



Walking Tracks to Health Equity

Metro South Health Consultation Report
Aboriginal and Torres Strait Islander Health Directorate

ICARE² values



INTEGRITY COMPASSION ACCOUNTABILITY RESPECT ENGAGEMENT EXCELLENCE

Walking Tracks to Health Equity | Metro South Health Consultation Report

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<https://metrosouth.health.qld.gov.au/about-us/strategy>

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Acknowledgement to Country

Metro South Hospital and Health Service (Metro South Health) recognises and pays respect to the Traditional Custodians of the land and waters – the Yugambeh, Quandamooka, Jaggera, Ugarapul and Turrbal peoples.

We pay our respects to Elders past, present and emerging.



Metro South Health region — We acknowledge Golden Eagle Mentoring for permission to reproduce this map. This map is for illustrative purpose only.



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Introduction

Metro South Health is embarking upon a new way of working on health equity. We aim to reframe the relationship with the First Nations peoples of our region and to remain responsive to their voices. Our commitment is to build strong relationships with our stakeholders and carry this through with ongoing collaboration, co-design and implementation activities that truly make a difference to the health of our First Nations peoples.

The Metro South Health First Nations Health Equity Strategy 2022-2025 was developed by the Aboriginal and Torres Strait Islander Health Directorate in consultation with the Health Service Chief Executive and endorsed by the Metro South Hospital and Health Board in April 2022. The Strategy was circulated to prescribed stakeholders for feedback for 30 days.

This report provides a summary of the consultation process and reflects key insights and feedback during the consultation with the prescribed stakeholders (health workforce, consumers, Traditional Custodians, Aboriginal and Torres Strait Islander Elders and community-controlled health organisations). It also identifies challenges faced during the consultation process.

Project overview

Queensland Health and the Queensland Aboriginal and Islander Health Council are placing First Nations peoples and their voices at the centre of healthcare service design and delivery through Making Tracks Together - Queensland's Aboriginal and Torres Strait Islander Health Equity Framework.

Making Tracks Together seeks to actively eliminate racial discrimination and institutional racism, and influence the social, cultural, and economic determinants of health by working with Aboriginal and Torres Strait Islander organisations, health services, communities, consumers, and Traditional Custodians to design, deliver, monitor and review healthcare services. The voices, leadership and lived experiences of First Nations peoples are driving the Health Equity Reform Agenda.

A cornerstone of the health equity agenda is the legislative requirement passed by the Queensland Parliament in 2020 for Hospital and Health Services to co-develop and co-implement Health Equity Strategies. For the first time, firmly embedded in the legal framework guiding the public health system in Queensland, is a commitment to:

- the achievement of health equity and the improvement of Aboriginal and Torres Strait Islander health outcomes
- the elimination of institutional racism from the public health sector
- improvements in power sharing arrangements with Aboriginal and Torres Strait Islander peoples.

Via the commencement of the *Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021* (the Regulation) in April 2021, the Queensland Government has created the strongest public health system legislation ever enacted in Queensland, by requiring Hospital and Health Services to partner with Aboriginal and Torres Strait Islander peoples and organisations in the design, delivery, monitoring, and review of healthcare services.



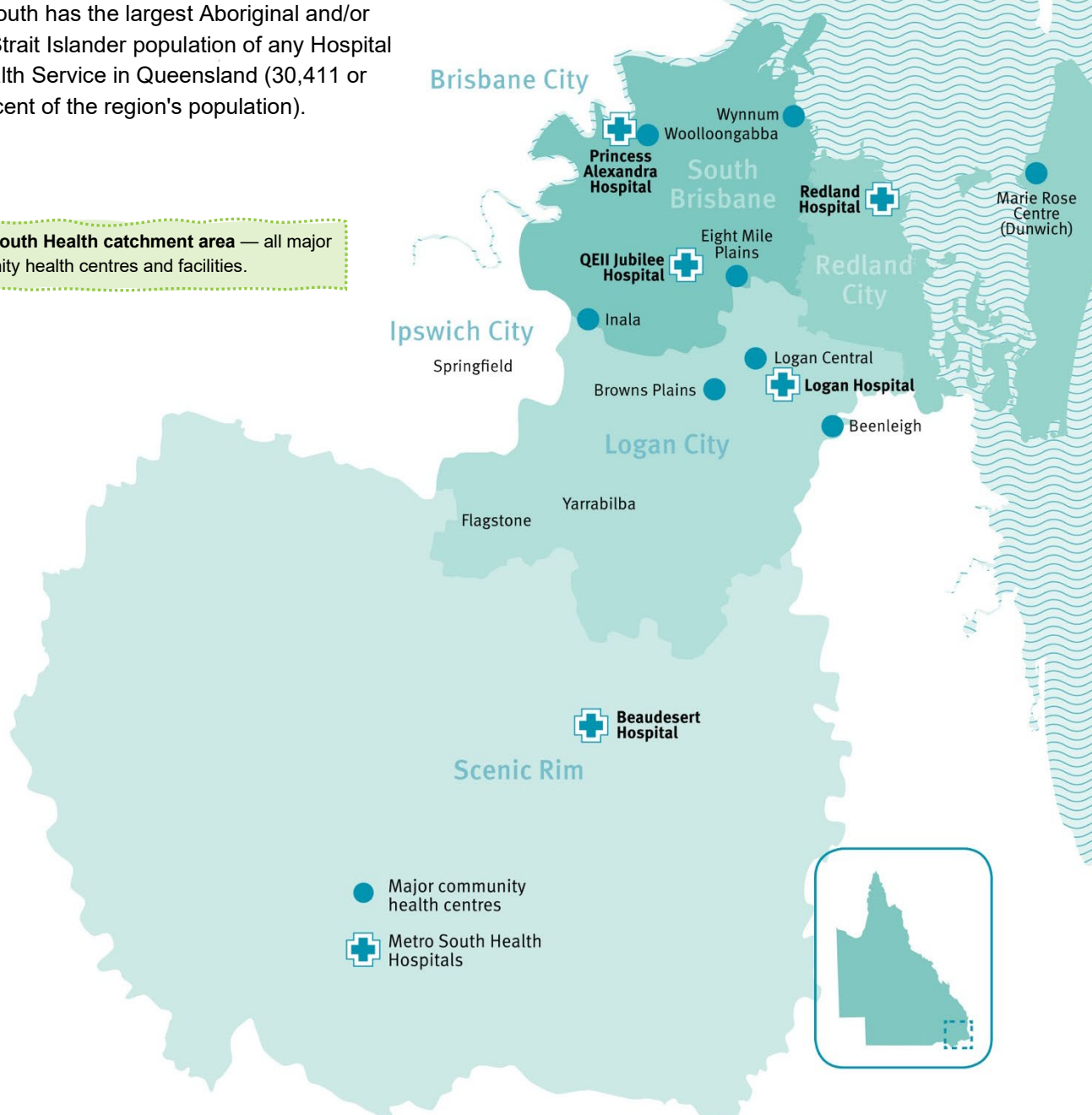
Geography and demography

The Metro South Health region covers a land area of 3,616 square kilometres. In 2020, there were an estimated 1.2 million residents in the region, equal to approximately 23 per cent of Queensland's population.

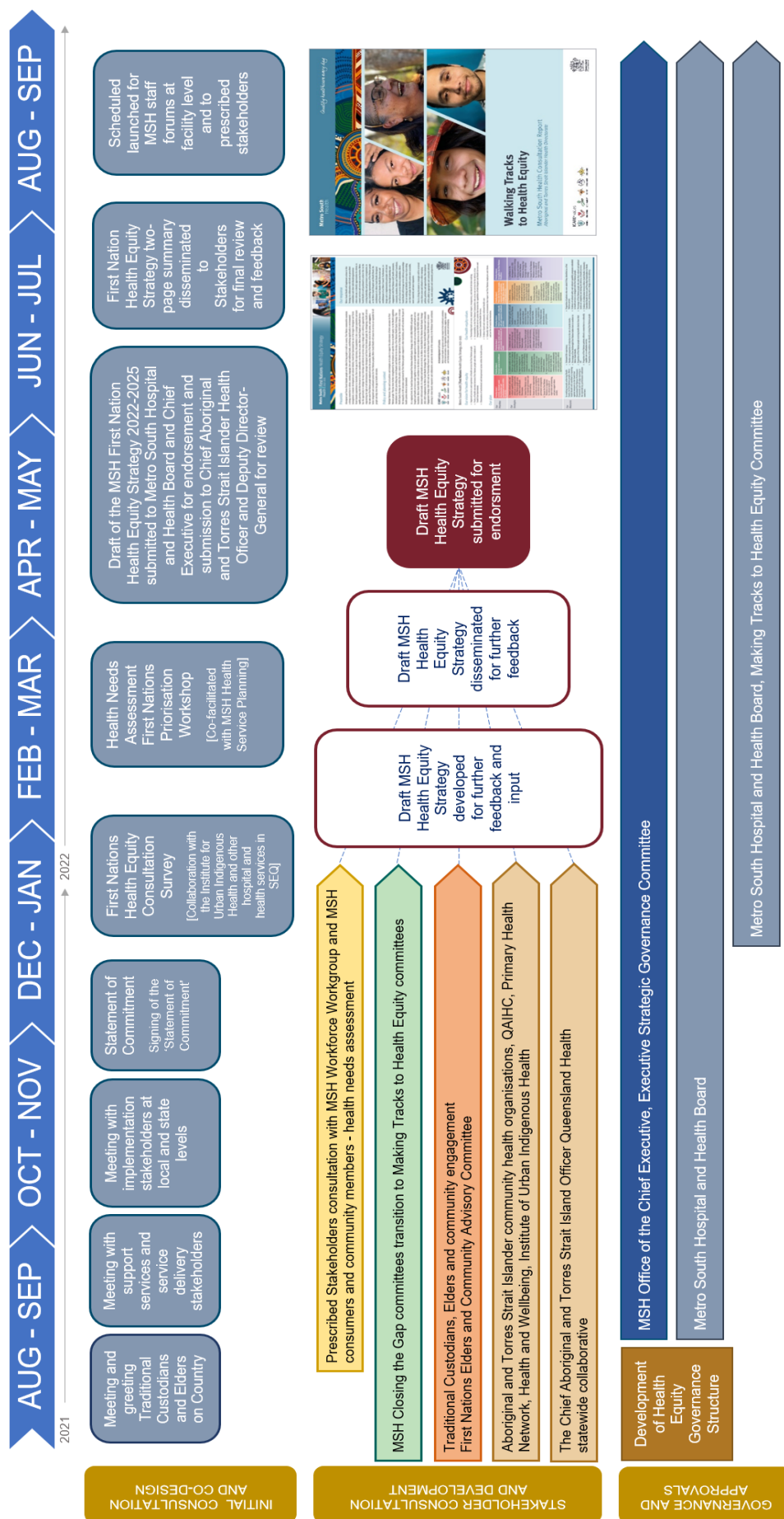
By 2041, this is expected to grow to 1.6 million residents (annual growth rate of 1.5 per cent), with the highest growth in the Logan-Jimboomba area. The number of older people (65+ years) is projected to almost double from 2020 to 2041, increasing from 14 per cent to 19 per cent of the total population.

