NSW GOVERNMENT | Health
Far West
Local Health District

Far West Local Health District

Strategic Plan

2021-2026

Acknowledgment of Country

The Far West Local Health District (FWLHD) acknowledges the Traditional Custodians of the lands across our footprint, the traditional lands of the Barkandji, the Muthi Muthi, the Wilyakali, the Ngiyampaa, the Wadigali, the Malyangaba, and the Wangkumara peoples. We pay respect to Elders past and present. We acknowledge the Aboriginal people currently living in our region, and those working for the District.

We acknowledge the continuing connection to lands, waters and communities; and the privilege we have to live and work on Aboriginal lands. We celebrate the rich history of Aboriginal culture and recognise the strengths and diversity of Aboriginal nations across our District. The lands of the Far West are Aboriginal land – always and evermore.

Contents

Our Why

The Far West is a large and culturally diverse region with a rich and enduring heritage, cultural practices and traditions. Our communities are resilient, progressive and innovative, with a strong spirit of connectedness.

We strive for excellence in rural and remote health care in the provision of our services across the region. However, health and wellbeing outcomes across our region remain persistently lower than in other regions across NSW. These outcomes are particularly poor for the Aboriginal population. This plan evidences our ongoing commitment to improve those outcomes and deliver excellence in health care regardless of geographic location.

Through the Aboriginal Health Framework, we recognise that listening to Aboriginal communities is the vital first step, and we commit to learning from and strengthening relationships with Aboriginal staff, partners and community as we work and partner together to build a culturally proficient organisation that provides culturally responsive services.

This strategic plan recognises the directions and actions we must take to make significant gains in the health and wellbeing outcomes of Aboriginal people and communities across the District.

Delivering health care across such a large and diverse region presents many complex challenges. Such challenges, like our remoteness, also enable us to think differently and creatively about service design and models of care that better meet the needs of our communities.

The 2021-2026 Strategic Plan commits us to lifting the health outcomes for all in our communities and achieving our vision of "Excellence in rural and remote health".

THE PLAN OUTLINES:

- How we aspire to achieve excellence through applying our CORE values of collaboration, openness, respect and empowerment
- The commitments we are making
- The priorities we will deliver on over the next 4 years
- How we will measure success
- The governance and accountability mechanisms

The plan has been developed and made stronger through a range of consultations and engagement activities with many of our staff, with key partners, with our leadership and executive teams and with our Board.

Successful implementation of the Plan will require the joint efforts of our workforce, our partners and our communities – all have a role to play. For our part, we will continually listen to and work with our patients to better understand and meet their needs, and to collaborate with partners, communities and other service providers to design and deliver the best health care services possible.

Umit Agis
Chief Executive

Andrew Refshauge
Board Chair

The District provides a range of public health services across a geographical area of nearly 200,000 square kilometres the most sparsely populated region in NSW with a population of just over 30,000 residents.

We operate nine primary, community and multi-purpose services across the region, as well as Broken Hill Health Service the major rural referral centre providing a range of inpatient and outpatient services. We maintain strong healthcare links with our closest partners in South Australia and Victoria.

Tibooburra

White Cliffs

Wilcannia

Broken Hill

Menindee

Ivanhoe

Wentworth

Dareton

Balranald

Our population and region[1]

194,949km(2)

30,144 residents – projected to decrease down to 27,250 by 2031

18% aged 65+ - projected to increase to 29% by 2036

13% from Aboriginal or Torres Strait Islander background

8.9% speak a language other than English at home

SERVICES AND ACCESS IN 2020/21[3]

Over 800 staff (FTE)

$131M Annual Budget

22,811 ED presentations; 3817 identified as Aboriginal

8,400 Admitted patients; 1844 identified as Aboriginal

153,207 Non-admitted patients (including outpatients, community health, hospital in the home); 20686 identified as Aboriginal

14,614 Mental health ambulatory contacts

187 Births in health facilities

3,485 Ambulance presentations

1,904 Surgeries

20,040 Occasions of telehealth services (including audio)

Health of our population[2]

There are greater health needs in our communities compared to other parts of NSW, this is especially the case for Aboriginal people in Far West.

On many indicators the health of people in Far West NSW is relatively poorer than other NSW communities.

