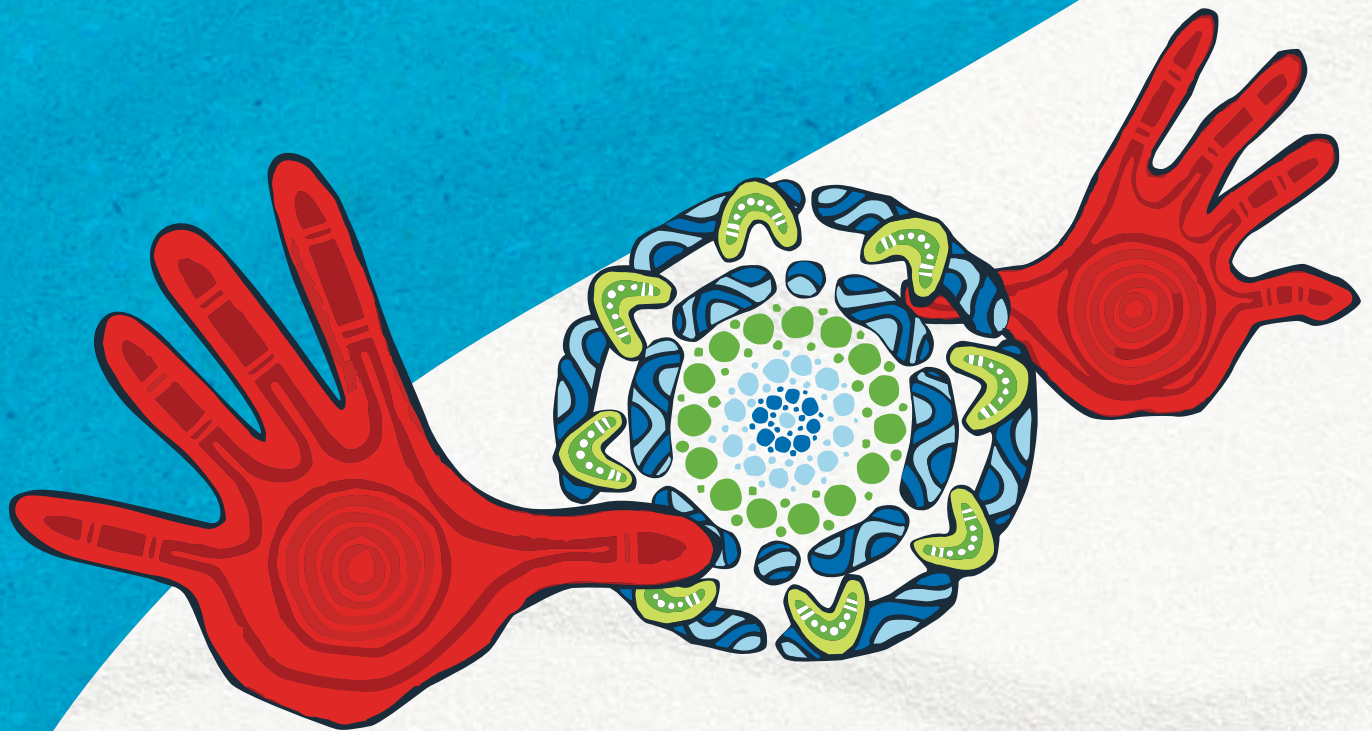


REFLECT RECONCILIATION ACTION PLAN

March 2018 - March 2019





ARTWORK:

Koorn Koorl Danjoo (Coming Together)

ARTIST:

John Walley

Koorn Koorl Danjoo (Coming Together) symbolises the journey of the eight WA Primary Health Alliance regions coming together to a central meeting place as the feet and circles increase in size towards the meeting place (main circle).

