Business Case for Significant Change

Indigenous Health, Executive Services Division, Darling Downs Health

1. Purpose of Business Case

This document provides an overview of the business case for the proposed reorganisation of the Indigenous Health, Executive Services Division, Darling Downs Health. It is intended to support consultation in relation to the proposed changes and invites feedback from affected employees and relevant unions on these proposed changes.

The Indigenous Health, Executive Services Division, Darling Downs Health is proposing change in accordance with government policy and relevant industrial obligations.

2. Background

Downs Hospital Health (DDH) involving the:

- **Aboriginal and Torres Strait Islander Health Workforce**

This document aims to broadly guide affected staff through the scope and implementation process of the proposed change and outlines possible impacts on employees.

The document is intended to:

- Support consultation in relation to the change and the way the proposed change is implemented.
- Invites input into the change and ways in which any adverse impacts of the change can be minimised.

Aboriginal and Torres Strait Islander people access health services at 1.1 times the rate of non-Indigenous Australians even though their need for health services is estimated to be 2-3 times higher due to their poorer health status (**National Aboriginal and Torres Strait Islander Health Plan, 2013-2023**).In comparison the life expectancy of indigenous to non-indigenous females is 74.4 years v 84.5 years; and indigenous to non-indigenous males is 68.7 years v 80.1 years (**Chief Health Officer Report, 2018**). The DDH is committed to providing culturally appropriate hospital and healthcare services to our Aboriginal and Torres Strait Islander population and in working towards closing the gap in Indigenous health outcomes. To achieve this DDH needs to ensure the organisation is well positioned to meet the needs of Aboriginal and Torres Strait Islander peoples in our region. Critical to the success of achieving measurable results in closing the gap is the DDH's Aboriginal and Torres Strait Islander health workforce.

The DDH Aboriginal and Torres Strait Islander health workforce is currently managed via a decentralised model with staff embedded across each division with separate professional and operational reporting lines and no central oversight or coordination of activities and outcomes aimed at improving Aboriginal and Torres Strait Islander Health. As a result, the DDH has found it challenging to meet key performance indicators (as part of our Service Agreement with the Department of Health), for a range of targets relating to the Indigenous population.

In 2017/18, DDH was successful in obtaining funding (from Making Tracks) to employ a Director of Indigenous Health and an Indigenous Health Programs Manager THS. The Director of Indigenous Health reports directly to the Health Service Chief Executive.

Following an analysis of the current DDH Aboriginal and Torres Strait Islander health workforce and reporting structures, it is proposed that the DDH Aboriginal and Torres Strait Islander Health workforce be centralized under the Office of Darling Downs Health Chief Executive. This model will allow for cultural support and Indigenous Leadership for the Indigenous Health Workforce. This model will also focus on Aboriginal and Torres Strait Islander Workforce, allowing for career progression, career pathways and succession planning within Indigenous Health to be developed.

The centralized Indigenous Health Model will enable DDH to adopt the characteristics of Indigenous Primary Health Care Service delivery which enables a supported health journey through the hospital system for Indigenous Patients. These characteristics are underpinned by Aboriginal and Torres Strait Islander culture and include holistic, flexible, accessible health care, community participation, self-determination and empowerment, continuous quality improvements and culturally appropriate skilled workforce (Harfield et al., 2018). The process of actively engaging the Aboriginal community in decisions about their health care is a key element in improving local health services, increasing Aboriginal people's trust and access to care (Durey et al., 2012). Integrated and holistic care requires that services are not limited by the boundaries of hospital walls (Durey et al., 2012). The proposed model would ensure a collaborative approach to improve quality in hospital care for Indigenous peoples, by providing not only cultural support and advocacy to Indigenous patients but allow for Indigenous Health staff to share their cultural expertise and knowledge with existing DDH services. Working in partnership to develop solutions that ensure Indigenous Patients and their families feel culturally safe and welcome in a hospital environment will ultimately contribute to improved health outcomes (Durey et al., 2012).

Variables collected in hospital data (e.g., discharges against medical advice and emergency readmissions within one week of discharge) and Emergency Department data (e.g., waiting times and numbers of patients that did not wait for attendance) are examples of indicators relating to quality of care and health outcomes and would be included in DDH Closing the Gap Reporting (Durey et al., 2012).

It is proposed that Toowoomba Hospital, Southern Cluster (Warwick Hospital, Goondiwindi Hospital), Western Cluster (Dalby Hospital) and Mental Health be considered in Phase One of the Indigenous Health Realignment. South Burnett will be considered in Phase Two of the Indigenous Health Realignment.

3. Reason for change

The current staffing structure is not sustainable and does not enable the service to

- Have career pathways, career progression and succession planning for Indigenous Health
- Have oversight of activities undertaken in Closing the Gap Priority Areas
- Have oversight over financial investment in Indigenous Health including Making Tracks Investment Strategy Projects
- Have oversight over performance measures, activity and outcomes for Making Tracks Investment Strategy Projects
- Allow staff members to work to full scope of practice
- Provide a holistic, flexible accessible model of care for Indigenous Patients
- Align Indigenous Health Workforce activity to KPI's and targets against Closing the Gap Priorities

4. Options

Option 1 – No change

What	- Staffing levels, skill mix and reporting structures remain the same. Services continue to be delivered in the current manner
Benefits	- Nil additional benefits
Implications	- Aboriginal and Torres Strait Islander staff work in isolation - Aboriginal and Torres Strait Islander staff have no opportunity for career progressions within Aboriginal and Torres Strait Islander Health - Client's needs are not met (i.e. all clients do not have the opportunity to seek an Aboriginal and Torres Strait Islander staff member for cultural support and advocacy
Risks	- Risk to quality and safety of services provided - Risk of staffing disconnect with clients and other staff - Risk of Aboriginal and Torres Strait Islander funding being spent on non-indigenous activities

Option 2 – Restructure the current workforce to a centralised model (Recommended)

