

Aboriginal Health Plan

2022-2023



BURUDI MURU YAGU Better Path Today

A Local Implementation Plan of the NSW Aboriginal Health Plan 2013-2023



Artwork

Art and elements used within the design of this document are in part and in full extracts from “Journey to Health” Amy Hill (2021) and “South Eastern Boundaries” (2017) Brenden Broadbent – with artist’s permission

The artwork, titled, ‘*Journey of Health*’, was created by Amy Hill – a proud Kamilaroi woman, living on Dharawal Country.

‘*Journey of Health*’ reflects the Aboriginal Health Unit and the community of SESLHD. The centre circle represents the Aboriginal Health Unit, and the other four circles on the journey lines symbolise Communication, Openness, Mutual Respect and Empowerment. The community gatherings represent our community members’ journey and connection to holistic health and well-being. The background circles represent the collaborative support network that is formed through meaningful engagement and connections between communities and The District.

The colours were chosen to signify the varied landscape of SESLHD – blues symbolise the sea, coastal areas and waterways; green represents the vast bushlands, and the use of three different colours for the community circles signifies the diversity of the Aboriginal community across The District.

BURUDI MURU YAGU ABORIGINAL HEALTH PLAN 2022-2023
ABORIGINAL HEALTH UNIT
SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT
LOCKED MAIL BAG 21
TAREN POINT, NSW 2229

South Eastern Sydney Local Health District Aboriginal Health Unit advises that this document may contain images or names of deceased Aboriginal and Torres Strait Islander people.

Throughout the document the term “Aboriginal” is used to represent “Aboriginal and Torres Strait Islander”, in recognition that Aboriginal people are the original inhabitants of New South Wales.

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Acknowledgement of Country

South Eastern Sydney Local Health District would like to acknowledge the Traditional Custodians on whose lands our facilities are located; the lands of the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal peoples.

We would like to pay our respects to the Elders past, present and those of the future. We also acknowledge Aboriginal peoples' connection to country, culture and heritage.

'South Eastern Boundaries' is based on the South Eastern Sydney Local Health District boundary map and replicates the locations of the facilities from Sydney's Central Business District in the north to the Royal National Park in the south



The Meeting Places (circles within circles) represent The Sutherland Hospital, St George Hospital, Prince of Wales and Royal Hospital for Women, Sydney and Sydney Eye Hospital, Calvary Health Care and War Memorial Hospital



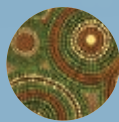
The lines with dots represent the patient's journey from their homes, to and from the facilities where people access our healthcare services



The other symbols are the local Aboriginal Community Elders, Men, Women and Children who call the South Eastern Sydney area their country and home



The dark and light blue circles are the strong currents and waves which surround the beautiful coast line of the east coast



The assortment of coloured dot patterns are of the surrounding Aboriginal Nations which surround and connect all Aboriginal Nations and our people to each other in respect and harmony



Foreword

Closing the Gap between health outcomes for Aboriginal and non-Aboriginal communities remains a matter of national and state priority. In South Eastern Sydney Local Health District, we are committed to improving the health and wellbeing of Aboriginal people, in partnership with local Aboriginal communities.

South Eastern Sydney Local Health District recognises that our vision of 'Exceptional care, Healthier lives' relies on the provision of culturally safe, responsive health services, which are best achieved through collaboratively working with Aboriginal communities, Aboriginal Health workers and other Aboriginal organisations. These partnerships will be built on meaningful engagement and respond to calls from Aboriginal people that effective programs and services need to be designed, developed and implemented in partnership with Aboriginal and Torres Strait Islander people.

South Eastern Sydney Local Health District aspires to improve equity of access to high quality healthcare for Aboriginal people, ensuring services are evidence-based, co-designed and underpinned by our values of collaboration, openness, respect and empowerment.

To deliver our ambition, the *Burudi Muru Yagu* Aboriginal Health Plan has been developed. The plan builds on previous successes and is consistent with the NSW Aboriginal Health Plan 2013-2023. The plan outlines six strategic directions to guide the District over the next year:

1. **Building trust through partnerships**
2. **Implementing what works and building the evidence**
3. **Ensuring integrated planning and service delivery**
4. **Strengthening the Aboriginal workforce**
5. **Providing culturally safe work environments and health services**
6. **Strengthening performance monitoring, management and accountability.**

The District is committed to these strategic directions and places significant value on the outcomes to be achieved through the implementation of the *Burudi Muru Yagu* Aboriginal Health Plan. Implementation of the plan will be overseen by a District Implementation Committee.

Burudi Muru Yagu, meaning *Better Path Today* in the Dharug (Sydney) language, was selected by Aboriginal Health staff as the name for this plan. *Burudi Muru Yagu* acknowledges that Aboriginal health means, not just the physical well-being of an individual, but the **social, emotional and cultural well-being of the whole Community** in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. Further, this concept emphasises the connections and paths between the factors of health, and recognises the impact that social and cultural determinants have on health for Aboriginal people.

Thank you to everybody who has contributed to the development of this Aboriginal Health Plan. We look forward to continuing working in partnership in delivering this plan to help improve the health and wellbeing of Aboriginal people.

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Summary

Burudi Muru Yagu meaning “Better Path Today”, in the Sydney Language .

Health equity for Aboriginal people is reliant on a health system that is safe, accessible and responsive.

The Burudi Muru Yagu Aboriginal Health Plan aligns with the National Aboriginal and Torres Strait Islander Health Plan 2013–2023, NSW Aboriginal Health Plan 2013–2023, and the South Eastern Sydney Local Health District *Exceptional Care, Healthier Lives Strategy 2022–2025*.

The NSW Aboriginal Health Plan 2013 – 2023, was released in December 2012. It is the result of the NSW Government’s commitment towards closing the health gap between Aboriginal and non-Aboriginal people in NSW and improving health outcomes for Aboriginal people. It was developed in partnership with the Aboriginal Health and Medical Research Council. The plan sets the framework to support closing the gap in Aboriginal health outcomes by spreading responsibility for achieving health equity for Aboriginal people in NSW across all NSW Health organisations and health services.

To realise the vision of the plan, the health system in NSW is required to work in a collaborative manner to meet the needs of Aboriginal people.

The plan includes the following key themes:

- ▶ Health equity for Aboriginal people, with strong, respected Aboriginal communities in NSW, whose families and individuals enjoy good health and wellbeing.
- ▶ To work in partnerships with Aboriginal people to achieve the highest level of health possible for individuals, families and communities.
- ▶ The importance of the NSW Aboriginal Health Partnership between the NSW Government and the Aboriginal Health and Medical Research Council at the state level, and the continued need for strong partnerships between NSW Local Health Districts and Aboriginal Community Controlled Health Services at the local level.

