

30 April 2018

*Country Health South Australia Local Health Network*

# ***Aboriginal Community and Consumer Engagement Strategy Mid-Term Review***

## ***Current State Report***



**PwC's Indigenous Consulting**

# Version Control

Modified by	Date	Version
Preliminary draft Report submitted by PIC Manager to PIC QLD State Director	9 April 2018	V.01
Final Draft Report submitted by PIC Manager to PIC QLD State Director	13 April 2018	V.02
Final Report provided to Client	16 April 2018	V.1.0
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Final Report with amendments provided to client	30 April 2018	V2.0

This Report has been prepared by PricewaterhouseCoopers Indigenous Consulting Pty Limited (PIC) in our capacity as advisors to the Health Performance Council South Australia in accordance with our engagement letter dated 8 January 2018.

The information, statements, statistics, material and commentary (together the "Information") used in this Report have been prepared by PIC from publicly available material, from information provided by the Health Performance Council South Australia (HPC) and the Country Health South Australia Local Health Network (CHSALHN) and from discussions held with a range of HPC and CHSALHN stakeholders. PIC has relied upon the accuracy, currency and completeness of the Information provided to it by HPC and CHSALHN and its stakeholders and takes no responsibility for the accuracy, currency, reliability or correctness of the Information and acknowledges that changes in circumstances after the time of publication may impact on the accuracy of the Information. The Information may change without notice and PIC is not in any way liable for the accuracy of any information used or relied upon by a third party.

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# Definitions

Terms, abbreviations and acronyms	Meaning
Aboriginal	For the purposes of this report and consistent with CHSALHN terms, Aboriginal refers to Aboriginal and Torres Strait Islander people residing in South Australia
ACCE	Aboriginal Community and Consumer Engagement Strategy
AHD	Aboriginal Health Directorate
AHIS	Aboriginal Health Impact Statement
AHSSG	CHSALHN Aboriginal Health Services and Strategy Group
CCLDP	Competency Learning and Development Program
CHSA	Country Health South Australia
CHSALHN	Country Health SA Local Health Network
EbyE	Experts by Experience
HAC	Health Advisory Council
HPC	Health Performance Council (SA)
NSQHSS	National Safety and Quality Health Service Standards
PIC	PwC Indigenous Consulting
PMP	Presiding Member Panel
the Minister	Minister for Health (SA)
the Project	ACCE Strategy Review

## Acknowledgement

PIC Acknowledges the Aboriginal people of the many traditional lands and language groups of South Australia. We honour the wisdom of Aboriginal Elders past and present and embrace those Elders who are yet to come.

## Aboriginal Peoples' Right to Health

This report discusses the livelihoods of Aboriginal people of South Australia, including the wellbeing, cultural and socio-economic factors contributing to the health situation, impacts and outcomes of Aboriginal people. The right to health is a fundamental human right affirming that everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. In applying the Right to Health and the core principles underpinning the Declaration on the Rights of Indigenous Peoples, we support CHSALHN's core aim to facilitate Aboriginal self-determination wherever possible to empower Aboriginal people to make decisions about their own health and wellbeing outcomes.



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# 1 Introduction

## 1.1 Background

On 8 January 2018, the Health Performance Council (HPC) South Australia engaged PwC's Indigenous Consulting (PIC) to work with them to conduct a mid-term implementation review of the Country Health South Australia Local Health Network's (CHSALHN) *Aboriginal Community and Consumer Engagement Strategy* (ACCE Strategy).<sup>1</sup>

The ACCE strategy was developed in 2015 after nearly two years of community consultation and sits under the overarching CHSALHN Community and Consumer Engagement Strategy.

The overall purpose of the ACCE Strategy is to: '*assist CHSALHN implement culturally respectful and meaningful community and consumer engagement strategies and build a platform to increase Aboriginal community participation in health service delivery, design and decision-making*'.<sup>2</sup>

Given the implementation phase of the ACCE Strategy has now been in place for three years, the HPC has prioritised this mid-term strategy review; which is one of seven reviews being conducted within their four year review cycle 2015-2018.<sup>3</sup>

It is understood that HPC will include the findings from this review, and others conducted in the HPC four yearly review 2015 – 2018 report to advise the Minister for Health by December 2018.

The purpose and scope of the work PIC is contracted to deliver is set out in the ACCE Strategy review project plan under a five staged approach, namely:

- Stage 1: Participate in ACCE Strategy review planning and project inception
- Stage 2: Review ACCE Strategy framework
- Stage 3: Conduct and analyse stakeholder surveys
- Stage 4: Conduct and analyse focus groups
- Stage 5: Report on findings.

This report sets out the current state analysis findings outlined in the deliverables in Stage 2 of the project plan. This Report will be incorporated as a chapter in the Final Mid-Term Review Report.

The purpose of this analysis is to understand the current environment, draw out issues and themes and identify any information gaps. This qualitative and quantitative research approach provides a view of design principles and issues to explore through stakeholder engagement with the survey, interviews and focus groups planned in the latter stages of this review.

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<sup>1</sup> Country Health SA Local Health Network, *Aboriginal Community & Consumer Engagement Strategy*, 2015.

<sup>2</sup> Health Performance Council, *Post-implementation review of the Country Health SA LHN (CHSALHN) Aboriginal Community and Consumer Engagement (ACCE) Strategy, 2015: Indicative evaluation plan*, October 2017; PwC Indigenous Consulting, *Country Health South Australia Local Health Network: Aboriginal Community and Consumer Engagement Strategy Review - Project Plan*, Health Performance Council Australia, March 2018.

<sup>3</sup> Health Performance Council, 2015-18 review. At: <https://www.hpcsa.com.au/reviews> (viewed on 23 April 2018).



## 1.2 Our approach and methodology

### **Governance of the ACCE Strategy mid-term implementation review**

Two Senior Project teams within HPC and the Aboriginal Health Directorate have been established to guide and oversee the ACCE Strategy mid-term implementation review.

Throughout this review PIC has worked directly to the HPC Project Team, whilst working closely with the Country Health South Australia (CHSA) Directorate Project Team.

### **Information materials and data received**

In order to understand the progress achieved to date on the implementation of the ACCE Strategy, PIC conducted a preliminary review of information and data provided by the HPC and the CHSALHN as set out in Appendix A.

A number of meetings were held with the HPC advisory group to plan and ascertain the specific information required to conduct this review. In some cases, PIC requested further information to deepen our understanding of current and future planned activities under the ACCE Strategy.

### **ACCE Strategy logic model**

Using the ACCE Strategy logic model<sup>4</sup> identified by the HPC advisory group as the framework for analysis, PIC conducted a current state analysis on the information materials and data provided to us by the HPC and CHSALHN.