What	- Restructure the existing workforce by centralising the management, coordination and oversight of the Aboriginal and Torres Strait Islander health workforce and Making Tracks Investment Strategy Projects
Benefits	- Focused vision- with the centralised management structure, it can focus on the fulfillment of its vision with ease. There are clear lines of communication and the management team can communicate the organisations vision to employees and guide them toward the achievement of the vision. - Increased patient and consumer confidence in the local health system across the care continuum, by having a dedicated Aboriginal and Torres Strait Islander structure and leadership group. - Consistency of approach and streamlining of services and service delivery. - Improved achievement against key performance indicators in relation to DDH Closing the Gap Priorities - Increased ability to undertake and complete the actions outlined in the DDH Aboriginal and Torres Strait Islander Health Action Plan and DDH Cultural Capability Plan. - Embedding cultural capability into all aspects of planning and service delivery within DDH. - Indigenous Leadership and cultural support for Indigenous Health Workforce. - Equitable distribution of work amongst the Indigenous Health Workforce to maximise the utility of roles and ensure staff are working to their maximum scope of practice - Indigenous Health Workforce aligned to Closing the Gap Priorities, KPI's and Targets. - The uniformity of activities and specialisation of work lead to economic operation and best utilisation of the staff services.

	- Reduced (or nil) duplication of work across Darling Downs Health. - Quicker decisions. For taking advantage of opportunities when they are presented that best meets the needs of Indigenous Patients. - Standardisation and training opportunities enhanced - Effective control. Uniformity in activities, specialisation and standardisation, effective co-ordination, and departmental integration and collaboration - Services currently being delivered by Indigenous Health Workforce will continue without change. Centralising Indigenous Health Workforce will allow staff to work across different locations and work units and ensure increased access to Indigenous Health Staff. An assessment of current workload will be undertaken before assigning additional tasks - Indigenous Health Workforce will have the ability to work across all locations, work units and health areas within DDH, without restrictions in working across Toowoomba Hospital, Rural, Mental Health and AODS, Allied Health, Nursing and Midwifery and Medical and will have the ability to provide support to finance, infrastructure and workforce.
Implications	- All patients will have the opportunity access Indigenous Health services advocacy and cultural support - Indigenous Health Staff will be able to work to maximum scope of practice - Possibility of job redesign, minor changes in work practices and service redesign to best meet the needs of Indigenous Patients (ie staff allocated to different ward areas)
Risks	- Staff hesitant to change - Current line managers are opposed to the change in management and oversight of staff budgets within their units

(Note: The current and proposed organisational structures in Option 2 are attached)

5. Recommendation

It is recommended that Option 2 is progressed for the following reasons:

- Defined career structure, opportunity for career advancement, career pathways and succession planning for Indigenous Health Workforce
- Consistency of approach and streamlining of services and service delivery
- Aboriginal and Torres Strait Islander financial investment directly spent on initiatives to improve Aboriginal and Torres Strait Islander health outcomes
- Cultural Capability embedded into all aspects of planning and service delivery within DDH.
- South Burnett Indigenous Health Workforce will be considered in Phase Two of Indigenous Health Realignment

6. Next Steps

The following steps will be followed:

Date	**Activity**
Week beginning 20/5/2019	Present Business Case for Change to DDH Executive
Week beginning 03/06/2019	Meet with Aboriginal and Torres Strait Islander staff to present Business Case for Change
Week	Meet with relevant unions to present Business Case for Change

beginning 03/06/2019	
21/6/2019	Provide Business Case for Change to Local Consultative Forum
10/6/2019	Consultation period for feedback on Business Case opens
24/6/2019	Consultation period for feedback on Business Case closes
Week beginning 24/6/2019	Feedback on the proposed change will be considered by Director Indigenous Health/HSCE

If Option 1 is pursued, then no further steps will be undertaken.

If Option 2 is pursued than the following is proposed:

- consultation on proposed implementation plan
- Realignment of Indigenous Health Workforce
- implementation of the proposed structure by July 2019.

7. Supporting Employees through Change

We appreciate this may be a difficult time for affected employees. The following support activities are offered to support staff.

- encouragement to contact the Employee Assistance Service (EAS) on **1800 604 640.** This confidential service can be accessed through self-referral to OPTUM, the external EAP service provider. Services are available 24 hours a day, seven days a week, and 365 days a year, at no cost. Counselling services are available face to face or by telephone. Additional information available at: http://qheps.health.qld.gov.au/eap/
- availability of Organisational Unit management to support staff.

8. Feedback contacts

Stakeholders are invited to provide feedback by 28th June regarding the business case.
Feedback may be provided to Director Indigenous Health by email, phone or face to face:

Attachment 1: Current & Proposed Organisational Structure

Diagram 1 – Proposed High Level Indigenous Health Structure

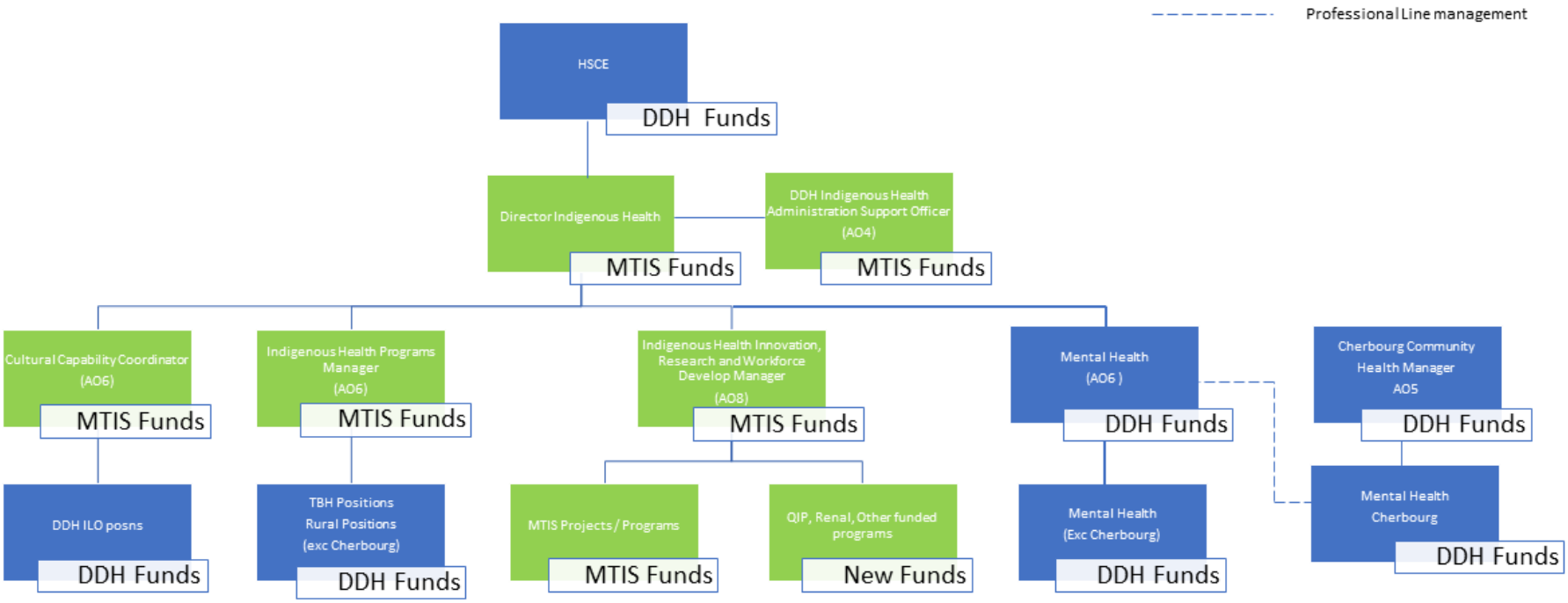


Diagram 2 – DDH Current Cultural Capability Structure

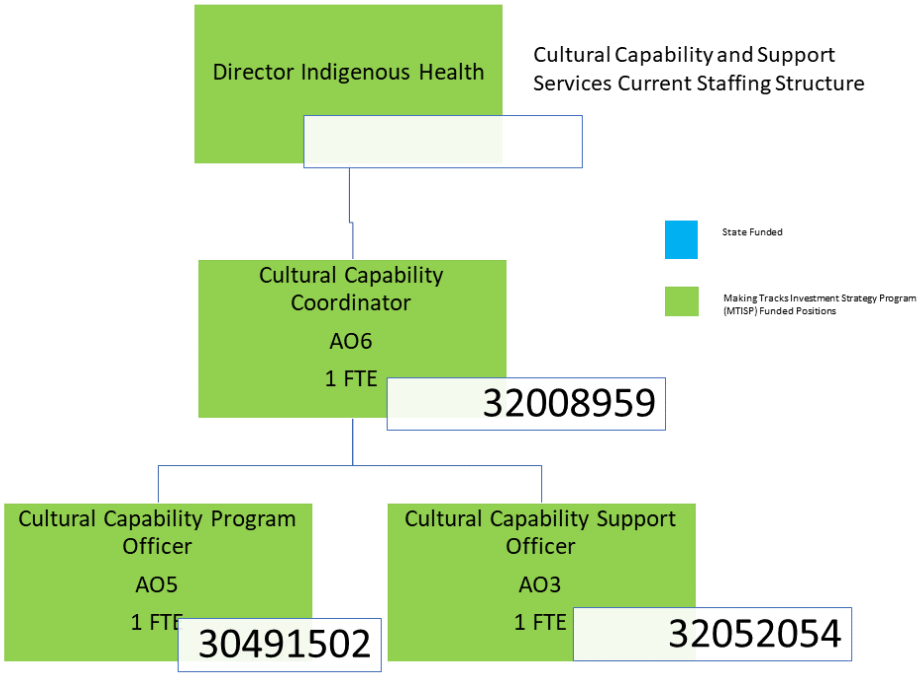


Diagram 3 - Proposed DDH Cultural Capability Structure

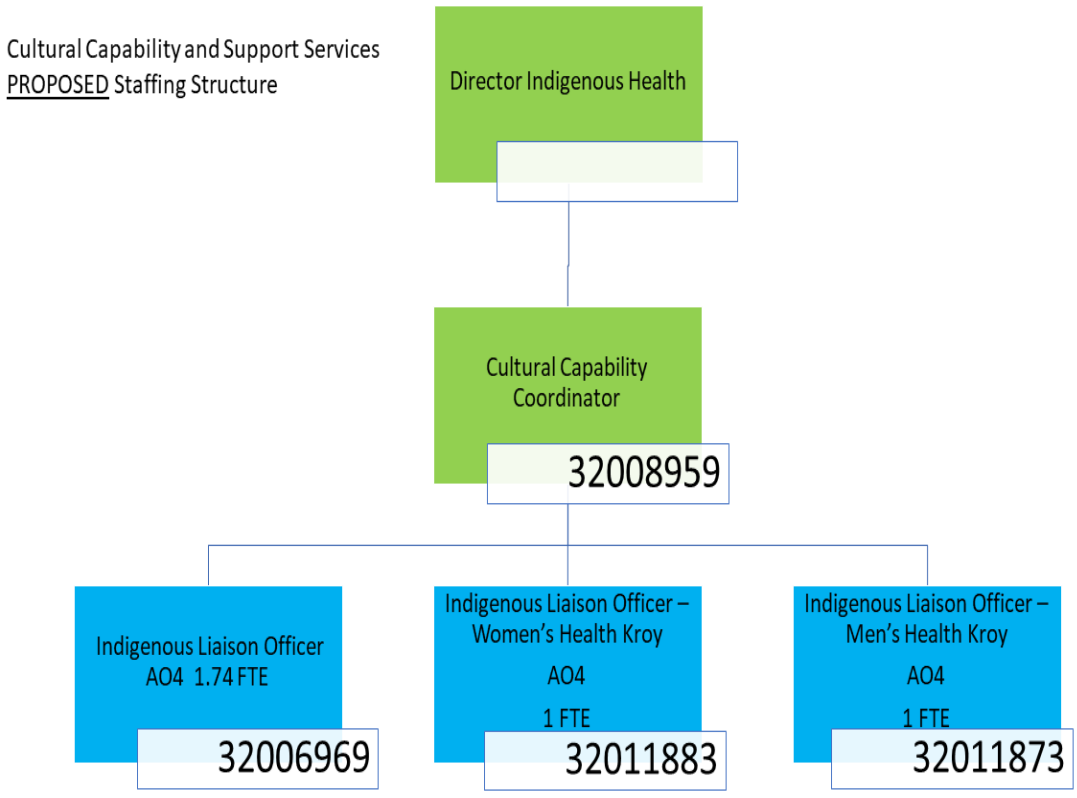


Diagram 4 - Current Toowoomba Hospital Structure
Part A – Executive Director Toowoomba Hospital

