



Health
Mid North Coast
Local Health District

Mid North Coast Local Health District **Aboriginal Health Plan 2019-2023**



Acknowledgement of Country

We acknowledge the traditional custodians of the land covered by the Mid North Coast Local Health District, the Birpai, Dunghutti, Gumbaynggirr and Nganyaywana Nations.

Definition of Aboriginal Health

Aboriginal Health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural well-being of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total well-being of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life. Health care services should strive to achieve the state where every individual is able to achieve their full potential as a human being and thus bring about the total well-being of their community.

National Aboriginal Health Strategy, 1989

NB: Within NSW Health, the term 'Aboriginal' is generally used in preference to 'Aboriginal and Torres Strait Islander', in recognition that Aboriginal people are the original inhabitants of NSW. Throughout this document, the word 'Aboriginal' will be used to represent Aboriginal and Torres Strait Islander people.

Further copies of the Mid North Coast Aboriginal Health Plan 2019-2023 can be obtained by contacting the:

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Foreword

The Mid North Coast Local Health District (MNCLHD) Aboriginal Health Plan 2019-2023 demonstrates the ongoing commitment of the District to close the gap in health outcomes and life expectancy between Aboriginal people and other Australians, and ensure it remains closed.

It is important to recognise the significant contribution made by all partners across the Mid North Coast in improving health outcomes for Aboriginal people. Key achievements have included: collaborative administration of public health programs and other projects; increased employment and development of Aboriginal staff; more transparent reporting systems, and; the establishment of a formal partnership agreement (Mid North Coast Aboriginal Health Accord) between the Aboriginal Medical Services (AMS), North Coast Primary Health Network (NCPHN) and the Mid North Coast Local Health District.

The new MNCLHD Aboriginal Health Plan aims to build on and further strengthen the work we do with our partners to continue to work towards achieving better health outcomes for Aboriginal people and Aboriginal communities.



We see the importance of listening to and collaborating with Aboriginal healthcare consumers and carers as we embark on this journey towards empowering Aboriginal people to take control of their health and wellbeing. At the same time, we aim to instil deeper cultural respect and safety across our organisation to ensure our services are safe, effective and appropriately delivered to all Aboriginal people who need to access them.

Our vision is for Optimal health and wellbeing for Aboriginal people of the Mid North Coast. This Aboriginal Health Plan is our future Blueprint where we work in collaboration with Aboriginal communities to achieve equitable outcomes for Aboriginal people.

The MNCLHD has established a Statement of Commitment that pledges to ensure a respectful, accessible and safe health system for Aboriginal people on the Mid North Coast and shapes our priorities to achieve outcomes and improve healthcare experiences for Aboriginal people.

Through this plan we look forward to seeing stronger achievements and outcomes in Aboriginal Health across the Mid North Coast.

David Kennedy
Stewart Dowrick

On behalf of the MNCLHD Governing Board
Chief Executive – MNCLHD

MNCLHD Aboriginal Health Statement of Commitment

Mid North Coast Local Health District acknowledges Aboriginal peoples as the First Nations of Australia and the traditional owners and custodians of the land.

We also acknowledge and regret the wrongs of historical policies and actions that negatively impacted Aboriginal peoples in the past and we acknowledge the continued impact on Aboriginal people in our communities.

By acknowledging past wrongs and working together to build strong relationships, we hope to create a healthier, more respectful and effective health service that provides for community needs and closes the gap between Aboriginal and non-Aboriginal health and social outcomes.

Every family and community has their own story and we are committed to working together with Aboriginal people and communities to ensure that future stories are positive.

We aim to:

- Create positive and honest relationships with Aboriginal people in our communities which focus on improving health outcomes, with the understanding that this will lead to greater quality of life for Aboriginal people.
- Provide a health system that Aboriginal people find readily accessible and culturally safe.
- Support Aboriginal people to build resilience, capacity and self-determination.

We commit to applying the following principles in everything we do:

Valuing Aboriginal Culture

We recognise the cultural values and traditions of Aboriginal communities. We value the unique contribution of our Aboriginal staff and all our services are culturally appropriate.

Equity in Healthcare

We recognise that sections of the Aboriginal community experience poor healthcare outcomes compared to non-Aboriginal people and we strive to 'close the gap'.

Holistic Approaches

We acknowledge that Aboriginal Health encompasses not just the physical wellbeing of an individual but the social, emotional and cultural well-being of individuals, families and the community.

Real Community Engagement

The voice of Aboriginal people is at the centre of everything we do, and anything we do, we do with Aboriginal people and not to Aboriginal people. We involve Aboriginal people as early as possible in planning, designing, implementing and evaluating our services.

Genuine Partnerships

We plan, collaborate and work with our partners to meet the needs of Aboriginal communities and we ensure we complement and not duplicate services and programs. We engage as early as possible with our partners to plan and respond to the needs of our Aboriginal communities.

Strong Leadership

The District's senior leadership is committed to and prioritises 'Closing the Gap'. All our leaders model cultural competence and are committed to championing the delivery of culturally safe services and work environments for Aboriginal people.

Introduction

The Mid North Coast Local Health District Aboriginal Health Plan (The Plan) replaces the Mid North Coast Aboriginal Health Partnership Plan 2014-2018. The Plan has been developed with oversight by an Aboriginal Health Plan Working Committee with membership comprising representatives from Local Aboriginal Medical Services, North Coast Primary Health Network, MNCLHD Governing Board, Senior Executive Team, MNCLHD Aboriginal Health Team and Aboriginal Health staff.

Throughout 2018, all staff across the MNCLHD have had opportunity to provide input regarding key issues, challenges and opportunities for making a difference in Aboriginal Health. The issues and challenges submitted reflected the following

themes:

- Workforce development
- Consumer and Community Engagement
- Working with our partners
- Service Delivery and Burden of Disease
- Systemic Social Disadvantage
- Communication, Information and Data (including

research and innovation)

In addition, in preparing for this plan we reviewed all the relevant data relating to Aboriginal health needs and performance of the Local Health District in terms of closing the gap initiatives. That information has informed the development of this plan.

Background

In Australia, Aboriginal and Torres Strait Islander people die at a much younger age than non-Aboriginal people and during their lifetime are more likely to experience poor physical and mental health. Urgent attention is required to close this gap in life-expectancy and health outcomes. This disadvantage stems from historic policies and actions which removed the rights and dignity of many first nations peoples, as well as their traditional ways of living and healing.

MNCLHD is committed to improving the health of Aboriginal people and communities it serves and to improving the way in which health services are delivered to Aboriginal people.

This commitment is articulated in the MNCLHD Aboriginal Health Statement of Commitment, which aims to ensure the MNCLHD continues to evolve as a culturally respectful, safe and secure Local Health District for Aboriginal people.

MNCLHD covers an area of 11,335 square kilometres, extending from the Port Macquarie Hastings Local Government Area in the South to Coffs Harbour Local Government Area in the North. The traditional custodians of the land covered by the MNCLHD are the Gumbaynggirr (from south of Grafton to just south of Macksville), Dunghutti (from south of Macksville to half way between Kempsey and Port Macquarie), Birpai (Port Macquarie-Hastings area), and Nganyaywana (south-east region of the New

England Tablelands) nations (Figure 1).