The ACCE Strategy logic model framework is built around four key engagement strategy pillars and goals:

Strategy Pillar	Goal
<b>I. Individual Community and Consumer Engagement</b>	Goal 1: Build and maintain relationships and strong partnerships with Aboriginal community members across all CHSALHN regions
<b>II. Directorates, Programs and Services</b>	Goal 2: Embed a philosophy and create practices in CHSALHN that values Aboriginal Community and consumer participation and supports genuine and meaningful engagement
<b>III. Network: Aboriginal Community and Consumer Engagement</b>	Goal 3: CHSALHN to lead systemic reform in the area of Aboriginal Community engagement and meet the National Safety and Quality Health Service Standards (NSQHSS)
<b>IV. System: Aboriginal Community and Consumer Engagement</b>	Goal 4: Implement effective processes and practices that support culturally safe environment for delivering quality services

<sup>4</sup> Country Health SA Local Health Network, *Aboriginal Community & Consumer Engagement Strategy*, 2015; Health Performance Council, *Post-implementation review of the Country Health SA LHN (CHSALHN) Aboriginal Community and Consumer Engagement (ACCE) Strategy*, 2015: Indicative evaluation plan, October 2017.

### **Assessment Criteria**

The ACCE Strategy provides the following three point assessment criteria for monitoring and evaluation:

1. Not Met
2. Satisfactorily Met
3. Met with Merit.

However given the purpose of this review is to monitor and evaluate mid-term progress, we have proposed a traffic light criteria:

**Green** = on track to meet anticipated outcomes

**Yellow** = progress being made - needs minor adjustments to meet anticipated outcomes

**Red** = not on track – needs major adjustments to meet anticipated outcomes

**Grey** = not fully assessed – need further information.

### **Identified review questions**

The following broad review questions were identified by the HPC Advisory Group:

1. *How successful has the ACCE Strategy been in influencing change in the short term?*
2. *What are the remaining gaps in consumer and community engagement activities that would be expected to achieve the ACCE Strategy's stated aims in the short term?*
3. *What are the key emerging areas for future focus that will improve the chances of achieving medium and long-term outcomes?*

### **Aboriginal Impact Statement**

The use of feedback provided by community on health service design and delivery through 'Aboriginal Health Impact Statements' (AHIS), that identified proposed future approaches and aims of CHSALHN.<sup>5</sup> It is noted that the community input and feedback is reflected within the Strategy and underpins the actions within.

Throughout this review process, we have embedded the core values of Ethical Conduct in Aboriginal and Torres Strait Islander Health Research and applied a strength based methodology to analyse the ACCE Strategy goals, actions and progress against anticipated outcomes.

## **1.3 Further context relevant to the mid-term review**

Aspiring to be the best health service provider to people living in rural and remote South Australia, CHSALHN is one of the largest local health networks in Australia. They deliver acute, residential aged care, community health, mental health and emergency health care services to 63 hospital sites and over 240 health unit sites across six identified CHSALHN regions in the state.

As one of five local health networks in South Australia, CHSALHN was established under the *Health Care Act 2008 (SA)* and is supported by a Governing Council, known as the CHSALHN Health Advisory Council.

The CHSALHN Health Advisory Council (established in 2012) has specific functions and powers as defined in the *Health Care Act 2008 (SA)* and its Constitution as determined by the Minister. Essentially the CHSALHN Health Advisory Council undertakes an advocacy role on behalf of the

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<sup>5</sup> Country Health SA Local Health Network, *Aboriginal Community & Consumer Engagement Strategy*, 2015, p 4.

community and, among other functions, provides advice to South Australian government health ministers. It is relevant to note that at the time of conducting this review, recruitment for appointment of members to the Governing Council were publically advertised on South Australia Health's website.

Key management personnel of the CHSALHN Health Advisory Council includes, the Minister (Minister for Health SA), the Chief Executive of the Department (SA Health), Chief Executive Officer of Country Health SA Local Health Network and the members of the Advisory Council.

The CHSALHN Health Advisory Council is further supported by a Presiding Members Panel (PMP) and 39 regional Health Advisory Councils (HACs) associated with regionally located health units.

In 2017, a partnership framework for Health Advisory Councils and CHSALHN 2017-2022 was established to strengthen the existing governance structure, bring clarity to roles and responsibilities and enable greater communication and engagement processes.

CHSALHN employs almost 9,000 staff across South Australia, which includes 159 Aboriginal staff (1.77% of CHSALHN workforce). As at January 2018, employee numbers for each CHASALHN region<sup>6</sup> are:

Region	Aboriginal Staff	Total Staff	Aboriginal %
Corporate and Mental Health (CHSALHN wide)	14	724	1.93%
Barossa, Hills, Fleurieu Region	35	1932	181%
Eyre, Flinders and Far North – East Region	29	847	3.42%
Eyre, Flinders and Far North – West Region	18	974	1.85%
Riverland Mallee Coorong Region	32	1537	2.08%
South East Region	14	1358	1.03%
Yorke and Northern Region	17	1606	1.06%
<b>TOTAL</b>	<b>159</b>	<b>8978</b>	<b>1.77%</b>

### ***Population and health of Aboriginal people within the Country Health SA Local Health Network regions<sup>7</sup>***

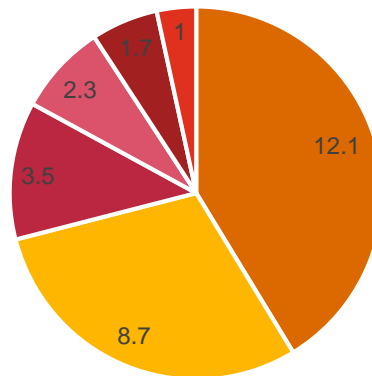
The geographical reach of CHSALHN covers 99.8% of South Australia. According to the Australian Bureau of Statistics Census 2016, the Aboriginal population equates to 2 percent of the total South Australian population, with an estimated 48% of South Australia's Aboriginal population living in country South Australia. There are currently 36 different language groups within the CHSALHN service regions with the Aboriginal population percentage within each CHSALHN region being:

<sup>6</sup> Country Health SA Local Health Network, workforce data as received from the AHD on 3 April 2018.

<sup>7</sup> Country Health SA Local Health Network, *Aboriginal Community & Consumer Engagement Strategy*, 2015, Appendix 4, pp 19-25; Australian Bureau of Statistics, *2016 Census Quick Stats: South Australia*, 23 October 2017. At: [http://www.censusdata.abs.gov.au/census\\_services/getproduct/census/2016/quickstat/4](http://www.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/4) (viewed on 8 April 2018).



