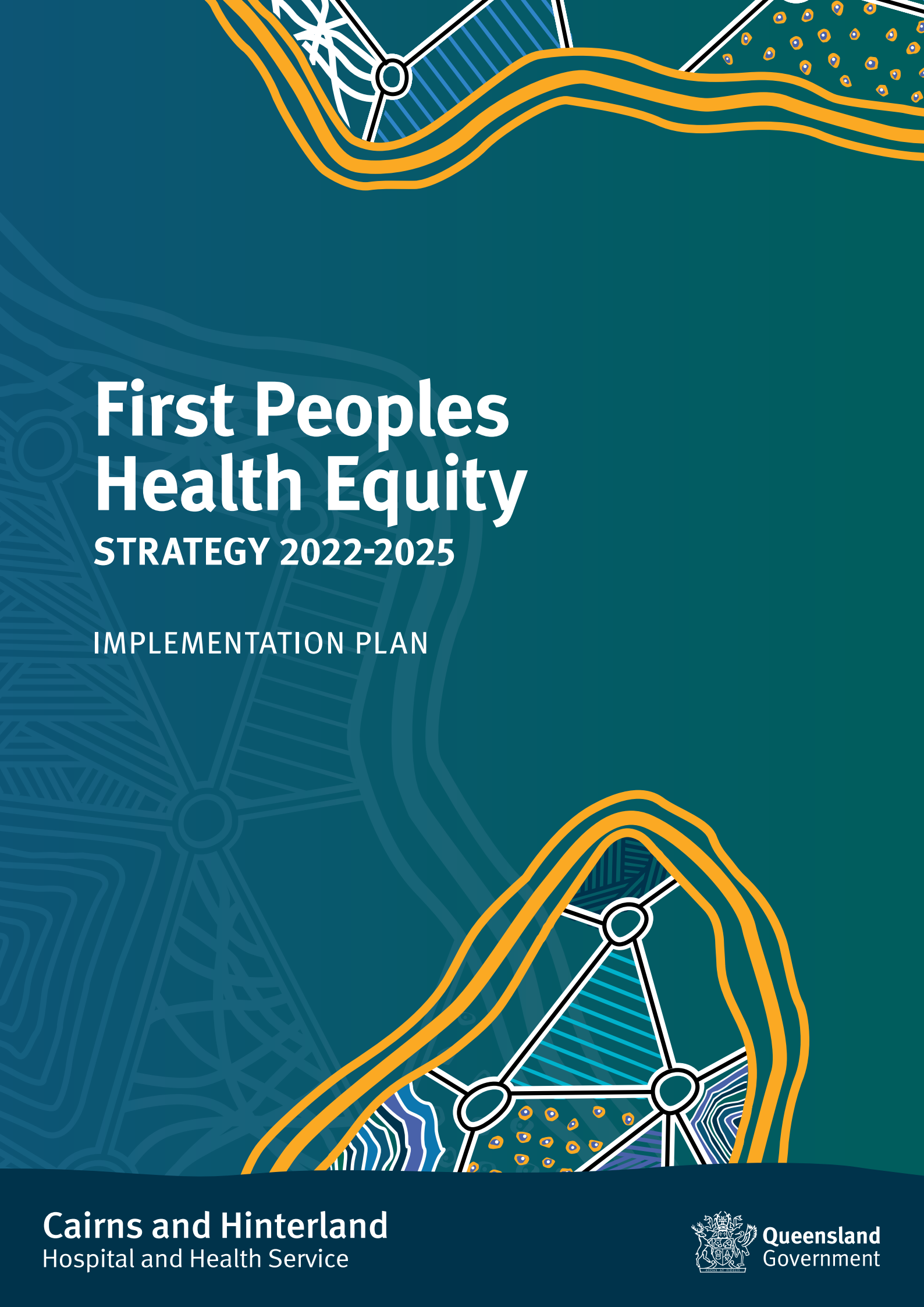




First Peoples Health Equity

STRATEGY 2022-2025

IMPLEMENTATION PLAN



Acknowledgement

The Cairns and Hinterland Hospital and Health Service (CHHS) acknowledge Aboriginal Peoples and Torres Strait Islanders as this country's First People. We recognise First Peoples and communities as traditional and cultural custodians of the lands on which we work to provide safe and quality health services. We pay our respect to Elder's past, present and emerging.