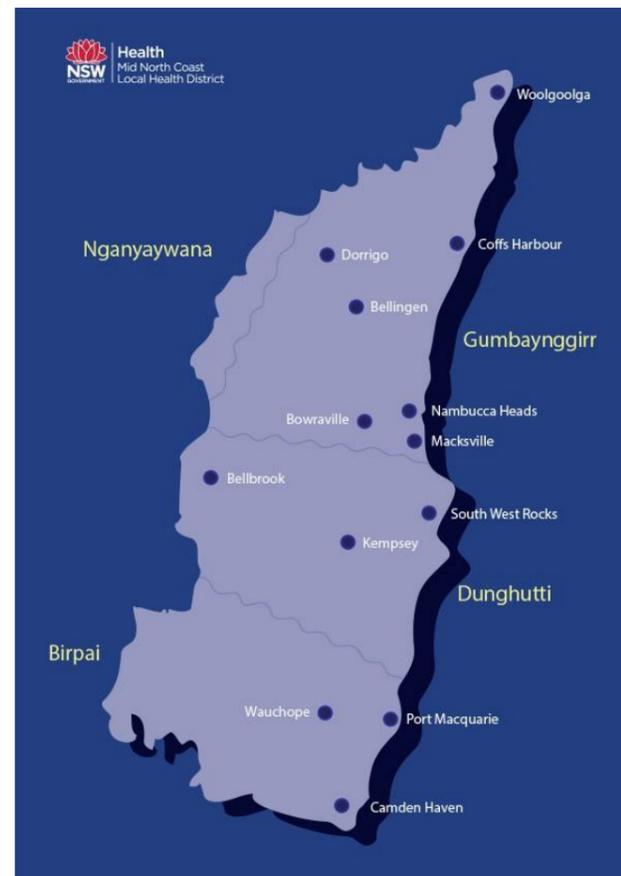


Figure 1: The Traditional Custodians of Lands in the MNCLHD¹

¹Disclaimer: This map indicates only the general location of larger groupings of people, which may include smaller groups such as clans, dialects or individual languages in a group. The boundaries are not intended to be exact. This map is not suitable for use in native title or other land claims.

Based on the 2016 Census, Mid North Coast is home to 12,082 Aboriginal and Torres Strait Islander people, or 5.7% of the total Mid North Coast

population. This is an increase compared to the 2011 Census.

Table 1: Aboriginal Population of MNCLHD by Local Government Area, 2016

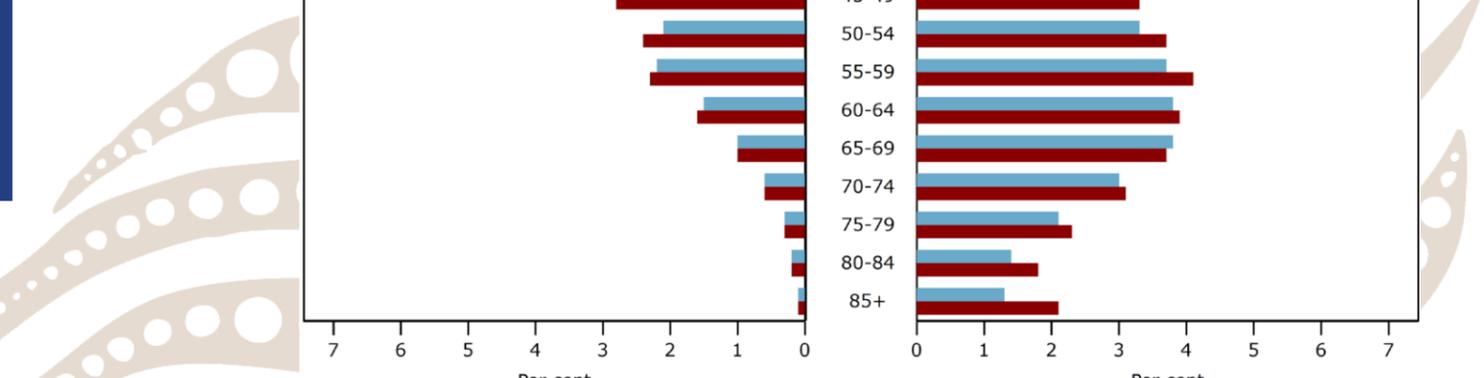
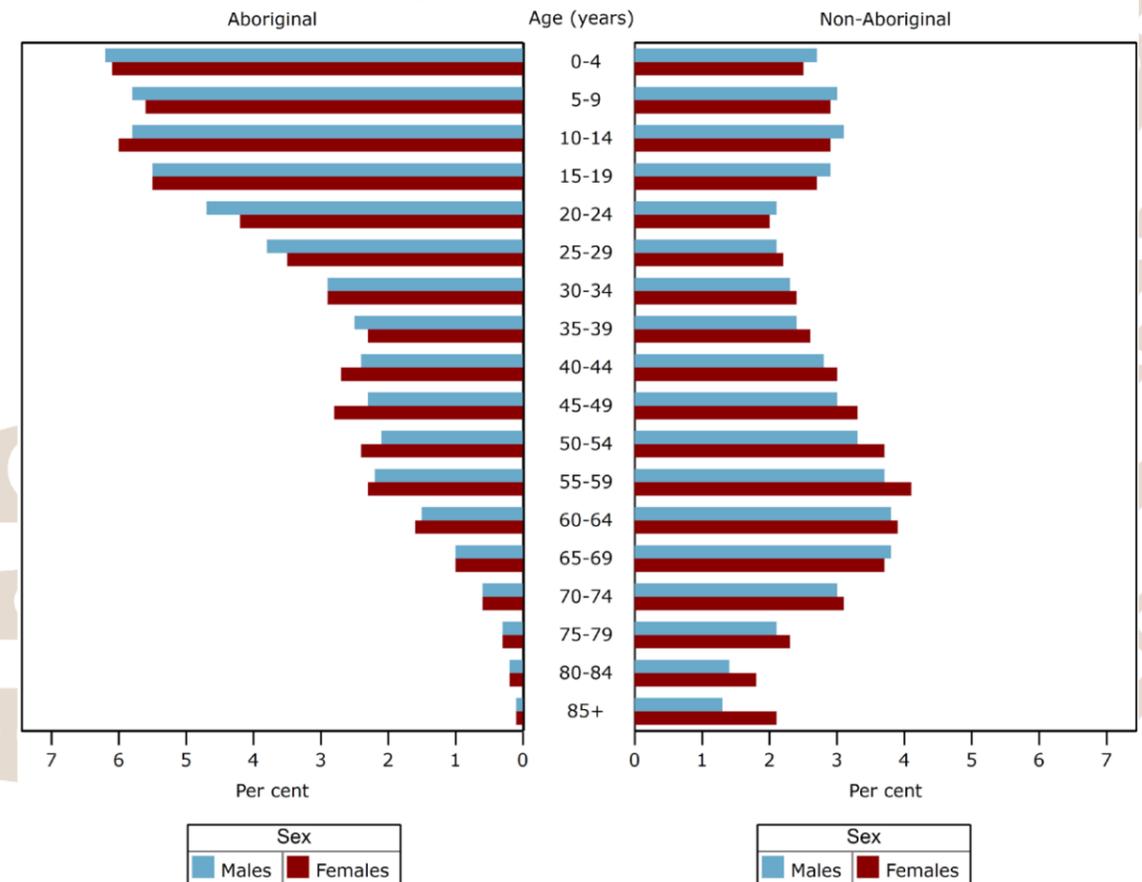
LGA	Aboriginal	Non-Aboriginal	Not stated	Total	% Aboriginal 2016	% Aboriginal 2011
Bellingen	448	11,335	889	12,672	3.5%	3.0%
Coffs Harbour	3,643	64,509	4,794	72,946	5.0%	4.1%
Nambucca	1,463	16,374	1,377	19,214	7.6%	7.3%
Kempsey	3,353	23,144	2,393	28,890	11.6%	11.1%
Port Macquarie-Hastings	3,175	70,641	4,730	78,546	4.0%	3.3%
MNCLHD Total	12,082	186,003	14,183	212,268	5.7%	5.0%

In the 2016 Census:

- The largest number of Aboriginal people were aged 0-14 years.
- The 0-14-year age group accounted for 35.5% of the total Aboriginal population.
- Of the total 65+ population for MNCLHD 1.3% were Aboriginal, significantly less than the non-Aboriginal group.