### Percentage of Aboriginal population in CHSALHN Regions



- Eyre, Flinders & Far North - West (12.1%)
- Eyre, Flinders & Far North - East (8.7%)
- Riverland Mallee Coorong (3.5%)
- Yorke & Northern (2.3%)
- South East (1.7%)
- Barossa Hills Fleurieu (1%)

Overwhelmingly, Aboriginal South Australians experience a higher prevalence of a range of chronic diseases, biomedical risk factors, behavioural risk factors and psychological distress than the non-Aboriginal population. Chronic disease is particularly prevalent requiring ongoing and high level health care and service support.<sup>8</sup>

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<sup>8</sup> Country Health SA Local Health Network, *Aboriginal Community & Consumer Engagement Strategy*, 2015, Appendix 4, pp 19-25.

## 2 Summary of key findings

In order to understand the progress achieved to date on the implementation of the ACCE Strategy PIC conducted a preliminary review of information and data provided by the HPC and the CHSALHN as set out in Appendix A.

The following provides a high level assessment of the current state across the Four Strategy Pillars. From this preliminary assessment areas that may require further consideration as part of the mid-term review process have been identified.

### Individual Community and Consumer Engagement

**Goal 1: Build and maintain relationships and strong partnerships with Aboriginal community members across all Country Health SA Local Health Network (CHSALHN) regions**

Strategy	Current State Assessment	Areas for consideration
<b>Strategy 1.1</b> Establish an Aboriginal Health Experts by Experience Register (the Register) that promotes and encourages Aboriginal participation in the planning and delivery of health services and programs.		<p><b>Staff Training and Resourcing</b> CHSALHN staff currently deliver expert member induction training on top of their existing workload. If expert member inductions are to be delivered in the regions in the future, further consideration should be given to the possibility of regional staff being trained to deliver the induction package.</p> <p><b>Experts by experience</b> It appears the approach to communication and developing individual development plans for experts is to be further considered.</p> <p><b>Register</b> The Register is currently being managed in an Excel spreadsheet. An appropriate data management system needs to be considered to manage participation, induction, confidentiality and human error.</p>
<b>Actions</b>		
<b>Action 1:</b> Establish and maintain a register of Aboriginal people to contribute in their areas of preferred interest, expertise and training requirements.		
<b>Action 2:</b> Implement the Register. Develop and implement an orientation and induction process for Experts nominated on the Register.		
<b>Action 3:</b> Ensure Register participants nominating as Experts have the opportunity to engage in individual development plans.		
<b>Action 4:</b> Develop, in consultation with Register participants, an Exit interview process		

Strategy		
<b>Strategy 1.2</b> Create local opportunities and pathways for Aboriginal communities, carers, patients and consumers to be orientated on CHSALHN business.		
Actions		
<b>Action 1:</b> Engage communities, consumers and carers in CHSALHN at the local rural region level.		
<b>Action 2:</b> Develop a marketing strategy specifically aimed at engaging the 52% Aboriginal youth population across Country SA.		
<b>Action 3:</b> Develop a marketing strategy to attract Aboriginal people to; and be engaged with CHSALHN.		
Strategy		
<b>Strategy 1.3</b> Target the engagement of Youth & Elders  Priority 1: Youth Engagement Strategy Priority 2: Aboriginal Elders Engagement Strategy		<b>Youth and Elders</b> It appears marketing and communication to youth and elders across all CHSALHN Regions is to be further considered.
Actions		
<b>Action 1:</b> Encourage identified Youth and Elders to participate on the Register.		

## Directorates, Programs and Services

**Goal 2: Embed a philosophy and create practices in Country Health SA Local Health Network (CHSALHN) that values Aboriginal Community and consumer participation and supports genuine and meaningful engagement**

Strategy	Current State Assessment	Areas for consideration
<b>Strategy 2.1</b> Promote and encourage genuine and meaningful engagement in primary and acute health settings		<b>Identification and elevation of existing engagement programs</b> It appears that identification of existing programs and the gaps in consumer and engagement with Aboriginal people requires further consideration, including the best way to support these programs under the ACCE Strategy.  <b>Reporting</b> Current reporting frameworks are ad-hoc with limited governance structures and management.
Actions		
<b>Action 1:</b> Engage with local Aboriginal communities and consumers through strategies such as: <ul style="list-style-type: none"> <li>Expand on existing CHSALHN Nunga luncheon model across all regions</li> <li>Consumer participation in the development and delivery of local programs for example, Keeping it Corka, Renal Dialysis Mobile Unit, AMIC, Mental Health Units</li> <li>Participation in CHSALHN Aboriginal Health Services and Strategy group</li> </ul>		
<b>Action 2:</b> Report on activities regularly to share good practice and contribute to CHSALHN planning		



<b>Strategy</b>		
<b>Strategy 2.2</b> Implement the Cultural Respect & Awareness training programs across CHSALHN		
<b>Actions</b>		
<b>Action 1:</b> Implement the CHSALHN Cultural Competency Learning and Development program		
<b>Action 2:</b> Monitor through Workforce Services and the PDR process the uptake of the mandatory on-line cultural orientation training.		
<b>Action 3:</b> Monitor the development of stages 2 and 3 of the Cultural Competency Learning and Development Program.		
<b>Strategy</b>		
<b>Strategy 2.3</b> Implement the CHSALHN Reconciliation Action Plan		<b>CHSALHN RAP</b> It appears that the CCLDP is a core component of both the ACCE Strategy and the CHSALHN Innovate RAP 2016 – 2017, indicating potential duplication.  The overall timeframe of the CHSALHN Innovate RAP 2016 – 2017 has now lapsed and is under a process of review and refresh to develop a new Stretch RAP.
<b>Actions</b>		
<b>Action 1:</b> Establish RAP reference/focus groups across directorates and regions and set targets that meet the three outcome areas of the CHSALHN Reconciliation Action Plan		
<b>Strategy</b>		
<b>Strategy 2.4</b> Implement a community engagement and customer satisfaction staff training program to improve the level of service		<b>Engagement training</b> Limited information was provided in relation to existing CHSALHN staff training on engagement. It appears further consideration is required on how to increase Aboriginal participation or develop a separate Aboriginal engagement training session.
<b>Actions</b>		
<b>Action 1:</b> Create and modify training sessions and resources for staff on consumer centred care and customer satisfaction.		
<b>Action 2:</b> Invite community, patients and carers to speak to staff about their experience of healthcare provision.		
<b>Strategy</b>		
<b>Strategy 2.5</b> Schedule quarterly meetings between regional directorates and key Aboriginal Health stakeholders		<b>Meetings with Aboriginal stakeholders</b> It appears that AHD already have strong relationships and engagement with key Aboriginal stakeholders however building relationships with Aboriginal health stakeholders across regions remains a challenge for CHSALHN.
<b>Action</b>		
<b>Action 1:</b> Implement meeting schedule, including <ul style="list-style-type: none"><li>Country Health Executive<ul style="list-style-type: none"><li>AHCSA</li><li>SA Health Policy and Intergovernmental Relations</li></ul></li><li>Clinical Planning<ul style="list-style-type: none"><li>SAMHRI</li><li>Lowitja O’Donoghue Institute</li><li>Public Health – AHCSA</li></ul></li><li>Operations<ul style="list-style-type: none"><li>Regional Aboriginal Community Controlled</li></ul></li></ul>		

