

Nepean Blue Mountains Local Health District



# Aboriginal Health Plan

2021-2026



## Acknowledgement of Country

The Nepean Blue Mountains Local Health District would like to acknowledge the Darug, Gundungurra and Wiradjuri people as the traditional custodians of the land that the Local Health District services. We would also like to pay our respects to all Elders both past and present from the many nations we journey through, and communicate with, on a daily basis as employees of the Local Health District.

Nepean Blue Mountains Local Health District is committed to providing culturally appropriate, accessible services that will improve the health status of Aboriginal and Torres Strait Islander people in our communities. We recognise that increasing our own cultural competency is a priority in order to achieve this commitment.



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## Foreword

I would like to begin by acknowledging the traditional custodians of the land that Nepean Blue Mountains Local Health District services, the Darug People, the Gundungarra People and the Wiradjuri People, and pay my respect to Elders past and present.

At a population level, Aboriginal people living in Nepean Blue Mountains Local Health District experience significantly poorer health outcomes than their neighbours:

- There is a nine year gap in average life expectancy between Aboriginal and non-Aboriginal people; and
- Aboriginal people have disproportionately high rates of chronic illness.

These outcomes are the result of a range of factors:

- Aboriginal communities have much higher rates of disadvantage in relation to key social determinants of health, including poverty, insecure housing, educational disadvantage and intergenerational trauma;
- Aboriginal communities also have higher rates of individual risk factors such as smoking; and
- Aboriginal people have poorer access to timely health care, in particular preventative health care.

Nepean Blue Mountains Local Health District is deeply committed to addressing these issues and closing the gap in both life expectancy and infant mortality.

Achieving our shared goals will require a dedicated focus across the entire LHD, with each team and each facility having a unique and important role to play.

The Board, Executive and I share a strong commitment to leading and supporting the developments required to improve the health of Aboriginal communities and improving the experience of Aboriginal patients across this LHD.

Our staff are likewise committed to improving the health and wellbeing of Aboriginal people. There are already many examples of outstanding work happening across the LHD to address these issues, whether it is in making Aboriginal patients feel welcome when they access hospital facilities, providing culturally safe nursing, medical and allied health care to Aboriginal patients, supporting Aboriginal patients to make lifestyle changes to reduce their risk of chronic disease, or developing population-level programs to prevent disease and promote wellbeing.

The LHD's Aboriginal staff have a unique role in enabling the LHD to improve outcomes for Aboriginal communities. Aboriginal staff are often the linkage between the health service and the local community, they are often relied upon to support Aboriginal patients to access and navigate the system, and to advise clinicians on culturally appropriate care. We are proud of the work done by our Aboriginal staff and deeply value their skill and their commitment.

We also deeply value our collaboration with local Aboriginal communities. Local communities have been a key part of the development of this *Aboriginal Health Plan*, in particular through their participation in the Sharing and Learning Circles. Over the coming five years we will continue to consult and collaborate with Aboriginal patients, Aboriginal communities, Aboriginal Elders and Aboriginal community organisations.

We will also continue to work with other partners in the primary health care, government and non-government sectors to improve outcomes for Aboriginal people.

This Plan provides Nepean Blue Mountains Local Health District's agenda for improving health outcomes among Aboriginal people and improving the experience of Aboriginal patients. I look forward to working with you on its implementation.

**Kay Hyman**  
**Chief Executive**  
**Nepean Blue Mountains Local Health District**

## A Message from Clarke Scott

I acknowledge the traditional owners of the land on which Nepean Blue Mountains Local Health District is located, the Darug people, the Gundungarra people and the Wiradjuri people, and pay my respect to Elders past and present.

The *Aboriginal Health Plan* outlines the commitment of the Nepean Blue Mountains Local Health District to achieving better health outcomes for the Aboriginal people across the Blue Mountains, Hawkesbury, Lithgow and Penrith communities. This work is led by Nepean Blue Mountains Local Health District staff, in collaboration with the local Aboriginal community groups and consumers to inform organisational management and service delivery.

I recognise, promote and will continue to build relationships between the Nepean Blue Mountains Local Health District and members of the Aboriginal community, as this is fundamental to delivering the best services for Aboriginal patients with the aim of improved health outcomes amongst the Aboriginal communities in the Nepean Blue Mountains Local Health District.

The aim of the *Aboriginal Health Plan* is to improve health; enhance patient experience and access to care; and finally strengthen the local health systems. In order to do this we must build on the ongoing commitment and willingness of the Aboriginal community to engage with facilities and Local Health District services. Coordination of health services and creating appropriate service models is vital for meeting the needs of Aboriginal people across the Local Health District and achieving real outcomes.

Some key enhancements have seen improvement in the cultural safety of facilities and services, improvement in the cultural competence of Local Health District staff and the undertaking of quality improvement research.

The Aboriginal Health Unit, Aboriginal staff from across the organisation including a network of Aboriginal Health Workers, along with committed clinical staff and administrators play a crucial role in influencing and supporting all parts of the District to achieve our many organisational objectives. These include ensuring the health needs of Aboriginal people are considered through service planning and delivery as well as partnership development.

The Nepean Blue Mountains Local Health District Aboriginal Health Governance Committee provides expert cultural and strategic governance to improve health access and outcomes for Aboriginal people.

Key performance indicators and data allows us to monitor the effectiveness of services and programs, however there needs to be strategies in place to effect change and meet KPI's which will ultimately improve health outcomes for Aboriginal people in the Nepean Blue Mountains Local Health District.

Self-determination can only be achieved when health outcomes are developed in partnership with our Aboriginal communities, these outcomes are achieved in collaboration with the Local Health District and guided by the expertise of the Aboriginal workforce.

**Clarke Scott**  
**Chair**  
**Aboriginal Health Governance Committee**



# Introduction

The Nepean Blue Mountains Local Health District Aboriginal Health Plan has been developed by the Aboriginal Health Unit.

The development of this Plan has been informed by:

- consultation with Aboriginal people living in Nepean Blue Mountains Local Health District (via the Sharing and Learning Circles);
- consultation with Aboriginal community and health organisations in the District;
- consultation with other key partners, including Nepean Community and Neighbourhood Services, and the Nepean Blue Mountains Primary Health Network;
- a review of relevant local, state and national data; and
- a review of local, state and national policy and literature, including
  - *NSW Aboriginal Health Plan 2013-2023*
  - *Nepean Blue Mountains Local Health District Service Agreement*
  - *Nepean Blue Mountains Local Health District Strategic Plan 2018-2023*
  - *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*.

All staff at all levels and in all disciplines within the District have an important role to play in achieving the goals and objectives of this Plan.

