracted for the development and monitoring of the regional implementation health plans will draw on a range of datasets, including the Victorian Admitted Episodes Dataset (VAED) and the Victorian Emergency Minimum Dataset (VEMD). In addition, DHS will work with ACCHOs, community health services and local hospitals in providing targeted training on data recording, identification of Indigenous status and management to improve data collection.

## 3 NATIONAL PRINCIPLES FOR INVESTMENTS IN REMOTE LOCATIONS

Victoria's Aboriginal population is dispersed in urban metropolitan and inner and outer regional centres. The national principles for investment in remote locations are not applicable for Victoria as very few people in Victoria live in areas classified as remote.

## 4 IMPLEMENTATION PLAN

The Implementation Plan details actions for the following priority reform areas under the COAG National Indigenous Reform Agreement:

- Tackling Smoking
- Primary health care services that can deliver
- Fixing the gaps and improving the patient journey
- Health transition to adulthood
- Making Indigenous health everyone's business

# PRIORITY AREA: Tackling smoking

## 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 is the cost? |
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| In conjunction with the Commonwealth, by 2013, reduce smoking among Aboriginal people by at least 20%, from the current rate (rate of smokers) of 50% to 40%.<br><br>Reduce the burden of tobacco related chronic diseases within the Aboriginal community.<br><br>In conjunction with the Commonwealth, by 2023 halve the gap in the number of Aboriginal women smoking during pregnancy | Establish an Aboriginal Smoking Control Subcommittee of the *Victorian Tobacco Control Strategy* Taskforce to support and monitor state-wide initiatives.<br>Implement actions from the VACKH Victorian Aboriginal Health Plan for smoking cessation and prevention including community based interventions, social marketing and workforce development. | • Tobacco smoking was responsible for 12.1% of the total burden of disease and one-fifth of deaths in Indigenous Australians in 2003.<br>• Tobacco smoking directly causes a third of all cancer and cardiovascular disease burden among Indigenous peoples (Vos et al., 2007).<br>• Half of all Aboriginal adults are smokers (AIH&W 2004).<br>• 52% of Aboriginal mothers smoke during pregnancy compared with 16% of the general | The Subcommittee will lead development and implementation of a Tobacco Action Plan.<br>Commonwealth officials will be invited to participate on the Subcommittee along with Quit, VACCHO and DHS.<br><br>Regional close the gap subcommittees to be established in partnership with the Victorian Aboriginal community. Functions include coordination of workforce activity across all health promotion / chronic disease prevention priorities.<br>Community leadership to be developed in localised community settings preferably ACCHOs. | **2009-2010**<br>• Establishment of the Subcommittee<br>• State-wide Tobacco Action Plan finalised<br>• Program and service development work commenced.<br><br>**2010-2011**<br>• Ongoing roll-out of workforce development strategy and smoking cessation programs.<br>• Roll-out of social marketing<br>• Roll out of remaining Action Plan tasks<br>**2011-2012**<br>• As above<br>• Flexibility to tailor | Regular monitoring, review and evaluation of Tobacco Action Plan<br>An evaluation framework will be developed which will include rates of smoking of those aged 18+, numbers of AHWs with credentialed competency in smoking cessation support and numbers of people seeking support for cessation | 2009 -2010: $2.30m<br><br>2010-11 $1.93m<br><br>2011-12 $1.93m<br><br>2012-13 $1.93m<br><br>**Total: $8.09m** |

| PRIORITY AREA: Tackling smoking<br>Plan Period: July 2009 – June 2013 | | | | | | |
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| **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 is the cost?** |
| | | population (Laws et al. 2006). | *Victorian Tobacco Control Strategy* Implementation Taskforce integrate initiatives with Commonwealth funded initiatives.<br><br>. | program informed by on-going evaluation and research<br><br>**2012-2013**<br>• As above plus final evaluation<br>• Flexibility to tailor program as informed by on-going evaluation and research. | | |

| PRIORITY AREA: Tackle smoking<br>Plan Period: July 2009 – June 2013 | |
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| **Internal Governance and Management** | Initiatives under the '**Tackling smoking**' reform area will be managed efficiently, responsibly and transparently in accordance with good governance standards utilising the state-wide Closing the Gap committee, the Victorian Aboriginal Smoking Control subcommittee and the eight regional Closing the Gap steering committees.<br><br>Service planning will occur jointly with the Commonwealth wherever possible. |

