NSLHD
ABORIGINAL AND
TORRES STRAIT ISLANDER
HEALTH SERVICES PLAN
2017-2022

Our goal is to improve the health and social and emotional wellbeing of Aboriginal and Torres Strait Islander people living in and accessing health services in our Local Health District.
NSLHD ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SERVICES PLAN 2017-2022

NORTHERN SYDNEY LOCAL HEALTH DISTRICT

PO BOX 4007, ROYAL NORTH SHORE LPO, ST LEONARDS, NSW 2065

NOVEMBER 2017

Northern Sydney Local Health District
Aboriginal Health Service advises that this document may contain images or names of deceased Aboriginal and Torres Strait Islander people.

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I am delighted to present to you the Northern Sydney Local Health District (NSLHD) Aboriginal and Torres Strait Islander Health Services Plan 2017-2022 (The Plan).

The Plan will provide continued direction for improved and equitable health care outcomes for Aboriginal and Torres Strait Islander peoples in NSLHD. It is consistent with National and State Frameworks and Plans.

The Plan provides continuing strategies directed at enhancing the health and Social and Emotional Well Being (SEWB) of Aboriginal and Torres Strait Islander people living within NSLHD, and Aboriginal and Torres Strait Islander people accessing our health services as in-patients.

The Plan has been endorsed by the NSLHD Chief Executive, the Clinical Council, the NSLHD Board and the NSLHD Aboriginal Health Advisory Committee.

I would like to particularly acknowledge the Aboriginal Health Service NSLHD for their commitment and hard work in developing The Plan and for providing the very best health care to the Aboriginal and Torres Strait Islander people in NSLHD.

I am confident The Plan will deliver the best quality care to Aboriginal and Torres Strait Islander people. NSLHD will continue to be the leaders in delivery of accessible, equitable, high quality and culturally respectful health care to Aboriginal and Torres Strait Islander people.

Deb Willcox
Chief Executive
Northern Sydney Local Health District
2 ACKNOWLEDGEMENTS

2.1 Acknowledgement of Country

The Aboriginal Health Service (AHS) of Northern Sydney Local Health District (NSLHD) would like to acknowledge the Traditional Custodians of the lands on which our health services have been built, the Gaimariagal, Guringai and Dharug peoples and we honour and pay our respects to their ancestors.

We also acknowledge and pay our respects to all Aboriginal and Torres Strait Islander peoples and to Elders past, present and emerging.

We acknowledge that past, current and future Aboriginal and Torres Strait Islander peoples are the continuing custodians of this country upon which we live, work and meet and that it is from their blood, courage, pride and dignity that we are able to continue to live, work and meet on this ancient and sacred country.

2.2 Artwork and Photos

The artwork throughout this document was created by Megan Porter and has been used with her permission. Photos’ used on the cover and throughout the document have been used with the person’s permission. The photo on the back is used with permission of Jo Perks who created the vest “Yurrandaali clothing”. The Turtle (Waraba) on the front cover was painted by Peter Shine and reproduced with his permission.

2.3 Expression of Thanks

The Director of Northern Sydney Local Health District Aboriginal Health Service, Peter Shine, would like to thank the following:

• Paul Weir for the compilation of The Plan.
• NSLHD staff who attended the consultation workshops across the district.
• NSLHD community and consumers for their input at community consultations.
• The Health Services Planning Unit, in particular Patricia Hetherington, David Miles and Mun Yoke Kum.
• Staff of the NSLHD Aboriginal Health Service.

The Aboriginal Health Service team
The Northern Sydney Local Health District Aboriginal and Torres Strait Islander Health Services Plan 2017-2022 (The Plan) is the second health services plan developed by the NSLHD Aboriginal Health Service. The Plan will continue to build on the previous NSLHD Aboriginal Health Services Plan 2013-2016 and will link to key objectives in the National and NSW Aboriginal Health Plans as per section 11 NSW State Policy and other relevant plans and service agreements for NSLHD. The Plan takes into account the unique characteristics of the Aboriginal and Torres Strait Islander population who access services in the region and addresses the particular health needs of the community living in NSLHD.

The first Northern Sydney Local Health District Aboriginal Health Services Plan 2013-2016 was developed in 2013, and subsequently fully executed and evaluated. The AHS 2013-2016 identified 31 objectives. There were many major achievements credited to the AHS Plan 2013-2016 and many of the strategies are ongoing. Some of these achievements include:

- The Establishment of Bungee Bidgel, an Aboriginal and Torres Strait Islander Health Clinic co-located within the General Practice (GP) Training Unit at Hornsby Kuringai Hospital (HKH). Bungee Bidgel provides a culturally safe and respectful primary health care service to the NSLHD Aboriginal and Torres Strait Islander community.
- The Development of the following documents which identify priority areas and gaps in health service delivery for Aboriginal and Torres Strait Islander people:
  - NSLHD Aboriginal Health Service Needs Analysis.
  - NSLHD Aboriginal and Torres Strait Islander Men's Health Plan 2015-2020.
  - Increasing the profile of the NSLHD Aboriginal Health Service within NSLHD.
  - Death and Dying in Aboriginal and Torres Strait Islander Culture (Sorry Business).
  - Didja Know: A Cultural Information and Communication Guide.