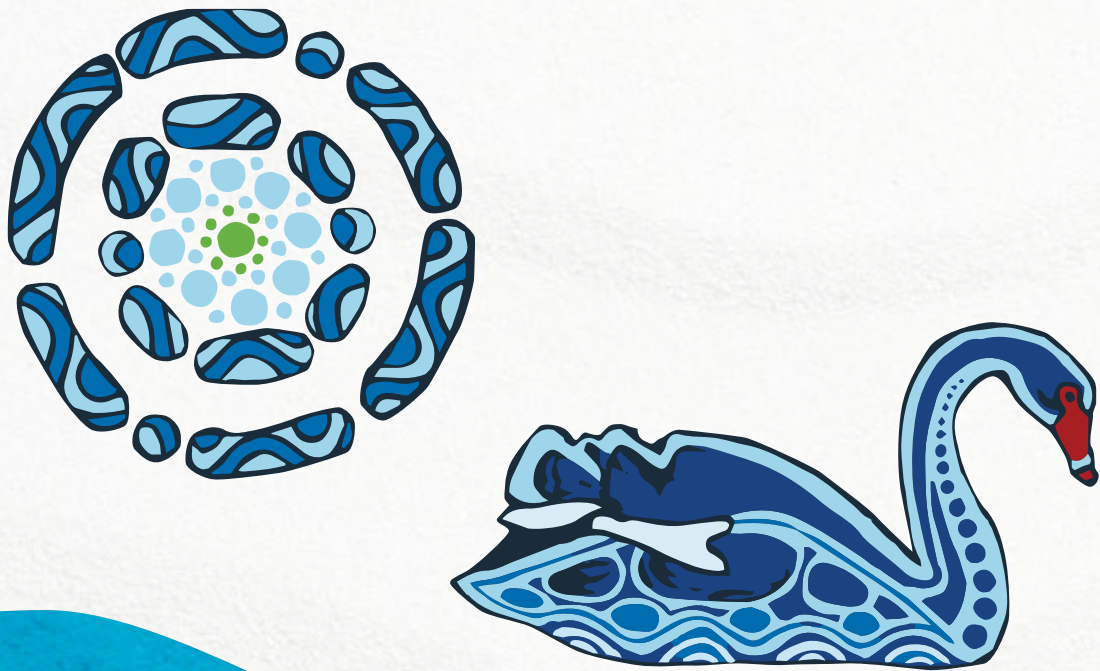
The eight circles each represent one of the seven country regions and the Perth metropolitan region as you travel from the far north or south to this central meeting place. Each of the circles has an animal or plant illustration connected to the region that is common and representational of that area.

Starting from the top the first region is the Kimberley symbolised by the turtle, then the Pilbara and Sturt's Desert Pea, the Goldfields and honey ant, the Midwest and the goanna, the Wheatbelt and the Kangaroo Paw, Perth and the swan, the South West and the gecko, and finally the Great Southern and the whale.

The boomerangs circling the meeting place are symbolic of people gathered around a watering hole coming together. Each boomerang represents each of the eight WA Primary Health Alliance regions. The hands radiating out of the meeting place are healing hands which represent the spirit of good health and fortune to wish you well on your journey.



WA Primary Health Alliance acknowledges and pays respect to the Traditional Owners and Elders of this country. We recognise the significant importance of their cultural heritage, values and beliefs and how these contribute to the positive health and wellbeing of the whole community. Throughout this document, the word Aboriginal is used to denote both Aboriginal and Torres Strait Islander peoples.



MESSAGE FROM BOARD DIRECTOR Professor Rhonda Marriott

True reconciliation requires passion for change while paying heed to the impact of the past on the health and wellbeing outcomes of Aboriginal people. As the Board sponsor for WAPHA's Reflect Reconciliation Action Plan (RAP), I am proud of the outcome that has resulted from considered and thoughtful discussions.

This Reflect RAP signals WAPHA's commitment to social change through fostering engagement and partnerships with Aboriginal people and communities that are built on respect and trust.

I wholeheartedly endorse embedding WAPHA's vision to improve health equity in Western Australia, and to improve the health status of Aboriginal people, in this RAP.

Through this plan I, and my fellow Board directors, will champion WAPHA's long term commitment to build and foster respectful relationships with WA's diverse Aboriginal people and communities.

