

Port Lincoln  
Aboriginal Health Service  
Strategic Plan : 2021-2026





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# A message from the Chairperson

As chairperson of the Board of Management I am happy to present the Port Lincoln Aboriginal Health Service Strategic Plan for 2021-2026.

The plan is the result of community consultation, an environmental scan and a number of workshops involving both the staff and Board of Management of PLAHS.

The Strategic Plan will guide the governance, activities and service delivery at PLAHS over the next five years.

## David Dudley

Chairperson

December 2021



Staff and Board of Management representative at the Strategic Planning Day.



## Our Vision

The Port Lincoln Aboriginal Health Service will strive to maintain our autonomy and cultural identity as an Aboriginal Community Controlled Health Service whilst delivering quality, holistic primary health care services to the Aboriginal community.

## Our Mission

To provide leadership, direction and support on community health issues and to strengthen the capacity of individuals, families and communities to improve the health and social wellbeing of our people.

## Our Values

The values of PLAHS guide our attitudes and behaviours. They influence both the way we work together and what clients can expect from us.

These values are:

- Self-determination through Aboriginal ownership and control
- Holistic, comprehensive Primary Health Care
- Treating staff and clients with respect, compassion, consideration, listening, understanding, equality and confidentiality
- Leadership, innovation and collaboration
- Safe environment



# Our Understandings

PLAHS accepts that health outcomes are influenced by a range of social determinants, many of which are outside our direct control.

*In broad terms, economic opportunity, physical infrastructure and social conditions influence the health of individuals, communities, and societies as a whole. These factors are specifically manifest in measures such as education, employment, income, housing, access to services, social networks, and connection with land, racism, and incarceration. On all these measures, Indigenous people suffer substantial disadvantage. For many Aboriginal people, the ongoing effects of 'protection' and the forced separation of children from their families compound other social disadvantages.*

(Adapted from 'The Overview of Indigenous Health 2011')

PLAHS accepts the following definition of Primary Health Care that was adapted from one developed by the Australian Primary Health Care Research Institute.

*Primary health care is socially appropriate, universally accessible, evidence-based first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems in a way that:*

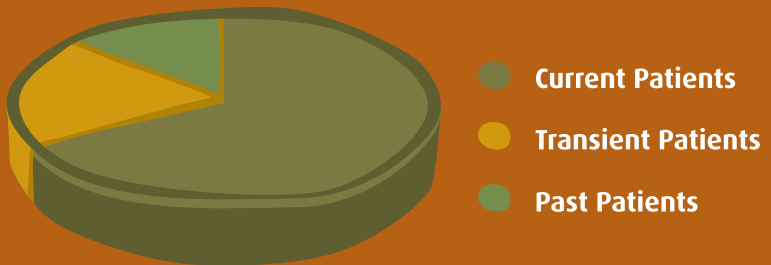
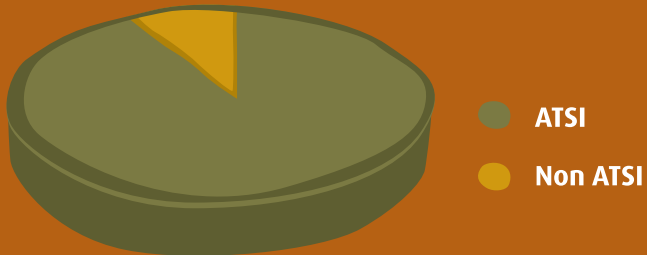
- *addresses health inequalities; and*
- *maximises community and individual self-determination; and*
- *involves collaboration and partnership with other sectors to promote public health.*

*Comprehensive primary health care includes health promotion, illness prevention, healing treatment and care, community development, advocacy and rehabilitation.*

# Our Client Base

While PLAHS mainly provides services to Aboriginal clients from the local Port Lincoln Aboriginal Community, it also services transient clients from across the western and northern sections of South Australia and the rest of Australia. In the twelve months to April 2021, 1482 clients used the services of PLAHS.

The composition of the client population was:



# Governance

PLAHS is an Aboriginal Community Controlled Health Service that is governed by local Aboriginal people to provide services to the local Aboriginal Community.

PLAHS is a member of the National Aboriginal Community Controlled Health Organisation (NACCHO) and an affiliate of the Aboriginal Health Council of South Australia (AHCSA).

