



**WA Primary  
Health Alliance**  
Better health, together

**phn**

PERTH NORTH, PERTH SOUTH,  
COUNTRY WA

An Australian Government Initiative



# WA Primary Health Alliance Aboriginal Health Strategy 2021-2023



# Acknowledgement

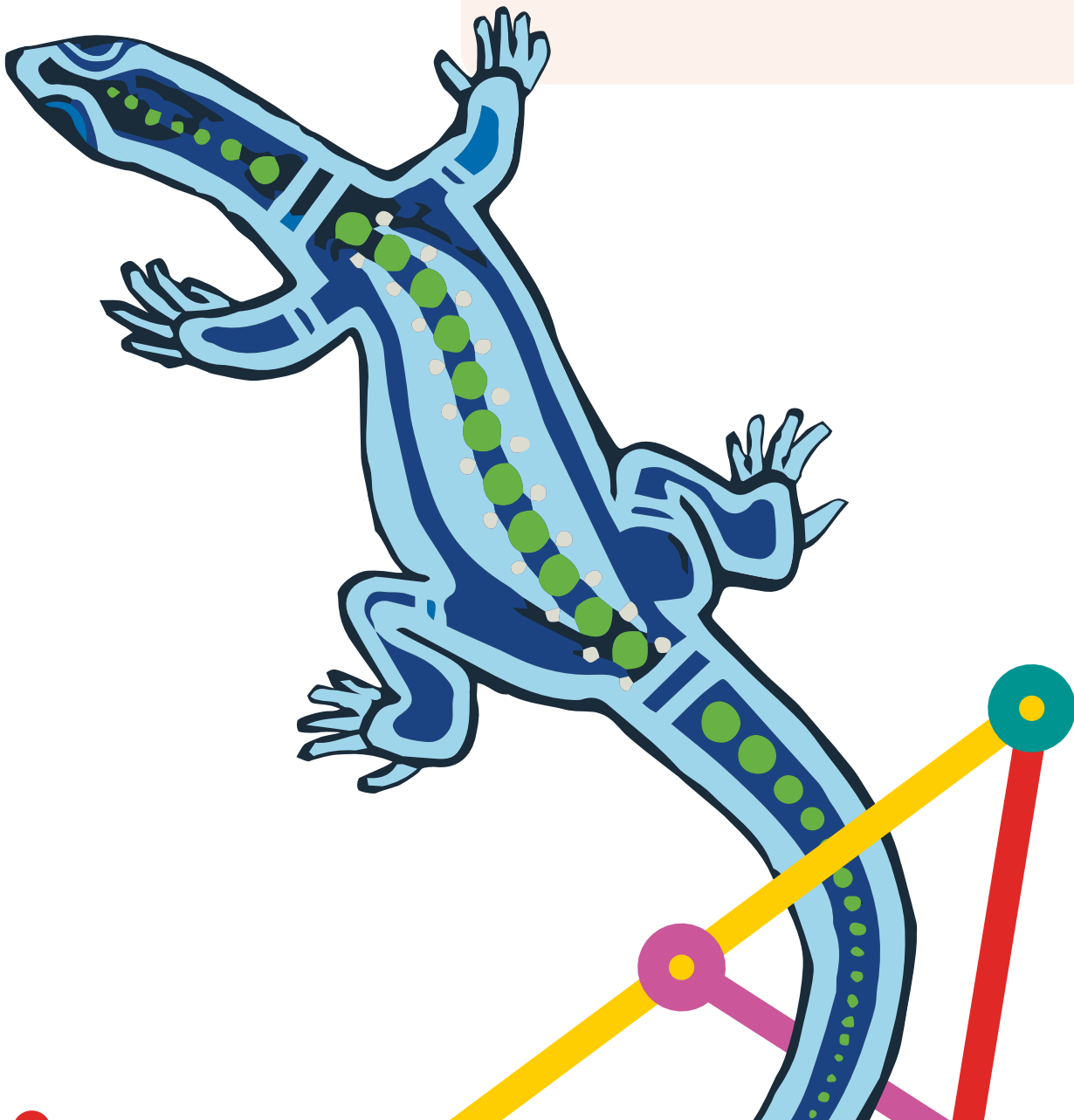
WA Primary Health Alliance acknowledges and pays respect to the Traditional Owners and Elders of this country and recognises the significant importance of their cultural heritage, values, beliefs and self-determination in contributing to the positive health and wellbeing of the whole community.

Throughout this document the word Aboriginal is used to denote both Aboriginal and Torres Strait Islander People.



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# Introduction

WA Primary Health Alliance (WAPHA) is funded by the Australian Government to operate the three Primary Health Networks (PHNs) in Western Australia (WA): Perth South, Perth North and Country WA.

WAPHA is responsible for planning, guiding, and directing investment towards primary health services, including Aboriginal health services.

## WAPHA has two key objectives:

- To improve the efficiency and effectiveness of primary health care services for patients, particularly those at risk of poor health outcomes;
- To improve the coordination of care to ensure patients receive the right care, in the right place, at the right time.

WAPHA does not directly provide Aboriginal health services, but rather commissions services from a wide range of providers including community managed organisations (inclusive of Aboriginal Community Controlled Health Organisations (ACCHO)) and health service providers. The Australian Government provides guidance materials that determine the scope of WAPHA's Aboriginal health programs and we utilise our needs assessment and Commissioning for Better Health<sup>1</sup> commitment to identify priority areas for Aboriginal Health.

In undertaking our needs assessment, we are committed to working with Aboriginal communities and other relevant stakeholders, such as Aboriginal Community Controlled Health Services (ACCHS) to identify the needs of Aboriginal people. This will strengthen our alignment with principles of the National Agreement on Closing the Gap such as partnerships and shared decision making.

In addition to its role as a commissioner of Aboriginal health services, WAPHA is committed to building the capability and capacity of the primary health care sector to respond to the needs of Aboriginal people experiencing health issues.

This document provides an overview of WAPHA's strategy for Aboriginal health, in line with the guidance set by the Australian Government and our **Strategic Plan: Better Health, Together 2020-2023**. This Aboriginal Health Strategy has been prepared to support our staff to make informed decisions and understand our Aboriginal health priorities.



1 WA Primary Health Alliance, (2019) Commissioning for Better Health ([wapha.org.au](http://wapha.org.au))

The Aboriginal Health Strategy draws upon, and aligns with, WAPHA's strategic direction. Below is our commitment to our Strategic Priorities in the context of Aboriginal health.

### Commission services in a planned and targeted way

WAPHA will be strategic and more precise in how we allocate finite resources and commission services to ensure we maximise outcomes for consumers<sup>2</sup>. This strategy provides a blueprint and explains the factors that will determine how, for who and where we commission Aboriginal health services.