The Plan will address the health needs of the Aboriginal and Torres Strait Islander community within NSLHD to 2022, building on the success of the previous plan.

A Steering Group was convened to oversee the development of the NSLHD The Plan.

The Governance of The Plan was provided by the NSLHD Aboriginal Health Advisory Committee. A stakeholder consultation strategy was developed. This included using the services of an External Facilitator to conduct five workshops across the NSLHD. One of these workshops was attended NSLHD Board Members and members of the Executive Leadership Team.

Recommendations from other plans related to Aboriginal Health in NSLHD were reviewed and considered for inclusion in The Plan.

Including:

- Strategies from the previous NSLHD Aboriginal Health Services Plan 2013-2016
- Evaluation recommendations from the Aboriginal Health Services Plan 2013-2016
- NSLHD Aboriginal and Torres Strait Islander Men’s Health Plan 2015-2020
- NSLHD Australia’s First Peoples Female Lifecycle, Health and Wellbeing Plan 2015-2020
- NSLHD Aboriginal Health Service Needs Analysis 2015
- Bunma-Li Ngindaay Aboriginal Health Audit conducted by the Aboriginal Health Service in 2016

Consultation with key stakeholders and Aboriginal and Torres Strait Islander community members was also undertaken during this process to confirm and prioritise objectives and strategies in the implementation plan.
The Plan includes prioritised recommendations, objectives, strategic actions and success measures. The Plan aligns to the NSLHD Strategic Plan 2017-2022 and will allow for increased communication and distribution of The Plan across the LHD and with the Aboriginal and Torres Strait Islander community. A Companion Document will accompany The Plan which will provide further information and data to support the objectives and initiatives.

The Plan takes into account the unique characteristics of the region and addresses the particular health needs of the Aboriginal and Torres Strait Islander people in NSLHD. The Plan provides a clear planning process which links to key objectives and reportable measures as stated in relevant National and State Health Plans, local health plans and service agreements.
5 NSLHD ABORIGINAL HEALTH SERVICE

The AHS NSLHD provides a holistic approach to services offered to the Aboriginal and Torres Strait Islander people within NSLHD jurisdiction as well as accepting referrals from interstate and remote communities. The key responsibility of the AHS is to coordinate and provide advice on matters relating to improving the health and the (SEWB) of the Aboriginal and Torres Strait Islander community.

The AHS is located within the RNSH campus Community Health Building and from this location provides chronic care coordination and a 48-hour follow-up service by a Clinical Nurse Consultant (CNC) and Integrated Team Care (ITC) Coordinator for those Aboriginal and Torres Strait Islander patients that have been diagnosed with a chronic disease.

The Aboriginal Health Clinic (Bungee Bidgel) is located collaboratively with the General Practice (GP) Training Unit Hornsby Ku-ring-gai Hospital and provides a range of clinical, chronic disease management, ITC, SEWB, mental health, dental and specialist health services to Aboriginal and Torres Strait Islander people in Northern Sydney.

The AHS represents NSLHD on state-wide committees, provides leadership and guidance within the LHD, and advocates for better health outcomes through the implementation of policies and local strategic health plans. The AHS also has a focus on cadetships and/or employment opportunities to strengthen the Aboriginal and Torres Strait Islander Workforce across the LHD.

The AHS provides consultation and advice to health services that engage Aboriginal and Torres Strait Islander people within NSLHD and external. This enables the provision of culturally safe and respectful services to the local Aboriginal and Torres Strait Islander community. The AHS also sees Aboriginal and Torres Strait Islander patients admitted to facilities across NSLHD (both public and private).

NSLHD AHS offers services to the Aboriginal and Torres Strait Islander community that are primary health care focussed and start from a Social Determinants of Health (SDoH) paradigm. This evidences the holistic model of health care that Aboriginal and Torres Strait Islander peoples have practised for over 40,000 years.