We deeply respect the rich, diverse, and enduring cultures of First Peoples as one of the longest surviving cultures in the world. We recognise the importance of First Peoples leadership in all matters that effect the vitality of First Peoples, communities, and their hierarchical and societal constructs.

We also acknowledge the inherent intergenerational pain and trauma that colonisation has and continues to have on the health and wellbeing of First Peoples. We accept our responsibility and accountability to continue to improve and maintain a system of health care that is free from all forms of racism, discrimination, and exclusion, and delivers enhanced health outcomes for the First Peoples of these lands.

We especially extend our thanks to the legislated service delivery stakeholders outlined in the Hospital and Health Boards Act 2011 who have contributed to the development of the inaugural Health Equity Strategy Implementation Plan which is designed to enrich routine care activities, bolster healthcare outcomes and First Peoples patient experiences. These activities are the locally informed solutions to health system issues such as structural and systemic inequities, barriers to service access, workforce capability and the provision of culturally responsive and safe health services.

We commit to doing all that we can to honour the voices of First Peoples and the activities contained in this Implementation Plan, to continue to build the trust and confidence of First Peoples in the healthcare system and welcome the opportunity to authentically and meaningfully partner with other providers to deliver the best possible care.

Statement

"We represent the oldest continuous culture in the world, we are also diverse and have managed to persevere despite the odds because of our adaptability, our survival skills and because we represent an evolving cultural spectrum inclusive of traditional and contemporary practices.

At our best, we bring our traditional principles and practices – respect, generosity, collective benefit, collective ownership – to our daily expression of our identity and culture in a contemporary context. When we are empowered to do this, and where systems facilitate this reclamation, protection and promotion, we are healthy, well and successful and our communities thrive." Professor Ngiare Brown¹

1. National Aboriginal and Torres Strait Islander Health Plan 2023-2031, Brown, N 2012, *Pacific Caucus Intervention to the 12th Session of the United Nations Permanent Forum on Indigenous Issues*, New York, 20-31 May 2012

Implementation – strengthening a regional approach

The Cairns and Hinterland Hospital and Health Service First Peoples inaugural Health Equity Strategy 2022-2025 Implementation Plan will operationalise the Health Equity Strategy and outline performance reporting requirements, priorities and actions that the HHS and its partners will pursue to achieve Health Equity for First Peoples in the Cairns and surrounding region.

Health Equity is designed to deliver parity in healthcare. Services must be clinically safe and culturally responsive, and care providers must expand their ability to genuinely partner with our legislative stakeholders to inform adaptable and practical healthcare system advancements. *What does excellence in health equity look like?* When First Peoples are able to access healthcare without experiencing disparate treatment, can complete cycles of care which positively impact on their health and wellbeing, and are healthcare system literate and capable of navigating their journey in an informed and confident way.

This Plan focusses on the six (6) Key Priority Outcome Areas (KPOA) actions and bolsters CHHHS partnerships increasing First Peoples consumers and key stakeholders' co-creation in designing system solutions using participatory and inclusive processes. The plan has been developed in partnership with internal and external stakeholders, including CHHHS healthcare providers, Aboriginal and Torres Strait Islander Community Controlled Health Organisations, North Queensland Primary Health Network, Queensland Aboriginal and Islander Health Council, Health, and Wellbeing Queensland and the Northern Aboriginal and Torres Strait Islander Health Alliance.

This Plan seeks to amplify the collective will, and commitment of the health eco-system to advance system responses towards significant achievement of health parity for First Peoples.

Notably, pursuit of Plan activities will be dependent on fundamental success factors of:

- **Person Centred** – Care will be delivered to First Peoples and will consider, and be informed by them and their specific needs, culture, and health goals.
- **Integrated and Connected** – Develop formal, mutually beneficial partnerships with legislative stakeholders to co-design care pathways for seamless care provision and reduce service duplication. This approach will support a more targeted approach to health service resourcing and delivery, with connectedness to social services as important in the achievement of improved health outcomes.
- **Recognising and Respecting Culture** – We recognise and respect the traditional culture and practices of individuals, families, and communities; with outcomes and aims based on the preferences, needs and values of the patient, their family and community.
- **Commitment and Accountability** – Define and agree roles and responsibilities of health service providers to ensure accountability and a meaningful commitment to delivering this Strategy. This commitment should be visible, measurable, and continuously communicated and demonstrated to legislative stakeholders.
- **Accessible** – Support First Peoples to access timely, culturally safe, and appropriate health care, as close to home as possible where safe and sustainable to do so. This includes consideration of technology, extended / alternative delivery hours, alternative workforce models (which supports the increase of First Peoples employment in health services) and culturally appropriate policies and processes.
- **Equitable** – Ensure equity of access and quality of health outcomes for First Peoples, meaning access to health services is fair, just, and responsive to the patient, their family and community needs. This includes providing choice of who, how, what and where services are accessed, with patients empowered to manage their own health.

Monitoring and evaluation

The plan development is designed to support the Health Equity Key Priority Outcome Area's, and there are a number of key considerations for each of the components that will augment system governance, stewardship, accountability, and transparency of established actions to be performed and realised, resulting in system and service transformation.

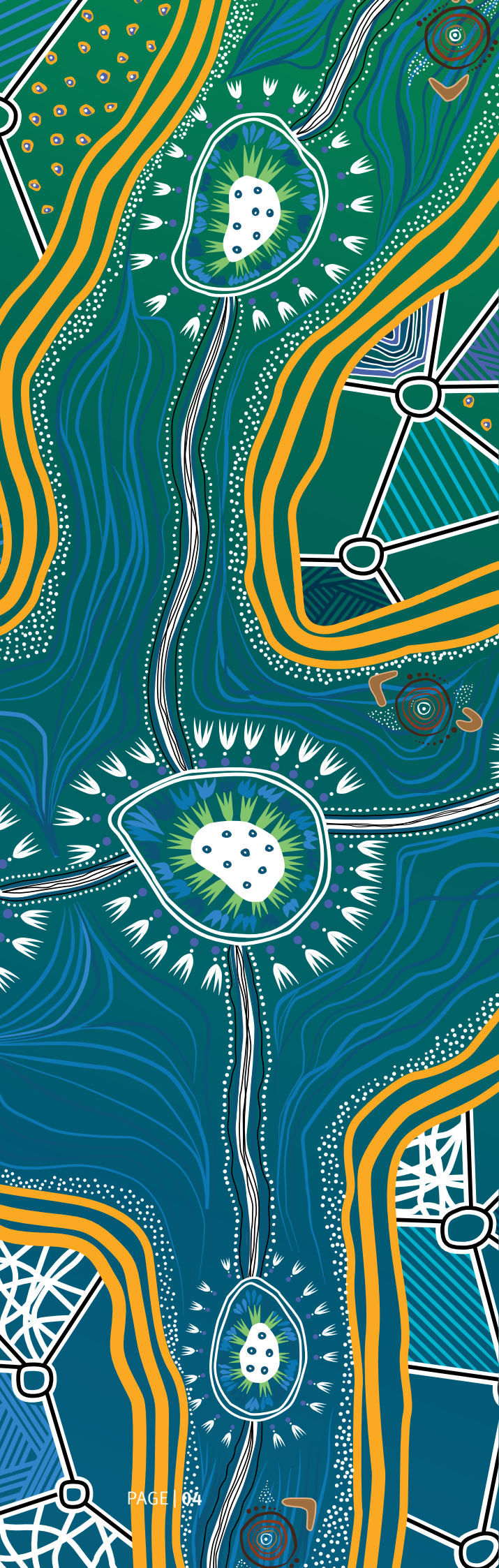
The implementation of the Plan will be monitored in accordance with the health equity legislative requirements in the *Hospital and Health Boards Act 2011* and *Health Boards Regulation 2012*, combined with reporting of specific activities against key performance measures and milestones.

To reduce service duplication, create system symmetry, and advance towards seamless and effective continuums of care, where suitable, the indicators have been connected to related actions and indicators in the listed strategies and frameworks.