Many of our non-Aboriginal staff are highly skilled in conveying their respect for Aboriginal culture and in engaging Aboriginal patients in health care. There are, however, opportunities to improve our response to Aboriginal patients, particularly in building a shared understanding across non-Aboriginal staff of why “treating everyone the same” isn’t enough to improve outcomes among Aboriginal people. In addition, the *NSW Aboriginal Health Plan 2013-2023* identifies the need for each LHD to address both institutional and interpersonal racism<sup>1</sup>.

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<sup>1</sup> The *NSW Aboriginal Health Plan* defines institutional racism as “the systemic failure of the organisation to meet the needs of Aboriginal people” and interpersonal racism as “conduct, attitudes, words or practices of health service staff”. p 15.

# Goals and Objectives

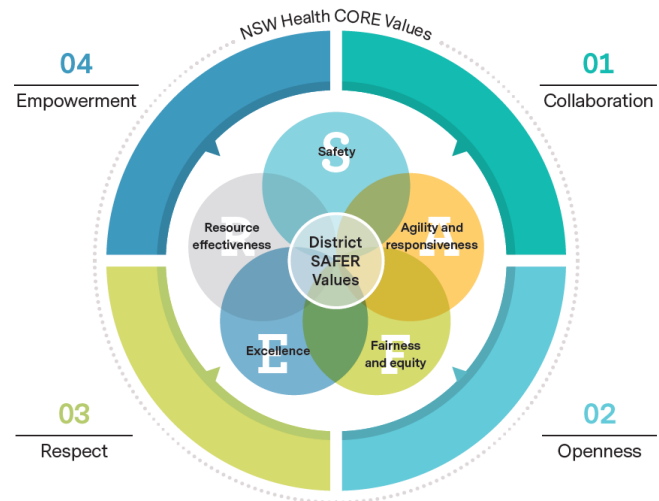
The NSW Ministry of Health values of CORE and the Nepean Blue Mountains Local Health District values of SAFER underpin all planning processes and health service delivery.

## Core Values

Collaboration  
Openness  
Respect  
Empowerment

## Safer Values

Safety  
Agility & responsiveness  
Fairness  
Excellence  
Resource Effectiveness



The intended outcomes for Nepean Blue Mountains Local Health District for the coming five years are as follows:

1. **Improve the health and wellbeing of Aboriginal people in Nepean Blue Mountains Local Health District, by:**
  - reducing individual behavioural risk factors;
  - increasing behaviours which improve health and wellbeing;
  - improving access to preventative health care and services;
  - increasing uptake of screening and detection services;
  - working in partnership with Aboriginal community members and Aboriginal community organisations, to strengthen resilience and community social capital.
2. **Enhance the patient experience and increase timely access to high-quality, culturally responsive health care by:**
  - maintaining and strengthening respect for Aboriginal people's culture among all staff of the LHD;
  - developing models of care which are high-quality and culturally safe;
  - strengthening effective and safe communication to ensure patients and families have in-depth understanding of their own health needs;
  - creating a safe, welcoming and culturally appropriate environment;
  - facilitating access to transport;
  - providing comprehensive care which links to other community-based providers, including primary care and Aboriginal health and community organisations.
3. **Strengthen system enablers through:**
  - continuing to strengthen the Aboriginal Health Unit;
  - increasing the proportion of staff who are Aboriginal and/or Torres Strait Islander;
  - using data and evidence to inform our approach and monitor progress.



## Our commitments

As an LHD we are committed to:

- enhancing the understanding of the Aboriginal definition of health, which encompasses the whole person (including their connection to family, community and country) and the social, emotional and cultural wellbeing of the whole Community;
- strengthening the partnership with Aboriginal community members (including local elders) and Aboriginal organisations;
- partnering with mainstream health and community organisations to address systemic barriers to health;
- valuing the expertise and contributions of Aboriginal staff working within NBMLHD;
- improving cultural respect and responsiveness by applying Aboriginal Health Impact Assessments on all major initiatives;
- providing opportunities for all staff to develop an understanding of the needs of and be more responsive to Aboriginal patients and communities;
- fostering models of care and physical environments which support cultural safety;
- utilising local and national evidence to inform our work;
- trialling new approaches to improving access and outcomes.



## Governance

This Plan will be implemented by the Nepean Blue Mountains Local Health District Aboriginal Health Governance Committee, a Sub-Committee of the NBMLHD Board. The Committee, which is co-chaired by Mr Clarke Scott, reports directly to the Nepean Blue Mountains LHD Board on issues relating to Aboriginal health. Its membership includes community representation from each of the four Local Government Areas, the Nepean Blue Mountains Primary Health Network, and the Greater Western Aboriginal Health Service.

Services across the Local Health District will be required to develop Actions Plan and Key Performance Indicators which demonstrate their activities toward the goals of this Plan. Progress against those Action Plans will be reported to the Aboriginal Health Governance Committee on a regular basis.



# Aboriginal People in Nepean Blue Mountains

## Demographics

Aboriginal people make up 4.4% of the population of Nepean Blue Mountains (that is, 16,147 people in 2016). The proportion of local residents identifying as Aboriginal has increased over time. The Aboriginal population is younger than the general NBM population, 56% of the Aboriginal population is aged under 25 years of age (compared to 33% of the non-Aboriginal population) with a relatively low proportion of the Aboriginal community aged 65 plus (3.7% vs 14.4%)<sup>2</sup>. Geographically, the population is dispersed across the LHD.

## Health outcomes

Across Australia, Aboriginal and Torres Strait Islander people have poorer health outcomes than non-Aboriginal people.

- There is an unacceptable gap in life expectancy between Aboriginal and non-Aboriginal residents, with an Aboriginal male having a lower life expectancy of 9.3 years and an Aboriginal female having a lower life expectancy of 7.6 years<sup>2</sup>; and
- Aboriginal people have far higher rates of chronic disease than non-Aboriginal people and higher rates of clinical and social complexity.

Five main conditions were responsible for 79% of Aboriginal deaths in Nepean Blue Mountains in 2011-2015<sup>3</sup>:

- **circulatory disease**<sup>4</sup> was the main cause of death in Aboriginal people. Circulatory disease was responsible for 24.9% of Aboriginal deaths. The rate of deaths from circulatory disease was 59% higher than the general NBM population.
- **cancer** accounted for 24.7% of Aboriginal deaths. The rate of deaths from cancer was 31% higher than in the general NBM population.
- **injury and poisoning** accounted for 13.5% of Aboriginal deaths. The rate of deaths from Injury and poisoning was 99% higher than in the general NBM population.
- **respiratory disease**<sup>5</sup> accounted for 9.8% of Aboriginal deaths. The rate of deaths from respiratory disease was 99% higher than the general NBM population.
- **endocrine**<sup>6</sup> disease accounted for 6% of Aboriginal deaths. The rate of deaths from endocrine disease was 190% higher than the general NBM population.