Health Organisations Relevant local regional Aboriginal community groups.		
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### Network: Aboriginal Community and Consumer Engagement

**Goal 3: Country Health SA Local Health Network (CHSALHN) to lead systemic reform in the area of Aboriginal Community engagement and meet the National Safety and Quality Health Service Standards (NSQHS)**

Strategy	Current State Assessment	Areas for consideration
<b>Strategy 3.1</b> Establish a discrete council of Aboriginal leaders to provide advice to the CEO on hospital and local health service delivery across CHSALHN		<b><i>Elevating Aboriginal community voice</i></b> It appears that further consideration is needed to establish a model that genuinely allows Aboriginal community voices to be heard. In the current structure, Aboriginal members on the CHSALHN Governing Council do have direct access to the CEO and the Experts by Experience members provide regional advice.
<b>Actions</b>		
<b>Action 1:</b> Identify effective spokespeople to provide input on consumer patient care.		
<b>Action 2:</b> Develop Terms of Reference to include strategies to meet legislative and accreditation standards.		
<b>Action 3:</b> Undertake Orientation, induction and training on health consumer advocacy for the council.		<b><i>Training on health consumer advocacy</i></b> It appears that orientation and induction training on health consumer advocacy has been identified however it is unclear whether this training will fully enable CHSALHN committees to engage the communities effectively.
<b>Strategy</b>		
<b>Strategy 3.2</b> Introduce regional CHSALHN Aboriginal Community, Consumers and Carers Sounding Board to explore and keep abreast of community concerns		<b><i>Regional strategies for engagement</i></b> It appears the purpose, role and description of sounding boards and monitoring and reporting on progress with the regions requires further consideration. It also appears there could be more opportunity for the Aboriginal Health Directorate Events Committee to assist with planning and coordination of events that develop regional strategies for engagement.
<b>Actions</b>		
<b>Action 1:</b> Establish regular Sounding Board Schedule in each operational region.		
<b>Action 2:</b> Engage with local communities to develop local strategies from the issues raised		
<b>Strategy</b>		
<b>Strategy 3.3</b> Establish a CHSALHN Aboriginal Health Services & Strategy Group, representatives from all Directorates & Regions to assist in the advancement of Aboriginal health priorities in CHSALHN		<b><i>Governance of ACCE Strategy</i></b> It appears that establishing a CHSALHN AHSSG is a core governance structure of the ACCE Strategy, to facilitate implementation and reporting on progress of actions.
<b>Actions</b>		
<b>Action 1:</b> All Directorates and Regions to nominate a participant from their leadership team to the Aboriginal Health		As CHSALHN is accountable to the South Australian Government for performance management and

Services and Strategy group to monitor and report on Aboriginal health activities/business.		<p>planning, it could be assumed that, once established, the roles responsibilities and reporting of the AHSSG would contribute to the 'whole-of-strategy and organizational purpose', taking in consideration of:</p> <ul style="list-style-type: none"> <li>• new adjustments to the governance structures of CHSALHN itself (arising from the revisit review of country HACs governance arrangement and the recent accord bringing clarity on roles, responsibilities and communication between CHSALHN Governing Council, PMP and HACs)</li> <li>• the Governance structure of the Consumer and Community Engagement Governance Model – consumer and community advisory groups</li> <li>• the governance of the CHSALHN RAP Advisory Group</li> <li>• the governance of the overarching CHSALHN Community and Consumer Engagement Steering Group</li> <li>• the opportunity for refresh following the recent State election</li> </ul>
<b>Strategy</b>		
<b>Strategy 3.4</b> Increase Aboriginal consumer participation on all CHSALHN committees		<b>ACCE Strategy standards</b> Since the ACCE Strategy was established, a second edition of the National Safety and Quality Health Service Standards was released, a core framework of the ACCE Strategy, which addresses gaps in the first edition, including the specific needs of Aboriginal and Torres Strait Islander people.
<b>Actions</b>		
<b>Action 1:</b> Review all existing committees and examine Aboriginal community/consumer participation and compliance in relation to AHIS processes and NHS&QS-Standard.		<p>It appears significant guidance on future actions and standards for Aboriginal engagement are set out in the Australian Commission on Safety and Quality in Health Care released the <i>National Safety and Quality Health Service Standards: User guide for Aboriginal and Torres Strait Islander Health</i>, 2017.</p>



## System: Aboriginal Community and Consumer Engagement

### Goal 4: Implement effective processes and practices that support culturally safe environment for delivering quality services

Strategy	Current State Assessment	Areas for consideration
<b>Strategy 4.1</b> Implement the roll-out of the Aboriginal Health Impact Statement (AHIS) process		<b>Aboriginal Health Impact Statement process</b> It appears further information is required to assess what progress has been made on establishing a CHSALHN AHIS triage and assessment process.
<b>Actions</b>		
<b>Action 1:</b> Identify and train relevant staff on AHIS process, including QIPPS users. <b>Action 2:</b> Establish and implement a CHSALHN AHIS triage and assessment process.		
<b>Strategy</b>		<b>Aboriginal Health Employment Priorities</b> It appears the CHSALHN Aboriginal Health Employment Priorities Plan 2017 – 2020 was mentioned in the draft ASSG terms of reference however it is unclear from initial information provided if this plan has been established.
<b>Strategy 4.2</b> Develop and implement a culturally respectful consumer/patient/carer-centred approach to care		
<b>Actions</b>		
<b>Action 1:</b> Develop a clinician engagement strategy including the use of Aboriginal Health Practitioners, Aboriginal Health Workers and Aboriginal consumers, carers, patients.		
<b>Action 2:</b> Develop a communication strategy describing the process for disseminating information on patient centred care to the community.		
<b>Action 3:</b> Input from the Experts on the Register is actively sought to ensure Aboriginal consumer input is obtained in the development of policy and procedures.		

## *Current State: Information and Data Analysis*



The following provides a high level analysis of the current state, and activities to date, of the ACCE Strategy. The analysis provided below is structured according to the four key Strategy pillars and goals and has applied a traffic light criteria to assess progress, as outlined above:

**Green** = on track to meet anticipated outcomes

**Yellow** = progress being made - needs minor adjustments to meet anticipated outcomes

**Red** = not on track – needs major adjustments to meet anticipated outcomes

**Grey** = not fully assessed – need further information

### 3.1 Individual, Community and Consumer Engagement

**Goal 1: Build and maintain relationships and strong partnerships with Aboriginal community members across all Country Health SA Local Health Network (CHSALHN) regions.**

<b>Strategy 1.1</b> Establish an Aboriginal Health Experts by Experience Register (the Register) that promotes and encourages Aboriginal participation in the planning and delivery of health services and programs.	Yellow
<b>Action 1:</b> Establish and maintain a register of Aboriginal people to contribute in their areas of preferred interest, expertise and training requirements.	Yellow
<b>Action 2:</b> Implement the Register. Develop and implement an orientation and induction process for Experts nominated on the Register.	Yellow
<b>Action 3:</b> Ensure Register participants nominating as Experts have the opportunity to engage in individual development plans.	Red
<b>Action 4:</b> Develop, in consultation with Register participants, an Exit interview process	Red

#### **Current state analysis:**

Progress overall on **Strategy 1.1** is yellow indicating progress is being made however adjustments are required to meet anticipated outcomes.

