QAIHC
Queensland Aboriginal and Islander Health Council

Deconstructing a model of Care

Workforce Planning and other matters

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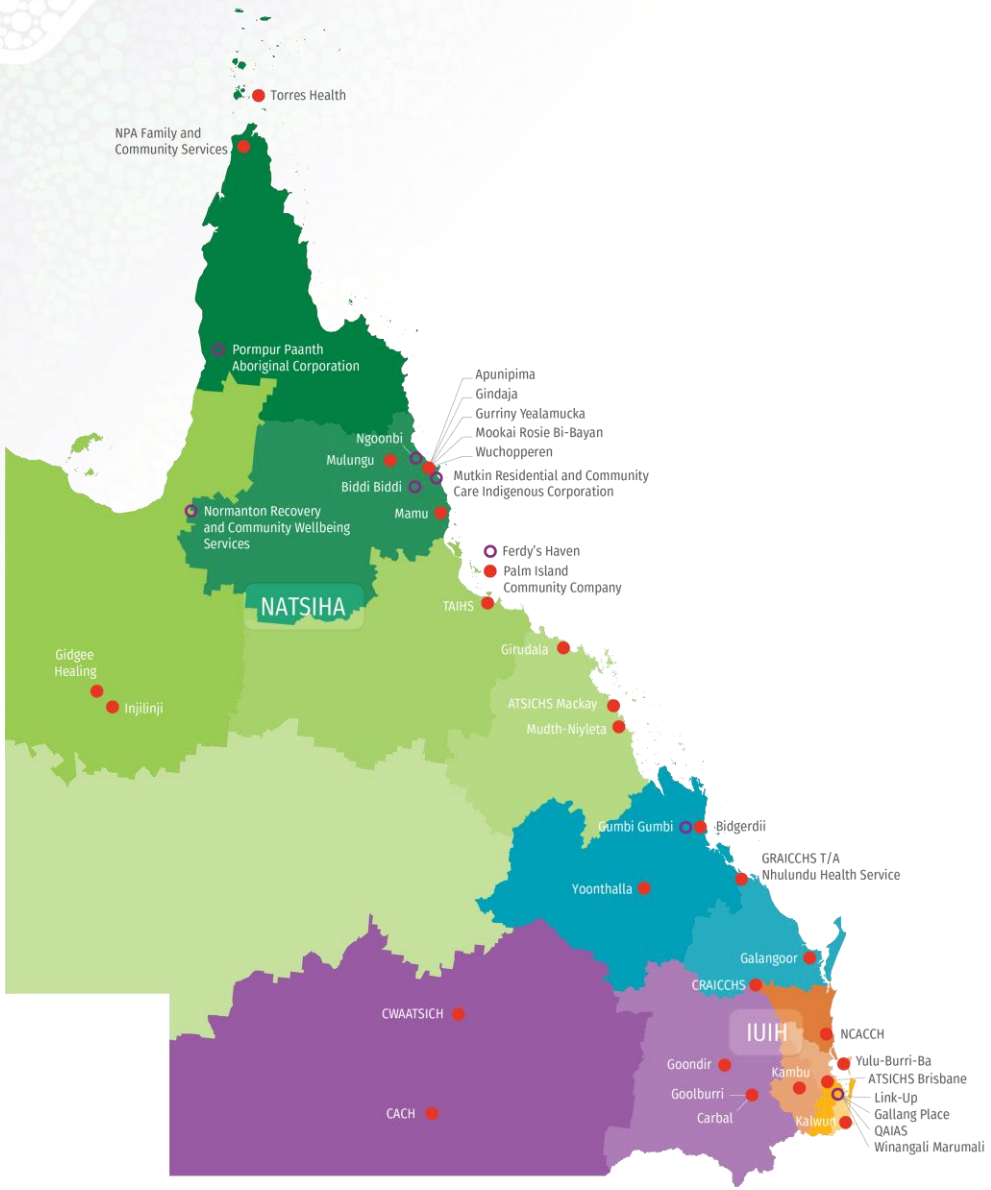
Acknowledgement

We acknowledge the Traditional Owners of the land on which we meet today and pay respect to Elders past, present and emerging.

We also extend that respect to Aboriginal and/or Torres Strait Islander people who are with us today.