Mortality rate: FWLHD > NSW by 31% with leading causes circulatory diseases (26% of deaths), malignant neoplasms (cancer) (27%)

Potentially avoidable deaths: FWLHD > NSW by 79%

Hospitalisation rates: FWLHD > NSW by 6%; hospitalisation among Aboriginal people more than twice that of non-Aboriginal residents.

PRIORITY HEALTH ISSUES IDENTIFIED IN THE 2020 ANNUAL REPORT (1)

Ageing related

Drought-impacted mental health

Drug and alcohol use

Chronic obstructive pulmonary disease

Diabetes related conditions

Intentional self-harm

References:
1. NSW Health Annual Report 2020
2. Health of the Population. Western NSW Health Needs Assessment. Health Intelligence Unit, Western NSW Local Health District, February 2020.
3. 2020/21 – FWLHD data

At a Glance

Our vision	Excellence in Rural and Remote Health			
Our values	**Collaboration** We are committed to working collaboratively with each other to achieve the best possible outcomes for our patients.	**Openness** We are open about the care we provide to patients, encouraging their feedback. Our staff are encouraged to speak up to promote a safety culture.	**Respect** We are committed to respecting the wishes and rights of our patients and their careers. Our staff experience respectful and safe workplaces.	**Empowerment** We empower staff and are committed to ensuring our patients are able to make well informed decisions about their care and treatment.
Our strategic directions	**A Welcoming Service** Delivering a welcoming service that demonstrates excellence in care, is safe, reliable, agile and culturally responsive.	**Models of Care** Investing in collaborative and innovative approaches that are designed to meet the particular needs and context ,and address health inequities.	**Workforce** Strengthening our workforce flexibility, capability and career opportunities. A focus on employment and development opportunities for local and Aboriginal staff.	**Aboriginal Health** Ensuring Aboriginal people have access to culturally responsive services, that uphold cultural protocols and provide culturally safe models of care.
Foundations for success	**Strong Partnerships**	**Clear, Accountable Systems**	**Technology and Virtual Care**	**Adaptive, agile systems and services**

Our Commitment

OUR SERVICES WILL:

- Provide welcoming, high-quality, safe, reliable, culturally safe and responsive services,
- Provide excellence in care, delivering health outcomes that matter most to patients and communities,
- Actively partner with patients, families, care partners and the community in the design and delivery of services to ensure they meet both individual and community needs.

What success looks like

1. Patients receive care in a way that matters to them,
2. Aboriginal patients access services and stay connected with the service until the completion of their care,
3. Feedback is timely, effective and managed consistent with our values.

What we want to achieve

1. Patients experience person centred and holistic care that is connected to family and loved ones, is compassionate, safe, timely and evidence based,
2. Patients have the information they need to make informed and empowered decisions about their health care,
3. Patients have choice and satisfaction through effective service pathways in an integrated healthcare system,
4. Health services are culturally responsive to the needs of Aboriginal people and communities.

How we will get there

1. Provide during the patient journey (including throughout the time outside Far West until safely home) real-time feedback and communication to staff and patients that is authentic, effective, holistic and clear,
2. Strengthen patient engagement through the adoption of action groups across all aspects of service delivery,
3. Provide clear referral pathways that are integrated and aligned across the service system,
4. Ensure genuine and authentic engagement with Aboriginal people, partners and community, designing and delivering culturally safe and responsive services that empower Aboriginal community to choose how they engage in care.

Our Commitment

WE WILL DESIGN AND DELIVER MODELS OF CARE THAT:

- Are based on strong, effective and adaptable forms of co-ordination and collaboration with a broad range of health and non-health partners and service providers,
- Provide appropriate access to high quality, reliable, safe, and culturally responsive health services, no matter where you live,
- Lead to both improved individual and population health outcomes,
- Are integrated with local service systems and tertiary services to provide connected care across the spectrum of community need across the Far West.