Comparing rates of deaths and hospitalisations with those of non-Aboriginal people<sup>7</sup>:

- rates of all **potentially preventable hospitalisations** were 74% higher for Aboriginal people
- age standardised rates of hospitalisations for diabetes were 199% for Aboriginal people<sup>7</sup>
- rates of alcohol related hospitalisations were 48% higher among Aboriginal people<sup>7</sup>
- rates of hospitalisation for high body mass were 62% higher among Aboriginal people (and increasing)<sup>7</sup>
- rates of hospitalisation for smoking were 130% higher (and increasing) for Aboriginal people<sup>7</sup>

<sup>2</sup> [http://www.healthstats.nsw.gov.au/Indicator/dem\\_pop\\_Aboriginality/dem\\_pop\\_Aboriginality\\_lhnmap](http://www.healthstats.nsw.gov.au/Indicator/dem_pop_Aboriginality/dem_pop_Aboriginality_lhnmap) [accessed 18/11/20]

<sup>3</sup> Deaths by cause and Aboriginality, NSW 2011-2015, <http://www.healthstats.nsw.gov.au/> [accessed 29/6/18]

<sup>4</sup> Coronary artery disease, hypertension, stroke

<sup>5</sup> Chronic obstructive pulmonary disease, asthma

<sup>6</sup> Diabetes, metabolic condition

<sup>7</sup> Epidemiological Profile of Nepean Blue Mountains Local Health District, 2014, Ch 12, Aboriginal People

# Aboriginal Health Data<sup>8</sup>

## 5 leading causes of death for Aboriginal people in NSW

1. Circulatory disease
2. Cancer
3. Injury and poisoning (including suicide and self-harm)
4. Respiratory disease
5. Endocrine disease

## Potentially preventable hospitalisations for Aboriginal people in NSW

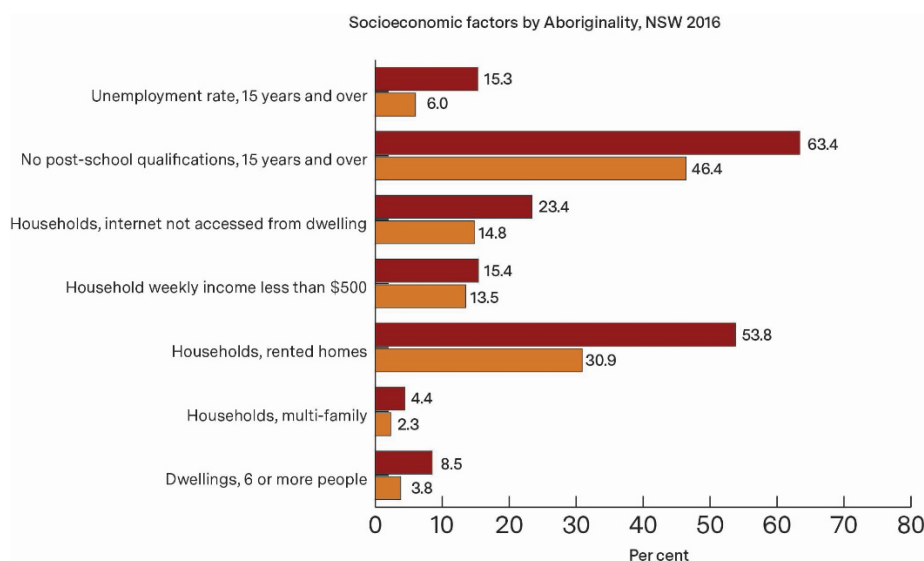
- Cellulitis, chronic obstructive pulmonary disease (COPD), urinary tract infections (including pyelonephritis), dental conditions, ear, nose and throat infections and congestive heart failure accounted for over half of all potentially preventable hospitalisations in NSW in 2018-19.
- The age-adjusted rate of admission for potentially preventable hospitalisations for Aboriginal people in 2018-19 was 4,949 per 100,000 population compared with 2,032 per 100,000 population for non-Aboriginal people (2.4 times higher for Aboriginal people). There are a number of reasons why the rate for Aboriginal people has increased in recent years, including a 10% improvement in the reporting of Aboriginal people in NSW hospital data since 2009-10 and the implementation of programs to improve access to health services by Aboriginal people in response to a higher health need.

## Hospitalisations by cause for Aboriginal people in NBMLHD during 2018/19.

- Dialysis patients are hospitalised at 3.5x the rate of non-Aboriginal people at 11.7%.
- Digestive system diseases at 10.3%.
- Maternal, neonatal and congenital health issues at 8.3%.

## Contributing factors and drivers of poorer health outcomes for Aboriginal people in NSW

In NSW, larger proportions of Aboriginal people are: unemployed; have no post-school qualifications; no household internet connection; a low weekly household income; rent, live in multi-family households; and reside in dwellings with 6 or more people than non-Aboriginal people.



<sup>8</sup> Centre for Epidemiology and Evidence. HealthStats NSW. Sydney: NSW Ministry of Health. Available at: [www.healthstats.nsw.gov.au](http://www.healthstats.nsw.gov.au). Accessed 3 June 2021.

## Gap in outcomes

The gap between Aboriginal and non-Aboriginal people in Nepean Blue Mountains is complex due to the intersection of a range of personal, community and systemic factors.

International research on health inequity shows that:

- 40% of differences in health outcomes are driven by **social and economic factors**
- 30% of differences in health outcomes are driven by **behavioural risk factors**
- 20% of differences in health outcomes are driven by **differential access** to health services and/or **differences in the quality of health services**
- 10% of differences in health outcomes are driven by **environmental factors** (University of Wisconsin, 2014).

### Social and economic determinants of health

Nationally, between one third and one half of the life expectancy gap can be explained by differences in the social determinants of health. Those social determinants of health affect the health of individuals and influence how a person accesses and interacts with health services.

Social determinants which are key drivers of ill health among Aboriginal people include (OATSIH, 2013):

#### The long term impacts of colonisation and the Stolen Generation

The long term health impacts of dispossession and government policies which removed children from their families continue to be experienced today at both individual and community levels. These impacts include socio-economic disadvantage, loss of access to family, community and culture, and high levels of (first and second generation) trauma.

#### Lower overall socio-economic status

Research has demonstrated associations between an individual's social and economic status and their health.

Within Nepean Blue Mountains, Aboriginal people are over-represented among those who are socio-economically disadvantaged, and there are pockets of extreme disadvantage among Aboriginal residents in both the Penrith and Lithgow LGAs. For Aboriginal people in our LHD, socio-economic status affects health through impact on behavioural risk factors (see below), prevalence of disease (see above), access to education, access to health care, and environmental factors.

### Access to health services and quality of services

It is widely documented that Aboriginal people have less access to and uptake of preventative and primary care, and are more likely to access health care only after disease progression is underway.

