

QUEENSLAND ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PARTNERSHIP

DIRECTIONS STATEMENT 2007

Introduction

The Queensland Aboriginal and Torres Strait Islander Health Partnership brings together community health services for Aboriginal and Torres Strait Islander people, the Queensland Government and the Australian Government to maximise the health system responses for the improvement of health and wellbeing of Aboriginal and Torres Strait Islander people in Queensland.

The aim of the Partnership is to improve the health status and wellbeing of Aboriginal and Torres Strait Islander people at least to that commensurate to that of the wider Australian community.

There are three organisations in the Partnership:

- Commonwealth Department of Health and Ageing;
- Queensland Health; and
- Queensland Aboriginal and Islander Health Council (QAIHC which represents Community Controlled Health Services across Queensland).

The Agreement on Queensland Aboriginal and Torres Strait Islander Health

The Queensland Aboriginal and Torres Strait Islander Health Partnership is established and authorised through the *Agreement on Queensland Aboriginal and Torres Strait Islander Health*, which was signed by the Commonwealth and Queensland Ministers for Health and the chairpersons of the former Aboriginal and Torres Strait Islander Commission and the Queensland Aboriginal and Islander Health Forum (now known as QAIHC) in 2002.

This Agreement operates indefinitely and has the following priorities:

- Improving access to health services;
- Capacity building
- Joint health planning, including with the non health sector
- Integrated health workforce development and planning
- Data and information management
- Quality improvement
- Health and risk factor strategies; and
- Monitoring and evaluation.

Roles and responsibilities

The participants in the Queensland Aboriginal and Torres Strait Islander Health Partnership work together on these priorities across a range of activities. The work of the Partnership is set out in annual plans which clearly assign responsibility for each initiative and activity.

The Queensland Aboriginal and Torres Strait Islander Health Partnership are supported by a secretariat based in the Queensland Aboriginal and Islander Health Council. Partnership meetings are also chaired by the Chairperson of the Queensland Aboriginal and Islander Health Council (QAIHC).

Key principles

The Queensland Aboriginal and Torres Strait Islander Health Partnership are committed to community control of primary health care services for Aboriginal and Torres Strait Islander people in Queensland. The Partnership's work underpins the fundamental role of community control ensuring the right of Aboriginal and Torres Strait Islander people to fully participate in the planning, design, management and delivery of primary health services within their community. The community controlled health sector is a critical participant in this process.

The partnership also adheres to the principles of the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* which include:

- **Cultural respect** for the diversity, rights, views, values and expectations of Aboriginal and Torres Strait Islander people;
- Adopting an **holistic approach** to improving the health status of Aboriginal and Torres Strait Islander people;
- **Core responsibility and high priority** across the health sector for improving the health of Aboriginal and Torres Strait Islander people;
- **Supporting** the community controlled health sector;
- **Working together** by combining the efforts of government, non government and private organisations;
- **Devolving decision making capacity** to communities to define their health needs and properties;
- **Promoting good health and illness prevention** as a fundamental component of primary health care; and
- **Building the capacity** of health services and the community to respond to health needs and share responsibility for health outcomes; and
- **Accountability** for services provided, effective use of funds and effective resource application in the delivery of health care.

Achievements

Key achievements of the Queensland Aboriginal and Torres Strait Islander Health Partnership during the current Agreement have included:

- Providing expert advice on issues, programs and strategies concerning the health of Aboriginal and Torres Strait Islander people in Queensland;
- Commitment of new resources for achieving the aims of the Partnership by the Commonwealth Department of Health and Ageing and Queensland Health;
- Resourcing of the non government sector, through QAIHC, by the Australian and Queensland governments to support the operation of the Partnership and to build the capacity of the Aboriginal and Islander community controlled health sector;
- The establishment of nine regional health forums to improve planning at the regional level and increase community involvement in the planning of future health services for Aboriginal and Torres Strait Islander people.
- Conducting a series of planning rounds and developing a resource kit to support the regional service planning role of the regional health forums;
- Development of protocols for the implementation of regional plans which informed investment decisions by partner agencies;
- Development of the Queensland implementation plan for the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework
- The Health Information Working Group provided oversight in the development of a handbook for the consistent statewide monitoring, reporting and evaluation of regional Aboriginal and Torres Strait Islander health plans, to be finalised by March 2007.

The Future

An independent audit of the *Agreement on Queensland Aboriginal and Torres Strait Islander Health* was recently completed, which included a review of the effectiveness of the operation of the Queensland Aboriginal and Torres Strait Islander Health Partnership.