- CHHHS First Peoples Health Equity Strategy 2022 – 2025
- CHHHS Strategic Plan 2023 – 2027
- CHHHS Clinical Services Plan 2018 – 2022
- CHHHS Operational Plan 2022 – 2023
- National Safety and Quality Health Service Standards
- Ending Rheumatic Heart Disease: Queensland First Nations Strategy 2021 – 2024
- Queensland Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Action Plan 2019 – 2022
- North Queensland Sexually Transmissible Infections Action Plan 2016 – 2021
- Growing Deadly Families – Aboriginal and Torres Strait Islander Maternity Strategy 2019 – 2025
- Mental Health and Alcohol, Tobacco and Other Drugs Services Clinical Services Plan
- Better Care Together: A plan for Queensland's state funded mental health, alcohol, and other drugs services to 2027
- Queensland Health, Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016 – 2026
- Better Health North Queensland joint Regional Wellbeing Plan for Northern Queensland

A key feature of the Plan will be the use of existing systems and data, and the introduction of additional data sets and reporting mechanisms to strengthen effective implementation and monitoring. Services will be required to collect and collate, analyse, and report data that informs their service planning and delivery, and measures progress and achievement towards Health Equity Key Priority Outcome Areas. There will be annual public reporting against the key performance measures, which will include baselines and targets.





Governance

The Cairns and Hinterland Board and Health Service Chief Executive will be accountable for the effective leadership, implementation and compliance of the Health Equity Strategy as defined in the **Regulation**.

The role of the First Peoples Health Equity Council is advisory only. For the avoidance of doubt, the council is not authorised to make decisions and should therefore be asked to note, discuss and/or endorse items. In accordance with the *Hospital and Health Boards Act (Qld)* 2011 and as authorised by the CHHHS Board and Chief Executive, all decisions made within CHHHS must be made by a person with the delegated authority to do so.

The First Peoples Health Equity Council will monitor the:

- co-design, co-implementation, and co-review of the implementation plan, and
- visibility, assurance, and performance of health equity activities are maintained within agreed timelines.

Council membership will comprise representation from the HHS Board, HHS staff, consumers, ATSI CCHOs and NQPHN (legislated service delivery stakeholders). Health Equity legislated implementation stakeholders are invited guests. Guest invitations will be extended to facilitate updates on sector initiatives related to Health Equity.

Refer to Diagram 1 for the CHHHS proposed Committee Structure.

CHHHS Committee Structure (Tiers 1 – 6)