This includes:

- Advocacy and support for patients and their families.
- Legal Aid service provided through Bungee Bidgel Aboriginal Health Clinic, which is a first for NSLHD. The NSLHD AHS is certified Work and Development Orders (WDO) referral Agent.
- Health Promotion activities.
- By addressing the Aboriginal and Torres Strait Islander SDoH, that are often a barrier to effective service delivery, we are able to effectively achieve optimum health care outcomes.
- Supporting community initiatives addressing Aboriginal and Torres Strait Islander health in collaboration with other health care providers by providing primary health care service delivery models.
- Improving the health outcomes of Aboriginal and Torres Strait Islander people with or who are at risk of being diagnosed with chronic disease by providing clinical chronic care service delivery and post discharge telephone follow up.
- Providing access to and equity of health and healthcare for Aboriginal and Torres Strait Islander people across NSLHD
- Provide Cultural Respect and Communication Education to staff across NSLHD through the Respecting the Difference program (RTD), Corporate Orientation and in-services tailored to departmental needs.
5.1 Staff

The AHS staff comprises of:
1. Director Aboriginal Health Service
2. Operations Manager
3. Clinical Nurse Consultant (CNC)
4. Executive assistant
5. Care Coordinator, Integrated Team Care (ITC) Program*
6. First Australians Wellbeing Coordinator**

The Director of the AHS is responsible to the NSLHD Chief Executive.

*The Care Coordinator, Integrated Team Care Program (ITC) is funded by a service tender from the Sydney North Primary Health Network (SNPHN). This position works with the Clinical Nurse Consultant to complement chronic care services and supplementary services aiming to enhance care coordination and reduce the duplication of services.

**The First Australian Wellbeing Coordinator position is fully funded by Community Care Northern Beaches (CCNB) and sits within the NSLHD AHS three days a week. This position provides SEWB services to Aboriginal and Torres Strait Islander people who are at risk. The staff member works three days/week at CCNB, and two days/week at RNSH, but is available for all hospitals when requested by the NSLHD AHS. The agreement ends in June 2018, we are confident the arrangement will stand.

Evidence shows that the employment of an Aboriginal Health Worker/Liaison role in each facility or health service within NSLHD is integral to facilitate change and manage the interface between Aboriginal and Torres Strait Islander clients and NSLHD staff. This position should have a professional line to Departmental Management and a cultural reporting structure to the Director of the NSLHD AHS.

In the interim, the AHS risk manages any requests to see Aboriginal and Torres Strait Islander patients in the LHD. Another interim strategy which can be readily implemented to assist LHD staff to provide a more culturally respectful service is to prioritise identified professions for the Respecting the Difference “face to face” training and adapting the content to be more relevant to scenarios they will encounter.

The Model of Care (MoC) employed by the service is to empower mainstream services especially social workers, to provide optimum care to Aboriginal and Torres Strait Islander patients as would be provided to non-Aboriginal and Torres Strait Islander patients, but with a culturally competent lens.
6 COMPANION DOCUMENT

A Companion Document has been developed; this document provides further information to support the objectives and initiatives of The Plan.

7 SCOPE OF THE PLAN

All health services provided to Aboriginal and Torres Strait Islander people including mainstream services are included in the scope of this plan.

8 GOAL OF THE PLAN

The goal of The Plan is to improve the holistic health and social and emotional wellbeing of Aboriginal and Torres Strait Islander people living in or accessing health services in NSLHD. This will be achieved by:

• Correctly identifying all Aboriginal and Torres Strait Islander patients
• Exploring and meeting their medical and cultural needs.
• Providing a culturally respectful and safe health care experience.
9 PLAN OBJECTIVES

The Plan will:

• Provide clear direction for NSLHD that will address achieving equitable health care outcomes for Aboriginal and Torres Strait Islander people’s health.

• Assist health service providers, managers and staff to best meet the holistic health needs of Aboriginal and Torres Strait Islander patients.

• Act as a resource for service providers and the community to understand the role of NSLHD Aboriginal Health Service (AHS) is about and what is provided for Aboriginal and Torres Strait Islander patients.

10 PRINCIPLES OF THE PLAN

The Plan aligns with the core values and strategic directions of NSW Health and NSLHD, and will correspond with the following principles:

• Work together with NSLHD mainstream services and external partners to ensure Aboriginal and Torres Strait Islander people in NSLHD have equitable access to health services.

• Measure, monitor and report in accordance with benchmarks and targets of relevant policies, agreements and documents.

• Recognise that specific measures are needed to improve Aboriginal and Torres Strait Islander people’s access to health services.

• Recognise that equity of access to health services is dependent upon Aboriginal and Torres Strait Islander people being actively involved in the design and delivery of those services.