Metro South has the largest Aboriginal and/or Torres Strait Islander population of any Hospital and Health Service in Queensland (30,411 or 2.6 per cent of the region's population).

Metro South Health catchment area — all major community health centres and facilities.



Our health equity journey timeline



Governance

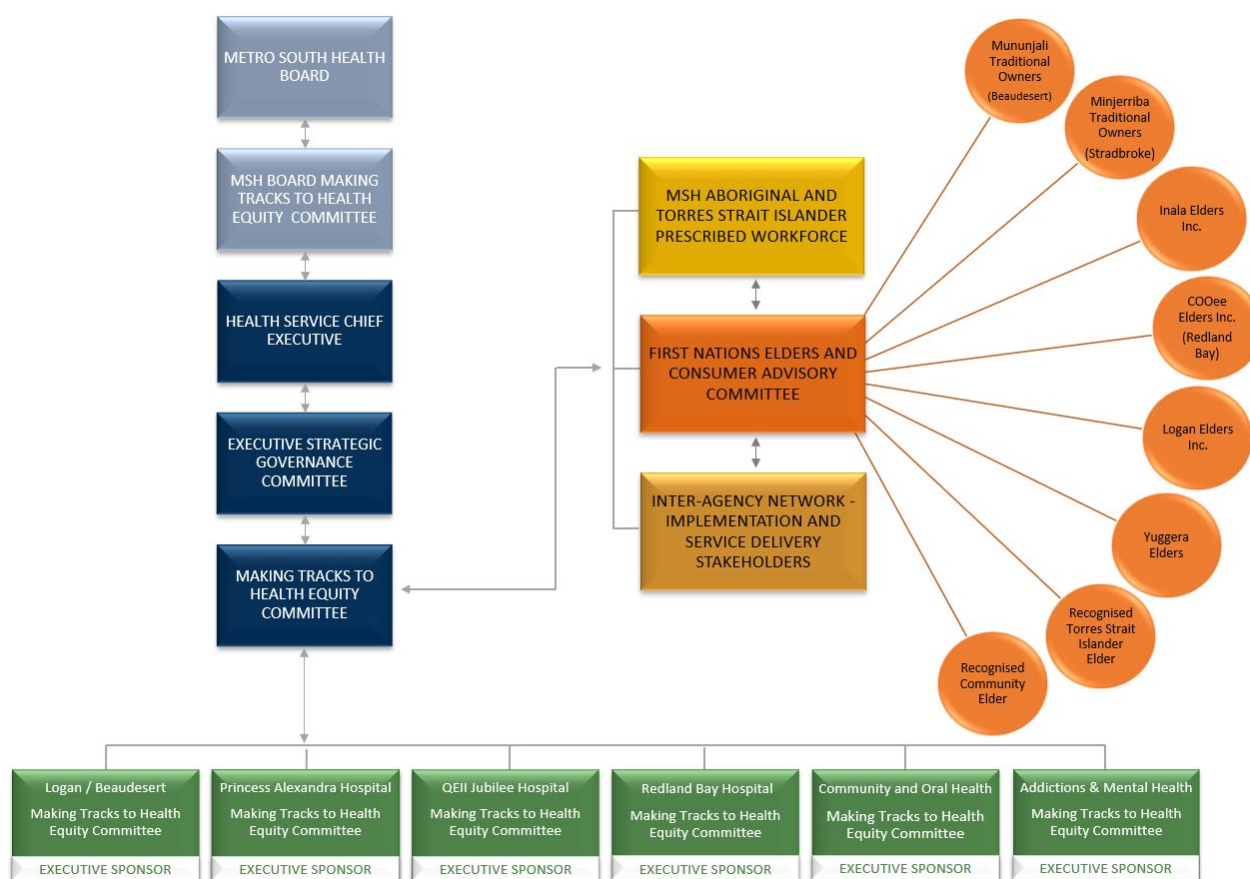
To position Metro South Health to achieve this Strategy, several leadership and governance arrangements were put in place to provide inclusive mechanisms for First Nations peoples at all levels of decision making. Hence, the consultation and engagement activities that have occurred so far have also focused on incorporating First Nations peoples' voices into the governance structure for the delivery of Health Equity. The Metro South Health First Nations Health Equity Strategy 2022-2025 will be driven by a project team within the Metro South Aboriginal and Torres Strait Islander Health Directorate.

Metro South Hospital and Health Board has First Nations representation. To ensure First Nations' leadership is recognised and their voices are heard, a Metro South Health First Nations Elders and Consumers Advisory Committee has been formed. In addition, First Nations community members and consumers will continue to share their lived experience and needs with our network of hospital liaison officers, cultural capability officers, deadly nurses' network, and yarning circles.

The purpose of the governance structure has been to foster connectedness and trust so that the lived experiences and voices of First Nations peoples are valued, honoured, and respected.

The creation of the governance structure aims to:

- ensure First Nations People's voices are heard at every level of decision making
- strengthen relationships and allow shared decision making
- transform governance organisation
- allow for data and information sharing to enable informed decisions.
- set the pathway for implementation and co-delivery.





Committees and membership schedule

Committee	Membership	Level	Frequency
Metro South Hospital and Health Board	Chair Metro South Hospital and Health Board, Deputy Chair Metro South Hospital and Health Board, Board Members.		Monthly
Metro South Hospital and Health Board Making Tracks to Health Equity Committee	Terms of Reference approved.		Monthly
Metro South Health Executive Strategic Governance Committee	Chief Executive, Chief Operating Officer, Chief Finance Officer, Executive Director Princess Alexandra Hospital, Executive Director Logan and Beaudesert Health Service, Executive Director Bayside Health Service, Executive Director QEII Hospital, Executive Director Addiction and Mental Health Services, Executive Director Digital Health and Chief Information Officer, Executive Director Governance, Executive Director Medical Services, Executive Director Nursing and Midwifery, Executive Director Allied Health Services, Executive Director Community and Oral Health.		Monthly
Metro South Health Making Tracks to Health Equity Committee	Director of Aboriginal and Torres Strait Islander Health, Director of Partnerships, Director of Allied Health QEII and Community, Director of Social Work PAH, Director of Social Work QEII, Director of Social Work Logan, Director of Safety Quality Improvement Support Unit, Director of Allied Health Community and Oral Health Service, Director of Clinical Governance, Director of Health Service Planning, Assistant Director of Nursing Clinical Governance and Compliance, Operations Director Centre of Excellence Inala Indigenous Health, Project Manager Making Tracks: Collaboration in Health, Project Manager First Nations Health Equity, Pharmacist, Manager Risk and Compliance, Aboriginal and Torres Strait Islander Coordination, Aboriginal and Torres Strait Islander Cultural Capability Officers x 4, Clinical Nurse Consultant, Team Leader The Way Forward Team.	Tier 2	Fortnightly
First Nations Elders and Consumers Advisory Committee	Mununjali Traditional Owners (Beaudesert), Minjerriba Traditional Owners (Stradbroke), Inala Elders Inc., COOee Elders Inc.(Redland Bay), Logan Elders Inc., Yuggera Elders, Recognised Torres Strait Islander Elder, Recognised Community Elder.	Tier 3	Bi-monthly
Princess Alexandra Hospital Making Tracks to Health Equity Committee	Director of Social Work, Person-Centred Care Coordinator, Registered Nurse, Aboriginal and Torres Strait Hospital Health Workers, Nurse Manager, Clinical Nurse Consultant, Nurse Unit Manager, Aboriginal and Torres Strait Hospital Liaison Officer, Pharmacist, Manager - Patient Safety and Quality Unit, Nurse Navigator, Primary Health Network, Institute of Urban Indigenous Health, Nurse Manager Quality and Resources.	Tier 3	Monthly
Logan / Beaudesert Making Tracks to Health Equity Committee	Director of Allied Health, Director of Nursing and Midwifery, Director of Medical Services, Aboriginal and Torres Strait Islander Coordination Team, Aboriginal and Torres Strait Islander Nurse Navigators, Aboriginal and Torres Strait Islander Health Workers, Midwifery Group Practice, Nurse Manager.	Tier 3	Monthly
Redland Hospital Making Tracks to Health Equity Committee	Executive Director, Director of Social Work, Director of Allied Health, Director of Physiotherapy and Podiatry, Zero Suicide Clinical Project Officer, Assistant Director of Nursing and Midwifery Women's and Children's Services, Aboriginal and Torres Strait Islander Health Worker, Cultural Capability Officer, Senior Hospital Liaison Officer, Registered Nurse, COOee Elders, Yuli-Birri-Ba.	Tier 3	Monthly
QEII Jubilee Hospital Making Tracks to Health Equity Committee	Director of Allied Health QEII and Community, Senior Equity Officer, Director of Health Equity Access Unit, Director of Social Work, Nurse Unit Manager Ward 2A Ortho/Urology, Senior Administration Officer - Emergency, Clinical Administration Officer, Team Leader Community, Director of Nursing - Medical, Nurse Unit Manager, Indigenous Hospital Liaison Officer, Director Occupational Therapy, Acting Administration Services Manager, Clinical Nurse Case Manager.	Tier 3	Monthly
Addictions and Mental Health Making Tracks to Health Equity Committee	Executive Director Metro South Addiction and Mental Health Services, Director Therapies and Allied Health, Assistant Director of Nursing Safety Quality and Improvement Support, Team Leader Way Forward Team, Primary Health Network Program Manager, Team Leader Acute Care Team, SEWB Clinician Bayside, Peer Recovery Support Worker Youth and Family Wellbeing, Registered Nurse West Wing Inpatient Unit, Aboriginal and Torres Strait Islander Mental Health Coordinator, Nursing Director Redland Hospital, Community Director Division of Adult Mental Health Princess Alexandra Hospital, Mental Health Information Officers, Director of Human Resources, Director of Allied Health Community and Oral Health, Director Aboriginal and Torres Strait Islander Health, Director of Safety and Quality and Improvement Support Unit.	Tier 3	Monthly
Community and Oral Health Making Tracks to Health Equity Committee	Executive Director Community and Oral Health, Director of Allied Health, Aboriginal and Torres Strait Islander Nurse Navigator, Clinical Nurse Consultant Respiratory Bayside Chronic Disease, Nurse Navigator Health Equity, Clinical Nurses Acute care @ Home, Advanced Social Worker Rehab @ Home, Clinical Nurse Consultant Transition Care Program, Clinical Nurse Consultant Dementia Outreach Service, Nurse Educator Aged Care Services, Advanced Oral Health Therapist, Admin and Facility Manager Community Facilities, Registered Nurse Princess Alexandra Hospital, Aboriginal and Torres Strait Islander Capability Officer, COVID-19 Operations Manager Community and Oral Health, Occupational Therapist ACAT.	Tier 3	Monthly
Prescribed Workforce	Director of Aboriginal and Torres Strait Islander Health, Operations Director Centre of Excellence Inala Indigenous Health, Principal Consultant Diversity and Inclusion Human Resources Metro South Health, Psychologist Centre of Excellence Inala / Team Leader Way Forward Team, Aboriginal and Torres Strait Islander Coordinator, Aboriginal and Torres Strait Islander Cultural Capability Officers, Aboriginal and Torres Strait Islander Nurse Navigators, Senior Health Liaison Officer.	Workgroup	Monthly
MSH First Nations Nurses and Midwives Committee	Nurse Navigators, Nurse Unit Manager, Clinical Nurse Case Manager, Health Workers, Clinical Nurse Consultant.	Workgroup	6 Weeks