### Promote and prioritise an integrated health system

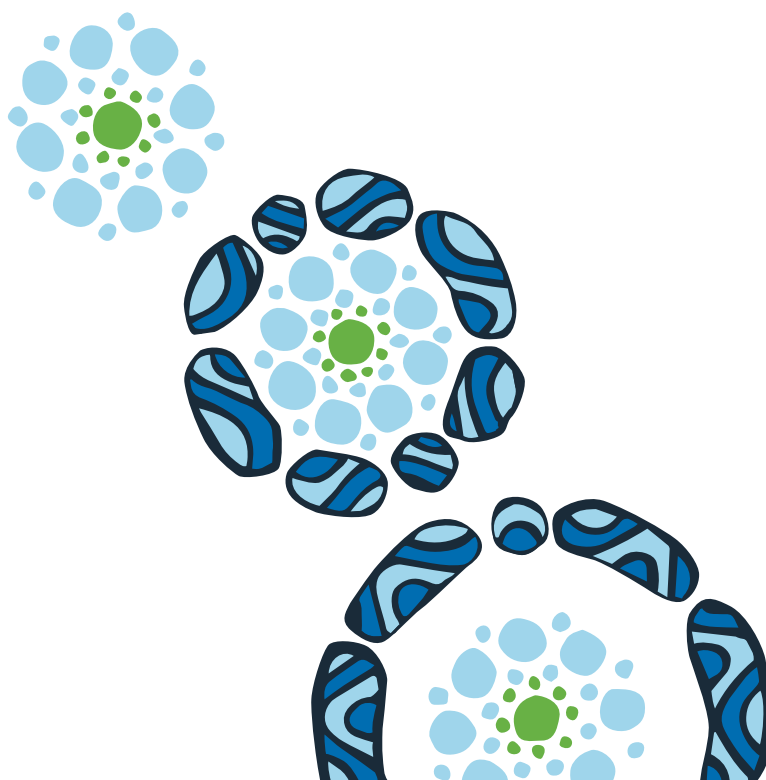
The Aboriginal Health Strategy highlights our commitment towards a collaborative approach to Aboriginal health. It describes how we intend to collaborate with other commissioning agencies, general practitioners (GPs), ACCHSs, other service providers and communities to create a more unified Aboriginal health system.

### Continuously improve primary health care practice

Through the implementation of regular monitoring, evaluation and continuous improvement, WAPHA will work to ensure a safe and high-quality Aboriginal primary health care service system. The Aboriginal Health Strategy outlines priorities focused on developing primary health care practice to provide culturally competent services to meet the needs of consumers and carers.

### Empower people in our communities

Local communities have a critical role in improving individual Aboriginal health outcomes. Our strategy describes how we aim to increase access to holistic, person-centred care, to support people with an increased susceptibility to adverse health outcomes as a result of inequitable access to the resources needed to address risks to health.



<sup>2</sup> For the purpose of this document, and with recognition of the contextual nature of primary health terminology, we have used the terms consumer, patient and individual interchangeably to describe a person who uses, has used or may use a primary health care service or program.

# WAPHA's Strategic Context

This Strategy is designed to be read in conjunction with WAPHA's other strategic documents and is informed by:

- National Aboriginal and Torres Strait Islander Health Plan 2013-2023
- Western Australia Aboriginal Health and Wellbeing Framework 2015 – 2030
- Primary Health Networks (PHNs) and Aboriginal Community Controlled Health Organisations (ACCHOs) – Guiding Principles
- Primary Health Networks - Commonwealth Programme Guidelines
- National Agreement on Closing the Gap – Priority Reforms

## Aboriginal Health Strategy

### Our approach to Aboriginal Health as a PHN priority.

- Provides an overview of WAPHA's commissioning strategy for Aboriginal health
- Explains the principles that underpin our Aboriginal health approaches
- Outlines our Aboriginal health priorities in both commissioning of services and supporting general practice
- Assists WAPHA staff to ensure procurement aligns with PHN commissioning guidance
- Assists WAPHA staff to understand requirements of the National Agreement on Closing the Gap

## Strategic Plan

### Our vision and direction for the next three years.

- Provides an overview of WAPHA's vision, mission and values
- Outlines a set of four strategic priorities – our significant commitments for the next three years
- Outlines a set of four drivers of success – the pivotal enablers for our strategic success
- Provides guidance on our path for successful implementation – including the development of health priority strategies

## Joint Regional Mental Health and Suicide Prevention Plans<sup>3</sup>

### Our approach to working with key partners to achieve a more integrated mental health and suicide prevention service system.

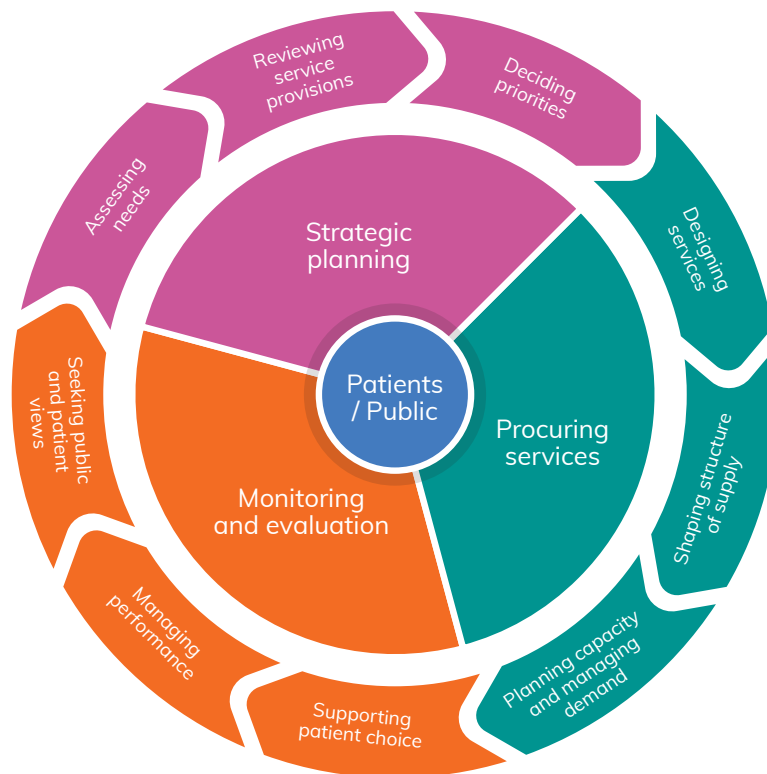
- Provides a mechanism to address fragmentation of services, duplication and inefficiencies in service provision
- Guides a partnership approach to achieve greater connectedness across the mental health system

<sup>3</sup> The first action from the Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan). Governments require Local Hospital Networks (LHNs) and Primary Health Networks (PHNs) to jointly develop and publicly release joint regional mental health and suicide prevention plans.