• Recognise that the social determinants of Aboriginal and Torres Strait Islander health, including the contributing factors, education, employment, housing, environmental factors, social and cultural issues and racism, are all critically important to closing the health gap between Aboriginal and Torres Strait Islander people and non-Aboriginal and Torres Strait Islander people.
The Plan will support NSLHD to continue the transformative change process to improve the health of Aboriginal and Torres Strait Islander people in the LHD. At the end of the term of The Plan, it is envisioned that this is what Aboriginal Health in NSLHD will look like (Figure 1).

### Figure 1: Aboriginal Health in NSLHD at the end of 2022

**Transforming access to healthcare**
- Innovative/smarter and new ways for Aboriginal and Torres Strait Islander people in NSLHD to participate and engage with the health care facilities

**Transforming the Workforce**
- Support and develop the Aboriginal and Torres Strait Islander Workforce. Development of innovative external and internal partnerships to increase the numbers of Aboriginal and Torres Strait Islander People employed in NSLHD

**Transforming healthcare facilities**
- NSLHD staff providing a service which values and respects culture and acknowledges that culture is central to Aboriginal and Torres Strait Islander people’s health and social and emotional wellbeing
12 POLICY CONTEXT

12.1 NSW State Policies

12.1.1 NSW Aboriginal Health Plan 2013-2023
The Plan will align with the six strategic directions of the NSW Aboriginal Health Plan 2013-2022. These are:

- Building trust through partnerships
- Implementing what works and building the evidence
- Ensuring integrated planning and service delivery
- Strengthening the Aboriginal workforce
- Providing culturally safe work environments and health services
- Strengthening performance monitoring, management and accountability.

12.1.2 NSW State Health Plan: Towards 2021
The NSW State Health Plan: Towards 2021, provides a strategic framework bringing together existing plans, programs and policies and outlining future directions.

12.1.3 NSW Health Good Health - Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020
The NSW Health Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020, is intended to support Local Health Districts to grow and develop their Aboriginal workforce. The six key priorities of the Framework are:

- Lead and plan Aboriginal workforce development
- Build cultural understanding and respect
- Attract, recruit and retain Aboriginal staff
- Develop the capabilities of Aboriginal staff
- Work with others to achieve workforce priorities
- Track achievements and improve results.
13 NSLHD DIRECTIONS

13.1 NSLHD Strategic Plan 2017-2022
The NSLHD Strategic Plan 2017-2022 outlines how NSLHD will meet the challenges ahead by embracing discovery and learning, building partnerships and engaging our community to deliver excellent health and wellbeing. The NSLHD Strategic Plan 2017-2022 sets out aspirations and proposals for NSLHD over a five year timeframe and is framed around five themes or priority areas. These are:
- Healthy Communities
- Connected Person-Centred Care
- Evidence-Based Decision Making
- Responsive and Adaptable Organisation
- Engaged and Empowered Workforce.

13.2 Sydney Metropolitan Local Aboriginal Health Partnership Agreement 2016-2021
NSLHD is part of the Sydney Metropolitan Local Aboriginal Health Partnership (SMLAHP) agreement. This agreement consists of Aboriginal Medical Service Redfern, Sydney Local Health District, St Vincent’s Health Network, South Eastern Sydney Local Health District, and the Sydney Children’s Hospitals Network. The partnership is committed to improving health outcomes and service delivery for Aboriginal and Torres Strait Islander people living within the geographical regions covered by these Local Health Districts and Specialty Health Networks. Six Aboriginal Health priorities have been identified by the partnership:
- Social determinants of health
- Chronic care
- Cancer
- Drug health, alcohol, smoking and gambling
- Aboriginal workforce
- Research.

13.3 Other LHD Directions
- NSLHD Clinical Services Plan 2015-2022
- NSLHD Population Health Improvement Plan - Towards 2021
- NSW Health/NSLHD Service Agreement 1 July 2017 – 30 June 2018
14 ABORIGINAL AND TORRES STRAIT ISLANDER POPULATION OF NSLHD

14.1 Demographic

In 2016 there was a change of Local Government Area (LGA) boundaries, with a proportion of Hornsby LGA now in the City of Parramatta LGA. The NSLHD boundaries did not change, so the population of Hornsby LGA were estimated using the growth in the other LGAs.

Estimated result from the 2016 Census shows:

- The Aboriginal and Torres Strait population of NSLHD has increased by about 897 people to 3,360 since the 2011 census.
- This population is now approximately 0.4% of the total NSLHD population (0.3 % in 2011 census)
- 41% reside in the Northern Beaches Health Service
- 30% reside in North Shore Ryde Health Service
- 29% reside in Hornsby Ku-ring-gai Health Service
- 4.4% of people (37,841) did not record their Indigenous status at the census.

Figure 2 shows an estimation of the resident Aboriginal and Torres Strait Islander population, by age, based on the new LGA boundaries. Note the proportion differences in the ages of the two populations.