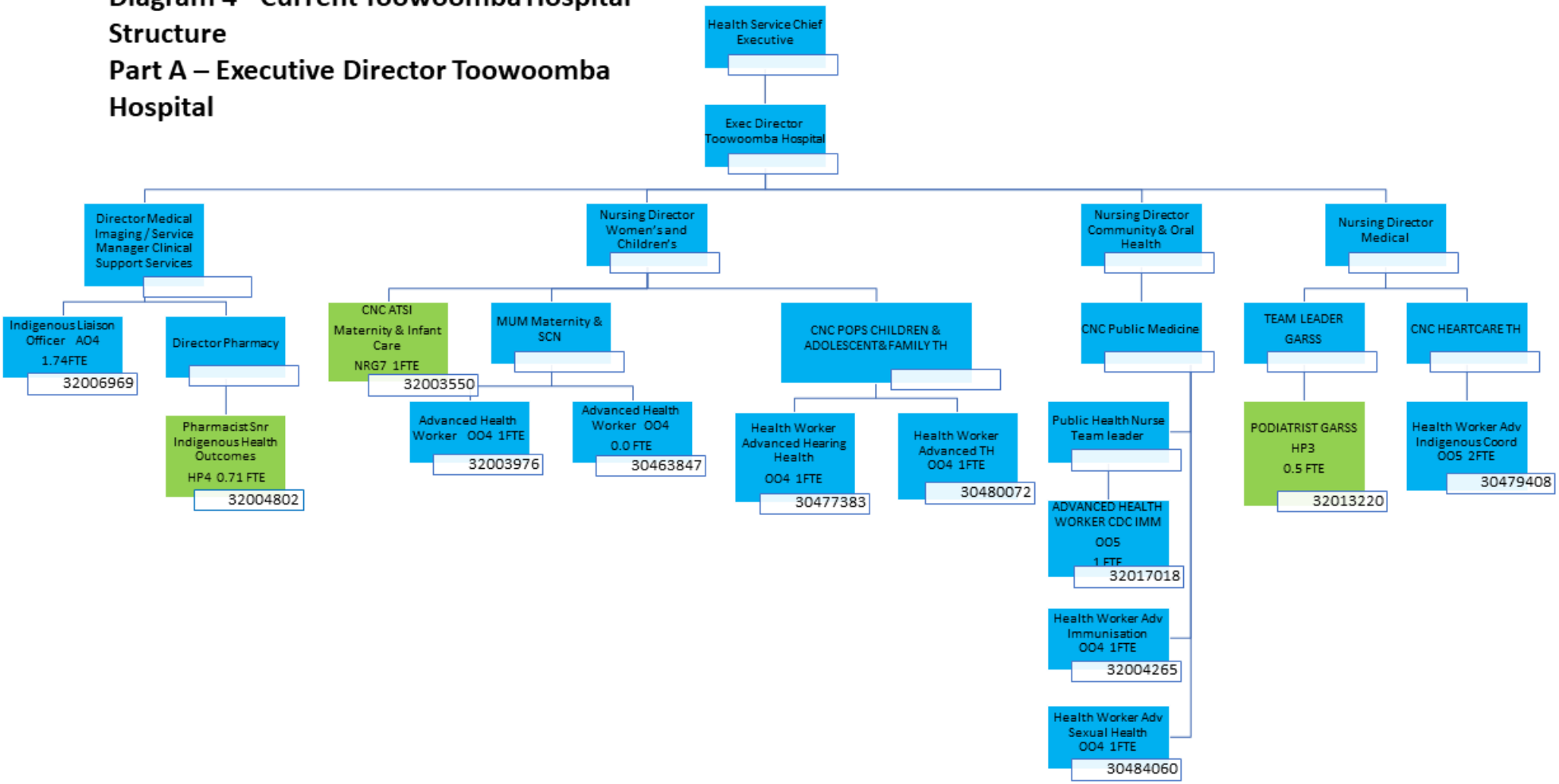


Diagram 5 - Current Toowoomba Hospital Structure Part B – Executives Director Allied Health, Nursing & Midwifery