The demographic information suggests that the MNCLHD needs to invest in programs that focus on child and family services and younger people, as well as prevention and management of chronic disease across the life span to improve life expectancy.

Figure 2: MNCLHD Population by age, Aboriginality and sex. Population by Aboriginality and age, Mid North Coast LHD, NSW 2016*



Population Health Outcomes and our Performance

Based on Key Performance Indicators (KPIs) that highlight the outcomes achieved in terms of 'Closing the Gap', the following achievements and opportunities for further improvement are noted. The Aboriginal Health Plan will aim to build

Our achievements in closing the gap over time include

- ✓ Reporting of Aboriginality has improved
- ✓ Continuing to reduce unplanned readmissions to a level well below the rates for non-Aboriginal people
- ✓ Improving community follow-up for mental health patients within seven days following discharge from hospital
- ✓ Continuing to increase the rate of public dental activity
- ✓ Continuing to improve BreastScreen participation rates for Aboriginal women
- ✓ Immunisation rates at five years of age increasing
- ✓ Exceeding Respecting the Difference eLearning completion target well ahead of schedule
- ✓ Continued progress in smoking cessation in second half of pregnancy

on the achievements and ensure a focus on the opportunities for improvement. This information has been sourced from NSW Aboriginal Health Dashboard (2019) and Health Stats NSW.

Main opportunities for improvement include

- Decreasing the rate of Aboriginal inpatients who are discharged against advice
- Decreasing numbers of Aboriginal mothers smoking during pregnancy
- Increasing the Aboriginal workforce of the LHD
- Reducing numbers of low birth-weight babies
- Ensuring access to ante-natal care before 14 weeks for Aboriginal women
- Rate of hospitalisation for Aboriginal people is higher than non-Aboriginal people across a number of chronic illnesses

Continued health disparities between Aboriginal and non-Aboriginal people highlight the need for focused strategies and service options that are Culturally relevant for Aboriginal People.



Policy Context

MNCLHD has a long-standing commitment to improving health outcomes for Aboriginal people, with a focus on intensifying efforts to embed a multi-strategic and whole of organisation approach to closing the gap and meeting the health needs of the whole community.

MNCLHD will continue to work in partnership and collaboration with Aboriginal communities and Aboriginal Community-Controlled Health Organisations.

MNCLHD recognises the strategic intent and policy directions of the NSW Aboriginal Health Plan 2013-2023 (2012), which sets the strategic background for all NSW Local Health Districts to develop local plans that address local issues and challenges to achieve improvements in Aboriginal Health outcomes and 'Close the Gap'.

The MNCLHD Aboriginal Health Plan aligns with the NSW Aboriginal Health Plan 2013-2023, along with a range of other district and state strategic documents, including:

- NSW 2021: A Plan to Make NSW Number One (2011)
- Respecting the Difference (Aboriginal Cultural Training Framework)
- The NSW Aboriginal Health Partnership Agreement
- Closing the Gap – 2018 Review and The Next Phase Refresh
- Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026
- The National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes (Closing the Gap)
- The National Partnership Agreement on Closing the Gap 2019-2029
- National Safety and Quality Health Services Standards
- MNCLHD Service Agreement with NSW Health
- MNCLHD Strategic Directions 2017-2021
- MNCLHD Clinical Services Plan 2018-2022
- MNCLHD Aboriginal Health Workforce Plan 2017-2020
- MNCLHD Aboriginal Workforce Affirmative Action Strategy
- Mid North Coast Aboriginal Health Authority Aboriginal Cultural Safety and Security Framework, 2019



MNCLHD Aboriginal Health Plan – Overview

The purpose of the MNCLHD Aboriginal Health Plan is to set strategic directions to reduce the gap in health outcomes for Aboriginal people when compared to non-Aboriginal people. It will guide all activities conducted within MNCLHD that may impact on Aboriginal people.

On the following page, our strategy map provides a high level summary of this plan. It includes our vision, purpose and summary of the key principles outlined in the Mid North Coast Aboriginal Health Statement of Commitment (see page 5 for full details).

In addition, the strategy map lays out the one core strategy and six strategic directions that provide the framework for this plan. As can be seen in the map, the six strategic directions underpin and support achievement of the core strategy, and together all contribute to achievement of our purpose and vision.

The core strategy and each strategic direction has an accompanying objective that describes in simple terms what we aim to achieve in that area.

More detail on the core strategy and strategic directions is provided on following pages, including the rationale and overarching measures of success, along with a table outlining focus areas and a set of strategic initiatives to be actioned over the five years of the plan. These detailed sections also outline the senior MNCLHD personnel responsible for addressing the plan (leads and others with a shared responsibility), and specific KPIs and success measures applicable to each focus area within that strategy / strategic direction.

As this plan is implemented, all staff involved will be guided by the principles set out in the Statement of Commitment and summarised within the Strategy Map. In addition, and closely aligned to those principles, staff will, as always, adhere to our core values, summarised below. Further information on implementation, monitoring and evaluation of the plan is available on page 26.

MNCLHD Values

Our values are a statement of the standards and behaviours we model in our work and how we interact with our patients, our community and amongst ourselves. These values are consistent with the CORE values of the NSW Health system.

Collaboration – Improving health status and healthcare depends on everyone in the system working as a team. In Aboriginal Health, this requires a commitment to partnership, Aboriginal empowerment, community autonomy and inter-sectoral collaboration.

Openness – Transparent system improvement processes are essential to make sure that information is open, relevant and available.

Respect – The respect for and understanding of Aboriginal culture, history and people is fundamental to achieving better outcomes. We recognise the role of Aboriginal elders as leaders in the community. We also recognise that engaging Aboriginal organisations and community groups is integral to improving health. We acknowledge and respect Aboriginal people as the traditional owners of the land.

Empowerment – We must build trust on all sides and at all levels with Aboriginal people and the community. In Aboriginal health, empowerment is fundamental to ‘Closing the Gap’, building community capacity, supporting Aboriginal community services and ensuring culturally competent models of care.

MNCLHD Aboriginal Health Strategy Map

Our Vision: **Optimal health and wellbeing for Aboriginal people of the Mid North Coast**

Our Purpose: **To achieve our vision, we will deliver appropriate, effective and accessible health services and information that meet the health needs of the Aboriginal population of the Mid North Coast in ways that align with our Statement of Commitment**

Our Principles **Valuing Aboriginal Culture - Equity in Healthcare - Holistic Approaches - Real Community Engagement - Genuine Partnerships - Strong Leadership**
In delivering on this plan, we will always apply these principles

Core Strategy: Providing services that improve the health and wellbeing of Aboriginal people

Objective: The health of Aboriginal people in our region equals that of non-Aboriginal people.

