

**Submission to the NSW Ministry of
Health on the discussion paper:
*Towards an Aboriginal Health Plan
for NSW***



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About NCOSS

The Council of Social Service of NSW (NCOSS) is the peak body for the non-government community services sector in New South Wales. NCOSS provides independent and informed policy advice, and plays a key coordination and leadership role for the sector. We work on behalf of disadvantaged people and communities towards achieving social justice in NSW.

NCOSS' health priorities

NCOSS' objective in the health portfolio is to reduce inequities for disadvantaged people and improve population health outcomes. We believe that health policy and systems need to be based on principles that recognise health as a human right, the social determinants of health, and the importance of strengthening the role of the community and consumers in the development and delivery of health services.

NCOSS health policy priorities are primary and community-based health, oral health, health transport, PADP, and community engagement. Our funding recommendations to the NSW Government on these issues are outlined in our [2012-13 Pre-Budget Submission](#). We also advocate on health system reform and areas of health inequity.

Development of this submission

This submission has been informed by the NCOSS Health Policy Advice Group (HPAG) and the NSW Aboriginal Community Care Gathering Committee (the Gathering Committee).

The NCOSS HPAG is a forum of peak and state-wide consumer and community non-government organisations that advise NCOSS on health policy issues, particularly access and equity issues for low-income and disadvantaged groups. The discussion paper was considered at the HPAG meeting on 5 April 2012.

The NSW Aboriginal Community Care Gathering Committee is the state-wide peak body for Aboriginal and Torres Strait Islander communities and non-government organisations involved in support services to Aboriginal and Torres Strait Islander older people, people with disability, and their carers and families in NSW. Members provided feedback on the discussion paper at their meeting on 25 May 2012.

SUMMARY OF RECOMMENDATIONS

NCOSS recommends that:

1. The principles are separated into overall principles for Aboriginal health and process principles for the Plan.
2. The vision should be for health *equity* for Aboriginal people in NSW, rather than *equality*.
3. The proposed strategic directions and actions are modified to:
 - Consolidate related issues, such as funding, planning, and delivery
 - Have a greater focus on the mainstream and Aboriginal-specific health system and the desired health outcomes
 - Take a holistic, life cycle approach consistent with the definition of Aboriginal health and principles of the Plan
 - Support a whole-of-government approach to address the social determinants of health
4. The strategic direction and actions on integrated funding and planning specifically address vertical and horizontal coordination, including:
 - At the national level, such as CTG, OATSIH and NAACHO
 - mainstream health services, including Medicare Locals
 - Other relevant NSW Government agencies and initiatives, including the NSW Aboriginal Affairs Strategy (SD 1)
5. Strategic direction 2 is removed and the actions are incorporated into a reporting framework that is developed as part of an implementation plan. (SD 2)
6. Existing sources of evidence are used in conjunction with a needs analysis to inform future planning. (SD 3)
7. Actions to build a local strategy and action planning framework and to work in a partnership approach are incorporated into SD 1 on integrated planning and funding. (SD 4)
8. Strategic actions to strengthen the workforce are developed in consideration of existing initiatives, such as the Health Workforce Australia Aboriginal and Torres Strait Islander Health Workforce project and the NSW Health Professionals Workforce Plan. (SD 5)
9. Strategic direction 6 is consolidated into a single direction on integrated planning, funding and service delivery at a state-wide and local level. (SD 6)
10. The Plan provides capacity building for the community controlled sector to enable them to participate fully in the plan's governance and effectively comply with its accountability requirements. (LG)

11. The primary measures of success are improvements in Aboriginal health and well-being (MS)
12. The health-needs of Aboriginal people with a disability are specifically addressed consistent with the NSW NDS Implementation Plan.

Introduction

NCOSS welcomes the opportunity to comment on the discussion paper to support the development of a new 10-year plan to improve Aboriginal health, *Towards an Aboriginal Health Plan for NSW*.

Response to discussion questions

P1-2 Principles

NCOSS supports the principles of the *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013*, with the addition of 'evidence based' and 'outcomes focused' principles. We note that many of the additional principles that emerged from the recent consultation process, such as accountability and partnerships overlap with the National Framework. An excessive number of principles will make the plan unworkable. We suggest that the number of principles is kept to a minimum.

NCOSS recommends separating the principles into overall principles for Aboriginal health, such as holistic approach and community control, and process principles for the Plan, such as transparency and accountability, and evidence based.

V 1-5 Vision, Definition, Goal

NCOSS supports the proposed definition of Aboriginal Health from the *1989 National Aboriginal Health Strategy*.