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| | An internal (DHS) senior officers group will be established to coordinate centrally around DHS divisions.<br><br>An evaluation to monitor and measure the implementation of smoking cessation programs and to inform progression will take place<br><br>Contracts and service agreements will be established with the ACCHOs and mainstream community health agencies to manage the provision of smoking cessation services<br><br>DHS will utilise existing collaborative relationships in working closely with mainstream health settings, ACCHOs and community health services in order to ensure smoking cessation initiatives are properly governed and managed.<br><br>More broadly the Victorian government continues to work in partnership with ACCHOs and the Commonwealth and State offices of the Commonwealth Department of Health and Ageing to strengthen organisational governance and capacity through a cross-government interagency initiative - *Positioning Aboriginal Services for the Future Exercise* led by DHS. |
| **Linkages and Coordination** | The '**Tackling smoking'** reform area under the NP will enhance current initiatives currently undertaken through the *Victorian Tobacco Control Strategy*. Victoria recognises that it is important to tailor proven strategies for adaptation in Aboriginal community settings. In order to develop strategies that will be effective in Aboriginal community settings DHS will undertake an audit and analysis of current initiatives in mainstream setting and assess viability for Aboriginal Community settings.<br><br>High–level linkages and coordination will be managed by VACKH and the *Victorian Tobacco Control Strategy* Implementation Taskforce. All funded stakeholders will have responsibility to ensure that appropriate linkages are made and coordination is occurring.<br><br>An evaluation will ensure progress is made and that coordination between agencies is effective. |
| **Community/ Stakeholder Involvement** | Community/stakeholder involvement will occur through the governance structures outlined above. Victoria is committed to making sure that tobacco cessation strategies are community owned, driven and appropriately resourced in order to be effective. DHS will continue to build capacity to encourage leadership in Koori communities to drive smoking cessation initiatives.<br><br>Stakeholder involvement will also be encouraged and maintained through existing mechanisms including the regular meeting of the DHS Aboriginal Human Services Signatories group, the Aboriginal Human Services Forum and the regional Aboriginal Services Advisory Groups.<br><br>ACCHOs along with mainstream health service providers will be responsible for delivering smoking cessation initiatives in conjunction with Quit Victoria and DHS regions. |

# PRIORITY AREA: 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 is the cost? |
|---|---|---|---|---|---|---|
| Collaborate with key stakeholders to develop coordinated and integrated services<br><br>Reduce the impact of chronic disease experienced by Aboriginal people.<br><br>Improve Aboriginal people's access to primary health care settings | ***Aboriginal Health needs analysis***<br><br>**State-wide initiatives**<br>Provide state-wide needs and data analysis to regions and support development of Regional Closing the Gap health plans.<br><br>**Regional initiatives**<br>Undertake an initial needs analysis of Aboriginal health issues across the eight DHS geographical regions. | An integrated area-based planning approach has been demonstrated to be effective in the provision of person-centred care that maximises resources, minimises duplication and addresses local issues.<br><br>Aboriginal people are known to make significantly less use of primary health services than non-Aboriginal people. This contributes to a higher incidence of chronic health issues and a higher mortality rate.<br><br>In 2005-06, Aboriginal people were twice as likely to be hospitalised, but were less likely to undergo a procedure once admitted to hospital. | The needs analysis will be coordinated by DHS regional offices under the guidance of the regional Closing the Gap committees | **December 2009**<br><br>Needs analysis completed. | Completion of primary health component of regional Closing the Gap needs analysis | 2009 -10<br>$5.74m<br><br>2010-11<br>$6.52m<br><br>2011-12<br>$7.10m<br><br>2012-13<br>$7.52m<br><br>**Total: $26.88m** |

| **PRIORITY AREA: Primary health care services that can deliver**<br>**Plan Period: July 2009 – June 2013** | | | | | | |
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| **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 is the cost?** |
| | ***Regional Closing the Gap Health plans***<br>**Regional initiatives**<br><br>Develop regional Closing the Gap health plans, based on findings from the needs analysis. . | Service fragmentation and a silo approach to service development in the past has reduced access and increased barriers to services.<br><br>Regional Closing the Gap health plans will focus on reducing the burden of disease. The health plans are likely to concentrate on initiatives and services that address chronic diseases such as cardiovascular disease, diabetes and cancer with the objective to improve access to quality primary health service provision.<br><br>Increase capacity and capability of ACCHOs and other local primary health services to deal with the health needs of a rapidly growing Victorian Indigenous population. | DHS regional offices will develop the Closing the Gap health plans, working under the guidance of the regional Closing the Gap committees. | **December 2009**<br>Primary health component of Regional Closing the Gap health plans finalised.<br><br>**February 2010**<br>Implementation of Regional Closing the Gap health plans commenced.<br>*NB The health plans will include locally identified timelines and milestones.* | Completion of Regional Closing the Gap health plans.<br><br>Review of regional Closing the Gap health plans by state-wide Closing the Gap Committee. | |