The Aboriginal and Torres Strait Islander population is predominantly a younger population. Although the resident Aboriginal and Torres Strait Islander is small in comparison to other LHDs, there is a larger transient population who study and work in the area. This includes students from regional areas who study at Macquarie University and the various boarding schools in the area.

There are also some residents living in the area who are from the Stolen Generations. These people are likely to experience unresolved loss, trauma and grief, which has an ongoing effect on their own children and families.
14.2 Aboriginal and Torres Strait Islander Identification

Reporting of Aboriginality in health data across NSLHD continues to be a concern, with under reporting and high numbers of patients with “unknown” or ‘declined to respond’ Aboriginal or Torres Strait Islander status recorded, especially in Emergency Department (ED) data. Until this is resolved it is difficult to be definitive about the true level of health care provision.

Improving the identification and recording of Aboriginal and Torres Strait Islander status in healthcare records will ensure the patient’s clinical service is appropriately weighted as part of activity based funding and will allow the LHD and NSW Health to better understand how and where Aboriginal and Torres Strait Islander people access health services and how those services might be improved, made more accessible and culturally respectful and safe.

The Plan recognises the importance of identifying patients, clients and their carers or family, who are part of the local or other Aboriginal and Torres Strait Islander communities, in order to link them with culturally appropriate care and to be accountable for improving their health outcomes.
DEVELOPING OBJECTIVES, STRATEGIES AND MEASURES

Some of the strategies developed have been informed by stakeholder and community consultations which took place across NSLHD. The Plan has aligned strategic directions to support the five strategic themes of the NSLHD Strategic Plan 2017-2022:

i. Healthy Communities

ii. Connected Person-Centred Care

iii. Evidence-Based Decision Making

iv. Responsive and Adaptable Organisation

v. Engaged and Empowered Workforce
### STRATEGIC DIRECTION 1: HEALTHY COMMUNITIES

**OBJECTIVE: ENGAGE WITH SERVICES TO BUILD CAPACITY IN DELIVERING CARE TO ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE**

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| 1.2 Engage with mainstream services who specifically address Aboriginal and Torres Strait Islander health issues, or where there is a high representation of Aboriginal and Torres Strait Islander patients. These include: | - Increase the number of women having an Aboriginal or Torres Strait Islander baby-attending their first comprehensive antenatal visit before 14 weeks gestation  
  - An Increase from the previous year in the number of Aboriginal and Torres Strait Islander children who have received all age appropriate vaccinations as prescribed by the Australian Immunisation Register target of 97%  
  - An increase in breast screening participation rates for Aboriginal and Torres Strait Islander women of all ages to 70% by 2022  
  - A decrease on previous years in the proportion of Aboriginal and Torres Strait Islander women who smoked at any time during pregnancy  
  - An increase from the previous year in the proportion of women who identify as having an Aboriginal and/or Torres Strait Islander baby, report smoking in first half of pregnancy, attend a service implementing Quit for New Life who are offered and accept cessation support  
  - Increase in the proportion of women who identify as having an Aboriginal and/or Torres Strait Islander baby, report smoking in first half of pregnancy, attend a service implementing Quit for New Life who are offered and accept nicotine replacement therapy  
  - Number of Aboriginal and Torres Strait Islander Social Emotional and Wellbeing (Mental Health) Information resources provided to members of the NSLHD Aboriginal and Torres Strait Islander Community | - NSLHD (All)  
- Emergency Department (ED)  
- AHS  
- Health Promotion  
- Cancer Support Service  
- Child Youth and Family  
- Maternity and Neonatal  
- Mental Health and Drug and Alcohol |
## STRATEGIC DIRECTION 2: CONNECTED PERSON-CENTRED CARE

### OBJECTIVE: IMPROVED IDENTIFICATION OF ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS ACROSS ALL HEALTH ENCOUNTERS

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| 2.1 Review the current process for asking the question “are you Aboriginal or Torres Strait Islander”. Including data recording systems, staff education and follow up process for incomplete or inaccurate recording of information | • Annual improvement in the number of Aboriginal and Torres Strait Islander people correctly reported in admitted patient data  
• Annual decrease in the number of inpatient and outpatient medical records with Indigenous Status marked as ‘Unknown’  
• An increase in Activity Based Funding (ABF) due to more people being correctly identified | NSLHD (ALL)  
AHS  
Patient Administration System (PAS) Managers across all health services in NSLHD |
| 2.2 Explore mandatory completion of My Health Learning Module “Asking The Question: Improving the Identification of Aboriginal and Torres Strait Islander people” for frontline staff | • Increase in the number of frontline staff who have completed the online My Health Learning Module “Asking the Question: Improving the Identification of Aboriginal and Torres Strait Islander People” | PAS Managers in all NSLHD Health Services |
| 2.3 Support for Aboriginal and Torres Strait Islander Carers                       | • Development of pathways to support Aboriginal and Torres Strait Islander carers and families, which include social and emotional wellbeing, accommodation and supports for financial burdens  
• An increase in service provision of carer services to Aboriginal and Torres Strait Islander carers  
• Number of Aboriginal and Torres Strait Islander carers who are identified | AHS  
Carers Support NSLHD  
Social Work |
### Strategically Choose Three: Evidence-Based Decision Making

