

PROPOSAL - Aboriginal Health

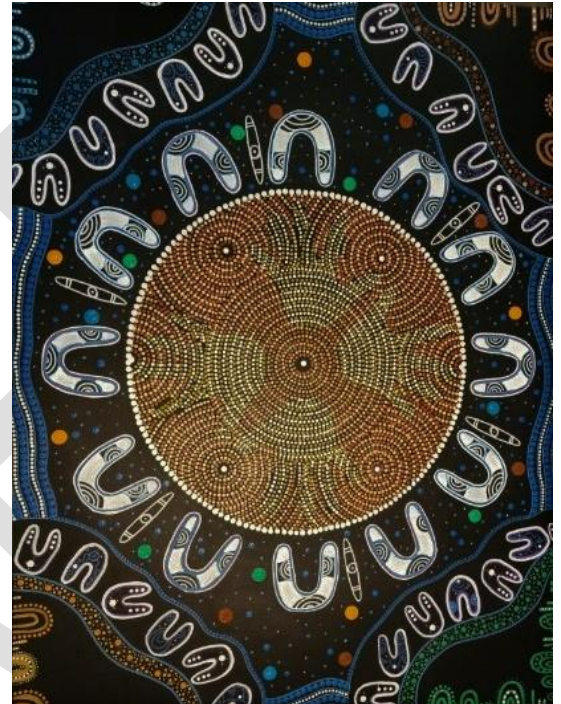
Strategic Review and Structure March 2023

Acknowledgment of Country

Southern NSW Local Health District acknowledges the traditional custodians and owners of this land and pay respects to Elders past, present and emerging. We acknowledge the continuing culture and the contribution that they make to the life of our community

SNSWLHD encompasses the lands of the Ngunnawal/Ngambri people of the Yass/Queanbeyan and Canberra region, the Ngarigo people of the Monaro region, the Yuin people of the South Coast region and the Gundungurra people of the Goulburn region.

We value Aboriginal history, as the original natural resource managers of this land. We will continue to acknowledge the continuing connection to the land, rivers, oceans and country, and the many ways it enriches the connection to community.



Artwork Acknowledgement – Strengthening Community

The artwork used in this review was developed for the Integrated Care services by Joseph Stewart and Skyan Fernando.

Joe is an Aboriginal man of Yuin and Kamilaroi ancestry and has lived on the South Coast of NSW for his entire life. Joe works as an Aboriginal Health Worker across the far south coast. He draws on a range of traditional art techniques from many regions to visually describe his personal concepts of cultural identity and the environment in which he lives.

Skyan is a Gomeri Yinnar, born and raised on Ngunnawal country. She is a mother to three boys, and passionate about the health and wellbeing of Aboriginal and Torres Strait Islander people. Skyan commenced painting after experiencing the loss of some family members, with this therapeutic outlet allowing healing and expression. Skyan is an Aboriginal Health Practitioner, working as a Senior Aboriginal Health Education Officer leading services and health promotion activities from her base in Queanbeyan.

The artwork, “Strengthening Community” depicts the integrated care services and their commitment statement to support the Aboriginal and Torres Strait Islander community to achieve better health outcomes. It represents the directorate teams and people, across Southern NSW, in supporting communities, increasing confidence in the health care they receive, and promoting ongoing commitment by our team to improve cultural safety, and the health and wellbeing outcomes for all people.

Executive Summary

This proposal follows a detailed review undertaken in 2022 which described the current Aboriginal health services, structures and processes delivered across the Southern NSW Local Health District (the District). Key recommendations from our phase one work included strengthening governance and service development, Aboriginal workforce, and improving the models of care.

This proposal incorporates the recommendations included in the NSW Ministry of Health Closing the Gap (CtG) transformation, with greater focus on increasing the number and classification of senior Aboriginal leadership roles, and to introduce a dedicated program of work to improve our achievement of the CtG priorities.

This second phase of work is a strong step towards strengthening Aboriginal health services and Aboriginal health workforce, supporting the community we serve.

The District are seeking feedback and comments on the proposed changes, which aim to support continuous improvement, performance, and safety in the governance and delivery of care, and improve the experience of our Aboriginal Workforce working in Southern NSW Local Health District.