The Aboriginal Experts by Experience Register (the Register) was established in 2015, the same year the ACCE Strategy was released. It was intended that the Register provide a core engagement and communication tool for CHSALHN.

In relation to **Action 1**, the AHD currently lead engagement with experts, and their intention is to increase focus on regional staff having greater engagement with experts in the near future.

The current process for individuals wishing to nominate themselves is through the completion of a one page application form.

As at January 2018, a total of 168 experts were registered, numbers by region are listed below:

- 28 Eyre, Flinders & Far North – West Region
- 46 Eyre, Flinders & Far North - East Region
- 37 registered experts in the Riverland Mallee Coorong Region
- 14 registered experts in the York & Northern Region



- 13 registered experts in the South East Region
- 28 registered experts in the Barossa Hills Fleurieu Region.

The Register is currently an excel spreadsheet providing limited usability however there are plans to move this register to a more user friendly Microsoft Access database, also allowing options to run data reports.

In relation to **Action 2**, the AHD has been conducting orientation and induction sessions in Adelaide since 2015; approximately four times per year. To date, there are 40-50 expert members out of the 168 who have been through the induction process.<sup>9</sup> CHSALHN staff currently deliver expert member induction training in addition to their existing workload.

There is an intention to hold these sessions in the regions in the near future. At the time of collecting information for this current state analysis, regional induction sessions were scheduled to be held in March 2018.

Progress is being made to further communicate the register through regional staff however the expert member induction training package is currently under review. No terms of engagement has been reviewed in relation to engagement of Expert members however they are paid an hourly rate for their time and reimbursement of travel expenses.

While the application form for the Register provides a number of ways experts could utilise and participate, experts have expressed varied ways in which they wish to participate on the Register. It appears that **Action 3** is not on track given the approach to developing individual development plans for experts has not yet been fully considered.

An exit interview process for expert members wishing to no longer be involved in the Register as outlined in **Action 4**, is not on track as it has not yet been considered. While only one individual has chosen to exit off the register, concerns have been raised by some experts on the register that communication to them is poor indicating a need to better understand the needs and expectations of expert members.

### **Areas for consideration**

As part of this review, consideration should be given to the process of promoting the register to ensure greater uptake.

With regard to Action 2, if expert member inductions are to be delivered in the regions into the future, further consideration should be given to the possibility of regional staff being trained to deliver the induction package and that this responsibility is built into their position descriptions.

Experts are paid an hourly fee for their knowledge and time, including any travel expenses incurred in their engagement however it appears delays in CHSALHN financial processes are causing some frustration to individuals.

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<sup>9</sup> Information received during meeting with CHSA.

<b>Strategy 1.2</b> Create local opportunities and pathways for Aboriginal communities, carers, patients and consumers to be orientated on CHSALHN business.	
<b>Action 1:</b> Engage communities, consumers and carers in CHSALHN at the local rural region level.	
<b>Action 2:</b> Develop a marketing strategy specifically aimed at engaging the 52% Aboriginal youth population across Country SA.	
<b>Action 3:</b> Develop a marketing strategy to attract Aboriginal people to; and be engaged with CHSALHN.	

### **Current state analysis:**

Progress overall on **Strategy 1.2** is yellow indicating progress is being made however adjustments are required to meet anticipated outcomes.

The need to focus on engaging youth and elders is identified in both this strategy and Strategy 1.3.

A number of engagement activities are planned throughout the year across regions, some activities were initiated before the development of the ACCE Strategy, such as Nunga lunches mentioned in Strategy 2.1.

Some progress is being made on **Action 1** however some adjustments are required to meet anticipated outcomes. While Aboriginal engagement activities already exist across regions, it is anticipated that regional engagement and action plans will be developed to embed a process for AHD staff to monitor, and all regions to track and report on progress on Aboriginal engagement.

**Action 2** is not on track as the development of a marketing strategy for youth is currently on hold until the media and communications team finalise the development of a CHSALHN wide branding guideline and marketing strategy for Aboriginal engagement, outlined in **Action 3**.

### **Areas for consideration:**

As each region is different covering regional, remote and very remote locations, it has been recognised that a CHSALHN wide marketing strategy will need to consider the diversity of people and the geographical location of people, including level of understanding of the cultural and family relationships that exist within communities.

<b>Strategy 1.3</b> Target the engagement of Youth & Elders	
Priority 1: Youth Engagement Strategy Priority 2: Aboriginal Elders Engagement Strategy	
<b>Action 1:</b> Encourage identified Youth and Elders to participate on the Register.	

### **Current state analysis:**

Progress overall on **Strategy 1.3** is yellow indicating progress is being made however minor adjustments are required to meet anticipated outcomes.

The need to focus on engaging youth and elders is identified in both this strategy and Strategy 1.2.

South Australia has a high population of Aboriginal youth and an increasing aging population. CHSALHN understand the prevalence of health factors and the demographic and geographical spread of Aboriginal people in South Australia; and they recognise that early intervention, education,

and early detection and prevention of health issues are the key to addressing the specific health and wellbeing needs of Aboriginal youth and elders across South Australia.

CHSALHN have developed a Youth Engagement Strategy (2017) following a number of workshops across the regions with 169 young people engaged. Youth representatives have been identified from each region and CHSALHN, and are considering approaches to increase youth engagement in a number of very remote Aboriginal communities (Yalata, Oak Valley and APY Lands) in the near future.

The Youth Strategy is scheduled to be launched in April 2018<sup>10</sup> on Tarpari (wellbeing day). It is a positive initiative received well by youth themselves, and is a nominated finalist in the 2018 Country Health Award.<sup>11</sup>

While a fact sheet has been created to initiate communication, an Elders Engagement Strategy has not yet been drafted. In the first instance, CHSALHN intends to engage with Elders living in aged care facilities.