MESSAGE FROM THE CEO Learne Durrington

I am delighted to introduce WAPHA's Reflect Reconciliation Action Plan (RAP).

WAPHA has a vision to improve health equity and the health status of Aboriginal people. We cannot achieve this without meaningful engagement in reconciliation.

Our Reflect RAP is the beginning of our long-term commitment to building internal respect and relationships with Western Australia Aboriginal people and communities. The RAP will guide our work with Aboriginal people to better understand and respond to their needs and aspirations. It will also underpin collaboration with organisations that support Aboriginal people.

Our aim is to pay our respect to cultures, to enhance relationships and reduce health disparity and mortality among Aboriginal people. We are committed to Closing the Gap and advancing reconciliation.





VISION

Improved health equity in Western Australia.

MISSION

To build a robust and responsive patient centred primary healthcare system through innovative and meaningful partnerships at the local and state-wide level.

VALUES

Courage. Wisdom. Humility. Integrity. Respect.

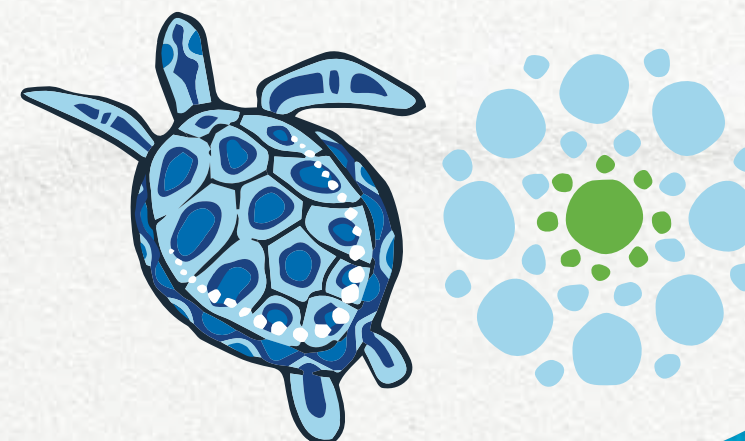
ABOUT WAPHA

WA Primary Health Alliance (WAPHA) is the organisation that oversees the strategic commissioning functions of the three Western Australian Primary Health Networks (PHNs); Perth North, Perth South and Country WA.

WAPHA's primary objective is to improve health outcomes and patient experiences through the commissioning of appropriate services where they are most needed.

WAPHA's whole-of-state organisational model is based on localisation where essential and centralisation where possible. WAPHA applies a systems approach, considering the 'whole', not just the individual or small parts, of the health and social care system.

WAPHA employs more than 130 staff, of which six are Aboriginal. WAPHA operates from nine offices throughout the state, including Rivervale, Geraldton, Karratha, Broome, Kalgoorlie, Busselton, Albany, Esperance and Northam.



VISION FOR OUR RAP

Improve our effectiveness in delivering respectful services to improve Aboriginal health outcomes in Western Australia.

MISSION FOR OUR RAP

To effectively engage with Aboriginal people, by;

- Establishing mutual respect;
- Effective communication; and
- Engaging and building trust to ensure sustainable relationships.

ALIGNING OUR RAP TO WAPHA'S STRATEGY

Aboriginal health is an area of focus for WAPHA.

WAPHA is currently developing an Aboriginal Health Strategic Plan and our RAP will support this strategy and reaffirm Aboriginal stakeholder engagement and co-design for improved health services.