**Objective:** Embed and sustain quality improvement practices in all our programs and services

<table>
<thead>
<tr>
<th>Strategic Actions (Actions we will take)</th>
<th>Success Measures (How we will measure our success)</th>
<th>Responsibility (Who will be responsible for)</th>
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| 3.1 Implement the Aboriginal Health Impact Statement (AHIS) for policies and programs across NSLHD | • An increase in the number of AHIS for NSLHD  
• Improved cultural safety and respect across all services in NSLHD | • NSLHD (All)  
• AHS |
| 3.2 Feedback from consumers, internal and external, on improving services | • Services and programs provided by the NSLHD Aboriginal Health Service are reviewed annually and changes made if appropriate  
• Development of an Aboriginal and Torres Strait Islander Patient Satisfaction Survey  
• Collection of data which reflects Aboriginal and Torres Strait Islander patients journey, capturing positive and negative feedback | • NSLHD (All)  
• AHS |
| 3.3 Evaluation of all programs and initiatives undertaken by the AHS | • Evaluation of Aboriginal and Torres Strait Islander Health initiatives and programs undertaken across NSLHD | • NSLHD (All)  
• AHS |
| 3.4 Identify opportunities within the Northern Sydney Population Health Improvement Plan to design, implement and evaluate health promotion interventions that address the needs of Aboriginal and Torres Strait Islander people. | • Aboriginal and Torres Strait Islander people in Northern Sydney are effectively engaged by health promotion activities.  
• Aboriginal and Torres Strait Islander specific programs and resources to address social and emotional wellbeing | • AHS  
• Health Promotion |
## STRATEGIC DIRECTION 4: RESPONSIVE AND ADAPTABLE ORGANISATION

**OBJECTIVE: PROVIDE CULTURALLY RESPECTFUL CARE THAT MEETS THE NEEDS OF ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS AND CARERS**

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</table>
| **4.1 The provision of an Aboriginal Liaison Service** | • Explore the potential of an Aboriginal and Torres Strait Islander Health Worker/Hospital Liaison for each Health Service: Northern Beaches health Service, Hornsby Kuringai Health Service and North Shore and Ryde Health Service  
  • Improved patient care for Aboriginal and Torres Strait Islander patients, especially those from rural and remote areas  
  • Improved health outcomes and a decrease in Discharged Against medical Advice (DAMA), did not wait and unplanned Emergency Department (ED) representation | NSLHD  
  ED  
  AHS |
| **4.2 Identify ways to increase participation in Respecting the Difference (RTD) “face to face” training** | • An increase in the proportion of staff attending Respecting the Difference “face to face” training session | Centre for Education Training and Development (CETD) |
| **4.3 Explore the options for culturally appropriate artworks/flags for facilities across the NSLHD** | • All departments and services provide culturally safe and respectful services  
  • Positive rating of care received by Aboriginal and Torres Strait Islander patients (patient satisfaction) | NSLHD  
  AHS |
| **4.4 Provide resources in an easily accessible manner for staff and patients** | • Positive rating of care received by Aboriginal and Torres Strait Islander patients (patient satisfaction)  
  • Mainstream staff aware of obligations to Aboriginal and Torres Strait Islander patients and know where to access this information | NSLHD  
  AHS |
| **4.5 Develop guidelines for completing, and a process of monitoring and evaluation of Aboriginal Health Impact Statements** | • An increase in the number of AHIS for NSLHD | NSLHD  
  AHS |
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Responsible Parties</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.6</td>
<td>Provide accessible information and resources on the use of cultural protocols at NSLHD events and meetings</td>
<td>All departments to include Aboriginal and Torres Strait Islander Health as standing Agenda Item</td>
</tr>
<tr>
<td>4.7</td>
<td>Review current model of care and the best option for providing an Aboriginal Liaison Service which may include an Aboriginal Health Worker in NSLHD</td>
<td>Reduction in the number and proportion of Aboriginal and Torres Strait Islander patients for the following indicators:</td>
</tr>
<tr>
<td>4.8</td>
<td>Strengthen relationships with Mental Health and develop and implement resources to enhance support for Aboriginal and Torres Strait Islander patients by contributing to the development and promotion of the Aboriginal and Torres Strait Islander Mental Health Assessment Tool project being undertaken by NSLHD Aboriginal Mental Health Drug and Alcohol Committee as part of the Committee’s 2016-2019 Committee Plan</td>
<td>Development and implementation of a Mental Health specific cultural training similar to RTD</td>
</tr>
<tr>
<td>4.9</td>
<td>Strengthen relationships with Maternity and Neonatal Departments to improve health and social and emotional wellbeing issues for Aboriginal and Torres Strait Islander mothers and families</td>
<td>Provision of education sessions for staff around identification and cultural respect</td>
</tr>
</tbody>
</table>
## INCREASE THE ABORIGINAL AND TORRES STRAIT ISLANDER WORKFORCE ACROSS NSLHD