The plan outlines **six strategic directions** to drive the changes needed within the health system that will lead to improvement in Aboriginal Health outcomes:



The South Eastern Sydney (SESLHD) Aboriginal Health Plan Implementation Committee has been formed to lead and monitor the implementation of the plan across the District.

Working Parties at each facility across the district have been established to develop strategies against the Burudi Muru Yagu Aboriginal Health Plan which reports to the Aboriginal Health Plan Implementation Committee quarterly.

A mid-term evaluation of the NSW Aboriginal Health Plan was undertaken in 2019. The results of this and the recommendations can be found in Appendix 2.

The Burudi Muru Yagu Aboriginal Health Plan is the framework that will guide and support the District’s vision of **‘Exceptional care, healthier lives’**

“Aboriginal health”

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

(NACCHO 1989)



Closing The Gap

In 2008, the Closing the Gap Campaign was released by the Australian Government as a National strategy which aims to close the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Aboriginal Australians within a generation. The strategy focusses on health and wellbeing, education, employment, justice, safety, housing, land and waters, and languages.

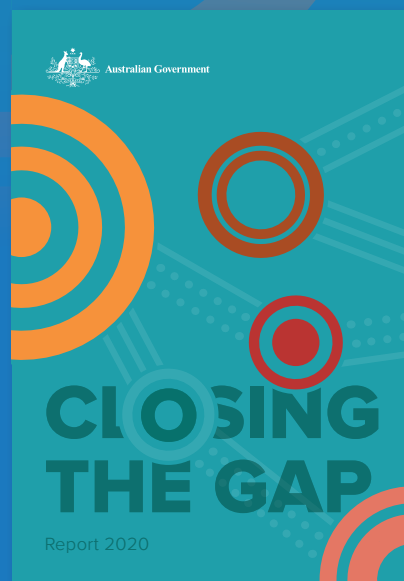
Closing the Gap in Aboriginal and Torres Strait Islander health is a national priority. It is the responsibility of all health service organisations to consider and action their part in closing the gap in health disparities experienced by Aboriginal and Torres Strait Islander people.

“Never have Aboriginal and Torres Strait Islander peak bodies from across the country come together in this way, to bring their collective expertise, experiences, and deep understanding of the needs of our people to the task of closing the gap... We have an unprecedented opportunity to change the lived experience of too many of our people who are doing it tough.”

Ms Pat Turner AM, CEO of the National Aboriginal Community Controlled Health Organisation

In the 2020 Close the Gap report, rates of life expectancy for Aboriginal people saw an improvement, however there remains a 10 year gap in comparison to non-Aboriginal people. Whilst there has been an improvement in Aboriginal mortality rates from heart disease, stroke and hypertension, the gap is widening in relation to cancer mortality rates.

The poor health and wellbeing of many Aboriginal people stems largely from the effects of colonisation, which have resulted in loss of land, family and community relationships, and denial of free cultural expression and growth across generations. This affects the physical, emotional, mental, social and spiritual beliefs and wellbeing for Aboriginal and Torres Strait Islander individuals and communities.



The ongoing impacts on the health and wellbeing of Aboriginal people are evident. Unacceptable gaps in infant and child mortality, chronic disease, and life expectancy are still apparent in comparison to non-Aboriginal people.

Significant barriers to accessing effective and safe health care contribute to these gaps. Therefore, it is important that Aboriginal people experience safe and high-quality health care based on need.

In order to achieve and deliver desired health outcomes, and to empower Aboriginal communities, health services need to develop and strengthen partnerships through their mainstream health services, Aboriginal Community Controlled organisations and the Aboriginal community. These partnerships will be built on meaningful engagement and respond to calls from Aboriginal people that effective programs and services need to be designed, developed and implemented in partnership with Aboriginal and Torres Strait Islander people

To do this, the District recognises and is committed to working with our Aboriginal communities, Aboriginal Health Workers and Aboriginal organisations to address a range of health enablers at a systemic and community level associated with providing affective delivery and culturally responsive health care services.

By working collaboratively, we can 'Close the Gap' to improve health and life outcomes for Aboriginal people and Aboriginal communities

Our Vision

**Exceptional care,
healthier lives**

Our Purpose

To enable our community to be healthy and well; and to provide the best possible compassionate care when people need it.

Our Values



COLLABORATION

We will work together as a team to provide the best health care for our community.

- Seek opportunities to work with my interdisciplinary colleagues
- Work with others to identify and achieve shared goals
- Share knowledge and lessons learned with my colleagues
- Be mindful of how the decisions I make may affect others



OPENNESS

The decisions we make are transparent and we accept accountability for our actions. Our patients and their carers have a right to know how and why decisions are made and who is making them.

- Participate in opportunities to provide my feedback and views
- Communicate openly and honestly at all times
- Hold myself accountable for my actions, words and decisions
- Utilise resources appropriately, efficiently and effectively



RESPECT

We respect and acknowledge the contribution made by each member of our team in providing the best possible health care for our patients.

- Acknowledge others views and ideas and listen attentively
- Acknowledge and value individual differences
- Act professionally, be well mannered and demonstrate common courtesies
- Deal with issues that arise in a constructive, honest and timely manner



EMPOWERMENT

We will work with our patients and their carers to enable them to take greater control of their own health care. We acknowledge that for empowerment to work there must be trust between our patients and all staff involved in the provision of health care.

- Involve others (patients, clients, colleagues) in decision making
- Enable others to continually develop their skills and abilities, and take responsibility for my own development
- Being prepared to challenge my own views and opinions
- Identify opportunities for improvement and raise them with my manager

Principles of Aboriginal Healthcare

The nine principles that steer the District's response to improving Aboriginal health outcomes and healthcare delivery for Aboriginal people are:

-  accessible health services
-  community participation
-  continuous quality improvement
-  culturally appropriate and skilled workforce
-  trust and cultural respect
-  flexible approach to care
-  holistic health care
-  self-determination
-  working in partnership

Overarching policies and plans

The Burudi Muru Yagu Aboriginal Health Plan is informed by many overarching policies and plans on a National, State and Local Health District level. An outline of each is included in Appendix 3.

National policies and plans



National Aboriginal and Torres Strait Islander Health Plan 2013-2023

State policies and plans



NSW State Health Plan: Towards 2021



NSW Aboriginal Health Plan 2013-2023



Good Health – Great Jobs. Aboriginal Workforce Strategic Framework 2016-2020



NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025



Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health



OCHRE – The NSW Government Plan for Aboriginal Affairs – April 2013

South Eastern Sydney Local Health District Policies



South Eastern Sydney Local Health District *Exceptional Care, Healthier Lives* Strategy 2022-2025



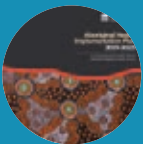
South Eastern Sydney Local Health District Aboriginal Workforce Strategic Plan 2018-2022



South Eastern Sydney Local Health District Equity Strategy 2015



Prince of Wales Hospital & Community Health Service Aboriginal and Torres Strait Islander Health Working Party Action Plan



St George Hospital and Health Service & The Sutherland Hospital and Health Service (TSH) Aboriginal Health Implementation Plan 2021-2023

Partnerships

Sydney Metropolitan Local Aboriginal Health Partnership Agreement (SMLAHP)

The SMLAHP Agreement was originally signed on 14 November 2011, as a formalised alliance between the Aboriginal Medical Service Redfern, Northern, South Eastern Sydney and Sydney local health districts.