Consultation begins

The Metro South Aboriginal and Torres Strait Islander Directorate collaborated through informal and formal engagement activities for more than 12 months, to identify the needs of our consumers and hear the voices of our stakeholders. Despite the difficulties created by the COVID-19 pandemic, from July 2021 to March 2022 there were over 120 recorded consultation events with individuals and groups. These events occurred around a variety of health equity topics to gauge the needs and opinions of all the prescribed stakeholder groups.

Information sessions on the First Nations Health Equity Project commenced in July 2021. These were conducted with Elders, Traditional Custodians, community representatives, Aboriginal and Torres Strait Islander community-controlled health providers and supporting organisations for First Nation peoples. Staff induction sessions and staff cultural awareness education sessions were held in the hospitals and community health facilities across Metro South Health. The dissemination of this information was facilitated by the Aboriginal and Torres Strait Islander Health Directorate (Director, Health Equity Project Manager, cultural capability officers), health liaison officers and Close the Gap Committees based in Metro South Health facilities.

Engagement activities

Consultations and information sessions were taken directly to the Elders, Traditional Custodians and community members by the Director, Health Equity Project Manager and cultural capability officers across the Metro South Health region.



Connecting as a strong and deadly team in Beaudesert with Metro South Health staff, staff from Community Support Organisations and Beaudesert Elders.

Development stakeholders and purpose of engagement

First Nations staff members

1. Raise awareness of the health equity legislation and Metro South Health's response to the legislation
2. Identify key strategies Metro South Health can implement to achieve Strategy aims.

First Nations health consumers

1. Understand how Metro South Health can make facilities and services more culturally responsive
2. Understand preferred strategies to increase access to health services
3. Identify key strategies Metro South Health can implement to achieve Strategy aims.



First Nations community members

1. Raise awareness of health equity legislation and Metro South Health's response to legislation
2. Identify key strategies Metro South Health can implement to achieve Strategy aims.

Elders, Traditional Custodians and Native Title Holders

1. Involve Elders, Traditional Custodians and Native Title Holders in the development of a governance structure to ensure the voice of First Nations peoples is elevated
2. Identify key strategies Metro South Health can implement to achieve Strategy aims.

Health Equity Strategy requirements

The Metro South Health First Nations Health Equity Strategy 2022-2025 sits within the context of both the Queensland Government's First Nations Health Equity agenda and the National Agreement on Closing the Gap 2020 which aims to overcome the inequality in life expectancy outcomes experienced by First Nations peoples compared with other Australians.

The National Agreement on Closing the Gap 2020 sets out four areas of priority reforms, aimed at changing the way governments work with First Nations peoples. Metro South Health is committed to these priority reforms to:

- strengthen and establish formal partnerships and shared decision making
- build the Aboriginal and Torres Strait Islander community-controlled sector
- transform government organisations so they work better for First Nations peoples
- Improve and share access to data and information to enable Aboriginal and Torres Strait Islander communities to make informed decisions.

In progressing the National Agreement, the Queensland Government has committed that each Hospital and Health Service will:

- have Aboriginal and Torres Strait Islander representation on its Board.
- develop and publish a strategy to achieve health equity for First Nations peoples.

The legislative requirements for the preparation of health equity strategies are detailed elsewhere, but include four main elements:

- prescribed stakeholders for development, implementation and delivery of the Strategy
- agreed key performance indicators (KPIs) to improve health and wellbeing outcomes
- actions that the Hospital and Health Service will undertake to achieve the KPIs
- Statement of Strategy alignment.



First Nations Health Equity Strategy
— refer to Appendix 1



Development stakeholders

Our First Nations prescribed stakeholders contribute to ensuring that we are co-designing our governance and Health Equity Strategy with inclusion and collaboration being at the heart of consultations. These principles play a vital role in assisting us to plan, design and deliver better health services for First Nations communities in the Metro South Health region. We engaged with First Nations peoples' lived experiences in accessing the health system — sharing patients' journeys from points of entry and exit across the whole continuum of care. This process is the first step in co-design.

Ongoing engagement will continue via meetings with Elders and Traditional Custodians of the Land, and through our workforce network led by hospital liaison services and cultural capability officers. This engagement will align with Standard 2 in the National Safety and Quality Health Service (NSQHS) Accreditation Standards and will occur via feedback surveys, face-to-face engagement with patients and clients, and ongoing development of yarning circles in collaboration with Queensland Health.

The development of the Metro South Health First Nations Equity Strategy required engagement with all four groups of prescribed stakeholders. The Health Equity Project governance structure is designed to ensure that we hear First Nations peoples' voices at all levels of decision making within Metro South Health. This also provides a mechanism to ensure that we, in Metro South Health, are transparent and accountable in co-designing health services to meet equitable health needs of our First Nations prescribed stakeholders and communities.

DEVELOPMENT STAKEHOLDERS

First Nations *staff members*

First Nations *health consumers*

First Nations *community members*

Traditional custodians/owners and
native title holders in the service area

Health and Wellbeing Queensland

The Chief Aboriginal and Torres Strait Islander Health Officer (CATSIHO)

Queensland Aboriginal and Islander Health Council (QAIHC)

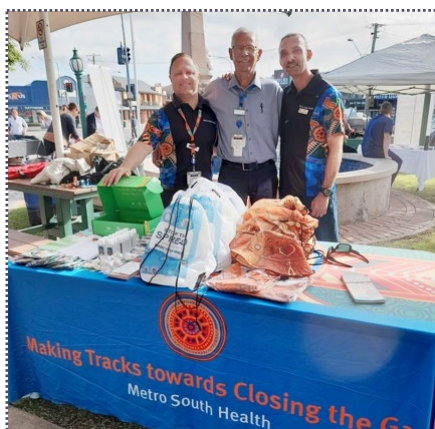
Aboriginal and Torres Strait Islander community-controlled health organisations (ATSICCHOs) in the service area

Local primary healthcare organisations (including PHNs)

IMPLEMENTATION STAKEHOLDERS



SERVICE DELIVERY STAKEHOLDERS





Our workforce/First Nations staff members:

Our First Nations workforce play a critical role in health equity reform from the development of our Strategy through to implementation and delivery. They are pivotal as conduits into the organisation to raise awareness of the health equity legislation and our response, and as links with our consumers and community. Their involvement and feedback have been essential, and they are regularly involved in bi-weekly meetings to discuss all aspects of the health equity reform agenda within Metro South Health.

Comments collected from our workforce

"We need to have a clear understanding of what has and hasn't worked in the past, and why."

"We need to have people on the ground to ensure clients are supported in a culturally safe manner for a hospital stay or admission."

"Eliminating racism, both institutional and interpersonal, is the key for health equity for First Nations people and needs to be more strongly articulated."

"There needs to be both cultural capability and anti-racism training."

"In order to create racial equity, we must have conversations about racism, white privilege, white fragility and how the system is built on whiteness."

"I think there is a lot to be done in how we view mental health for Indigenous people. The Western model we have is not a good fit. It doesn't account for all the racial trauma that all Indigenous people experience living in this country."

"It's the co-ordination and case management that really fails. When patients hit specialist care it becomes very difficult to know who is looking after them, so there needs to be better co-ordination."

"I would prefer, and I would recommend that everything gets done from the community anyway. We just have to make sure it's culturally safe and that there are identified positions with lived experience, Indigenous staff who actually can relate culturally and can make people feel safe and to be connected and to be open."



Our First Nations health consumers

We met our First Nations health consumers in face-to-face meetings, as well as during the Metro South Health Needs Assessment prioritisation workshops. Feedback was also provided via surveys. The role of our consumers is to help us understand how Metro South Health can make facilities and services more culturally responsive, as well as to inform us of their needs and perceptions around access to health services.

Ongoing engagement is maintained through the establishment of yarning circles in collaboration with Health Consumers Queensland. Metro South Health has also stood up the Metro South Hospital and Health Board committee, Making Tracks to Health Equity Committee Board, and the First Nations Elders and Consumers Advisory Committee.

Comments from our consumers

“Aboriginal Health is broader than the traditional Western idea.”

“We want to look for solutions that aren’t just addressing one issue but working on the burden of disease.”