<table>
<thead>
<tr>
<th>Strategic Actions (Actions we will take)</th>
<th>Success Measures (How we will measure our success)</th>
<th>Responsibility (Who will be responsible for)</th>
</tr>
</thead>
</table>
| **5.1 Develop and implement a NSLHD Aboriginal and Torres Strait Islander Workforce Strategy** | • Increase from previous year of the Aboriginal and Torres Strait Islander workforce as a proportion of the total workforce – across all salary bands. Progress towards the NSW Ministry of Health target of 1.8% Aboriginal representation at all salary levels and occupations across Aboriginal and Torres Strait Islander health workforce  
  • Increase the percentage Aboriginal and Torres Strait Islander workforce by occupation  
  • Increase the percentage Aboriginal and Torres Strait Islander workforce by salary level (male / female)  
  • Increase Aboriginal and Torres Strait Islander recruitment entries and exits to workforce  
  • Increase the number of Aboriginal and Torres Strait Islander Cadetships  
  • Increase the number of Aboriginal and Torres Strait Islander Traineeships  
  • Aboriginal and Torres Strait Islander Workforce Strategy and Implementation Plan developed  
  • Aboriginal and Torres Strait Islander Employment Coordinator appointed (Good Health Great Jobs) | • Workforce and Culture  
  • AHS |
| **5.2 Development of NSLHD Aboriginal And Torres Strait Islander staff network** | • All Aboriginal and Torres Strait Islander employees supported culturally and psychosocially  
  • Mentoring available to all Aboriginal and Torres Strait Islander employees  
  • Development of NSLHD Aboriginal and Torres Strait Islander Workforce Network | • Workforce and Culture  
  • AHS |
The Plan will be evaluated annually both internally and externally. This includes formative, summative, process, and impact evaluation to measure against each variable and to ensure that each outcome stated is achieved as per the timeframe of The Plan. The following initiatives are the priorities that will lead NSLHD to reflect Aboriginal and Torres Strait Islander health care planning:

- Aboriginal and Torres Strait Islander patient identification
- Health Service utilisation by Aboriginal and Torres Strait Islander clients
- Aboriginal Workforce and monitoring of KPI’s
- Cultural awareness training
- The Service Level Agreement between MoH and NSLHD
- Closing the Gap indicators

Recommendations from NSLHD Australia’s First Peoples Female Lifecycle, Health and Wellbeing Plan 2015-2020 and the NSLHD Aboriginal and Torres Strait Islander Men’s Health Plan 2015-2020 will also be incorporated as part of The Plan.
17 REFERENCES


ix Sydney Metropolitan Local Aboriginal Health Partnership Agreement. The Aboriginal Health Priorities are available at: https://www.slhd.nsw.gov.au/planning/pdf/SMLAHP_Aboriginal_Health_Priorities.pdf


NSW Aboriginal Health
Impact Statement
### Aboriginal Health Impact Statement – Question Template

<table>
<thead>
<tr>
<th>Title of the initiative:</th>
<th>NSLHD Aboriginal and Torres Strait Islander Health Services Plan 2017-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation/Department/Centre:</td>
<td>NSLHD Aboriginal Health Service</td>
</tr>
<tr>
<td>Contact name and title:</td>
<td>Paul Weir - Operations Manager</td>
</tr>
<tr>
<td>Contact phone number:</td>
<td>9462 9016</td>
</tr>
<tr>
<td>Date completed:</td>
<td>06/12/2017</td>
</tr>
</tbody>
</table>

Once approval has been received from your Organisation please provide a copy of the finalised Aboriginal Health Impact Statement and related policy document to the Centre for Aboriginal Health by email: CAH@moh.health.nsw.gov.au.