The Agreement was re-signed on 7 July 2014, to include St Vincent's Hospital and the Sydney Children's Hospitals Network. The current Agreement 2016-2021 was signed on 8 June 2017 by all parties.

The Partnership is committed to 'Closing the Gap' in health inequity between Aboriginal and non-Aboriginal people and to advocate for the principles outlined in the National Aboriginal Health Plan 2013-23 by:

- bringing the collective expertise of the Partnership group together to improve the health of the Aboriginal Partnership population across the life course;
- enhancing and supporting the guiding principles that underpin the Aboriginal community controlled health service charter. Similarly, the Partnership supports and enhances the LHDs in their role in providing health service provision;
- advocating for improved Aboriginal service delivery and improved service outcomes;
- working together to maximise opportunities for improving information on Aboriginal health within the region and subject to ethical requirements, reciprocal sharing of information and data on Aboriginal Health to enable immediate and appropriate responses to local health priorities; and
- annually reviewing the changes that occur through the implementation of the Priorities document.

In 2015, the SMLAHP Social Determinants of Health Forum was held which identified eight key areas for action:

1. Early childhood services and education
2. Racism and lateral violence
3. Education
4. Connectedness
5. Criminal justice
6. Housing
7. Employment and training
8. Addiction

In 2020, the SMLAHP Aboriginal Health Priorities 2020-2022 was developed with identified eight health priorities for collective action over a three year period:

- The Social Determinants of Health
- Early Childhood Services (The First 2000 days)
- Prevention
- Integrated Care
- Mental Health and Wellbeing
- Cancer
- Aboriginal Workforce
- Research and Monitoring

These documents can be found at:

www.seslhd.health.nsw.gov.au/services-clinics/directory/aboriginal-health-unit/publications



SESLHD Mental Health Service partnerships with Aboriginal Community Controlled organisations

SESLHD has a partnership approach with Aboriginal communities to plan, design and implement health services, including the provision of Mental Health support. Through this partnership SESLHD and Kurranulla Aboriginal Corporation and the La Perouse Local Aboriginal Land Council are collaborating in the provision of Aboriginal Mental Health Services.

Working within the multi-disciplinary team process across prevention, early intervention, inpatient and community settings, the service will also undertake Mental Health promotion and community liaison tasks in support of the development of culturally appropriate services.

South Eastern Sydney Aboriginal Health Forum

In November 2021, the SESLHD Chief Executive invited senior leaders of local Aboriginal organisations to have a discussion forum focused on the health needs in Aboriginal Communities in the context of the difficult COVID-19 situation experienced in late 2021.

The aim of the forum was to listen to Aboriginal leaders regarding the current needs of the community and identify ways in which SESLHD health services could offer additional support.

While COVID-19 related needs were the focus, the discussion included consideration of other health needs and a reflection of what approaches worked well in health service delivery and what approaches could be improved to better meet community needs.

SESLHD will continue to regularly engage with local Aboriginal leaders through such forums which are an important opportunity to understand current community needs and improve SESLHD's ability to provide clinically and culturally responsive services.

SESLHD recognises that Aboriginal culture and communities are diverse across NSW and even within our local area there is not a 'one size fits all' approach. SESLHD looks forward to continuing to learn from local leaders through these forums and improving in our efforts to support health and well-being for local Aboriginal communities.



Our Aboriginal Health Service

The South Eastern Sydney Local Health District Aboriginal Health Unit (SESLHD AHU) provides cultural and strategic advice on policy, program, and service delivery and represents SESLHD on state-wide committees.

The AHU is responsible for the advocacy, coordination and strategic management required to support Aboriginal Health initiatives to deliver culturally appropriate health care to Aboriginal communities within South Eastern Sydney. The AHU provides a key link between the District and other LHDs and NGOs who also provide services and support to Aboriginal communities in the District. These steps are pivotal to the success of partnerships, programs and services and combine to deliver healthcare that aims for equity and providing better health outcomes for Aboriginal and Torres Strait Islander people.

As a District, SESLHD strives to achieve a higher standard of well-being for Aboriginal and Torres Strait Islander people by enhancing equity for the community and working in partnership to close the gap in health, well-being and life expectancy between Aboriginal people and other Australians.

The SESLHD AHU is located on The Sutherland Hospital's campus and consists of a Manager, who reports directly to the Director Population and Community Health (PaCH), a Deputy Manager and a Program Support Officer. The AHU has dot-line management to Aboriginal Health Workers, providing mentoring and cultural support.

The SESLHD Aboriginal Workforce Strategic Plan 2018 – 2022, which is aligned to the NSW Public Sector Aboriginal Employment Strategy 2014–2017, outlines a clear and proactive path in supporting and improving our Aboriginal Workforce. The plan recognises the importance of an Aboriginal Workforce in providing care to Aboriginal communities, which is overseen by the Aboriginal workforce consultant.

Across SESLHD, we have a dedicated and committed Aboriginal Health Worker workforce working across numerous departments, streams and community. They play a vital role in providing and delivering primary health care services to our Aboriginal communities, which is crucial to improving health outcomes for our people.

We have Aboriginal Hospital Liaison Officers, Aboriginal Health Education Officers, Palliative Care, Women's Health and Healthy Lifestyle Coordinators, Sexual Health workers, Mental Health workers, Immunisation officers, Population Health trainees, Maternal, Child and Family workers, Drug and Alcohol, Harm Reduction workers, Integrated Care and Dental Health Workers delivering culturally specific programs, clinics and services to the community, and Aboriginal Doctors, nurses, Allied Health and Administration staff within our hospitals, community health centres, residential settings and other facilities.

We are committed to providing a culturally safe environment across our facilities for our Aboriginal patients, families and communities. The establishment of Aboriginal rooms at our hospitals, which enable Aboriginal and Torres Strait Islander patients, families and employees to uphold their cultural practices and beliefs, Acknowledgement to Country signs, installation of flagpoles displaying the Aboriginal and Torres Strait Islander flags, Aboriginal design garden spaces and displaying of Aboriginal artwork has created a welcoming environment where Aboriginal people feel safe, comfortable, accepted and respected.

The Burudi Muru Yagu Aboriginal Health Plan is the key guiding document that will support the District in achieving its vision of 'exceptional care, healthier lives'.

