



South East Queensland First Nations Health Equity Strategy

A regional and systems-focused approach to closing the health gap by 2031

2024 Refresh



Partner Organisations

Gold Coast

- Kalwun Development Corporation (Kalwun)
- Gold Coast Hospital and Health Service
- Gold Coast Primary Health Network

North Brisbane

- Aboriginal and Torres Strait Islander Community Health Brisbane (ATSICHS Brisbane)
- Institute for Urban Indigenous Health (Moreton ATSICHS)
- Metro North Hospital and Health Service
- Brisbane North Primary Health Network

South Brisbane

- Yulu-Burri-Ba Corporation for Community Health (Yulu-Burri-Ba)
- Aboriginal and Torres Strait Islander Community Health Brisbane (ATSICHS Brisbane)
- Metro South Hospital and Health Service
- Brisbane South Primary Health Network

West Moreton

- Kambu Aboriginal and Torres Strait Islander Corporation for Health (Kambu)
- Institute for Urban Indigenous Health (Goodna)
- West Moreton Hospital and Health Service
- West Moreton and Darling Downs Primary Health Network

Region

- Institute for Urban Indigenous Health
- Children's Health Queensland
- Mater Misericordiae (Mater Health Service)
- Queensland Ambulance Service

We acknowledge the Yuggera, Ugarapul, Turrbal, Jandai, Yugambeh, Wakka and Gubbi Gubbi peoples, the traditional owners of the lands on which we work and live, and pay our respects to Elders past, present and emerging.

First Nations readers should be aware that this document may contain images of people who have passed.

Please note: Throughout this document, the term *mainstream* is used to describe an organisation/practitioner that provides services to the general population (eg a private general practitioner, a hospital, a community mental health service) or a service or program that any eligible member of the Australian community may access. The terms *Indigenous-specific* or *targeted service* are used to describe services that are funded and delivered specifically to Aboriginal and/or Torres Strait Islander people and their families. A *Community Controlled Health Service* delivers a model of Indigenous-led and Indigenous-specific healthcare operated by Aboriginal and/or Torres Strait Islander non-government organisations. The terms *First Nations*, *Aboriginal and Torres Strait Islander* and *Indigenous* are used interchangeably with respect.

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Introduction

This *South East Queensland First Nations Health Equity Strategy 2021-31* (Regional Strategy) aims to accelerate the pace of health system reform in SEQ to close the health gap between First Nations people and other Queenslanders by 2031. It brings together the region's Hospital and Health Services (HHSs), Mater Health, the Queensland Ambulance Service, the regional network of Community Controlled Health Services (CCHSs) that comprise the Institute for Urban Indigenous Health (IUIH) and the region's Primary Health Networks (PHNs) to collaborate on a systems-focused and networked approach to achieving health equity in SEQ. The Strategy is being implemented jointly through a cooperative governance partnership ([Appendix One](#)), which places the region's First Nations families and communities at the centre of health care. Through this partnership we are working together – across the health system, with First Nations communities and with other providers of health and social support services – to close the health gap in SEQ through an accessible, culturally safe, health system.

This commitment to the First Nations people of SEQ gives effect to both the Queensland Government's First Nations Health Equity agenda and the *National Closing the Gap Agreement 2020* which has been signed by all governments. Our promise to the First Nations people of SEQ is articulated in a *Statement of Commitment* ([Appendix Two](#)), which was re-signed by all SEQ First Nations Health Equity Partnership Organisations in June 2024.

The Regional Strategy builds upon service delivery partnerships that are already working in this region to make the health system more accessible, more connected, and more responsive. It aims to strengthen targeted services and programs for First Nations people, to enhance the role of the CCHS sector within the health system, and to improve the cultural safety of services delivered by HHSs, including through action to eliminate institutional racism. The Strategy is supported by a strong evidence-base and a reporting framework against which progress to close the health gap by 2031 is being measured.

Time is not on our side

The gap will not be closed by 2031 without **rapid acceleration** of effort.

In South East Queensland, the life expectancy gap is 6.2 years.

If trends continue, this region's First Nations people will not have the same length of life as other Australians for another 20 years.

Urgent reform is required to address this challenge.

SEQ Snapshot

Is the second largest Indigenous Region in Australia – **41.4%** of Queensland's First Nations population.

Is the equal fastest-growing region – expected to be more than **130,000 people** by 2026.

In urban areas, proximity to services does not result in equal access.

In urban areas, First Nations people are a smaller relative proportion of a service's client population and are expected to be accommodated within a mainstream service model in which cultural safety is often compromised.