Proposal:

The District propose to introduce a new Director of Aboriginal Health role, at a Health Service Manager (*Level 5 classification TBC pending grading*), with a direct reporting line to the Chief Executive. The position will have a dotted operational reporting line to the District Director of Integrated Care and will support the professional leadership for all Aboriginal Health employees in Southern NSW. The role will drive further work that is occurring as part of the LHD CtG program, and under the Southern NSW Reconciliation Action Plan.

The existing Director Aboriginal Health Position (HSM4) is proposed to be removed from the structure.

A Manager Aboriginal Health Services (*classification HSM3 TBC pending grading*) is proposed to be introduced to support the daily operational management, service delivery and coordination of front-line Aboriginal Health care within the Integrated Care Directorate.

Further work is occurring across other directorates to review and enhance Aboriginal workforce roles, this will occur separately to this proposal. Other minor proposals are also included in this document.

Within NSW Health, the term 'Aboriginal' is generally used in preference to 'Aboriginal and Torres Strait Islander', in recognition that Aboriginal people are the original inhabitants of NSW (refer NSW Health Policy Directive PD2005_319). In line with this policy, the term 'Aboriginal' is used to describe the nations, clans and language groups across NSW including all Aboriginal and Torres Strait Islander people within this area.



Introduction

The Southern NSW LHD provides inclusive and collaborative Aboriginal health services to community members across the district in hospitals, community centers and in homes. Aboriginal health services are provided in close collaboration with key partners to ensure that holistic services are delivered to ensure that the needs of Aboriginal clients are met to in a culturally appropriate way.

Southern NSW LHD reviewed Aboriginal Health Services in 2022. The result of this was a recommendation to consider leadership positions and governance structures, as well as making adjustments to the business models and service configuration.

This proposal focusses on the strategic and operational leadership of the Aboriginal Health Service and aligns with the State Executive Forum focus on Closing the Gap (CtG) in NSW Health. It proposes some changes to the existing structure, seeking feedback against these key recommendations before any changes are confirmed and actioned.

Progressing Aboriginal Health in Southern NSW

Core priorities for Southern NSW include focussed work against the CtG domains, as well as strengthening partnerships and collaborative work. These areas were outlined in the 2022 Aboriginal Health Service review. The request to change the operational and strategic management structure in Southern NSW supports three key objectives:

1. Strengthening the Aboriginal workforce
2. Providing culturally safe work environments and health services
3. Strengthening performance monitoring, management, and accountability

Organisation

A recommendation from the NSW Parliamentary Inquiry into rural health was:

- *That NSW Health and the Local Health Districts, particularly those located in rural, regional and remote areas, prioritise building their Indigenous workforce across all disciplines, job types and locations. This should include additional funding targeted at increasing the number of Aboriginal Care Navigators and Aboriginal Peer Workers.*

Aboriginal Health Workforce

There is an approximate total of 40 FTE designated Aboriginal health classified or funded Aboriginal Health positions in Southern NSW LHD. In the 2022 review, the position occupancy was 68.3% with a headcount of 29 staff.

Recruitment and Retention

Whilst recruitment and retention data were not available at the time of this review, anecdotally average high retention rates were reported in the Coastal Network (5 years) and Monaro Network (5 years) and Tablelands Network (7 years).

Aboriginal Staff Health Wellbeing

The organisational culture of Aboriginal health staff was assessed in late 2021 as part of Southern NSW LHD's Wellbeing Survey. There were 34 respondents who identified as Aboriginal. Aboriginal health staff when benchmarked against peers, demonstrated lower perceived organisational commitment, performance, workplace relationships, workplace resources and communication, and physical health. Continued work is required in supporting Aboriginal health workers in several key domains identified as at risk.

In the review completed in 2022, long standing members of the Aboriginal health team were asked what the most common issues that they perceived to impact on staff wellbeing in the workplace are, with common themes outlined below:

- Lack of support in current role with unclear expectation of roles
- Workload demands associated with varying requests from different patients, carers and services
- Lack of understanding of the role of Aboriginal health workers from services (i.e., requests for transport, food delivery)
- Lack of opportunities for career progression, career development, and relevant training courses
- Need for Cultural Supervision within the workforce to maintain quality cultural appropriateness
- Need for better collaboration within the Aboriginal Health Services, teams and stream
- Need for more support regarding cultural sensitivity and understanding of these needs (i.e., Staff Sorry Business)
- Improving cultural competency and the perception of racism towards both staff and community