| **PRIORITY AREA: Primary health care services that can deliver**<br>**Plan Period: July 2009 – June 2013** | | | | | | |
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| **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 is the cost?** |
| | ***Evaluation Framework***<br><br>**State-wide initiatives**<br><br>The development of an evaluation framework will be commissioned centrally. The evaluation framework will include process and progress measures linked to COAG and VIAF targets. | Evaluation of new ways of working will ensure value for money and will promote action learning across services<br><br>The evaluation framework will ensure effective monitoring of activities and will assist in the assessment of progress towards achievement of COAG and VIAF targets<br><br>To identify what initiatives are working well in regions and identify current and emerging issues. | Rural & Regional Health & Aged Care Services (RRHACS) within DHS will lead under the direction of the state-wide Closing the Gap committee<br><br>DHS will coordinate submission process. | **2009-10**<br>Evaluation framework commissioned and completed. | An evaluation framework will be commissioned. It will include a comprehensive range of indicators of Aboriginal people's participation in primary health and health promotion activities. | |
| | ***Health Promotion in a variety of Settings***<br><br>Capitalise on health promotion opportunities at festivals, sports carnivals and Victorian Indigenous Youth Affairs Council (VIYAC) Youth Forums. Opportunities to engage men at sporting | Evidence indicates that delays in treatment of risk-seeking behaviour increases in patients who:<br>• have fewer years of education<br>• have lower income<br>• are too embarrassed or afraid to ask for assistance | Coordinated by Central and regional Close the Gap committees<br><br>Activities undertaken by ACCHOs and Community Health Services | Services to commence in 2009/10 | Measures likely to include:<br>• Number of events/forums attended by health promotion officers in regions<br>• Number of young Aboriginal people receiving health checks at events | |

| **PRIORITY AREA: Primary health care services that can deliver**<br>**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 is the cost?** |
| | carnivals | • do not want to trouble anyone; and<br>• fail to recognise the risks of delay. | in partnership with other service providers | | • Number of Aboriginal men who have had a health check. | |
| | ***Evidence-based health promotion resource for Victorian Aboriginal people***<br><br>**State-wide initiatives**<br><br>An evidence-based health promotion resource for Victorian Aboriginal people will be developed and disseminated to ACCHOs, community health services, Primary Care Partnerships and local government. The resource will include evidence of effective/best practice population-based health interventions for Indigenous peoples. | To build on the evidence base and support what works in Aboriginal health.<br>To support and develop Aboriginal and Torres Strait Islander community-controlled health services in urban and rural areas in order to achieve lasting improvements in Aboriginal and Torres Strait Islander health and wellbeing. | DHS Central Office will commission the development of the evidence-based health promotion resource. | **2009-10**<br><br>Evidence-based health promotion resource commissioned and published | Evidence-based health promotion resource for Victorian Aboriginal people developed and disseminated to ACCHOs, community health services, Primary Care Partnerships and local government. | |

| **PRIORITY AREA: Primary health care services that can deliver**<br>**Plan Period: July 2009 – June 2013** | | | | | | |
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| **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 is the cost?** |
| | ***Demonstration Project to improve access by Aboriginal people to primary health care***<br><br>**State-wide initiatives**<br><br>Findings from a centrally-led demonstration project to strengthen access by Aboriginal people to primary health care, in one rural and one regional catchment, will be disseminated state-wide. | Findings from the centrally led demonstration project will assist the Victorian Government in meeting its commitment, under its statement of intent, to ensuring primary health care services and health infrastructure for Aboriginal people are capable of bridging the gaps in health standards by 2018. | VACCHO will lead the demonstration project to improve access by Aboriginal people to primary health care. | **2009-10**<br>• Demonstration project to improve access commenced.<br><br>Project will operate over four years from 2009/10 – 2012/13**.** | Commencement of demonstration project in **2009-10**<br><br>Mid-term evaluation completed and findings disseminated in **2010-11**<br><br>Demonstration project completed and relevant findings disseminated in **2011-12**<br><br>Final evaluation completed in **2012-2013** | |
| | ***Support Aboriginal Community Controlled Organisations (ACCOs) to improve governance arrangements in preparation for expected service delivery demands.*** | Build organisational capacity and ensure effective governance is in place in ACCOs to assist them in meeting increased service demands. | Regional Closing the Gap committees and state-wide Closing the Gap committee. | Implementation over four years from 2009/10 – 2012/13 | **2009-2013**<br>ACCOs have assessed governance and management capabilities and identified improvement strategies as required. | |

