

Recommendations detailed in the 'Review of the Western Australian Aboriginal Environmental Health Program'

Part A: Recommendations related to Procurement and Contract Management

Theme	Recommendation		Sub-recommendation
1. Finance	WA Health commits to sustained investment for ongoing funding of the AEH Program, with increased funding to strengthen current Program activities and Aboriginal leadership and address needs outside the remit of the current AEH Program	1.1	WA Health assures continued funding, procurement and support for the AEH Program with a formal commitment for sustained investment to support the Program.
		1.2	WA Health fund additional FTE for dedicated senior Aboriginal personnel within the AEH Program team to provide greater Aboriginal leadership with Program decision-making and delivery.
		1.3	WA Health increase funding for the AEH Program, and more broadly the Public and Aboriginal Health Division of WA Health, to strengthen prevention and health promotion in AEH, in alignment with Enduring Strategies 1 and 3a of the Sustainable Health Review and the Climate Health Inquiry, comprising: <ul style="list-style-type: none"> • a designated budget that enables a greater focus on targeted culturally secure prevention efforts for Aboriginal people as determined through co-design; and • tender assessments are undertaken at a regional level, with Aboriginal participation.
		1.4	Expand funding to additional regions (e.g. South West, Wheatbelt, Great Southern and greater Perth Metropolitan areas), with specific targets (determined through co-design with the Aboriginal community-controlled sector) based on need, population size, service access levels, and nature of environmental health conditions.
		1.5	Co-designed AEH Program Service Agreements include contract management processes undertaken by Purchasing and Systems Contracting Unit for governance support and capability development.
2. Leadership & Governance	Establish a clearer delineation between (i) AEH Program coordination and operations and (ii) AEH service provider contract procurement and management within WA Health, and incorporate greater levels of Aboriginal leadership in identifying areas for essential service procurement.	2.1	Define clear roles and responsibilities through co-design for the WA AEH Program (and related policy teams) and the Purchasing and Systems Contracting Unit in WA Health to commission AEH service providers through contemporary best-practice procurement and contract management activities.
		2.2	To leverage cross-sectoral strategic and implementation structures, the WA Health Director-General advocates for a greater focus on whole-of-government approaches to AEH issues with counterparts from other government departments, through the Aboriginal Affairs Coordinating Committee, and other appropriate whole-of-government mechanisms in the context of meeting Priority Reform 2 and the targets in the WA Closing the Gap Jurisdictional Implementation Plan.
		2.3	Facilitate essential service procurement with community infrastructure providers, including increasing opportunities for ACCOs to deliver co-designed contracted services to their communities by investing in services that support:

			<ul style="list-style-type: none"> • ACCO capacity building in environmental health; • increased collaboration and partnership between existing ACCOs, supporting opportunities for co-design; and • increased collaboration and culturally secure partnerships between ACCOs and mainstream community sector organisations, supporting opportunities for co-design.
3. Data, Evidence & Research	As part of the AEH Program, evidence-based models guide all service agreements with appropriate monitoring and evaluation aligned with data sovereignty principles.	3.1	<p>All AEH Program Service Agreements to be based on strategic program logic (see Options Paper), with appropriate monitoring and evaluation of the AEH Program aligned with AHWF outcome measures through a contract reporting framework:</p> <ul style="list-style-type: none"> • as per the Sector Support for Sustainable Aboriginal Community Controlled Health Services in WA6; and • aligned with contemporary procurement practices as currently used for the contracting of AHCWA services by WA Health
4. Community Capacity Building	Establish mechanisms through co-design to strengthen the capacity and capability of ACCO services and businesses to provide services funded under the AEH Program	4.1	Approach and endorse AHCWA, under a broadened remit, to provide governance and capability development for ACCOs to increase capacity to provide AEH contracted services. That this be reflected in AEH Program Service Agreements, so it can be triggered (based on co-designed measures) as part of the contract management process, as per the Sector Support for Sustainable Aboriginal Community Controlled Health Services in WA.
		4.2	Mandate ACCO-restricted procurement where there is an established ACCO with demonstrated capability and capacity in AEH. When these conditions are not met, procurement activity mandates formalised partnerships with local AMSs, ACCHOs and/or ACCOs.
		4.3	Continue awarding contracts to Aboriginal businesses and purchasing of goods, services, and community services/works per the WA Government's Buy Local and Aboriginal Procurement Policies.
		4.4	Build into AEH Program Service Agreements the requirement of AEH service providers to hold and report on community forums and meetings used to produce CEHAPs, or other suitable community planning tool(s).