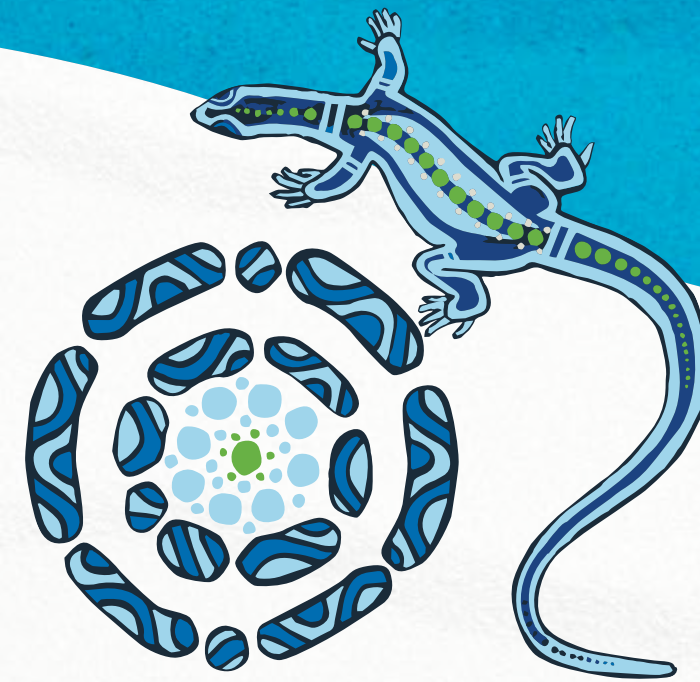
WAPHA's commissioning principles include contracting culturally competent services.

Examples of cultural competency include;

- Service providers' workforce has completed training in cultural safety practices;
- The employment of Aboriginal people in the service; and
- Embracing a RAP.

Our RAP is informed by state and national policy and programs including the National Aboriginal Health Plan 2013-2023, Aboriginal Suicide Prevention Evaluation Project Report and the WA Aboriginal Health and Wellbeing Framework 2015-2030.

Consistent with the Coalition of Australian Government's Closing the Gap principles, WAPHA supports a comprehensive, long-term plan of evidence-based action targeted to address the existing inequities in health services.





DEVELOPING OUR RAP

WAPHA Chief Executive Officer Learne Durrington and WAPHA Director Professor Rhonda Marriott are sponsors of WAPHA's Reflect RAP.

An internal working group, which consists of staff from across the organisation, is responsible for the implementation and ongoing staff engagement of the RAP. Staff engagement carried out by the working group has informed this Reflect RAP.

Our Aboriginal health team, along with the WAPHA Executive, will support the embedding of initiatives outlined in the RAP.

All staff will support, and be involved in, the delivery of developing and improving Aboriginal health services.

OUR COMMITMENT

Aboriginal health encompasses the physical wellbeing of an individual as well as the social, emotional and cultural wellbeing of the whole community in which everyone can achieve their full potential as a human being thereby bringing about the total wellbeing of their community.

It is a whole of life view and includes the cyclical concept of life-death-life. While there have been significant improvements in health outcomes over the last decade, life expectancy rates of Aboriginal people are still well below the Australian average.

WAPHA will focus on four key areas for improving quality of life and achieving health equity across all aspects of the social determinants of health. The four areas are;

1. Connection to culture;
2. Allowing Aboriginal people to determine and implement the solutions;
3. Improving cultural awareness and respect by developing and implementing solutions; and
4. Effective partnerships (Aboriginal health is everybody's business).

We know that good health enables Aboriginal children to have the best possible start in life and adults to lead active, full and productive lives.

The health system's response to this challenge involves a combination of private and public state and territory providers and Aboriginal-specific primary care providers (delivered primarily through Aboriginal Community Controlled Health Organisations).

WAPHA is committed to building connections across the health system to further improve access for Aboriginal people to targeted care that is effective and culturally appropriate.

We will also work to ensure full and ongoing participation by Aboriginal people and organisations in all levels of decision-making affecting their health needs.