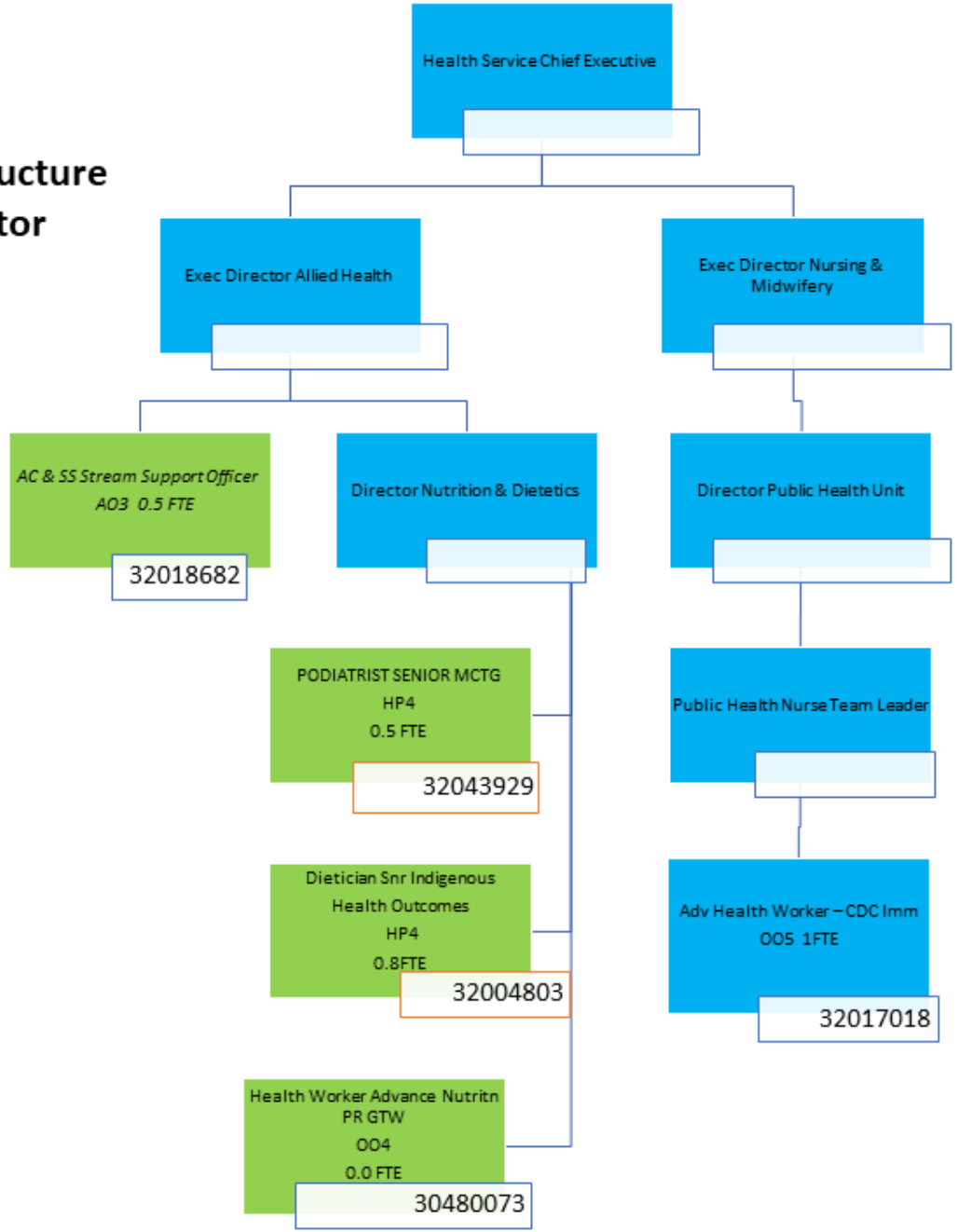


Diagram 6 - Proposed Toowoomba Hospital Structure

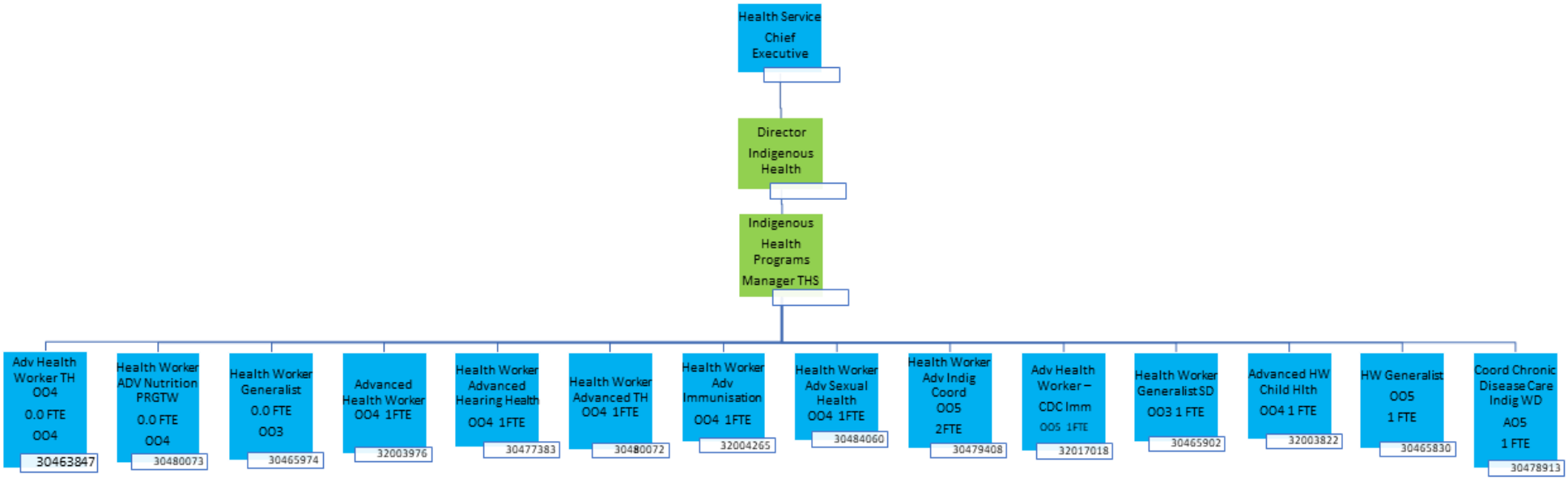


Diagram 7 Current MTIS Structure

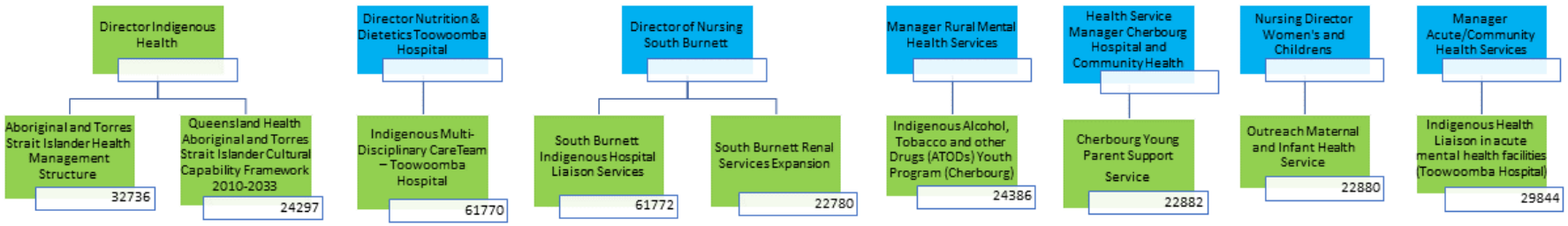