“Child and youth mental health from an Aboriginal and Torres Strait Islander Health Service is non-existent in Beaudesert.”

“A lot of people don’t have a lot of dollars, trying to get them into hospital, they need transport.”

“The gender balance is very important, it’s at the heart of a culturally appropriate service, if each hospital had adequate numbers of hospital liaison officers, we could achieve gender balance.”

“When people are at their most vulnerable that’s when the system becomes overwhelming, and they just shut down.”



First Nations community members

We reached out to our First Nations community members through the cultural capability officers and hospital liaison officers to raise awareness of health equity and the reforms that Metro South Health is undertaking. Through face-to-face meetings and workshops, the community voices will help us identify ways to connect services and overcome access barriers.

Comments from our community

"Sometimes there are hidden costs, the burden of the cost can impact on accessing services."

"The level of access to services does not meet the needs of the populations."

"The social determinants of health are the bigger issue. They do impact upon people's health. It's cheaper to stop something or prevent something when it's small. So, if there

were better housing, if there were reduced domestic and family violence, I think there would be a great impact on the health system."

"I think it's the capacity and capability of the workforce, you need to develop the workforce to service the needs of the community."

"One of the biggest things is retention...there should be good career pathways for First Nations Peoples throughout the department."

Elders, Traditional Custodians and Native Title Holders

The leadership of our Elders, Traditional Custodians and Native Title Holders is recognised, respected and honoured. We consulted with five Incorporated Elders Organisations to seek guidance and co-design in the formation of an advisory council.

Metro South Health's commitment to health equity, cultural respect and the role of our Elders' cultural protocols is demonstrated through the formation of our First Nations Elders and Consumers Advisory Committee, previously known as the 'Aboriginal and Torres Strait Islander Elder and Consumer Advisory Council'.

This committee is an important part of our governance structure to ensure the voices of First Nations Elders and Peoples are elevated.



Comments from our Elders, Traditional Custodians and Native Title Holder

"You know yourself that when you are sitting in a room and have a living, breathing yarn and let's face it, that's culturally appropriate for our mob."

"Aboriginal health means not just the physical wellbeing of an individual, but refers to the social, emotional and cultural wellbeing of the whole community."

"We need some sort of community engagement piece around encouraging people to get cancer screening and family history and cardiovascular disease and diabetes, if that's done it really helps."

"Services on Minjerriba (Stradbroke Island) are not culturally safe and out of hours services don't meet the needs of the community."



First Nations Elders and Consumers Advisory Committee members orientation day

Left to right: Aunty Rose Page, Aunty Levina Page, Trudi Sebasio (Director of Aboriginal and Torres Strait Islander Health), Aunty Betty McGrady and Aunty Lyn Schonefeld. Uncle Terry Stedman and Aunty Melissa Cleary were in attendance via Microsoft Teams.

Implementation stakeholders



Health and Wellbeing Queensland

High level consultation and meetings between Hospital and Health Services and Health and Wellbeing Queensland have been in place with Close the Gap activities, projects and outcomes in public health promotions. This collaboration has continued with the Metro South Health First Nations Health Equity Strategy development and will flow on with the implementation workshops to develop the Implementation Plan and measurable outcomes to support the Strategy.

The Chief Aboriginal and Torres Strait Islander Health Officer (CATSIHO)

Strategic support has been established between the Department of Health's Aboriginal and Torres Strait Islander Health Branch, the Hospital and Health Services First Nations leads, and Health Equity teams. Ongoing monthly health equity collaboration meetings provide oversight, incentives, sharing of experiences, guidance and support for the Hospital and Health Services Health Equity teams. These strategic meetings allow transfer of knowledge and shared learnings on a statewide level. These ongoing collaborations will continue to be welcomed as we now embark on the implementation stage.



Regional planning

The Deed of Agreement for the South East Queensland region signed in November 2021 by the Institute for Urban Indigenous Health, South East Queensland Hospital and Health Services and Aboriginal and Torres Strait Islander Community Controlled Health Organisations became the cornerstone for the formation of the South East Queensland Regional Health Equity Strategy. It is also the foundation for the development of Metro South Health First Nation Health Equity Strategy. All of these stakeholders will be part of the implementation workshops and will be actively involved in the development of the Metro South Health Implementation Plan.

Service delivery stakeholders

Aboriginal and Torres Strait Islander community-controlled health organisations

Collaboration between the Metro South Health and the Aboriginal and Torres Strait Islander community-controlled health organisations is well established from the Metro South Hospital and Health Board and Executive Committee down to the service delivery areas in the hospital and community facilities. They have participated in the Metro South Health Needs Assessment and the South East Queensland / Institute for Urban Indigenous Health Survey processes.

The Aboriginal and Torres Strait Islander community-controlled health organisations associated with Metro South Health are:

- Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd
- Yulu-Burri-Ba Aboriginal Corporation for Community Health.

Yulu-Burri-Ba Aboriginal Corporation for Community Health and the Aboriginal and Torres Strait Islander Community Health Services Brisbane are involved with, and form part of several health delivery programs in Metro South Health, for example: Maternity Hubs, the Making Tracks: Collaboration in Health, CaRRS project, the Way Forward, Diabetes Education at Stradbroke Island and Discharge to Home support program. Yulu-Burri-Ba Aboriginal Corporation for Community Health and Aboriginal and Torres Strait Islander Community Health Services Brisbane are included in the Metro South Health Health Equity governance structure and have representation on several Making Tracks to Health Equity Committees (previously Close the Gap Committees) in Metro South Health hospitals and community facilities.



Local primary healthcare organisations

Southern Queensland Centre of Excellence

Southern Queensland Centre of Excellence – Inala Indigenous Health Services is a unique example of a public health service set in the heart of community, providing service delivery in a culturally sensitive manner. This Centre of Excellence is a Metro South Health clinical facility, which was specifically set up to close the gap in health services for the Aboriginal and Torres Strait Islander peoples in the Metro South Health community. The Centre of Excellence model exemplifies health equity for First Nations peoples.



Brisbane South Primary Health Network

Brisbane South Primary Health Network (BSPHN) is a supportive and involved prescribed stakeholder which collaborates with Metro South Health by sharing information and actively including the Metro South Health Equity team in their development, planning and strategy processes. The BSPHN Aboriginal and Torres Strait Islander Program Manager also serves on a number the Metro South Health facility level Making Tracks to Health Equity Committees and other operational service committees in Metro South Health. Regular meetings are held between the BSPHN Aboriginal and Torres Strait Islander, Program Manager and the Metro South Health Aboriginal and Torres Strait Islander Health Directorate, and other key Metro South Health operational and strategic areas.

BSPHN participated in the health needs assessment workshops, held by Metro South Health. The Metro South Health Aboriginal and Torres Strait Islander Health Directorate staff also participated in the health needs assessment process and provided input into the priorities identified by Metro South Health consumers and community members.

Consumers and staff of Aboriginal and Torres Strait Islander community-controlled health organisations, BSPHN and Southern Queensland Centre of Excellence participated in both the South East Queensland Institute for Urban Indigenous Health / Health Equity Consultation Survey and Health Needs Assessment process for Metro South Health.



Brisbane South Primary Health Network health needs assessment planning day

Left to right: Brian Blow, Sharne Iselin, Wyomie Robertson, Trudi Sebasio, Uncle Terry Stedman and Joanne Jones.

South East Queensland collaboration

The South East Queensland Statement of Commitment has formalised and strengthened the cohesive relationship between the five regional Hospital and Health Services, the Aboriginal and Torres Strait Islander community-controlled health organisations and Institute for Urban Indigenous Health.

There is a commitment to work together to achieve better health outcomes for First Nations peoples across the South East Queensland region. The 'Statement of Commitment' between Metro South Health and the other Hospital and Health Services, Institute of Urban Indigenous Health Network of community-controlled health services, Children's Health Queensland and Mater was signed on 22 November 2021.

Led by the Institute of Urban Indigenous Health, a survey and further feedback was gathered in December 2021-January 2022.

The Institute for Urban Indigenous Health Consultation Survey was adapted and badged as Metro South Health's Health Equity Consultation Survey for easy identification and dissemination to Metro South Health stakeholders.

Metro South Health First Nations Health Equity Workforce Workgroup was tasked with the responsibility of disseminating Metro South Health Health's Equity Consultation Survey to the community and identified prescribed stakeholders.

Metro South Health's Health Equity Consultation Survey commenced on the 17 December 2021, and included a supporting flyer to support distribution to prescribed stakeholders in the community. Staff were able to access the survey via SharePoint or the QR Code on the flyer.

The Institute of Urban Indigenous Health and Metro South Health's Health Equity Consultation Survey closed on 26 January 2022.

Key issues identified regionally include:

- the provision of culturally safe health care
- the provision of health services free from racism and discrimination
- engaging with First Nation peoples before designing healthcare systems.

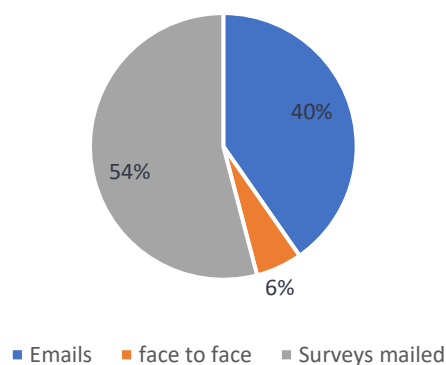


Statement of Commitment
— refer to Appendix 2

Institute of Urban Indigenous Health (IUIH) and Metro South Health's Health Equity Consultation Survey

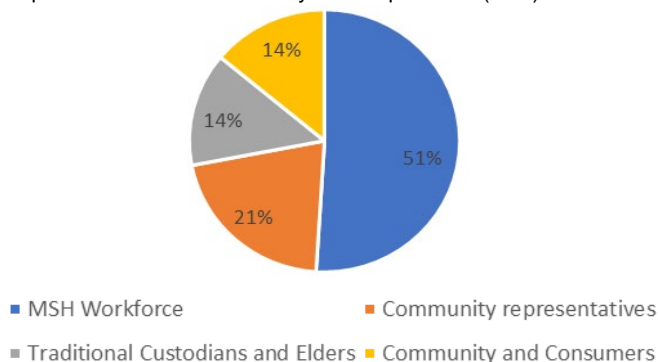
Consultation methods: IUIH | MSH Survey

Methods of survey consultation consisted of mailed hard copies (54%), emails (40%), face-to-face (6%).