"It's not about putting artwork up and then claiming cultural safety - it's a feeling of being safe, valued, listened to, acknowledged and cared for in this place. It's being shown compassion, empathy, understanding, humility with no racism, bias, discrimination or prejudice."

Gold Coast Consultation

The *South East Queensland First Nations Health Equity Strategy* is a living document that is reviewed every three years and refined to reflect emerging policies, priorities and opportunities. Following each review, initiatives are updated, added or removed as appropriate, and continually informed by data, needs analyses and community perspectives. Performance is continually monitored and progress against indicators and targets reported every two years.

This 2024 Refresh follows the first triennial review of the Regional Strategy. The document has been updated to ensure it remains current, responsive to the environment within which health services are delivered and reflects priorities for the next three years.

This Strategy, its implementation and future refreshes, will be informed by local needs analyses, identification of service gaps and an ongoing, CCHS-led community engagement process. The *South East Queensland Aboriginal and Torres Strait Islander Community Engagement Strategy* ([Appendix Three](#)) outlines an ongoing 'yarn' with SEQ First Nations people and families, and aims to identify and capture community views, aspirations, and health system experiences. This conversation is not static – it is continuous and will inform reform directions over the next ten years. This refreshed *South East Queensland First Nations Health Equity Strategy* continues to be driven by the voices of First Nations community members, health service staff and other stakeholders. Consultation surveys, focus groups and online forums that were held in all parts of the SEQ region informed the development of the initial Regional Strategy. This refreshed Regional Strategy has been informed by community engagement yarns and surveys, consultation with stakeholders and data collected and analysed against the key performance measures that underpin this document.

"I would like the Doctor to talk to me and explain on a bit of paper so that I can take it away and look at it later."

Children's Health Queensland Consultation

"The first thing we look for when we are taken into the ED is an Indigenous person mental health needs to have someone Indigenous at ED."

West Moreton Consultation

"We need 24-hour access to an IHLO and staff that know how to engage with Mob. Create a welcoming space with staff who sit down with us, not stand over and talk down to us."

Children's Health Queensland Consultation

"[Put in place] formal partnerships and referral processes – integrated care models and dedicated staff to make this normal practice for clinicians."

Gold Coast Consultation

"Consultation and input from first nations people in practice, systems, services, and processes is so important in the [design and delivery] of quality services."

South Brisbane Consultation





Our Vision

- ✓ Improved **access** to and experience of health services
- ✓ First Nations people experience the **same health outcomes** as other Australians within our region
- ✓ A **culturally safe** health system free of institutional and interpersonal racism

Our Mission

- ✓ **Partnership** built on trust, mutual respect, transparency, and shared decision-making
- ✓ **Accountability** to our First Nations Communities for the delivery of an integrated health service system that harnesses the capabilities of HHSs and CCHSs
- ✓ **Evidence based** and community-informed health care
- ✓ **Culturally-safe** service delivery environments that respect our First Nations employees and clients

Our Goals

National Agreement on Closing the Gap 2020

The commitments of the Australian Government and the Queensland Government to close the gap in health outcomes between First Nations people and other Australians by 2031 are:

- **shared decision-making** to accelerate policy and place-based progress on Closing the Gap through formal partnership arrangements
- **building community controlled organisations** delivering high quality services to meet the needs of Aboriginal and Torres Strait Islander people
- improving mainstream institutions that are accountable for closing the gap and are **culturally safe and responsive**, including through the services they fund
- **First Nations-led and locally relevant data and information** to set priorities, implement and monitor efforts to close the gap and drive their own development.

Making Tracks: First Nations Health Equity

The Queensland Government's commitment to First Nations Health Equity by 2031, is stated in the *Hospital and Health Boards (Health Equity Strategies) Amendments Regulation 2021*. Each HHS must:

- First Nations **governance** – have at least one First Nations person on its Governing Board
- develop and implement HHS health **equity strategies** every three years
- ensure greater collaboration and shared decision-making with CCHSs and other primary healthcare providers
- **foster integration** of service delivery between the HHS and CCHSs, and with other primary healthcare providers
- implement inclusive mechanisms for First Nations **feedback**
- ensure First Nations **workforce representation** at all levels and in all employment streams commensurate with its First Nations population.