How we will get there

1. Invest in programs and initiatives that improve collaborative capability and innovative approaches to integrated models of care with partners, service providers and other stakeholders,
2. Develop integrated care models and localisation of services that better fit with the needs of each community,
3. Ensure all interventions take into account the full context of the person and that care plans incorporate the patient's journey home,
4. Provide a greater focus on care in the community, including a greater focus on prevention, promotion and primary care and keeping people well in their home,
5. Strengthen relationships with tertiary facilities to improve the patient journey, particularly for chronic care,
6. Enable communities to have greater agency and be stronger advocates for Aboriginal determined models of care through co-design, greater community participation and delivery on promised changes in service design and practice,
7. Form stronger partnerships Aboriginal community controlled services and partners to develop integrated models of care that improve patient experience outcomes and health system operations,
8. Embed culturally safe and responsive models of care in all partnership arrangements.

What we want to achieve

IMPROVED HEALTH OUTCOMES THROUGH:

1. Improved diagnosis and treatment, timeliness of service and patient satisfaction,
2. Consistent, high-quality care where patients feel valued, respected and have confidence the care they receive; models of care are patient-centered, ensuring that service will be welcoming and culturally safe,
3. High levels of responsiveness to the changing aspirations and needs of the local rural population and the capacity of local and other services to meet those needs,
4. A connected service system and integration of services across the Far West with primary care and community-based services to deliver improved health access and outcomes of the community,
5. Patients and staff are well-supported to make use of and benefit from health-related technology and virtual care.

What success looks like

MODELS OF CARE:

1. Provide appropriate access to meet the diversity of needs, in collaboration with stakeholders across the service system,
2. Deliver accessible, appropriate, and culturally responsive interventions at the right time, in the right place, by the most appropriate clinicians,
3. Make best use of available resources and avoid duplication through cross-sector collaboration and shared care platforms,
4. Utilise the latest technologies to enable access to our service for all our communities.

Our Commitment

WE WILL:

- Cultivate a diverse, valued and committed workforce that is well supported by the District,
- Develop a workforce that reflects the progressive and resilient communities across the outback region,
- Provide strong and clear education and training opportunities and pathways to current and future staff,
- Ensure the Aboriginal community is reflected at all levels across the organisation and the Aboriginal workforce is supported to work in a culturally appropriate way and to develop leadership capacities,
- Foster local collaborative partnerships enable pathways to recruit and develop the best local staff and provide opportunities for rewarding careers in the region,
- Our partnerships beyond the region ensure we access the best in virtual care and services through a responsive non-resident workforce.

What success looks like

1. High levels of staff satisfaction and engagement,
2. An employer of choice, attracting and retaining a skilled workforce,
3. CORE values consistently demonstrated,
4. Aboriginal workforce represents 13% of FTE across key professions and all tiers.

What we want to achieve

1. Workforce models that are creative, collaborative and flexible, meet service needs and optimise health outcomes for our community,
2. A professional reputation that aligns with the CORE values of the organisation,
3. Recruit and retain a highly skilled workforce,
4. Aboriginal workforce reflects the local population profile at all levels, whose cultural expertise is valued and they are supported in leadership positions.

How we will get there

1. Develop and implement a workforce plan, including succession planning, that connects to clinical and strategic outcomes, and is informed by the skills and capabilities across our health services,
2. Develop workforce models in collaboration with our staff, partners and stakeholders, that seek to grow our own workforce and provide, opportunities for clinical placements and career development across the region,
3. Carry out an organisational cultural review that addresses reputational factors involved in recruitment and retention and makes recommendations and action plans that lead us to becoming an employer of choice,
4. Establish a centralised recruitment and onboarding process that is more effective (positive, attractive) and efficient (timely, streamlined, etc), and enabling for a diverse range of candidates (culturally, academically, etc)
5. Undertake a capabilities and skills audit, and ensure that all staff regardless of location have access to learning and development, that enables confidence and competence in a rural, technology-enabled setting,
6. Develop and implement an Aboriginal Health Workforce Strategy.

We will improve Aboriginal health outcomes by ensuring:

WE WILL IMPROVE ABORIGINAL HEALTH OUT-COMES BY ENSURING:

- The District is accountable for providing culturally safe services, cultural protocols are respected and culturally responsive models of care mean Aboriginal people feel supported throughout their treatment and care. The cultural safety of the non-Aboriginal workforce continuously improves as part of a culture of learning,

- The health service builds strong, trusted, respectful and accountable relationships with the Aboriginal workforce, communities and partners supporting the principles of self-determination by enabling genuine co-design of services consistent with the Aboriginal Health Framework,

- Information is shared so patients can make informed choices and don't have to retell their story,

- There are safe and transparent processes to address complaints,

- The social and cultural determinants of health are addressed through strong partnerships across the service system.