Consultation stakeholders: IUIH | MSH

Stakeholders consisted of Metro South Health workforce (51%), Traditional Custodians and Elders (21%), consumer representatives and community service providers (14%).



Following the consultation process, a South East Queensland Regional Health Equity Strategy was produced. The development of this Strategy occurred jointly with the legislated prescribed stakeholders, based on stakeholder engagement throughout the South East Queensland region. A set of South East Queensland regional key priority areas and data points for performance measuring have been developed to guide local strategies and implementation plans.

Metro South Health has worked in partnership to develop the South East Queensland Health Equity Strategy collating the Institute of Urban Indigenous Health /Metro South Health survey feedback and distribution of the South East Queensland Health Equity Strategy.

Health Needs Assessment

As part of the 2021 Metro South Health Health Needs Assessment project, Aboriginal and Torres Strait Islander stakeholders were engaged to provide insights and perspectives on the prioritisation of health need themes and specific health needs identified during consultation, data analysis, literature review and subsequent triangulation. The Health Needs Assessment is also known as the Local Area Needs Assessment project.

Health Needs Assessment workshops were conducted on 3 and 30 March 2022 by Metro South Health Planning services to understand the Aboriginal and Torres Strait Islander stakeholder prioritisation of health needs. The workshop held on 3 March 2022 was to brief stakeholders and provide background and context to the Health Needs Assessment project. This was attended by 16 Aboriginal and Torres Strait Islander stakeholders who were engaged by the Metro South Health Health Service Planning team with advice from the Metro South Health Aboriginal and Torres Strait Islander Health Directorate.

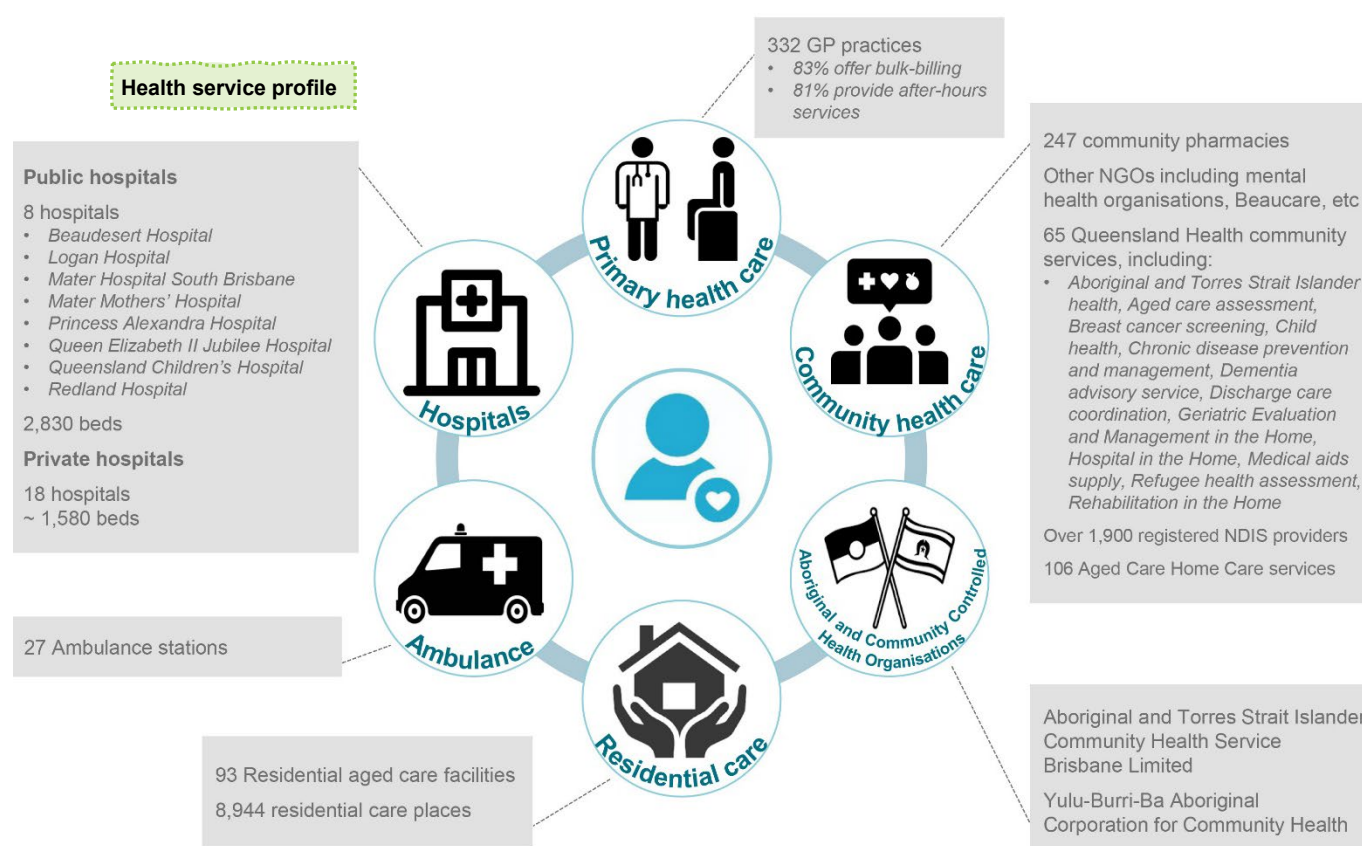
Stakeholders were asked to rank the 31 health need themes by using a Citizen Space survey, which was open for response between 3 and 21 March 2022. The result of these rankings contributes to defining the highest 'priority needs' themes for Metro South Health to act upon over the next three years. A total of 37 survey responses were received.



These workshops and the survey were a valuable opportunity to hear from our stakeholders (staff, community members, consumers and primary health providers) on areas of healthcare that were highest in their perceived needs.

From the survey responses and health needs workshops, the key health areas of concern include:

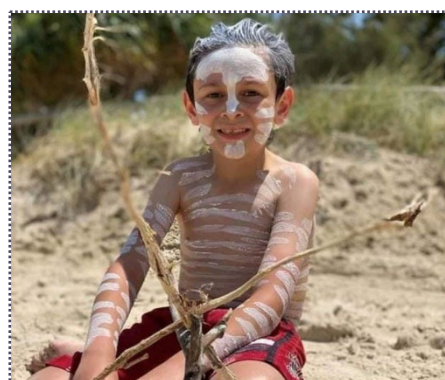
1. Aboriginal and Torres Strait Islander Health
2. Addiction and Mental Health
3. Cancer



Our voices

Responses came from Metro South Health Aboriginal and Torres Strait Islander people consumers, staff, community and service providers.

- Metro South Health prescribed workforce
- First Nations consumers
- First Nations members of the community
- Elders, Traditional Custodians and Native Title Holders
- Implementation stakeholders
- Service delivery stakeholders.





What we heard

The key issues

- Provision of culturally safe health care
- Provision of health services free from racism and discrimination
- Lack of engagement with First Nation People before designing healthcare systems
- Access to public services does not meet population need - lack of access to Indigenous Health Liaison Officers, including after-hours services in some cases
- Access to public specialist primary health services in Logan and Beaudesert.

Top four key themes identified

Mental health, Alcohol and Drugs

- Impacts of drug and alcohol use in the population
- Impact of mental illness and suicide in the population
- Social, health and economic impacts of the COVID-19 pandemic have increased frequency and severity of mental illness
- Stigma associated with mental illness prevents care seeking among some populations
- Access to public services does not meet population need - child and youth mental health
- Access to public services does not meet population need - drug and alcohol use
- Access to public services does not meet population need - mental health, in particular:
 - suicide prevention
 - crisis/acute mental health care
 - 'low-level' mental health care (e.g., stress, anxiety, and low-level depression)
 - after-hours services
 - alternatives to emergency department
 - integration between addiction and mental health services.

Cancer

- Impact from cancer in the population.
- Low cancer screening rates, especially in Logan-Jimboomba planning region.

Allied health

- Access to public services does not meet population need - allied health, especially psychology, physiotherapy, speech pathology and social work professions in rehabilitation/post-acute care and mental health services.

Cardiac

- Impact from coronary heart disease in the population.
- Services for acute rheumatic fever and rheumatic heart disease do not achieve the best outcomes for affected residents.

Our response

Metro South Health will implement actions in the Strategy to ensure co-design with both our prescribed stakeholders, and other individuals and organisations. As we aim to be responsive and flexible in our approach to health equity, we will continue to identify opportunities for reform, to connect services and overcome access barriers. At the heart of the Metro South health equity agenda is authentic engagement and co-design with our stakeholders during all aspects of delivering healthcare. We have an ongoing commitment to community and consumer involvement in healthcare and have generated a governance structure so that First Nations peoples' voices are heard at all levels.

Our vision for health equity

Metro South Health's vision for health equity focuses on the experience First Nations peoples have in our health system. This experience is directly affected by timely access to culturally appropriate health services delivered by inclusive staff members.

Our vision for health equity is to eliminate racism and improve the access and experience of First Nations peoples to achieve parity in health outcomes, focused on:

- improved access to and experience of health services for First Nations peoples
- parity of health outcomes between First Nations peoples and other residents of South East Queensland
- elimination of institutional and interpersonal racism within the health system.



Our health equity values

Our values can be summarised as our commitment to move from '*working for*' to '*working with*' First Nations peoples. The lived experiences and voices of First Nations peoples are being valued, honoured, and respected and First Nations leadership is recognised and listened to at all levels of decision making, including on the design and delivery of legislation, policies, services and practices. We will continue to work collectively to identify opportunities for reform, connect services and overcome access barriers.

Our health equity values:

- Partnerships built on trust, mutual respect, transparency and shared decision making
- Accountability to the First Nations communities who access our services, for the delivery of an integrated health service that harnesses the capabilities of both Hospital and Health Services and Community Controlled Health Services
- Evidence based and community informed healthcare
- Culturally safe and inclusive service delivery environments that respect our First Nations employees and clients and are free from racial discrimination.



Our Strategy

The Metro South Health First Nations Health Equity Strategy 2022-2025 was drafted based on the Queensland Health Making Tracks together: Aboriginal and Torres Strait Islander Health Equity Framework and the South East Queensland collaboration to develop a regional strategy. The Strategy places First Nations peoples' voices at the centre of healthcare service co-design and delivery.