These themes highlight the need to strengthen both the strategic and operational management of services, as well as enhance the availability of Aboriginal Leadership across the District. The issues further emphasise the role that senior Aboriginal Health staff provide in identifying and strengthening cultural safety in our facilities and care settings. Senior staff provide an advocacy service for clients and fill a gap in the provision of cultural safety for workers. *It is recommended that the District increase the availability of cultural support, and increase the opportunities for leadership by Aboriginal employees. It is further recommended that the level of senior Aboriginal Health leadership roles is revised in line with the NSW Secretary-led Closing the Gap work priorities, with an appropriately graded senior strategic role introduced within the executive team.*

Aboriginal Workforce Participation

The Aboriginal workforce refers to all Southern NSW LHD employees that identify as Aboriginal or Torres Strait Islander. It is a broad term, and the workforce is determined by how employees identify and is not dictated by whether they work directly with Aboriginal people.

The NSW Ministry of Health has a target of 1.8% of the Aboriginal workforce as a proportion of the total workforce. In 2020-21 the Southern NSW LHD achieved a result of 3.2% (Table 1). Whilst a good achievement, other jurisdictions have focused on achieving a target of Aboriginal workforce participation in line with the region's Aboriginal population. For the Southern NSW LHD, this is 4.2% and is a target that the LHD may consider (in contrast to the NSW Health target of 1.8%).

Local Health District	NSW Health Aboriginal Workforce Target (May 2022)	Aboriginal Workforce % of total workforce (May 2022)	Aboriginal Proportion of Pop. % (2016)	Variance between Aboriginal Pop. % and Aboriginal Workforce %
Far West	1.8%	7.5%	13.0%	-5.5%
Western NSW	1.8%	6.6%	12.7%	-6.1%
Hunter New England	1.8%	5.2%	7.1%	-1.9%
Mid North Coast	1.8%	5.1%	6.9%	-1.8%
Murrumbidgee	1.8%	3.1%	5.9%	-2.8%
Northern NSW	1.8%	3.8%	5.4%	-1.6%
Central Coast	1.8%	3.0%	4.6%	-1.6%
Nepean Blue Mountains	1.8%	2.5%	4.4%	-1.9%
Illawarra Shoalhaven	1.8%	2.5%	4.2%	-1.7%
Southern NSW	1.8%	3.2%	4.2%	-1.0%
South Western Sydney	1.8%	3.1%	2.1%	1.0%
Western Sydney	1.8%	1.7%	1.7%	0.0%
South Eastern Sydney	1.8%	1.4%	1.1%	0.3%
Sydney	1.8%	1.7%	1.1%	0.6%
NSW	1.8%	2.9%	3.4%	-0.5%

Table 1. Aboriginal workforce participation by NSW LHD (May, 2022)

The LHDs Aboriginal Workforce Action Plan 2017-2020 outlined actions to address the 6 key priority areas in the NSW Ministry of Health *Good Health Great Jobs* Aboriginal Workforce Strategy 2017-2020 that include:

1. Lead and plan Aboriginal workforce development
2. Build cultural understanding and respect
3. Attract, recruit and retain Aboriginal staff
4. Develop the capabilities of Aboriginal staff
5. Work with others to achieve workforce priorities
6. Track our achievement and improve results

Monitoring of the implementation and outcomes of this plan is led by the People and Wellbeing Directorate. An updated plan is currently in development and will be developed in parallel with the Reconciliation Action Plan.

Aboriginal Mental Health Workforce

A highly skilled and supportive Aboriginal mental health workforce increases the cultural safety of our services. Southern NSW LHD's Mental Health service has several identified positions in its Aboriginal mental health workforce, responding to Aboriginal people and communities' mental health, social and emotional wellbeing, and healing needs.

NSW Health has an Aboriginal Mental Health and Wellbeing Strategy, and Southern NSW LHD has a local implementation plan for this strategy.

Aboriginal Health Workers

Aboriginal health workers (AHW) are independent non-clinical practitioners who work alongside or collaboratively with other clinicians including doctors, nurses, midwives, allied health, and oral health practitioners in a range of settings. Aboriginal Health Workers are an important source of support, advice and assistance for health professionals and are an integral part of the health team that bring with them unique knowledge and skills. AHWs are often described as being ‘cultural brokers’ in that they act as mediators between Aboriginal community and mainstream services and health professionals.