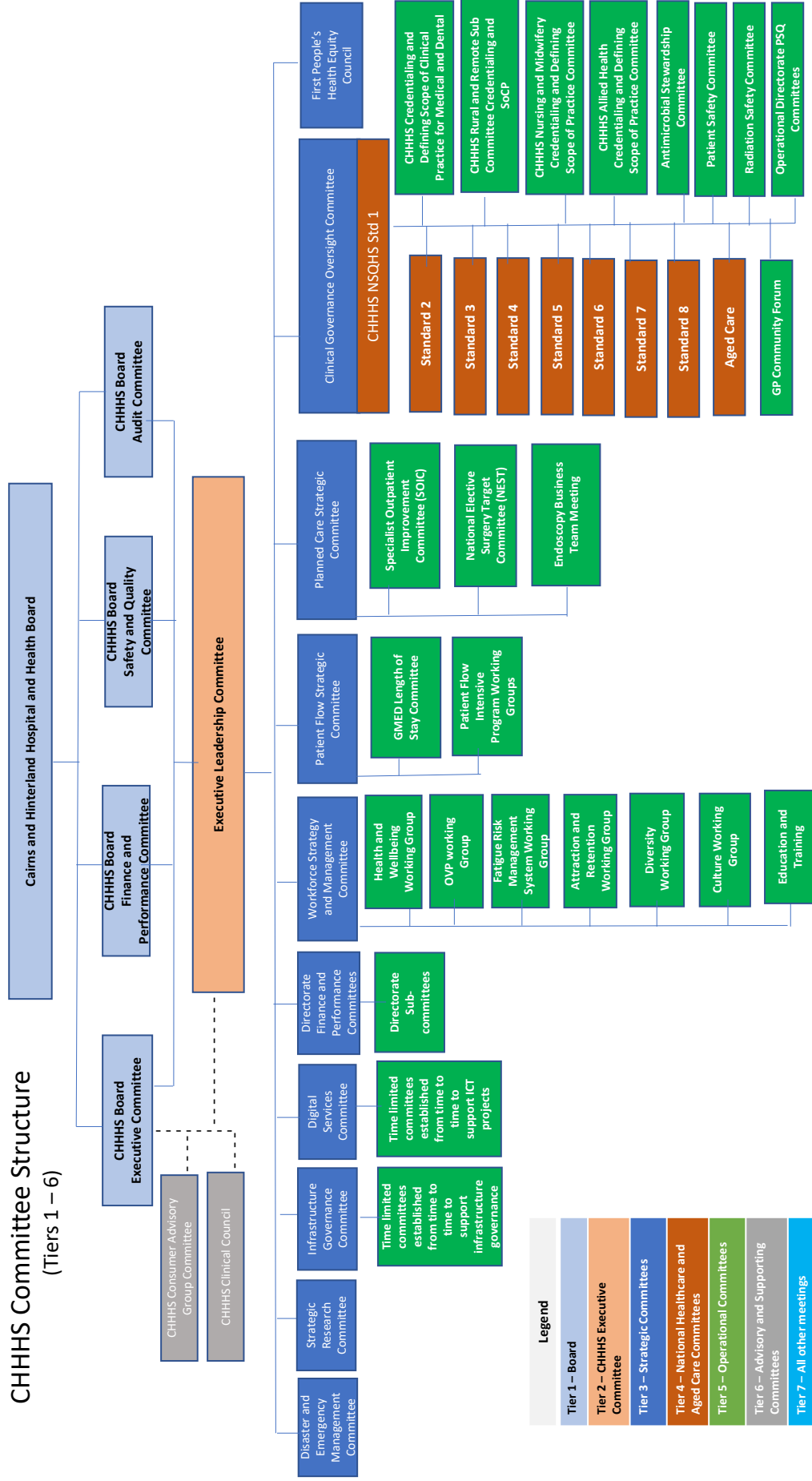


Diagram 1. Proposed CHHHS Committee Structure

KPOA1

Improving health and wellbeing outcomes

What will the community see?	Improved outcomes and supported self-management of complex chronic conditions for First Peoples that demonstrate the ability to achieve closing the gap in life expectancy within a generation.	Increased attention on ARF/RHD in the 5- to 15-year-old age group, to improve life expectancy.	Services are designed to be culturally appropriate and responsive to community needs, reducing the risk of Sexually Transmitted Infections (STI) / Blood Borne Viruses (BBV) and their effects.	Improved pre and post maternal and early childhood outcomes by providing early parenting support in hospital and community to First Peoples women including but not limited to: nutrition, breast feeding and immunisation.	Enhance capacity of primary health care and mental health services to identify and assess suicidal behaviour, self-harm, and the cumulative risks of suicide to support implementation of appropriate approaches to interventions and follow up.	Regional report for actions leading to better prevention and support for youth.
What actions will be done to create change?	Identify patients with priority health needs requiring comprehensive health care plans (prevention, early identification, and effective management of complex chronic conditions).	Take action to raise awareness and provide support to end ARF and RHD.	Collaboration between service providers and community representatives to design a sustainable integrated service model that provides equitable and appropriate access to quality sexual health care services at an HHS area level.	In partnership with Primary Health Care services, deliver comprehensive, culturally safe, and responsive Hospital and community based pre and post maternal and early childhood services.	Suicide and self-harm levels in First Peoples communities are identified and monitored to facilitate planned responses.	Support a regional summit to identify strategies and recommendations to reduce youth suicide.

MEASURING PROGRESS

Improving health and wellbeing outcomes

How will we know things are improving?	- Equitable healthcare - Right care, right place, right time	- Equitable healthcare - Right care, right place, right time	- Equitable healthcare - Right care, right place, right time	Equitable healthcare	Right care, right place, right time	Patient-centred care and quality outcomes
Key Performance Measures	- Decreased potentially avoidable deaths - An increased percentage of patients who have a documented care plan - Harmful hospital incidents reviewed - Number of hospital admissions related to terminal diagnosis	- Increased attendance of Aboriginal and Torres Strait Islander paediatric scheduled appointments - Increased numbers of Bicillin treatment per community - Decreased number of patients overdue for an echocardiogram	- Reduction of congenital syphilis in First Nations babies in North Queensland - Reduction in the prevalence of syphilis, chlamydia, and gonorrhoea in First Nations people in North Queensland	- Increased number of First Nations babies born with healthy birthweights - Reduction in number of babies born with a low birthweight	- Patients discharged from an acute mental health inpatient unit/s followed up within 1-7 days - Increased attendance of Aboriginal and Torres Strait Islander scheduled mental health outpatients appointments	- Decreased rate of First Nations suicide deaths - An increased percentage of mental health service patients with a documented care plan - An increased percentage of alcohol and other drug service patients with a documented care plan