SD1:	SD2:	SD3:	SD4:	SD5:
Building Trust Through Partnerships	Implementing what Works and Building Evidence	Ensuring Integrated Service Planning and Delivery	Strengthening Aboriginal Workforce	Providing Culturally Competent Work Environment and Health Services
Objective: We have strong and effective partnerships with Aboriginal people, communities and partner organisations and work together to develop priorities, plan, deliver and evaluate services	Objective: Our services are based on evidence of what works and we contribute to continually building the evidence	Objective: We reduce gaps and duplication of care, our services are of high quality and ensure Aboriginal people are at the centre of their health care journey	Objective: We attract, develop and sustain more Aboriginal people working across all sections of the MNCLHD	Objective: Aboriginal consumers, communities and employees always experience our services as welcoming, culturally safe and secure

SD6: Strengthen Performance Monitoring, Management and Accountability

Objective: We are fully accountable for the services and outcomes we deliver to Aboriginal people and have effective ways of monitoring, managing and reporting

Core Strategy:

Providing services that improve the health and wellbeing of Aboriginal people

Objective: The health of Aboriginal people in our region is improving and approaching or equals that of non-Aboriginal people.

Rationale: Our vision requires us to achieve the best possible health for Aboriginal people in our region, and this requires us to deliver the best possible health services to achieve this goal.

Whole of Objective Success Measures:

- Gaps in health status are reduced.

#	Focus Areas	Strategic Initiatives	Responsibility (Lead in Bold)	KPIs and Success measure
Core 1	Promoting health & wellbeing	<p>Work with our Aboriginal communities and partners to promote health and wellbeing including:</p> <ul style="list-style-type: none"> • Targeting priority areas: <ul style="list-style-type: none"> > Childhood Obesity > Smoking cessation > Physical activity > Mental Health • Joint programs and services to address broader social determinants impacting health (eg Housing for Health) • Immunisation and other population health programs • Other Health Promotion Programs 	<p>DAH&PP DPH DMH&IC NCCCN/ GM CHHC GM PMBH/ HMCNC</p>	<ul style="list-style-type: none"> • Number of Aboriginal-specific or Aboriginal-targeted prevention programs developed, implemented and evaluated • Reduced Smoking During Pregnancy - At any time (%) • Increase in Pregnant Women Quitting Smoking - By second half of pregnancy (%) • Reduce rate of tobacco use in Aboriginal population • Increase recording of height and weight of Aboriginal children presenting to health services • Maintain or improve Immunisation rates for Aboriginal people
Core 2	Early detection and intervention	<p>Maintain and enhance programs and services that focus on identifying and responding to emerging health issues, including:</p> <ul style="list-style-type: none"> • Chronic disease screening programs • Women's health, breast screening • Men's health • Maternal and infant health • Child and family health • Other 	<p>NCCCN/ GM CHHC GM PMBH/ HMCNC DPH DMH&IC</p>	<ul style="list-style-type: none"> • Increase Aboriginal women accessing antenatal care before 14 weeks • Increase Aboriginal women breastfeeding on discharge from hospital • Increase Breastscreen rate for Aboriginal women • Increase TB screening and vaccination rates • Increase in early detection of renal disease in Aboriginal people
Core 3	Vulnerable populations	<p>Work with partners to implement evidence-based models of care and interventions to address the needs of specific vulnerable populations in the Aboriginal community, such as:</p> <ul style="list-style-type: none"> • Enhance referrals and access by Aboriginal people to alcohol and other drug services • Improve access and delivery of Mental Health services for Aboriginal people • Strategies to support vulnerable Aboriginal children and families such as child protection and Out of Home Care (OOHC) (aligned with Their Futures Matter reform) • Aged care, palliative care, end of life care • Collaborate with key stakeholders to implement Aboriginal Family Health Strategy: Responding to Family violence in Aboriginal communities 	<p>DMH&IC GM PMBH/ HMCNC NCCCN/ GM CHHC</p>	<ul style="list-style-type: none"> • Increase numbers of Aboriginal people accessing D&A Services • Increase percentage of Mental Health clients followed up in the community within 7 days • Decrease Aboriginal children in Out of Home Care • 100% of Aboriginal children in OOHC complete a primary health assessment • Increased Advanced Care Directives in place for Aboriginal people • Increased Domestic Violence (DV) Routine Screens conducted (%) on Aboriginal people • Aboriginal Family Health Strategy implemented
Core 4	Effective treatment services	<p>Clinical services develop and implement models of care suitable for Aboriginal people (see also SD3). Specific areas include:</p> <ul style="list-style-type: none"> • Renal services • Maternity Services • Sexual health services • Oral health • Chronic care • Surgical care • Emergency Department • Cancer services • Outpatient specialist services (eg ENT and Gynaecology) 	<p>GM PMBH/ HMCNC NCCCN/ GM CHHC DPH DAH&PP DMH&IC</p>	<ul style="list-style-type: none"> • Health Pathways are in place for Aboriginal people accessing these services • Increase volume and timeliness for planned paediatric otitis media procedures for Aboriginal children 0-15 • Decrease unplanned hospital admissions for Aboriginal people • Increase timely access to cataract surgery for Aboriginal people • Increase number of Aboriginal people initiating Hep C anti-viral treatment • Increase proportion of all STI-related occasions of service at public sexual health services that are provided to Aboriginal people • Increase proportion of all public dental activity that was provided to people identified as Aboriginal • Decrease proportion of Aboriginal babies weighing less than 2500g at birth - MNC Target: <= 4%

Strategic Direction 1:

Building trust through partnerships

Objective:

We have strong and effective partnerships with Aboriginal people, communities and partner organisations and work together to develop priorities, plan, deliver and evaluate services.

Rationale:

To achieve the best possible health outcomes, and to right past wrongs, requires us to empower Aboriginal people and communities and to ensure we listen to and are guided by their needs, experiences and knowledge. It also requires all parts of the health system to work together.

Whole of Objective Success Measures:

- Our partners value our partnerships and actively work with us.
- Joint initiatives successfully planned implemented and evaluated.
- Increased levels of engagement and involvement of Aboriginal people in forums, committees, projects and service delivery.