2019 BHI Data on patient experience indicates some of the barriers to access and retention in care for Aboriginal people:

- In Nepean Blue Mountains, Aboriginal patients were 12% less positive about their experience than non-Aboriginal people for all BHI patient experience questions
- Aboriginal patients were significantly less likely than non-Aboriginal patients to report that nurses always answered in understandable ways (66% vs 79%) and that doctors always answered in understandable ways (57% vs 76%)
- Dignity and respect for Aboriginal patients was the lowest proportion for the state (60%).
- Surgical wait times were rated as greater than 1month for 81% of Aboriginal patients booked for surgery
- Aboriginal patients who rated emergency staff as polite and courteous were only 58% compared to 86% for Non-Aboriginal patients

## Individual and behavioural risk factors

There are a number of key individual and behavioural risk factors which are of concern in NSW:

- 1 in 3 Aboriginal people 16 years and older smoked<sup>9</sup>
- 1 in 3 Aboriginal people 16 years and older were obese<sup>9</sup>
- 2 in 5 Aboriginal people 16 years and older consumed alcohol on any one occasion at risky levels<sup>9</sup>
- 1 in 4 Aboriginal people 16 years and older had high blood pressure<sup>10</sup>
- 3 in 5 Aboriginal people 16 years and older had high cholesterol<sup>11, 12</sup>
- 1 in 6 Aboriginal people 16 years and older had diabetes<sup>13</sup>.

## Recent progress in Nepean Blue Mountains

Nepean Blue Mountains Local Health District has been working steadfastly toward improvements in Aboriginal health since its inception in 2011. This includes the recent implementation of an NBMLHD-specific Aboriginal Key Performance Indicator Dashboard, which monitors relevant indicators set by the Ministry of Health, the NSW Health Service Agreement Indicators and Priority Indicators from the Clinical Information and Performance Report.

There have been marked successes in improving the health outcomes for future generations of Aboriginal children and young people through the work of maternal and infant health services (including the Aboriginal Maternal and Infant Health Service) and Public Health:

- There has been an increase in life expectancy at birth for Aboriginal males and females born in Nepean Blue Mountains Local Health District
- Although Aboriginal babies still tend to have a lower birth weight, there have been improvements in the average birth weight of Aboriginal babies
- There has been a reduction in perinatal morbidity
- There has been a reduction in smoking during pregnancy
- There have been marked improvements in immunisation coverage of Aboriginal children.

There have been some vital improvements in access to health care among Aboriginal people:

- There has been an increase in the proportion of Aboriginal women/mothers of Aboriginal babies who access their first antenatal visit at 14 weeks or earlier
- A significant number of Aboriginal people who have a chronic condition have been enrolled for 48-hour follow-up post-discharge<sup>14</sup>
- Anecdotally, patients screened via the Mootang Tarimi service report being more proactive in accessing health services following assessment by the service staff
- Blue Mountains Hospital has developed a small number of specific services for Aboriginal people, including initiatives to increase access to antenatal care
- The Oral Health Service has improved access through increasing capacity devoted to Aboriginal patients

<sup>9</sup> Bureau of health information. Aboriginal people's experience of hospital care 2019

<sup>9</sup> Centre for Epidemiology and Evidence. HealthStats NSW. Sydney: NSW Ministry of Health. Available at: [www.healthstats.nsw.gov.au](http://www.healthstats.nsw.gov.au). [accessed 29/6/18]

<sup>10</sup> Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: New South Wales. Cat. no. IHW 182. Canberra: AIHW. Section 1.07, p.32.

<sup>11</sup> Centre for Epidemiology and Evidence. HealthStats NSW. Sydney: NSW Ministry of Health. Available at: [www.healthstats.nsw.gov.au](http://www.healthstats.nsw.gov.au). Accessed [7/8/18]

<sup>12</sup> Centre for Epidemiology and Evidence. HealthStats NSW. Sydney: NSW Ministry of Health. Available at: [http://www.healthstats.nsw.gov.au/Indicator/cvd\\_chol\\_age/cvd\\_chol\\_atsi\\_trend](http://www.healthstats.nsw.gov.au/Indicator/cvd_chol_age/cvd_chol_atsi_trend). Accessed [7/8/18]

<sup>13</sup> Australian Institute of Health and Welfare 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: New South Wales. Cat. no. IHW 182. Canberra: AIHW. Section 1.09, p.36

<sup>14</sup> The 48-hour follow-up post-discharge provides targeted support to patients' post-hospitalisation.  
Aboriginal Health Plan

In addition, there have been improvements in the provision of culturally sensitive care for Aboriginal patients:

- As at December 2018, 93% of NBMLHD staff have completed the Respecting the Difference training on line and 73% have completed the face to face training.
- In 2015, Nepean Hospital undertook the Aboriginal Identification project, which aimed to improve the recording of Aboriginality of patients (and thus provide more culturally appropriate care and access to culturally-specific supports such as Aboriginal Liaison Officers and 48 hour follow-up). During this project's implementation, reporting of Aboriginality increased significantly.
- Blue Mountains Hospital in particular has attended to cultural aspects of service delivery in order to be more accessible for Aboriginal patients, with the establishment of a Reconciliation Garden, the naming of the maternity ward after an Aboriginal midwife and a calendar of community events to engage Aboriginal people and celebrate the contribution of Aboriginal people to the local area.



## About NBMLHD services

Nepean Blue Mountains Local Health District is responsible for providing population-based, community health and hospital care for people living in the Blue Mountains, Hawkesbury, Lithgow and Penrith Local Government Areas (LGAs) and tertiary care to residents of the Greater Western Region.

The Local Health District consists of both urban and semi-rural areas, covering almost 9,179 square kilometres and an estimated resident population of almost 350,000 people.

### Facilities

The main hospitals in Nepean Blue Mountains Local Health District are Nepean Hospital, Blue Mountains District ANZAC Memorial Hospital, Springwood Hospital, Lithgow Hospital and Portland Tabulam Health Centre. Hawkesbury Hospital (for public patients) is operated under contract with Hawkesbury District Health Service, as part of St John of God Health Care. Community Health Centres are located throughout the District.

### Specific initiatives

The District has a number of specific initiatives designed to improve population health outcomes, access to health care and health outcomes for Aboriginal people, including:

- Mootang Tarimi (a mobile outreach service providing screening and support in the community setting)
- Building Strong Foundations (targeting families)
- Aboriginal Maternal and Infant Health Service
- Quit for New Life referral pathways (smoking in pregnancy)
- 48 Hour Follow Up (following discharge from hospital)
- Aboriginal Chronic Care Program
- Deadly Liver Mob (improving access to hepatitis C diagnosis and care)
- Koori Kids Futures - Health Inspirations (encouraging students towards careers in health).