KPOA2

Actively eliminating racial discrimination and institutional racism within the service

What will the community see?	Improve the reporting of instances of racial discrimination and institutional racism within the service.	Establish a baseline against which to monitor and report on reduction of racial discrimination and institutional racism within the service.	Report and the CHHS response to recommendations will be publicly released.
What actions will be done to create change?	Promote to consumers how to report all avenues instances of discrimination and institutional racism to the HHS and external agencies.	Measure and monitor institutional racism and apply a social justice lens across all activities.	Undertake, publicly report, and respond to an independent review, in combination with a cycle of audits to continually strengthen institutional inclusion. Publicly report together with a CHHS response to recommendations.

MEASURING PROGRESS

Actively eliminating racial discrimination and institutional racism within the service

How will we know things are improving?	Patient-centred care and quality outcomes	Patient-centred care and quality outcomes	Accountability in health care
Key Performance Measures	Increased access and cultural safety to support reporting of experiences of racial discrimination and institutional racism by patients and staff	Increased proportion of First Nations people who had their cultural and spiritual needs met during delivery of a health care service	Hospital and Health Service (HHS) Board and Executive Leadership Committee (ELC) address and complete identified actions from the annual public report

KPOA3 Increasing access to healthcare services

What will the community see?	Establishment of new integrated and seamless Model of Care which operate across the health sector: Connecting Your Care Projects: Care Coordination, Priority Dashboard and Central Referrals.	Public Health effort supported to ensure First Peoples health concerns are central to all public health activities.	Establishment of a business model to deliver accessible, culturally appropriate, and safe, flexible, short- and long-term transport and accommodation options which meet the needs of First Peoples.	Models of Care and service provision are designed to provide culturally safe, appropriate, and accessible services to First Peoples populations.	First Peoples can readily access essential services.
What actions will be done to create change?	Establish an integrated approach to seamless care through the care coordination service centre: - Across all key service areas increase the delivery of telehealth or care closer to home. - Explore the expansion of specialist services i.e., mental health and renal services across rural and remote primary health care services. - For the specialist services that are not included in the initial care coordination service, look at, review, and align the communications with patients that improves processes for timely access to specialist outpatients' appointments.	Renewed focus on promotion, prevention, and public health services for First Peoples.	Develop a process with Patient Travel Subsidy Scheme (PTSS) in meeting the needs of eligible patients, ensuring consistency and access support. Support a regional transport solution in partnership with key health providers.	Expanded models of care in renal, emergency departments and select rural sites for Aboriginal and Torres Strait Islander Health Practitioners (A&TSHIP).	Establish processes with a view to identifying service efficiencies to increase First Peoples access to CHHS. Improve access to equitable care for First Nations peoples in correctional settings.

Increasing access to healthcare services

MEASURING PROGRESS

How will we know things are improving?	Equitable healthcare	Patient-centred care and quality outcomes	Equitable health care	Equitable healthcare	Patient-centred care and quality outcomes
• Equitable healthcare • Right care, right place, right time	• Increased telehealth outpatient appointments. • Decrease in patients identifying as Aboriginal and/or Torres Strait Islander discharging from hospital against medical advice • Increased percentage of patients admitted to hospital from the emergency department within 4hrs • Increased percentage of patients who depart an emergency department/service, within four hours across all facilities • Reduction in admission to hospital for Aboriginal and Torres Strait Islander patients with chronic complex complications	• Increase in immunisations for adolescents through the state-wide School Immunisation Program	• Workplace guideline implemented for the application of the Patient Travel Subsidy Scheme (PTSS) • Implementation of regional transport options	• Increased attendance of Aboriginal and Torres Strait Islander scheduled specialist outpatients' appointments • Increased percentage of Aboriginal and Torres Strait Islander receiving elective surgery on time • Increase in the proportion of workforce who identify as Aboriginal and/or Torres Strait Islander peoples	• Increased proportion of First Nations adult patients receiving general dental care on time • Increased proportion of First Nations patients receiving their first specialist outpatient appointment on time • Implementation of First Nations pharmacy medication co-payment waiver
Key Performance Measures					