OUR PARTNERSHIPS AND CURRENT ACTIVITIES

Community partnership activities include:

- Developed a Stakeholder Engagement Framework which sets out our strategic approach to stakeholder engagement. We have an ongoing commitment to working in partnership with stakeholders.
- Established Community Engagement Committees in each of the three PHNs, which ensure Aboriginal community representation in our decision-making processes.
- Commissioned Aboriginal service providers throughout Western Australia.
- Aboriginal Elders and community leaders involved with local Noongar welcome ceremonies and Aboriginal cultural awareness training.
- Developing a Memorandum of Understanding between the Aboriginal Health Council of Western Australia (AHCWA) and WAPHA. We have developed a solid relationship with AHCWA through a shared commitment to the delivery of culturally appropriate, comprehensive primary healthcare to WA's Aboriginal communities.
- Participated in NAIDOC Week community activities, including the opening ceremony in Perth and the NAIDOC Ball.
- WAPHA staff celebrate NAIDOC Week, with previous activity including the sharing of traditional foods and languages from across the world.
- WAPHA staff participated in a cultural walk and talk along the Swan River during NAIDOC Week.
- A cultural awareness training program is in place for all staff.
- Engaged Red Dust Healing, a specific cultural healing program written from an Aboriginal perspective, which aims to engage Aboriginal men, women and their families.
- Partnered with Black Rainbow, Living Well for the delivery of Aboriginal lesbian, gay, bisexual, trans, and intersex (LGBTI) suicide prevention training.





DOMAINS OF HEALTH

WAPHA commissioned services and activities are included under the following program areas:

Integrated Team Care (ITC)

ITC is a major commissioning project which commenced on 1 January 2017. The aims of ITC are to:

- Contribute to improving health outcomes for Aboriginal people with chronic health conditions through better access to coordinated and multidisciplinary care; and
- Contribute to closing the gap in life expectancy by improved access to culturally appropriate mainstream primary care services (including but not limited to general practice, allied health and specialists) for Aboriginal people.

Mental Health and Suicide Prevention (MHSP)

- Commissioned the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) in conjunction with the University of Western Australia.
- Delivered three National Empowerment Programs (NEP) in urban locations.
- Funded 21 Aboriginal community members to complete the Aboriginal Mental Health First Aid instructor's course.
- One Aboriginal health organisation commissioned to deliver mainstream headspace services in the Kimberley.
- Several Aboriginal health groups in WA's regional and remote locations are supported with capacity building programs, including funding mental health nurses.

Alcohol and Other Drugs (AOD) Treatment Projects

- More than 10 Aboriginal and non-Aboriginal organisations are commissioned to deliver alcohol and drug treatment services across the state.
- Metropolitan-wide Aboriginal Integrated Systems of Care (AISC), with more than 15 Aboriginal community consultation sessions held.
- Commissioning will target the identified areas of need from these consultation activities, on a resources and priority basis.



WAPHA ACTIVITY IN ABORIGINAL HEALTH

Below are examples of how WAPHA is working to achieve better health and wellbeing outcomes for Aboriginal people.

1. A reduction in the length of stay if hospitalised

- Improvements in care coordination (ensures that the Aboriginal person receives the right care, in the right place at the right time).
- Improved self-management in target populations.
- Linking Aboriginal patients to primary healthcare after travelling to Perth for tertiary care appointments.
- Undertaking the ITC Country to City: Improving Patient Transitions project to improve outcomes for those travelling for treatment.