What success looks like

1. Trusted, respectful relationships with Aboriginal people, communities and Aboriginal community controlled health services,

2. Improved health outcomes that matter to Aboriginal people,

3. Improved Aboriginal patient and staff experience.

What we want to achieve

1. A culturally responsive service, where the LHD is accountable for ensuring that Aboriginal people want to actively engage in their care and treatment,

2. Service plans for each community, developed in partnership to reflect their needs and how they want to access care and consistent with the Aboriginal Health Framework,

3. Strong partnerships with Aboriginal people, communities and Aboriginal community controlled health services developed consistent with the Aboriginal Health Framework,

4. Strengthening approaches to address the social and cultural determinants of health through collaborative relationships across the service system.

How we will get there

1. Develop the cultural safety and responsiveness of mainstream services by developing a plan that addresses structural, direct and indirect racism and supports the ongoing development of programs such as Respecting the Difference,

2. Ensure the experience of Aboriginal people and their families are culturally appropriate and inclusive when accessing care, and that there are robust mechanisms for feedback and complaints,

3. Enable the sharing of information across the service system to support patients to make informed choices and minimise the retelling of their stories,

4. Develop service plans in partnership with each community and the local service system, consistent with the Aboriginal Health Framework, ensuring Aboriginal people know how to access appropriate services,

5. Enact the principles of self-determination by investing in services that matter most to Aboriginal people through strengthening and increasing genuine partnership approaches developed under the Aboriginal Health Framework,

6. Promote and invest in approaches that address the social and cultural determinants of health through strong partnerships across the local service system and with community.
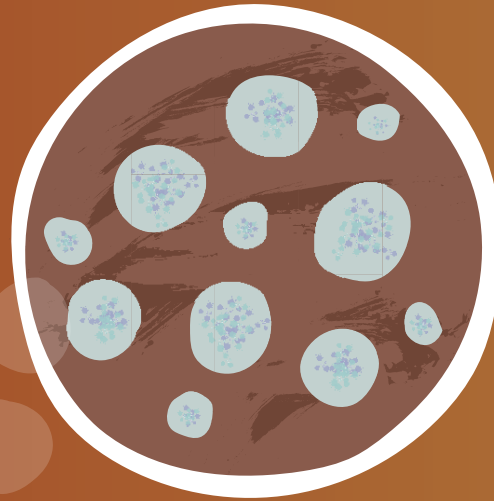
Strong partnerships

Strong and effective partnerships and collaborations are critical to the provision of high quality rural health services.

We have a broad range and types of partnerships with local health and non-health services and organisations as well as partnerships outside our region to ensure the full complement of services required.

Our partnerships seek to align with community need, remove duplication and maximise the effectiveness of delivery consistent with patient determined health outcomes.

OUR PRIORITIES ARE TO STRENGTHEN OUR PARTNERSHIPS AND COLLABORATION IN PARTICULAR REGARDING PATIENT TRANSFERS AND WITH:

1. Aboriginal community-controlled health services,
2. Tertiary and specialist providers,
3. Cross-border service providers,
4. Health Councils and other community representatives.

Clear, accountable systems

Our accountability systems are based on:

- a shared commitment to our purpose,
- clear roles, transparent performance expectations and lines of accountability,
- a commitment to deliver on time, every time,
- providing a culture of safety and pride in performance,
- connection to local needs.

OUR PRIORITIES ARE TO:

1. Ensure that partnership and governance arrangements are informed by front-line knowledge and embedded across the organisation,
2. Establish models of care that are clinically governed with patient input at the heart of the services they need,
3. Establish model of governance that optimise funding and possible shifts in macro funding,
4. Develop systems that improve access to virtual care records and reduce wait times.

Technology and Virtual Care

Technology and virtual care can be a strong enabler for rural health, helping overcome our relative isolation, improve diagnosis and treatment, increase timeliness, reduce inequities in the health service provision and deliver better patient satisfaction and experience.