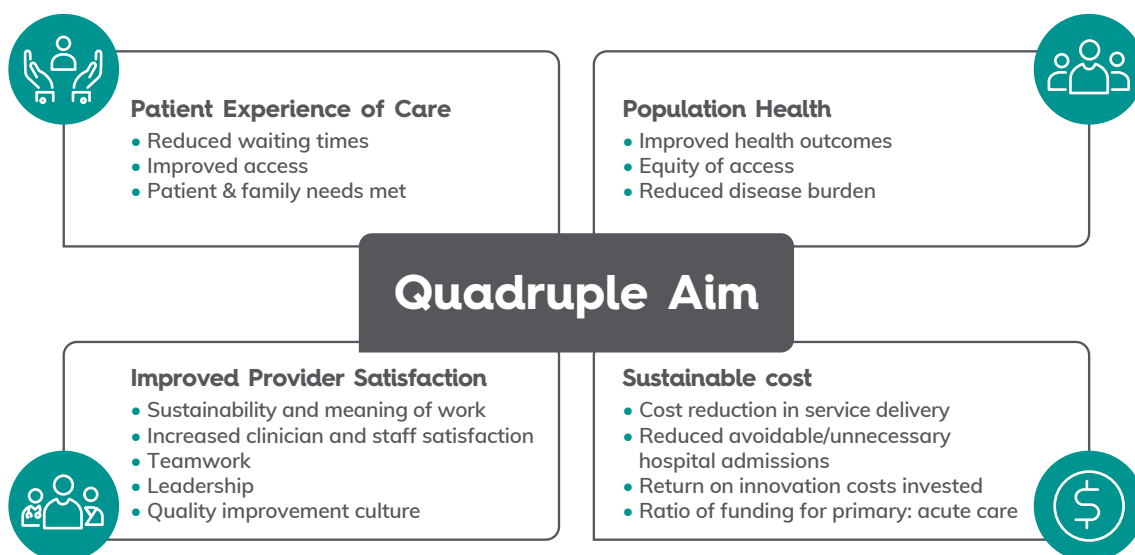
# Commissioning for Better Health

*Commissioning for Better Health*<sup>4</sup> guides our approach to commissioning to ensure that the services we fund are evidence-based and targeted to meet the needs of people at risk of poor health outcomes. We direct our investment to support local primary health care services be more efficient and effective, easy to navigate, well connected and close to home.

In line with PHN Commissioning Resources, WAPHA's Procurement Policy<sup>5</sup> and approved Activity Work Plans<sup>6</sup> we commission services in a manner that seeks to achieve our strategic objectives, provides value for money, and results in positive outcomes for service users.



WAPHA is also guided by the Quadruple Aim, a well-regarded framework for optimising health system performance. It outlines four principles that governments, health care planners and providers need to concurrently focus on when designing and examining primary health care delivery. PHNs, the Australian Government and State/Territory Governments now accept the Quadruple Aim to measure, monitor and evaluate services and models of care.



4 [www.wapha.org.au/wp-content/uploads/2019/04/Commissioning-for-Better-Health.pdf](http://www.wapha.org.au/wp-content/uploads/2019/04/Commissioning-for-Better-Health.pdf)

5 WAPHA Procurement Policy 2021 (Internal Document)

6 [www.wapha.org.au/service-providers/health-planning/activity-work-plans/](http://www.wapha.org.au/service-providers/health-planning/activity-work-plans/)

# Context

Improving the health and wellbeing of Aboriginal people is a priority for WAPHA. We are committed to improving health outcomes and access to services in metropolitan, rural, regional and remote locations. As required by the Australian Government Department of Health, WAPHA reports progress in Aboriginal Health against **twelve Indigenous Health Indicators** and we use these indicators to track our progress against these activities. This includes a continuous quality improvement approach to commissioning services and supporting general practice to meet the health needs of Aboriginal people.

Our success in Aboriginal health will be determined by the change we measure and how we hold ourselves to account in achieving the objectives of this strategy. This should be reflected by what we see and hear from Aboriginal people right across the State, as we live and work in our community.

We know that Aboriginal people remain disadvantaged in accessing health services and experience significantly disparate health and wellbeing outcomes. In Western Australia 75,976 people identify as Aboriginal and of those, one third live in the Perth area, whilst the remaining two thirds reside in regional and remote areas, with very high proportions in the Kimberley. The Aboriginal population is also much younger than the non-Indigenous population, mainly due to the higher rates of births and deaths, with the average age being 23 years, compared to 37 years for non-Indigenous Australians.<sup>7</sup>

Life expectancy for Aboriginal men and women is 15.1 and 13.5 years lower than non-Indigenous Western Australians. This is mostly due to higher levels of chronic disease<sup>8</sup>, although psychological distress (i.e., mental health) is also seen at much higher rates in Aboriginal people.<sup>9</sup> The prevalence of behavioural risk factors for Aboriginal people is also generally higher than non-Indigenous people and includes smoking, poor nutrition, physical inactivity, and excessive alcohol consumption, all of which can lead to poor health.<sup>10</sup>

However, for Aboriginal people health is viewed differently to Western society and is defined as:

***“Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to 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.”<sup>11</sup>***

This difference can create challenges for commissioning primary healthcare services and working with general practice in the current health system. Commissioning the right balance of services that provide culturally appropriate clinical treatment, improve social and emotional wellbeing, and maintain connection to culture throughout the healthcare journey is critical.

Developing authentic partnerships with Aboriginal led services that incorporate a culturally appropriate model of care will increase the likelihood of improving the health and wellbeing of Aboriginal people.

We recognise that for Aboriginal people, ‘place’ means more than the physical location of residence. Connection to culture, family and community is central to the health and wellbeing of Aboriginal people.

***“Community is where we live, support family, maintain our connections to country and culture and go to school and work. These factors are important in developing a strong sense of community. We need to feel safe in our community and know we can find help, including health services close by if we need them. Maintaining and developing the connections between community and services is important in developing healthy communities.”<sup>12</sup>***

It must also be recognised that dispossession, interruption of culture and intergenerational trauma have profoundly impacted the health and wellbeing of Aboriginal people. This has been amplified by policies and practices that have systematically disadvantaged Aboriginal people and contributed to inequity within the health system.<sup>13</sup> As such, ACCHS play a significant role in delivering and providing access to primary care services that meet both the clinical and holistic health needs of Aboriginal people.

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7 2016 Census: Aboriginal and/or Torres Strait Islander Peoples QuickStats

8 2016 Census: Aboriginal and/or Torres Strait Islander Peoples QuickStats

9 Australian Institute of Health and Welfare (AIHW). (2013). Aboriginal and Torres Strait Islander Health Performance Framework 2012 Report: Western Australia. Cat. no. IHW 89. Canberra: AIHW.

10 Australian Institute of Health and Welfare 2016. Australia's health 2016. Australia's health series no. 15. Cat. no. AUS 199. Canberra: AIHW

11 National Aboriginal Health Strategy Working Party. (1989). National Aboriginal Health Strategy, Canberra. Australian Bureau of Statistics (ABS). (2013). Life Tables for Aboriginal and Torres Strait Islander Australians, 2010–2012. Cat No. 3302.0.55.003.

