NSW GOVERNMENT

NSW Aboriginal Health Governance, Shared Decision Making and Accountability Framework

The Artwork

The NSW Aboriginal Health Governance, Shared Decision-Making and Accountability Framework uses elements from the NSW Aboriginal Health Plan artwork. The artwork was created by Lakkari Pitt, a proud Gamilaroi yinarr (woman) from Walgett, New South Wales. This artwork is inspired by self-determination for Aboriginal communities and the knowledge that her Elders and significant people in her life have passed down throughout generations. Lakkari has interpreted the Priority Reform Areas of the NSW Aboriginal Health Plan by carefully curating symbols that tell a story. The artwork aims to act as a visual reminder to remain committed to a holistic, Aboriginal-led approach to health.

For more information on the artwork, please refer to Appendix 3.

Acknowledgements

The NSW Ministry of Health (MOH) and the Aboriginal Health and Medical Research Council of NSW (AH&MRC) acknowledge the valuable support of Aboriginal and non-Aboriginal staff from across NSW in NSW Health and the Aboriginal Community Controlled sector who participated in multiple rounds of consultations interviews, workshops and surveys, and contributors who provided written submissions that have informed and shaped the NSW Aboriginal Health Governance, Shared Decision Making and Accountability Framework.

Acknowledgement of Country

The MOH acknowledges Aboriginal people as the traditional custodians of the lands and waters of NSW and pays respect to Elders past, present and future. In this report, Aboriginal and Torres Strait Islander people are referred to as Aboriginal people in recognition that Aboriginal people are the original inhabitants of NSW.

Definition of Aboriginal health

Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.[1]

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Artwork by Lakkari Pitt.

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Content

A message from the

Secretary, NSW Health

The launch of the first NSW Aboriginal Health Governance, Shared Decision-Making and Accountability Framework marks a significant moment in NSW Health in addressing health inequity for Aboriginal people through enabling Aboriginal self-determination and strengthening accountability for Aboriginal health in NSW Health.

The vision of the NSW Aboriginal Health Plan 2024-2024 is 'sharing power in system reform'. The Framework is a critical enabler to achieving this vision, through ensuring that all decisions and governance structures in NSW Health that impact Aboriginal people include Aboriginal voices and leadership. All Aboriginal voices in the NSW Health system, including our partnerships with the Aboriginal Community Controlled Sector, the role of Aboriginal NSW Health staff and the voices of Aboriginal Community members across NSW, are vital to achieve this vision and address health inequity.

A key strength of this Framework is that it is grounded in the voices of Aboriginal people from across NSW. The Framework has been developed to not only capture the diversity of services and programs in NSW Health but strengthen Aboriginal governance and shared decision making across all health services that impact Aboriginal people.

Accountability for Aboriginal health across the NSW Health system is fundamental to the success of this Framework. It is critical that all of us in NSW Health are committed to and held accountable for improving Aboriginal health outcomes and providing culturally safe health services and programs that are free of racism.

There is a responsibility for all staff in NSW Health to implement the principles of this Framework. I encourage everyone to review what decisions, governance structures and accountability mechanisms exists in your work settings and how the principles can be embedded. The descriptions of what success looks like for each principle at each level of decision making and governance should guide your work as we all work towards ensuring a better health system for Aboriginal people.

I am confident that our strong commitment to Aboriginal people in NSW Health to strengthen Aboriginal governance, shared decision-making and accountability, as outlined in this Framework, will make a positive difference to the health and wellbeing of Aboriginal people in NSW.

Susan Pearce AM
Secretary, NSW Health

A message from the

Interim Chief Executive Officer, Aboriginal Health and Medical Research Council of NSW

The NSW Aboriginal Health Governance, Shared-Decision Making and Accountability Framework provides a much-needed foundation to deliver meaningful change and transformation within the NSW Health system. The AH&MRC recognises the Framework as a significant step in guiding the system to promote transparent, effective and accessible health programs and policies to Aboriginal people in NSW.

In addressing the health challenges faced by our communities, the Framework recognises the importance of shared decision making and genuine partnership with Aboriginal Community Controlled Health Organisations in driving the required change.

The Framework seeks to transform the health system to ensure it is responsive to the needs of Aboriginal people. This will rely on understanding the social determinants of health, including how historic factors have directly contributed to health and wellbeing outcomes.

A strong governance and accountability framework relies on the genuine representation of Aboriginal people at all levels of decision making. By developing the Framework to improve communication and escalation pathways, Aboriginal communities will be empowered to effect positive change.

This document marks a crucial step in achieving the reforms necessary for advancing health equity in Aboriginal communities. A strong health system is responsive to community needs and seeks to improve transparency, monitoring and accountability at all levels. In guiding the health system to recognise and respond to discrimination, racism and inequity, we are hopeful the Framework will work to address known governance and accountability gaps and increase the cultural safety of the current system.

The principles outlined in the Framework are not just aspirational but intended to be actionable across the whole NSW Health system. We look forward to working with NSW Health in transforming systems and services to better meet the needs of Aboriginal people and communities in NSW.

Nicole Turner
Interim Chief Executive Officer, AH&MRC

Framework on a page

Principles

- Aboriginal people are embedded into decision-making processes and governance structures that impact Aboriginal people in NSW Health
- Aboriginal NSW Health staff are recognised in the NSW Health system and are supported and empowered to participate in shared decision making, governance and structures
- NSW Health and the Aboriginal Community Controlled sector have strong partnership mechanisms
- The NSW Health system is held accountable for Aboriginal Health outcomes

Underpinned by the concepts of Self Determination, Shared Decision Making and System Accountability

Embeds the Priority Reform Areas of the National Agreement on Closing the Gap

NSW Health Levels of Decision-Making & Governance

Patient, Carer, Family & Community:
clinical & operational decisions that have a direct impact on patient care

Program, Ward & Service Management:
clinical & operational decisions on how programs and wards are designed, managed and structured

Hospital & Health Facility:
decisions & governance structures that manage NSW Health facilities

LHD/SHN Management:
decisions & governance structures that manage LHD/SHN organisations

NSW Health System Management:
decisions & governance structures that manage NSW Health systems, including MOH, Pillars, Shared & Statewide services

Purpose of the Framework

The NSW Aboriginal Health Governance, Shared Decision Making and Accountability Framework (the Framework) aims to improve outcomes for Aboriginal people in NSW through:

- embedding and amplifying Aboriginal voices and leadership within NSW Health policies, procedures, and structures as a determinant of health and wellbeing for Aboriginal people,
- implementing the concepts of shared decision making and self-determination in the NSW Health system for Aboriginal health to ensure Aboriginal voices are included in a culturally safe way using Aboriginal methods of decision making,
- embedding and including Aboriginal people in the design, delivery, monitoring and evaluation of all NSW Health programs and policies to ensure they are culturally accessible, safe and address the needs of Aboriginal people,
- strengthening the accountability between NSW Health and NSW Aboriginal Communities through increasing the transparency of policy, procedure, structural and financial decisions made across the system for Aboriginal health,
- building upon and strengthening partnerships between NSW Health and Aboriginal Community Controlled Organisations (ACCOs) to enable integrated, coordinated and continued care for Aboriginal people.

This Framework focuses on transforming NSW Health systems, structures and processes to enable shared decision making with Aboriginal people. This Framework:

- is grounded in the principle that the NSW Health system needs to change to embed Aboriginal governance and accountability, rather than creating additional governance and bureaucracy for Aboriginal Communities,
- is not a NSW Government wide framework. Aboriginal Affairs NSW (AANSW) leads a range of priority reforms which establish whole of government approaches to partnership, governance and accountability, including the Opportunity, Choice, Healing, Responsibility and Empowerment (OCHRE) framework, Local Decision Making (LDM) program and the National Agreement on Closing the Gap (CTG) mechanisms[2],
- is designed to transform all NSW Health systems, structures, and processes, including systems that work in partnership with other government and non-government stakeholders, for example partnership agreements, funding contracts and joint programs and procedures.

How to use this Framework

The goal of this Framework is to outline the 'gold standard' for Aboriginal governance, shared decision-making and accountability within NSW Health. This Framework has four principles to guide and embed these concepts in NSW Health. Each principle in the framework includes:

- the aim of the principle and why it is important,
- what success looks like for each principle for the NSW Health system,
- what success looks like for each principle at each level of decision-making and governance in NSW Health,
- case studies of what the principle looks like in practice for NSW Health.

The Framework will be accompanied by a robust 'NSW Aboriginal Health Governance and Accountability Maturity Matrix' and a 'NSW Health and ACCO Partnership Matrix'. These matrices are monitoring and accountability tools for the Framework. These tools will enable all NSW Health services to assess their maturity in enacting the principles of the Framework and outline a maturity journey for how they can enact success.

The Framework will be supported through an implementation plan which will outline the actions needed to implement what success looks like for each principle in NSW Health. Once implemented, it will be a part of business-as-usual processes in NSW Health. The Framework will be reviewed and updated as needed to ensure that it is a live tool that achieves its purpose.

Development of the Framework

The Framework has been developed as a partnership between NSW Health and the AH&MRC. Throughout the development of the framework, emphasis was placed on ensuring that the process embodied the key concepts of shared decision-making and self-determination.

The following methods were used to develop the Framework:

- a literature review of both national and international material, publications, policies and frameworks to identify best practice governance and accountability, fundamentals, mechanisms, models and frameworks, with a focus on First Nations people in Australia, Canada, Aotearoa (New Zealand) and the United States,
- a review of existing Aboriginal governance mechanisms in NSW Health, across the NSW Government and other State and Territory departments,
- extensive consultation with Aboriginal stakeholders that prioritised cultural responsiveness, safety and adaptability to local environments. This included two phases of consultation throughout the development of the Framework with:
  - Aboriginal Community Controlled Health Organisations (ACCHOs) in metropolitan, regional and rural areas of NSW,
  - Aboriginal NSW Health staff across metropolitan, rural, and regional Local Health Districts (LHDs) and Specialty Health Networks (SHNs), including Directors of Aboriginal health and Aboriginal staff in a range of positions. This included Aboriginal Health Workers (AHWs), Aboriginal Health Practitioners (AHPs), Aboriginal Liaison Officers (ALOs), clinicians, program and administration officers, public health staff, chronic care coordinators and social workers,
  - NSW Health Aboriginal staff within the MOH, NSW Health Pillars and Statewide Health Services,
  - senior Aboriginal staff in other NSW Government organisations,
  - senior Executive NSW Health staff, including Chief Executives from metropolitan, rural, and regional LHDs and SHNs,
- a review of previous consultations with Aboriginal stakeholders in NSW, including consultations with Aboriginal Communities, ACCOs and NSW Health Aboriginal staff,
- advice provided by NSW Health strategic forums, including the NSW Aboriginal Health Transformation Committee, NSW LHD/SHN Aboriginal Health Directors Committee, NSW Health Senior Executive Forum and Ministry Executive Meeting.

The principles for the Framework were developed in response to consultations with Aboriginal stakeholders across NSW, who reported that the Framework needs to:

- be adaptable to local contexts,
- amplify and embed Aboriginal voices into NSW Health systems without being prescriptive,
- strengthen Aboriginal voices within the system without creating additional governance processes that overburden Aboriginal people.