A Directory of Aboriginal Services available within SESLHD is available through the Aboriginal Health Unit Webpage and can be accessed here:

www.seslhd.health.nsw.gov.au/services-clinics/directory/aboriginal-health-unit-home/aboriginal-health-contacts



Our Aboriginal Population

The SESLHD geographic area lies within both the Eora and Dharawal Nations. The area encompasses the traditional lands of five Aboriginal language groups including the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal peoples.

There are reported to be 10,179 Aboriginal people living in SESLHD constituting approximately 1.1% of the population. The highest densities within the district are within the Botany Bay and Randwick LGA's, where over 1.5% of the population identify as Aboriginal, this is closely followed by the Sutherland and Sydney LGA's.

It is of note that the reported numbers are likely to underrepresent the actual Aboriginal population due to under reporting of Aboriginality.



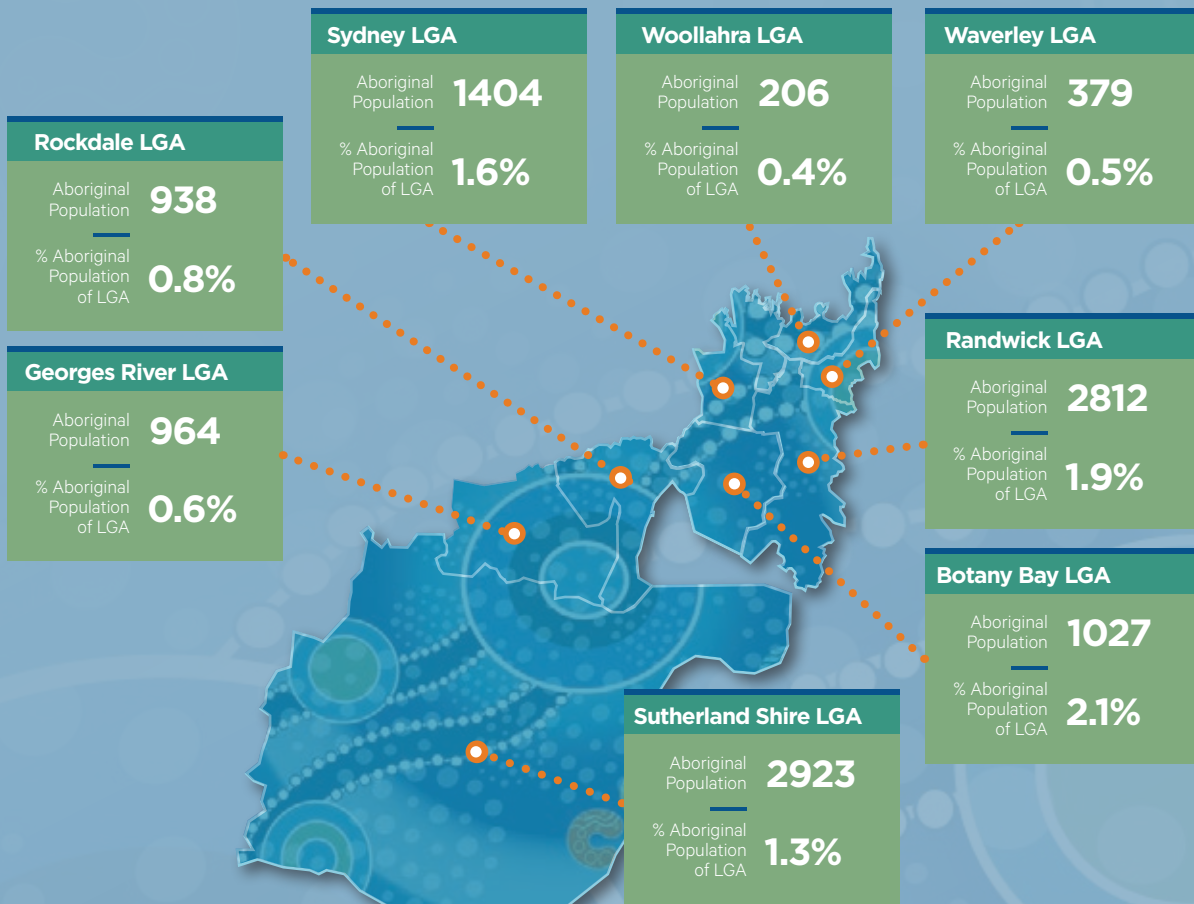
There are reported to be

10,179

Aboriginal people living in SESLHD constituting approximately

1.1%

of the population



Source: <https://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlases-of-australia-local-government-areas>



The age profile of the population is significantly younger in the Aboriginal population, with a median age of 25-26 years for most LGA's compared to 35-40 years for the total population



In 2019, 1.9% of babies born in SESLHD were identified as Aboriginal. Of note, for 2.5% of babies born, indigenous status was not stated

Utilisation of health services by Aboriginal people



In 2019/2020, SESLHD had a total of **242,735** emergency presentations with Aboriginal and Torres Strait Islander people making up **4,501** of these (1.8%)



In 2016/2017, **dialysis** was the leading cause of hospitalisation for Aboriginal people in SESLHD



In 2019/2020, **Injury** was the most frequent reason Aboriginal people presented to SESLHD emergency departments with **12.7%** of presentations.

This was followed by Digestive System Illness, Psychiatric Illness, System Infection/Parasites and Respiratory System Illness



In 2020, **96.8%** of Aboriginal 5 year olds were fully vaccinated in SESLHD, compared to **91.8%** of non-Aboriginal children



In 2019/20, **9.9%** of patients identifying as Aboriginal or Torres Strait Islander left the emergency department at their own risk and/or did not wait, compared to **5.8%** in the non-Aboriginal population



In 2019, the rate of Aboriginal people in SESLHD with diabetes or high blood glucose was **13.1%** compared with the non-Aboriginal population rate of **11.2%**



In 2020/21, **2.6%** of admitted patients identifying as Aboriginal or Torres Strait Islander discharged themselves from hospital at their own risk, compared to **0.84%** in the non-Aboriginal population



Unplanned return visits to ED:

2018/19
1.2% for Aboriginal population compared with **0.9%** of non-aboriginal population

2019/20
0.7% for Aboriginal population compared with **0.8%** of non-Aboriginal population



In 2019/20, the **average length of stay** for sub-acute patients identifying as Aboriginal or Torres Strait Islander was **13.5 days**, compared to **7.2 days** in the non-Aboriginal population



Strategic Directions

To enhance the capacity of South Eastern Sydney Local Health District to improve the health of its Aboriginal residents whom reside within the boundary of the Local Health District and Aboriginal people who are admitted for specialty care.

