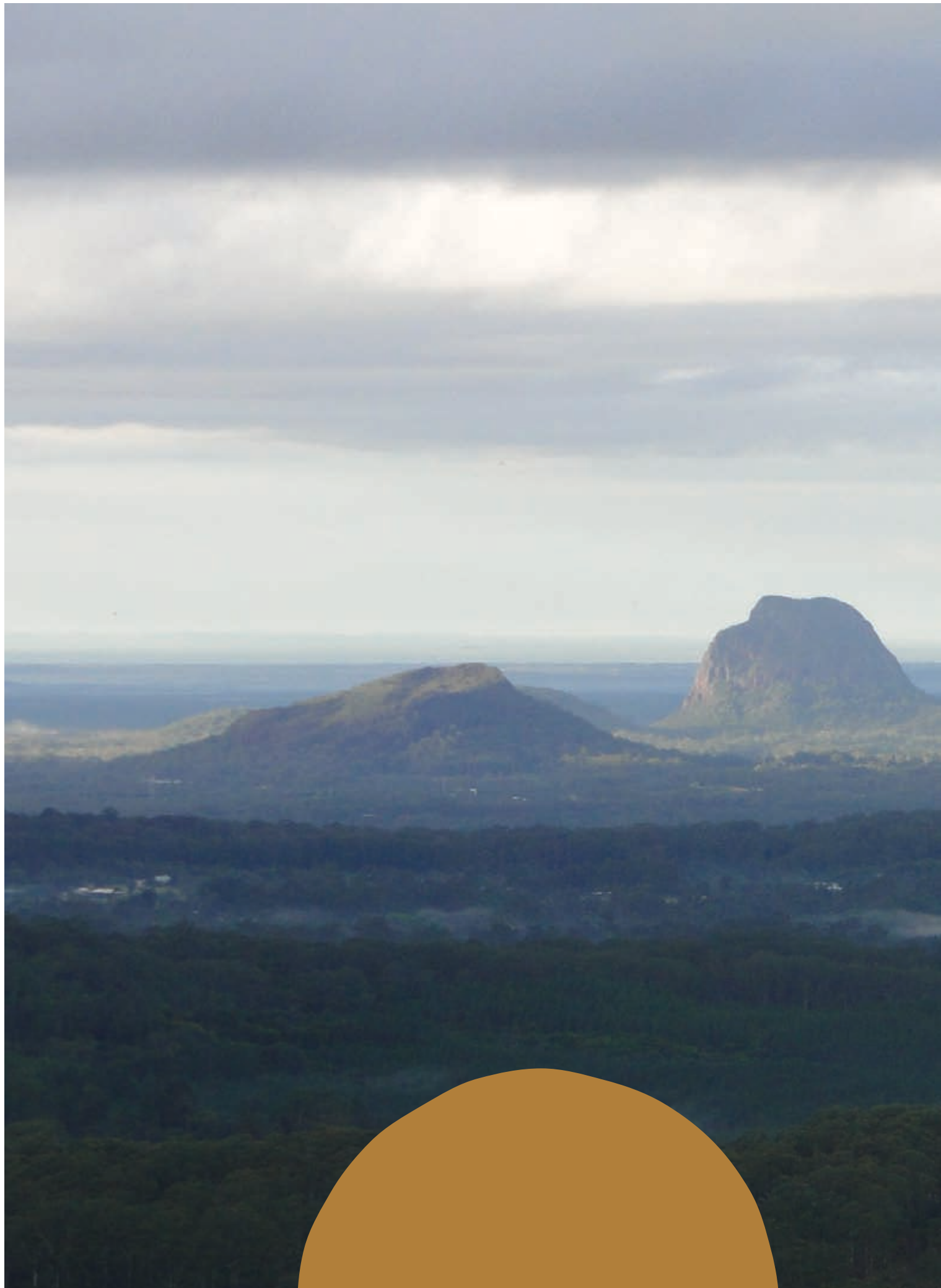




STRATEGIC PLAN 2010-2013





Contents

Our Vision	4
Our Role	7
Our History	8
Key Achievements	9
Our Challenges	10
Our Strategic Directions	13
QAIHC Organisational Structure	17
Appendix 1	18
Appendix 2	19

Our visi

*An empowered and sustainable
Aboriginal and Torres Strait Islander
Community Controlled Health
Sector in Queensland*



on

Our Mission

Aboriginal and Torres Strait Islander health leadership in advocacy and Community Controlled sector development in Queensland.