Part B: Recommendations related to AEH Program Management

Theme	Recommendation		Sub-recommendation
5. Leadership & Governance	Develop whole-of-government strategies incorporating Aboriginal leadership across AEH and other relevant sectors.	5.1	The EHD, inclusive of additional dedicated senior Aboriginal personnel (see Recommendation 1.2), in collaboration with the Aboriginal Health Policy Directorate, facilitate cultural leadership and governance of the AEH Program.
		5.2	Embed Aboriginal leadership and governance in AEH Program planning, implementation and evaluation through formalised consultation with regional Aboriginal Health Planning Forums, with agenda items including (but not limited to): <ul style="list-style-type: none"> • Regional AEH issues and local solutions; • Consideration of regional PHC data; and • Co-design of regional AEH policy and programs.
		5.3	Through the above mechanisms, the EHD facilitate co-design of the implementation of the proposed model of the AEH Program (as described in the Options Paper, and as mandated through National enHealth planning).
6. Workforce Support & Training	Innovate and expand AEH workforce training, including strategic planning and funding for employing community-based workers.	6.1	Continue collaborating with accredited training organisations to co-design AEH content and processes with AHCWA to enable appropriate and accessible training options for AEH and community-based workers.
		6.2	WA Health to establish and fund a designated Aboriginal training/supervisory position, aligned with industrial awards and conditions, within an appropriate ACCO to coordinate the ongoing training of AEH workers.
		6.3	Service providers include a training focus on data and computer literacy of the AEH workforce—in order to be funded—to improve understanding around the need for quality data collection to improve monitoring and continuous improvement in the delivery of AEH Program outcomes.
		6.4	Provide contractual opportunities for AEH service providers to work at a regional level with Community Development Program (CDP) providers to engage CDP participants through local Aboriginal Environmental Health Worker (AEHW) training and employment opportunities.
		6.5	In partnership with service-based experts, update the enHealth Environmental Health Practitioner Manual (2010) to National Standards, including Healthy Living Practices and aligned with Certificate II curriculum.

7. Data, Evidence & Research	Improve the collection, analysis, dissemination, and use of data to routinely monitor and evaluate AEH Program services, activities and outcomes.	7.1	Implement a routine reporting process beyond solely activity-based data to incorporate outcomes-based reporting, with outcomes in line with those recommended in the Options Paper and determined through co-design. Provide training to service providers on the new reporting requirements to standardise information for improved collation and evaluation.
		7.2	Integrate PHC data into the routine monitoring of environment-related disease burden and AEH Program outcomes.
		7.3	The EHD, Epidemiology Branch and AHCWA, in collaboration with clinicians, co-design and develop an appropriate methodology to measure environment-attributable disease burden that can be applied across all WA regions.
		7.4	The WA Epidemiology Branch produce regular reports (at least annually) to monitor the burden of environment-attributable hospitalisations and deaths among Aboriginal Western Australians aligned with reporting on Closing the Gap progress. Deliver these reports to the EHD and make them publicly available to inform all stakeholders and assist a whole-of-government approach, maintaining principles of data sovereignty.
		7.5	Support co-designed, culturally responsive and community directed or endorsed research projects with findings implemented to improve AEH outcomes.
8. Health Prevention & Health Promotion	Collaborate with ACCHS and the WA Country Health Service (WACHS) to develop strategies promoting environmental health as key to broader health care responses.	8.1	WA Health strongly advocate for community-led, co-designed, and culturally-responsive health promotion and disease prevention strategies as a core area of collaboration across whole-of-government.
		8.2	Expand on existing safe bathroom assessments to include all healthy home hardware and train the AEH workforce to undertake healthy home hardware assessments.
		8.3	AEH service providers to promote community engagement in routine 715 health checks to prevent and manage EH-related diseases.
9. Community Capacity Building	Develop a broad range of strategies to build community skills and capacity to implement and monitor responsive, sustainable environmental health programs.	9.1	Promote environmental health strategies identified by each community to generate sustainable change and improve outcomes.
		9.2	Through public notices, or other culturally-responsive mechanisms, keep communities informed on who is responsible for providing environmental services.
		9.3	EHD to provide resources (including training) to enhance the capacity of AEH service providers to engage with communities in identifying AEH needs and better understand and develop CEHAPs (or appropriate similar co-designed planning tool).
		9.4	Disseminate a summary of Review findings and recommendations to service providers, stakeholders and communities that contributed to the AEH Program Review evaluation.