Technology and virtual care work best when it is connected to community need and aspirations, is accessible, culturally responsive and enables patients to make informed choices about their health care and well-being.

OUR PRIORITIES ARE TO:

1. Increase our investment in IT infrastructure and capabilities, particularly for remote areas,
2. Increase virtual delivery and outreach to communities, through consultation and links to specialist and tertiary centres and local partnerships,
3. Improve patient/family engagement and their health care experience of technology
4. Ensure our virtual care is culturally responsive through active engagement with Aboriginal communities and organisations,
5. Strengthen partnerships with key partners and service delivery agencies to co-design and deliver greater efficiencies, reduce duplication, and find innovative ways to make best use of limited resources.

Adaptive, agile systems and services

We seek to ensure our systems are resilient, adaptable and responsive to increasing uncertainty, unpredictability and complexity.

OUR PRIORITIES ARE TO:

1. Ensure robust business continuity planning and management is in place to enable the District to maintain operational resilience in the event of a disaster,
2. Develop a sustainability strategy which will reduce our carbon footprint, minimise waste and strive to see that our services meet leading practice standards of environmental sustainability,
3. Develop an adaptive, agile, learning culture which builds the capacity and resilience of staff to respond to increasing uncertainty and complexity through mixed method capacity building approaches including developmental and experiential learning programs.

Governance and accountability

Delivery of our strategic plan will be led by the executive and requires the engagement and commitment of all staff to ensure its success.

The plan will be operationalised through the Organisational Governance Framework. Annual operational plans will be developed by the executive through the Chief Executive, providing detail on how the high-level strategies will be implemented.

These plans will identify priorities based on best available data and evidence, informed by a learning culture that continuously improves the way the District works with partners and community to improve health outcomes and the experience of patients and staff in receiving and delivering care.

Annual plans will determine key indicators for the high-level summary of success measures outlined in the Plan that will be monitored throughout the life of the Plan.

Oversight and monitoring is provided by the Board, which will receive regular reports on progress against the plan.
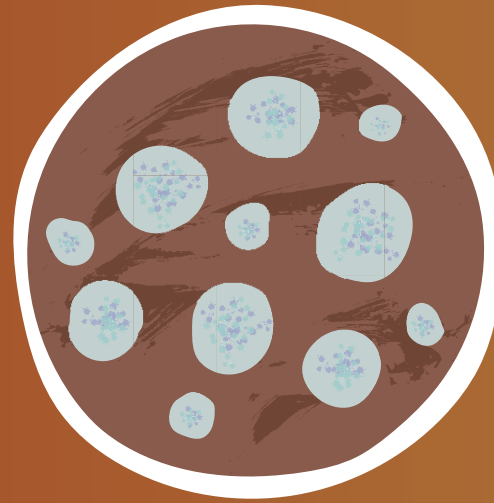
Appendix 1: Glossary of Terms

Aboriginal Community Controlled Health Organisation (ACCHS): refers to a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it (through a locally elected Board of Management).

Collaborative care: The result of multiple providers communicating with each other, working together with the patient to diagnose, plan and implement treatment.

Cultural competence (1): A set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals to enable that system, agency or those professionals to work effectively in cross-cultural situations.

Cultural practices and traditions (2): Aboriginal people keep their cultural heritage alive by passing their knowledge, arts, rituals and performances from one generation to another, speaking and teaching Aboriginal languages and protecting cultural materials and sacred and significant sites. Aboriginal cultural activities demonstrate that Aboriginal cultures are living, through maintenance and practice of ceremonies and other activities in accordance with protocols. Engaging in Aboriginal cultural activities provides a practical means of recognising and respecting the unique position of Aboriginal peoples as the traditional owners of the land with a rich and unique heritage of customs and beliefs.

Cultural responsiveness (1): : Refers to health care services that are respectful of, and relevant to, the health beliefs, health practices, cultures and linguistic needs of Aboriginal consumer/patient populations and communities. Cultural responsiveness describes the capacity to respond to the health care issues of Aboriginal communities. It is a cyclical and ongoing process, requiring regular self-reflection and proactive responses to the person, family or community interacted with. It thus requires knowledge and capacity at different levels of intervention: systemic, organisational, professional and individual.