2. Engaged general practice

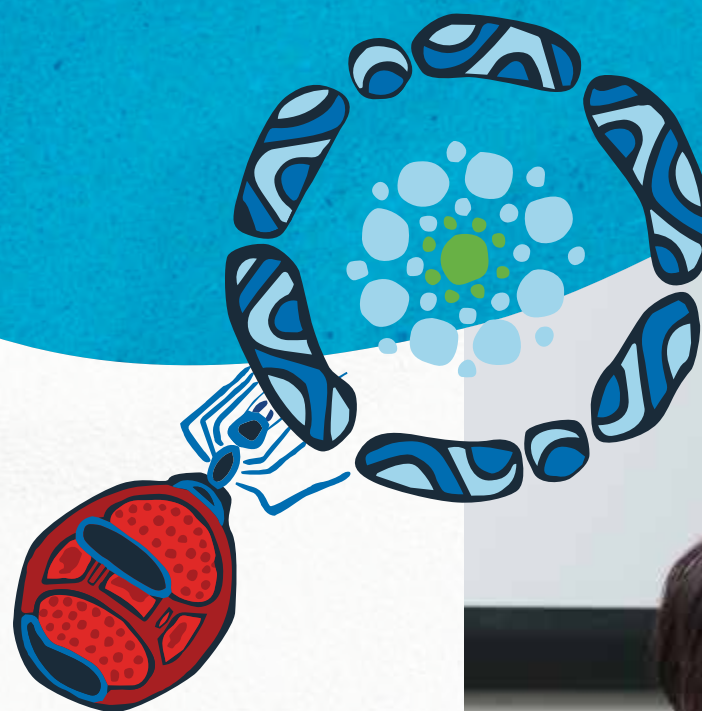
- ITC supports Aboriginal people with chronic disease conditions to manage their own healthcare. In WA there are 13 organisations, both Aboriginal and non-Aboriginal, delivering the ITC program.
- GP awareness campaign to increase knowledge of the ITC program.
- Partnering with AHCWA to commission the development and delivery of GP training to improve mental health and alcohol and other drugs support services in primary healthcare.
- WAPHA has uploaded the Australian Government's National Health Service Directory (NHSD) system into HealthPathways WA, an online tool for GPs, with many Aboriginal-specific healthcare services. WAPHA's HealthPathways team have also worked with the University of Melbourne in developing Aboriginal eye health pathways. Another project includes supporting GPs with awareness around local Aboriginal protocols in the Kimberley.

3. Stakeholder engagement

- The WAPHA Aboriginal Health and Wellbeing Group was formed in 2017.
- Established and maintained a secretariat for Community Engagement Committees, Clinical Commissioning Committees, and Regional Engagement Committees. Each of these committees includes local Aboriginal membership.
- Developed a Welcome to Country and Acknowledgement of Country, with respect to the location and formality of the occasion, for all WAPHA offices.
- All WAPHA offices to have an acknowledgement of traditional owners within their office and/or reception area.

4. Comprehensive Health Needs Assessments

- The annual Health Needs Assessments guide WAPHA's commissioning activities to ensure services are delivered to people at risk of poor health outcomes. The Health Needs Assessments reveal Aboriginal people are over-represented in all social determinants of health.



OUR RAP JOURNEY

Commencing on 1 July 2015, WAPHA set about creating its operating structure to begin its journey towards improving health equity in WA.

With Aboriginal health a key pillar for the PHN program, which WAPHA operates in WA, WAPHA established an Aboriginal health team, which included the recruitment of Aboriginal staff. The WAPHA Board resolved to develop a RAP, with the CEO and Board Director appointed as internal champions for our RAP.

In June 2017, Reconciliation Australia were contacted to support WAPHA in commencing our RAP journey to ensure we were on the right track and to provide clear directions for developing our Reflect RAP. A RAP working group was formed in August 2017 with a membership of 15 staff from across the organisation.

To understand our achievements in Aboriginal health through our policy and commissioning activities, a scanning activity was carried out, which identified areas for future development which we will address in future RAPs.

The Aboriginal health team and RAP working group members sought input from WAPHA's Community Engagement Committees and Clinical Commissioning Committees through a workshop event, with staff surveys, intranet bulletins, newsletters and internal videos used to engage staff in developing our RAP.

This RAP has been reviewed and endorsed by WAPHA's Executive team, prior to presentation and endorsement by the WAPHA Board.

Through our RAP, WAPHA is committed to the RAP principles of Relationships, Respect and Opportunities.

The tables on pages 19-23 outline our actions and commitments.