Our Members

- 31 Member Services
- Two Regional Members
- 11 Associate Members
- More than 70 clinics



LEGEND

- QAIHC Member
- QAIHC Associate Member

QAIHC Regional Member

Hospital and Health Services*

- Cairns and Hinterland
- Central Queensland
- Central West
- Darling Downs
- Gold Coast
- Mackay
- Metro North
- Metro South
- North West
- South West
- Sunshine Coast
- Torres and Cape
- Townsville
- West Moreton
- Wide Bay

*Children's Health Queensland is not depicted on the map as it is a statewide specialist HHS

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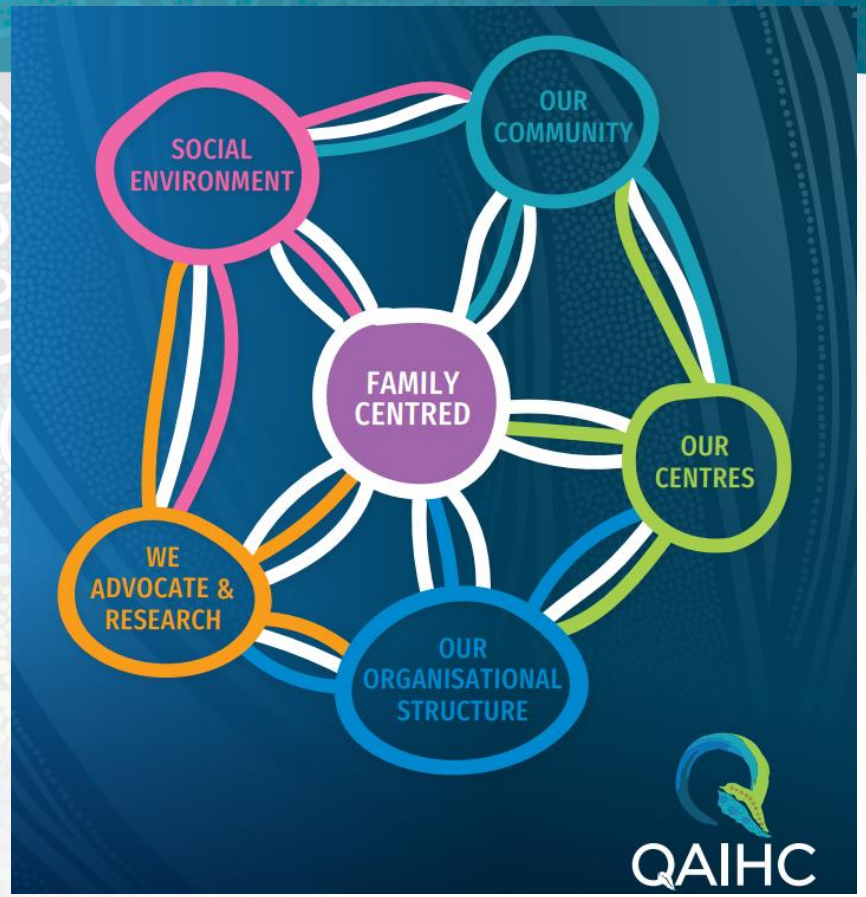
QAIHC Model of Care



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A Refresh??

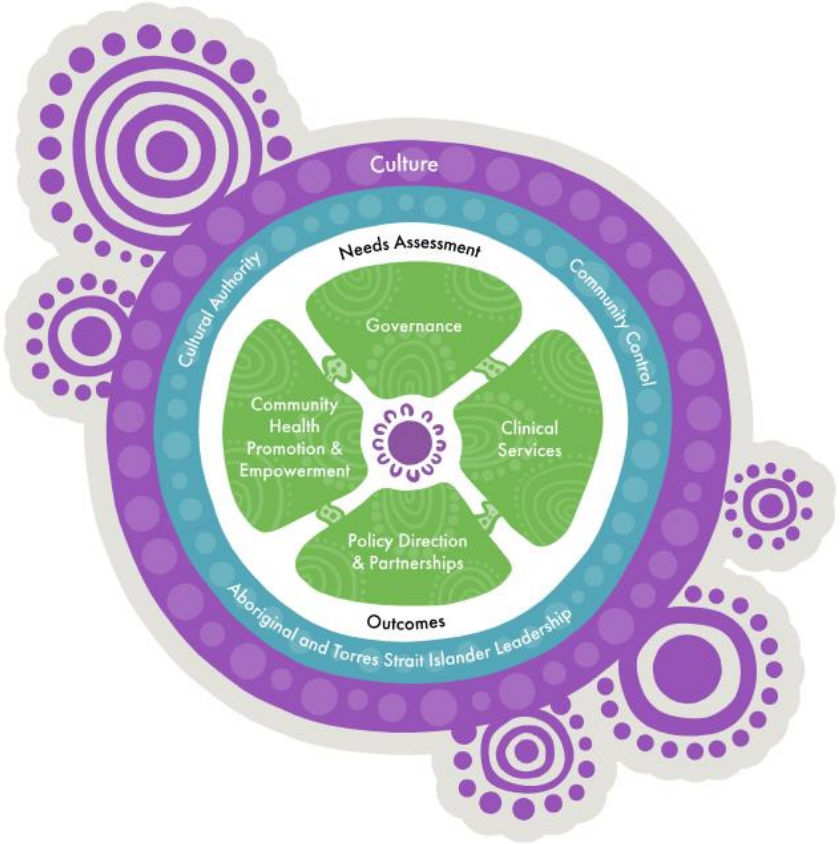
- Has it adapted to a post COVID world – remote access and GP shortages.
- Growing integration of other services (NDIS, Child Protection, Aged Care, Education).
- Preventative Health
- What can be overlooked but is Central