### 3.2 Directorates, Programs and Services

**Goal 2: Embed a philosophy and create practices in Country Health SA Local Health Network (CHSALHN) that values Aboriginal Community and consumer participation and supports genuine and meaningful engagement.**

<b>Strategy 2.1</b> Promote and encourage genuine and meaningful engagement in primary and acute health settings	
<b>Action 1:</b> Engage with local Aboriginal communities and consumers through strategies such as: <ul style="list-style-type: none"> <li>Expand on existing CHSALHN Nunga luncheon model across all regions</li> <li>Consumer participation in the development and delivery of local programs for example, Keeping it Corka, Renal Dialysis Mobile Unit, AMIC, Mental Health Units</li> <li>Participation in CHSALHN Aboriginal Health Services and Strategy group</li> </ul>	
<b>Action 2:</b> Report on activities regularly to share good practice and contribute to CHSALHN planning	

#### **Current state analysis:**

Progress overall on **Strategy 2.1** is yellow indicating progress is being made however minor adjustments are required to meet anticipated outcomes.

CHSALHN is in the early stages of identifying the existing programs, the gaps in consumer and engagement with Aboriginal people in all its programs listed at **Action 1**, and the best way to support these programs under the ACCE Strategy.

<sup>10</sup> Country Health SA Local Health Network, Aboriginal Youth Engagement Strategy 2017 (draft).

<sup>11</sup> Information received during meeting with CHSA.



Input received indicates that the Nunga luncheon event provides a positive local community engagement model for CHSALHN, however, it appears that the Nunga luncheon event model is still in design phase. It is also unclear from information received to date how many luncheons have been held, the number of attendees, and the demographics of attendees.

It is an identified priority for CHSALHN to expand the Nunga luncheon event model across all regions as they are currently only held in the Barossa, Hills and Fleurier regions.

In relation to both **Action 1** and **Action 2**, oversight of planning and communication of events are led by a CHSALHN Aboriginal Directorate events committee, with input from regional teams. A calendar of significant events is prepared each year and communicated to regions.

### **Areas for consideration:**

With regard the Nunga luncheon under Action 1, further information is required to assess the level of engagement with the event, giving particular consideration to how many luncheons have been held, the number of attendees, the demographics of attendees (men, women, elders, youth, local stakeholders), costs involved and the level of community support for this event.

<b>Strategy 2.2</b> Implement the Cultural Respect & Awareness training programs across CHSALHN	
<b>Action 1:</b> Implement the CHSALHN Cultural Competency Learning and Development program	
<b>Action 2:</b> Monitor through Workforce Services and the PDR process the uptake of the mandatory on-line cultural orientation training.	
<b>Action 3:</b> Monitor the development of stages 2 and 3 of the Cultural Competency Learning and Development Program.	

### **Current state analysis:**

Progress overall on **Strategy 2.2** is yellow indicating progress is being made however minor adjustments are required to meet anticipated outcomes.

The national Cultural Respect Framework 2016-2026<sup>12</sup> is one of the overarching frameworks for this strategy item, committing the Commonwealth Government and all states and territories to embedding cultural respect principles into their health system.

Led by the CHSALHN People and Culture Team, this strategy item enables the implementation of the Competency Learning and Development Program (CCLDP) and is also a core component of the CHSALHN RAP.

**Action 1** and **Action 2** are on track to meet anticipated outcomes as the CCLDP has been developed and is now in its second of three phases.

- phase one is now complete which was to ensure all CHSALHN staff completed online cultural competency training and,

<sup>12</sup> Department of Health, *Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health*, Australian Government, 2016.

- phase two objective is to develop and implement a regional specific cultural education program.

Progress is being made on **Action 3** with phase three commitment to develop specialised training for CHSALHN executive and leadership.

#### **Areas for consideration:**

It appears that the objectives of this strategy item may overlap with the CHSALHN Innovate RAP 2016 – 2017, particularly with regard to the CCLDP. Further consideration may be given to ensuring that there is alignment between actions and commitment. For example, the CHSALHN RAP provides a clear value and commitment statement to Aboriginal peoples, including the importance of culture and identity being integral to Aboriginal health and well-being.

<b>Strategy 2.3</b> Implement the CHSALHN Reconciliation Action Plan	
<b>Action 1:</b> Establish RAP reference/focus groups across directorates and regions and set targets that meet the three outcome areas of the CHSALHN Reconciliation Action Plan	

#### **Current state analysis:**

Progress overall on **Strategy 2.3** is green indicating progress is on track to meet anticipated outcomes.

The SA Health website indicates they became the first government agency nationally, to produce a Statement of Reconciliation, which then became a policy directive in 2014. The CHSALHN RAP outlines a long term commitment to building stronger relationships, respect and opportunities with Aboriginal peoples.

The governance and oversight of implementation and monitoring of the CHSALHN RAP is established under an operational RAP Committee. The CHSALHN-Aboriginal Health Directorate has a critical role to implement and monitor progress of the RAP with clear: actions, responsibility sponsor, responsible staff member, timeline, measurable deliverables and strategies.

Regional RAP groups have not been established however regions have been reporting on their progress on implementation of RAP activities.

#### **Areas for consideration:**

The overall timeframe of the CHSALHN Innovate RAP 2016 – 2017 has now lapsed and is under a process of review and refresh to develop a new Stretch RAP. It appears that a number of strategies and actions in the ACCE Strategy link to the CHSALHN Innovate RAP 2016 – 2017 and in some cases seem to double up on objective. There is an opportunity to assess and address and overlap or inconsistency in the development of the new Stretch RAP and as part of the ACCE Strategy mid-term review.

<b>Strategy 2.4</b> Implement a community engagement and customer satisfaction staff training program to improve the level of service	
<b>Action 1:</b> Create and modify training sessions and resources for staff on consumer centred care and customer satisfaction.	
<b>Action 2:</b> Invite community, patients and carers to speak to staff about their experience of healthcare provision.	

### **Current state analysis:**

Progress overall on **Strategy 2.4** is yellow indicating progress is being made however minor adjustments are required to meet anticipated outcomes.

Limited information was provided in relation to **Action 1** and **Action 2**, however CHSALHN do currently deliver a 'Service Matters' training session to staff and are considering how to draw Aboriginal participants to this training, or whether a separate Aboriginal engagement training session should be developed.

It is also unclear at this stage, where, how often, and who the usual target demographic of participants are for the 'Service Matters' training and if community members, patients and carers are invited to speak about their experience of healthcare provision.

<b>Strategy 2.5</b> Schedule quarterly meetings between regional directorates and key Aboriginal Health stakeholders	
<b>Action 1:</b> Implement meeting schedule, including: <ul style="list-style-type: none"><li>• Country Health Executive<ul style="list-style-type: none"><li>○ AHCSA</li><li>○ SA Health Policy and Intergovernmental Relations</li></ul></li><li>• Clinical Planning<ul style="list-style-type: none"><li>○ SAMHRI</li><li>○ Lowitja O'Donoghue Institute</li><li>○ Public Health – AHCSA</li></ul></li><li>• Operations<ul style="list-style-type: none"><li>○ Regional Aboriginal Community Controlled Health Organisations</li><li>○ Relevant local regional Aboriginal community groups.</li></ul></li></ul>	

### **Current state analysis:**

Progress overall on **Strategy 2.5** is red indicating progress is not on track with major adjustments required to meet anticipated outcomes.