Shared decision making and self-determination

Consultations with NSW Aboriginal stakeholders, a review of the national and international evidence and CTG confirmed that health and wellbeing outcomes for Aboriginal people are improved with a self-determined approach.

Under the United Nations Declaration on the Rights of Indigenous Peoples, self-determination is the human right of Indigenous people to control their own affairs and make meaningful decisions about their lives to fulfil their physical, emotional, cultural, spiritual, political, and economic needs. Shared decision making is an example of self-determination in practice.

Strategic context

There are several dependencies and enablers that are critical to the success of the Framework. These dependencies are addressed through multiple national and NSW policies and strategies that aim to improve Aboriginal health.

NSW and National policies and strategies

The vision of the NSW Aboriginal Health Plan is 'sharing power in system reform to achieve the highest levels of health and wellbeing for Aboriginal people'. The elevation of the voices of Aboriginal people across all levels of decision making in NSW Health is critical to the implementation of the NSW Aboriginal Health Plan. The Framework is a tool to enable the vision of the plan to be implemented in NSW Health through embedding the principles of self-determination, shared decision making and accountability for Aboriginal health[3].

Future Health: Guiding the next decade of health care in NSW 2022-2032 is a roadmap for NSW Health for how it delivers services over the coming decade. The Framework supports the implementation of some of Future Health's key objectives:

1.1: Partner with patients and communities to make decisions about their own care

1.4: Partner with consumers in co-design and implementation of models of care

2.3: Connect with partners to deliver integrated care services

3.5: Close the Gap by prioritising care and programs for Aboriginal people

6.1: Drive value based healthcare that prioritises outcomes and collaboration

6.4: Align our governance and leaders to support the system and deliver the outcomes of Future Health[4]

The NSW Regional Health Strategic Plan 2022–2032 guides NSW Health's strategic focus in regional, rural and remote communities for the next 10 years[5]. Its vision is for a sustainable, equitable and integrated health system that delivers outcomes for patients and communities in regional, rural and remote NSW.

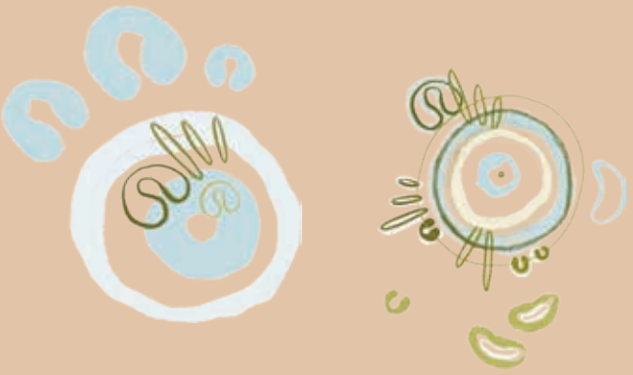
The Aboriginal Workforce Composition Policy Directive provides direction to LHDs, SHNs and other NSW Health organisations on growing and developing their Aboriginal workforces. Although NSW Health Aboriginal Workforce is outside the scope of this Framework, it is a critical dependency and enabler to the Framework's success[6].

The Framework aims to support the implementation of the Priority Reform Areas from the National Agreement on Closing the Gap (CTG) and respond to the concerns raised in the 2024 Productivity Commission report[7]. The Framework is an action of the *2022-2024 NSW Implementation Plan for Closing the Gap*.

The National Agreement on Closing the Gap:

- was signed in 2020 by all Australian jurisdictions and the Coalition of Aboriginal Peak Organisations, as the representative of Aboriginal people,
- governs the ways in which Australian Governments and Aboriginal people work together to overcome the inequalities experienced by Aboriginal people because of colonisation and subsequent institutional racism, intergenerational trauma, and social exclusion,
- is underpinned by the recognition that new ways of working were required to achieve meaningful change and that better outcomes are achieved when Aboriginal people have a genuine say in the design and delivery of services that affect them.

Interconnected Priority Reforms



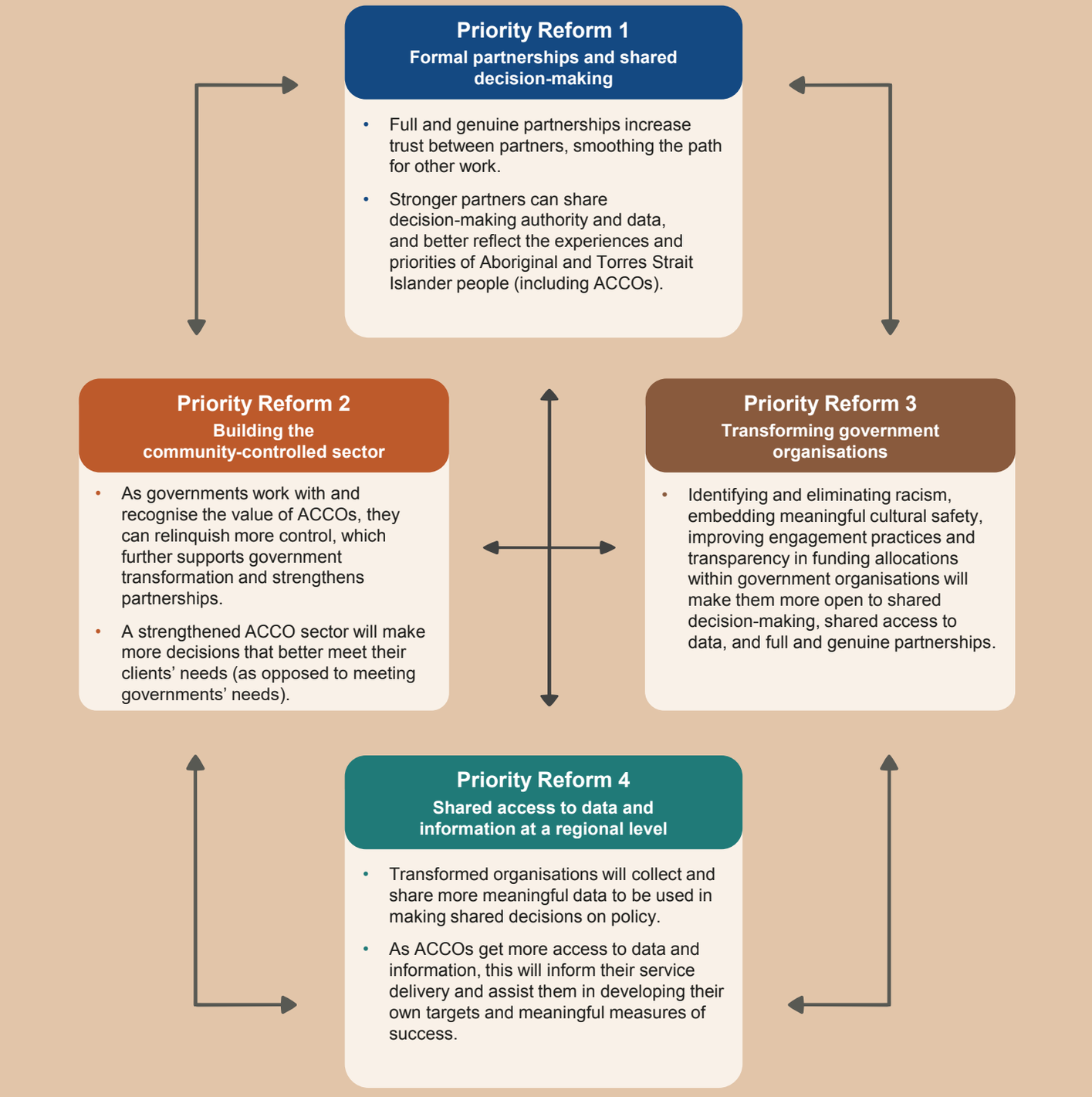


Figure 1: How the Priority Reforms are closely interconnected, taken from page 68 of the Draft report – Review of the National Agreement on Closing the Gap (pc.gov.au) Acknowledging this diagram excludes the NSW-specific Priority Reform 5.

NSW Health corporate and clinical governance structures

The Framework has been developed within the context of NSW Health's existing corporate and clinical governance structures. The Framework aims to strengthen these existing governance structures through embedding and amplifying Aboriginal voices, shared decision making and self-determination.

The NSW Health Performance Framework provides a clear and transparent outline of how LHDs, SHNs and NSW Health support services' performance is assessed and how responses to performance concerns are structured and managed. Service Agreements are a central component of the Performance Framework. By setting out service and performance expectations and funding, they support the evolution of decision making, responsibility and accountability for safe, high quality, patient centred care to LHDs, other health services and support organisations. The Framework includes objectives to ensure that LHD health plans and programs are developed in partnership with Aboriginal people and reflect Aboriginal health priorities, as identified by Aboriginal services and communities[8].

The NSW Health Corporate Governance and Accountability Compendium outlines the governance requirements for NSW Health organisations, as well as setting out their roles, responsibilities and relationships. The Compendium outlines how the NSW Health system will be held accountable for Aboriginal health. The Compendium sets out the key elements of a robust governance framework for organisations within the Health portfolio and are underpinned by the seven governance standards:

1. Establish robust governance and oversight frameworks
2. Ensure clinical responsibilities are clearly allocated and understood
3. Set the strategic direction for the organisation and its services
4. Monitor financial and service delivery performance
5. Maintain high standards of professional and ethical conduct
6. Involve stakeholders in decisions that affect them
7. Establish sound audit and risk management practices[9].

The NSW Health Clinical Governance in NSW Policy Directive (PD2024_010) outlines key requirements for effective clinical governance to ensure the best clinical outcomes possible[10]. NSW public health services are accredited against the National Safety and Quality Health Service Standards (NSQHS) to provide a quality assurance mechanism that assesses whether appropriate systems are in place to ensure that expected standards of safety and quality are met. Within the NSQHS Standards, six actions have been identified to specifically meet the needs of Aboriginal people. These are:

1. The health service organisation works in partnership with Aboriginal communities to meet their healthcare needs
2. The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal people
3. The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal people
4. The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal patients
5. The health service organisation demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of Aboriginal people
6. The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal origin, and to record this information in administrative and clinical information systems[11].

NSW Aboriginal Health Governance, Shared Decision Making & Accountability Principles

The principles of the Framework are:

- **Aboriginal people are embedded into decision-making processes and governance structures that impact Aboriginal people in NSW Health**
- **Aboriginal NSW Health staff are recognised in the NSW Health system and are supported and empowered to participate in shared decision making, governance and structures**
- **NSW Health and the Aboriginal Community Controlled sector have strong partnership mechanisms**
- **The NSW Health system is held accountable for Aboriginal Health outcomes**

These principles have been developed to:

- embed the key concepts of shared decision making, self-determination and accountability in NSW Health,
- support the implementation of the Priority Reforms Areas from CTG,
- be applicable across each NSW Health level of decision making and governance,
- strengthen partnerships between NSW Health and ACCOs.