Our Statement of Intent

All Aboriginal and Torres Strait Islander Queenslanders have the right to access equitable and high quality health care regardless of where they live in Queensland. An equitable health system is one that is culturally competent and recognises people's connection to country and cultural wellbeing as an essential element to achieving a state of wellness. Empowering and valuing Aboriginal and Torres Strait Islander people and communities in health care is the cornerstone of Community Controlled primary health care. Community Controlled health care means that care is by and for Aboriginal and Torres Strait Islander peoples. Passion to make a difference is the foundation of Community Controlled primary health care.

The evolving nature of the health system and Community Controlled Health care must be in synergy with the evolving nature of Aboriginal and Torres Strait Islander communities. QAIHC is committed to ensuring that all Aboriginal and Torres Strait Islander Queenslanders have access to the best quality health care.

Our Values

- Excellence
- Cultural Practice
- Leadership
- Honesty
- Respect
- Integrity
- Innovation
- Diversity
- Uniqueness

Principles of Community Controlled Primary Health Care

QAIHC adopts the principles of Community Controlled primary health care as set out by the National Aboriginal Health Strategy (1989) as the gold standard approach to improving the health status of Aboriginal and Torres Strait Islander people. These principles encompass:

- Aboriginal and Torres Strait Islander comprehensive primary health care;
- A holistic view of health which recognises health as not just physical health but encompasses the social, spiritual, and emotional health of Aboriginal and Torres Strait Islander peoples;
- Capacity building of Community Controlled organisations and communities to support local and regional solutions for health outcomes;
- Local Aboriginal and Torres Strait Islander community control and participation;
- Working across sectors in partnership and collaboration; and
- Recognising the interrelationship between good health and the social determinants of health.

QAIHC's Commitment to the Community Controlled Health Sector

To achieve our mission, we provide the following commitment to the Community Controlled Health Sector in Queensland. We undertake to provide:

- Strategic and equitable advocacy on behalf of the sector;
- Quality support services underpinned by professional practice to the sector;
- Responsive and timely communication with the sector;
- Support to Community Controlled Health Services to work together;
- Tailored support services to the sector based on local and regional priorities; and
- Support for the local autonomy of each Community Controlled Health Service.



Our Role



QAIHC's role as the peak body for the Aboriginal and Torres Strait Islander Community Controlled Health Sector in Queensland comprises:

- Promotion, development and expansion of comprehensive primary health care through Community Controlled Health Services;
- Liaison with Government, non-government and private sectors on Aboriginal and Torres Strait Islander health, including research;
- Building the capacity of Community Controlled Health Services and communities in planning, development and delivery of comprehensive primary health care to their communities; and
- Assessing health needs of Aboriginal and Torres Strait Islander communities and taking steps to meet identified priorities.
- QAIHC functions as a vital link between the Community Controlled Health Sector, Government and non-Government Health Sectors. Administration and coordination is undertaken by QAIHC Secretariat in Brisbane and regional offices in Townsville and Cairns.
- QAIHC is the Queensland Affiliate of the National Aboriginal Community Controlled Health Organisation (NACCHO).
- QAIHC works closely with the Aboriginal and Torres Strait Islander Community Controlled Substance Misuse Sector, auspicing the operation of its peak body – the Queensland Indigenous Substance Misuse Council (QISMC).

Our Membership

QAIHC Membership is open to Aboriginal and Torres Strait Islander Community Controlled Health Services in Queensland. Community Controlled Health Services are primary health care services initiated by local Aboriginal and Torres Strait Islander communities to deliver holistic and culturally appropriate health care to their communities. Their Boards are elected by local Aboriginal and Torres Strait Islander communities. The QAIHC Constitution also provides for Associate Membership for Aboriginal and Torres Strait Islander Health Organisations in the process of establishing a Community Controlled Health Service or delivery of health-related services to their communities.

QAIHC Membership currently comprises some twenty-seven (27) Community Controlled Health Services, operating throughout urban, regional, rural and remote Queensland.



Our History

The Queensland Aboriginal and Torres Strait Islander Health Council (QAIHC) is the state peak body representing, advocating and supporting Queensland's Community Controlled Health Services Sector (the Sector) in delivering comprehensive, primary health care solutions to their communities.