12 WA Aboriginal and Torres Strait Islander Health and Wellbeing Framework 2015–2030

13 [https://www.aph.gov.au/parliamentary\\_business/committees/senate/legal\\_and\\_constitutional\\_affairs/completed\\_inquiries/2004-07/stolen\\_wages/index](https://www.aph.gov.au/parliamentary_business/committees/senate/legal_and_constitutional_affairs/completed_inquiries/2004-07/stolen_wages/index)



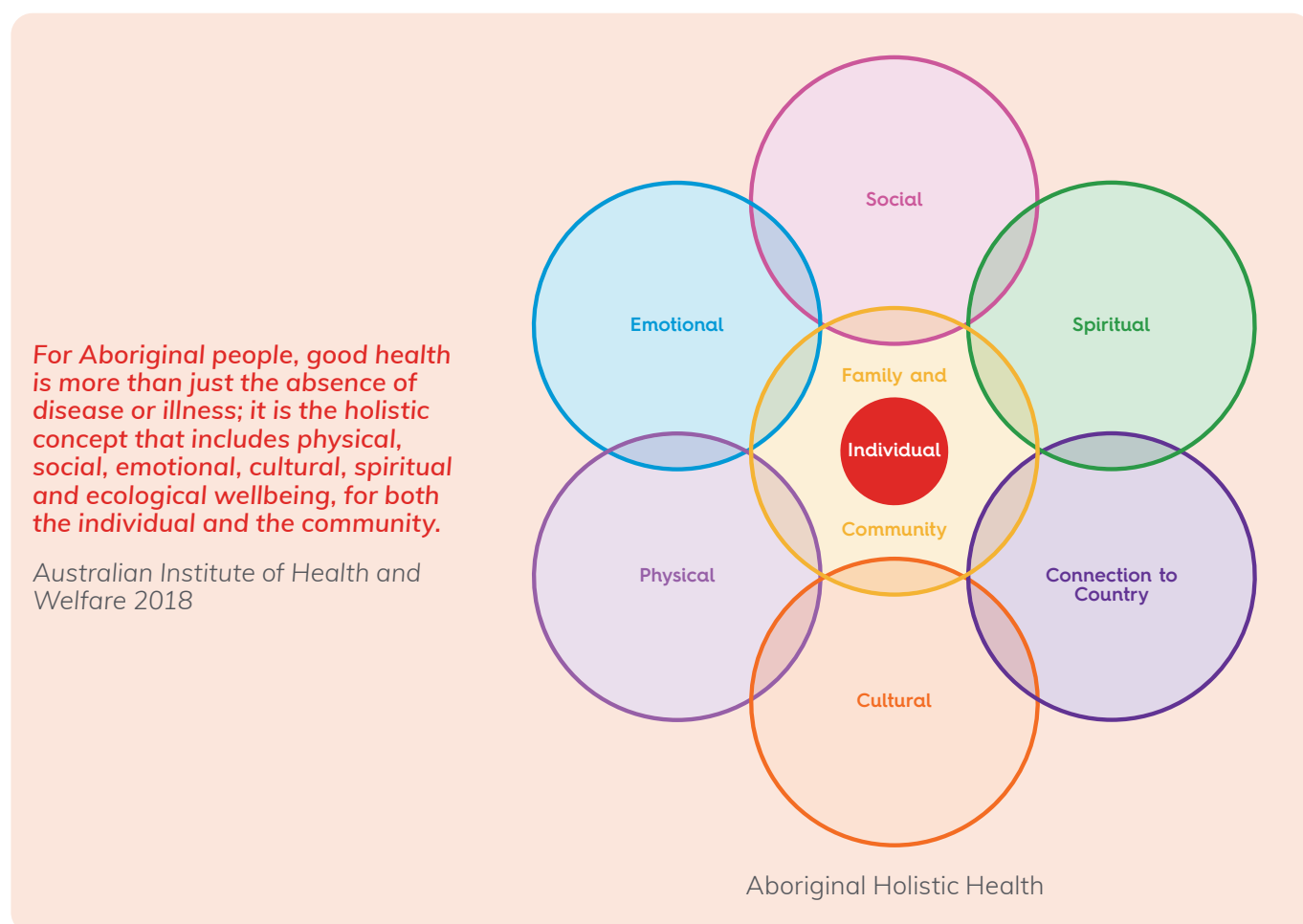
To improve the health and wellbeing of Aboriginal communities, both the social and cultural determinants of health should be considered when commissioning services and working with general practice.

The cultural determinants of health encompass a strength-based approach and stronger connection to culture and country, which increases sense of identity, self-esteem, and resilience, and improves outcomes across all social determinants of health. Cultural determinants include (but are not limited to):

- Self determination
- Freedom from discrimination
- Importance of Aboriginal culture
- Protection from removal/relocation
- Understanding of lore, law and traditional roles and responsibilities<sup>14</sup>

It is in this context that WAPHA must consciously consider the needs of Aboriginal people when commissioning culturally safe primary health services and supporting increased access to culturally competent primary healthcare. When this is realised in partnership with Aboriginal people, communities, and organisations, we will see the greatest change in health and wellbeing.

WAPHA will continue to commission Aboriginal health programs and work with general practice on initiatives that address chronic condition management, cultural competency of general practice, mental health conditions, alcohol and other drug related harm and aged care. We understand that applying an Aboriginal lens that incorporates the cultural determinants of health when planning and commissioning services will lead to better health and wellbeing outcomes for Aboriginal people and contribute to achieving WAPHA's vision of Better Health, Together.



14 WA Aboriginal Health and Wellbeing Framework 2015–2030, Department of Health WA

# How to use the Aboriginal Health Strategy

Our Aboriginal Health Strategy provides the direction that should be taken into account when we commission services and other activities and provide support to general practice.

The six elements, along with the Australian Government's Guidance materials for Aboriginal health, outline the parameters for what is in scope. Our Aboriginal health priorities are underpinned by a series of initiatives, which describe the changes we seek to make to improve the primary health care system for Aboriginal people. It is important that our commissioning and general practice development activities align with one or more of these priorities/initiatives.

In addition to these initiatives, we have outlined specific commissioning strategies for each of our various platforms and programs which should be read in conjunction with the initiatives and priorities. Links to Commonwealth Guidance Materials are included and provide further detail on the scope of our Aboriginal health programs.

Six Elements to Guide Aboriginal Health Activity

**1**

**Principles**

Is the service/activity consistent with our guiding principles for Aboriginal health?

**2**

**Partnerships**

Have we defined how we will best utilise partnerships for this service/activity?

**3**

**Priorities**

Does the service/activity align with our defined priorities for Aboriginal health?

**4**

**Platforms & Programs**

What platforms and programs would the service/activity align with?

**5**

**Place**

Will the service/activity be delivered sustainably in a place we are targeting?

**6**

**Performance**

Have we defined how we will evaluate the performance, purpose and outcome of the service/activity?



# 1. Principles

1

All our commissioned services are safe and culturally appropriate, of a high quality and accountable for improving the health and wellbeing of Aboriginal people.

2

We work in partnership with key stakeholders towards achieving a integrated healthcare system that is free from discrimination and provides Aboriginal people greater choice of primary healthcare services.