The NSW Health levels of decision making and governance are:

Patient, Carer, Family & Community:
clinical & operational decisions that have a direct impact on patient care

Program, Ward & Service Management:
clinical & operational decisions on how programs and wards are designed, managed and structured

Hospital & Health Facility:
decisions & governance structures that manage NSW Health facilities

LHD/SHN Management:
decisions & governance structures that manage LHD/SHN organisations

NSW Health System Management:
decisions & governance structures that manage NSW Health systems, including MOH, Pillars, Shared & Statewide services

The principles are applicable at each of the NSW Health levels of decision making and governance. These levels were developed:

- following consultations with stakeholders on the need of the framework to be applicable across the NSW Health system,
- to reflect the different decisions that have been identified across the NSW Health system,
- to capture the different contexts and environments within the NSW Health system.

Principle 1

Aboriginal people are embedded into decision-making processes and governance structures that impact Aboriginal people in NSW Health

What is the aim of this principle?

This principle aims to:

- recognise that when Aboriginal people lead and participate in shared decision making in program and policy design, delivery and evaluation, NSW Health services are more culturally safe and accessible for Aboriginal people,
- embed Aboriginal people and voices into each level of decision making and governance in NSW Health to achieve better outcomes for Aboriginal people,
- value, embed and amplify the roles and voices of different Aboriginal people within and in partnership with the NSW Health system, including:
  - Aboriginal patients, families and community members across NSW,
  - Aboriginal NSW Health staff,
  - ACCOs,
  - Aboriginal Community Controlled Peak Organisations.

> "I, as one Aboriginal person, can't be expected to speak on behalf of all Aboriginal people. If I am the only Aboriginal person on a Committee, this isn't culturally safe."
>
> **ACCHO CEO,**
> **Community Controlled Organization**

Why is this important?

To embed the concepts of self-determination and shared decision-making into NSW Health governance structures, Aboriginal people need to be embedded into decision-making processes and governance structures that impact Aboriginal people in NSW Health.

For this principle to be effectively implemented, it is critical that:

- NSW Health recognises that shared decision-making requires governments to relinquish some power and authority to make decisions,
- Aboriginal people are recognised as equal partners in governance structures to collaborate and co-design decisions, and not a tokenistic part of a consultation process,
- Aboriginal voices are embedded into existing NSW Health governance structures, and this is implemented into NSW Health Clinical, Operational and Management Processes.

This principle does not mean that non-Aboriginal people are not responsible for Aboriginal health. The risk in the implementation of this principle is that Aboriginal people, particularly Aboriginal NSW Health staff, have an increased cultural load. This is the invisible workload employers knowingly or unknowingly place on Aboriginal employees to provide cultural knowledge, education and support without any formal alteration to their workload[12].

Rather, this principle focuses on transforming NSW Health systems to empower and enable Aboriginal people to work in partnership with non-Aboriginal NSW Health staff. Non-Aboriginal NSW Health leaders at each level of decision making and governance should work with Aboriginal stakeholders to listen to how they would like to participate in shared decision making to ensure that their cultural load isn't increased, is acknowledged and that their voice and leadership is heard, amplified and valued to ensure that NSW Health services and programs are culturally safe, responsive and improve outcomes for Aboriginal people.

What does success look like for the NSW Health system?

NSW Health systems, processes and governance structures embed multiple Aboriginal voices at each level of decision making & governance, to ensure that Aboriginal people participate in shared decision making for decisions that impact Aboriginal people. NSW Health systems are transformed to recognise Aboriginal people as equal partners, without increasing the cultural load for Aboriginal people. There is a standardised section for NSW Health terms of references for the role and responsibility of identified Aboriginal positions on committees to ensure they are culturally safe and facilitate shared decision making.

> "Having Aboriginal people on [LHD/SHN] Boards is critical, so that there are Aboriginal voices at the top [of governance structures]."
>
> **ACCHO staff member**

> "Aboriginal people should be making decisions for Aboriginal people."
>
> **AHP, NSW Health, metro consultation**

What does success look like for this principle at each level of NSW Health decision making and governance?

Patient, Carer, Family & Community

- Aboriginal patients, carers and their families are listened to and included in decision making using the 'Finding your way: a shared decision making model created by mob, for mob'. This is a culturally adapted shared decision making model so that Aboriginal people can feel safe and trusted to make informed decisions based on their values and beliefs.
- Aboriginal patients and families connect with NSW Health staff in a holistic and meaningful way and feel safe, trusted and respected as equal participants, allowing them to make informed decisions. There are formal processes in place to listen, document and report on the experiences and feedback of Aboriginal patients, carers and families.
- Aboriginal patients and their families have access to culturally safe support and escalation processes in NSW Health hospitals and facilities. These processes are clearly communicated and accessible.

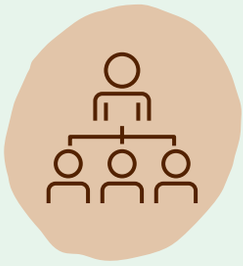
- Aboriginal Community members participate in shared decision-making with NSW Health staff to establish programs and services that respond to the needs of Aboriginal Communities. For example, the Wilcannia Care on Country Haemodialysis Project, as described in 'what does this principle look like in practice' on page 14.
- Aboriginal Community members participate in shared decision-making with NSW Health staff to re-design existing programs and services to meet the local and contextual needs of Aboriginal Communities. For example, the cultural adaptation of the Getting On Track In Time Program, as described in 'what does this principle look like in practice' on page 14.

Program, Ward & Service Management

Hospital & Health Facility

- Aboriginal Community members are embedded in NSW Health service and program governance structures, for example identified Aboriginal positions in hospital working parties and on hospital Boards.
- Governance structures have processes and procedures in place to ensure Aboriginal Community members are empowered to participate in shared decision making and have a clear role and responsibility. This includes implementing a standardised section in the terms of reference for committees and working groups about the role and scope of Aboriginal identified roles to ensure they are culturally safe and facilitate shared decision making.

What does success look like for this principle at each level of NSW Health decision making and governance? (cont.)



LHD/SHN Management

- LHD/SHNs have commissioning processes in place that include Aboriginal people, including Community members, ACCOs and Aboriginal NSW Health staff, for funding programs that have a significant impact on Aboriginal health. This includes reviewing whether programs are being delivered by the most culturally appropriate and skilled service.
- There is a minimum of two Aboriginal people on each LHD/SHN board to ensure cultural safety and representation from across Aboriginal Communities.
- Each LHD/SHN has an Aboriginal Health board sub-committee, or an Aboriginal Health Advisory Committee that includes Aboriginal Community members and representatives from local Aboriginal organisations. The Committee has clear lines of accountability for clinical and other health services delivered to Aboriginal people in each LHD/SHN. The Committee has clear lines of reporting to the board and LHD/SHN Chief Executive to hold the LHD/SHN to account for Aboriginal health outcomes.
- LHD/SHN stakeholder and community engagement and governance strategies, policies and committees have representation and active participation from ACCHOs, LDM Accords and other key Aboriginal stakeholders.
- Aboriginal people are included in health advisory committees, including community and consumer committees. Multiple Aboriginal people are included on these committees to ensure multiple Aboriginal voices are heard and there is increased cultural safety. Aboriginal people are selected through an expression of interest process and are compensated for their time and expertise, as per the NSW Health consumer, carer and community member renumeration policy

NSW Health System Management

- The NSW Health system has flexible and agile processes in place to work with Aboriginal people to respond to emerging needs and challenges.
- The MOH has several NSW Aboriginal health community councils to ensure that Aboriginal Community voices are embedded into statewide policy and program governance.
  - For example, a NSW Aboriginal Women's Health Council to provide governance over NSW Health programs and policies for women's health from an Aboriginal Community perspective and advise the MOH on where gaps exists across the state for Aboriginal Women's health.
  - These members include Aboriginal people who are members on local hospital and LHD/SHN advisory and community councils.
  - Council members are compensated for their time and expertise, as per the NSW Health consumer, carer and community member renumeration policy
- All NSW Health Pillars, Statewide Services and Shared Health Services have an Aboriginal Community member on their governance board.
- NSW Health has a Cultural Governance Council to provide governance to NSW Health Patient Safety and Clinical Quality processes for Aboriginal people and embed multiple Aboriginal voices including Community voices, Aboriginal NSW Health staff, and ACCHSs.

What does this principle look like in practice?

Patient, Family & Community: Wilcannia Care on Country Haemodialysis Project

The Wilcannia Care on Country Haemodialysis Project is a project that responds directly to Community voices and concerns about the need for accessible, sustainable and ongoing dialysis services to be provided on Country and in Wilcannia. The project commenced to respond to significant Community hurt, frustration and suffering around healthcare. To understand these needs, the Director of Aboriginal Health and Community Relations in Far West NSW LHD took the time to sit down with Community members and listen to them. Following this deep listening, a more in-depth consultation was conducted in collaboration with Western NSW LHD and the Murdii Paakii Regional Assembly Aboriginal Community Working Parties. These consultations showed that the lack of dialysis services in Wilcannia was a key concern for the Community that has been raised to the health system for over 20 years. The Community expressed the burden of travelling 1200km a week to access dialysis services and the significant financial, psychological and emotional distress it caused. In response to these concerns from the Community, Far West NSW LHD consulted with multiple partners to develop the most appropriate and sustainable solution to meet the Community need.

The project team engaged Sydney LHD (who currently supplies the visiting Nephrologist to Wilcannia) and South Australia Royal Adelaide Hospital (who will provide medical review and oversight to the new unit) to participate in the project planning and working groups to ensure services are sustainable. The project team also engaged with the Commonwealth to ensure the local ACCHO is resourced to assist with prevention and early intervention for renal services. Connection and collaboration with the Community is ongoing to inform the project design and delivery. The project is working to open a sustainable service in partnership with the Community, local ACCHO and multiple stakeholders that will be available to the Community for many years to come.

Program, Ward & Service level: Aboriginal Getting On Track In Time (Got It!) Program: Cultural Adaption of a population wide program in South West Sydney LHD (SWSLHD)

The Aboriginal Got It! (AGI!) program is a cultural adaption of the mainstream state-wide program ‘Got It!’. ‘Got It!’ is an early intervention program for children with emerging mental health needs, including children with social, emotional, and behavioural concerns, as well as children with low mood, anxiety, and emotion dysregulation. An evaluation of the Got It! program in NSW suggested that while successful overall, Got It! had variable success in engaging with Aboriginal communities and families and the program did not promote cultural safety. In response, SWSLHD were contracted by the MOH to develop and pilot an Aboriginal Cultural Adaptation of the Got It! program.

The cultural adaptation was centred on engaging the local Aboriginal Community to decide how the program might be adapted to best service their Community. Aboriginal governance was established which embedded Community voices throughout the program design and implementation, including as members of a multi-stakeholder steering committee. The co-design of AGI! with the Community enabled the families to have control over how therapeutic services were delivered and accessed.

Through this engagement, co-design and governance, the AGI! program was established. AGI! integrates Aboriginal ways of being and knowing through collaborating with community elders and knowledge holders to combine cultural healing with clinical practices. An evaluation of the AGI! found that the cultural adaption of the program reflected localised need and had significant positive impacts on the emotional regulation of children, parenting practices, and responses of school staff to emotion-based behaviours. The SWSLHD team developed an Aboriginal cultural adaption toolkit that uses AGI! as evidence and an example to NSW Health services and Communities on how programs can be culturally adapted.