# PRIORITY AREA: 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 is the cost? |
|---|---|---|---|---|---|---|
| Develop and provide culturally competent primary health services. | ***Improved cultural competence and safety in community health services***<br><br>DHS will encourage community health services to develop Reconciliation Action Plans (RAPs) or similar cultural competence frameworks. | Many Aboriginal people report being uncomfortable in approaching mainstream services. As a result they will delay treatment until a point of crisis at which point treatment may be more complex and less effective. The cultural competence of services will improve through the development of RAPs or similar cultural competence frameworks. | Rural & Regional Health & Aged Care Services (RRHACS) within DHS will liaise with community health services. | **2009-10**<br>DHS will undertake initial scoping work.<br><br>**2010-11**<br>Implement RAPs or similar cultural competence frameworks as applicable. | Evidence of implementation of cultural competency frameworks across applicable health organisations. | |
| Support local initiatives focused on health promotion and chronic disease initiatives | ***Pooled funding for local initiatives***<br><br>Allocate pooled funding to local initiatives that support health promotion and chronic disease prevention initiatives that are evidence based and supported by strategic developments and priorities established by regional Closing the Gap committees. | Support local initiatives that are community owned and driven | DHS through the state-wide and regional Closing the Gap committees<br><br>Involvement of other Victoria government departments on a needs basis. | **From 2009-10** | **From 2009-10**<br>Development and implementation of local strategies arising from pooled funding efforts. | |

| **PRIORITY AREA: Primary health care services that can deliver**<br>**Plan Period: July 2009 – June 2013** | | | | | | |
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| **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 is the cost?** |
| Build a flexible, culturally competent and cohesive health care workforce to provide care to Aboriginal and Torres Strait Islander people. | ***Workforce***<br>Initiatives to address the identified shortage of health professionals include:<br>• Provision of training grants for 140 Aboriginal Health Workers (AHWs).<br>• Provision of training grants for other health workers and include skills sets on chronic disease management and case management.<br>• Training needs analysis and training plans for ACCHOs<br>• Conduct four Service Design pilots with ACCHOs<br>• Provide professional development and<br>• Provide small infrastructure grants. | To build capacity within ACCHOs to meet the health needs of the Aboriginal community<br><br>To maximise the productivity of the workforce in ACCHOs and identify opportunities to redesign services and workforce, including the introduction of support roles.<br><br>To enhance supervision capability to increase clinical placements within ACCHOs including medical, nursing and allied health trainees.<br><br>Small Infrastructure grants to build training capacity within ACCHOs to support student trainees and professional development including accredited courses and supervised training places. | Training will be provided by Registered Training Organisations (RTOs) to provide Certificate III and IV in Aboriginal and/or Torres Strait Islander Primary Health Care.<br><br>Project Management between VACCHO and DHS working with consultants | Expression of Interest (EoI) processes to be completed and funding allocated by **December 2009.**<br><br>Project staff recruited by **September 2009.**<br>EoI for ACCHOs developed, completed and funding allocated by **February 2010**. | Regular review and monitoring and evaluation and report | |

| **PRIORITY AREA: Primary health care services that can deliver**<br>**Plan Period: July 2009 – June 2013** | | | | | | |
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| **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 is the cost?** |
| Strengthen management capability and clinician retention within ACCHOs | Provision of training grants and professional development for ACCHO staff to develop and enhance management skills. Accredited management training and modules for over 100 workers will be offered. | To build organisational capacity through strengthening middle management roles and skills within ACCHOs. To retain existing health workers by providing more effective career pathways and training and professional development opportunities. | Registered Training Organisations (RTOs).<br><br>Training opportunities advertised by regional Closing the Gap Committees | EoI completed by **June 2010** Average of 35 middle management training places allocated per annum over 3 years. | Progress reports on training activities undertaken. | |