Diagram 8 - Proposed DDH MTIS Programs Structure

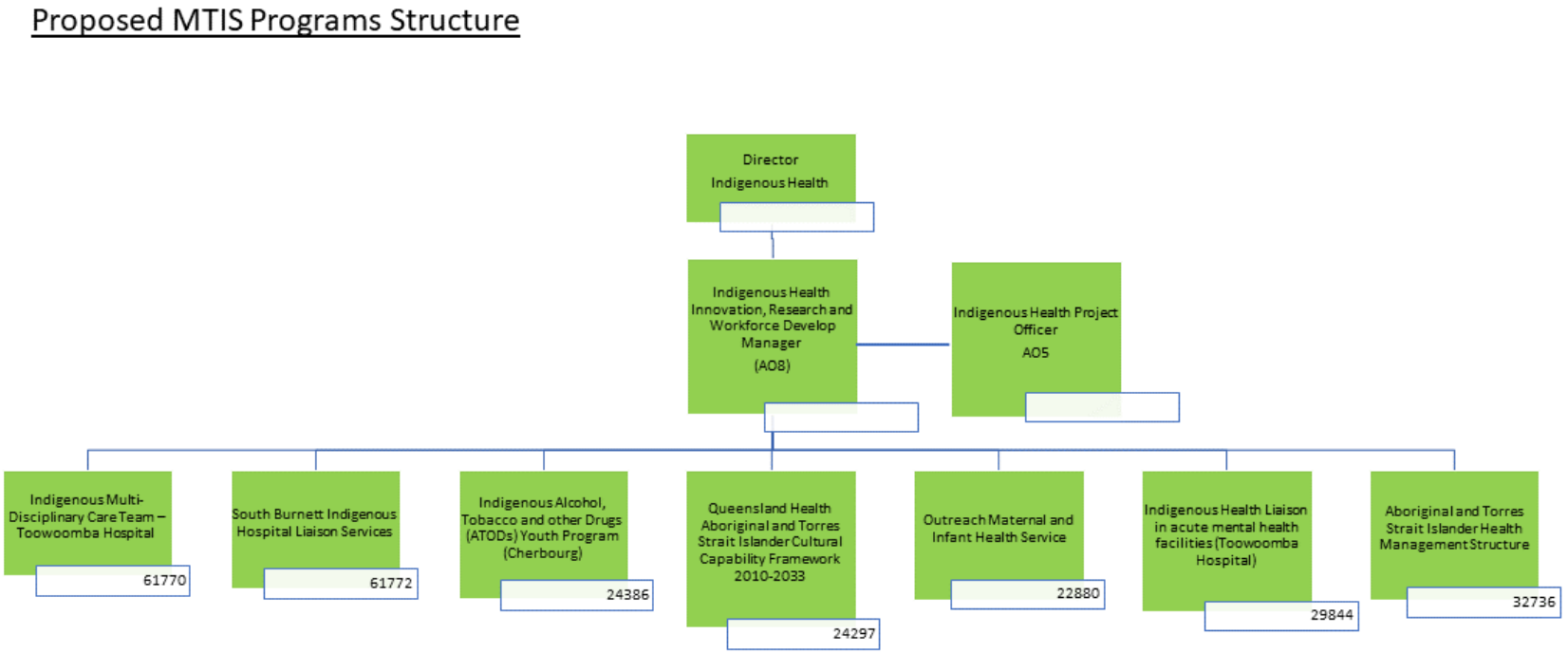


Diagram 9 - Indigenous Mental Health Current Structure

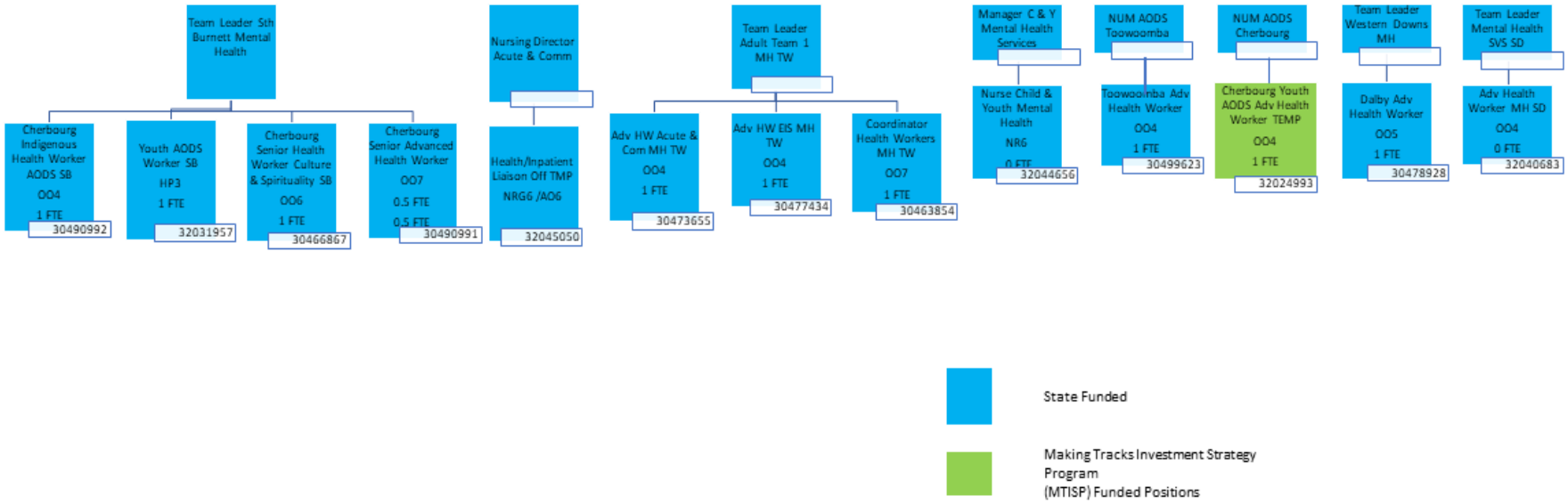
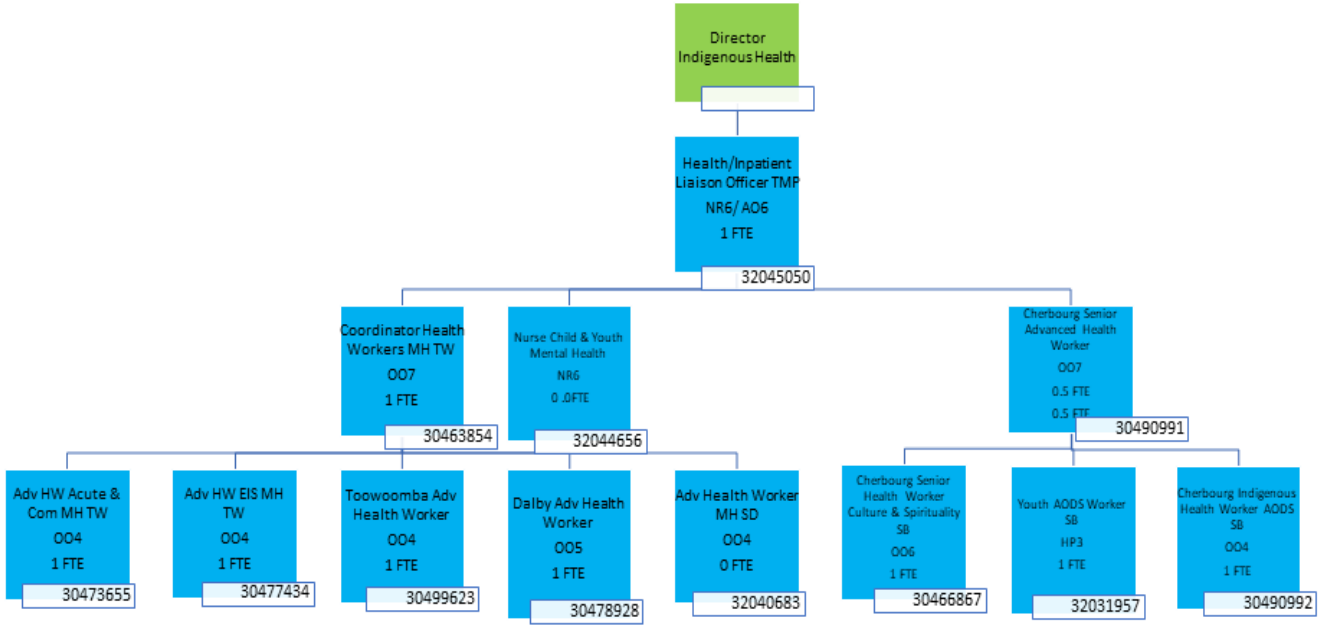