1

Building trust through partnerships

- Create trusting and collaborative working relationships
- Facilitate a coordinated approach within the district to meeting needs of the Aboriginal community and building capacity
- Ensure engagement with Aboriginal consumers of SESLHD health services

2

Implementing what works and building the evidence

- Support quality monitoring and evaluation to ensure meaningful outcomes for Aboriginal people are measured
- Implement quality improvement strategies in data collection (particularly identification of Aboriginal clients) and reporting related to Aboriginal people in all health system settings
- Ensure research projects and programs identify opportunities to strengthen their focus on Aboriginal health, and build the capacity of health staff to undertake research and evaluation in Aboriginal Health

3

Ensuring integrated planning and service delivery

- Ensure the needs of Aboriginal people are considered in planning processes
- Establish models of care for Aboriginal people that integrate multiple services to provide a holistic approach
- Recognise and strengthen the ongoing role NSW Health has in contributing to the social determinants of health for Aboriginal people through activities such as employment, resource distribution, and education/training

4

Strengthening the Aboriginal workforce

- Attract, recruit and retain Aboriginal staff in SESLHD
- Ensure culturally safe and competent health services
- Develop the capabilities of Aboriginal Staff
- Partnering and Collaborating with Aboriginal Staff and Communities

5

Providing culturally safe work environments and health services

- Providing culturally safe work environments and health services
- Implement, monitor and report on Respecting the Difference: An Aboriginal Cultural Framework for NSW Health
- Implement models of good practice that provide culturally safe work environments and health services through a continuous quality improvement model

6

Strengthening performance monitoring, management and accountability

- Ensure relevant indicators for Aboriginal health are monitored at all levels of the organisation
- Build leadership and accountability responsibilities for Aboriginal health into the roles of executives and managers at all levels of the system
- Engage in continuous quality improvement processes to review and improve District performance in relation to Aboriginal cultural engagement and closing the gap



Governance and Implementation

The SESLHD Board and Chief Executive are responsible for the overall governance of the South Eastern Sydney Local Health District (SESLHD) including the health and well-being of Aboriginal people.

The SESLHD Aboriginal Health Plan Implementation Committee (Burudi Muru Yagu Committee) is the peak committee in SESLHD for Aboriginal Health. Its purpose is to provide leadership for local implementation of the NSW Aboriginal Health Plan 2013 – 2023.

The Burudi Muru Yagu Committee is co-chaired by the Manager of the Aboriginal Health Unit and the Director of Population and Community Health. Its membership includes an Aboriginal SESLHD Board member and representatives of sites and services across SESLHD. The committee meets quarterly.

At each meeting, each SESLHD facility and directorate provides a report back to the committee on their progress against key priority areas in Aboriginal Health.

The Committee reports formally to the District Executive Council. Aboriginal Health matters are regularly discussed (at least twice annually) at the District Executive Council and at the SESLHD Board.





STRATEGIC DIRECTION **1**

Building trust through partnerships

OBJECTIVE	KEY ACTION/S	RESPONSIBILITY
Create trusting and collaborative working relationships	Support actions through the SMLAHP to embed the eight health priorities identified in the SMLAHP Action Plan	Aboriginal Health Unit
	Convene regular Aboriginal Health Forums between senior local Aboriginal leaders and SESLHD Executive	Aboriginal Health Unit
	To create a collaborative forum through the Burudi Muru Yagu Implementation Committee for SESLHD services to share experience and knowledge	Aboriginal Health Unit
Facilitate a coordinated approach within the district to meeting needs of the Aboriginal community and building capacity	Develop and implement regular use of a SESLHD Aboriginal Health Dashboard, especially to monitor progress against known areas for improvement as identified in the SESLHD Aboriginal Health Report Card including: <ul style="list-style-type: none"> • Reporting of Aboriginality • Discharge Against Medical Advice • Unplanned re-admission within 28 days • Low birth weight babies • Full breastfeeding on discharge from hospital • Fully immunised at 1 year • Respecting the Difference face to-face training 	Clinical Insights and Analytics
	Ensure Aboriginal Health Impact Statements are developed for relevant programs and policies including research	All sites and services
	Ensure engagement with Aboriginal consumers of SESLHD health services	Ensure Aboriginal representation on Consumer Advisory Groups and at Consumer Forums
	Ensure up to date, relevant information about health services and supports are readily available to consumers and the broader community	All sites and services

STRATEGIC
DIRECTION **2**

Implementing what works and building the evidence

OBJECTIVE	KEY ACTION/S	RESPONSIBILITY
Support quality evaluations to ensure meaningful outcomes for Aboriginal people are measured	Ensure SESLHD programs for Aboriginal people have a monitoring and evaluation plan with a process to regularly review outcomes	All sites and services
	Ensure mainstream SESLHD services routinely examine data on access and outcomes by Aboriginality and embed a continuous quality improvement approach to closing the gap	All sites and services Clinical Streams
Implement quality improvement strategies in data collection (particularly identification of Aboriginal clients) and reporting related to Aboriginal people in all health system settings	Implement a local education and communication initiative to improve identification of Aboriginal people in SESLHD services	Aboriginal Health Unit
	Develop and embed the use of a SESLHD Aboriginal Health Dashboard to support services monitoring progress against key measures	Clinical Insights and Analytics
Ensure research projects and programs identify opportunities to strengthen their focus on Aboriginal health, and build the capacity of health staff to undertake research and evaluation in Aboriginal Health	Routinely apply an Aboriginal health lens to all proposed research studies, including through completion of an Aboriginal Health Impact Statement	All sites and services SESLHD Research Office Aboriginal Health Unit
	Identify opportunities to co-design relevant research studies with Aboriginal staff and consumers in SESLHD	All sites and services SESLHD Research Office Aboriginal Health Unit

STRATEGIC
DIRECTION **3**

Ensuring integrated planning and service delivery

OBJECTIVE	KEY ACTION/S	RESPONSIBILITY
Ensure the needs of Aboriginal people are considered in planning processes	Incorporate the consideration of the needs of local Aboriginal communities in district clinical and capital planning processes, as well as in joint planning process with other agencies including the Primary Health Network	Strategy Innovation and Improvement
	Work with local partners, including the primary health network and Aboriginal organisations, on service planning for priority health issues for Aboriginal people including: chronic disease, mental health and youth health	Population and Community Health Mental Health
Establish models of care for Aboriginal people that integrate multiple services to provide a holistic approach	To improve mechanisms to work across different community services within and external to SESLHD to provide more holistic care to Aboriginal people – integrating preventive health, physical health and mental health programs	Population and Community Health Mental Health
	To embed consideration of the needs of Aboriginal people as SESLHD develops and implements a Virtual Care strategy	Strategy Innovation and Improvement
Recognise and strengthen the ongoing role NSW Health has in contributing to the social determinants of health for Aboriginal people through activities such as employment, resource distribution, and education/training	Identify opportunities through planning and service delivery to create training and employment pathways for Aboriginal people and work proactively with other partners to address factors influencing a person's health such as housing	All sites and services