# PRIORITY AREA: Primary health care services that can deliver

## Plan Period: July 2009 – June 2013

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| **Internal Governance and Management** | Evaluation to monitor and measure the implementation of primary health care services that can deliver<br><br>Within DHS, Primary Health Branch of DHS will have lead responsibility for the governance/management of the initiatives.<br><br>DHS regional offices will have primary oversight of the regional Closing the Gap committees and will have responsibility for the implementation of the regional Closing the Gap health plans.<br><br>DHS will work in partnership with VACCHO and the state-wide Closing the Gap committee on all relevant aspects of the initiatives.<br><br>DHS will engage other relevant stakeholders on either a systematic or ad hoc basis as required.<br><br>Continued collaboration with multiple agencies will ensure all parties are clear on the progress of primary health care initiatives and aware of emerging issues. This includes signatories to the Victorian Statement of Intent to Close the Gap.<br><br>More broadly the Victorian government continues to work in partnership with ACCHOs and the State and Commonwealth Offices of the commonwealth department of Health and Ageing to strengthen organisational governance and capacity through a cross-government interagency initiative - *Positioning Aboriginal Services for the Future Exercise* led by DHS. |
| **Linkages and Coordination** | High-level linkages and coordination will be managed by DHS, VACCHO and the state-wide Closing the Gap committee. Linkages and coordination will be a standing agenda item on state-wide and regional Closing the Gap meeting agendas<br><br>All funded stakeholders will have responsibility to ensure that appropriate linkages are made and coordination is occurring. Linkages and coordination will be an area for reporting by all funded agencies. |
| **Community/ Stakeholder Involvement** | The Victorian Government is committed to ensuring the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.<br><br>Engagement of communities and stakeholders in all relevant aspects of program development and delivery will be central to the success of delivering effective culturally appropriate primary health services, as reflected in the initiatives. |

| **PRIORITY AREA: Fixing the gaps and improving the patient journey<br>Plan Period: July 2009 – June 2013** | | | | | | |
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| **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 is the cost?** |
| Improve health outcomes for Aboriginal people in Victoria by improving the patient journey and supporting Aboriginal people accessing and moving between health care settings. Ensure seamless transition for Aboriginal patients moving and navigating between a various health care settings.<br><br>Reduce the rates of | ***Aboriginal health needs analysis***<br><br>Undertake a needs analysis of Aboriginal health issues across the eight DHS regions (as reflected in Primary health care services priority area above). | 2007/08 VAED data indicates that Aboriginal patients in Victorian hospitals were almost five times more likely to leave against medical advice.<br><br>Inadequate inpatient care caused by poor communication and/or social or cultural disconnection between patient and provider.<br><br>Patient and provider dissatisfaction. | The needs analysis will be undertaken by DHS regional offices under the guidance of the regional Closing the Gap committees<br><br>The ICAP management group consisting of representation from VACCHO, public hospitals and DHS will have overall responsibility for implementation | **2009-10** | Regular monitoring, review and formal evaluation<br><br>Completion of Service/program needs analysis component of Regional Closing the Gap health plans | 2009 - 10 $2.30m<br><br>2010-11 $2.30m<br><br>2011-12 $2.30m<br><br>2012-13 $2.30m<br><br>**Total: $9.20 m** |
| | ***Evaluation and expansion of Improving Care for Aboriginal and Torres Strait Islander patients (ICAP) and Koori Mental Health Liaison Officer (KMHLO) programs*** | Build on the successes of the Improving Care for Aboriginal Patients (ICAP) program in improving the patient experience. Use ICAP as a platform to enhance access and | The ICAP Management Group will have overall responsibility for implementation of | **2009 -10**<br>Evaluation of the ICAP and KMHLO programs completed.<br><br>Implementation of | Implementation of key recommendations coming from ICAP and KMHLO Evaluation.<br><br>Regular feedback on ICAP implementation utilising DHS | |

| PRIORITY AREA: Fixing the gaps and improving the patient journey<br>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 is the cost?** |
| Aboriginal patients leaving hospital against medical advice. Ensure hospitals and primary health care services have the capacity to deliver the coordination and continuity of care necessary to meet the needs of Aboriginal and Torres Strait Islander clients | | transition between health settings for Aboriginal patients. | evaluation and state-wide implementation of recommendations | recommendations | led ICAP team to continue to work closely with Aboriginal Hospital Liaison Officers (AHLOs), health service managers and health workers positioned in ACCHOs. | |
| | ***Improve Discharge Planning***<br>Improve discharge planning of Aboriginal patients from hospitals, patient tracking and patient recall systems.<br><br>Ensure patient travel and accommodation needs are met. | Failure of compliance with treatment post-discharge.<br><br>Inadequate patient follow-up and care post discharge.<br><br>Poor attendance for specialist or outpatient clinic appointments.<br><br>Patient and provider dissatisfaction. | To support the Aboriginal Transition Officers, pooled regional funding will be available to hospitals and primary health care providers to enhance pathways between hospitals and other health settings | **2009-10**<br>Recruitment and commencement of service operations | Development of measures likely to include rates of discharge against medical advice, discharge plans referrals, readmission and ambulatory care sensitive conditions admissions. | |