#	Focus Areas	Strategic Initiatives	Responsibility (Lead in Bold)	KPIs and Success measure
1.1	Strategic partnerships with key health providers in the region	Continue to strengthen partnerships with Aboriginal communities, ACCHOs and the Primary Health Network through: <ul style="list-style-type: none"> • Regular meetings of the Mid North Coast Aboriginal Health Authority • Annual action plan addressing agreed priorities • Co-commissioning 	DAH&PP CE MNCAHA SET	<ul style="list-style-type: none"> • Partnership survey results • Plans developed, implemented, reviewed annually • Evidence of co-commissioning
1.2	Service delivery partnerships	Evolve and implement mechanisms for forming and maintaining partnerships with Aboriginal communities and organisations at the operational level through: <ul style="list-style-type: none"> • Regular Clinical Network partnership meetings • Aboriginal representation on governance committees and engagement forums (including capital works) • Joint projects, services and action plans 	NCCCN/ GM CHHC GM PMBH/ HMCNC DAH&PP DPH DMH&IC	<ul style="list-style-type: none"> • Operational models partnership demonstrated • Plans developed, implemented, reviewed annually • Evidence of joint projects and services implemented and evaluated • Increase proportion of local committees including Aboriginal representation
1.3	Cross-sectoral collaboration	Lead or co-host cross-agency and cross-sector forums that include key Aboriginal consumers, government and non-government organisations and other agencies such as: <ul style="list-style-type: none"> • Aboriginal health symposium • Closing the Gap Forum • Cross-agency initiatives/projects 	DAH&PP MNCAHA SET	<ul style="list-style-type: none"> • Partner survey results • Symposia and forums held • Evidence of cross-agency initiatives/projects conducted and evaluated
1.4	Data Sharing	Strengthen and expand the sharing and use of data with our partners to support joint planning, service co-design and program evaluations through: <ul style="list-style-type: none"> • Data sharing agreements • Joint KPIs • Updated MNC Aboriginal health profile • Data linkage projects 	DCG&IS NCCCN/ GM CHHC GM PMBH/ HMCNC DAH&PP DPU DMH&IC	<ul style="list-style-type: none"> • Data sharing and data linkage agreements in place • Evidence of data sharing / linkage occurring and contributing to planning and evaluation

Strategic Direction 2:

Implementing what Works and Building Evidence

Objective: Our services are based on evidence of what works and we contribute to continually building the evidence.

Rationale: There has been considerable research conducted relating to Aboriginal health, although many gaps in knowledge remain. Health disparities and social inequities, along with cultural needs, require specific approaches and understanding.

It is therefore important to engage and empower Aboriginal people to participate in research that informs ongoing improvements to health and health care. By building the evidence we can focus future investments on services and programs that are known to be effective.

Whole of Objective Success Measures:

- Service and program plans are developed based on existing evidence.
- Increasing involvement of Aboriginal staff and communities in evaluation and research.
- Research and evaluations successfully undertaken, published and shared.

#	Focus Areas	Strategic Initiatives	Responsibility (Lead in Bold)	KPIs and Success measure
2.1	Using existing evidence	Develop mechanisms to consolidate and share knowledge from existing research and evaluations with both clinical and policy staff in ACCHSs and MNCLHD. Use this evidence to support services and agencies to build planning and program development through: <ul style="list-style-type: none"> • Research Seminar Series • Short reports with a focus on translation • Research newsletter • Easy access to relevant literature 	DRKT DAH&PP DCG&IS MNCAHA	<ul style="list-style-type: none"> • Increased communication activities undertaken • Evidence that service and program plans are based on evidence
2.2	Meaningful evaluation	Ensure all major programs targeting Aboriginal people incorporate systematic evaluation through: <ul style="list-style-type: none"> • Training and support in evaluation methods and approaches that incorporate involvement of Aboriginal people • Developing templates and tools to assist program developers in planning evaluations that assess impact on Aboriginal people • Reporting mechanisms to share evaluation learnings 	DCG&IS SET	<ul style="list-style-type: none"> • Increased proportion of (All) programs with an evaluation plan that incorporates an Aboriginal experience perspective • Evaluations undertaken, reported and acted on
2.3	Formal research	Undertake and support research that is informed by Aboriginal people's perspective and experience, through: <ul style="list-style-type: none"> • Formal links with academic partners with expertise in Aboriginal health research • Community engagement and feedback loop for all research programs specifically targeting Aboriginal Communities • Research-focused professional development opportunities for Aboriginal staff • Seek research funding • Partner with ACCHSs in joint research projects 	DRKT DAH&PP MNCAHA SET	<ul style="list-style-type: none"> • Increase in the number of jointly conducted research activities • Increase in the number of research activities involving Aboriginal people • Increased number of Aboriginal staff undertaking research • Increase in published research regarding Aboriginal health by MNCLHD

Strategic Direction 3:

Ensuring integrated service planning and delivery

Objective: We reduce gaps and duplication of care, our services are of high quality and ensure Aboriginal people are at the centre of their health care journey.

Rationale: The healthcare system is complex and difficult to navigate for Aboriginal consumers and carers, and is further complicated by different funding arrangements that exist, which often lead to duplication and fragmented service provision.

By developing and delivering services in ways that streamline and simplify the system, and ensuring the needs of Aboriginal patients and carers are central, we can build an improved system for all. (See also Strategic Direction 1 – Building trust through partnerships). It requires greater focus on a person's needs, better communication and connectivity between health care providers in primary care, community and hospital settings, and better access to community-based services close to home.

Whole of Objective Success Measures:

- Aboriginal people report improved healthcare experiences.
- Partner health providers report improved continuity of care for their patients.
- Gaps in service utilisation are reduced.

#	Focus Areas	Strategic Initiatives	Responsibility (Lead in Bold)	KPIs and Success measure
3.1	Understanding community needs	<p>Ensure all planning and service development undertaken by the LHD consider and address the needs and interests of Aboriginal people through:</p> <ul style="list-style-type: none"> • NSW Aboriginal Health Impact Statement • Aboriginal staff representation on committees and service re-design working groups • Appropriate needs assessment and consultation 	SET	<ul style="list-style-type: none"> • 100% MNCLHD Plans, policies and strategies comply with the AHIS Policy Directive requirements • Increased proportion of plans, projects and service redesign initiatives with input from Aboriginal staff/leaders, partners and communities
3.2	Consumer engagement	<ul style="list-style-type: none"> • Involving partners (see SD1) • Work with consumers and other stakeholders to identify, define and implement holistic models of health and wellbeing that meet the needs of Aboriginal people 	<p>DCG&IS DAH&PP NCCCN/ GM CHHC GM PMBH/ HMCNC DMH&IC DPH</p>	<ul style="list-style-type: none"> • Aboriginal consumer/stakeholder engagement strategies developed, implemented and evaluated
3.3	Care pathways	<p>Work with local Aboriginal communities and key partners to clarify and integrate pathways of care across prevention, primary, secondary and tertiary services through:</p> <ul style="list-style-type: none"> • Enhanced referral processes • Outreach into Aboriginal communities and services • Jointly operated services • Support and follow-up care for patients accessing tertiary services out of district • Strategies to address Aboriginal unplanned readmissions and re-presentations to ED • Access to specialist services 	<p>GM PMBH/ HMCNC NCCCN/ GM CHHC DMH&IC DPH DAH&PP</p>	<ul style="list-style-type: none"> • Number of care models/pathways for Aboriginal people developed • Reduced discharge against medical advice • Reduced unplanned readmissions and re-presentations • Improved Patient Survey results re patient experience and other relevant measures • Effectively operating joint health programs in place
3.4	Transport	<ul style="list-style-type: none"> • Review and implement initiatives for transport options for Aboriginal people accessing health services: eg The No Way Home Project 	<p>DMH&IC GM PMBH/ HMCNC NCCCN/ GM CHHC</p>	<ul style="list-style-type: none"> • Discharge planning goals achieved – reduced ALOS • Reduced 'no show' to service appointments for Aboriginal people
3.5	Health Literacy	<p>Develop strategies to increase Aboriginal community awareness of the services and programs provided by MNCLHD and other partners through:</p> <ul style="list-style-type: none"> • Regularly attending and participating in Aboriginal events • Developing a District Health Literacy Strategy incorporating the principles of the MNCLHD Aboriginal Health Statement of Commitment and the Aboriginal Health Impact Statement requirements • Developing information brochures about MNCLHD services for Aboriginal people • Using social media to reach Aboriginal people – explore opportunities for social media to be interactive 	<p>DC&CS DMH&IC GM PMBH/ HMCNC NCCCN/ GM CHHC DAH&PP DPH</p>	<ul style="list-style-type: none"> • Increase Aboriginal participation rates in prevention and early intervention services and programs • Increase utilisation of services by Aboriginal People • Reduction of Aboriginal people presenting to ED in triage categories 4 and 5 • Health Literacy Strategy developed, implemented and evaluated

Strategic Direction 4: Strengthening Aboriginal Workforce

Objective: We attract, develop and sustain more Aboriginal people working across all sections of the MNCLHD.