### Aboriginal Health Unit

At a District level, the Aboriginal Health Unit is responsible for:

- providing expert cultural and strategic guidance to the Board, Executive and senior management on improving access and outcomes for Aboriginal people
- providing guidance to individual units and services on strategies to ensure high quality, culturally safe health services are delivered to Aboriginal people in the area
- providing high level coordination of the range of strategies across the LHD targeting Aboriginal people
- monitoring data to note progress or barriers to progress in achieving the goals of this Plan
- supporting and monitoring Aboriginal Health Impact Assessments.

### Aboriginal staff

Aboriginal staff play a critical role in providing care to Aboriginal patients, linking Aboriginal patients to the health system and providing advice to Units and facilities on culturally safe care. Aboriginal staff occupy a wide range of roles across the LHD, including as:



- Aboriginal Liaison Officers (located in streams including Emergency, Drug and Alcohol, Immunisation and Chronic and Complex care )
- Clinicians – including nursing, medical and allied health roles
- Clinical support officers
- Administrative support officers
- Senior Leadership.

At present, some 2.24% of the District's workforce identifies as Aboriginal and/or Torres Strait Islander. The District's target, as articulated in *The Nepean Blue Mountains Aboriginal Workforce Strategy 2017-2021*, is to increase this to 3.2%.

### Aboriginal Cultural Training Framework

The LHD is also committed to ensuring that non-Aboriginal staff have the knowledge, skills and understanding to provide respectful, responsive and culturally sensitive services, and to contribute to the LHD-wide commitment to improving outcomes and access for Aboriginal people. The Respecting the Difference Training initiative provides all staff with a baseline level of knowledge and skill and is mandatory for all LHD staff.

### Local partners

Collaboration will be vital in achieving the priorities of this Plan. Key partners include:

- Local Aboriginal communities and Aboriginal community networks.
- Local Aboriginal services and organisations, including Greater Western Aboriginal Health Service, Merana Aboriginal Community Association for the Hawkesbury, Aboriginal Cultural Resource Centre, Mingaan Wiradjuri Aboriginal Corporation, Nepean Community and Neighbourhood Services and Sydney Regional Aboriginal Corporation.
- Primary care, including the Primary Health Network and local General Practices.
- Local government and state government.



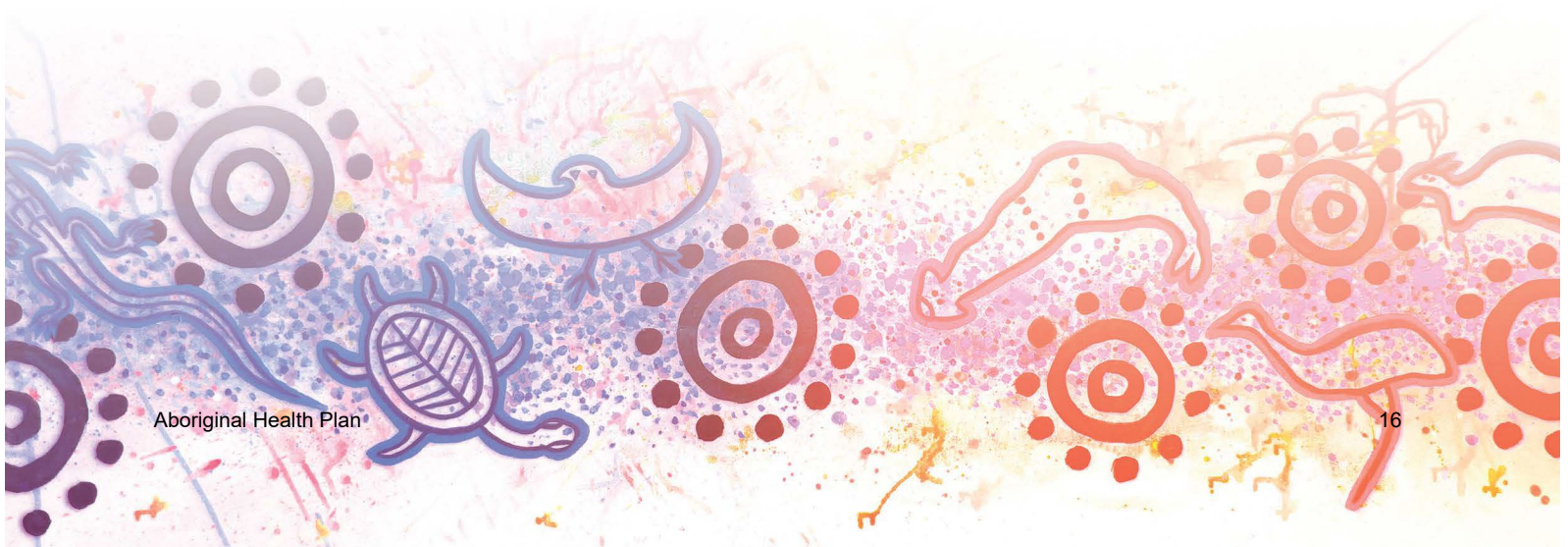
# Our Outcomes and Priorities

OUTCOMES

- 01** IMPROVE THE HEALTH AND WELLBEING OF ABORIGINAL PEOPLE IN NBMLHD
- 02** ENHANCE THE PATIENT EXPERIENCE AND INCREASE TIMELY ACCESS TO HIGH QUALITY, CULTURALLY SAFE HEALTH CARE
- 03** STRENGTHEN THE SYSTEM ENABLERS

PRIORITIES

WORK IN PARTNERSHIP WITH ABORIGINAL COMMUNITY AND WITH ABORIGINAL SERVICES <b>01</b>	IMPROVE THE HEALTH AND WELLBEING OF ABORIGINAL PEOPLE <b>02</b>	IMPROVE ACCESS TO HEALTH SERVICES <b>03</b>	IMPROVE ACCESS TO PRIMARY HEALTH CARE <b>04</b>
STRENGTHEN THE ABORIGINAL WORKFORCE AND THE CULTURAL COMPETENCE OF THE NON-ABORIGINAL WORKFORCE <b>05</b>	INCREASE RECORDING OF ABORIGINALITY <b>06</b>	BUILDING THE EVIDENCE <b>07</b>	MONITORING AND EVALUATION <b>08</b>



# Priorities

## 1. Work in partnership with the Aboriginal community and with Aboriginal services

Nepean Blue Mountains Local Health District is committed to working in partnership with Aboriginal communities and Aboriginal services (including the Greater Western Aboriginal Health Service) to ensure that the experience and expertise of Aboriginal communities is used to inform the development of services and programs across the LHD.