| PRIORITY AREA: Fixing the gaps and improving the patient journey<br>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 is the cost?** |
| Develop culturally competent hospitals | ***Partnerships between ACCHOs and mainstream health services***<br><br>DHS will investigate the possible benefits of hospitals developing Reconciliation Action Plans (RAPs) or similar cultural competence frameworks as part of their Statement of Priorities that are agreed annually with the Minister for Health. | Improving partnerships between ACCHOs and mainstream health services will result in enhanced and culturally competent service delivery for the patient. | DHS will oversee initial scoping of the proposal.<br><br>Seed funding to be provided to hospitals to improve cultural safety and competence. | **2009-10 - 2012-13** | Increased number of culturally appropriate transition care plans/procedures/best practice guidelines to reduce readmissions by (percentage/proportion). | |
| Improve coordination and follow up care of patient journey between hospitals and primary care settings. | ***Aboriginal Transition Officers***<br>Employ Aboriginal Health Transition Officers in ACCHOs and mainstream health providers | Employment of Aboriginal Transition Officers in ACCHOs and mainstream health providers will assist in improving coordination and follow up care for Aboriginal patients' transition between hospitals and primary care settings. | Regional Closing the Gap committees | **2009-10**<br>Develop position roles and responsibilities for Aboriginal Health Transition Officers and recruit staff<br><br>**2010-11**<br>Aboriginal Health Transition Officers employed and operational in ACCOs and mainstream health providers. | Measures likely to include:<br>Aboriginal Health Transition Officers employed and operational ACCOs and mainstream health providers. | |

| **PRIORITY AREA: Fixing the gaps and improving the patient journey**<br>**Plan Period: July 2009 – June 2013** | |
|---|---|
| **Internal Governance and Management** | Initiatives under the '***Fixing the gaps and Improving the patient journey'*** reform area will be managed efficiently, responsibly and transparently and in accordance with good governance standards. DHS will utilise the existing ICAP management group comprising representation from VACCHO, DHS and public hospitals. Oversight will occur through this committee.<br><br>The VACKH Closing the Gap implementation subcommittee (state-wide committee) and the eight regional Closing the Gap steering committees will contribute to this priority reform area under the Implementation Plan.<br><br>Evaluation to monitor and measure the implementation of the '***Fixing the gaps and Improving the patient journey'*** reform area will take place.<br><br>More broadly the Victorian government continues to work in partnership with ACCHOs and the Commonwealth and State Offices of the Commonwealth Department of Health and Ageing to strengthen organisational governance and capacity through a cross-government interagency initiative - *Positioning Aboriginal Services for the Future* exercise led by DHS. |
| **Linkages and Coordination** | Integration of Aboriginal health components in hospital strategic planning processes will be critical in the effective delivery of primary health care services. Rather than develop new governance structures for the delivery and coordination of hospital services, DHS will enhance existing governance mechanisms by drawing on ICAP management systems. High–level linkages and coordination will also be managed by DHS, VACCHO and the state-wide Closing the Gap committee<br><br>An ICAP team will continue to communicate with both mainstream health services and ACCHOs. To support the development of external partnerships DHS through ICAP will disseminate and promote good practice ideas across the state and across different health care settings by continuing to assist the development of relationships between mainstream health services and ACCHOs.<br><br>All funded stakeholders will have responsibility to ensure that appropriate linkages are made and coordination is occurring. |
| **Community/ Stakeholder Involvement** | Victoria recognises that hospital, community and health practitioner ownership is essential to the successful development and implementation of initiatives centred on improving the patient journey and fixing the gaps. DHS will work closely with hospitals, ACCHOs, VACCHO and other mainstream health providers through current ICAP management arrangements in the development and expansion of ICAP.<br><br>In addition an Aboriginal Health Accountability Framework to be developed between hospitals and other major health providers. |