RELATIONSHIPS



Action	Deliverable	Timeline	Responsibility
Establish a RAP working group.	•Form a RAP working group that is operational to support the implementation of our RAP, comprising of Aboriginal peoples and decision-making staff from across our organisation.	Begin 1 August 2017 Complete March 2018	Aboriginal health manager Aboriginal health team RAP working group CEO
Build internal and external relationships.	•Develop a list of Aboriginal peoples, communities and organisations within our local area or sphere of influence that we could approach to connect with on our reconciliation journey. •Develop a list of RAP organisations and other like-minded organisations that we could approach to connect with on our reconciliation journey.	Begin August 2017 Complete 31 August 2018	Aboriginal health manager Aboriginal project officer RAP working group
Raise internal awareness of our RAP.	•Develop and implement a plan to raise awareness amongst all staff across the organisation about our RAP commitments. •Develop and implement a plan to engage and inform key internal stakeholders of their responsibilities within our RAP. •Launch ceremony for the RAP.	Begin July 2017 Complete September 2018	Aboriginal health manager RAP working group Aboriginal health manager
Participate in and celebrate National Reconciliation Week (NRW).	•Encourage our staff to attend a National Reconciliation Week (NRW) event. •Circulate Reconciliation Australia's NRW resources and reconciliation materials to our staff. •Ensure our RAP working group participates in an external event to recognise and celebrate NRW.	Begin May 2018 Complete May 2018	Aboriginal health manager Communications manager



RESPECT

Action	Deliverable	Timeline	Responsibility
Investigate Aboriginal cultural learning and development.	<ul style="list-style-type: none">• Develop a business case for increasing awareness of Aboriginal cultures, histories and achievements within our organisation.• Capture data and measure our staff's current level of knowledge and understanding of Aboriginal cultures, histories and achievements.• Conduct a review of cultural awareness training needs within our organisation.	Begin March 2018 Complete October 2018	Aboriginal project officer Aboriginal health coordinator/ Aboriginal health manager RAP working group
Raise internal understanding of Aboriginal cultural protocols.	<ul style="list-style-type: none">• Explore who the Traditional Owners are of the lands and waters in our local area.• Scope and develop a list of local Traditional Owners of the lands and waters within our organisation's sphere of influence.• Develop and implement a plan to raise awareness and understanding of the meaning and significance behind Acknowledgement of Country and Welcome to Country protocols (including any local cultural protocols).	Begin March 2018 Complete December 2018	Aboriginal project officer Aboriginal health coordinator/ Aboriginal health manager RAP working group
Communicate and encourage staff to use Reconciliation Australia's Share Our Pride online tool to all staff.	<ul style="list-style-type: none">• Staff participate with the online tool.	Begin April 2018 Complete December 2018	Aboriginal project officer Aboriginal health coordinator/ Aboriginal health manager RAP working group
Participate in and celebrate significant dates in Aboriginal communities, including NAIDOC Week, Sorry Day, etc.	<ul style="list-style-type: none">• Raise awareness and share information amongst our staff of the meaning of Sorry Day and NAIDOC Week which includes information about the local Aboriginal peoples and communities.• Introduce our staff to Sorry Day and NAIDOC Week by promoting community events in our local area.• Calendar of significance dates is maintained on the staff intranet.• Ensure our RAP working group participates in an external Sorry Day and NAIDOC Week event.• Staff are aware of issues around the dates and are encouraged to participate in related activities.	Begin April 2018 Complete August 2018	Aboriginal project officer Aboriginal health coordinator/ Aboriginal health manager RAP working group