STRATEGIC
DIRECTION **4**

Strengthening the Aboriginal workforce

OBJECTIVE	KEY ACTION/S	RESPONSIBILITY
Attract, recruit and retain Aboriginal staff in SESLHD	<p>Increase the representation of Aboriginal employees to 3.0% across SESLHD by undertaking actions outlined in the SESLHD Aboriginal Workforce Strategic Plan including:</p> <ul style="list-style-type: none"> • Partnering with employment organisations and local universities • Showcasing career opportunities at SESLHD • Develop and communicate resources for managers and staff related to employment and development • Increase promotion for nursing, midwifery and allied health cadets • Develop and implement systems to measure the experience of Aboriginal employees 	<p>People and Culture All sites and services</p>
Ensure culturally safe and competent health services	<p>Undertake actions outlined in the SESLHD Aboriginal Workforce Strategic Plan including:</p> <ul style="list-style-type: none"> • Establishing Aboriginal Staff networks to encourage and support the Aboriginal workforce across SESLHD • Promote mandatory completion of Respecting the difference training across SESLHD • Tailor training to support cultural competence to areas of need, including specific training and support for non-Aboriginal managers 	<p>Aboriginal Health Unit People and Culture All sites and services</p>
Develop the capabilities of Aboriginal Staff	<p>Undertake actions outlined in the SESLHD Aboriginal Workforce Strategic Plan including:</p> <ul style="list-style-type: none"> • Develop education and training opportunities for Aboriginal Employees that provide employee support and foster career development • Support and develop Aboriginal Health Worker roles through management and supervision structures • Establish an Aboriginal mentoring program • Identify opportunities for secondments • Support Aboriginal staff to participate in SESLHD leadership programs 	<p>People and Culture</p>
Partnering and Collaborating with Aboriginal Staff and Communities	<p>Undertake actions outlined in the SESLHD Aboriginal Workforce Strategic Plan including:</p> <ul style="list-style-type: none"> • Develop partnerships with employment organisations • Engage with universities and training providers to promote collaboration and relationship development • Engage with schools to promote Aboriginal traineeships 	

STRATEGIC
DIRECTION **5**

Providing culturally safe work environments and health services

OBJECTIVE	KEY ACTION/S	RESPONSIBILITY
Providing culturally safe work environments and health services	<p>Ensure SESLHD health facilities are welcoming environments for Aboriginal clients and families including through:</p> <ul style="list-style-type: none"> • Prominent display of the Acknowledgement of Country • Aboriginal artwork such as paintings or sculpture • Designated spaces available to Aboriginal families • Badges or uniforms with Aboriginal designs worn by staff 	All sites and services
	<p>Encourage SESLHD staff to continue to engage with the SESLHD 'Addressing Racism' Campaign including by attending the by stander intervention training</p>	Population and Community Health
	<p>Continue to update and disseminate resources for staff to increase their knowledge and understanding including the information at orientation such as 'Didja know' booklet and 'A Guide to communicating with Aboriginal communities'</p>	Aboriginal Health Unit People and Culture
Implement, monitor and report on Respecting the Difference: An Aboriginal Cultural Framework for NSW Health	<ul style="list-style-type: none"> • Promote online and face to face Respecting the Difference Training to all SESLHD staff and monitor compliance. • Incorporate and communicate revised content when available. 	People and Culture All sites and services
Implement models of good practice that provide culturally safe work environments and health services through a continuous quality improvement model	<p>Participate in the Aboriginal Cultural Engagement Self-Assessment Audit Tool to detect gaps within Aboriginal service provision and take action to address identified gaps</p>	All sites and services Aboriginal Health Unit Clinical Governance Unit

STRATEGIC
DIRECTION **6**

Strengthening performance monitoring, management and accountability

OBJECTIVE	KEY ACTION/S	RESPONSIBILITY
Ensure relevant indicators for Aboriginal health are monitored at all levels of the organisation	Embed monitoring of access and outcomes for Aboriginal people in District performance monitoring processes, using the LHD Aboriginal Health Dashboard where relevant	District Executive team Strategy Innovation and Improvement Aboriginal Health Unit
Build leadership and accountability responsibilities for Aboriginal health into the roles of executives and managers at all levels of the system	Conduct detailed discussion at the SESLHD Executive Council and SESLHD Board at least twice per year to report on progress in implementing the BMY plan, and reflect on the SESLHD Aboriginal Health Report Card provided annually by the Ministry of Health	Aboriginal Health Unit SESLHD Executive Council SESLHD Board
	Ensure Aboriginal Health is regularly discussed and/or included as a standing agenda item on key district and facility committee meetings including site and service executive meetings, Clinical Quality Council and Clinical Stream meetings	All sites and services Clinical Governance Unit Clinical Streams
Engage in continuous quality improvement processes to review and improve District performance in relation to Aboriginal cultural engagement and closing the gap	Embed Aboriginal Health as part of safety and quality processes and accreditation readiness at every level of the organisation	All sites and services Safety and quality managers
	Undertake the Aboriginal Cultural Engagement self-assessment audit tool	All sites and services

Appendices

Appendix 1 + Glossary

Abbreviations

AHU - Aboriginal Health Unit

AHLO - Aboriginal Hospital Liaison Officer

AH&MRC - Aboriginal Health and Medical Research Council

The AH&MRC is the peak body for Aboriginal Community Controlled Health Services (ACCHSs) across NSW. It works in collaboration with ACCHSs and non-Aboriginal health partners. This work aims to systematically address the social determinants of health and wellbeing across NSW to ensure they have access to an adequately resourced and skilled workforce to provide high-quality health care services for Aboriginal communities

AHPC - Aboriginal Health Plan Committee

AMS - Aboriginal Medical Service

ARC - Access and Referral Centre

BMYAHPC - Burudi Muru Yagu Aboriginal Health Plan Committee

The Burudi Muru Yagu Aboriginal Health Plan has been developed and continues the work on the previous successes of the SESLHD Aboriginal Health Implementation Plan from 2013-2021. It aligns with the NSW Aboriginal Health Plan 2013-2023 and outlines six strategic directions to guide the District over the next 2 years. It will then be reviewed and align with the updated NSW Aboriginal Health Plan from 2024 to acknowledge the health needs of Local Aboriginal communities in South Eastern Sydney

CAG - Consumer Advisory Group

CAH - Centre for Aboriginal Health

The Centre for Aboriginal Health operates within the NSW Government pillar of the Ministry of Health. Their vision is to work in partnership with LHDs, Specialty Health Networks, the AH + MRC and Aboriginal Community Controlled Health Services to build a culturally safe and responsive health system, where Aboriginal people have the same health outcomes as non-Aboriginal people

CIA - Clinical Insights and Analytics

This SESLHD service was previously known as the Business Intelligence efficiency Unit. CIA is responsible for data collection. The capture of data and its quality is critical to understanding the care provided to our patients and for receiving the appropriate funding for activity in accordance with the delivery of Better Value healthcare as part of SESLHD Strategic Priorities