Rationale: Having Aboriginal people employed across all levels and disciplines of MNCLHD is critical in building trust, confidence and improving access to healthcare for Aboriginal people.

Whole of Objective Success Measures:

- Increased number of Aboriginal people working for MNCLHD
- More Aboriginal people employed in senior management roles across MNCLHD.
- Aboriginal employees report positively in People Matter Employee Survey (PMES).

#	Focus Areas	Strategic Initiatives	Responsibility (Lead in Bold)	KPIs and Success measure
4.1	Aboriginal employment	<p>Continue to grow Aboriginal employment across all salary bands and disciplines through:</p> <ul style="list-style-type: none"> • Affirmative action principles to recruitment processes • Develop career pathways, traineeships through partnerships with key education providers • Implementation of the MNCLHD Aboriginal Workforce Plan initiatives • Aboriginal-identified position compliance <p>Develop Aboriginal staff capability to fill a range of roles through:</p> <ul style="list-style-type: none"> • secondments, short-term acting in higher roles, job shadowing and mentoring 	<p>DP&C SET</p>	<ul style="list-style-type: none"> • Continued increase of Aboriginal employment • Increased percent of Aboriginal workforce across salary range • Increased proportion of Aboriginal-identified positions currently filled continually at full compliance and capacity
4.2	Building capability	<p>Provide education and training opportunities for all Aboriginal staff through:</p> <ul style="list-style-type: none"> • NSW Health scholarship, cadetship and training programs • Access to continuing education and professional development opportunities • Aboriginal Career and Leadership Development Program • Continue to implement and evolve the Elsa Dixon school based trainee program 	<p>DP&C DNM&W DAH&PP</p>	<ul style="list-style-type: none"> • Number of completed scholarships, cadetships and training programs • Number of Aboriginal staff engaged in further studies
4.3	Career Pathways	<p>Develop the roles and scope of practice of Aboriginal Health workers:</p> <ul style="list-style-type: none"> • Review and align position descriptions under new Aboriginal Health Worker Award (State directions) including Aboriginal Health Practitioner roles • Establish and support career pathways into clinical positions for Aboriginal staff 	<p>DP&C DAH&PP</p>	<ul style="list-style-type: none"> • Review completed • Position descriptions updated and changes implemented • Number of Aboriginal Health Practitioner roles across MNCLHD

Strategic Direction 5:

Providing culturally competent work environment and health services

Objective: Aboriginal consumers, communities and employees always experience our services as welcoming, culturally safe and secure.

Rationale: Evidence shows that Aboriginal people are more likely to access health services where service providers communicate respectfully, build good relationships, have an awareness of the underlying social issues, as well as understanding of culture. It is important that cultural competence is demonstrated by all staff and at every interaction with the Aboriginal people. Cultural competency takes time to develop and it is important that it is reinforced regularly. It is also key that poor attitudes and racism are not tolerated within the organisation.

Whole of Objective Success Measures:

- Aboriginal patients report feeling respect and cultural safety.
- Aboriginal staff report feeling culturally safe.
- Aboriginal people are accessing services and programs in a timely way as appropriate to their needs.
- Proportion of Aboriginal patients leaving ED or discharging from hospital against medical advice is reducing.

#	Focus Areas	Strategic Initiatives	Responsibility (Lead in Bold)	KPIs and Success measure
5.1	Cultural competence	<p>Ensure all parts of the LHD operate in a culturally safe way, through:</p> <ul style="list-style-type: none"> • Embedding the MNCLHD Aboriginal Cultural Safety and Security Framework • Develop mechanism to address complaints of racism or culturally unsafe services/experiences, with escalation process identified • Evolve Respecting the Difference (RTD) training according to the evaluation findings and adopt a Continuous Quality Improvement (CQI) process for the training • Develop opportunities to reinforce cultural learnings eg mentoring programs for non-Aboriginal staff and nominating cultural respect champions 	<p>DAH&PP SET</p>	<ul style="list-style-type: none"> • 100% staff completion of eLearning training • 100% completion of face to face training • Staff survey results for Aboriginal employees continually improve
5.2	Patient Experiences	<ul style="list-style-type: none"> • Gather information on patient experience to enhance understanding and enable monitoring of progress towards culturally safe health services through targeted approaches for gathering and responding to Aboriginal patient stories (eg Aboriginal Patient Story Month – Targeted month) 	<p>DCG&IS SET NCCCN/ GM CHHC GM PMBH/ HMCNC DMH&IC</p>	<ul style="list-style-type: none"> • Increase number of patient stories that are from patients who identify as being Aboriginal • Reduce Discharge Against Medical Advice for Aboriginal inpatients (%)

Strategic Direction 6:

Strengthen performance monitoring, management and accountability

Objective: We are fully accountable for the services and outcomes we deliver to Aboriginal people and have effective ways of monitoring, managing and reporting.

Rationale: In order to achieve our vision and objectives as described in this plan, it is important to understand our progress, identify further opportunities, and actively drive the strategies and be transparent and accountable to our staff, the Aboriginal community and our partners.

Whole of Objective Success Measures:

- Responsibility for Aboriginal health outcomes is embraced across the organisation.
- Staff, partners and the community are aware of reports and current progress in addressing Aboriginal health.
- There is evidence the organisation responds to findings from data and feedback.