NCOSS recommends that the vision should be for health *equity* for Aboriginal people in NSW, rather than *equality*. Health inequities are the unfair and avoidable differences in health status between different population groups.¹ Inequalities are attributable to biological variations, individual free choice, or the external environment. A vision for health equity recognises that not everyone will have the same health outcomes, but should have the same opportunity to maximise their health and well-being.

NCOSS recommends that the vision should be for health *equity* for Aboriginal people in NSW, rather than *equality*.

Strategic Directions – general comments

NCOSS contends that the proposed strategic directions do not support the Plan's goal and vision of an optimal health service system to close the gap in Aboriginal health. The proposed strategic directions are process orientated. They focus on how the plan should be implemented and operate. The strategic directions and actions do not provide sufficient guidance on what the health system should be for Aboriginal health, such as what type of services should be provided.

¹ World Health Organisation, <http://www.who.int/hia/about/glos/en/index1.html>

NCOSS also believes that the strategic directions and actions do not support the principle of a holistic approach or the definition of Aboriginal health. A holistic approach to Aboriginal health requires whole-of-life, whole-of-community approach to be embedded in the health system. It also requires action beyond the remit of the formal health system to address the broader determinants of social, emotional and cultural well-being. This approach is not reflected or progressed by the strategic directions and actions.

We note that there is overlap and duplication between the strategic directions and action. For example, performance is addressed in both Strategic Directions 1 and 2, planning is addressed in both Strategic Directions 1 and 4, and local action is addressed in both Strategic Directions 4 and 6. These related issues should be consolidated into single clear Strategic Directions.

NCOSS recommends that the proposed strategic directions and actions are modified to:

- Consolidate related issues, such as funding, planning, and delivery
- Have a greater focus on the mainstream and Aboriginal-specific health system and the desired health outcomes
- Take a holistic, life cycle approach consistent with the definition of Aboriginal health and principles of the Plan
- Support a whole-of-government approach to address the social determinants of health

SD 1.1 – 1.4 Integrated planning and funding

NCOSS supports the creation of a unified planning and funding framework. However, we believe that this framework must be horizontally and vertically integrated in order to support a holistic, systemic approach to improving Aboriginal health.

The strategic actions only propose integration of health funding models and implementation plans at the state and local levels, not at the national level. There is no discussion of how coordination will be achieved with national initiatives such as Closing the Gap (CTG), Commonwealth agencies such as Office for Aboriginal and Torres Strait Islander Health (OATSIH), or national organisations such as the National Aboriginal Community Controlled Health Organisation (NAACHO).

It is also unclear from the strategic actions how integration will be achieved with the mainstream health system. Improving Aboriginal health requires responsive and accessible mainstream services as well as Aboriginal-specific, community-controlled health services. Mainstream health organisations must be included in planning and implementation processes so that they have an appropriate focus on the health needs of Aboriginal people. This includes NSW Medicare Locals, which have a role in improving the health of Aboriginal people.

Feedback NCOSS received during regional community consultations in 2011 emphasised that poor health is a significant problem in many Aboriginal communities. Access to services is one of the major barriers to improving health. Access barriers were attributed to the lack of services, particularly oral health and mental health,

insufficient capacity in existing services such as community health centres and GPs, and the cost of services. This highlights the importance of integrated planning across the entire health system, not just Aboriginal specific-services.

Integrated funding and planning for Aboriginal health also required coordination with other sectors beyond the formal health system. The strategic direction does not address any linkages with the proposed NSW Aboriginal Affairs Strategy or other sectors outside of the formal health system. Many Aboriginal people have multiple, complex needs, such as grief and loss, drug and alcohol use, mental health issues, family violence, and justice issues. However, services are often piecemeal and only focus on one issue.

NCOSS recommends that the strategic direction and actions on integrated funding and planning specifically address vertical and horizontal coordination, including:

- At the national level, such as CTG, OATSIH and NAACHO
- With mainstream health services, including Medicare Locals
- With other relevant NSW Government agencies and initiatives, including the NSW Aboriginal Affairs Strategy

SD 2.1 – 2.4 Clear measures of performance

NCOSS believes that performance measurement is critical to the effective implementation of the Plan and improving Aboriginal health outcomes, but does not constitute a strategic direction. Performance measurement is a process that relates to how the plan is implemented and monitored, rather than what the plan for Aboriginal health is.

NCOSS recommends that strategic direction 2 is removed and the actions are incorporated into a reporting framework with performance measures to be developed as part of an implementation plan.