*Local partnerships need to create trusting and collaborative working relationships, facilitating a coordinated approach to local action so as to meet local needs of Aboriginal communities, as well as building community capacity. (NSW Health, 2013)*

Aboriginal communities in this area are geographically dispersed and there is not one single mechanism that is going to reach all community members. That means we have a responsibility to consult widely and to support community engagement wherever possible.

As an LHD, we have engaged with Aboriginal community members through:

- The Aboriginal Engagement Program (also known as the Sharing and Learning Circles). This Project, which was, jointly conducted with the NBM Primary Health Network, consulted broadly with Aboriginal people and staff in Aboriginal organisations to identify priority health issues for Aboriginal people in each Local Government Area (LGA). The recommendations of the Sharing and Learning Circle project has informed the priorities in this Plan.
- Consultation meetings between the Chief Executive and local Elders regarding access and cultural safety for Aboriginal people.
- Facility Aboriginal Health Committees hosting Aboriginal community advisors to help address issues and collaborate on design and delivery of programs and services.

Those processes have been of great value to the LHD and we deeply appreciate the contribution of community members.

**To continue to build on this work, in the coming five years the Local Health District will:**

Objective	Activity	Measure
Ensure programs and services are relevant to the needs of Aboriginal people in Nepean Blue Mountains	Continue to consult with Sharing and Learning Circles in each LGA, and provide regular updates on progress toward the goals and objectives of this Plan	Ensure Sharing and Learning Circles and/or Aboriginal Health Forums are held annually
	Maintain consultation with local Elders	
Ensure Aboriginal people are aware of the full range of health services available to them and how to access those services	Conduct targeted education regarding services available, how to access those services and what to expect when accessing health services	Mootang Tarimi Model of Care to facilitate communication, capacity building and health education for Aboriginal patients and families
	Embed service promotion into health promotion and service development where appropriate	
Increase Aboriginal people's willingness to access NBMLHD facilities	Demonstrate a welcoming environment that recognised the importance of cultural beliefs and practices of Aboriginal people	Service and facilities undertake an annual Cultural Engagement Audit to measure cultural safety within facilities and services

Objective	Activity	Measure
Collaborate with Aboriginal people on the design and delivery of programs and health promotion messages	Ensure community representatives and key Aboriginal stakeholders are present on all Facility Aboriginal Health Committees and all NBMLHD Consumer Groups	Representatives included on each Terms of Reference

## 2. Improve the health and wellbeing of Aboriginal people

Improving health and preventing disease acquisition is a key priority for Nepean Blue Mountains Local Health District.

Progressing this will require targeted initiatives which:

- address specific risk factors for Aboriginal people (including social, environmental and behavioural risk factors);
- improve access to key public health initiatives such as immunisation; and
- strengthen protective factors such as individual resilience and community social capital.

**In the coming five years we will:**

Objective	Activity	Measure
Reduce the proportion of Aboriginal people who smoke	Conduct targeted smoking cessation programs for Aboriginal people, including the Quit for New Life referral pathways.	Reduction in smoking rates
Increase the proportion of Aboriginal children and young people engaged in healthy eating and active lifestyles	Monitor the Aboriginal Go4Fun program	Increase rates of young people completing Aboriginal Go4Fun program
Reduce the risk of HIV and STIs among Aboriginal people	Conduct targeted sexual health promotion with Aboriginal people	Increase access to HIV and STI testing Reduce the rates of people diagnosed with HIV and STIs
Maintain and continue to improve the high rates of on-time immunisation among Aboriginal children and young people	Maintain the dedicated Aboriginal Immunisation Liaison Officer	Increase coverage of immunisation
		Increase proportion of Aboriginal children under 4 with immunisation completed
Maintain and continue to improve the high rates of access to harm reduction, via the Needle and Syringe Program	Conduct targeted initiatives to promote and increase access to the Needle and Syringe Program	Increase in numbers of Aboriginal people aware of and accessing the Needle and Syringe Program
Identify opportunities for community capacity building	Develop capacity within Aboriginal community controlled organisations to deliver health-related programs	Successful funding applications for delivery of health programs
Improve the mental health and wellbeing of Aboriginal individuals,	Deliver holistic, culturally safe and trauma informed mental health services	Council of community representatives established to help inform service delivery

Objective	Activity	Measure
families and communities		Reduction in acute mental health readmissions within 28 days of discharge.
Reduce rates of problematic substance use among Aboriginal people	Conduct targeted health promotion around substance use and continue to support access to detoxification and ongoing support	Reduction in problematic drug and alcohol use

### 3. Improve access to health services

Data and consultation have consistently identified that Aboriginal people have poorer access to the health care that they need at the time that they need it. For example:

- Aboriginal people are over-represented in treatment for late stage cardio-vascular and renal disease and under-represented in early intervention for those conditions
- Aboriginal people are more likely to access health care via the Emergency Department and are more likely to leave the Emergency Department prematurely
- Aboriginal people are more likely to discharge themselves against medical advice
- Aboriginal people report being less confident that they have the information they need to manage their condition at home following discharge from hospital
- Aboriginal patients in general are less satisfied with their experience of care from NBMLHD than non-Aboriginal patients.

While some of these experiences are due to individual and personal factors, many of the barriers to care are systematic and will require targeted, strategic initiatives to shift the way that health care is provided to Aboriginal people. For some services within the LHD, this will require shifts in the way



they engage with Aboriginal patients and how they deliver their model of care. For others, it may require scaling up existing approaches.

These shifts in how health services are delivered will build greater trust and confidence among Aboriginal people in accessing health services.

### 3.1. Models of care

Improving access will require reviewing and adapting existing models of care to place greater emphasis on:

1. Early intervention and reducing late diagnosis and late presentation for care
2. Engaging families in supporting patients to manage their own health and wellbeing
3. Increasing flexibility

Objective	Activity	Measure
Improving the capacity of all NBMLHD facilities and services to co-design Models of Care to better engage and manage Aboriginal patients	Support clinical redesign projects and Model of Care development via the Aboriginal Health Impact Statement Procedure	Aboriginal stakeholders are consulted within clinical redesign projects and Model of Care development
Increase access to timely, high-quality care via outreach and community-based models	Seek opportunities to deliver clinical care and clinical training in community settings (such as Aboriginal controlled health services)	Number of clinical care/training sessions delivered
	Provide drop-in outpatient appointments in less structured outpatient environments	Service provided
	Continuing to provide engagement and assessment at community events (including via Mootang Tarimi)	Ongoing delivery of assessment and engagement at community events and by the Mootang Tarimi service or equivalent
	Identify opportunities to improve cultural safety within and expansion of, community based services such as Hospital in the Home	Increased participation in HITH by Aboriginal patients
Improve the capacity of facilities to engage and manage Aboriginal patient presentations and referrals	Develop comprehensive care and management of Aboriginal patients, including effective referral pathways between the ACCHO and the tertiary facility	Partnership agreement in place and actioned
	Ensure geriatric MAU has established protocols for access by Aboriginal patients >45 years of age and provides services that are culturally appropriate and engaging	MAU provides culturally appropriate interventions
	Ensure access to Aboriginal Hospital Liaison Officer services across all facilities	Increase in number of Aboriginal patients accessing AHLO services
Work with relevant NBMLHD services to develop quality projects and assist to set targets	Establish Aboriginal Health Committees in targeted services and facilities and ensure that key Aboriginal stakeholders are included in the Committee's membership	All Aboriginal Health Committees include an Aboriginal stakeholder within their membership

