

# Statement of Commitment

between

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

and

**the Primary Health Networks of South East 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, the South East Queensland First Nations Health Equity Partner Organisations commit to an urgent and rapid acceleration of action, that:

1. Takes a whole of health system approach, which effectively harnesses the respective strengths of each Partner Organisation, 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 responses that will close the health gap by 2031
  - 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
  - Strengthen the service interface between Hospital and Health Services, Mater Health and Community Controlled Health Services, in collaboration with Primary Health Networks and the Queensland Ambulance Service
  - Measure our progress by reporting at least every two years against an established baseline and agreed key performance indicators
  - 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.
2. Gives effect to the *National Agreement on Closing the Gap 2020* wherever possible by:
  - Acknowledging that Aboriginal and Torres Strait Islander Community Controlled Health Services are more effective for First Nations people and are often preferred over mainstream services (*reference: clause 43*)
  - Agreeing to implement measures to increase the proportion of services delivered by Community Controlled Health Services, including by implementing funding prioritisation policies which preference the South East Queensland Community Controlled Health Services and other First Nations organisations (*reference: clause 55*)
  - Ensuring that investment in mainstream institutions and agencies will not come at the expense of investment in Community Controlled Health Services (*reference: clause 66*)
  - Increasing the amount of government funding for First Nations programs and services delivered by Community Controlled Health Services (*reference: Priority Reform 2*).
3. Takes a regional and systems approach to implementation of the *South East Queensland First Nations Health Equity Strategy 2021-31*, including joint monitoring of progress in achieving agreed goals and targets.
4. 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.
5. Enables collaboration with other government agencies and service providers to address the social determinants of health.
6. Implements actions to eliminate institutional racism in policies and processes across the health system.

 	 	 	 	 	 
 	 	 	 	 	
 	 	 	 	 	

04 June, 2024