3

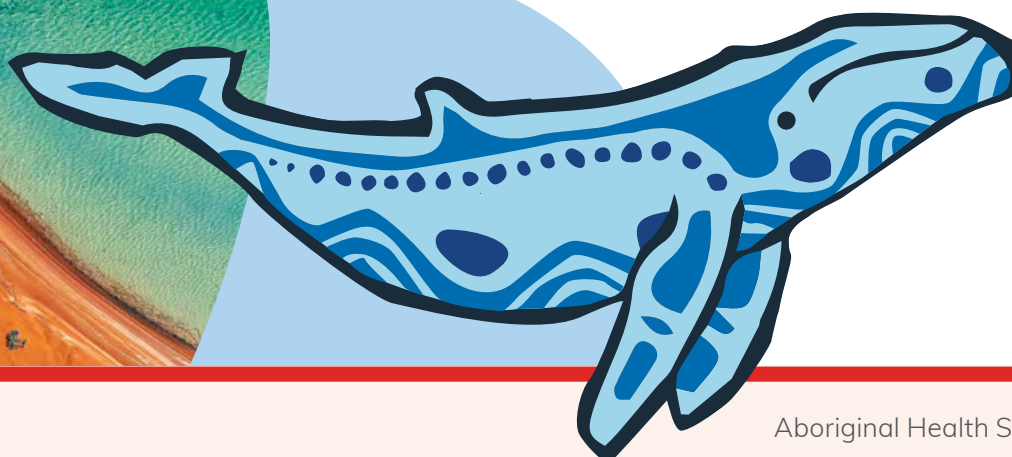
We orient our commissioned services around general practice whilst recognising that Aboriginal health is holistic and includes the physical, social, emotional, and cultural wellbeing of the whole community.

4

We acknowledge the value of Aboriginal community-controlled health organisations and support building capacity and expanding the reach of the Aboriginal community-controlled sector.

5

We make strategic commissioning decisions to direct our finite resources to where they will deliver the most impact for Aboriginal people.



## 2. Partnerships

Our Strategic Plan outlines mature collaborative partnerships as a key driver to our success. We work collaboratively and purposefully at a metropolitan, regional and remote level with consumers, carers, health care providers (primary, secondary and tertiary), social care services, local government, and other stakeholders to understand complexities and gaps, identify what is needed to develop seamless care pathways, and work across the care continuum to improve health outcomes. At a local level, we utilise and create partnership arrangements, and promote existing networks and advisory groups to enhance integration and improve information flow across the system.

Our commitment to our partners is below:

### Consumers, families, and carers

WAPHA is committed to person-centred care and recognises the requirements and needs for Aboriginal health services are best understood by the people who deliver and use those services. WAPHA will exemplify this commitment through taking a co-design approach where possible in our commissioning and by ensuring the experience of consumers, family, carers and significant others is integral to the continuous improvement of services.

### General practice

WAPHA recognises the role of general practice in the prevention, early intervention, management and treatment of health conditions and referral to specialist services including commissioned services. WAPHA is committed to enabling general practice to inform service design to ensure their role is elevated and integrated where possible. This includes GPs and other members of the general practice care team, such as practice nurses and Aboriginal Health workers.

### Peak bodies

WAPHA understands the importance of involving peak bodies in the design of models of care, developing the workforce, advocacy, as well as collaboration and consultation with the members they represent. For example WAPHA has a Statement of Collaborative Intent with the Aboriginal Health Council of WA (AHCWA).

### Aboriginal Community Controlled Health Organisations (ACCHOs) and community representatives

WAPHA fosters relationships with Aboriginal people and communities that are built on respect and trust and works closely with ACCHOs and ACCOs to facilitate culturally safe service delivery. WAPHA recognises the importance of choice for Aboriginal people in the services they access and actively supports strategies to enhance cultural appropriateness across the primary health care system.

### Health, welfare and community service providers

Through engagement with the diversity of local service providers, including local government, we explore opportunities to leverage current strengths and facilitate collaborative responses to achieve system level change. These connections are important in developing inter-agency responses to complex health and social care problems.

### State Government

WAPHA acknowledges the role of secondary and tertiary healthcare and community services delivered or commissioned by the State Government. WAPHA aims to work in a way that complements these services to ensure an integrated care journey for Aboriginal people. WAPHA has a number of partnership protocols with State Government Health Service Providers.



### 3. Priorities for Aboriginal Health

Informed by our needs assessments and Australian Government Guidelines, we have identified six Aboriginal health priorities, outlined below. The corresponding initiatives outline how we propose to achieve our Aboriginal health priorities. We utilise data to improve system knowledge and evidence-based service planning, apply co-design with consumers and other stakeholders, and determine outcomes to be achieved, to inform the development and refinement of new and existing Aboriginal health initiatives.

Each initiative is aligned to one of the strategic priorities from our strategic plan:

- Commission in a planned and targeted way
- Promote and prioritise an integrated health system
- Continuously improve primary care practice
- Empower people and communities



| Priority                                                                                                     | Initiatives                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Work with primary care providers and Aboriginal groups to reduce disease trends in Aboriginal communities | 1.1 Work with the Aboriginal Health Council of WA (ACHWA) to: <ul style="list-style-type: none"> <li>• increase understanding of issues and barriers faced by ACCHOs and ACCOs in applying for WAPHA funding inclusive of delivering, reporting, and demonstrating outcomes that meet the needs of Aboriginal communities.</li> <li>• increase our understanding of ACCHS to inform mainstream general practices delivering services to Aboriginal people.</li> <li>• improve sector understanding of WAPHA's remit in commissioning services for Aboriginal people.</li> <li>• build the capacity and capability of Aboriginal organisations to be eligible to receive WAPHA funding to meet the needs of Aboriginal communities (E.g., obtain accreditation).</li> <li>• identify unmet Aboriginal health needs and how WAPHA can improve commissioning of services to better meet the need of communities.</li> </ul> |
|                                                                                                              | 1.2 Work in partnership with stakeholders to prioritise local activities (commissioning and general practice support) that address the leading causes of mortality for Aboriginal people. This includes coronary heart disease, diabetes, chronic respiratory conditions, cancer, and as it relates to Target 1 of the National Agreement on Closing the Gap – Everyone enjoys long and healthy lives.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| Priority                                                                                                                   | Initiatives                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                            | 1.3 Enhance focus of WAPHA's population health initiatives that address improving immunisation and cancer screening rates for Aboriginal people. Further work with primary care providers to focus on activity that relates to Target 2 of the National Agreement on Closing the Gap – Children are born healthy and strong.             |
|                                                                                                                            | 1.4 Promote activity of health promotion services and identify referral pathways that contribute to reducing risk factors for poor health, including nutrition, physical inactivity, obesity, alcohol consumption and smoking.                                                                                                           |
|                                                                                                                            | 1.5 Co-design services with Aboriginal people where possible, to ensure they are culturally safe, meet the needs of the client, and are integrated into the primary health care system.                                                                                                                                                  |
|                                                                                                                            | 1.6 Commission services and programs with a focus on care coordination, strong referral pathways, and complementary services, that will increase Aboriginal people's capability to manage their health needs and improve overall wellbeing.                                                                                              |
|                                                                                                                            | 1.7 Work with stakeholders to encourage greater uptake of regular health assessments by Aboriginal people and promote access to relevant Medicare Benefit Schedule items by primary care providers.                                                                                                                                      |
|                                                                                                                            | 1.8 Work with stakeholders to understand learnings from the COVID-19 pandemic response and build capacity and readiness for emergency planning and disaster preparedness for the future.                                                                                                                                                 |
|                                                                                                                            | 1.9 Work with service providers and relevant stakeholders to strengthen the capacity and capability of Aboriginal led organisations to provide services for Aboriginal people, in line with the National Agreement on Closing the Gap Priority Reforms (i.e., possible transition of funding from PHNs).                                 |
| 2. Increase access to Aboriginal specific services that incorporate cultural wellbeing, healing and community empowerment. | 2.1 Work in partnership with stakeholders to strengthen referral pathways that increase access to social and emotional wellbeing (SEWB) programs that demonstrate evidence and outcomes in improving health and wellbeing.                                                                                                               |
|                                                                                                                            | 2.2 Consider application of culturally appropriate elements of the Integrated Team Care program service model to other WAPHA commissioned services, including SEWB and learnings of how to engage and support Aboriginal people in health care.                                                                                          |
|                                                                                                                            | 2.3 Encourage partnerships and integration between mainstream primary care providers, Aboriginal organisations and community groups <sup>15</sup> to improve clinical and non-clinical care that incorporates cultural considerations for Aboriginal people.                                                                             |
|                                                                                                                            | 2.4 For Aboriginal Health programs consider, prioritisation of commissioning/increase investment in ACCHOs/Aboriginal Community Controlled Organisations (ACCOs) that are equipped to provide services and evidence-based models of care with a greater holistic focus that aligns more closely to the health view of Aboriginal people. |
|                                                                                                                            | 2.5 Encourage commissioned providers to adapt or develop models of care that incorporate referral and access to SEWB services.                                                                                                                                                                                                           |
|                                                                                                                            | 2.6 Strengthen existing referral pathways between general practice, other primary care providers and SEWB services, including using Mappa.                                                                                                                                                                                               |