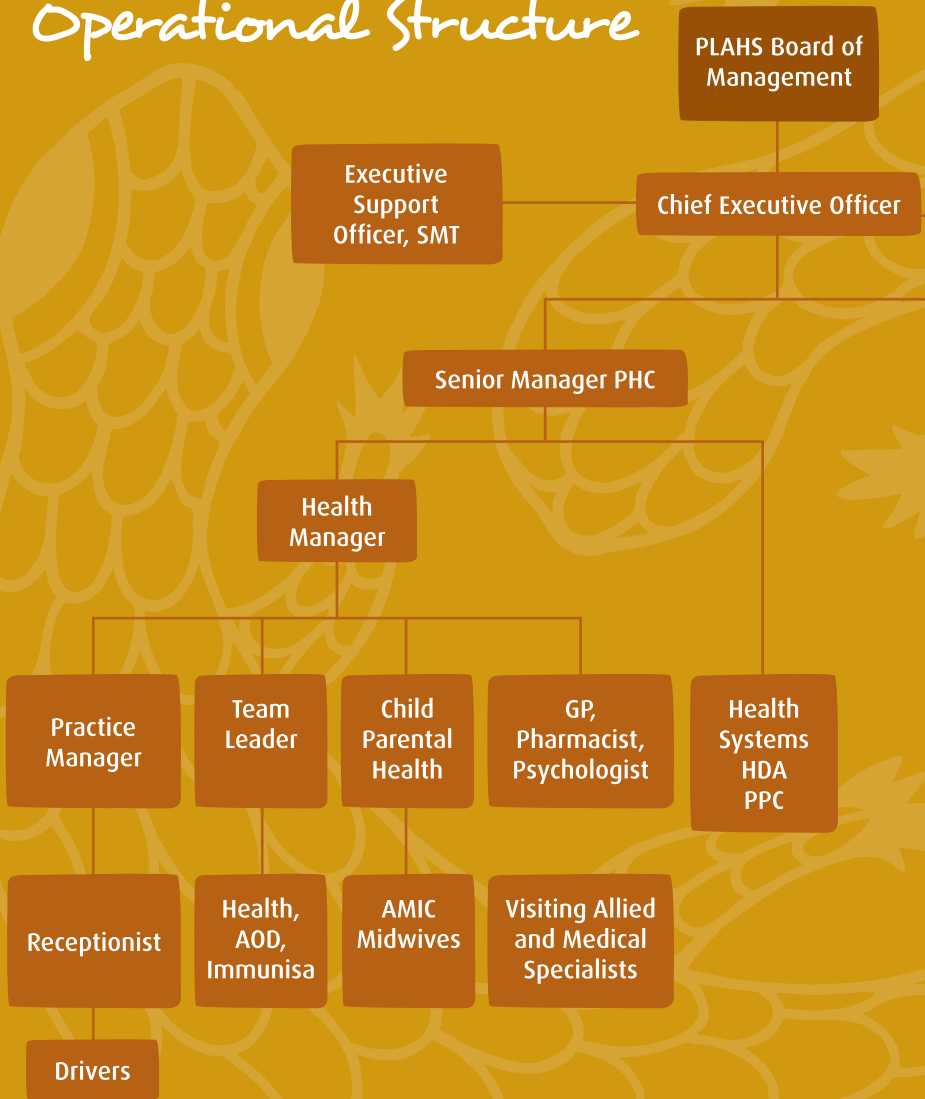
As required by the PLAHS constitution, a Board of Management is elected annually by Aboriginal people from the local community and meets monthly, thus providing the local Aboriginal Community an involvement in both the decision making process and the monitoring of programs at PLAHS.

The PLAHS Board of Management consists of:

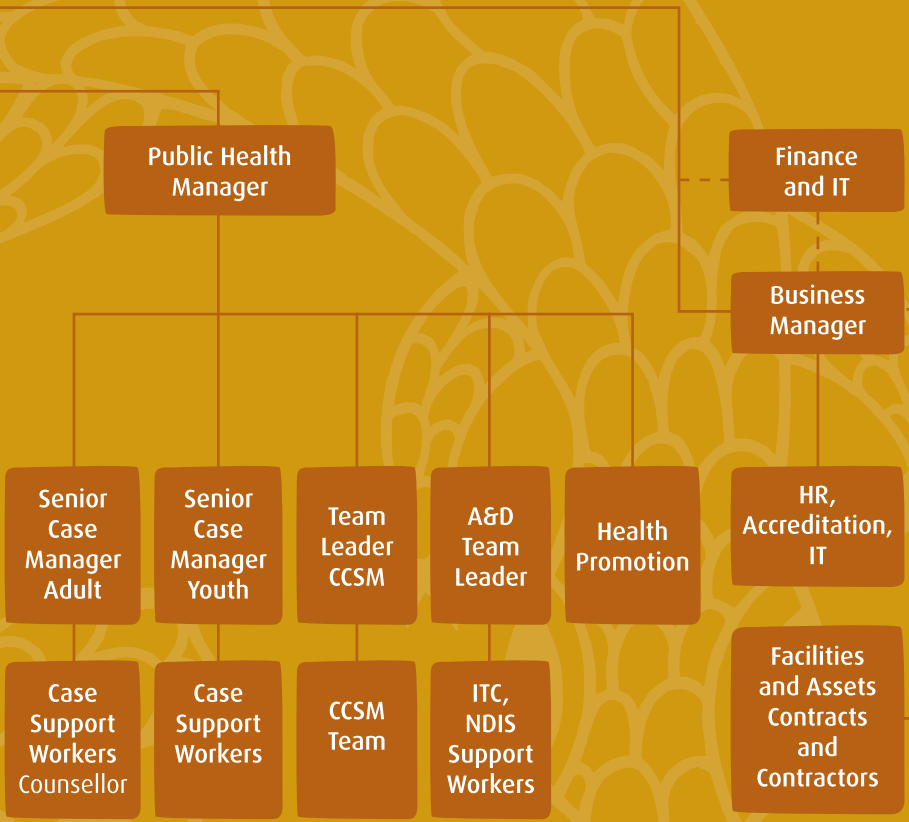
- Chairperson
- Vice-chairperson
- Treasurer
- Secretary
- Public Officer
- Youth Representative
- Two general members



# Corporate and Operational Structure







PLAHS Organisational Chart - February 2022



# *Strategic Priority One* **A Healthy Space**

Improve both the physical infrastructure and the facilities at PLAHS to provide a safe and effective workplace and an environment that promotes a person-centred approach to primary health including comfort and cultural consideration.



## Goals

1. Develop a plan for improving the physical infrastructure for PLAHS.

Consider:

- Predicted continuing growth
  - Health needs of the Community
  - Staff and community training
  - Community meeting space
  - Privacy and confidentiality
  - Staff recreational areas
  - Housing and staff amenities
  - Administration
2. Secure funding for upgrade/expansion
  3. Review and update technology to improve communication and reduce wait time





## *Strategic Priority Two*

# Address the needs

Deliver clinical programs that address the health needs of the local Aboriginal Community.



## Goals

1. Strengthen our research, data collection, analysis and evaluation systems to be responsive to the health needs of our community
2. Provide 'Best practice' clinical services underpinned by CQI processes.
3. Improve chronic conditions through effective preventive and self-management strategies
4. Develop a clinical mental health model inclusive of:
  - Disability
  - AOD
5. Prevent and reduce Obesity levels in children and adults
6. Prevent and monitor T2Diabetes in community
7. Maintain RACGP Practice accreditation





# *Strategic Priority Three* **Targeted Programs**

Develop and deliver programs, in partnership with the community and external agencies to improve well-being and reduce the harm to individuals, family and the community.



## Goals

1. Embed Mental Health Care as “Everybody’s Business”
2. Support women and children
3. Address the health needs of Youth
4. Develop Aged care services
5. Men’s programs
6. Alcohol and other Drugs programs
7. Diverse approaches
8. Targeted Health Promotion





# *Strategic Priority Four* **Partnerships with purpose**

Develop and strengthen collaborative relationships between PLAHS and other service providers, Aboriginal organisations, advocacy groups and all levels of government in pursuit of our Vision.





## Goals

1. Identify key stakeholders and new strategic partners
2. Improve engagement with Key Stakeholders and Strategic Partners
3. Develop awareness of PLAHS role, programs and limitations
4. Evaluate partnerships
5. Retention of organisation accreditation





## *Strategic Priority Five*

# A strong and capable workforce

Develop our workforce in line with the capabilities we need for now and the future.



## Goals

1. Provide a range of support initiatives developed with staff to improve workplace culture and individual resilience.
2. Clearly define organisational structure
3. Recruitment in line with service needs
4. Training and professional development in line with Strategic and Operational goals
5. Improve knowledge sharing and communication throughout PLAHS
6. Culturally respectful workplace
7. Improve staff wellbeing
8. Increase engagement and awareness of Quality systems and accreditation
9. Establish opportunities for ongoing leadership development and support
10. Commit to a career development and leadership succession program across the organisation.



### **Further information**

[www.plahs.org.au](http://www.plahs.org.au)

[Facebook.com/plahs.org.au](https://www.facebook.com/plahs.org.au)

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