Aboriginal Health Practitioner positions

Aboriginal Health Practitioners (AHP) provide direct clinical services to local Aboriginal communities. AHPs are independent practitioners who work alongside or collaboratively with other clinicians including doctors, nurses, midwives, allied health, and oral health practitioners in a range of settings (Figure A). Aboriginal Health Practitioners are required to hold a Certificate IV Aboriginal Primary Health Care Practice and be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) supported by the Australian Health Practitioner Regulation Agency (AHPRA). Aboriginal Health Practitioners perform a range of clinical practice and primary healthcare duties.

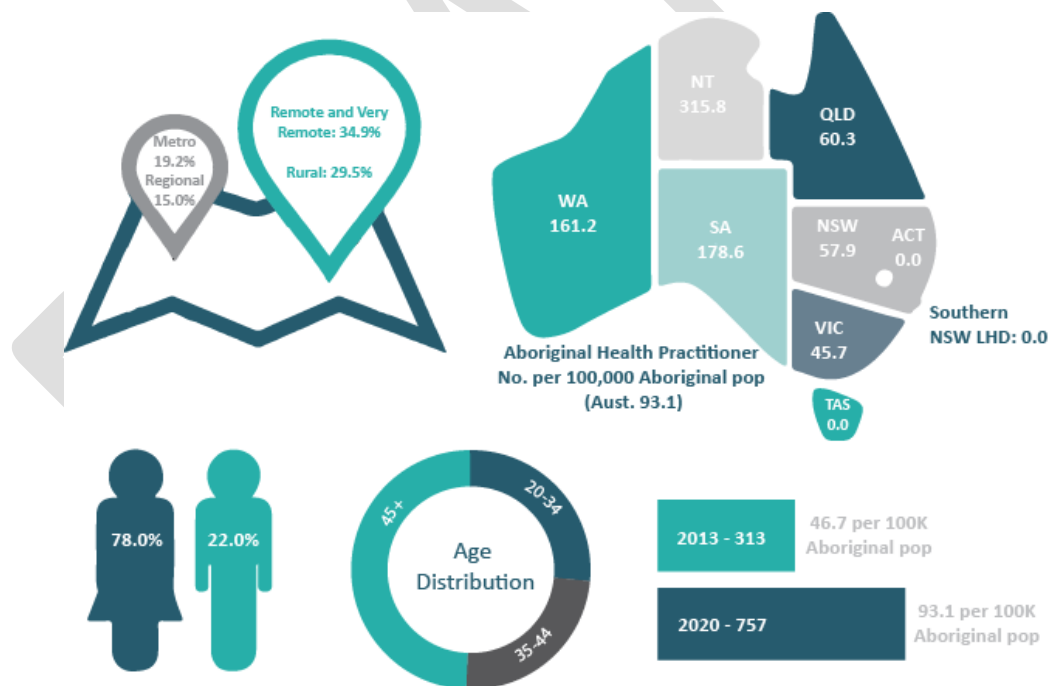


Figure A. Infographic of the Australian Aboriginal health practitioner workforce (DoH, 2022)

The NSW Health Professional State award details two different pay scales for identified Aboriginal positions, however the salary ranges are very similar: Aboriginal health worker (\$55,492 - \$81,731); Aboriginal health practitioner (\$61,993 - \$81,731). The similar pay scales do not provide a financial incentive for staff to move from an AHW to an AHP position with NSW Health. Several staff actually voiced a financial disincentive associated with AHPRA registration fees and ongoing professional development requirements of registration of an AHP.

The District is working through increasing the number of Aboriginal Health Practitioner roles, noting that financial support will be offered for AHPRA registration to these practitioners to reduce any out of pocket expense that they may incur for working at this classification.

Identified and Targeted Positions

There is a total of 33.19 FTE of identified or targeted Aboriginal positions across the LHD. Looking at this workforce as a proportion of the total LHDs Aboriginal population of 9,146, this equates to approximately 363.0 Aboriginal positions per 100,000 Aboriginal population. However, this estimate is based upon the assumption that all positions are filled and at the time the 2022 review, position occupancy was 68.3% for all identified and targeted positions. It should also be noted that in Stafflink (LHD HR system) it is difficult to identify identified and targeted positions.

Specialised Identified Positions

There are specialised identified positions that have been established to work in oncology, palliative care, mental health, virtual care, and violence and abuse services (IVANS). There are opportunities to enhance these (and other services such as renal) through the establishment of identified positions.