<sup>15</sup> A community group for this purpose is defined as an informal group of people who come together in an organised manner for a purpose that benefits their wider community. The group may have some structure and rules but is not a legal entity.

| Priority                                                                                                                                 | Initiatives                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Increase access to targeted and culturally appropriate approaches to alcohol and other drug treatment for Aboriginal people.          | 3.1 Work with commissioned providers to ensure alcohol and other drug (AOD) programs and services are promoted in a culturally appropriate manner, including language, visual prompts, and Aboriginal role models.                                                        |
|                                                                                                                                          | 3.2 Support ACCHSs/ACCOs to attain accreditations required to deliver specialist AOD treatment services, particularly in regions where service gaps exist.                                                                                                                |
|                                                                                                                                          | 3.3 Develop workforce capability to meet the AOD treatment needs of Aboriginal people, including working with key partners to support the employment and training of more Aboriginal people to work in the sector.                                                        |
|                                                                                                                                          | 3.4 Facilitate access to workforce development and training in cultural competency for mainstream AOD commissioned service providers.                                                                                                                                     |
|                                                                                                                                          | 3.5 Work in partnership with stakeholders including commissioned and other service providers, community groups, and Aboriginal leaders to promote AOD prevention strategies and encourage access to early intervention, and treatment services.                           |
| 4. Assist Primary Health Care providers to adopt culturally appropriate and competent models of care for Aboriginal populations.         | 4.1 Work with AHCWA to review models of care that are considered culturally competent and would be applicable to primary care settings to inform development of service models in WA.                                                                                     |
|                                                                                                                                          | 4.2 Support access to cultural awareness and competency training for commissioned providers and primary care practitioners to support non-Aboriginal staff to provide culturally appropriate care.                                                                        |
|                                                                                                                                          | 4.3 Implement the WAPHA Cultural Competency Framework to commissioned providers to enable culturally appropriate care for Aboriginal people and ensure existing cultural frameworks that have been accepted by the community are considered as part of service delivery.  |
|                                                                                                                                          | 4.4 Encourage primary health care providers to incorporate the cultural determinants of health in their approach to providing services for Aboriginal communities.                                                                                                        |
|                                                                                                                                          | 4.5 Promote incentives for primary care providers to commit to continuous quality improvement including models of care that are considered culturally appropriate for Aboriginal people.                                                                                  |
|                                                                                                                                          | 4.6 Promote and encourage primary health care providers to improve access to culturally appropriate and timely services for older Aboriginal cohorts.                                                                                                                     |
|                                                                                                                                          | 4.7 Support primary health care providers and general practice to respond to Australian government policy directions on behalf of their Aboriginal patients (e.g., Voluntary Patient Enrolment, Telehealth).                                                              |
| 5. Plan and commission culturally appropriate Mental Health and Suicide Prevention Services that improve outcomes for Aboriginal people. | 5.1 Work in partnership with Aboriginal stakeholders and consumers to ensure new and existing service models are culturally appropriate and incorporate access to SEWB services that are culturally appropriate and/or delivered by an Aboriginal person or organisation. |
|                                                                                                                                          | 5.2 Encourage and where appropriate support commissioned providers to access targeted education, training, and continuous quality improvement activities to build mental health workforce cultural competency and capability.                                             |
|                                                                                                                                          | 5.3 Build upon the lessons learned from the Kimberley Aboriginal Suicide Prevention Trial and other trial sites to plan and commission evidence informed suicide prevention and postvention services.                                                                     |
|                                                                                                                                          | 5.4 Support Aboriginal leadership within the mental health and suicide prevention service system, in alignment with the principles of the Gayaa Dhuwi (Proud Spirit) Declaration.                                                                                         |
|                                                                                                                                          | 5.5 Work with regional planning forums to ensure the mental health needs of Aboriginal people living in regional/remote locations are met.                                                                                                                                |

| Priority                                                                                                                  | Initiatives                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Contribute to building a culturally competent workforce to meet the health needs of Aboriginal people and communities. | 6.1 Develop workforce capability to meet the health and treatment needs of Aboriginal people, including encouraging the employment and training of more Aboriginal people to work in primary health care, including the AOD and mental health sector.                                                            |
|                                                                                                                           | 6.2 Work with stakeholders to develop incentives and support mechanisms for Aboriginal health professionals to return to their communities to practice health care on a short-, medium-, and long-term basis.                                                                                                    |
|                                                                                                                           | 6.3 Facilitate access to education and training in cultural awareness and cultural competency for WAPHA stakeholders including: <ul style="list-style-type: none"> <li>• commissioned services and primary care providers such as GP's, pharmacy, and allied health</li> <li>• WAPHA advisory groups.</li> </ul> |
|                                                                                                                           | 6.4 Support commissioned providers to create a culturally safe workplace that will enable employment and retention of Aboriginal staff in line with the WAPHA Cultural Competency Framework.                                                                                                                     |
|                                                                                                                           | 6.5 Encourage Aboriginal leadership across all areas of primary health care and work with key partners to promote access to training that will support development and progression of Aboriginal people working in the health sector.                                                                            |








# 4. Platforms and Programs

## 4.1 Platforms

WAPHA has identified several platforms to support the delivery of commissioned Aboriginal health services.