Our organisational history began in 1990 through the dedication and commitment of the Aboriginal and Torres Strait Islander leadership within the Community Controlled Health Sector. Originally established as the Queensland Aboriginal and Islander Health Forum (QAIHF) we provided a "voice" for the Community Controlled primary health care sector in Queensland. We were self-funded for six years until receiving funding resources from the Commonwealth Department of Health in 1996 when the Aboriginal and Torres Strait Islander Health Program transferred from the Aboriginal and Torres Strait Islander Commission (ATSIC).

Since 1990, the organisation has experienced significant growth in organisational capacity to represent and provide essential support services to the Sector. In 2004, the organisation was reconstituted under the Australian Investment and Securities Commission (ASIC) and assumed our current form as the Queensland Aboriginal and Islander Health Council.

In 2010, QAIHC represents a Community Controlled Sector that comprises of 27 Community Controlled Health Services and a number associate member organisations all sharing a passion and commitment to address the unique health care needs of their communities through specialised, comprehensive and culturally-appropriate primary health care. QAIHC continues to extend its commitment to improving Aboriginal and Torres Strait Islander health nationally through its close affiliation and board membership with the National Aboriginal Community Controlled Health Organisation (NACCHO).

Our Board of Management

QAIHC is governed by a Board of Management comprising elected representatives from each of the nine (9) QAIHC Regions, plus an Honorary Chairperson. The QAIHC Board is elected at biennial Annual General Meetings (AGMs). The QAIHC Chairperson is elected by the full QAIHC Membership.

Key Achievements

Good Corporate Governance	<ul style="list-style-type: none"> • Sustainable governance program • Constitution reform and incorporation under ASIC – regional Board of Directors and independent Chairperson • Strategic business practice focus • Increased membership base to 27 and associate member increase.
Transition to Community Control	<ul style="list-style-type: none"> • Transfer to community control policy framework • Supporting transition to community control in Cape York and Yarrabah through Apunipima Cape York Health Council and Gurriny Yealamucka Health Service • Supporting initiation of transfer to community in the lower Gulf of Carpentaria through Yippiippi Gulf Health Council
Health Policy	<ul style="list-style-type: none"> • Close the Gap implementation in Queensland • “Hero Rewards” initiative – PIP incentive strategy • Population health hub initiatives • Access and equity health finance modelling • Common set of primary health care indicators • Standardised clinical outcomes data reporting • MBS utilisation strategies
Innovation in service delivery	<ul style="list-style-type: none"> • Sector development across the Sector • Auspicing the establishment of the Institute for Urban Indigenous Health in South East Queensland • Establishment of Aboriginal and Torres Strait Islander residential child safety service • Establishment of Aboriginal and Torres Strait Islander peak agencies in child protection, human services, and substance misuse



Our Challenges

The QAIHC Strategic Plan 2010-2013 is based on an assessment of the health care system and broader Aboriginal and Torres Strait Islander Affairs environment within which our Community Controlled Health Sector operates.

This assessment led to the identification of six (6) external and internal challenges facing QAIHC in its role as the peak agency for the Community Controlled Health Sector in Queensland.

National Health System Reform

It is a time of great change within the Australian health care system. Under the National Health and Hospitals Network for Australia's Future (2010), the Commonwealth Government will assume full funding and policy responsibility for general practice and primary health care – including Aboriginal and Torres Strait Islander primary health care and the national aged care system. It also signals the establishment of a network of Medicare Locals to focus on better access to high quality integrated care designed around the needs of people.

However, there is well documented evidence that Aboriginal and Torres Strait Islander people do not access the full range of health care services they need (Australian Government, 2008). For those people living in rural, remote, lower socioeconomic urban areas, health disadvantage increases. To Close the Gap in Indigenous health disadvantage, reform of the service delivery system must address the ongoing structural barriers that affect Aboriginal and Torres Strait Islander people's accessing their full entitlements under the MBS and PBS. For Community Controlled Health Services, there is a danger that they will be marginalised within the health reform process as funding for the Sector is quarantined within the Office for Aboriginal and Torres Strait Islander Health.

The Burden of Illness – Disparity and Difference

Aboriginal and Torres Strait Islander people continue to suffer a higher and different burden of illness that is two-and-a-half times greater than the burden of illness in the total Australian population (ABS, 2008). Approximately 70% of this difference is evidenced through non-communicable diseases (cardiovascular disease, diabetes, mental disorders and chronic respiratory diseases) and there is a higher prevalence of most types of long-term health conditions. The Queensland Aboriginal and Torres Strait Islander population also has a

different and very young age structure from that of non-Indigenous Queenslanders reflecting higher birth rates and shorter life expectancy. 38.9% of Aboriginal and Torres Strait Islander Queenslanders are aged less than 15 years while only 3.0% of our population are aged 65 years and over.