for improvement against key Closing the Gap indicators, improving health outcomes for Aboriginal people and incorporate these into Business Plans	Ensure that Aboriginal community representatives and key Aboriginal stakeholders are included on all NBMLHD Consumer Groups	All Consumer Groups include an Aboriginal representative
	Design a localised NBMLHD Aboriginal Health Dashboard for continuous quality improvement to monitor and review processes to improve Aboriginal health outcomes	Dashboard datasets established to inform each Aboriginal Health Committees on progress against MoH Aboriginal Health KPIs
Ensure that departments consider access and the health outcomes of Aboriginal patients	Ensure all staff developing new or revised Procedures or Models of Care have completed an Aboriginal Health Impact Statement detailing the health needs of Aboriginal patients and clients of the service as well as details about how the service will address those needs.	Ensure a minimum of 80% on new or revised Procedures or Models of Care have an accompanying AHIS
		Aboriginal health is incorporated within NBMLHD Business Plans

### 3.1. Communication with patients

In addition to ongoing cultural awareness training, priorities for action in the coming five years are:

Objective	Activity	Measure
Improving communication between health staff and Aboriginal patients and their families	Develop targeted training to upskill nurses, doctors and allied health staff in communicating with Aboriginal patients regarding their condition, how their inpatient or outpatient journey will proceed, their treatment options and their needs post-discharge.	Training developed incorporating recommendations from the 'Mapping Patient Journeys' research Number of staff who have undertaken targeted training

### 3.2. Cultural and physical environment of facilities

It is widely recognised that hospitals and health facilities can be difficult environments for Aboriginal people to access services in. This is for a range of reasons, including:

- past history of mistreatment of Aboriginal people by the mainstream hospital system
- feelings of disconnection and isolation in hospital, which can be particularly strong among Aboriginal women from rural and remote areas who have come to NBM facilities to deliver babies
- the lack of space for families can be difficult for Aboriginal people who have large families.
- This discomfort in the hospital environment, in particular, can be a barrier to access to both outpatient and inpatient care, contributing to some Aboriginal patients deciding to discharge against medical advice.



Objective	Activity	Measure
Undertake clinical redesign project within NBMLHD to improve the patient experience	Complete a clinical redesign project of Nepean Hospital Emergency Department to improve patient experience and staff experience of delivering care to Aboriginal patients	Clinical Redesign project complete and recommendations implemented Rates of Complete Care by Aboriginal patients in Nepean ED
Make our facilities more welcoming and culturally safe for Aboriginal people	Develop a Cultural Activities Guideline to provide cultural advice and governance of Aboriginal events and ceremonies	Guideline developed for NBMLHD staff
	Creating family friendly spaces within those hospitals which don't already have them (for instance, through creating a cultural space or family room, and creating/promoting gardens)	Undertake an annual Aboriginal Health Cultural Engagement Audit
	Ensuring that each facility has a range of artwork and signs that demonstrate our commitment to being culturally accessible and which shows our respect for Aboriginal people and Aboriginal culture	Aboriginal Wayfinding Projects undertaken at facilities
	Continuing to host events which bring the community into the facilities (including for NAIDOC week and Reconciliation Week)	Number of Aboriginal community events acknowledged and delivered
	Routinely observe cultural protocols that are specific to the Aboriginal community it serves, such as Acknowledgement of Country and Welcome to Country	Cultural Activities Guideline is developed to provide cultural advice and governance of



		Aboriginal events and ceremonies for NBMLHD
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### 3.3. Transport

The Aboriginal Engagement Project highlighted transport as a key barrier to accessing healthcare across the LHD.

Objective	Activity	Measure
Increase in access to transport	Identify and educate community on transport availability including private, NGO and public options	Reduction in rates of non-attendance to services due to transport disadvantage
	Increase outreach services into all LGAs	Mootang Tarimi Service is operational in all LGAs



#### 4. Improve access to primary health care

High quality primary health care is a vital part of the continuum of care for all members of the community. Improving access to high quality primary health care is particularly important for Aboriginal people given the higher prevalence of chronic disease and the disproportionate presentations to Emergency Departments.

The Primary Health Network has the lead role in engaging and supporting GPs in relation to improving access and outcomes for Aboriginal people. The PHN is a valued partner of the LHD in this work and has a number of excellent initiatives in place, including the Close the Gap program (which provides/brokers access to transport, GP care, specialist and allied health care and equipment for individuals with chronic diseases) and GP and practice nurse awareness and skill development programs.

The NBMLHD Primary Care and Community Health Service has a key role to play in the delivery of primary care services for Aboriginal people. It provides the dedicated Aboriginal health services Building Stronger Foundations (BSF) and the Aboriginal Maternal and Infant Health Strategy (AMIHS).

BSF provides a free, culturally safe and appropriate early childhood health service for Aboriginal children from birth to school entry age and their families. The service is provided by teams of Aboriginal health workers and child and family health nurses. The BSF service aims to support families in providing a nurturing environment for their child so that the child develops optimal physical, social, emotional and cultural wellbeing.



BSF services can be provided in the home, at the local community health centre/clinic, or in a place where families, parents, carers and children feel safe and comfortable. The BSF service includes developmental surveillance and health monitoring; health promotion, including primary prevention; health education; anticipatory guidance and support for parents and carers and community development; early identification of child and family needs and responses to that identified need with information, brief interventions and appropriate referrals.

The AMIHS has the overall goal of improving the health of Aboriginal women during pregnancy and decreasing perinatal morbidity and mortality. The strategy includes targeted antenatal and postnatal programs for Aboriginal women and infants through a community midwife and Aboriginal health worker team. This team and midwife role were established to provide community based services for Aboriginal women in conjunction with existing medical, midwifery, paediatric and child and family health staff. The region commenced their program later in response to identified community need.

It is recommended that NBMLHD include specific performance targets for both BSF and the AMIHS within its performance reporting framework.