What does this principle look like in practice? (cont.)

Hospital & Health Facility level: Tweed Valley Hospital Development

The Tweed Valley Hospital is a $723.3 million greenfield development in the Northern NSW suburb of Cudgen. When the project was announced in 2017, there was opposition from the local Aboriginal and South Sea Islander communities. To respond to these concerns, the project team engaged with the local Community to listen to their concerns and embed Aboriginal people in the governance structures. This included establishing the project's Aboriginal Community working group, which included key local Aboriginal organisations, the local Aboriginal health service and Community Elders and members.

Through the working group, Community members shared local knowledge and songlines to inform the development of the hospital, raised concerns about the cultural safety of hospital facilities, and participated in design user group sessions to address these concerns. This ensured that the local songlines and culture were considered in the hospital design, for example changing the orientation of the hospital's birthing rooms so that they did not face Wollumbin (Mount Warning), which is a male landmark and not appropriate for Aboriginal women to face while birthing. It also enabled Community members, Elders and local Aboriginal Organisations to participate in the design, implementation and governance of the arts and culture program for the hospital. This resulted in more than 30 signs being translated into a local Aboriginal language, the inclusion of local edible and medicinal plants being used in the hospital's landscaping and commissioning multiple artworks and sculptures to share and celebrate local knowledge and stories.

Embedding local Aboriginal Community members' voices in the design, development and governance of the hospital redesign has resulted in the local Community becoming advocates for their new hospital. A smoking ceremony was held in early May 2024 to cleanse the space and the Tweed Valley Hospital opened to patients on 14 May 2024.

NSW Health system level: Regional Health Ministerial Advisory Panel

The Regional Health Ministerial Advisory Panel (the Panel) commenced in October 2023 to strengthen community engagement and foster genuine co-design principles in the development of healthcare in regional NSW. The purpose of the Panel is to advise the Minister for Regional Health, the Minister for Health and the Secretary, NSW Health on opportunities and solutions to improve healthcare and hospital and health support services in regional NSW.

In 2024 the Panel has 15 members, including 5 ex-officio members, and is chaired by Dr Richard Colbran, CEO of the Rural Doctors Network. The panel includes 3 Aboriginal panel members who work in NSW Health and ACCHOs, including two board members of the AH&MRC. These members have a wealth of knowledge, experience and expertise including in the provision of medical and clinical services in regional communities, community engagement, health funding and financing and Aboriginal health.

Embedding multiple Aboriginal voices on the Panel ensures that Aboriginal people are included in the advice of the panel which includes the development of policy, care delivery models, and innovative business models and practices in regional NSW. This has ensured that Aboriginal people are included in decisions that are made in a mainstream reform that has significant impact on Aboriginal people. The panel has had multiple focused discussions on the strengths and partnerships within Aboriginal health services in regional NSW and the challenges for Aboriginal health in regional NSW that need to be addressed.

Principle 2

Aboriginal NSW Health staff are recognised in the NSW Health system and are supported and empowered to participate in shared decision making, governance and accountability structures

What is the aim of this principle?

This principle aims to:

- recognise the diversity of cultural knowledge and skill sets that Aboriginal NSW Health staff bring into their roles,
- support Aboriginal NSW Health staff to participate in shared decision making for decisions that impact Aboriginal people in NSW Health,
- empower Aboriginal NSW Health staff to participate in shared decision making and governance structures in NSW Health,
- strengthen the NSW Health system through embedding Aboriginal NSW Health staff into positions of leadership, governance and decision making in NSW Health.

> "I do not 'lose' my cultural knowledge when I work in NSW Health. Even though I am not in an identified role, I bring my cultural knowledge and connections to Community to my role. This should be seen as a strength for me to work with Community to address their needs, which is what my job's purpose is"
>
> **Aboriginal person in NSW Health Mental Health clinician role, rural consultation**

Why is this important?

Aboriginal NSW Health staff are a critical part of the NSW Health system. Aboriginal staff, in both identified and non-identified roles, bring their cultural knowledge, perspectives, ways of working and lived experience as Aboriginal people into their work in NSW Health. Aboriginal staff play an important role in supporting and building the capacity and capability of the NSW Health system to deliver culturally safe services to Aboriginal people and Communities.

It is important that the NSW Health system recognises that Aboriginal people do not 'lose' or 'leave at the door' their cultural knowledge and experience. Rather, the knowledge and skills that Aboriginal people bring into their roles at NSW Health strengthens their ability to provide health services to people in NSW, particularly Aboriginal people.

In the development of this Framework, we heard from many Aboriginal NSW Health staff members that they feel that their cultural knowledge and skills as Aboriginal people are not acknowledged and are undervalued by the NSW Health system.

> "Aboriginal NSW Health staff are critical to embed cultural governance within NSW Health without overburdening ACCHOs"
>
> **ACCHO CEO,**
> **Community Controlled Consultation**

For this principle to be effectively implemented, it is critical that:

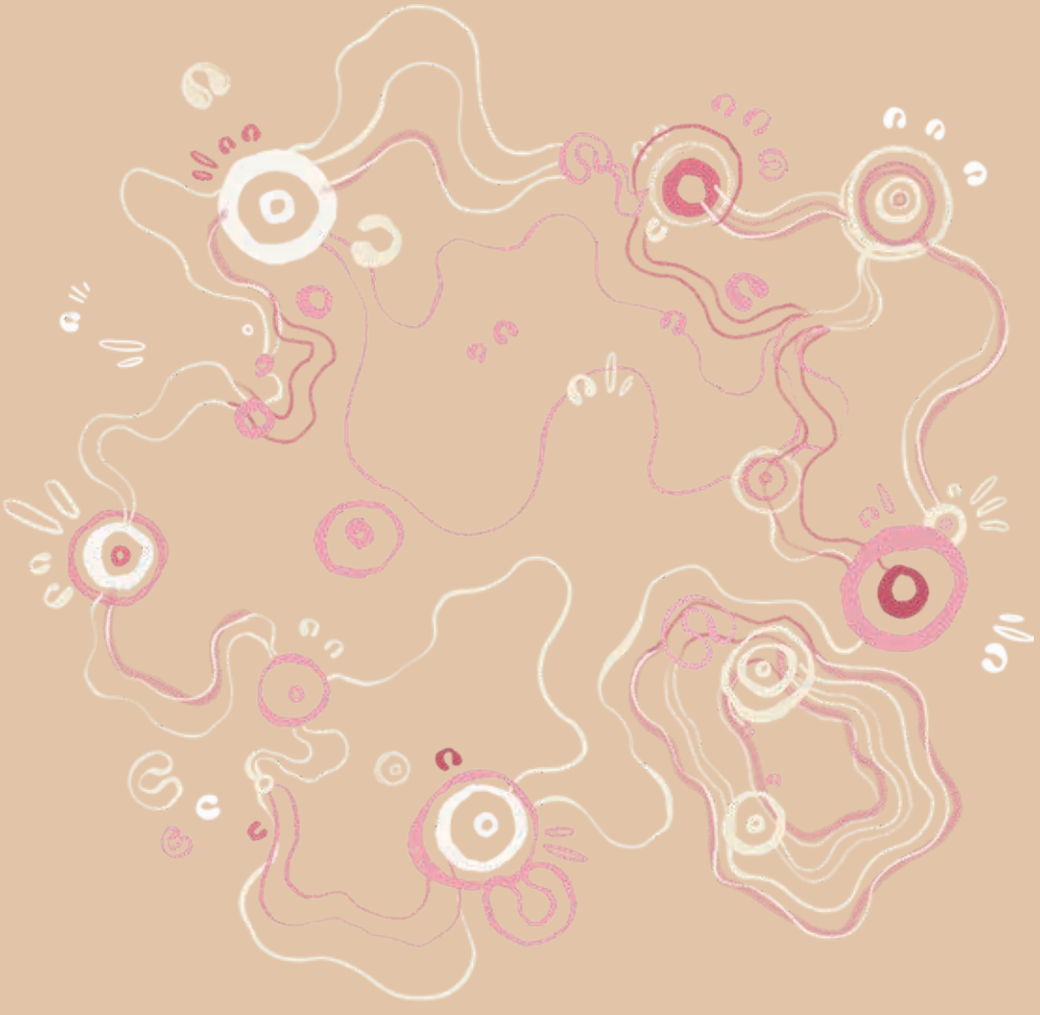
- NSW Health empowers Aboriginal NSW Health staff in non-identified roles to self-determine how they would like to use their cultural skill set in their role. This includes supporting Aboriginal staff who choose to not participate in shared decision-making structures to have their choice respected,
- NSW Health empowers Aboriginal NSW Health staff to identify where they would like to be involved in decision-making and governance processes,
- NSW Health supports Aboriginal NSW Health staff to participate in shared decision-making structures, including ensuring that Aboriginal staff are trained and supported to participate,
- NSW Health transforms its policymaking to recognise Aboriginal NSW Health staff's expertise and connections to Community and enable Aboriginal NSW Health staff to design and deliver services that best suit their communities, for example, empowering Aboriginal NSW Health staff to co-create services with their local Communities to meet the needs that Community identifies.

"I sit on allot of committees as an Aboriginal staff member, but I don't feel like I have voice. I feel that I am just there to tick a box."

Aboriginal Project Officer,
NSW Health, regional consultation

What does success look like for the NSW Health system?

Aboriginal NSW Health staff are recognised and valued in the NSW Health system for their cultural skills and lived experience as Aboriginal people. Aboriginal NSW Health staff are empowered by non-Aboriginal NSW Health staff, NSW Health processes and governance structures to participate in shared decision-making or governance structures if it is a part of their role or if they choose to do so. NSW Health systems embed senior Aboriginal NSW Health roles into governance and accountability structures at a clinical, operational and strategic level.



What does success look like for this principle at each NSW Health level of decision making & governance?

Patient, Carer, Family & Community

- Aboriginal NSW Health staff in identified patient-facing roles, for example AHWs, ALOs, and AHPs, are embedded into decision-making processes for Aboriginal patients. These staff members are empowered to participate in shared decision making about Aboriginal patients' care throughout their patient journey in NSW Health services, including referral, triage and discharge processes.
- Aboriginal NSW Health staff in non-identified patient-facing roles are recognised for their cultural skills and lived experience and are empowered to participate in shared decision making for care of Aboriginal patients, if they chose to do so.

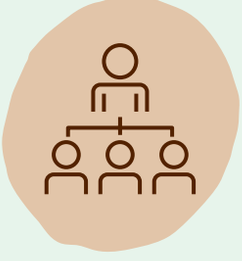
- Identified roles for Aboriginal NSW Health staff are embedded into program, ward and service management structures, including senior AHW and AHP roles.
- Aboriginal NSW Health staff are enabled to participate in shared decision making in the program design & management for programs that impact Aboriginal people.
- Programs and services for Aboriginal people are co-created with Aboriginal Health Units in LHD/SHNs, Pillars, Statewide and Shared Health Services.
- All NSW Health programs and services undertake an Aboriginal Health Impact Statement during program development, design or changes.