Addressing this higher and different burden of illness within the Aboriginal and Torres Strait Islander community in Queensland must drive the health system reform agenda.



A Sustainable Health Workforce

The Community Controlled Health Sector, like other industries within the Australian health system, faces major challenges relating to the number, distribution, and training of the health workforce. These issues are exacerbated as you move further away from urban areas into regional and remote communities. Given that the majority of the Aboriginal and Torres Strait Islander population in Queensland live in regional and remote areas, there is a need to ensure that there is a sustainable quality health workforce within the Sector in the future.

The Council of Australian Governments (COAG) has recognised the need to increase the sustainability and number of Aboriginal and Torres Strait Islander people in the health workforce. However, increasing the supply of the health workforce generally to the Community Controlled Health Sector is critical and must be supported by sustainable funding models. Organisations are not static, people make up organisations. Respect for the health workforce within the Community Controlled sector can be linked to achieving funding parity for the Sector in order to compete, attract, and retain and hence develop a sustainable culturally appropriate health workforce.

A Sustainable Funding Base to Manage Growth And Innovation

Since establishment in 1990, QAIHC has experienced exponential growth. Within the last five years, the employee base has increased three-fold and there has been significant program expansion. This growth within the organisation has however not been reflected in budget stability and sustainability. While QAIHC receives funding from both the Australian and Queensland Governments, the majority of this funding is of a non-recurrent nature.

Achieving a sustainable funding base requires a re-alignment of QAIHCs transactional arrangements with its external funding partners.

Accountability and Measuring Performance

Closing the Gap in Aboriginal and Torres Strait Islander health disadvantage is everyone's business. All Aboriginal and Torres Strait Islander people have a right to equitably access high quality health care wherever they live. All health services have a responsibility to build and utilise the evidence base for good practice models of comprehensive primary health care.

Given the different and higher burden of illness and the different Aboriginal and Torres Strait Islander population characteristics in Queensland, there is a need for a common standardised set of performance indicators to measure whether the gap is being closed. Accountability is a three-way process which includes government accountability, health service accountability, and accountability back to the community.

Managing Growth and Innovation Within the Sector

Good corporate governance and continuous quality improvement underpins the delivery of comprehensive primary health care within the Community Controlled Health Sector. Leadership by the Sector to support individual Community Controlled health services continue to develop organisational capacity and good business practice has been identified as a priority for the Sector in Queensland.



Vision

Strategic Direction 1

Health system reform to increase access to Community Controlled primary health care services

Strategic Direction 2

High quality evidenced based Community Controlled primary health care services

Strategic Direction 3

Building a sustainable and innovative organisation

Advocacy and leadership to strengthen the position of the Community Controlled Health Sector within the health system

Reforming the health service system to increase access to Community Controlled health services

A strong and sustainable health workforce

Leadership in continuous quality improvement

Increasing health information capabilities

Strong regional health service alliances

Innovation in Community Control primary health care

Leadership in corporate governance and people management

Managing growth and innovation

Mission

Our Strategic Directions

Strategic Direction 1 - Health system reform to increase access for Aboriginal and Torres Strait Islander Queenslanders to Community Controlled primary health care.

- 1.1** Advocacy and leadership to strengthen the position of the Community Controlled Health Sector within the health system

Key Result Areas - QAIHC Business Plan

- Community Controlled Health Sector advocacy for health system reform
- Establishment of Institutes for Indigenous Health
- Community Controlled leadership to Close the Gap in Aboriginal and Torres Strait Islander health disadvantage in Queensland
- Sector investment in QAIHC advocacy capacity

- 1.2** Reforming and influencing the health service system to increase access to Community Controlled comprehensive primary health care services

Key Result Areas - QAIHC Business Plan

- Transfer to community control in remote and discrete Aboriginal and Torres Strait Islander communities
- Strategies to increase market share in Community Controlled primary health care delivery in urban, regional, and rural areas
- Strategic partnerships to improve access to Community Controlled primary health care

Performance Measures

1. Increased advocacy and representation of Community Controlled health sector
2. Increased funding to the Community Controlled health sector



2

Strategic Direction 2 - High quality evidence-based Community Controlled primary health care services in Queensland