#	Focus Areas	Strategic Initiatives	Responsibility (Lead in Bold)	KPIs and Success measure
6.1	Leadership and governance	<p>Embed accountability and responsibility for Aboriginal Health at all levels of management through:</p> <ul style="list-style-type: none"> • Board sub-committee and regular reporting to Board • Specific accountabilities Closing The Gap (CTG) in position descriptions and performance agreements for all executives, managers and in all operational plans • Leaders modelling standards of cultural competence and proactively managing their services to achieve results 	CE SET Board	<ul style="list-style-type: none"> • Increase proportion of PDs, PAs and annual Operational Plans incorporate Aboriginal health responsibilities • Staff survey results • Examples of proactive leadership
6.2	Safety and Quality	<p>Embedding the National Safety and Quality Health Service Standards Aboriginal & Torres Strait Islander-specific actions across all LHD work units</p>	DCG&IS SET	<ul style="list-style-type: none"> • Accreditation action plans include Aboriginal & Torres Strait Islander-specific strategies • Relevant NSQHS standards met (in accreditation reviews)
6.3	Data and information	<p>Gather, analyse and make readily available meaningful and accurate quantitative and qualitative data that informs decision-making. Specific actions include:</p> <ul style="list-style-type: none"> • Strengthen adherence to the NSW Health Policy Directive PD12-42 Aboriginal and Torres Strait Islander Origin – Recording of Information of Patients and Clients • Review AH Report Card indicators to ensure they align with state KPIs and MNCLHD Service Level Agreement and identified local priority areas • Training for Aboriginal and other staff in the collection and use of data to inform their work • Ensure all indicators are accurately recorded against the latest data standards 	DCG&IS NCCCN/ GM CHHC GM PMBH/ HMCNC SET	<ul style="list-style-type: none"> • 100% compliance with PD2012_042 <1% of Unknown origin (including each directorate) – Improved Reporting of Aboriginality • Number of Aboriginal Health Staff accessing training to support their use of data • Aboriginal health staff statistics are up to date and accurate
6.4	Transparent reporting	<p>Ensure information relating to Aboriginal Health activity and performance is widely reported and accessible within the organisation, to partners and the Aboriginal community, through:</p> <ul style="list-style-type: none"> • Ensuring regular reports and data tools enable reporting by Aboriginality wherever relevant and are accessible to all staff requiring this information for their work • Promote and celebrate success stories • Consolidate reporting on Aboriginal health where appropriate, and ensure alignment between different reports to streamline and clarify reporting responsibilities 	DCG&IS DAH&PP SET	<ul style="list-style-type: none"> • All Aboriginal health reports or those incorporating Close the Gap measures are completed on time and widely distributed • Aboriginal Health Report Card monitor active or actioned • Reporting on the KPI/Success Measure of the MNCLHD Aboriginal Health plan completed annually
6.5	Transparent costings and analysis on Aboriginal Health expenditure	<p>Ensure process for understanding impact of Aboriginal Healthcare expenditure through:</p> <ul style="list-style-type: none"> • Undertake scoping projects that reviews health care and expenditure associated with Health Care of Aboriginal people • Use of results in future service planning 	DFOAM DAH&PP	<ul style="list-style-type: none"> • Annual reporting available to the Governing Board CTG Board Subcommittee and SET

Implementation

This is a strategic level plan that guides activity over five years. Each Directorate and Service in the LHD will ensure they incorporate specific actions annually in their operational plan to address the Strategic Initiatives that are relevant to them. In planning, delivering and evaluating these actions it is important that the principles outlined in the MNCLHD Aboriginal Health Statement of Commitment are adhered to at all times.

Monitoring and Evaluation of the Aboriginal Health Plan

Monitoring our implementation and evaluating outcomes are important steps in ensuring we achieve the objectives of the MNCLHD Aboriginal Health Plan. To support the monitoring and evaluation, responsibility has been assigned for each Focus Area / Strategic Initiative and these staff will be responsible for providing progress assessments.

The monitoring and evaluation objectives are to:

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

Monitoring of the Plan's implementation and progress will be incorporated into existing Aboriginal Health reporting and committee structures.

Reporting on the MNCLHD Aboriginal Health Plan

A specific report against each Strategic Direction and Focus Area will be provided annually, outlining achievements, risks and mitigating strategies:

- Key indicators from the Aboriginal Health Plan will be incorporated into the Aboriginal Health Report Card where appropriate.
- Strategic Initiatives from the Aboriginal Health Plan (where relevant) will be incorporated into the MNCLHD Annual Operational Plan. Reporting on these initiatives will occur as part of the Operational Plan reporting cycle.
- An annual Aboriginal Health Plan report will be available for distribution across all sections of the LHD and to partners and communities to support transparency. This report will consolidate all reporting information relevant to the initiatives, KPIs and measures of the Aboriginal Health Plan.

Consistent reporting on all measures/KPIs, of the Plan and other key Aboriginal Health strategic initiatives will be achieved through alignment with the NSW Aboriginal Health Dashboard Data Specifications and local reporting specifications for measures that are not included in the NSW Aboriginal Health Dashboard.



Appendix 1: Key Partnership Organisations

Durri Aboriginal Corporation Medical Service, Kempsey

The Durri Aboriginal Corporation Medical Service (Durri) was established in 1976. The name Durri means "to grow in good health" and was bestowed on the organisation by members of the local Aboriginal community. Located in Kempsey, approximately half-way between Brisbane and Sydney, Durri is on the traditional land of the Dughutti people.

In addition to the medical clinic, Durri offers an extensive range of health care services, many of which offer outreach clinics and home visits.

Further information can be found at:
<http://durri.org.au/>

Galambila Aboriginal Health Service Incorporated, Coffs Harbour

Galambila Aboriginal Health Service Inc (Galambila) is a not-for-profit Aboriginal Medical Service which has been delivering services to the Coffs Harbour community since 2002. Galambila has operated independently since 2008, continuing to develop services to include acute and chronic care and links to more than 30 service providers in the Coffs Harbour area.

Services are provided to communities based in Woolgoolga, Urunga and out to Dorrigo. Galambila's goal is to provide greater choices to our mob to improve health at all stages of life.

Further information can be found at:
<http://galambila.org/>

North Coast Primary Health Network (NCPHN)

HealthyNorth Coast Limited commenced operations in 2012 and is a not for profit organisation whose principal activity is to provide better health for North Coast communities.

Healthy North Coast was appointed as the North Coast Primary Health Network in 2015 to work with primary health care (health services provided outside of hospitals) and the broader health sector.

North Coast Primary Health Network covers the combined geographical regions of Northern NSW Local Health District and Mid North Coast Local Health District.

Further information is available at:
<https://ncphn.org.au/>

Werin Aboriginal Corporation, Port Macquarie

Werin Aboriginal Corporation has been providing primary health care services to the Aboriginal and Torres Strait Islander people of the Port Macquarie-Hastings Local Government Area since 1 June 2006. Werin's mission is to: respect and promote the rights of Aboriginal people in the Hastings area, by ensuring that our health services are available, appropriate, accessible, affordable, and of good quality.

Werin provides specialist services, child and family team and Aboriginal health workers. The service is located in Lake Road, Port Macquarie.

Appendix 2: Glossary of Terms

Term	Definition
Aboriginal Community Control	"Community control is the local community having control of issues that directly affect their community". Implicit in this definition is the clear statement that Aboriginal people must determine and control the pace, shape and manner of change and decision-making at all levels.
Aboriginal Community Controlled Health Organisations (ACCHOS) (Also referred to as Aboriginal Medical Service –AMS)	An incorporated Aboriginal organisation initiated by, and based in, a local Aboriginal community, which delivers a holistic and culturally appropriate health service to the community that controls it. Services operated and controlled by the Aboriginal communities they serve is the preferred model for the delivery of primary health care in the Close the Gap Campaign. ACCHOs provide a vast range of care supporting complex health needs, and in a way that is culturally appropriate to the communities they operate in. By knowing what any given community's health needs are and how to address them, they give strength to the community. In this way they are able to reach under-served Aboriginal patients, which is the key intent in Closing The Gap in Aboriginal disadvantage.
Aboriginal Health and Medical Research Council of NSW (AH&MRC)	The AH&MRC is the peak representative body of Aboriginal communities on health in NSW. AH&MRC represents their members, the Aboriginal Community Controlled Health Services.
MNC Aboriginal Health Report Card (MNC AH RC)	The report card provides information on the health disparity between Aboriginal and non-Aboriginal people for key health indicators including health outcomes, determinants of health and health systems performance.
NSW Aboriginal Health Dashboard	The NSW Aboriginal Health Dashboard is a summary of the NSW Aboriginal Health Chief Health Officer's Report. The dashboard provides information on the health disparity between Aboriginal and non-Aboriginal people for key health indicators including health outcomes, determinants of health and health systems performance. (Source: NSW Health website)
Closing the Gap (CTG)	This refers to a policy commitment in 2008 made by all Australian governments, through the Council of Australian Governments (COAG), to close the gap in life expectancy between Aboriginal and non-Aboriginal people within a generation. This term is used throughout this Plan to refer to the disparity between Aboriginal and non-Aboriginal people in NSW in accessing health services, receiving equitable care, and experiencing the same health outcomes. Although there is a policy focus on 'Closing The Gap', improving the health of Aboriginal people is the most important goal, whether there is inequality between Aboriginal and non-Aboriginal people or not. (Report of the Chief Health Officer, NSW 2012)
Country	A term used by Aboriginal people to refer to the land to which they belong and their place of Dreaming. Aboriginal language usage of the word country is much broader than standard English.
Culture	The accepted and traditionally patterned ways of behaving and a set of common understandings shared by members of a group or community. This includes land, language, ways of living and working artistic expression, relationships and identity.
Cultural Respect	The recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal people.
Cultural Responsiveness	An extension of patient-centred care that includes paying particular attention to social and cultural factors in managing medical encounters with patients from different cultural and social backgrounds.