CE - Chief Executive

CPIU - Clinical Practice Improvement Unit

The Clinical Practice Improvement Units (CPIU) are located in the Executive Unit for each facility (or hospital) and have been established under the clinical governance framework of SESLHD. Their focus is to improve both the quality and outcomes of clinical care through improvements in clinical systems in a collaborative relationship with clinicians and managers across facilities

DAMA - Discharge Against Medical Advice

EOI - Expression of Interest

KPI - Key Performance Indicator

Key performance indicators are listed in Service Agreements in a NSW Health Framework. The KPIs identify the performance expected of health organisations to achieve the required levels of health improvement, service delivery and financial performance. The Framework and KPIs apply at both whole-of-health-service and facility or service levels and support a high performance culture

LHD - Local Health District

NGO - Non-Government Organisation

NUM - Nurse Unit Manager

OD & L - Organisational Development and Learning

The OD & L team supports SESLHD as it strives to be a genuine learning organisation. OD & L is committed to a culture of continuous learning and improvement in alignment with our CORE values and partners with internal and external stakeholders, including the Health Education Training Institute (HETI), to provide consultation, and to deliver virtual and face to face learning such as Respecting the Difference

PACH - Population and Community Health

PACH provides community health services that give care to individuals, families and carers, as well as population health services that focus on the whole community or key groups within the community. Aboriginal Health, Child, Youth and Family, Drug and Alcohol services, Integrated Care, Oral Health, Priority Populations and NSW Multicultural Health Services, Sexual Health, Health promotion, the Public Health Unit and the Kirketon Road Centre operate within the PACH directorate

PD - Professional Development

PEDS - Performance Employee Development

POWH - Prince of Wales Hospital

RHW - Royal Hospital for Women

SESLHD - South Eastern Sydney Local Health District

SGH - St George Hospital

SLA - Service Level Agreement

Service Level Agreements are a central component of the NSW Health Performance Framework. They document how the Ministry of Health monitor and assess the performance of public sector health services to achieve expected service levels, financial performance, governance and other requirements

SMLAHP - Sydney Metropolitan Local Aboriginal Health Partnership

www.seslhd.health.nsw.gov.au/services-clinics/directory/aboriginal-health-unit/publications

SSEH - Sydney Eye Hospital

TSH - The Sutherland Hospital

Mid-Term Evaluation of State Plan

A Mid Term evaluation of the Aboriginal Health Plan was undertaken from 2018- 2019.

The evaluation objectives were to:

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

Evaluation methods:

The mid-term evaluation had the following components:

- a self-administered survey of NSW Health organisations, exploring the range and quality of current and recent initiatives aligning with the Plan, planned activities, and staff views on areas requiring increased focus
- a critical review of key Aboriginal health policy and program documents and reports of evaluation findings
- an assessment of progress against indicators of health system performance
- semi-structured interviews with representatives of the Aboriginal community-controlled health sector in NSW (n=11) and Directors and Managers of Aboriginal Health in local health districts (LHDs) (n=6), exploring their views on Plan implementation

The evaluation found that several initiatives are producing positive outcomes, whereas others seem to lack suitable monitoring and evaluation. System performance in relation to Aboriginal health has improved in some domains and is stable in others. NSW Health and Aboriginal community-controlled health sector staff highlighted several ways in which Plan implementation could be improved, especially in the areas of building trust through partnerships, ensuring integrated planning and service delivery, and providing culturally safe work environments and health services.

Findings suggest that, on the whole, progress against the Strategic Directions of the Plan has been moderate:

1. Building trust through partnerships: **Moderate progress**
2. Implementing what works and building the evidence: **Moderate to good progress**
3. Ensuring integrated planning and service delivery: **Moderate progress**
4. Strengthening the Aboriginal workforce: **Moderate to good progress**
5. Providing culturally safe workplaces and health services: **Moderate progress**
6. Strengthening performance monitoring, management and accountability: **Moderate progress**

The mid-term evaluation has identified areas of success as well as areas needing improvement. The following recommendations require strategic action at the state, district and service levels. They build on achievements to date and re-focus efforts over the next five years of the Plan to help achieve the Plan's vision of health equity for Aboriginal people in NSW.

Local Implementation

Through 2020, the Burudi Muru Yagu Aboriginal Health Plan Committee commenced discussions on steps to implement the recommendations of the NSW mid-term evaluation following a restructure of the district. This includes a review of governance of Aboriginal health in SESLHD and system performance with a focus in the following areas:

- Ensuring integrated planning and service delivery
- Providing culturally safe work environments and culturally welcoming spaces to Aboriginal community members attending SESLHD services Health services monitoring.
- Strengthening the Aboriginal workforce through culturally responsive leadership to attract, support, retain and develop Aboriginal staff.

Overarching Policies and Plans

National policies and plans

National Aboriginal and Torres Strait Islander Health Plan 2013–2023

This plan commits the Australian Government to:

- Continue working across governments and sectors to close the gap in Aboriginal disadvantage.
- Invest in making health systems accessible, culturally safe, effective and responsive.
- Support good health and wellbeing across the life course, and continue to target risk factors.

State policies and plans

NSW State Health Plan: Towards 2021

The NSW Health Plan commits to three directions:

1. Keeping people healthy
2. Providing world class care
3. Delivering truly integrated care

NSW Aboriginal Health Plan 2013–2023

Reflects the NSW Government's commitment to close the health gap between Aboriginal and non-Aboriginal people in NSW through the strategic directions:

1. Building trust through partnerships
2. Implementing what works and building the evidence
3. Ensuring integrated planning and service delivery
4. Strengthening the Aboriginal workforce
5. Providing culturally safe work environments and health services
6. Strengthening performance monitoring, management and accountability.

Good Health – Great Jobs. Aboriginal Workforce Strategic Framework 2016–2020

The Framework is intended to support Local Health Districts, Specialty Health Networks and other NSW Health organisations to grow and to develop their Aboriginal workforce and is structured around six key priority areas:

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 achievements and improve results.

The priorities of the Framework include increasing the representation of Aboriginal employees to 2.6 per cent across NSW Health and increasing the representation of Aboriginal people working across all public service classifications to 1.8 per cent. This is in line with the NSW Public Sector Aboriginal Employment Strategy (2014–2017).

NSW Aboriginal Mental Health and Wellbeing Strategy 2020–2025

The NSW Aboriginal Mental Health and Wellbeing Strategy 2020–2025 supports and assists NSW Health services in delivering respectful and appropriate mental health services in partnership with Aboriginal services, people and communities through three (3) Strategic Directions and Actions:

Goal 1: Holistic, person and family-centred care and healing

Goal 2: Culturally safe, trauma-informed, quality care

Goal 3: Connected care

This strategy is designed to support and assist NSW Health services in delivering respectful and appropriate care in partnership with Aboriginal services, people and communities. The strategy is the foundation for change that will support a future way of working under the national Agreement for Closing the Gap in Aboriginal Health outcomes.

Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health

The Framework aims to increase cultural competencies to promote greater understanding of the processes and protocols necessary for delivering health services to Aboriginal people.

OCHRE – The NSW Government Plan for Aboriginal Affairs – April 2013

OCHRE, the plan for the Aboriginal Affairs Department, outlines a number of initiatives including:

- Connected communities: improving educational outcomes for Aboriginal students.
- Language and culture nests: creating learning pathways.
- Opportunity hubs: providing Aboriginal students with clear pathways to real jobs.

South Eastern Sydney Local Health District Policies

South Eastern Sydney Local Health District Exceptional Care, Healthier Lives Strategy 2022-2025

The South Eastern Sydney Local Health District Exceptional Care, Healthier Lives Strategy 2022-2025 outlines the district's vision and strategic priorities. This Strategy was developed in partnership with staff, community and other service providers to guide transformational change over the next three years and beyond.

A key ambition for the District is to work in partnership to improve health and wellbeing outcomes and transform experiences. Over the next 3 years, the District will challenge service delivery to provide intervention earlier and care closer to home for the 1 million people of South Eastern Sydney.

The strategy defines four key strategic priorities:

- Partnering for healthier communities
- Providing person-centred care
- Supporting teams to thrive
- Shaping the future

South Eastern Sydney Local Health District Aboriginal Workforce Strategic Plan 2018-2022

The South Eastern Sydney Local Health District (SESLHD) Aboriginal Workforce Strategic Plan 2018 - 2022 outlines a clear and proactive path in supporting and improving our Aboriginal Workforce. The plan recognises the importance of an Aboriginal Workforce in providing care to Aboriginal communities. SESLHD acknowledges that increasing the number of Aboriginal employees plays a key role in supporting our organisation to provide culturally safe and appropriate healthcare, and also recognises the positive influence employment can have through the provision of greater financial independence, skills, and training opportunities. Employment and education contribute significantly to health, wellbeing, and social outcomes.

South Eastern Sydney Local Health District Equity Strategy 2015

The strategy provides a framework to work together to improve equity in health and wellbeing, with a focus on those who need it most. Our goal is to reduce inequities in health and wellbeing within a generation. Equity in health and wellbeing as a priority for action across the entire organisation.

Prince of Wales Hospital & Community Health Service Aboriginal and Torres Strait Islander Health Working Party Action Plan

This plan develops key strategies and actions against 'gaps' in services, as identified in the Aboriginal Cultural Engagement Self-Assessment Tool, the key principles of the NSW Aboriginal Health Plan 2013-2023 and the Burudi Muru Yagu Aboriginal Health Plan. The Action plan focusses on "closing the gap" and achieving better health outcomes for the Aboriginal community.

St George Hospital and Health Service & The Sutherland Hospital and Health Service (TSH) Aboriginal Health Implementation Plan 2021-2023

This plan identifies a range of strategies and actions against the underpinning principles identified in the NSW Aboriginal Health Plan 2013-2023. The strategic direction of this plan considers key issues, such as building and maintaining respectful, trusting and effective partnerships with the Aboriginal communities. This plan focuses on improving health and wellbeing outcomes for Aboriginal people attending our health services.

References

Commonwealth of Australia, Department of the Prime Minister and Cabinet, Closing the Gap Prime Minister's Report 2017.
<http://closingthegap.pmc.gov.au/sites/default/files/ctg-report-2017.pdf>

Closing the Gap Report 2020 <https://ctgreport.niaa.gov.au/>

Emergency Data Activity Analysis (EDAA) v20.0 <http://caspa.nswhealth.net/SitePages/Home.aspx>

Good Health – Good Jobs. Aboriginal Workforce Strategic Framework – Taking the next step up in growing a strong and culturally supported Aboriginal Workforce 2016 – 2020. NSW Ministry of Health (2016)
http://www0.health.nsw.gov.au/policies/pd/2016/pdf/PD2016_053.pdf

NSW Health (2007) Aboriginal Health Impact Statement and Guidelines
http://www0.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_082.pdf

NSW Healthstats <http://www.healthstats.nsw.gov.au/>

NSW Aboriginal Health Plan 2013–23. NSW Ministry of Health (2012).
http://www0.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_066.pdf

NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025. (2021).
<https://www.health.nsw.gov.au/mentalhealth/resources/Pages/aborig-mh-wellbeing-2020-2025.aspx>

NSW State Health Plan: Towards 2021. NSW Ministry of Health (2014).
<http://www.health.nsw.gov.au/statehealthplan/Publications/NSW-State-Health-PlanTowards-2021.pdf>

National Aboriginal Health Plan 2013–2023. Commonwealth of Australia 2013
[http://www.health.gov.au/internet/main/publishing.nsf/content/B92E98_06804-86C3BCA257BF0001BAF01/\\$File/health-plan.Pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/B92E98_06804-86C3BCA257BF0001BAF01/$File/health-plan.Pdf)

OCHRE– NSW Government Plan for Aboriginal Affairs: education, employment and accountability (2013).
http://www.aboriginalaffairs.nsw.gov.au/wp-content/uploads/2013/04/AA_OCHRE_final.pdf

Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health. NSW Ministry of Health (2011).
http://www0.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_069.pdf

South Eastern Sydney Local Health District Aboriginal Workforce Strategic Plan 2018-2022
<https://www.seslhd.health.nsw.gov.au/services-clinics/directory/careers-seslhd/aboriginal-employment>

South Eastern Sydney Local Health District Equity Strategy 2015
https://www.seslhd.health.nsw.gov.au/sites/default/files/groups/Planning_Population_and_Equity/Health_Plans/SESLHD_equitystrategyFINAL.pdf

South Eastern Sydney Local Health District *Exceptional Care, Healthier Lives Strategy 2022–2025*
http://seslhdweb.seslhd.health.nsw.gov.au/Exceptional_Care_Healthier_Lives/default.asp

St George Hospital and Health Service & The Sutherland Hospital and Health Service (TSH) Aboriginal Health Implementation Plan 2021-2023
https://www.seslhd.health.nsw.gov.au/sites/default/files/groups/Aboriginal_Health/Aboriginal%20Health%20Implementation%20Plan%202021%20-%202023%20SGH%20TSH_Final_20210325.pdf

Sydney Local Health Aboriginal Strategic Plan 2018-2022
<https://www.slhd.nsw.gov.au/pdfs/AboriginalHealthStrategicPlan2018-2022.pdf>

Sydney Metropolitan Local Aboriginal Health Partnership. Aboriginal Health Priorities 2015–2016 Action Plan
https://www.schn.health.nsw.gov.au/files/attachments/smlahp_ahp_2015_-2016_doc_final.pdf

Sydney West Sydney Local Health District Aboriginal Health Plan 2017-2021
<https://www.swslhd.health.nsw.gov.au/pdfs/2021-AboriginalHealthPlan.pdf>



BURUDI MURU YAGU
Better Path Today



South Eastern Sydney Local Health District