2.1 A strong and sustainable Community Controlled health workforce

Key result areas - QAIHC Business Plan

- workforce shortage support strategies
- regional workforce strategies – packaging, brokerage and partnering arrangements, and recruitment support.
- training and development strategies and career pathways
- priority workforce strategies - General Practice, allied health
- addressing funding disparity within the health workforce

2.2 Leadership in continuous quality improvement in Community Controlled health care

Key result areas - QAIHC Business Plan

- Accreditation and quality improvement
- Self-regulation strategies – standards and resources
- Community Controlled model of comprehensive primary health care – the brand

2.3 Increasing the health information capabilities of the Community Controlled health sector

Key Result Areas - QAIHC Business Plan

- Supporting the Sector use and analyse health information
- Health information management capacity within QAIHC
- E-health strategies within the Sector
- Linked data management capacity between QAIHC and the Sector
- QAIHC core primary health care indicators, substance misuse and social determinant indicators

2.4 Strong regional Community Controlled health service alliances to support performance improvement

Key result areas - QAIHC Business Plan

- Business efficiency strategies (shared services) – developing the Community Controlled business model
- Regional Community Controlled primary health care priorities
- Community and member engagement
- Sector development and governance reform strategies

2.5 Innovation in Community Controlled primary health care

Key result areas - QAIHC Business Plan

- Integrated multidisciplinary primary health care
- Mental health within Community Controlled primary health care
- Population health
- Community Controlled primary health care priorities (policies and strategies) – maternal and child health, chronic disease, health promotion
- Research and knowledge translation

Performance Measures

1. Increase in Community Controlled regional workforce partnerships
2. Percentage increase in use of QAIHC primary health care data management system
3. Sustained Community Controlled health sector accreditation support
4. Percentage decrease in QAIHC member services in difficulty



Strategic Direction 3 - Building a sustainable and innovative organisation

3.1 Leadership in corporate governance and people management

Key result areas - QAIHC Business Plan

- Financial stability and sustainability strategies
- Effective and efficient business practices
- Good corporate governance
- Communication and accountability
- Effective and progressive HRM and change management

3.2 Managing growth and development

Key result areas - QAIHC Business Plan

Organisational alignment strategies to support strategic plan implementation

QAIHC regionalisation support to Community Controlled health sector

QAIHC Review implementation strategies

Performance Measures

1. Increased QAIHC member satisfaction with regional sector support
2. Maintenance of ISO9000 accreditation
3. Increased proportion of recurrent : non-recurrent income ratio



QAIHC

Organisational Structure



Appendix 1

QAIHC Strategic Planning Framework

QAIHC is committed to continuous quality improvement and has developed an integrated planning framework that ensures that there is an alignment between the organisation's strategy, the business plan development and implementation process, and the monitoring and review process.



To facilitate this planning process, the three year strategic directions and the accompanying strategies are articulated into actions in the QAIHC annual business plan. The business plan is then subject to a six monthly monitoring and review cycle which enables flexibility within the organisation to be responsive to changes in both the external and internal environment.

The business plan is then used as a management tool to support development, implementation and review of each business unit's work program within QAIHC.

Appendix 2

QAIHC Membership

Aboriginal and Islander Community Health Service Brisbane LTD
Aboriginal & Torres Strait Islander Community Health Service (Mackay Ltd)
Apunipima Cape York Health Council
Barambah Regional Medical Service (Aboriginal Corporation)
Bidjerdii Aboriginal and Torres Strait Islander Corporation
Bundaberg Indigenous Wellbeing Centre
Carbal Medical Centre
Charleville & Western Areas Aboriginal and Torres Strait Islander Community Health Ltd
(CWAATSICH)
Cunnamulla Aboriginal Corporation for Health
Galangoor Duwalami Primary Health Care Service
Girudala Community Co-operative Society Ltd
Goolburri Health Advancement Aboriginal Corporation
Goondir Health Service
Gurriny Yealamucka Health Service Aboriginal Corporation
Injilinj Youth Health Service
Kalwun Health Service
Kambu Medical Centre Pty Ltd
Mamu Health Service
Mt Isa Aboriginal Community Controlled Health Service t/a Gidgee Healing
Mudth-Niyleta Aboriginal and Torre Strait Islander Corporation
Mulungu Aboriginal Corporation
Nhulundu Wooribah Indigenous Health Organisation Incorporated
North Coast Aboriginal Corporation for Community Health
Townsville Aboriginal & Islanders Health Service
Wuchopperen Health Service
Yippippi Gulf Indigenous Health Council
Yulu Burri-Ba Aboriginal Corporation for Community Health



QAIHC

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