Metro South Health is committed to ensuring health services are equitable and accessible to the First Nations peoples and will contribute to closing the gap in health equity outcomes. The Strategy outlines our vision for health equity, our purpose, and underpinning values to achieve health equity within our planning processes.

Our priorities

Based on the Queensland Health Making Tracks together: Aboriginal and Torres Strait Islander Health Equity Framework and the South East Queensland First Nations Health Equity Strategy 2022-2031, and MSH Strategic Plan 2021-2025, similar priority areas were identified in the Metro South Health consultation and collaboration processes and used as our evidence base in co-designing our Health Equity Strategy. From our consultation at a regional level and following the Metro South Health Aboriginal and Torres Strait Islander health needs assessment prioritisation workshops, we have added an additional priority area to ensure that we have an increased representation of First Nations peoples at all workforce levels and in all employment streams, commensurate with the First Nations population within the Metro South Health footprint. The Metro South Health First Nations Health Equity Strategy 2022-2025 will focus on the following six priority areas and actions:

Priority area 1: Actively eliminate racial discrimination and institutional racism within the service

- Embed cultural safety and cultural capability programs which are co-designed with First Nations Peoples across all Metro South Health directorates
- Embed First Nations voices in corporate governance and decision making
- Ensure service improvement activities are oversighted by both clinical and cultural governance arrangements
- Ensure the First Nations workforce is supported by cultural models of supervision and monitoring and peer support where needed.

Priority area 2: Increase access to healthcare services

- Establish models of care that deliver care closer to home in partnership with Community Controlled Health Services
- Improve integration of care by strengthening the interface between primary, community and secondary care
- Work with Community Controlled Health Services and other primary care providers to improve discharge following a hospital admission
- Improve local engagement and partnerships between Metro South Health, the community, and community-controlled organisations and other stakeholders to address agreed priority areas.



Priority area 3: Influence the social, cultural, and economic determinants of health

- Collaborate with our partners to develop and deliver health promotion and prevention programs which target the needs of First Nations peoples
- Ensure First Nations peoples have access to preventative public health interventions
- Collaborate with partners to develop a regional response to address the determinants of health.

Priority area 4: Deliver sustainable, culturally safe, and responsive healthcare services

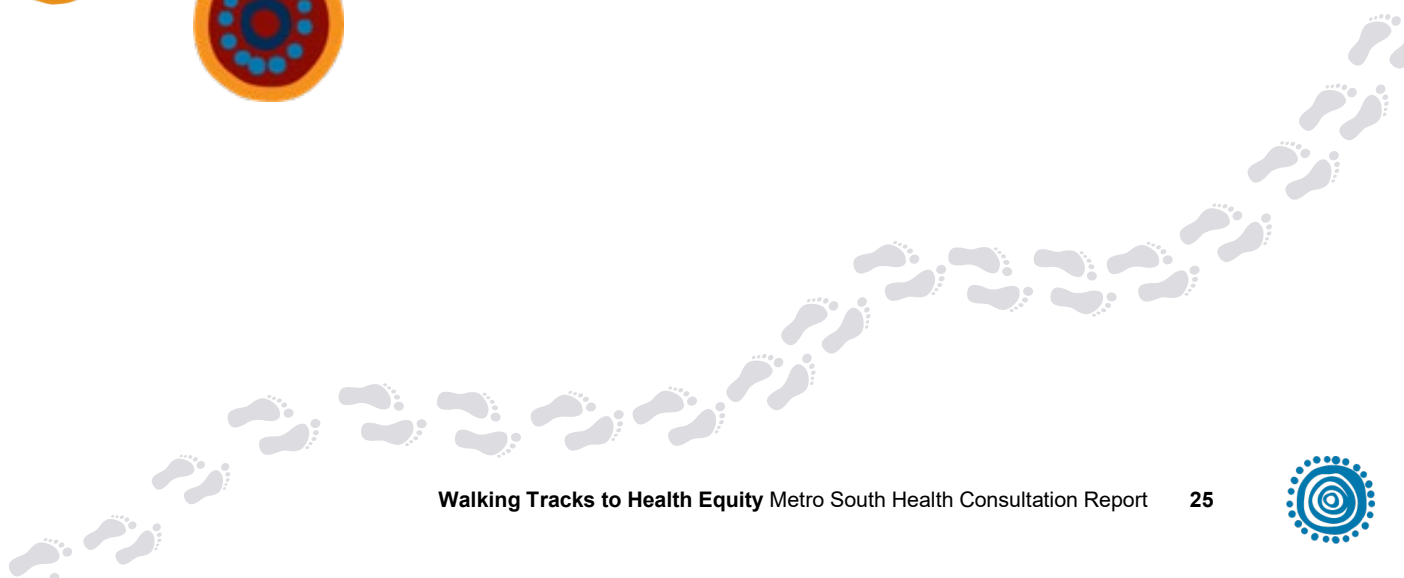
- Deliver high quality and safe healthcare to First Nations peoples
- Provide consumers information about their rights and feedback mechanisms that enable them to report their experiences of healthcare in Metro South Health
- Develop mechanisms to improve completion rates of First Nations status identification across all patient systems.

Priority area 5: Work with First Nations peoples, community and organisations to design, deliver, monitor and review health services

- Establish strong engagement structures, communication processes and cultural protocols to ensure First Nations peoples are involved in co-designing and having their say in how health services are planned and delivered in Metro South Health
- Develop action plans to ensure Metro South Health embeds a consolidated approach to the implementation of the National Safety and Quality Health Standards.
- Build on and replicate effective service delivery partnership models already established in South East Queensland.

Priority area 6: Strengthen the First Nations workforce

- Contribute to the development of a South East Queensland regional workforce strategy
- Develop and implement a Metro South Health First Nations Workforce Strategy that leverages the regional strategy
- Ensure the First Nations workforce is supported by cultural models of supervision, mentoring, and peer support.



Challenges

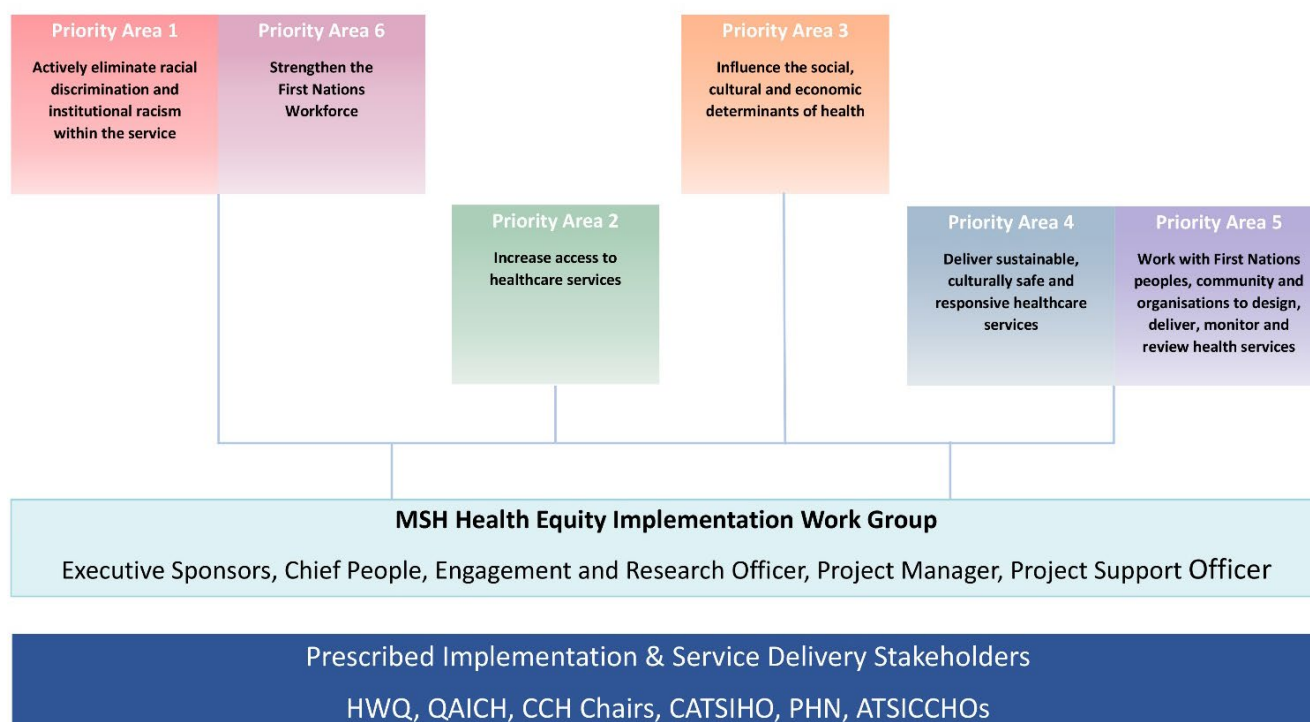
It is well recognised and documented that 2021 and 2022 brought considerable challenges for the healthcare sector. Just as the sector was coming to terms with COVID-19 and the increased demand for health services, the Omicron variant swept through Queensland. This resulted in a change to the way we were able to conduct our consultations, as face-to-face meetings could not be held and hospitals and communities were forced to restrict visitors, and at times were locked down completely. The South East Queensland area was inundated with rain and faced several major flooding events between February and April 2022. We continued to progress consultation with online meetings when this was possible for our stakeholders.

Future direction

The next step is to disseminate our First Nations Health Equity Strategy 2022-2025 and Walking Tracks Consultation Report to our stakeholders through our governance structure and existing service delivery collaboration processes. We are committed to maintaining our relationships with our prescribed stakeholders through co-designing our Implementation Plan. Our Health Equity Strategy and Walking Tracks Consultation Report reflect our foundations and are the cornerstone to achieving health equity in Metro South Health.

Metro South Health First Nations Health Equity Implementation workshop structure

The Aboriginal and Torres Strait Islander Directorate has commenced designing Implementation Governance, to ensure that Metro South Health continues our collaborative journey, as we move into the implementation phase. The diagram below is a work in progress.