Program, Ward & Service Management

Hospital & Health Facility

- Aboriginal Community members are embedded in NSW Health services and programs.
- NSW Health facilities and hospitals have governance structures to embed the voices of Aboriginal staff within each facility to advise hospital management. This can include:
  - Aboriginal Hospital Staff Advisory Committees, for all Aboriginal staff within a hospital to meet and provide advice to the Hospital or Health Facility General Manager.
  - Identified roles within hospital management and governance structures for Aboriginal staff, including embedding identified roles in middle and upper management structures, that are appropriately supported and recognised for their capability.

- Each LHD/SHN has an:
  - Executive Director or Director of Aboriginal Health that reports to the Chief Executive, participates in Executive Leadership Committees and is graded at an executive level.
  - Aboriginal Health Directorates, Services or Units that is appropriately resourced to provide strategic advice, accountability and cultural governance for Aboriginal health in their LHD/SHN.
- The governance role of Aboriginal NSW Health staff in Clinical Governance Units and Committees is embedded into each health service, to ensure health services are culturally safe for Aboriginal patients.



LHD/SHN Management

What does success look like for this principle at each NSW Health level of decision making & governance? (cont.)

NSW Health System Management

- NSW Health has an NSW Aboriginal Health System Committee and Management Framework that outlines where senior and executive Aboriginal NSW Health staff are embedded into governance structures, for both Aboriginal health and population wide programs.
  - The framework ensures that Aboriginal voices are included in all decisions and governance structures that impact Aboriginal people.
  - The framework ensures that Committees with a specific focus on Aboriginal health should have at least 50% Aboriginal membership, and Committees with a significant impact on Aboriginal health have at least 2 Aboriginal members.
- NSW Health has a Chief Aboriginal Health Officer role that embeds a senior Aboriginal health clinical voice into clinical and policy governance structures. This role has a focus on advocating, supporting and elevating the roles of AHPs and AHWs in NSW Health.
- The MOH has an:
  - identified Senior Executive role for Aboriginal Health Strategy, Policy & Performance that, reports directly to the NSW Health Secretary and participates in NSW Health Senior Executive committees. This is a separate role to the Chief Aboriginal Health Officer role, which has a clinical focus,
  - Aboriginal Health Division that is appropriately resourced to provide strategic advice, accountability and cultural governance for Aboriginal health in the NSW Health system.
- NSW Health Pillars, Shared Services and Statewide Services have:
  - An identified Senior Executive role for Aboriginal health in their organisation in Executive Leadership Committees and is graded at an executive level.
  - Aboriginal Health Directorates, Services or Units that are appropriately resourced to provide strategic advice, accountability and cultural governance for the organisation's services, policies, and programs that impact Aboriginal people.

What does this principle look like in practice?

Patient, Carer, Family & Community level: Aboriginal Transfer of Care model in SWSLHD

The Aboriginal Transfer of Care model (the Model) aims to reduce unplanned readmissions through ensuring that a multidisciplinary team meeting is held before the discharge of an Aboriginal patient to identify service needs and make the appropriate links between services. The model was developed at Campbelltown Hospital in 2016 to respond to data that showed significant growth in Aboriginal patient numbers, a higher re-admission rate for Aboriginal patients and multiple reports from Aboriginal patients through 48-hour follow-up phone-calls made by ALOs that showed patients were being discharged from hospital without receiving scripts, medications and without having a GP follow-up appointment organised.

The model empowers Aboriginal health staff to use their expertise through bringing together ALOs, Transfer of Care nurses, the Aboriginal Chronic Care Clinical Nurse Consultant and other staff as needed, including AHWs, Hospital clinicians and Community based health and social services staff. The model incorporates a multidisciplinary transfer of care planning process that is patient-centred and holistic and is aligned with the Aboriginal concept of health.

The model has been demonstrated through a pilot study at Campbelltown Hospital and an evaluation of the program to reduce unplanned readmission for Aboriginal patients, improve the patient experience for Aboriginal people and improve hospital systems and processes by embedding NSW Aboriginal health staff, Aboriginal health expertise and a multidisciplinary approach. The model has developed a toolkit to systematise ways of working and support consistency of practice, sustainability of model and adoption of the model at other health facilities.

Program, Ward & Service level: 'Dalarinji' Emergency Department Flexi Clinic at St Vincent's Hospital

The 'Dalarinji' Emergency Department (ED) Flexi Clinic is a co-designed model between Aboriginal and non-Aboriginal Health staff that provide a culturally safe, accessible and timely service for Aboriginal patients accessing ED. The model was created to respond to the high rate of incomplete treatment in EDs for Aboriginal patients compared to non-Aboriginal patients.

The model was co-designed by ED and Aboriginal Health unit staff to address the barriers Aboriginal patients face when accessing ED services. The co-design processes empowered Aboriginal staff to use their expertise and was underpinned by seven core values that promote cultural sensitivity and humility. The model was supported by a working group that included Aboriginal Health Unit staff, an ED staff specialist, nursing staff, members of the hospital executive and the Director of ED. The support from the hospital executive and Board was a critical enabler for the success of this model.

The model established a dedicated system for Aboriginal patients presenting to ED that aims to provide maximum flexibility that addresses the barriers Aboriginal patients face in hospitals. The Flexi Clinic team includes a rostered ED senior clinician and an AHW who work in partnership and is managed daily by an ED staff specialist and overnight by an ED registrar. When an Aboriginal patient presents at ED the team is alerted via a text message and seen as soon as possible, balanced with the needs of other patients. If the patient chooses to leave before treatment is complete, a card is provided with a summary of the current plan; and on return, the card is presented at triage and the patient's management will continue where it left off. All patients are followed up by telephone within 48 hours of departure from leaving the ED. After three months of the model the rate of incomplete treatment reduced from 19.5% to 5.2% for Aboriginal patients, with no reduction in care for other patients.

What does this principle look like in practice? (cont.)

LHD/SHN Level: Cultural Governance in the Hunter New England LHD COVID-19 Response

The Cultural Governance Model (the model) was established for the COVID-19 response in Hunter New England (HNE) LHD to embed an approach where Aboriginal people determined and led community and culturally informed pandemic public health control strategies and actions. The model was developed by the Public Health (PH) Aboriginal team with the PH Incident Command System (ICS). The model challenged the standard management hierarchy system for managing PH emergencies to embed cultural governance.

The model embedded Aboriginal staff, perspectives and input in both the planning and operational teams and functions of the response, and ensured that the systems, processes and decisions were culturally responsive and embedded the principles of Aboriginal health. An Aboriginal Governance Group on COVID-19 was established to provide a formal mechanism for Aboriginal leaders from government and ACCOs to work collaboratively, provide advice and make decisions about public health measures and service delivery for Aboriginal communities in HNE. The group provided advice to the PH Controller. The team recruited and employed Aboriginal people and partnered with the Aboriginal Health Unit to embed an Aboriginal Cultural Support process for the management of COVID-19 cases and close contacts.

The respectful shared leadership between Aboriginal and non-Aboriginal public health staff, which included Aboriginal staff being enabled to lead the response and non-Aboriginal staff championing the model in the ICS, was critical to its success. The model resulted in multiple positive outcomes for Aboriginal staff and Communities in the LHD. This included the formation of the PH Aboriginal team, Aboriginal cultural support, increased COVID-19 vaccinations provided to Aboriginal people, strengthened Aboriginal PH workforce, shared decision making between ICS teams and strengthened collaboration and connection with local Aboriginal Communities and organisations.

Hospital/Health Services Level: Clinical Network Aboriginal Health Managers

Mid North Coast (MNC) LHD's Clinical Network Aboriginal Health Manager positions are senior Aboriginal health leadership and management roles embedded in the Coffs and Hastings Macleay Clinical Networks. Clinical Networks are responsible for providing support services for the management of large complex hospitals or groups of hospitals. The purpose of the roles is to assist the relevant clinical network to achieve measurable Aboriginal Health KPIs and embed the planning, development, co-ordination and delivery of Aboriginal health within the clinical network.

Reporting directly to the Clinical Network Co-ordinator, these senior Aboriginal roles are embedded in the management structure as part of the governance and decision-making team. The roles have a strong visible presence and provide proactive and consistent engagement with senior managers, the Aboriginal health workforce and the local Aboriginal Community. These roles are enabled and empowered to build strong partnership mechanisms between the Clinical Networks, Hospitals and local ACCOs..

These roles are an example of NSW Aboriginal Health staff being embedded in decision making and governance structures with appropriate decision making, delegation and leadership responsibilities for the benefit of our communities.

Principle 3

NSW Health and the Aboriginal Community Controlled Sector have strong partnership mechanisms to provide integrated and coordinated care and services to Aboriginal people in NSW

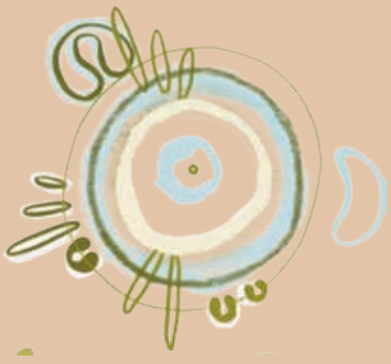
What is the aim of this principle?

This principle aims to:

- embed strong partnership and accountability mechanisms between NSW Health and ACCOs,
- ensure that NSW Health decision making processes and governance structures embed the role of ACCOs,
- ensure that partnerships aren't solely reliant on individual people and relationships, through embedding mechanisms that enable sustainable and long-term partnerships,
- ensure that NSW Health systems, structures and procedures recognise and partner with ACCOs at each level of governance to provide integrated and coordinated care and services to Aboriginal people in NSW.

"We have a good partnership agreement in place with our LHD. It is based on everyone understanding their roles and responsibilities so that Aboriginal people can access culturally safe care."

ACCHO CEO,
Community Controlled Consultation



Why is this important?

Genuine partnerships between NSW Health and ACCOs are critical to provide integrated and coordinated care to Aboriginal people in NSW.

This principle is underpinned by the recognition that:

- ACCOs are critical partners to NSW Health to improve Aboriginal health outcomes and recognises the holistic nature of Aboriginal health. This includes non-health-based organisations that contribute to Aboriginal people's wellbeing, for example Stolen Generations Organisations (SGOs),
- ACCHOs are experts in Aboriginal health and wellbeing, are an act of self-determination, provide Aboriginal led models of holistic care and are a vital part of the health system,
- partnerships with different ACCOs will look different depending on the organisation's role in providing healthcare. For example, a partnership between an ACCHO and NSW Health will be very different to a partnership between an SGO and NSW Health.

"LHDs need to recognise ACCHOs as experts and qualified people, and respect them for their knowledge in Aboriginal Health"

ACCHO CEO,
Community Controlled Consultation

ACCOs have reported that they are not treated as equals by Government during decision making processes in the design and delivery of government policies and services, as reported in the 2024 Productivity Commission Review of CTG.