Diagram 10 Indigenous Mental Health Proposed Structure



- All DDH Aboriginal and Torres Strait Islander Staff to be centralised under the Executive leadership of the Health Service Chief Executive.
- The AO6 Indigenous Cultural Capability Coordinator (funded by Making Tracks Investment Strategy until 2019/2020) will remain a Health Service wide role with the Indigenous Liaison Officers located in Kingaroy and Toowoomba as direct reports. This will allow for the creation of the Cultural Capability and Support Services Team focusing on non-clinical activity within Indigenous Health.
- The position of Cultural Capability Support Officer A03 will move to Indigenous Health Support Officer A03 to provide support to the Indigenous Health Management Team.
- The position of Cultural Capability Program Officer A05 will move to Indigenous Health Project Officer A05 to support the projects and initiatives undertaken by Indigenous Health Innovation, Research and Workforce Development Manager
- The newly established AO6 Indigenous Health Programs Manager (funded by Making Tracks Investment Strategy until 2019/2020) will be the direct report for all Indigenous Health Service funded positions for Toowoomba Hospital, Southern Cluster and Western Cluster Hospitals.
- The newly created position of AO8 Indigenous Health Innovation, Research and Workforce Development Manager will have responsibility for the current MTIS programs and outcomes, any newly funding Indigenous Health Initiatives. This will include increasing the Indigenous work force key performance indictor target to 3.5 % (currently at 2.16%). A Business Case for this position will be forwarded to MTIS. If unsuccessful, this position will be funded temporarily using unspent funds for Indigenous Identified position vacancies to ensure activities within this area continue until completion and the activities can be delegated to other staff within the Indigenous Health Management Team
- The current (MTIS funded) AO6 Acute Mental Health Indigenous Liaison Officer will be re aligned as an A06 Indigenous Health Programs Manager – Mental Health, with all Indigenous MH positions reporting to this re aligned position. This position will provide professional support to Indigenous Mental Health Staff in South Burnett.
- Allied Health and Nursing staff will maintain their current professional line management reporting.
- MTIS Program number 22780 (South Burnett Renal Services Expansion) is not included in the Proposed MTIS structure as it is now a Business as Usual function.
- MTIS Program number 22882 (Cherbourg Young Parent Support Service) is part of South Burnett and will be considered in Phase Two of the Indigenous Health Realignment.

Attachment 2: – Reporting line changes

Position	Position ID	FTE	Level	Reporting to…	
				Current	To be implemented
				Darling Downs Health Indigenous Health Senior Management	
Director Indigenous Health				Health Service Chief Executive	Health Service Chief Executive
Indigenous Cultural Capability Coordinator	32008959	1.0	AO6	Director Indigenous Health	Director Indigenous Health
Indigenous Health Programs Manager		1.0	AO6	Director Indigenous Health	Director Indigenous Health
Principal Project Officer		1.0	AO7	Director Indigenous Health	Abolished
				Cultural Capability	
Cultural Capability Program Officer	30491502	1.0	AO5	Cultural Capability Coordinator	Indigenous Health Innovation, Research and Workforce Development Manager
Cultural Capability Support Officer	32052054	1.0	AO3	Cultural Capability Coordinator	Director Indigenous Health
				Toowoomba Health Service	
AC & SS Stream Support Officer CTG	32018682	0.5	AO3	Executive Director Allied Health	Indigenous Health Innovation, Research and Workforce Development Manager
Pharmacist Snr Indigenous Health Outcomes	32004802	0.71	HP4	Director Pharmacy	Indigenous Health Innovation, Research and Workforce Development Manager
CNC ATSI Maternity & Infant Care	32003550	1.0	NRG7	Nursing Director Women's and Children's	Indigenous Health Innovation, Research and Workforce Development Manager
Podiatrist	32013220	0.5	HP3	Team Leader GARSS	Indigenous Health Innovation, Research and Workforce Development Manager
Podiatrist Senior MCTG	32043929	0.5	HP4	Director Nutrition & Dietetics	Indigenous Health Innovation, Research and Workforce Development Manager
Dietician Snr	32004803	0.8	HP4	Director Nutrition	Indigenous Health