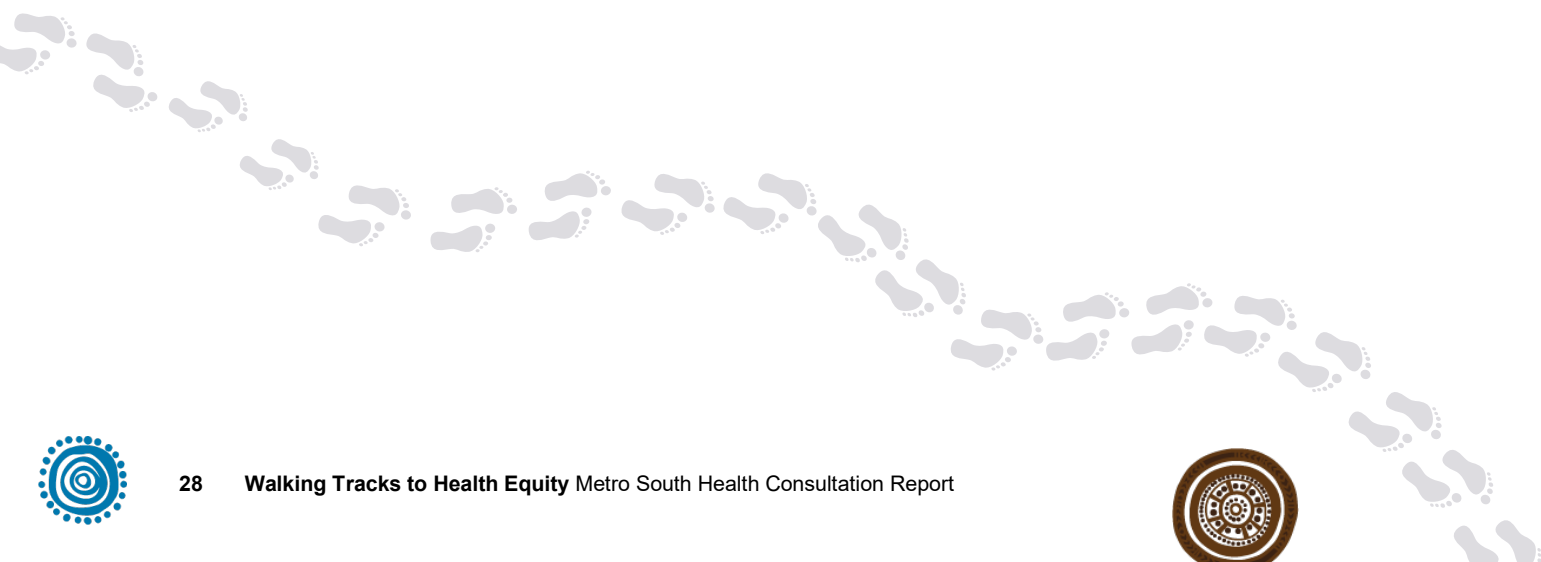
Strategic alignment

Multiple national, state and local policies and strategies are in place to support the achievement of better outcomes for First Nations peoples. The table below summarises the framework into which the Metro South First Nations Health Equity Strategy fits.

Strategy	Purpose	Outcomes/strategies
National Agreement on Closing the Gap https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap	Enable Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians	Four priority reforms: - Strengthen and establish formal partnerships and shared decision making - Build the Aboriginal and Torres Strait Islander community-controlled sector - Transform government organisations so they work better for Aboriginal and Torres Strait Islander people - Improve and share access to data and information to enable Aboriginal and Torres Strait Islander communities make informed decisions.
National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (the Health Plan) https://www.health.gov.au/sites/default/files/documents/2021/02/national-aboriginal-and-torres-strait-islander-health-plan-2013-2023.pdf	The Australian health system is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031.	Four principles: - Health equality and a human rights approach - Aboriginal and Torres Strait Islander community control and engagement - Partnership - Accountability.
Making Tracks towards Closing the Gap in Health Outcomes for Indigenous Queenslanders by 2033: policy and accountability framework https://www.health.qld.gov.au/_data/assets/pdf_file/0030/159852/making_tracks_pol.pdf	To strive for health equality between Indigenous and non-Indigenous Australians, - Closing the life expectancy gap within a generation (by 2033); and - Halving the gap in mortality rates for Indigenous children under five within a decade (by 2018).	Five objectives: - A healthy start to life - Addressing risk factors - Managing illness better - Effective health services - Improving data and evidence.
QH Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021 https://www.health.qld.gov.au/_data/assets/pdf_file/0030/460893/qhatsi-mental-health-strategy.pdf	Elimination of the gap in mental health outcomes between Aboriginal and Torres Strait Islander Queenslanders and non-indigenous Queenslanders.	Four principles: - Developing culturally capable mental health services - Connecting healthcare - Partnering for prevention and recovery - Enhancing the evidence base.



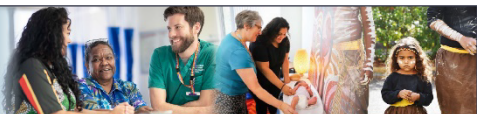
Strategy	Purpose	Outcomes/strategies
Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019-2025 https://www.health.qld.gov.au/__data/assets/pdf_file/0030/932880/Growing-Deadly-Families-Strategy.pdf	All Aboriginal and Torres Strait Islander babies in Queensland are born healthy into strong, resilient families.	Three priorities: "We want a say in how maternity services are designed and delivered" "We don't want to keep telling our same story to different people" "We want more of our people providing our maternity care"
Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework https://www.health.qld.gov.au/__data/assets/pdf_file/0019/1121383/health-equity-framework.pdf	To drive health equity, eliminate institutional racism across the public health system and achieve life expectancy parity for First Nations peoples by 2031.	Six guiding principles: - Partnerships - Cultural respect - Aboriginal and Torres Strait Islander health is everyone's business - Aboriginal and Torres Strait Islander community control of primary healthcare - Evidence-based and accountable - Community engagement and participation in decision-making.
Metro South Health: Strategic Plan 2021-2025 https://metrosouth.health.qld.gov.au/sites/default/files/content/strategic-plan-msh-2021-2025.pdf	To deliver on Quality Healthcare every day and to be Australia's exemplar public healthcare service with experienced, skilled staff, with a commitment to care, training, and research. Improve equity in health care outcomes for First Nations peoples. Increase participation rate of First Nation peoples in our workforce.	Four objectives: - Provide equitable access and to excellent care - Deliver great value - Lead by innovating and collaborating - Maintain and develop exceptional workforce.



Appendix 1

Metro South Health First Nations Health Equity Strategy 2022-2025

Metro South Health | **First Nations Health Equity Strategy**
2022-2025



Preamble

Aboriginal and Torres Strait Islander people are the oldest living people to walk on country. First Nation communities maintain a strong connection to culture, customs, language, laws and traditional lands, contributing significantly to environmental management, economic development and cultural identity. South East Queensland has one of the largest Aboriginal and Torres Strait Islander populations in Australia. Due to the gap in life expectancy, this population is also a younger population and more rapidly growing with this forecast to increase considerably over the next ten years. Metro South Hospital and Health Service has the opportunity to redesign the way it develops and delivers its services using co-design and co-delivery approaches and empowering the right of self-determination amongst Aboriginal and Torres Strait Islander people. By redesigning a health service that sees more First Nations people employed across the system, listens to First Nations voices in the system, and supports a better integrated and coordinated system for First Nations peoples, Metro South Health will ensure its services are equitable for all people and help close the gap in health outcomes.

Policy and planning context

Multiple National, State and Local policies and strategies are in place to support the achievement of better outcomes for First Nations people. This has been further strengthened by the inclusion of a specific focus on health equity via the *Health Legislation Amendment Act 2020*, prescribing that each Hospital and Health Service develop a First Nations Health Equity Strategy. This Health Equity Strategy sits within the policy context of the *National Agreement on Closing the Gap 2020* which aims to overcome the inequality in life outcomes experienced by First Nations peoples compared to other Australians, and will accelerate the pace of health system reform in Queensland.

At a regional level, the *South East Queensland First Nations Health Equity Strategy 2022-2031* (SEQ FNHES) will guide the hospital and health services to work together to ensure an equitable approach to health care across hospital and health service boundaries. Metro South Health will contribute to the delivery and measurement of objectives in the SEQ FNHES where they intersect with local needs. At a hospital and health service level, the *Metro South Health First Nations Health Equity Strategy 2022-2025* complements the *Metro South Health Strategic Plan 2021-2025*, the *Metro South Health Consumer and Community Engagement Strategy 2020-2022* and our Partnership Protocol with the Brisbane South Primary Health Network to ensure planning is values based, responsive and collaborative, and meets the needs of the community in the Brisbane South catchment.

Our response

Metro South Health will implement actions in this Strategy in collaboration with both our prescribed stakeholders and other individuals/organisations where relevant, to identify opportunities for reform, to connect services and overcome access barriers. Metro South Health is well positioned to achieve this via the existing leadership and governance arrangements, in place, including representation of First Nations people on the Metro South Hospital and Health Board, the establishment of a Metro South Health Aboriginal and Torres Strait Islander Health Directorate and establishment of an Elders Council. Furthermore, co-design and co-implementation principles will elevate First Nations peoples voice through leadership and engagement with First Nations staff, health consumers, community members, Elders and Traditional Custodians, as well as local service delivery stakeholders. Metro South Health will leverage service delivery partnerships that are working and identify novel ways of providing care that will make the health system more accessible, more connected, and more responsive.

This is a living document so strategies will be reviewed every three years and refined to reflect emerging policies, priorities, and opportunities. New initiatives will be added as appropriate and continually informed by data, needs analyses and community perspectives.

ICARE² values



Acknowledgement of Country

Metro South Health recognises and pays respect to the traditional custodians of the land and waters—the Yugambah, Quandamooka, Jaggera, Ugarapul and Turrbal peoples—and to Elders, past, present and emerging.