**Priorities for the LHD in relation to improving access to high quality primary health care for Aboriginal people include:**

Objective	Activity	Measure	
Collaborate with partners and networks to improve social determinants of health	Formalise a partnership between NBMLHD and the Greater Western Aboriginal Health Service	Increase rates of primary health care delivered to Aboriginal patients by ACCHOs.	
Improve access to high-quality primary health care and continuity of care	Implement recommendations from the joint NBMLHD & NBMPHN research 'Mapping the Journey' to ensure that NBMLHD service delivery meets the needs health services needs of Aboriginal people as investigated	Number of recommendations from the 'Mapping the Journey' report implemented	
	Collaborate with the PHN on initiatives to educate and engage both patients and general practices on primary care services	Ongoing effective collaboration	
	Improve the integration of care for Aboriginal patients	Joint clinical management planning developed between GPs and NBMLHD service and facilities	Roles are clarified between acute clinical providers, the ACCHO, General Practitioners, Community Health, and dedicated Aboriginal services
		Involve Aboriginal patients and their families in care planning	
		Identify opportunities to develop joint clinical spaces between NBMLHD facilities, General Practitioners and the PHN in order to facilitate integrated care	Collaboration and partnerships formed in joint clinical spaces

## 5. Strengthening the Aboriginal Workforce and the cultural competence of the non-Aboriginal workforce

It is widely recognised that Aboriginal staff are vital to our capacity to achieve our goals of Closing the Gap and reducing preventable admissions and preventable deaths.

NBMLHD formally implemented the Aboriginal Workforce Strategy in December 2017. The key priorities within the strategy need to be included and assessed against the priorities below.

Aboriginal staff within the LHD (including Aboriginal Health Workers and Aboriginal clinicians) make a vital contribution to the LHD's work with Aboriginal patients and Aboriginal communities. Aboriginal staff bring cultural expertise in the needs of Aboriginal people; act as both formal and informal links between the community and the District; and are valuable guides for non-Aboriginal staff in the provision of culturally appropriate care to Aboriginal patients. We will not be able to achieve the goals and priorities of this Plan without the unique contribution of our Aboriginal staff.

The LHD has set a target of having Aboriginal staff account for 3.2% of total LHD staff, with the expectation that staff will be distributed across a range of roles and levels (Aboriginal Liaison Officers, health promotion, nurses, doctors, allied health, management, clinical support roles and administrative roles). There is a particular importance in having Aboriginal staff in roles that are visible to patients, including clinicians and reception/triage roles.

**Priorities for the LHD in relation to strengthening the Aboriginal workforce include:**

Objective	Activity	Measure
Strengthen the Aboriginal workforce	Lead and plan Aboriginal Workforce Development	Leaders understand and demonstrate their commitment to promoting Aboriginal workforce development and planning
	Attract, recruit and retain staff	Grow the Aboriginal workforce and create culturally safe workplaces and spaces for Aboriginal staff, utilising recruitment practices that are appropriate for Aboriginal people
	Develop the capabilities of Aboriginal staff	Aboriginal staff has increased skills, qualifications and development opportunities
	Work with others the achieve workforce development priorities	Collaborative partnerships with education and training provides and local Aboriginal organisation to strengthen career pathways and opportunities for current and future Aboriginal workforce
	Build cultural understanding and respect	All NSW Health organisations understand, respect, honour and celebrate Aboriginal cultures, heritage and identity
Provide culturally safe care through a culturally competent workforce	Implement and evaluate the Respecting the Difference training program (online and face-to-face)	Program implemented and evaluation undertaken
	Engage with staff of services where Aboriginal patients are over represented to increase cultural awareness and develop plans to improve equity and also increase Aboriginal workforce in those specialities	Speciality areas who have undertaken additional cultural awareness training

Objective	Activity	Measure
		Number of specialities with plans to address equity in place and being actioned
	Conduct professional development activities which address specific barriers to access experienced by Aboriginal people and which build the capability of staff to engage and provide culturally safe and supportive health care to Aboriginal people with complex needs.	Increased capacity of staff to provide care to Aboriginal patients with complex needs
	Supporting senior clinical and administrative managers to exercise leadership in improving outcomes and access, in partnership with Aboriginal Health Unit and Aboriginal staff.	Increased capacity of staff to improve outcomes to Aboriginal patients

## 6. Increase recording of Aboriginality

High quality, complete data is vital if we are to monitor population-level improvements in health outcomes and access for Aboriginal people in the District.

In addition to the population level outcomes, accurate data on Aboriginality also enables clinical staff to provide tailored support (e.g. engaging Aboriginal Liaison Officers, providing referral to Aboriginal community controlled health services and 48 hour follow-up) to individual patients.

To be useful, data collection needs to be supported by mechanisms which allow the data to be regularly reviewed, compared to targets and benchmarks and disseminated back to services to support quality improvement.

**In particular, it is vital that the LHD increase the quality and completeness of Aboriginality data collected in inpatient, outpatient and community settings.**

Objective	Activity	Measure
Gather and utilise data to improve the LHD's performance in addressing Aboriginal health	Each facility to develop and implement a strategy to increase completion of and quality of Aboriginality data collected	Increase in rates and quality of Aboriginality data
	Improve completion rates of the mandatory <i>Asking the Question: Improving the Identification of Aboriginal People</i> course (online) by frontline staff	Course completion rates across LHD
	Key indicators in this plan to be incorporated into reporting systems and reviewed at appropriate intervals	Ongoing review of Key Performance Indicators
	Ensure identification of Aboriginality is included in current feedback and complaints systems	Complaints by Aboriginal parties are monitored and addressed where appropriate

## 7. Building the evidence

Across NSW, there is considerable activity underway to build the evidence base in Aboriginal health. Priorities for the LHD in relation to data collection and use include:

Objective	Activity	Measure
Contribute to the local and state-wide evidence base	Identify opportunities and strategies to improve Aboriginal led research and undertake research on identified areas of need in consultation with the NBMLHD Research Committee	AHU representative present on NBMLHD Research Committee
	Support quality evaluations of mainstream programs to ensure that they are effective and culturally safe	Participation in culturally safe, program evaluations

## 8. Monitoring and evaluation

Over the coming five years, priority will be given to strengthening monitoring and evaluation so that we are able to identify where we are making progress and where additional or new effort is required.

Objective	Activity	Measure
Monitoring and evaluation	Produce an Annual Report on progress towards the goals and priorities of this Plan.	Annual Report complete
	Host annual community forums in each LGA to report on progress toward the goals and priorities of this Plan.	Forums held to report on progress
	Complete continuous cultural audits of all Aboriginal Health Impact Statements received and monitor relevant progress against the stated outcomes for Procedures and Models of Care	Quarterly audits of AHISs undertaken
	Develop an Aboriginal Health Cultural Engagement Action Plan in line with the National Safety and Quality Safety Standards to monitor and review implementation of the activity reported in QARS	An NBMLHD wide Action Plan completed which incorporates activity for each service and facility to address the QARS Cultural Engagement Self-Assessment

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