While AHD regularly engage with key Aboriginal stakeholders, building relationships with Aboriginal health stakeholders across regions remains a challenge for CHSALHN.

### **Areas for consideration:**

Initial conversations held with AHD, raise questions as to whether such quarterly meetings would be meaningful if held. This is something that should be tested further throughout the mid-term review.

## **3.3 Network: Aboriginal Community and Consumer Engagement**

**Goal 3: Country Health SA Local Health Network (CHSALHN) to lead systemic reform in the area of Aboriginal Community engagement and meet the National Safety and Quality Health Service Standards (NSQHSS).**

<b>Strategy 3.1</b> Establish a discrete council of Aboriginal leaders to provide advice to the CEO on hospital and local health service delivery across CHSALHN	
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<b>Action 1:</b> Identify effective spokespeople to provide input on consumer patient care.	
<b>Action 2:</b> Develop Terms of Reference to include strategies to meet legislative and accreditation standards.	
<b>Action 3:</b> Undertake Orientation, induction and training on health consumer advocacy for the council.	

### **Current state analysis:**

This strategy item and actions are currently on hold. Progress overall on **Strategy 3.1** is red indicating progress is not on track with major adjustments required to meet anticipated outcomes.

However, some progress has been made in relation to **Action 1** and **Action 2** with the identification of key Aboriginal persons and the development of a Terms of Reference.

It is assumed that the overall objective of establishing a discrete council of Aboriginal persons is to have a direct community voice to the CHSALHN CEO. Under the current structure, Aboriginal members on the CHSALHN Governing Council do have direct access to the CEO and the Experts by Experience members provide regional advice.

In relation to **Action 3**, orientation and induction training on health consumer advocacy for the council has been identified however CHSALHN have indicated they are unclear whether committees will engage communities effectively.

### **Areas for consideration:**

As part of the mid-term review, consideration may be given as to whether establishing this council will ensure the model genuinely allows Aboriginal community voices to be heard; and whether 'committees' provide the right mechanism for effective community engagement.

<b>Strategy 3.2</b> Introduce regional CHSALHN Aboriginal Community, Consumers and Carers Sounding Board to explore and keep abreast of community concerns	
<b>Action 1:</b> Establish regular Sounding Board Schedule in each operational region.	
<b>Action 2:</b> Engage with local communities to develop local strategies from the issues raised.	

### **Current state analysis:**

Progress overall on **Strategy 3.2** is yellow indicating progress is being made however minor adjustments are required to meet anticipated outcomes.

Progress is being made on **Action 1** and **Action 2** as most regions have established Sounding Boards which predate the ACCE Strategy. Sounding Boards provide a mechanism through which services can promote health engagement and are delivered in various ways, including through what is known as Nunga lunches.

### **Areas for consideration:**

From initial conversations, CHSALHN are considering how best to describe these sounding boards and establish a monitoring and reporting on progress with the regions.



It appears there could be more opportunity for the Aboriginal Health Directorate Events Committee to assist with planning and coordination of events that develop regional strategies for engagement.

<b>Strategy 3.3</b> Establish a CHSALHN Aboriginal Health Services & Strategy Group, representatives from all Directorates & Regions to assist in the advancement of Aboriginal health priorities in CHSALHN	
<b>Action 1:</b> All Directorates and Regions to nominate a participant from their leadership team to the Aboriginal Health Services and Strategy group to monitor and report on Aboriginal health activities/business.	

### **Current state analysis:**

Progress overall on **Strategy 3.3** is red indicating progress is not on track with major adjustments required to meet anticipated outcomes.

An Aboriginal Health Services and Strategy Group (AHSSG) was initially established in 2016 to support and oversee the development and implementation of the ACCE Strategy, and report to the overarching CHSALHN Community and Consumer Engagement Steering Group.

A draft Terms of Reference has been developed for the AHSSG nominating senior representatives to oversee and guide the ACCE Strategy, comprising the following membership:

- CHSALHN Executive Director Aboriginal Health Directorate (Chairperson)
- CHSALHN Aboriginal Health Experts by Experience
- CHSALHN Workforce
- CHSALHN Allied Health & Community
- CHSALHN Nursing and Midwifery
- CHSALHN Mental Health
- CHSALHN Aged Care
- CHSALHN Regional Representatives:
  - Barossa, Hills, Fleurieu
  - Flinders & Upper North
  - Eyre & Far North
  - Yorke & Northern
  - South East
  - Riverland, Mallee, Coorong.

At the time of writing, the AHSSG was not operational and no meetings had been held since its initial establishment in 2016.

### **Areas for consideration:**

The CHSALHN AHSSG is a core governance structure of the ACCE Strategy, with a role in facilitating the implementation of the Strategy, and reporting on progress against actions.

As CHSALHN is accountable to the South Australian Government for performance management and planning, there is an opportunity for the the roles responsibilities and reporting of the AHSSG to contribute to the 'whole-of-strategy and organisational purpose', taking into consideration:

- new adjustments to the governance structures of CHSALHN itself (arising from the revisit review of country HACs governance arrangement and the recent accord bringing clarity of roles, responsibilities and communication between CHSALHN Governing Council, PMP and HACs)

- the Governance structure of the Consumer and Community Engagement Governance Model – consumer and community advisory groups
- the governance of the CHSALHN RAP Advisory Group
- the governance of the overarching CHSALHN Community and Consumer Engagement Steering Group.

<b>Strategy 3.4</b> Increase Aboriginal consumer participation on all CHSALHN committees	
<b>Action 1:</b> Review all existing committees and examine Aboriginal community/consumer participation and compliance in relation to AHIS processes and NHS&QS-Standard.	

### **Current state analysis:**

Progress overall on **Strategy 3.4** is yellow indicating progress is being made however minor adjustments are required to meet anticipated outcomes.

This strategy item also relates to Strategy 4.1, in its objective of compliance of AHIS processes.

At the time of this review, Aboriginal representation exists on the CHSALHN Governing Council, the Presiding Members Panel and the Reconciliation Committee. From initial conversations, it appears that increasing Aboriginal representation on governing committees is a priority for CHSALHN and beginning to increase in regional representative committees.

### **Areas for consideration:**

It is important to note that since the ACCE Strategy was established, a second edition of the National Safety and Quality Health Service Standards (a core element of the ACCE Strategy) was released. This second edition addresses gaps in the first edition, including the specific needs of Aboriginal and Torres Strait Islander people.

To assist organisations with compliance with the service standards, the Australian Commission on Safety and Quality in Health Care released the *National Safety and Quality Health Service Standards: User guide for Aboriginal and Torres Strait Islander Health*, 2017<sup>13</sup>.