If your Organisation assesses that the initiative has no impact on Aboriginal people you are still required to provide a rationale for how this decision was reached by completing the summary section and questions 1 and 2 of the template.
Aboriginal Health is not just physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community. All Aboriginal and Torres Strait Islander people within the NSLHD will be affected by this initiative. In 2016, an estimated 229,951 Aboriginal and Torres Strait Islander people were living in NSW, comprising three per cent of the total NSW population and thirty one per cent of the total Aboriginal and Torres Strait Islander population in Australia. In NSLHD there is an estimated 3,360 Aboriginal and Torres Strait Islander people which is approximately 0.4% of NSLHD population.

There are clear significant disparities between Aboriginal and Torres Strait Islander people’s standards of health to non-Aboriginal and Torres Strait Islander Australians. Aboriginal and Torres Strait Islander people’s life expectancy is ten years less than non-Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander people experience a higher prevalence of chronic diseases, and chronic disease risk factors compared to non-Aboriginal and Torres Strait Islander. Circulatory disease, cancer, diabetes and respiratory disease accounts for approximately seventy per cent of Indigenous deaths.

To improve the access of health care, services are continuing to be established to achieve flexibility of service delivery and no out of pocket costs. Strategies to address cultural competence, acceptability and appropriateness are put in place such as training along with a presence of Aboriginal and Torres Strait Islander staff and resources. Barriers to accessing health care are contributing factors to the poor health status of Aboriginal and Torres Strait Islander people and the Plan recognises that significant measures are needed to improve Aboriginal and Torres Strait Islander people’s access to health services.

The NSLHD Aboriginal and Torres Strait Islander Health Services Plan 2017-2022 (Plan) will provide continued direction for improved and equitable health care outcomes and is consistent with National and State Frameworks and Plans.
1. The health context for Aboriginal people

The Northern Sydney Local Health District (NSLHD) Aboriginal and Torres Strait Islander Health Services Plan 2017-2022 (The Plan) aligns with core values and strategic directions of NSW Health, NSLHD, the NSW Aboriginal Health Plan 2013-2023, NSW State Health Plan: Towards 2021, NSW Health Good Health-Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020 and follows on from NSLHD Clinical Services Plan 2012-2016 and NSLHD Strategic Plan 2017-2022.

The Plan is an acknowledgment of the significant health disparities between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander people. The Plan provides continued direction for improved and equitable health care outcomes and is consistent with key objectives in National and State Aboriginal Health Plans, NSW State Policy and other relevant Plans and Service Agreements for NSLHD. Recommendations and strategies from other plans related to Aboriginal and Torres Strait Islander Health including: NSLHD Aboriginal Health Services Plan 2013-2016, NSLHD Aboriginal and Torres Strait Islander Men’s Health Plan 2015-2020, NSLHD Australia’s First Peoples Female Lifecycle, Health and Wellbeing Plan 2015-2020 and the NSLHD Aboriginal Health Services Needs Analysis 2015 have also been considered.
2. The potential impact of the policy, program or strategy on Aboriginal people including approaches to mitigate any potential undesired effects

Potential impacts of The Plan on the health of Aboriginal and Torres Strait Islander people have been considered. Employing effective strategies that address environmental, economic and social inequalities which are pivotal to achieving health equity for Aboriginal and Torres Strait Islander people across the NSLHD.

The Plan aims to improve the holistic health and social and emotional wellbeing of Aboriginal and Torres Strait Islander people living within NSLHD. This requires action across key social determinants of Aboriginal and Torres Strait Islander health such as, health, housing, education, employment, transport, access to and equity of services, the alignment of program goals across sectors of Government and the development of collaborative cross-sectoral programs at a local level in collaboration with local Aboriginal and Torres Strait Islander community members and agencies.
3. Engagement with Aboriginal people

Engagement and consultations with NSLHD Aboriginal and Torres Strait Islander community members, NSLHD staff and stakeholders have occurred and have been productive. NSLHD has an active working partnership with Aboriginal Medical Service, Redfern (AMS Redfern) and aligns with the Sydney Metropolitan Local Aboriginal Health Partnership (SMLAHP). NSLHD Aboriginal Health Advisory Committee provides the Governance for The Plan.
By signing this document you agree that the initiative satisfactorily meets the three key components of the Aboriginal Health Impact Statement.

Note: Must be approved by the relevant Executive Director or Director of the local health district, pillar organisation or Centre within the NSW Ministry of Health.
By signing this document you agree that the initiative satisfactorily meets the three key components of the Aboriginal Health Impact Statement.

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Clinical Associate Professor Peter Shine
06/12/2017
Director, Aboriginal Health Service
Northern Sydney Local Health District
02 9462 9017

Aboriginal and Torres Strait Islander Health Services Plan 2017-2022 – Northern Sydney Local Health District