The audit found that the achievements of the Partnership “demonstrate a commendable record” and was particularly supportive of the Partnership’s focus on establishing Regional Health Forums (RHF’s). The Health Action Groups (HAGs), Local Health Forums (LHF’s) and RHF’s are critical mechanisms that require their capacity to be built to ensure equitable decision-making in health service provision throughout the State.

The audit has made a number of suggestions to improve and strengthen the Partnership and its effectiveness in achieving outcomes for Aboriginal and Torres Strait Islander people in Queensland. These changes are presently being implemented and are incorporated into the future work plan of the Partnership.

Priorities for the Queensland Aboriginal and Torres Strait Islander Health Partnership for the period 2007 to mid 2008 are:

- Strengthening and resourcing the Regional Health Forums with a particular focus on service development in the Gulf region.
- Workforce Development;
- Transition to community control; and
- Access to the mainstream

Priority One - Strengthening and resourcing the Regional Health Forums

The Partnership will give effect to this priority by promoting engagement of the partners and Divisions of General Practice through education and information to the forums about the Partnership. Partner agencies will actively promote initiatives to the forums including through personal attendance and through briefing materials. The Partnership will continue to coordinate and provide technical support to the forums regarding planning and the monitoring of investments. Partner agencies will assist forums to develop strategies to ensure that investment decisions reflect planning undertaken and that such decisions are monitored. A key priority is to ensure that the forums have sufficient support including secretariat resources to function effectively. In addition the Partnership has committed to target the Gulf Region for service development in the period 2007 to mid 2008 by ensuring a viable forum is established and planning and service investment strategies are operating effectively.

The priority areas for action for the Regional Health Forums will be child and maternal health, chronic disease management and mental health/social and emotional well-being. The forums are encouraged to focus on one or two of these priority areas in the first instance.

Priority Two- Workforce Development

The Partnership will review the work plan of the Working Group on Workforce Development and Planning, identify new priorities for action and new partners for collaboration.

The Partnership will collect and analyse evidence on delegated medical practice models with the aim of providing input into the broader work being done around the potential of these models in the mainstream.. This will include looking at the Queensland Health sponsored trial at Mout Isa as well as building on the work being sponsored by the University of Queensland and James Cook University.

Priority Three- Transition to Community Control

Transition in itself is a process that requires an informed, well developed and negotiated plan. It is not simply the transfer of primary health care services to the Community Controlled Health Sector. Successful transition will incorporate the multiple steps that need to be taken over a period of time to ensure health services are both appropriate, safe and sustainable. This will require that significant consideration be given to workforce planning, training and development, to encapsulate the 2006 Deed of Commitment

priorities. The process will require intensive and constructive deliberation and dialogue with partners and stakeholders to ensure a successful transition. It will also include the building of relationships between the primary health service and other agencies and health care providers including secondary and tertiary health services.

Partnership agencies will provide strategic and practical support in the transition process. In particular, support will be available to meet the need of community controlled agencies as they develop clinical and corporate governance structures and prepare to take on an enhanced role in managing, coordinating and evaluating services.

The Partnership will support capacity development of Community control by supporting, HAGs, LHF, RHF and the Community Controlled sector through identification of community specific principles to guide locally developed governance, service and funding models.

The Partnership will develop generic communication and risk management strategies in consultation and negotiation with transition communities to support implementation of governance, service and funding models.

Priority Four- Access to the Mainstream

The Partnership has identified three core elements which make up this priority action. They are:

- ***Leveraging Mainstream Health System initiatives*** which entails collective and individual agency effort to influence and oversight the implementation of the existing national, state and joint (COAG) initiatives. Further partners are involved in scoping of an agreed Partnership view on emerging issues to proactively influence the development of new collaborative initiatives between the partners and developing immediate responses to newly announced national, state and joint initiatives.
- ***Improving access to mainstream services*** for Aboriginal and Torres Strait Islander people by encouraging more responsive, culturally sensitive, mainstream services. Partners will monitor the development and implementation of the new brokerage initiative and the transition to community control from mainstream services. Over the life of this Directions statement the partners will review partnership membership to include other mainstream health system stakeholders.
- ***Increasing Community Controlled Health Services access to mainstream health system resources*** (MBS/PBS/PIP/PIRS) for which they may be eligible by providing information and training workshops to enhance understanding of available programs, eligibility criteria and funding processes.

Reporting

The Partnership is responsible for reporting, on an annual basis, to the National Aboriginal and Torres Strait Islander Health Council (NATSIHC) and the Australian Health Minister's Advisory Council (AHMAC) on progress and evaluation concerning the implementation of the Aboriginal and Torres Strait Islander Health Framework Agreement in Queensland. The Partnership also develops annual work plan(s) and a Partnership Directions Statement to assist in defining its responsibilities and the work flowing from them.