Aboriginal Service Funded Positions

There are a total of 6.59 FTE positions that provide direct care to Aboriginal persons across the district that are predominately allied health positions that are externally funded. Consideration in the future advertising of these positions should be given to converting these roles to targeted positions. In Stafflink (LHD HR system) it is difficult to identify Aboriginal service funded positions.

Aboriginal Senior Management Positions

There are a limited number of senior management positions established in the District to oversee operational and strategic support.

The majority of this work falls onto the Director Aboriginal Health (HSM4). This position is responsible for the front-line delivery and management of Aboriginal Health care, excluding mental health alcohol and other drug services, as well as professional and strategic leadership. The position has a dotted line to the Chief Executive, a solid operational reporting line to the District Director Integrated Care.

The Director Aboriginal Health (HSM4) has the following direct reports:

1. Coastal Network Manager Aboriginal Health (HSM2)
2. Inland Network Manager Aboriginal Health (HSM2)
3. Team Leader Child and Family /Gadhu Family Health (HSM2)
4. Operations Manager Aboriginal Health (HSM2) (targeted position, not an Identified position)

The role oversees relationships across directorates including with hospital and community health facilities and managers, external partners in primary care, Aboriginal Community Controlled Health Services, Non-Government Organisations, Networks and Pillars.

There are frequent challenges with the position pulled back into operational/patient crisis support, with limited capacity for strategic partnership work. The capacity to strengthen the whole of

organization approach in line with Closing the Gap, improving quality and safety of care, and enhancing partnership work is compromised due to daily operational demands.

It is recommended that the position is split from one role, separating the operational management of the small Aboriginal Health worker teams, and the strategic organization-wide leadership role. The proposed classification for the Manager Aboriginal Health Services is a Health Service Manager Level 3.

The proposed classification for the Director Aboriginal Health is a Health Service Manager Level 5.

It is recommended that the Operations Manager Aboriginal Health position title is adjusted to reflect the actual responsibilities of the role and to ensure there exists no confusion regarding the scope and decision making associated with this Targeted position. *It is recommended that the Operations Manager, Aboriginal Health (HSM2) position title is changed to Manager Corporate Support Aboriginal Health (HSM2).* No change to position accountabilities, responsibilities or criteria are suggested.

Aboriginal Community Engagement & Infrastructure

With many redevelopment programs underway, including the state's first Connecting to Country build in the Eurobodalla, there is an identified gap in the decision making and cultural leadership provided across these strategic and development programs.

In addition, as part of the work on CtG, an opportunity exists to substantially improve the engagement with our Aboriginal community and partner services.

The inclusion of a future position focusing on Community Engagement, Communication and Development would support the District to continue to enhance connection and proactive decision making. This position should form part of the Communications service, with clear links to the Director Aboriginal Health.

Aboriginal Service Delivery Sustainability

A review of the funding, activity capture and efficiency in delivering front line services through the Aboriginal Health workers occurred in 2022. This review demonstrated that the service does not operate efficiently within the Activity Based Funding model. The team are unable to deliver the volume/throughput given the complexity of community members requiring support and the extended time required per consultation, transport, coordination, and care. In addition, no growth has been provided within the Aboriginal Health worker team, and no enhancement FTE has been received to grow the Aboriginal Health Practitioner workforce within the ABF funded generalist Aboriginal Health team* (*excluded budget enhancement for specialist programs like Palliative Care).

A recommendation was made that there is consideration in returning this program to a District wide, block funded stream with enhanced funding to accommodate growing community need and improved engagement with service partners.

Access to specialist and generalist Aboriginal Health Workers is limited within the existing profile. The proposal has been submitted to the Director of Finance for consideration and follow up discussion with NSW Ministry of Health.

Recommendations

It is proposed that the following recommendations are implemented by Local Health District Executive.