SD 3.1 – 3.4 Building the evidence of what works, conducting needs & gaps analysis

NCOSS welcomes an evidence-based approach to improving Aboriginal health. While we acknowledge that there are some gaps in the evidence, we also believe that existing data is not well utilised. A considerable body of evidence exists at the national and state level, such as the Australian Indigenous Health *InfoNet*, and feedback from the NSW Aboriginal Affairs Strategy community consultations.

NCOSS supports the strategic action to conduct a needs and gaps analysis. NCOSS has received feedback from stakeholders that there is service duplication in some areas, such as social supports provided by both Health and Community Care organisations, while there are significant gaps and shortages in other areas.

NCOSS recommends that the existing sources of evidence are used in conjunction with a needs analysis to inform future planning.

SD 4.1 – 4.1 Ensuring local strategy and action planning

NCOSS supports local strategy and action planning within a strategic, state-wide framework. However, there appears to be a high level of overlap between the proposed strategic actions of SD 4 and the other strategic directions, particularly SD1, 2 and 6. The actions on collaborative agreements and partnerships are broad statements that do not provide specific guidance as to how they could be implemented. The actions of SD 4 could be streamlined and incorporated into other related strategic directions.

NCOSS recommends that the actions to build a local strategy and action planning framework, and to work in a partnership approach is incorporated into SD 1 on integrated planning and funding.

SD 5.1 – 5.4 Strengthening the workforce

NCOSS affirms the consultation findings about that importance of Aboriginal staff to facilitate access to appropriate services and support for Aboriginal people, and the need to build the Aboriginal workforce.

We also agree that there needs to be further development of the non-Aboriginal health workforce, particularly cultural competency training to build understanding of Aboriginal people and how to work effectively in collaboration with Aboriginal organisations. Feedback from NCOSS stakeholders is that discrimination in mainstream health services is a significant barrier to Aboriginal people accessing services.

NCOSS notes that there are a number of Aboriginal-specific and mainstream workforce initiatives currently in development, such as the Health Workforce Australia Aboriginal and Torres Strait Islander Health Workforce project and the NSW Health Professionals Workforce Plan.

We recommend that the strategic actions to strengthen the workforce are developed in consideration of these existing initiatives.

SD 6.1 – 6.4 Making it happen locally

NCOSS believes that there is a high degree of overlap between SD 6 and SD 1 and 4. As previously stated, we recommend that these related strategic directions are consolidated into a single direction on integrated planning, funding and service delivery at a state-wide and local level.

LG 1 - 2 Leadership, governance and resourcing

NCOSS supports the right to self determination, autonomy and representation for Aboriginal people. We believe that Aboriginal people should be in charge of their own decisions and have ownership of their services.

We also emphasise the importance of Aboriginal people having access to appropriate services to meet their needs. It is therefore important for the local community to have a genuine say in how both Aboriginal and mainstream services are run and delivered. We recommend that there is a greater emphasis on Aboriginal community engagement through the plan in the strategic actions and in the governance requirements.

NCOSS supports the development of a transparent and accountable governance structure and performance framework. However, there are varying levels of capacity within the Aboriginal community controlled health sector.

We strongly recommend that the Plan provides capacity building of the community controlled sector to enable them to participate fully in the plan's governance and effectively comply with its accountability requirements.

MS 1 Measures of success

NCOSS contends that the key measures of success should be improvements in Aboriginal health and not only the efficacy of the health system. The proposed measures are process-orientated and limited to how the health system operates. They do not provide any measurement of health outcomes and the changes in the health and well-being of Aboriginal people. While a good plan and an effective service system are important, they are not the ultimate end goal.

NCOSS recommends that the primary measures of success are improvements in Aboriginal health and well-being

Other comments

Feedback NCOSS received during consultation on this discussion paper raised the need for more comprehensive, long-term health promotion & education. While the general health checks are welcome, they are sometimes not supported by adequate health promotion.

Stakeholders also recommended that there is information and education for Aboriginal people and also health professionals about the specific services and programs that are available for Aboriginal people. Many people are unaware of what exists and their entitlements.

NCOSS notes that the development of the Aboriginal Health Plan has been identified by the Ministry of Health as an action in the draft NSW implementation plan for the National Disability Strategy. However, there is no reference to disability in the discussion paper or any actions proposed to address the health-needs of Aboriginal people with a disability.

We recommend that the Aboriginal Health Plan specifically addresses the health-needs of Aboriginal people with a disability consistent with the NSW NDS Implementation Plan.

Conclusion

NCOSS thanks the NSW Ministry of Health for the opportunity to provide this submission.

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