# PRIORITY AREA: 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 is the cost? |
|---|---|---|---|---|---|---|
| Positively impact on lifestyle choices of teenagers and young adults that their affect length and quality of life.<br><br>Re-establish positive social norms and healthy behaviours amongst young Indigenous people.<br><br>Reduce the take-up of high risk behaviours such as smoking, and provide improved referral and access to | ***Regionally based needs analysis***<br>Undertake regionally based needs analysis to identify service/program needs for young people to assist in healthy transition to adulthood as part of Closing the Gaps regional health plans. | The transition to adulthood is a period when young people form risk taking or protective behaviours that will have a significant long term impact on their health and the health of their families. During this period many young Indigenous people struggle with risks and pressures associated with sex and sexuality, alcohol, drugs, nutrition, physical exercise, fractured social and family relationships, poor economic conditions and loss of cultural identity. | Management will occur through state-wide and regional Closing the Gap committees in partnership with VACCHO and VACSAL. | **2009-10** | Completion of DHS led regionally based needs analysis to identify needs of young people and proposed response. | 2009 -10 $2.35m<br><br>2010-11 $2.35m<br><br>2011-12 $2.35m<br><br>2012-13 $2.35m<br><br>**Total: $9.40m** |
| | ***Pooled funding to support local transition initiatives***<br>Allocate pooled funding to support local initiatives for preventative, cultural strengthening, capacity building and health promotion programs that support young people in the transition to adulthood. | Capacity building initiatives will link and build on current and proposed initiatives within State governments departments such as Department of Education and Early Childhood Development (DEECD) Youth Justice unit within DHS, and the Department of Justice (DOJ). | Assessment of submissions through local and collaborative central structures. State government departments likely to be | **2009-10 – 2012-13** | Number of submission grants allocated to local communities/ACCOs to deliver local youth health outreach services (Grants allocated in **2010/11 financial year**) | |

| **PRIORITY AREA: Healthy transition to adulthood**<br>**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 is the cost?** |
| clinical and support services. | | | involved include Department of Education and Early Childhood Development (DEECD) Youth Justice unit within DHS, and the Department of Justice (DOJ). | | | |
| | ***Youth Health Outreach Services***<br>Establish youth health outreach services in identified areas of need. | Youth Health outreach services will assist in identifying risk factors early and encourage individuals to change behaviours to reduce their personal risk factors whilst also engaging with local communities to promote healthy lifestyle changes more broadly. | DHS through funded agencies. | **2009-10 – 2012-13** | Youth Health Outreach Services established in identified areas of need in DHS regions. | |
| | ***Culturally Tailored Resources***<br>Develop culturally tailored resources and health promotion materials for outreach workers. | To ensure there is better support for community ownership and control of health promotion activities that results in localised relevance and acceptance. | In collaboration with the Commonwealth through DoHA but adapted to local needs. | **2009/10 – 2012/13** | Tailored resources and health promotion materials produced and distributed to local health outreach services. | |

| **PRIORITY AREA: Healthy Transition to adulthood**<br>**Plan Period: July 2009 – June 2013** | |
|---|---|
| **Internal Governance and Management** | Initiatives under the '***Healthy Transition to Adulthood'*** reform area will be are managed efficiently, responsibly and transparently and in accordance with good governance standards. To do this DHS will develop a cross-sectoral approach is consultation with the signatories to the Aboriginal Human Services Plan.<br><br>Evaluation to monitor and measure the implementation of the '***Healthy Transition to Adulthood'*** reform area will take place.<br><br>Submission process for new initiatives will be managed through regional and central collaborative governance structures by building on existing structures in line with recommendations from the recent KPMG review<br><br>Within DHS, Portfolio Services & Strategic Projects (PSSP) Division will have lead responsibility for the internal governance/management of this initiative. DHS regional offices will have primary responsibility for managing local initiatives. |
| **Linkages and Coordination** | More broadly the Victorian government continues to work in partnership with ACCHOs and the Commonwealth and State offices of the Commonwealth Department of Health and Ageing to strengthen organisational governance and capacity through the cross-government interagency initiative - *Positioning Aboriginal Services for the Future e*xercise led by DHS.<br><br>High level coordination will also occur between DHS and community signatories to the Aboriginal Human Services Plan along with detailed implementation planning and evaluation. |
| **Community/ Stakeholder Involvement** | The state-wide Closing the Gap committee and the eight regional Closing the Gap steering committees will contribute to this priority reform area under the Implementation Plan. |