For this principle to be effectively implemented, it is critical that:

- NSW Health transforms its policy making and commissioning approaches to make the most of ACCHOs' expertise and connections to Community and enable ACCHOs to design and deliver services that best suit their Communities, e.g. partnering with ACCHOs on decisions on how to direct funding for local need,
- Priority Reform 2 'Strengthening the Community Controlled Sector' from CTG is implemented, to ensure that ACCOs are appropriately resourced to partner with NSW Health,
- NSW Health recognises that ACCHOs can choose whether they would like to enter into a formalised partnership agreement with NSW Health as an independent organisation, however NSW Health should have appropriate processes in place for ACCHOs to enter into partnerships,
- NSW Health recognises the diversity of ACCOs across NSW and that a 'one-size-fits-all' approach to partnership won't work, particularly for NSW Health Statewide Services. NSW Health needs to co-create what a partnership looks like with each ACCHO and ACCO, that would like to establish a formal or informal partnership with NSW Health.

Aboriginal Community Controlled Organisations are defined in the National Agreement on Closing the Gap as an organisation that delivers services, including land and resource management, that builds the strength and empowerment of Aboriginal communities and people and is:

- incorporated under relevant legislation and not-for-profit
- controlled and operated by Aboriginal people
- connected to the community, or communities, in which they deliver the services
- governed by a majority Aboriginal governing body.

An **Aboriginal Community Controlled Health Organisation** is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Management.

> "Our partnership [with our local ACCHO] works because we have a Memorandum of Understanding in place that has executive support and that is very operational and practical."
>
> **Aboriginal Health Director, NSW Health consultation**

What does success look like for the NSW Health system?

NSW Health systems, processes and governance structures embed the role of ACCOs to enable shared decision making and strong partnership mechanisms to provide integrated and coordinated care and services to Aboriginal people in NSW. NSW Health has flexible and agile partnership mechanisms to partner with ACCOs to respond to and address emerging needs and challenges for Aboriginal people accessing health services.

What does success look like for this principle at each NSW Health level of decision making & governance?

Patient, Carer, Family & Community

- NSW Health systems and processes recognise and embed the role of ACCHOs in the patient journey and establish continuity of care for ACCHO Aboriginal patients between services. This includes formal referral, discharge and communication processes between ACCHOs and NSW Health services. For example, NSW Health and ACCHO clinical and operational staff have regular community of practice meetings.
- ACCOs have partnership mechanisms in place with NSW Health to ensure that their Aboriginal clients are able to access culturally safe and appropriate care. For example, NSW SGOs have partnership mechanisms in place to ensure Stolen Generations Survivors and their families can access timely, trauma informed and culturally safe healthcare.

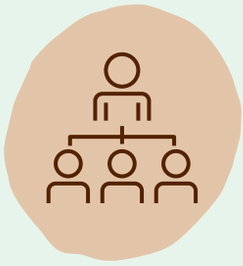
- ACCHOs and NSW Health co create programs and services for Aboriginal patients to meet the needs of their communities.
- NSW Health Clinical staff work in a ACCHO to provide speciality and clinical services under a Community Controlled model which is culturally accessible. ACCHO staff work within NSW Health services to provide continuity of care and embed collaboration across ACCHO and NSW Health services.

Program, Ward & Service Management

Hospital & Health Facility

- ACCHOs and hospitals have mechanisms in place to facilitate coordinated health care, which is embedded into ACCHO and LHD/SHN Partnership Agreements. NSW Health hospital staff are aware of and implement these partnership mechanisms.
- ACCHOs and hospital executive teams have communication pathways in place to escalate urgent health care needs or address challenges when they arise. These communication pathways are based on respect and facilitate truth-telling at a local level.

What does success look like for this principle at each NSW Health level of decision making & governance? (cont.)



LHD/SHN Management

- ACCO representatives, including ACCHOs, are included in the LHD/SHN Board Sub-committees for Aboriginal health. This enables shared decision making, partnerships and governance for Aboriginal health across the LHD/SHN management.
- Each LHD/SHN has a formal partnership agreement in place with their local ACCHO that embeds strong partnership mechanisms to provide integrated and coordinated care. The roles of each partner are defined and agreed on in the partnership agreement to ensure clarity about responsibilities, functions, deliverables and opportunities for collaboration in the agreement.
- ACCHO CEOs and LHD Chief Executives have communication pathways to facilitate collaboration and problem solving that are based on respect and facilitate truth-telling.
- NSW Health LHD Executives, on behalf of the NSW Government and in partnership with AANSW, work with their LDM Assemblies to negotiate and enter into Accords, and to progress and deliver on agreed actions and investment.

NSW Health System Management

- The MOH and the AH&MRC have a formal Partnership Agreement that embeds the principles of shared decision making, co-creation and strong partnership mechanisms. The roles of each partner are defined and agreed on in the Partnership Agreement to ensure clarity about responsibilities, functions, deliverables and opportunities for collaboration in the agreement.
- The MOH and the NSW Council of Aboriginal Peak Organisations have a formal partnership and governance committee in place that embeds collaborative mechanisms and shared decision making for state wide policies, strategies and reforms for Aboriginal health, including the implementation of CTG.
- NSW Health Statewide Services have formal partnership mechanisms in place with ACCOs where applicable to identify and enable opportunities for integrated and coordinated care across their services, and to provide input on policies, programs and policies that will affect their patients and staff.
- The MOH has a formal mechanism to monitor LHD/SHN relationships with ACCHOs and hold partners to account on their partnership agreements.

What does this principle look like in practice?

Program & Ministry Level: The Central West NSW Mental Health & Wellbeing Program

The Central West NSW Mental Health and Wellbeing Program aims to deliver a genuine co-designed, culturally safe, holistic and Aboriginal led model of mental health and wellbeing care into Central West NSW. The program was established in 2021 to address mental health and wellbeing service gaps in the region. Developed using a partnership approach between local ACCHOs, Western NSW LHD and the MOH, the Program is founded on the principle that local Aboriginal people are best placed to lead change that affects their communities. A working group, which led the design and now governs the program, includes representation from the 4 participating ACCHOs, local Aboriginal Peak organisations, Western NSW LHD Aboriginal health and Wellbeing Unit and Mental Health and Drug and Alcohol Unit. The Centre for Aboriginal Health (CAH) partners with Mental Health Branch and Centre for Alcohol and Other Drugs to provide policy, coordination and program support to the working group.

The program demonstrates what can be achieved when LHDs and the MOH come together with ACCHOs to strengthen partnerships to build local solutions that work across communities. In 2023/24 the Program received recurrent funding to continue to improve the mental health and wellbeing of Aboriginal people in the region though increased ACCHO led social and emotional wellbeing, alcohol and other drug and clinical mental health services while strengthening referral pathways and coordinated care between ACCHOs and the LHD.

The first evaluation of the Program is underway, led by the Poche Centre for Indigenous Health, and will prioritise Aboriginal ways of knowing, being and doing as evidence. The evaluation includes funding to work with the working group to co-create metrics of success and monitoring for the program moving forward.

Program, Ward & Service Level: Gulgul Yira Dental Service, partnership between Eleanor Duncan Aboriginal Services & the Central Coast LHD

Eleanor Duncan Dental Service, in partnership with Central Coast LHD Oral Health Services, provide a five-day dental service to the Aboriginal community on Darkinjung Country on the Central Coast. This partnership model was built through mutual respect and equal governance authority to share decision making. This partnership model was established to address the low uptake of dental services among Aboriginal patients on the Central Coast.

A core part of this partnership model is that the LHD provide clinical staff to work in the ACCHO, and the ACCHO provides the dental assistants, administration and management staff. This means that dental services from the LHD can be provided under a Aboriginal Community Controlled model. The result is that the program provides integrated and coordinated care across LHD and ACCHO dental services that are culturally safe, accessible and patient centric.

What does this principle look like in practice? (cont.)

Hospital & Health Facility level: Orange Clinical Services Planning

The Orange Clinical Services Planning (CSP) process established a model of Aboriginal governance and shared decision making that embeds strong partnership mechanisms. This model included engaging local Aboriginal people to identify issues to address in the planning process, including Orange Aboriginal Medical Service (AMS), the Local Aboriginal Land Council and local NSW Aboriginal Health staff, in both identified and non-identified roles. Orange AMS staff and NSW Aboriginal Health staff were included members of the prioritisation working groups to embed partnership mechanisms into the planning process to prioritise local issues and allocate resources effectively. The CSP Governance Committee included NSW Aboriginal Health staff, whose role was to ensure the local ACCHOs and ACCOs were included in governance decisions.

The Orange CSP process embedded ongoing partnership mechanisms with multiple Aboriginal people, including Orange AMS, local ACCOs and NSW Aboriginal Health staff, to reflect the aspirations and priorities of the Aboriginal community in Orange. This ensures that the LHD and ACCHO in Orange can work in partnership to address community needs, minimise duplication of services and collaborate to improve health outcomes through improved service delivery. Continuous evaluation and refinement of the Orange CSP will be crucial measure and enhance this partnership approach, Aboriginal Community governance and their impact on strategic and clinical outcomes.

NSW Health System level: NSW Aboriginal Health Survivor Action Plan & Partnership

The CAH has partnered with four independent SGOs to understand and respond to the health and wellbeing needs of Stolen Generations Survivors. The SGOs include Kinchela Boys' Home Aboriginal Corporation, Coota Girls Aboriginal Corporation, Children of the Bomaderry Aboriginal Children's Home Incorporated and the NSW/ACT Stolen Generations Council. To support NSW Health's response to Unfinished Business, NSW Health held a collective roundtable and individual workshops with NSW SGOs to co-create the inaugural NSW Stolen Generation Survivors Health Action Plan.

The NSW Stolen Generation Survivors Health Action Plan aims to embed partnership mechanisms between SGOs and NSW Health to improve care coordination, navigation, trauma informed care and cultural safety for survivors and their families when accessing health services. It also includes partnership mechanisms for SGOs to influence key policy-making processes within MoH. Funding grants have been provided to each SGO to employ a healthcare coordinator to support integrated and coordinated care for Survivors.

Principle 4

The NSW Health system is held accountable for improving outcomes for Aboriginal people at each level of decision making and governance

What is the aim of this principle?

This principle aims to:

- embed system accountability for Aboriginal health into NSW Health clinical, governance, performance and accountability mechanisms, including accountability for Framework principles,
- strengthen NSW Health systems and mechanisms to increase accountability for Aboriginal health, including strengthening the NSW Health Performance Framework, Key Performance Indicators (KPIs) for Aboriginal Health for NSW Health services and NSW Health funded services, and the NSW Health Corporate Governance Compendium,
- identify where NSW Health can be held accountable through independent and Aboriginal-led bodies, including NSW CTG accountability mechanisms,
- embed Aboriginal voices in the accountability and governance mechanisms for NSW Health, including Aboriginal people being included in performance, evaluation and monitoring processes,
- ensure NSW Health is held accountable for improving health outcomes for Aboriginal people, in line with its purpose to provide safe, high-quality and compassionate health care to all NSW residents.

> "Funding for Aboriginal health needs to be equitable. It needs to go where the needs are."
>
> **ACCHO CEO,**
> **Community Controlled Consultation**

Why is this important?