A platform refers to one of WAPHA's flagship initiatives, which serve as both a foundation upon which programs can operate and a gateway to primary health care. Platforms help integrate systems of care and ensure the needs and preferences of consumers/patients are the core focus. The table below provides an overview of the key platforms, including a description and a commissioning strategy for each.

| Platform                                                                                                    | Platform description                                                                                                                                                                                                                                                                                                                                                                                                                                   | Strategy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                            | Practice Assist provides guidance, leadership and tools to build sustainable business models for general practices throughout WA.                                                                                                                                                                                                                                                                                                                      | <p>Continue to develop, update, localise and promote the use of Aboriginal health information and resources.</p> <p>Promote the use of the IHPO portal to support engagement with Aboriginal patients and build cultural safety within the practice.</p>                                                                                                                                                                                                                                                                                                                                                                      |
|                           | An online portal providing clinicians with clear and concise guidance for assessing, managing, and referring patients across WA.                                                                                                                                                                                                                                                                                                                       | <p>Continue to develop, update, and promote the Aboriginal health specific and related pathways.</p> <p>Utilise the pathways to promote available services and support education, training, and other activities to improve the interface between primary care practitioners and specialists working in a community or acute/hospital setting.</p>                                                                                                                                                                                                                                                                            |
|  <p>My Health Record</p> | An online summary of an individual's health information, allowing access to patient health information across different health settings and locations. Use of My Health Record can support the management of chronic disease as it enables health professionals to better manage complex care, particularly when patients move between health providers or geographical locations. It also contributes to clients' self-management of their condition. | <p>Continue to promote the uptake and use of My Health Record by consumers to increase health literacy and by registered health care providers across the continuum of care to access information such as:</p> <ul style="list-style-type: none"> <li>• hospital discharge summaries</li> <li>• shared health summaries</li> <li>• event summaries</li> <li>• significant health events</li> <li>• MBS and PBS history and up to date medications</li> <li>• medication, prescription and dispense records</li> <li>• e-Referrals and specialist letters; and</li> <li>• pathology and diagnostic imaging reports.</li> </ul> |



An online directory of local health, social and community services across the state.

Continue to promote the uptake and use of My Community Directory by consumers and registered health care providers across the continuum of care to access up to date and place-based information.

Seek collaborations with local governments and other community and health agencies to adopt and encourage use.



Primary Health  
**exchange**

This page supports Integrated Team Care (ITC) Program staff in the sharing of information, learning, ongoing evaluation and continuous quality improvement in the delivery of the ITC Program.

Continue to promote the uptake and use of Communities of Practice for ITC Program staff.



## 4.2 Programs

WAPHA commissions Aboriginal health programs that have been designed to meet specific Aboriginal health needs. The table below and subsequent pages provide an overview of our dedicated programs with a focus on Aboriginal people, including their scope, individual strategy, and the guidance to follow when commissioning.

WAPHA commission other universal programs<sup>16</sup> that are also available to and accessed by Aboriginal people.

| Program                           | Scope                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Commissioning Strategy / Areas of Focus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Guidance / Evidence                                                                                                                                                                             |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Integrated Team Care (ITC)</b> | <ul style="list-style-type: none"> <li>Contributes to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through access to care coordination, multidisciplinary care, and support for self-management</li> <li>Improves access to culturally appropriate mainstream primary care services (including but not limited to general practice, allied health, and specialists) for Aboriginal and Torres Strait Islander people.</li> </ul> | <ul style="list-style-type: none"> <li>Work in partnership with Aboriginal and primary care stakeholders to ensure new and existing ITC service models across the State meet the identified needs of the community</li> <li>Support organisations and workforce involved in delivering the program to develop skills and knowledge relevant to care coordination including engagement with general practices and promotion of the Flinders Training Program in self-management</li> <li>Evaluate current services based on need, access, equity, service integration, patient outcomes, quality of care, sustainability, and value for money and in line with the quadruple aim</li> <li>Implement recommendations from the WAPHA Internal ITC review.</li> <li>Contribute to the development and implementation of strategies to recruit, train, and retain Aboriginal staff in both mainstream and Aboriginal-specific services</li> <li>In consultation with ACCHS, Aboriginal people and other key partners implement strategies to provide more culturally appropriate services for Aboriginal people that are delivered by Aboriginal people</li> <li>Commit to a process of continuous quality improvement to enhance aspects of the program that ensure better outcomes are achieved for all stakeholders.</li> </ul> | <p><b>ITC Commonwealth Government Guidelines</b></p> <p><b>WAPHA Activity Work Plan</b></p> <ul style="list-style-type: none"> <li>Perth South</li> <li>Perth North</li> <li>Country</li> </ul> |

<sup>16</sup> These programs are outlined in separate health priority strategy documents.

|                                                   |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Indigenous Alcohol and other Drug Services</b> | <p>Culturally appropriate alcohol and other drug treatment and support services for Aboriginal people of all ages.</p>                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>• Work in partnership with Aboriginal stakeholders to ensure new and existing service models are culturally appropriate and informed by evidence of what works</li> <li>• In consultation with ACCHS, Aboriginal people and other key partners implement strategies to provide more culturally appropriate services for Aboriginal people that are delivered by Aboriginal people</li> <li>• Support opportunities for both alcohol and other drug service providers and ACCHS to share information and lessons learned about how best to meet the needs of Aboriginal people</li> <li>• Contribute to the development and implementation of strategies to recruit, train, and retain Aboriginal staff in both mainstream and Aboriginal-specific services</li> <li>• Development of localised and culturally appropriate Aboriginal-specific mental health, suicide prevention, and AOD care pathways in HealthPathways.</li> </ul> | <p>Guidance for Primary Health Networks: Commissioning of Alcohol and Other Drug Treatment Services (Not publicly available)</p> <p>WAPHA Cultural Competency Framework (in development)</p> <p><b>National Treatment Framework</b></p> <p><b>National Quality Framework</b></p> <p>Resources:<br/><b>Strong Spirit Strong Mind</b></p> <p><b>AOD Knowledge Centre</b></p> |
| <b>Indigenous Mental Health Services</b>          | <p>WAPHA commissions culturally appropriate mental health services for Aboriginal people across Western Australia. Services aim to improve access to counselling and to medical and non-medical professional services for individuals who experience mental health issues and problematic alcohol and other drug use.</p> | <ul style="list-style-type: none"> <li>• Review existing commissioned activity to ensure cultural appropriateness and alignment with social and emotional wellbeing principles</li> <li>• Work in partnership with Aboriginal stakeholders and consumers to design mental health and suicide prevention service models that are culturally appropriate and operate within a social and emotional wellbeing framework</li> <li>• Work closely with State Government partners to ensure coordinated approaches to service model development, evaluation and commissioning of Aboriginal Mental Health and Suicide Prevention services</li> <li>• Support the development of cultural competence and capability across commissioned services and general practice</li> </ul>                                                                                                                                                                                                   | <p><b>PHN Primary Mental Health Care Programme Guidance - Aboriginal and Torres Strait Islander Mental Health Services</b></p>                                                                                                                                                                                                                                             |



## 5. Place

The provision of health care services across WA is not uniform. This has a profound effect on health care utilisation and outcomes. The variation is largely due to misaligned governance, planning and funding and the consequence is a multiplicity of providers, with competing and overlapping objectives and incentives and little integration. The health care system is unbalanced because the drivers are. Simply funding more services in places (locations) that have higher than average rates of disadvantage, for example, will not fix the problem. It is more complex and requires a systemic, multi-level approach in partnership with others.