REFERENCES:

1. National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026
2. NSW Health Aboriginal Cultural Activities Policy
3. NSW Health Aboriginal Mental Health and Wellbeing Strategy 2020-2025

Appendix 1: Glossary of Terms

Cultural safety (1): Identifies that patients are safest when health professionals have considered power relations, cultural differences and patients' rights. Part of this process requires health professionals to examine their own realities, beliefs and attitudes. Cultural safety is not defined by the health professional, but is defined by the health consumer's experience—the individual's experience of care they are given, ability to access services and to raise concerns.

The essential features of cultural safety are:

a. An understanding of one's culture

b. An acknowledgment of difference, and a requirement that caregivers are actively mindful and respectful of difference(s)

c. It is informed by the theory of power relations; any attempt to depoliticise cultural safety is to miss the point

d. An appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on First Nations people's living and wellbeing, both in the present and past

e. Its presence or absence is determined by the experience of the recipient of care and not defined by the caregiver.

District: refers to the Far West Local Health District (FWLHD)

Holistic health (3): acknowledges the Aboriginal concept of mental health and wellbeing as a harmonious interconnection between mental, physical, emotional, social, cultural and spiritual elements while emphasising the importance of connection to country, family and community. When the harmony of these elements is disrupted, ill health may arise and/or persist.

Appendix 2: How the plan was developed

FWLHD acknowledges the hundreds of staff, patients, carers, community, partners, stakeholders and Board members who provided valuable contribution to develop this strategic plan. The plan was developed in five phases, with an Steering Group comprising members of the Board the executive oversighting the process.

PHASE 1: BOARD AND EXECUTIVE WORKSHOP

A day-long workshop with the Board and executive delivered a set of high-level interrelated areas for strategic action.

PHASE 2: VISIONING WORKSHOPS WITH LHD STAFF

Four workshops engaged a diverse cross-section of staff across the LHD (46 staff in total) to consider: If we were excelling in all aspects of our work, what would we see? The output of these visioning sessions was synthesised together with the report from the Board workshop to provide the Steering Group with draft commitment statements under each of the areas of strategic focus, as well as an early sense of the strategic directions. The exception was Aboriginal health, where there was not sufficient input from Aboriginal staff to progress this.

PHASE 3: STAKEHOLDER WORKSHOPS TO DEVELOP STRATEGIC DIRECTIONS

Seven half-day stakeholder workshops were conducted with a mix of staff and external partners, stakeholders and community representatives, except one workshop conducted with Aboriginal staff only. Over 70 people participated. The workshops were focused on:

- A Welcoming Service
- Models of Care (2 workshops)
- Workforce
- Aboriginal Health – staff workshop
- Aboriginal Health – external partners, organisations, community
- Technology and Virtual Care

These workshops tested and refined the commitment statement for the particular area of strategic focus and explored the strategic directions and actions the LHD would need to take to deliver on this commitment. The output delivered: refined commitment statements, a draft set of strategic directions, priority actions and measures of success; as well as enabling foundations for success.
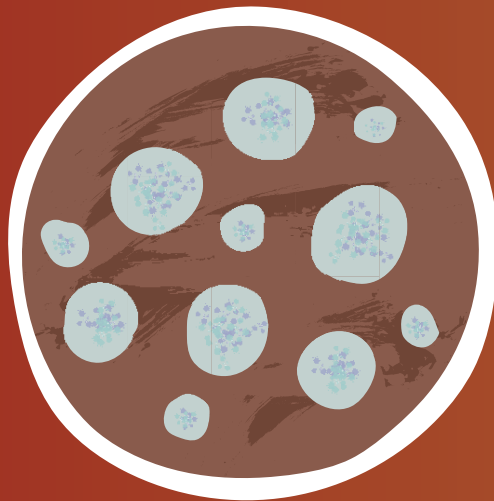
PHASE 4: EXECUTIVE TEAM WORKSHOP

The executive team strengthened and refined the strategic directions and actions.

PHASE 5: BOARD WORKSHOP

The Board provided input to finalise the Strategic Plan.