Term	Definition
Elders	Key persons and keepers of knowledge within Aboriginal communities.
Indigenous	Native to a place or area, originating in and characterising a particular region or country.
Local Health District (LHD)	LHDs are responsible for the delivery of healthcare services to a geographically defined, local population, across a wide range of settings, and within the framework of a Service Agreement with the Ministry of Health, for the purpose of maximising the health of its local population.
Primary Health Network (PHN)	On 1 July 2015, the Australian Government established 31 PHNs as independent primary health care organisations, located throughout Australia. PHNs work to reorient and reform the primary health care system by taking a patient-centred approach to medical services in their regions. They have three main roles: <ul style="list-style-type: none"> • They commission health services to meet the identified and prioritised needs of people in their regions and address identified gaps in primary health care. • Through practice support, they work closely with general practitioners (GPs) and other health professionals to build health workforce capacity and the delivery of high quality care. • They work collaboratively within their regions to integrate health services at the local level to create a better experience for patients, encourage better use of health resources, and eliminate service duplication. <p>The Australian Government has identified seven priority areas to guide the work of PHNs. These include mental health, Aboriginal and Torres Strait Islander health, population health, digital health, health workforce, aged care, and alcohol and other drugs.</p>
Ministry of Health	The Ministry supports the executive and statutory roles of the NSW Minister for Health and monitors the performance of the NSW public health system, known as NSW Health.
Not for profit/non-government organisations (NGOs)	There are numerous not-for-profit/non-government organisations that provide health services and programs at state and community levels. These organisations can receive funding from government and other charitable sources.
Partnership	Cooperation to ensure that the expertise and experience of the Aboriginal community controlled health sector is brought to health care processes. This expertise comprises knowledge of Aboriginal culture and health care, and clinical service provision of the AH&MRC's constituent services.
Patient-centred care	Patient-centred care is health care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers. The widely accepted dimensions of patient-centred care are respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of family and carers, and access to care. Surveys measuring patients' experience of health care are typically based on these domains. (Source: Patient-centred Care: Improving Quality and Safety by Focusing on Patients and Consumers. Discussion paper, Sept 2010)
Private sector	There are numerous private providers of health services that can include general practitioners, specialists and hospitals.

Appendix 3: Strategic Links

Figure 3 – MNCLHD Aboriginal Health Plan and links to Strategic documents and frameworks

Strategic Links				Strategic Links		
MNCLHD Aboriginal Health Plan Strategic Directions	MNCLHD Aboriginal Health Plan Objectives	MNCLHD Strategic Plan		NSW Aboriginal Health Plan	Cultural Respect Framework (Enabling Domains)	NSQHS Standards – (Actions for Aboriginal and Torres Strait Islander Health)
Core Strategy: Providing services that improve the health and wellbeing of Aboriginal people	The health of Aboriginal people in our region is improving and approaching or equals that of non-Aboriginal people	Integrated Care			All	Addressing Health needs of Aboriginal and Torres Strait Islander people (Action 1.2)
SD1: Building trust through partnerships	We have strong and effective partnerships with Aboriginal people, communities and partner organisations and work together to develop priorities, plan, deliver and evaluate services	People, Patients and the Community	Closing the Gap	SD 1: Building trust through partnerships	Stakeholder partnership and collaboration (ED5)	Working in partnership (Action 2.13)
SD2: Implementing what works and building the evidence	Our services are based on evidence of what works and we contribute to continually building the evidence	Innovation and Research		SD 2: Implementing what works and building the evidence	Data, planning, research and evaluation (ED6)	Addressing Health needs of Aboriginal and Torres Strait Islander people (Action 1.2)
SD3: Ensuring integrated planning and service delivery	We reduce gaps and duplication of care, our services are of high quality and ensure Aboriginal people are at the centre of their health care journey	Integrated Care		SD 3: Ensuring integrated planning and service delivery	Consumer participation and engagement (ED4)	Creating a welcoming environment (Action 1.33)
SD4: Strengthening Aboriginal Workforce	We attract, develop and sustain more Aboriginal people working across all sections of the MNCLHD	Leadership, Workforce & Culture		SD 4: Strengthening Aboriginal Workforce	Workforce development and training (ED3)	
SD5: Providing culturally safe work environments and health services	Aboriginal consumers, communities and employees always experience our services as welcoming, culturally safe and secure	Safety and Quality Leadership, Workforce & Culture		SD 5: Providing culturally safe work environments and health services	All	Improving cultural competency (Action 1.21) Identifying people of Aboriginal and Torres Strait Islander origin (Action 5.8)
SD6: Strengthening performance monitoring, management and accountability	We are fully accountable for the services and outcomes we deliver to Aboriginal people and have effective ways of monitoring, managing and reporting	Value and Accountability		SD 6: Providing culturally safe work environments and health services	Whole of organisation approach and commitment (ED1)	Implementing and monitoring targeted strategies (Action 1.4)

Acronyms

Abbreviation	Description
ACCHO	Aboriginal Community Controlled Health Organisations
AMS	Aboriginal Medical Service
CE	Chief Executive
CTG	Closing the Gap
DAH&PP	Director Aboriginal Health and Primary Partnerships
DCG&IS	Director Clinical Governance and Information Services
DC&CS	Director Communications and Corporate Strategy
DFOAM	Director Financial Operations and Asset Management
DMH&IC	Director Mental Health and Integrated Care
DoN	Director of Nursing
DNM	Director Nursing, Midwifery & Service Reform
DP&C	Director People & Culture
DPHU	Director Public Health
DRKT	Director Research and Knowledge Translation
D&A	Drug and Alcohol
ED	Emergency Department
GM PMBH/ HMCNC	General Manager Port Macquarie Base hospital/ Hastings Macleay Clinical Network Coordinator
GB	Governing Board
KPI	Key Performance Indicator
MNCAHA	Mid North Coast Aboriginal Health Authority
MNCLHD	Mid North Coast Local Health District
NCCCN/GM CHHC	Network Coordinator Coffs Clinical Network / General Manager Coffs Harbour Health Campus
NGO	Non-Government Organisation
NCPHN	North Coast Primary Health Network
OOHC	Out of Home Care
SET	Senior Executive Team