## **3.4 System: Aboriginal Community and Consumer Engagement**

**Goal 4: Implement effective processes and practices that support culturally safe environment for delivering quality services.**

<b>Strategy 4.1</b> Implement the roll-out of the Aboriginal Health Impact Statement (AHIS) process	
<b>Action 1:</b> Identify and train relevant staff on AHIS process, including QIPPS users.	

<sup>13</sup>Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards: User guide for Aboriginal and Torres Strait Islander Health*, 2017.

**Action 2:** Establish and implement a CHSALHN AHIS triage and assessment process.

**Current state analysis:**

Progress overall on **Strategy 4.1** is yellow indicating progress is being made however minor adjustments are required to meet anticipated outcomes.

With regard to Action 1, a CHSALHN AHIS procedure and form has been in place for some time. The process is well embedded into service delivery and staff are becoming more aware of why and how to use the AHIS, particularly as more staff are inducted into the CHSALHN cultural capability program.

It is unclear what progress has been made on establishing a CHSALHN AHIS triage and assessment process due to insufficient access to information, **Action 2**. This is an area that should be given further consideration in future stages of this review.

**Strategy 4.2** Develop and implement a culturally respectful consumer/patient/carer-centred approach to care

**Action 1:** Develop a clinician engagement strategy including the use of Aboriginal Health Practitioners, Aboriginal Health Workers and Aboriginal consumers, carers, patients.

**Action 2:** Develop a communication strategy describing the process for disseminating information on patient centred care to the community.

**Action 3:** Input from the Experts on the Register is actively sought to ensure Aboriginal consumer input is obtained in the development of policy and procedures.

**Current state analysis:**

Progress overall on **Strategy 4.2** is yellow indicating progress is being made however minor adjustments are required to meet anticipated outcomes.

**Action 1** is grey indicating further information is required to assess this action. It is unclear whether progress has been made to develop a clinician engagement strategy, however job profiles are being developed for Aboriginal identified positions within CHSALHN to provide a contact for clinical staff in the regions.

In relation to **Action item 2**, it appears the quarterly CHSALHN Aboriginal Community and Consumer Engagement Newsletter is the main source of communication used at this stage for the ACCE Strategy.

**Action 3** is grey indicating further information is required to assess this action.

**Areas for consideration**

It is relevant to note that a CHSALHN Aboriginal Health Employment Priorities Plan 2017 – 2020<sup>14</sup> was mentioned in the draft ASSG terms of reference, however it is unclear from initial information provided if this plan has been established.

<sup>14</sup> Country Health SA Local Health Network, *Aboriginal Health Services and Strategy Group: Terms of Reference* (draft).



# *Appendices*

Appendix A Key documents reviewed for preliminary information and data analysis

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# Appendix A Key documents reviewed for current state analysis

Key Documents	Source (received from)
CHSALHN Aboriginal Community and Consumer Engagement Strategy 2015	HPC
Utilising the CHSALHN Aboriginal Health 'Expert by Experience' Register, Application Form	CHSALHN
Country Health SA Local Health Network, Aboriginal Youth Engagement Strategy 2017 (draft), SA Health, Government of South Australia.	CHSALHN
Country Health SA Local Health Network, Aboriginal Elders Engagement Strategy, Fact Sheet	CHSALHN
Country Health SA Local Health Network Reconciliation Action Plan 2016 – 2017, <i>updated April 2017</i> , (Innovate RAP), SA Health, Government of South Australia	CHSALHN
Health Performance Council, <i>Revisit Review of Country Health Advisory Councils Governance Arrangements: A Health Performance Council report as part of the 4 yearly review (2015-2018)</i> , Government of South Australia, 8 August 2017.	HPC
South Australian Health & Medical Research Institute (SAHMRI) (2014), <i>Wardliparingga: Aboriginal research in Aboriginal hands</i> , South Australian Aboriginal Health Research Accord Companion Document, September 2014.	HPC
PwC and Consult Australia (2015), <i>Valuing better engagement: An economic framework to quantify the value of stakeholder engagement for infrastructure delivery</i> , November 2015.	HPC
Australian Commission on Safety and Quality in Health Care (September 2011), <i>National Safety and Quality Health Service Standards</i> (NSQH Standards 1 and 2)	HPC
ACCE Implementation worksheet	CHSALHN
Aboriginal Health Impact Statement (AHIS)	CHSALHN
CHSA regional ACCE Status Report and Action Plan - South East	CHSALHN

CHSA regional ACCE Status Report and Action Plan - Upper North	CHSALHN
Directory of Aboriginal Health Council of South Australia members	CHSALHN
Stakeholder list - Aboriginal organisations, services and council	CHSALHN
Excerpt from CHSALHN Strategic Plan 2015 – 2020, Country Health <i>River of life</i> flow chart diagram	CHSALHN
Example Running Sheet for CHSALHN Yorke & Northern Nunga Youth Gathering – Mid North	CHSALHN
Health Performance Council (2017), <i>Aboriginal health in South Australia: 2017 case study</i> , Government of South Australia.	HPC
HPC post implementation review – initial scoping document	HPC
Draft CHSALHN Terms of Reference for Aboriginal Health Services and Strategy Group (AHSSG)	CHSALHN
CHSALHN Terms of Reference for Aboriginal Health Directorate Events Committee	CHSALHN
CHSALHN, Governance and Accountability Framework 2016 - 2018	CHSALHN
<b>Other Key Documents</b>	<b>Comments</b>
Country Health SA Local Health Network Strategic Plan 2015 - 2020	
Australian Commission on Safety and Quality in Health Care (2017), <i>National Safety and Quality Health Service Standards (second Edition)</i> , November 2017.	This edition addresses gaps in the previous edition including the specific needs of Aboriginal and Torres Strait Islander people
Australian Commission on Safety and Quality in Health Care (2017), <i>National Safety and Quality Health Service Standards: User guide for Aboriginal and Torres Strait Islander Health</i> , 2017.	This guide was developed by the Wardliparingga Aboriginal Research Unit of the South Australian Health and Medical Research Institute, and contribution made by the Aboriginal and Torres Strait Islander Health Project Working Group
National Aboriginal and Torres Strait Islander Health Standing Committee of the Australian Health Ministers' Advisory Council. Cultural respect framework 2016–2026 for	Commits the Commonwealth government and all states

Aboriginal and Torres Strait Islander health. Canberra: AHMAC; 2016.	and territories to embed cultural respect principles into their health system
Department of Health, National Aboriginal and Torres Strait Islander Health Plan and, Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023, Australian Government.	
South Australia Health Reconciliation Framework for Action 2013 - 2016	
South Australia Health Aboriginal Health Care Plan 2010 - 2016	
Country Health SA Local Health Network Health Advisory Council Inc (Governing Council), 2016-17 Annual Report	
SA Health, A Framework for Active Partnership with Consumers and the Community 2013	







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