# PRIORITY AREA: 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 is the cost? |
|---|---|---|---|---|---|---|
| To re-engage the most disadvantaged families and individuals in Aboriginal communities in the health care system. | ***Primary health outreach services to disengaged groups***<br><br>Provide primary health outreach services to disadvantaged groups currently engaged with child protection, youth justice, justice, drug and alcohol and mental services to ensure the primary health needs of these groups are being met. | Evidence indicates delays in treatment of risk-seeking behaviour increases in patients who have the following:<br>• have fewer years of education<br>• have lower income<br>• are too embarrassed or afraid to ask for assistance<br>• do not wanting to trouble anyone; and fail to recognise the risks of delay | DHS through funded agencies. | **2009/10 -2012/13** | Completion of DHS led regionally based needs analysis to identify service/program needs and development of outreach service options in eight DHS regions. | 2009 -10 $1.00m<br><br>2010-11 $1.80m<br><br>2011-12 $0.80m<br><br>2012-13 $0.80m<br><br>**Total: $4.40m** |
| | ***Evidence based program focused on men's health and wellbeing***<br><br>Develop and implement an evidence-based suite of responses to improve Aboriginal men's health and wellbeing, which can be adapted to meet local needs. | As above | Central and regional Closing the Gap committees | **2009/10 -2012/13** | Number of Aboriginal men who have had a health check.<br><br>Number of Aboriginal men accessing primary healthcare services including ACCHO and community health services. | |

| **PRIORITY AREA: Making Indigenous health everyone's business**<br>**Plan Period: July 2009 – June 2013** | |
|---|---|
| **Internal Governance and Management** | Initiatives under the ***Making Indigenous health everyone's business*** reform area will be managed efficiently, responsibly and transparently and in accordance with good governance standards. To do this DHS will utilise VACKH and the state-wide Closing the Gap committee to oversee implementation and provide the authorising environment.<br><br>The VACKH Closing the Gap implementation subcommittee (state-wide committee) and the eight regional Closing the Gap steering committees will govern and manage this priority reform area under the Implementation Plan.<br><br>Within DHS, Portfolio Services & Strategic Projects (PSSP) Division will be responsible for leading the development and implementation of this reform area. DHS regional offices will have primary responsibility for managing local initiatives<br><br>Evaluation to monitor and measure the implementation of the '***Making Indigenous health everyone's business'*** reform area will take place.<br><br>More broadly the Victorian government continues to work in partnership with ACCHOs and the Commonwealth and State office of the Commonwealth Department of Health and Ageing (DoHA) to strengthen organisational governance and capacity through a cross government interagency initiative - *Positioning Aboriginal Services for the Future* exercise led by DHS. |
| **Linkages and Coordination** | In order to avoid duplication and prevent gaps in governance and service delivery, high-level linkages will be managed by VACKH.<br><br>All funded stakeholders will have responsibility to ensure appropriate coordination occurs |
| **Community/ Stakeholder Involvement** | Victoria will work in partnership with the Aboriginal community in undertaking extensive consultation and program development in order to ensure community ownership and leadership occurs address the needs of the most disadvantaged families in their community.<br><br>High level linkages and program development will happen through VACKH. Regional Aboriginal Human Service forums will play a vital role in practical implementation at the local level. |

**TOTAL FUNDING OVER FOUR YEARS ACROSS ALL FIVE REFORM AREAS IS: $57.97 million.**

**$57.97m includes $10.58m committed in 2008/09 and $47.39m of new investment over four years from 2009/10.**

## 5 RISK MANAGEMENT

A detailed risk management plan will be developed and incorporated into project plans for each priority reform area listed in the Implementation Plan.

The state-wide and regional Closing the Gap committees will be a key mechanism for risk management.

## 6 REVIEW AND EVALUATION

The initiatives will be monitored through established reporting mechanisms and performance management frameworks. These performance management frameworks and reporting mechanisms will sit within the responsibilities of the state-wide and regional closing the gap subcommittees. The Implementation Plan will also be monitored and reviewed regularly through the VACKH tripartite committee.

Progress and actions in the Implementation Plan will be reported against the DHS Aboriginal Services Plan 2008-10 and subsequent future editions of the Aboriginal Services Plan. Any identified need for strategic re-evaluation of the initiative will be further reported to government through established channels for the monitoring of services for Aboriginal people.

The purpose of these monitoring activities will be to assess progress towards achievement of COAG and VIAF targets – closing the gap in life expectancy, and reducing child mortality rates and low birth weight.

'Closing the Gap' health outcomes will be rigorously measured through the established VIAF performance monitoring framework and the developing COAG monitoring and evaluation frameworks.

Additionally the Commonwealth will formally and independently evaluate the Indigenous Health National Partnership in 2012/13.