Strategic Direction and Leadership – establishing HSM5 Director of Aboriginal Health

1. Implement a Director Aboriginal Health role to oversee and drive strategic work, cultural safety, partnerships and clinical stream work across the District.
2. The introduction of this role requires removal/end dating the existing Director Aboriginal Health, and separating the Operational Management functions from the strategic, partnership and leadership role.
3. A draft position description has been developed with amended organisational reporting lines for existing front-line services.
4. The Director Aboriginal Health (HSM5) will have direct reporting line to the Chief Executive and participate in appropriate District Executive Committees.
5. The Director Aboriginal Health will jointly lead the implementation of the Closing the Gap Action plan for Southern NSW, and will work in partnership with all Directorates and Services to grow cultural awareness, safety and provide cultural support for Aboriginal workers.
6. The position will carry strategic responsibility to develop future models of care, workforce pathways and broad partnerships, with a focus on funding, workforce capability and delivery of right care, right place approaches for the District.
7. This position will work closely with the Manager Aboriginal Workforce Development position in the People and Culture Directorate, the Manager Aboriginal Health Services in the Integrated Care Directorate, and the Aboriginal Health service leaders in the Mental Health Alcohol and Other Drug Directorate.

Operational Management of front-line generalist Aboriginal Health Services – establishing HSM3 Manager Aboriginal Health Services – operational management role

1. Following removal of the HSM4 Director Aboriginal Health, it is recommended that the District introduce a Manager Aboriginal Health Services at a Health Service Manager Level Three to oversee day to day operations of the Aboriginal Health Worker and Practitioner team. This position will take on line reporting for:
 1. Coastal Network Manager Aboriginal Health (HSM2)
 2. Inland Network Manager Aboriginal Health (HSM2)
 3. Team Leader Child and Family /Gadhu Family Health (HSM2)
 4. Operations manager Aboriginal Health (HSM2)
2. A draft position description has been developed with amended organisational reporting lines for existing front-line services.
3. The Director Aboriginal Health (HSM5) will provide strategic and cultural support, as well as some support with operational service oversight for the Manager Aboriginal Health Services.
4. The position will work closely with the front-line service delivery teams to ensure timely delivery of care and services to Aboriginal community members across hospital, outpatient and community health settings.

Operations Manager Aboriginal Health - Position title change

1. Update position title from Operations Manager to Manager Corporate Support Aboriginal Health

Community Engagement and Redevelopment– establishing an Aboriginal Community Engagement officer

1. Implement an Aboriginal Community Engagement officer to support
 1. Community connection
 2. Strategic partnerships with regional Aboriginal Health role to oversee and drive strategic work, cultural safety, partnerships and clinical stream work across the District.

Service Sustainability

1. Review and consider changing the funding model with Aboriginal Health services from Activity Based Funding to Block Funding. This should include:

1. Generalist Aboriginal Health

Within the block funded programs, consider increasing funding for Aboriginal Health Practitioners, Aboriginal Health Workers, and Aboriginal Social Work roles to address the unmet demand and complexity in community and patient needs. This will also accommodate the current focus in providing enhanced Aboriginal Health workforce support in Emergency Departments, as well as in specialist programs.

Consider the capacity to provide permanent block funding for Ministry of Health project / program funded services (AMIHS, BSF, Otitis media), as well as other time limited programs – New Directions Expansion Allied Health early intervention program, Rural Doctors Network funded programs – Aunty Jeans Chronic Disease Management Program (MOICDP).

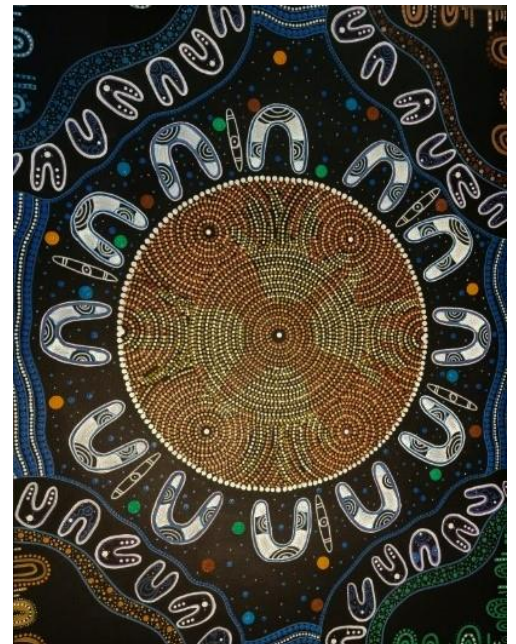
Consultation

A consultation period will commence from 8 March 2023, concluding 22 March 2023, with the opportunity to provide comment through to Regina Osten, Manager Strategic Projects Integrated Care, Southern NSW LHD.