Email contact:
MSH_ATSIHD@health.qld.gov.au



Metro South Health First Nations Health Equity Strategy 2022-2025						
Our vision for health equity						
» Improved access to and experience of health services for First Nations people. » Parity of health outcomes between First Nations people and other residents of South East Queensland. » Elimination of institutional and interpersonal racism within the health system.						
Our health equity values						
» Partnerships built on trust, mutual respect, transparency, and shared decision making. » Accountability to the First Nations Communities who access our services for the delivery of an integrated health service system that harness the capabilities of both Hospital and Health Services and Community Controlled Health Services. » Evidence based and community informed health care. » Culturally Safe service delivery environments that respect our First Nations employees and clients and are free of racial discrimination.						
Our plan						
Our Priorities	Priority Area 1 Actively eliminate racial discrimination and institutional racism within the service	Priority Area 2 Increase access to healthcare services	Priority Area 3 Influence the social, cultural and economic determinants of health	Priority Area 4 Deliver sustainable, culturally safe and responsive healthcare services	Priority Area 5 Work with First Nations peoples, community and organisations to design, deliver, monitor and review health services	Priority Area 6 Strengthen the First Nations Workforce
Our Strategies	1. Embed cultural safety and cultural capability programs which are co-designed with First Nations people across all Metro South Health Directorates. 2. Embed First Nations voices in corporate governance and decision-making. 3. Ensure service improvement activities are overseen by both clinical and cultural governance arrangements. 4. Ensure the First Nations Workforce is supported by cultural models of supervision and mentoring, and peer support where needed.	1. Establish models of care that deliver care closer to home in partnership with Community Controlled Health Services. 2. Improve integration of care by strengthening the interface between primary, community and secondary care. 3. Work with Community Controlled Health Services and other primary care providers to improve discharge following a hospital admission. 4. Improve local engagement and partnerships between Metro South Health, the community, and community controlled organisations and other stakeholders to address agreed priority areas.	1. Collaborate with our partners to develop and deliver health promotion and prevention programs which target the needs of First Nations people. 2. Ensure First Nations people have access to preventative public health interventions. 3. Collaborate with partners to develop a regional response to address the determinants of health.	1. Deliver high quality and safe healthcare to First Nations people. 2. Provide consumers information about their rights and feedback mechanisms that enable them to report their experiences of healthcare in Metro South Health. 3. Develop mechanisms to improve completion rates of First Nations status identification across all patient systems.	1. Establish strong engagement structures, communication processes and cultural protocols to ensure First Nations people are involved in co-designing the way health services are planned and delivered in Metro South Health. 2. Develop action plans to ensure Metro South Health embeds a consolidated approach to the implementation of the National Safety and Quality Health Standards (NSQHS). 3. Build on and replicate effective service delivery partnership models already established in South East Queensland.	1. Contribute to the development of a SEQ regional workforce strategy. 2. Develop and implement a MSH First Nations Workforce Strategy that leverages the regional strategy. 3. Ensure the First Nations Workforce is supported by cultural models of supervision, mentoring, and peer support.
Our Measures	In working towards achieving Health Equity for First Nations peoples, Metro South Health will contribute to reporting against measures in the South East Queensland First Nations Performance Framework and will align reporting to the statewide key performance indicators noted here: » Estimated life expectancy. » Number and proportion of reduction in the rate of suicide deaths. » Percentage of low birthweight First Nations babies born to mothers in Metro South Health. » Proportion of First Nations people receiving health checks from their GP. » Proportion of First Nations patients offered a connection to a culturally capable care co-ordination service. » Proportion of the workforce who identify as being First Nations people. » Proportion of patients who were asked if they identified as a First Nations person. » Evidence of cultural safety and cultural capability programs embedded in health services co-designed with First Nations people. » Percentage of First Nations people who state their cultural and spiritual needs are completely met during the delivery of health services. » Evidence of collaboration between Metro South Health, Community Controlled Health Services and Prescribed Stakeholders in Needs Assessments, planning and co-design of service delivery.					



Appendix 2

South East Queensland Statement of Commitment



Statement of Commitment

between

**the Hospital and Health Services of South East Queensland,
the Mater Misericordiae Ltd and Children's Health Queensland**

and

**the Aboriginal and Torres Strait Islander Community Controlled Health Organisations
that comprise the Institute for Urban Indigenous Health regional network**

To achieve First Nations Health Equity in South East Queensland by 2031, we commit to an urgent and rapid acceleration of action, that:

- Takes a whole of health system approach that effectively harnesses the respective strengths of Hospital and Health Services, Children's Health Queensland, the Mater Hospital and Community Controlled Health Services, where we work together to:
 - Deliver safe, accessible, and sustainable Aboriginal and Torres Strait Islander health services
 - Identify and co-design Aboriginal and Torres Strait Islander health service priorities to be addressed over the next ten years
 - Co-design and jointly implement a collective and systematic approach to engaging Aboriginal and Torres Strait Islander people across South East Queensland
 - Reorient local health systems to maximise available resources, identify and fill service gaps, and minimise duplication
 - Develop a set of performance measures and a monitoring framework to guide efforts to achieve equity of outcomes in South East Queensland by 2031
 - Strengthen the service interface between Hospital and Health Services and Community Controlled Health Services
 - Undertake joint health service planning, including consideration of system pressures that could be alleviated by utilising the capability of the Community Controlled Health Services Sector, and identifying areas that could be transitioned to community control
- Gives effect to the *National Agreement on Closing the Gap 2020* wherever possible by:
 - Acknowledging that Aboriginal Community Controlled Services are better for Aboriginal and Torres Strait Islander people, achieve better results and employ more Aboriginal and Torres Strait Islander people, and are often preferred over mainstream services (Clause 43)
 - Agreeing to implement measures to increase the proportion of services delivered by Aboriginal and Torres Strait Islander organisations, particularly community-controlled organisations, including by implementing funding prioritisation policies across all Closing the Gap outcomes that require decision about the provision of services to Aboriginal and Torres Strait Islander people and communities, to preference Aboriginal and Torres Strait Islander community-controlled organisations and other Aboriginal and Torres Strait Islander organisations (Clause 55)
 - Ensuring that investment in mainstream institutions and agencies will not come at the expense of investment in Aboriginal and Torres Strait Islander community-controlled services (Clause 66)
 - Increasing the amount of government funding for Aboriginal and Torres Strait Islander programs and services going through Aboriginal and Torres Strait Islander community-controlled organisations (Priority Reform 2)
- Takes a regional and systems approach to the development and implementation of a regional First Nations Health Equity Strategy and sub-regional implementation plans, including joint monitoring of progress in achieving agreed goals and targets
- Promotes and strengthens Aboriginal and Torres Strait Islander leadership at all levels of the health system and increases overall proportions of Aboriginal and Torres Strait Islander staff
- Enables collaboration with other government agencies and service providers to address the social determinants of health
- Implements actions to eliminate institutional racism in policies and processes across the health system
- Measures our progress by reporting at least every two years against agreed key performance indicators, targets, and baselines.


 Metro North Hospital and Health Service



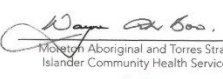
 Metro South Hospital and Health Service



 Gold Coast Hospital and Health Service



 West Moreton Hospital and Health Service



 Moreton Aboriginal and Torres Strait Islander Community Health Service



 Aboriginal and Torres Strait Islander Community Health Service Brisbane



 Kalwin Development Corporation



 Kambu Aboriginal and Torres Strait Islander Corporation for Health



 Children's Health Queensland



 Yulu-Burri-Ba Aboriginal Corporation for Community Health



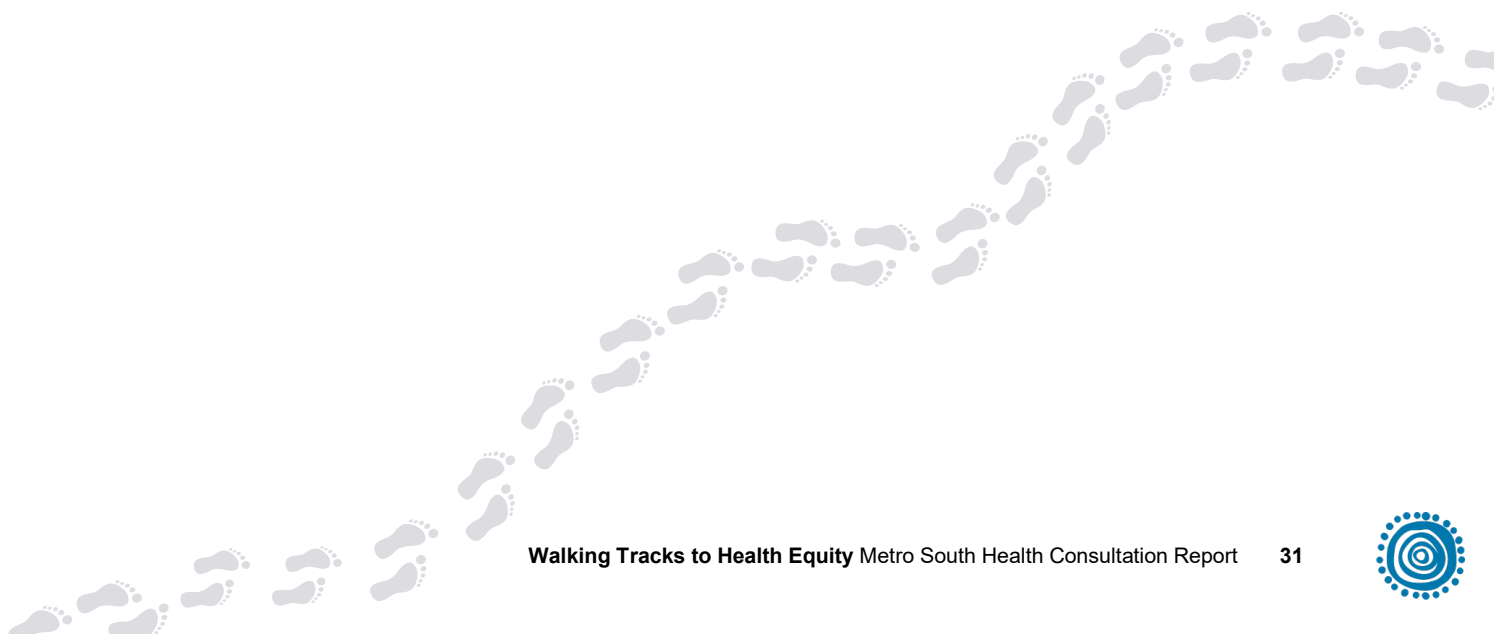
 Mater Misericordiae Ltd



 Institute for Urban Indigenous Health


22 November, 2021





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