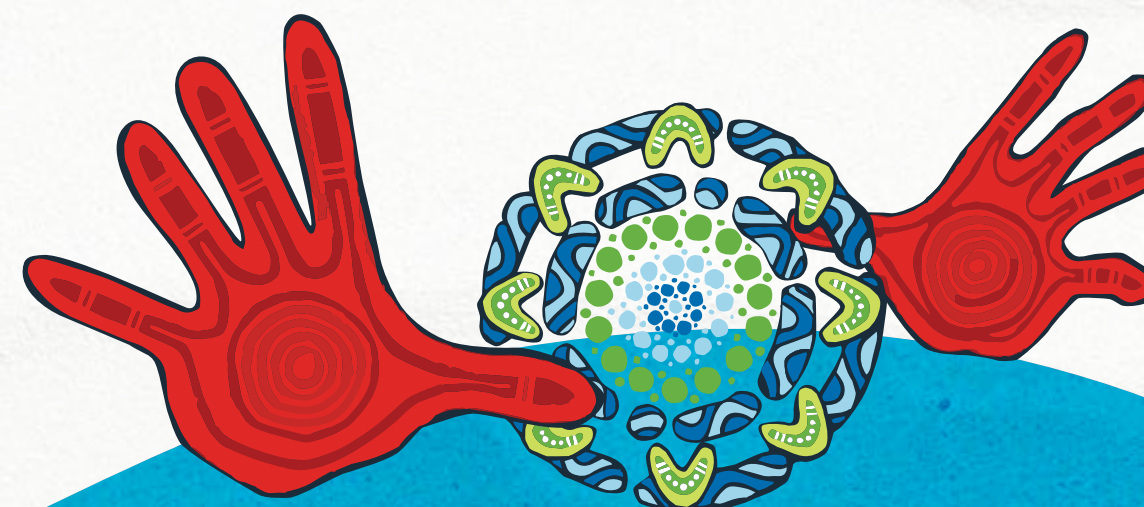
OPPORTUNITIES

Action	Deliverable	Timeline	Responsibility
Investigate Aboriginal employment.	<ul style="list-style-type: none"> • Develop a business case for Aboriginal employment within our organisation. • Identify current Aboriginal staff to inform future employment and development opportunities. 	Begin April 2018 Complete October 2018	Aboriginal health manager HR manager
Investigate Aboriginal supplier diversity.	<ul style="list-style-type: none"> • Develop an understanding of the mutual benefits of procurement from Aboriginal owned businesses. • Develop a business case for procurement from Aboriginal owned businesses. 	Begin April 2018 Complete October 2018	Aboriginal health manager Contracts manager
Commission culturally responsive services.	<ul style="list-style-type: none"> • Develop policies and procedures for commissioning culturally responsive services. • Consider developing systems which can ascertain a level of cultural competence (diagnostic tools, questionnaires, etc.). • Increased staff awareness on Aboriginal health issues. 	Begin April 2018 Complete December 2018	Aboriginal project officer Aboriginal health coordinator/ Aboriginal health manager RAP working group Contracts manager
Improve the access of services for Aboriginal people.	<ul style="list-style-type: none"> • Ensure Country Mapping Aboriginal patient journey and utilising information to inform the ITC program and other commissioning activity across WAPHA. • Complete 'deep dives' for identified areas in the Health Need Assessments for the three WA PHN regions. • Map all Aboriginal specific services across the three WA PHNs. 	Begin March 2018 Complete December 2018	Aboriginal project officer Aboriginal health coordinator/ Aboriginal health manager RAP working group WAPHA-based Curtin University staff
Promote WAPHA programs/tenders in Aboriginal communities.	<ul style="list-style-type: none"> • Make use of existing community networks to disseminate information. • Ensure two-way communication between WAPHA committees and Aboriginal communities. 	Begin August 2017 Complete December 2018	Aboriginal project officer Aboriginal health coordinator/ Aboriginal health manager RAP working group Regional staff

REPORT



Action	Deliverable	Timeline	Responsibility
Build support for the RAP.	<ul style="list-style-type: none"> • Define resource needs for RAP development and implementation. • Define systems and capability needs to track, measure and report on RAP activities. • Complete the annual RAP Impact Measurement Questionnaire and submit to Reconciliation Australia. 	Begin April 2018 Complete 30 September, 2018	Aboriginal project officer Aboriginal health coordinator/ Aboriginal health manager RAP working group CEO
Review and Refresh RAP.	<ul style="list-style-type: none"> • Liaise with Reconciliation Australia to develop a new RAP based on learnings, challenges and achievements. • Submit draft RAP to Reconciliation Australia for review. • Submit draft RAP to Reconciliation Australia for formal endorsement. 	Begin January 2019 Complete May 2019	Aboriginal health coordinator/ Aboriginal health manager



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This information is available in an alternative format on request
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