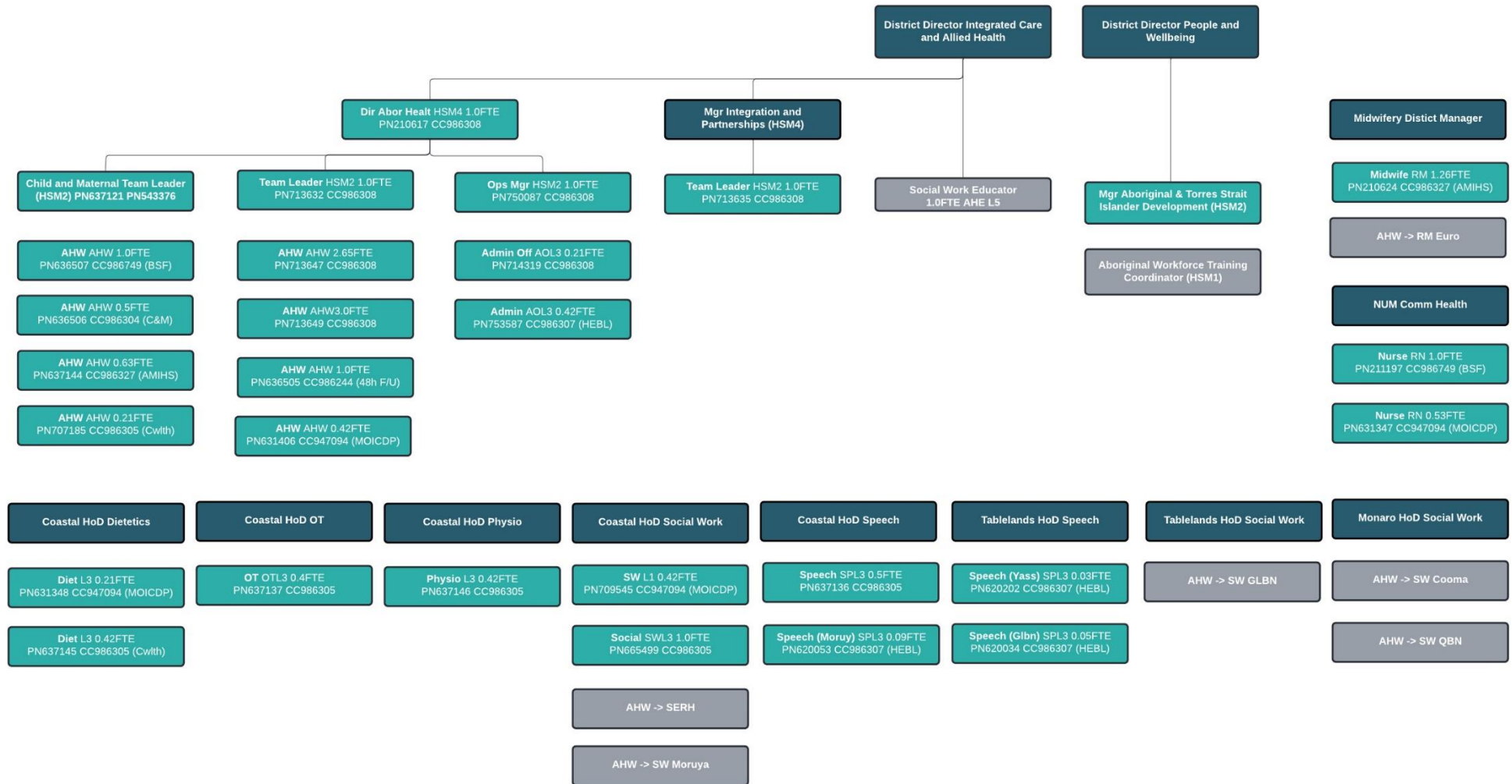
e. Regina.Osten@health.nsw.gov.au

Further information regarding the review can be requested through Lou Fox, District Director Integrated Care and Allied Health via email or phone

e. lou.fox@health.nsw.gov.au m. 0428112685



Appendix 1 – Organisation Structure – Aboriginal Health Services – current



Appendix 2 – PROPOSED FOR CONSULTATION Organisation Structure – Aboriginal Health Services

ABORIGINAL HEALTH SERVICE – MANAGEMENT PROPOSAL
As @ 10 February 2023

PROPOSED NEW
ROLE

PROPOSED FOR
Elimination
Director Aboriginal
Health HSM 4