Strong accountability mechanisms are needed to drive and implement change. This includes being transparent and responsive, and putting in place effective 'checks and balances' to ensure that power is being used responsibly and the public interest is being served. It is important that the NSW Health system is held accountable for improving Aboriginal health, which is 'everyone's business' and responsibility.

For this principle to be effectively implemented, it is critical that NSW Health:

- doesn't place the accountability burden onto Aboriginal NSW Health staff and services and ensures that the accountability sits with the entire NSW Health system,
- is held accountable to the independent NSW-wide Aboriginal accountability mechanism for CTG, which is being developed, established and supported through AANSW,
- is transparent with Aboriginal stakeholders about matters that affect Aboriginal health, including being transparent on how funding is allocated,
- implements CTG Priority Reform 4 'Shared access to data and information at a regional level,
- uses existing accountability and performance mechanisms for where there are performance measures within NSW Health services relating to Aboriginal health,
- embeds Aboriginal people into NSW Health performance and accountability mechanisms by identifying roles and positions in existing governance structures, including MOH Executive Governance and Performance Committees and LHD, SHN and Pillar Boards.

"It is critical that the NSW Health system is held accountable for ensuring Aboriginal people are healthy and well."

ACCHO CEO,
Community Controlled Consultation

What does success look like for the NSW Health system?

Aboriginal health is strongly embedded into NSW Health accountability and performance mechanisms, to ensure that NSW Health services are held accountable for Aboriginal health outcomes. Aboriginal people are included in NSW Health performance and accountability governance structures and are enabled to co-create what KPIs and accountability mechanisms are for Aboriginal health in NSW. NSW Health is held accountable to an independent statewide Aboriginal Accountability Mechanism for the implementation of CTG and for achieving Aboriginal health outcomes.

What does success look like for this principle at each NSW Health level of decision making & governance?

Patient, Carer, Family & Community

- NSW Health has clear accountability mechanisms to ensure that all NSW Health patient services specifically meet the needs of Aboriginal people as outlined in the NSQHS User Guide for Aboriginal Health. For example, the NSW Health Clinical Governance in NSW Policy Directive includes governance and accountability mechanisms for clinical governance of Aboriginal health.
- All NSW Health staff are trained and held accountable to provide culturally safe and responsive care to Aboriginal patients. All NSW Health staff are able to ask patients if they identify as Aboriginal, and if yes, practise in a culturally safe and responsive way.
- NSW Health has a strong zero tolerance policy on racism within NSW Health services and organisations with clear accountability mechanisms. This is clearly defined in the NSW Health Code of Conduct and related policies. All NSW Health staff are held accountable to ensure that all patients and staff can work in a culturally safe and inclusive environment.

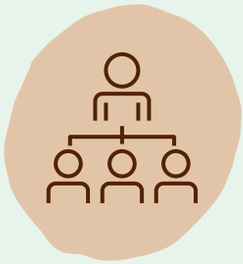
- NSW Health programs are monitored and evaluated using methods validated for Aboriginal people, to ensure that programs are being held accountable for the care they are providing to Aboriginal people. This includes embedding the principles of Indigenous Data Sovereignty and Governance in monitoring and evaluation process, to ensure that Aboriginal people are enabled to hold the program and service to account.
- NSW Health funded programs in mainstream non-government organisations report on KPIs for how their programs meet the needs and improve the health outcomes of Aboriginal people.

Program, Ward & Service Management

Hospital & Health Facility

- NSW Health facilities and hospitals are held accountable through performance mechanisms for Aboriginal health. This includes specific KPIs for Aboriginal health which are co-created with Aboriginal people and the disaggregation of data for Aboriginal people, to ensure that NSW Health services are culturally safe and improve health outcomes for Aboriginal people.
- Accountability mechanisms for NSW Health facilities and hospitals for Aboriginal health are transparent so stakeholders are aware what these facilities are being asked to do.
- Aboriginal NSW Health staff and Aboriginal Community Members are embedded into hospital and health service governance committees to hold services to account for Aboriginal health.
- NSW Health facilities and hospitals are audited for cultural safety and to identify institutional and systemic racism. These audits are conducted by or in partnership with Aboriginal people. For example, Directors of Clinical Governance in partnership with local Aboriginal stakeholders use the Aboriginal Cultural Engagement Self-Assessment Audit Tool as a part of the routine Quality Audit Reporting System to monitor and strengthen the cultural safety for NSW Health services'.

What does success look like for this principle at each NSW Health level of decision making & governance? (cont.)



LHD/SHN Management

- Each LHD/SHN is held accountable for Aboriginal health through the NSW Health Performance Framework. The Performance Framework sets out clear expectations and accountability mechanisms for Aboriginal health, including KPIs that are for Aboriginal people, guidelines for how LHDs/SHNs should provide culturally safe and holistic care for Aboriginal people and escalation processes for when LHD/SHNs aren't meeting the healthcare needs of Aboriginal people.
- Each LHD/SHN outlines in their annual Safety and Quality Account what improvements have been made to their services to improve the health outcomes of Aboriginal people.
- Chief Executives of LHDs/SHNs have a formal responsibility for Aboriginal health included in their role descriptions and performance assessments, and are held accountable by the NSW Health Secretary, NSW Health Ministers and their Board for their District's Aboriginal health processes and performance.
- The NSW Health Corporate Governance and Accountability Compendium outlines the governance requirements for LHDs/SHNs for Aboriginal health. This includes the roles and responsibilities of LHDs/SHNS for Aboriginal health, and how LHDs/SHNs can demonstrate their accountability for the principles of the Framework in their organisations.
- Each LHD/SHN has a senior executive committee for Aboriginal health, that is co-chaired by the Chief Executive and Executive Director of Aboriginal Health and has equal representation of senior Aboriginal and non-Aboriginal staff, to drive change and hold accountability for Aboriginal health within their LHD/SHN.

What does success look like for this principle at each NSW Health level of decision making & governance? (cont.)

NSW Health System Management

- The MOH has processes to co-create KPIs for Aboriginal health for NSW Health using a place-based and local approach. This includes partnering with local Aboriginal people to develop KPIs for NSW Health that are critical for Aboriginal health in their area.
- The MOH has KPIs for the NSW Health system for ongoing and on-country culturally safety, decolonising and anti-racism training.
- The NSW Health system has a senior executive committee for Aboriginal health, that is co-chaired by the NSW Health Secretary and Executive Director of the CAH and has equal representation of senior Aboriginal and non-Aboriginal staff across the NSW Health system to drive change and hold accountability for Aboriginal health.
- The MOH shares KPI data that monitors performance in NSW Health and is disaggregated for Aboriginal people across the health system and with the public to ensure transparency of information and drive continuous service improvements
- NSW Health patient and consumer data is disaggregated for Aboriginal people to understand the patient experience of Aboriginal people in NSW Health facilities, hold the system accountable for Aboriginal patients and consumers' experience, and drive continuous service improvements. For example, Mental Health consumer experience measures, including the Your Experience of Service and the Carer Experience Survey are disaggregated for Aboriginal people, the data is analysed from an Aboriginal perspective with cultural governance procedures in place and holds all NSW public mental health services in inpatient and community services to account for providing culturally responsive and safe care for Aboriginal people.
- Responsibility for Aboriginal health is embedded in role descriptions and performance assessments for NSW Health Senior Executives
- NSW Health is held accountable to an independent statewide Aboriginal Accountability Mechanism for the implementation of CTG and for achieving Aboriginal health outcomes.
- The MOH, Pillars and Statewide Services ensure Aboriginal people are included from the commencement of program and service design, to ensure that Aboriginal Community voices are considered throughout program development, implementation and evaluation.
- All NSW Health business plans that impact Aboriginal people include action items that define the specific goals to be achieved in relation to healthcare for Aboriginal people and are held accountable for realising these deliverables.

What does this principle look like in practice?

Program, Hospital & District Level: Aboriginal Health Dashboard in SWS LHD

To increase accountability across the health system for Aboriginal health at a program, hospital and district level, SWSLHD developed a standardised Aboriginal health KPI dashboard that measures performance in providing services to Aboriginal patients. This included identification data, discharge against medical advice and unplanned readmissions. The dashboards are reported against bi-monthly by each hospital, are coordinated by the Aboriginal health Unit, and are tabled at hospital Aboriginal health committees, the Healthcare Quality and Safety Committee, and the Aboriginal Health Committee of the board.

The dashboards are used to hold hospitals accountable for Aboriginal health and identify targeted areas where service improvement is needed. The dashboard is used as a tool through identifying specific performance gaps and developing appropriate service responses, engaging partners and ensuring transparency of service provision. Through the SWSLHD Hospital Aboriginal Health Committees the dashboards have been used to facilitate a range of service changes and enhancements including but not limited to the expansion of the ALO workforce, establishment of a number of Aboriginal Antenatal Models at Liverpool and Campbelltown Hospital, establishment of an Aboriginal Mental Health Transfer of Care Team supporting mental health consumers in ED and inpatient settings, the development of ENT and Ophthalmology surgery pathways for Aboriginal patients and the development Aboriginal ED Frequent Presenter Review Groups to better coordinate support for patients with complex needs.

LHD/SHN Level: MNC LHD Closing the Gap Board Sub-Committee

The Closing the Gap Board-Subcommittee was established by the Governing board of MNCLHD in 2011 to embed accountability for Aboriginal health in the LHD. The purpose of the sub-committee is to ensure MNCLHD has appropriate and effective systems in place to actively monitor progress, actions, strategies and initiatives aimed at Closing the Gap inhealth outcomes between Aboriginal and non-Aboriginal people on the MNC. The sub-committee's role is to advise MNCLHD's Governing Board on a comprehensive Close the Gap strategy for the LHD, ensuring alignment with National, State, and local plans, policies and directions. This includes monitoring the implementation and co-ordination of key strategies and reviewing Aboriginal Health performance reports to identify areas requiring intensified action.

In 2023, the Sub-committee underwent a review and subsequent reset with a key membership change to include 50% Aboriginal membership. This change ensures the expertise of Aboriginal voices is brought to the table and contributes to LHD policy, strategy and program development that impacts Aboriginal people. Members of the sub-committee includes Governing Board members, an ACCHO representative, MNCLHD Aboriginal staff and non-Aboriginal MNCLHD Executives.

The Sub-committee's renewed focus and purpose is aimed to strengthen accountability throughout MNCLHD throughmonitoring the implementation of local, regional and state strategies for Aboriginal health, monitoring the LHD progress of key Closing the Gap KPIs, having oversight of all current and emerging programs, services and reforms that have a significant impact on Aboriginal health including funding initiatives for Aboriginal health and conducting deep dives into LHD programs activity and expenditure to ensure equitable access for Aboriginal people.

What does this principle look like in practice? (cont.)