Given our limited resourcing and important role in supporting general practice, WAPHA must be deliberate in where it directs investment. Commissioned services that can be provided virtually (telephone, internet) will be available to people irrespective of their location, while in-person services will be developed as suites of place-based offerings.

Determining the priority locations for place-based services involves a balance of what can be achieved in terms of maximising individual benefit relative to the level of unmet need. Our place-based decision making is informed by:

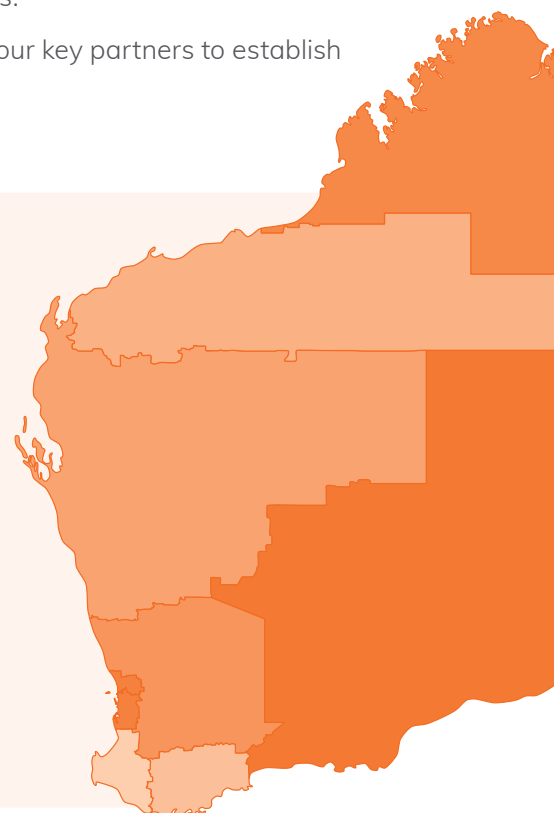
- An understanding of existing supply. We will work in partnership with stakeholders to understand the whole system before we commission
- Iterative needs assessments, including population health analysis and consultation with clinicians, community, service providers and partner agencies. We will ensure our commissioning decisions are well-defined, justified and transparent
- Existence of critical dependencies. We will prioritise investment in locations that offer the conditions, workforce, and infrastructure conducive to making an impact.

To achieve person-centred, quality care (that is holistic), and to maximise finite resources, WAPHA has identified the following parameters (critical dependencies) that need to be present in a place:

1. A collaborative approach to system integration among stakeholders
2. Accessible general practitioners with appropriate scope and local knowledge
3. Access to social services e.g. housing, financial and employment supports
4. Pathways to care integration and coordination
5. Service infrastructure to respond to specific groups e.g. youth, older adults.

Where these dependencies are not in place in a location, we will work with our key partners to establish these critical conditions, so programs can be successful in the future.

***“We recognise that for Aboriginal people, ‘place’ means more than the physical location of residence. Connection to culture, family and community is central to the health and wellbeing of Aboriginal people. Community is where we live, support family, maintain our connections to country and culture and go to school and work. These factors are important in developing a strong sense of community. We need to feel safe in our community and know we can find help, including health services close by if we need them. Maintaining and developing the connections between community and services is important in developing healthy communities.”<sup>17</sup>***



17 WA Aboriginal and Torres Strait Islander Health and Wellbeing Framework 2015-2030

## 6. Performance

As articulated in our strategic plan, WAPHA's priorities include *continuously improving primary health care practice and commissioning services in a planned and targeted way*. To achieve these priorities, WAPHA is developing key frameworks to monitor, evaluate and measure success;

1. **Commissioned Services Performance Management Framework** - enables commissioned service providers to be clear on WAPHA's expectations in relation to service delivery and how performance will be measured. The Framework supports a shared understanding of performance objectives and indicators between WAPHA and service providers and support greater clarity in the commissioning process.
2. **Evaluation Framework** - outlines our approach to integrate evaluation across all elements of the commissioning cycle and evaluate the fidelity, quality, effectiveness, impact, and value for money of programs and services.
3. **Cultural Competency Framework** (in development) - will ensure cultural safety for WAPHA, commissioned services, and the clients accessing services.

The PHN Program Performance and Quality Framework<sup>18</sup> assists to measure how our functions and activities contribute towards achieving PHN objectives. The following performance indicators are specific to PHN Aboriginal health activities:

- IH1 Numbers of ITC services delivered by PHN
- IH2 Types of organisations delivering ITC services
- IH3 Evidence that all drug and alcohol commissioned services are culturally appropriate for Aboriginal and Torres Strait Islander people
- IH4 Proportion of PHN commissioned mental health services delivered to the regional Aboriginal and Torres Strait Islander population that were culturally appropriate
- IH5 ITC improves the cultural competency of mainstream primary health care service
- IH6 PHN provides support for Aboriginal and Torres Strait Islander identified health workforce
- IH7 ITC processes support Aboriginal and Torres Strait Islander people enrolled in the program to access coordinated care
- P9 Rate of GP team care arrangements/ case conferences
- P12 Rate of potentially preventable hospitalisations for Aboriginal and Torres Strait Islander people
- IH8 Rate of Aboriginal and Torres Strait Islander population receiving specific health assessments
- To be developed: indicators on contribution to closing the gap and Aboriginal and Torres Strait Islander experiences of care; Patient experience of cultural appropriateness.

### WAPHA's strategy for commissioned programs and services includes:

#### EVALUATION

Evaluating programs and services to assess impact, identify opportunities for continuous improvement (using evidence and data), confirm specific location demand and ensure alignment with Australian Government PHN guidance materials.

#### SERVICE PROVIDER PERFORMANCE

Assessment of service provider's performance against the WAPHA's Commissioned Services Performance Management Framework, with further consultation if required.

#### SYSTEM CONNECTION

Ensuring services are not operating in isolation and are connected to primary care and other services within the local health care system.

#### PRIORITY LOCATIONS

Assessing whether there are other locations where a service should be a priority for implementation.

#### BEST PRACTICE

Ensuring all services operate in line with best practice approaches.

#### BENCHMARKING

Develop benchmarking to inform/improve program outcomes based on regular program level evaluation.

18 <https://www.health.gov.au/sites/default/files/documents/2021/04/primary-health-networks-phn-performance-and-quality-framework-phn-performance-and-quality-framework.pdf>





## Acknowledgement

WA Primary Health Alliance acknowledges and pays respect to the Traditional Owners and Elders of this country and recognises the significant importance of their cultural heritage, values and beliefs and how these contribute to the positive health and wellbeing of the whole community.

## Disclaimer

While the Australian Government Department of Health and Aged Care has contributed to the funding of this material, the information contained in it does not necessarily reflect the views of the Australian Government and is not advice that is provided, or information that is endorsed, by the Australian Government. The Australian Government is not responsible in negligence or otherwise for any injury, loss or damage however arising from the use or reliance on the information provided herein.

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