KPOA4 Influencing social, cultural and economic determinants of health

What will the community see?	Strengthened partnerships that supports and leverages improvements of the broader social determinants of health for First Peoples.	Regional report for actions leading to better health.	Strengthen partnerships with Aboriginal and Torres Strait Islander businesses.
What actions will be done to create change?	Establish purposeful partnerships with regional lead agencies (education-MAPS, housing, employment etc) to improve social cohesion and to support the cultural strengths and employment of First Peoples.	Support a regional summit of inter-sector authorities to identify strategies and recommendations to improve health through better coordination of the activities to improve determinants.	Explore avenues to increase procurement with Aboriginal and Torres Strait Islander businesses.

MEASURING PROGRESS Influencing social, cultural and economic determinants of health

How will we know things are improving?	Organisational culture	Patient-centred care and quality outcomes	Standing agreements with Aboriginal and Torres Strait Islander businesses for procurement
Key Performance Measures	Increase in the proportion of workforce who identify as Aboriginal and/or Torres Strait Islander peoples	Provide advice to Health and Wellbeing Queensland to influence and advocate for improvements towards food security challenges experienced by First Peoples within the HHS region	Increase of First Peoples businesses who are vendors of the HHS

KPOA5

Delivering sustainable, culturally safe and responsive healthcare services

What will the community see?	Increase in First Peoples representation within CHHS workforce to create parity with estimated population rate. Supporting future workforce that is supported and valued by the community it services.	Cultural capability educators working alongside other health educators to deliver increased cultural capability in practice.	HHS fosters the practice of 'advanced care yarning' and family case conferencing – involving patients, their carers, and families in decisions about culturally appropriate end-of-life decisions.	Building on the successful existing patient liaison model, aligning the service capability to routinely participate in open discussions, medical inpatient reviews etc. to support the needs of First Peoples.
What actions will be done to create change?	Develop and implement a support model for Aboriginal and Torres Strait Islander Health Workers, Health Practitioners and Hospital Liaison Officers staff professionally including governance structure within their designated streams and roles. CHHS develops an organisation wide workforce strategy to attract and increase the recruitment and retention of First Peoples within existing professional disciplines.	Develop a phased transition plan towards advancement of institutional cultural capability. Implement culturally appropriate spaces within health service facilities for clinical yarning to improve patients' health literacy and develop a short iLearn program on increasing clinical yarning capability for clinicians.	Develop and introduce on-country palliative care program and explore how new voluntary assisted dying (VAD) legislation is implemented for First Peoples.	Explore the establishment of a Hospital Inpatient Team Assist Service for First Peoples.

MEASURING PROGRESS Delivering sustainable, culturally safe and responsive healthcare services

How will we know things are improving?	Improved organisational workplace culture	Improved organisational cultural competency and safety	Patient-centred care and quality outcomes	Patient-centred care and quality outcomes
Key Performance Measures	Increase the proportion of workforce who identify as Aboriginal and/or Torres Strait Islander peoples	≥ 80% of staff completing cultural practice program	Increased proportion of First Nations people completing Advance Care planning	Complaints resolved within 35 calendar days

KPOA6

Working with First Peoples, communities and organisations to design, deliver, monitor and review health services

What will the community see?	Identify and invite First Peoples knowledge holders to champion the work of CHHS and provide cultural advice and mentorship.	Partnered approach with First Peoples health institutions to improve health outcomes.
What actions will be done to create change?	Explore and establish a Cultural Patrons program initiative.	Review all Memorandum of Understandings (MoU) and collaborative agreements with ATSIICCHOs to ensure they are contemporary and meeting the needs of the community.

MEASURING PROGRESS

Working with First Peoples, communities and organisations to design, deliver, monitor and review health services

How will we know things are improving?	Patient-centred care and quality outcomes	Right care, right place, right time
Key Performance Measures	Audit the 6 Aboriginal and Torres Strait Islander National Safety and Quality Health Service Standards	Increase in MoUs and collaborative agreements with ATSIICCHOs that meet the needs of the community







First Peoples Health Equity Strategy 2022-2025
IMPLEMENTATION PLAN
Cairns and Hinterland Hospital and Health Service
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