Revision of QAIHC Model of Care initial thoughts

The Rosetta Stone

- Core Services Framework

- NACCHO Core Services and Outcomes Framework



NACCHO - NACCHO Core Services and Outcomes Framework

The Rosetta Stone

- QAIHC Members want us to adapt the NACCHO Framework
- The Detail is everything.
- Provides the details and elements.
- What it lacks so far

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The Detail is the Building Blocks

Community health promotion and empowerment

▶ GO TO

Supporting the creation and maintenance of physical, social and cultural conditions that promote health has always been at the heart of community controlled comprehensive primary health care. This includes identification of health threats and mobilising action to address these threats through leadership and collaboration with other organisations. Effective health promotion reduces the burden of disease through primordial prevention (addressing the 'causes of the causes') and primary prevention (reducing risk factors before disease occurs). These are also known as 'population health activities'. Population health activities and clinical service delivery are integrated to complement and amplify each other. Specific programs in Aboriginal and Torres Strait Islander health promotion have been effective in changing individual risk factors and disease progression. While social issues such as poverty, housing, education and food supply may not be within the direct control of primary health care, these factors are acknowledged through empowerment strategies that are culturally-based and community-led. Health promotion is prioritised, co-designed and experienced on the ground by the community.

- CE1 Individual and family health promotion ▶
- CE2 Community development ▶
- CE3 Cultural determinants and cultural affirmation ▶
- CE4 Early childhood development, positive wellbeing and nurturing families ▶
- CE5 Mental health, and social and emotional wellbeing (SEWB) ▶
- CE6 Economic benefits ▶
- CE7 Environmental health ▶
- CE8 Other social determinants of health ▶
- CE9 Health protection ▶

CE5 Mental health, and social and emotional wellbeing (SEWB)

- Integrate social and emotional wellbeing throughout primary health care
- Strengthen community and culture as foundations for social and emotional wellbeing
- Promote wellness in the community and strengthen positive structural, social, cultural and individual determinants of mental health
- Reduce stigma and eliminate discrimination against those with problems in mental health and psychological wellbeing
- Deliver integrated, multidisciplinary SEWB services and innovate as appropriate in response to local needs; these services can include social and cultural support, linking when required to individual therapeutic services and clinical support
- Integrate trauma-informed models in community development as required
- Diminish reliance on the non-Indigenous workforce in setting directions for health promotion/community development

The Detail is the Building Blocks

- What is the right level of detail
- How do we test
- Building a collective need from assembling the parts.
- Culture and Community Controlled are not free or self sustaining.

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Let us test and build

- Social and Emotional Wellbeing
  - SEWB Counsellors
  - IT system/receptionist/Mental Health Care Plans
  - Psychologist
  - Public Programs (elders group, Mens group, Prison)

  - What is your workload and your client base
  - Distribution of work
  - What is the need (Burden of Disease)
  - What are the outcome measures
  - What are the tools used across the Sector
  - Funding and generated Income

Next Steps

- Seeking support to develop a Qld Core Services Framework
- Test our assumptions/calculations with Members (3 to 4 pilot sites).
- Increase our understanding of Data (not just Member data).
- Build a workforce and funding model to support delivery of a Model of Care
- Reconstructing the Parts to a whole (overlap/administrative)
- Not just FTE but skills required.
- A costing model to provide to a population.

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