LHD/SHN: Justice Health & Forensic Mental Health Network (JHFMHN) Aboriginal Health Strategy Committee as a committee of the Board in the Model by-Laws

The Aboriginal Health Strategy Committee (the Committee) was established to strengthen accountability and transparency to the Aboriginal patient population in contact with Justice Health NSW Health Services. The Committee includes, engages and promotes the diversity of Aboriginal voices. The Committee is included in the Model By-Laws as a committee of the Justice Health Board, pursuant to item 13 section 60(4) of the Health Services Act 1997. The Model By-laws establish a set of core governance provisions. Changes to these core governance provisions require approval of the Health Secretary or delegate. The chair and members of the sub-committee are appointed by the Board and reviewed on an annual basis. The membership includes a minimum of three members of the Board.

The purpose of the Committee is to provide advice and assist the board to hold the organisation accountable to Close the Gap by prioritising health care and programs for Aboriginal people in contact with the criminal justice system. The responsibilities of the Board includes to provide input and assist in the development and review of Aboriginal plans and strategies, ensure that the organisation's strategic plans align with the principles of Aboriginal health, ensure that Aboriginal cultural values and matters of significance are included in all aspects of Justice Health, advise and support the organisation to strengthen relationships with ACCHOs and ACCOs and advise the board and Chief Executive to make appropriate investments to implement strategic plans for Aboriginal health.

NSW Health System level: The NSW Aboriginal Health Transformation Committee

The NSW Aboriginal Health Transformation Committee (the Committee) is the peak governance body for Aboriginal health within NSW Health internal governance structures. The Committee sits alongside and provides updates as needed to the Senior Executive Forum, Ministry Executive Meeting and the Health System Services Group and is part of the NSW Health System Governance and System Management structure. All state-wide committees in NSW Health that have a significant impact on Aboriginal health report to the Committee on a quarterly basis to ensure accountability, transparency and alignment in the MoH for Aboriginal health.

The Committee is based on the core membership of senior Aboriginal and non-Aboriginal staff and leaders from across NSW Health. The partnership and contribution of these members provides the basis for decisions made by the Committee. The Committee acknowledges that Aboriginal people are best placed to lead change that affects Aboriginal communities. Central to the Committee guiding principles is the recognition of the importance of self-determination, a partnership approach, and inter-sectoral collaboration.

The Committee is the governance body of the implementation of the NSW Aboriginal Health Transformation Agenda, which contributes to NSW Health's response to the Priority Reform Areas from CTG. The Committee functions to hold the NSW Health system accountable for Aboriginal health through monitoring the delivery of health system performance for Aboriginal people, setting strategic priorities for NSW Health to improve the system for Aboriginal patients, staff and communities, informing responses to emerging critical issues and advising on general business issues across the health system as required.

Appendix 1

Abbreviations

AANSW	Aboriginal Affairs NSW
ACCO	Aboriginal and Torres Strait Islander Community Controlled Organisation
ACCHO	Aboriginal Community Controlled Health Organisation
AH&MRC	Aboriginal Health and Medical Research Council of NSW
AHW	Aboriginal Health Worker
AHP	Aboriginal Health Practitioner
ALO	Aboriginal Liaison Officer
AMS	Aboriginal Medical Service
CAH	Centre for Aboriginal Health
CSP	Clinical Services Planning
CTG	Closing the Gap
LDM	Local Decision Making
LGA	Local Government Areas
LHD	Local Health Districts
KPI	Key Performance Indicator
MOH	Ministry Of Health
NSQHS	National Safety and Quality Health Service
SGO	Stolen Generations Organisation
SHN	Speciality Health Network

Appendix 2

Glossary

Aboriginal Cultural Engagement Self-Assessment Audit Tool

The Aboriginal Cultural Engagement Self-Assessment Audit Tool is an annual continuous quality improvement mechanism that LHDs to quantify, monitor and improve the cultural and clinical safety of their facilities and services for Aboriginal patients. The tool aims to identify ways of strengthening cultural engagement between staff and their Aboriginal stakeholders by bringing a continuous quality improvement cycle to cultural engagement. The tool provides evidence during hospital accreditation, supports other local and organisational audits and activities developed to strengthen the cultural safety of NSW Health services. The tool embeds the six specific Aboriginal actions from the NSQHSS, the five strategic directions from the NSW Aboriginal Health Plan, the Priority Reform Areas from CTG and the principles of the Framework.

Boards

Each LHD or SHN Board is responsible for establishing and oversighting an effective governance and risk management framework for the network, setting its strategic directions, ensuring high standards of professional and ethical conduct are maintained, involving providers and the community in decisions that affect them, monitoring the service delivery and financial performance of the network against its targets and holding the network chief executive accountable for their performance.

Clinical Governance

In the context of NSW Health, clinical governance is the set of relationships and responsibilities established by a health service between MOH, Clinical Excellence Commission, Governing Board, executive, clinicians, health care workers, patients, health consumers, and other stakeholders to ensure good clinical outcomes. Implementation of a sound clinical governance system involves contributions by individuals and teams at all levels of the organisation.

Co-creation

Co-creation differs from co-design, as it allows people to collaboratively identify problems, which extends on co-design where issues are already pre-defined and on co-production where both problems and solutions are pre-defined[14].

Commercial determinants of health

The commercial determinants of health are private sector activities affecting people's health, directly or indirectly, positively or negatively. Commercial activities by private sector organisations shape the physical and social environments in which people live and work, and are a key determinant of Aboriginal peoples' and communities' health and wellbeing[15].

Cultural determinants of health

The cultural determinants of health are anchored in Aboriginal ways of knowing, being and doing, centred upon the relationship of self to Country, kin, community, and spirituality. They are rights-based, as they hinge upon the inherent right to practice one's Aboriginal culture, including through: connection to Country, family, kin and community; Aboriginal beliefs and knowledge; cultural expression and continuity; Aboriginal language; and self-determination and leadership.

Cultural load

Cultural load is a term to describe the (often invisible) load borne by Aboriginal people in the workplace, where they are either the only person or one of a small number of people from the Aboriginal community. This creates additional workload associated with things like being consistently expected to respond to all things relating to that community and speak on behalf of all its people. It can mean frequently having to provide information, knowledge, education and support on Aboriginal issues, topics and days of significance – often without any formally agreed reduction or alteration to, or acknowledgement of, a person's current workload[10].

Cultural safety

Cultural safety is an Aboriginal and Torres Strait Islander specific concept in Australia. It is an experience that Aboriginal and Torres Strait Islander peoples have and its presence or absence can only be determined by them . A culturally safe environment for First Nations people is when their presence is welcomed and respected, experiences are believed and validated, cultures are centred and valued, knowledges and skills are recognised and supported, advice is listened to and acted upon and they do not experience racism in any form. Culturally safe care and services do not discriminate, are respectful, safe and enable meaningful communication and shared decision making. Cultural safety is defined by the individual interacting with the system and receiving care[16].

Health equity

Health equity is 'the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, geographically or by other dimensions of inequality (e.g., sex, gender, ethnicity, disability, or sexual orientation)' and can be achieved when everyone can attain their full potential for health and wellbeing[17].

Health Service

A LHD or a statutory health corporation, NSW Ambulance and affiliated health organisations that provide clinical services. NSW Health support organisations that provide clinical services including Cancer Institute NSW.

Health system in NSW

The health system in NSW refers to all health organisations across the state combined. This includes the public health services of NSW Health, private Health Services (primary care, hospitals, medical specialists and allied health), Aboriginal Community Controlled health services and mainstream primary care services.

NSW Health

NSW Health organisations consist of:

- the Ministry of Health
- Local Health Districts
- Specialty Health Networks
- five state-wide 'pillar' organisations focusing on research, data, innovation, clinical excellence, education and training
- six state-wide or specialist health services that deliver specific types of healthcare, such as emergency ambulance services or pathology, and health system supports, such as infrastructure investment and digital/information technology capabilities.

Self-Determination

Self-Determination is the human right of Indigenous people to control their own affairs and make meaningful decisions about their lives to fulfil their physical, emotional, cultural, spiritual, political, and economic needs .

Social determinants of health

Social determinants of health refer to the material conditions of people's lives that are shaped by structures beyond their personal contro[119] . They are non-medical factors that influence health outcomes. For Aboriginal peoples, racism is a social determinant of health in addition to those commonly acknowledged by the World Health Organization, such as income, education, employment, job security, housing, food security, early childhood development, transport and social support and exclusion[18].

Shared decision making

Decision-making is shared between government and Aboriginal and Torres Strait Islander people. Shared decision-making is:

1. by consensus, where the voices of Aboriginal and Torres Strait Islander parties hold as much weight as the governments
2. transparent, where matters for decision are in terms that are easily understood by all parties and where there is enough information and time to understand the implications of the decision
3. where Aboriginal and Torres Strait Islander representatives can speak without fear of reprisals or repercussions
4. where a wide variety of groups of Aboriginal and Torres Strait Islander people, including women, young people, Elders, and Aboriginal and Torres Strait Islander people with a disability can have their voice heard
5. where self-determination is supported, and Aboriginal and Torres Strait Islander lived experience is understood and respected
6. where relevant funding for programs and services align with jointly agreed community priorities, noting governments retain responsibility for funding decisions
7. where partnership parties have access to the same data and information, in an easily accessible format, on which any decisions are made[20].

Appendix 3

Symbolism in artwork

Figure 1

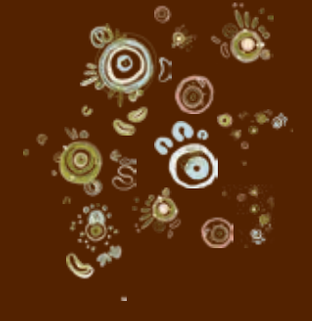
This figure represents ACCO's, Aboriginal peoples and communities across NSW. The figure is situated at the top of the artwork and is a larger figure, to empower Aboriginal people, ACCO's and the Aboriginal health workforce. It symbolise that Aboriginal people know what is best for them, and are best placed to provide holistic care for our people.

Figure 2

This figure represents NSW Health and the role they have to ensure that the vision for Closing the Gap is achieved through the Aboriginal Health Plan. It acts as a symbol for truth telling, healing and equity. It is a reminder for NSW Health to place Aboriginal culture and culturally safety practices at the centre of all health care across the sector.

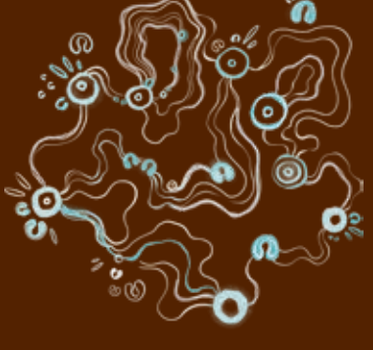
Figure 3

These sticks symbolise NSW Health empowering ACCO's to provide culturally safe environments, health practices and holistic healing for Aboriginal communities. The tools are situated in between the blue and pink figures to visually communicate this exchange in power, in return creating a transformative shift.



Figures 4

Our Elders and elements of Country are symbolised around the artwork, to acknowledge our old people and Country. Their teachings and ways of being are the foundations of healthcare and has sustained our health and cultural teachings for thousands of years. They are also included in the pink, green and blue figures to symbolise that their knowledge and attributes live within us.



Figures 5 and 6

These figures relate to all the moving parts of the Aboriginal Health Plan, how they are all interconnected.

lakkari art

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NSW Health

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