Indigenous Health Outcomes				& Dietetics	Innovation, Research and Workforce Development Manager
Health Worker ADV Ind Coord TH	30479408	2.0	OO5	CNC HEARTCARE TH	Indigenous Health Programs Manager
ATSI Advanced Health Worker	32003976	1.0	004	MUM MATERNITY & SCN TH	Indigenous Health Programs Manager
ADVANCED HEALTH WORKER TH	30463847	0.0	OO4	MUM MATERNITY & SCN TH	Indigenous Health Programs Manager
Health Worker Advanced Hearing Health	30477383	1.0	004	CNC POPS Children & Adolescent & Family TH	Indigenous Health Programs Manager
Health Worker Advanced TW	30480072	1.0	004	CNC POPS Children & Adolescent & Family TH	Indigenous Health Programs Manager
Health Worker Adv Immunisation	32004265	1.0	004	CNC Public Medicine	Indigenous Health Programs Manager
Health Worker Adv Sexual Health	30484060	1.0	004	CNC Public Medicine	Indigenous Health Programs Manager
HEALTH WORKER ADVANCED NUTRITNPRGTW	30480073	0.0	OO4	Director Nutrition & Dietetics	Indigenous Health Programs Manager
Adv Health Worker – Immunisation Comm Disease	32017018	1.0	005	Public Health Nurse Team Leader	Indigenous Health Programs Manager
Indigenous Liaison Officer	32006969	1.74	AO4	Director Medical Imaging / Serv Mgr Clin Sup Serv	Indigenous Cultural Capability Coordinator
Generalist Health Worker Child Adolescent Family Health	30499621	0.0	003	Child Health TH	Indigenous Health Programs Manager
South Burnett					
Indigenous Liaison Officer – Women's Health	32011883	1.0	AO4	CNC Women's, Childrens & Community Kingaroy Hospital	Indigenous Cultural Capability Coordinator
Indigenous Liaison Officer – Men's Health	32011873	1.0	AO4	CNC Women's, Childrens & Community Kingaroy Hospital	Indigenous Cultural Capability Coordinator
Southern					
Health Worker Generalist SD	30465902	1.0	003	DON Warwick	Indigenous Health Programs Manager
GENERALIST HEALTH WORKER GOONDIWINDI SD	30465974	0.0	OO3	DON Goondiwindi	Indigenous Health Programs Manager
Advanced Health Worker-Goondiwindi	32003822	1.0	004	NUM Midwifery Goondiwindi	Indigenous Health Programs Manager

Western					
Coordinator Chronic Disease Care – Indigenous WD	30478913	1.0	AO5	Director Nursing Midwifery Dalby WD	Indigenous Health Programs Manager
Health Worker Generalist WD	30465830	1.0	004	Director Nursing Midwifery Dalby WD	Indigenous Health Programs Manager
Mental Health					
Health/Inpatient Liaison Officer TMP (Acute Mental Health Liaison Officer)	32045050	1.0	NRG6 (AO6)	Nursing Director Acute & Comm MH TW	Director Indigenous Health
Coordinator Health Workers MH TW	30463854	1.0	OO7	Team Leader Adult Team 1 MH TW	Health / Inpatient Liaison Officer TMP (Acute Mental Health Liaison Officer)
CLINICAL NURSE INDIGENOUS MENTAL HEALTH	32044656	0.0	NRG6	MANAGER C & Y MENTAL HEALTH SERVICE	Health/Inpatient Liaison Officer TMP (Acute Mental Health Liaison Officer)
Cherbourg Youth AODS Adv Health Worker TEMP	32024993	1.0	OO4	NUM AODS Cherbourg	Cherbourg Senior Advanced Health Worker
Indigenous Health Worker AODS SB	30490992	1.0	OO4	Team Leader Sth Burnett Mental Health	Cherbourg Senior Advanced Health Worker
Youth AODS Worker SB	32031957	1.0	HP3	Team Leader Sth Burnett Mental Health	Cherbourg Senior Advanced Health Worker
Cherbourg Senior Health Worker Culture & Spirituality SB	30466867	1.0	OO6	Team Leader Sth Burnett Mental Health	Cherbourg Senior Advanced Health Worker
Cherbourg Senior Advanced Health Worker	30490991	1.0	OO7	Team Leader Sth Burnett Mental Health	Health / Inpatient Liaison Officer TMP (Acute Mental Health Liaison Officer)
Adv HW Acute & Com MH TW	30473655	1.0	OO4	Team Leader Adult Team 1 MH TW	Coordinator Health Workers MH TW
Adv HW EIS MH TW	30477434	1.0	OO4	Team Leader Adult Team 1 MH TW	Coordinator Health Workers MH TW
Health Worker Advanced (ATSIC)	30499623	1.0	OO4	NUM AODS Toowoomba	Coordinator Health Workers MH TW
Dalby Adv Health Worker	30478928	1.0	OO5	Team Leader Western Downs MH	Coordinator Health Workers MH TW
Advanced Health Worker MH SD	32040683	0.0	OO4	Team Leader Mental Health Svs SD	Coordinator Health Workers MH TW

Reference List

Durey, A., Wynaden, D., Thompson, S. C., Davidson, P. M., Bessarab, D., & Katzenellenbogen, J. M. (2012). Owning solutions: a collaborative model to improve quality in hospital care for Aboriginal Australians. *Nursing Inquiry, 19*(2), 144-152.

Harfield, S. G., Davy, C., McArthur, A., Munn, Z., Brown, A., & Brown, N. (2018). Characteristics of Indigenous primary health care service delivery models: a systematic scoping review. *Globalization And Health, 14*(1).