Priority Reform Areas

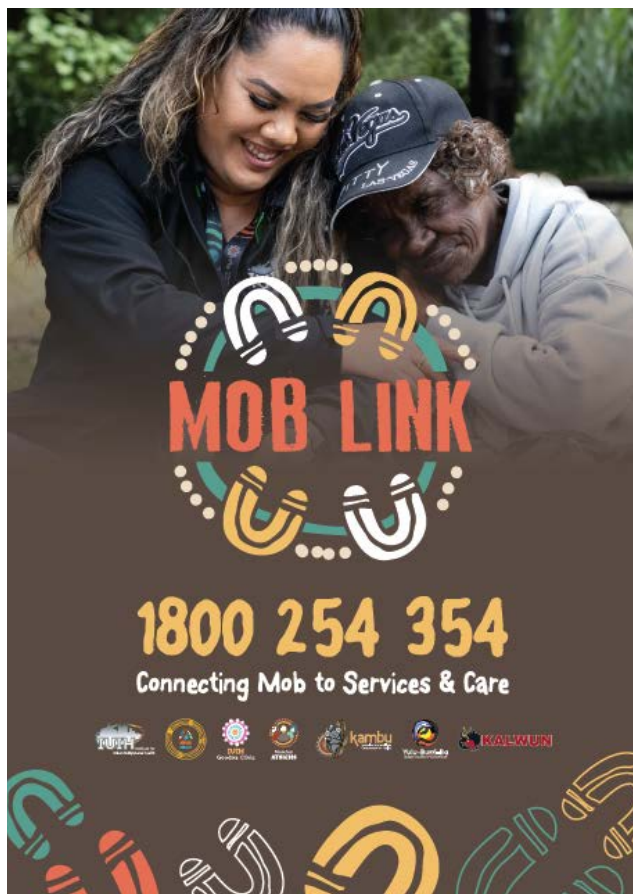
National Close the Gap Priority Reform Areas

- Formal partnerships and shared decision making
- Building the Aboriginal and Torres Strait Islander Community Controlled Sector
- Transforming government organisations
- Improve and share access to data and information

Strategies in this document are presented in a matrix format that cross references the National Agreement on Closing the Gap Priority Reform Areas and the First Nations Health Equity Key Priority Areas. An additional KRA (KRA 6) – Workforce, as a systems enabler, has been included in this Strategy.

First Nations Health Equity Key Priority Areas:

- KPA1: Actively eliminating racial discrimination and institutional racism within services
- KPA2: Increasing access to healthcare services
- KPA3: Influencing the social, cultural, and economic determinants of health
- KPA4: Delivering sustainable, culturally safe, and responsive healthcare services
- KPA5: Working with First Nations people, communities, and organisations to design, deliver, monitor, and review health services
- KPA6: Strengthening the First Nations health workforce



"A place where I am respected, valued and heard. A place where my identity is supported, valued and integral to my health journey."

Gold Coast Consultation



Our Commitment to our First Nations Community

- ✓ Deliver safe, accessible, and sustainable First Nations health services
- ✓ Identify First Nations health service priorities to be addressed over the next ten years
- ✓ Co-design and implement together coordinated healthcare services and programs that address the healthcare needs and priorities of First Nations people
- ✓ Reorient local health systems to maximise resources, identify and fill service gaps, and minimise duplication
- ✓ Establish a baseline and develop regional performance indicators against which to measure performance to achieve equity of outcomes in South East Queensland by 2031
- ✓ Strengthen the service interface between HHSs and CCHSs
- ✓ Work with other providers across the health system and social service sector to integrate services, enhance care coordination and eliminate service gaps
- ✓ Eliminate institutional racism

Our Commitment to Each Other

In SEQ, as Partnership Organisations, we have agreed to work together as a health system, to identify opportunities for reform, to connect services and overcome access barriers, and to jointly oversee implementation of this *SEQ First Nations Health Equity Strategy*. As the major providers of healthcare for First Nations people, we will collaborate to establish and implement service delivery partnerships that harness our individual and collective strengths. We will also work with other government agencies, funders, and service providers to close the health gap in SEQ by 2031. Regional governance arrangements that underpin this partnership are detailed at [Appendix One](#).

IUIH Network

The IUIH Network of CCHSs deliver comprehensive primary healthcare and social support services through 19 clinics across SEQ to nearly 40,000 First Nations clients and their families.

Now one of the largest community health providers in Australia, the IUIH Network operates a consistent, regional system of care which offers a 'one stop shop' suite of integrated services and programs to First Nations people across the life span. A 'no wrong door' approach to health care service provision enables individuals and families, connecting with any program through any clinic, to access the full range of medical, dental, allied health, social health, legal, care coordination, birthing, early childhood, disability, and aged care services as required.

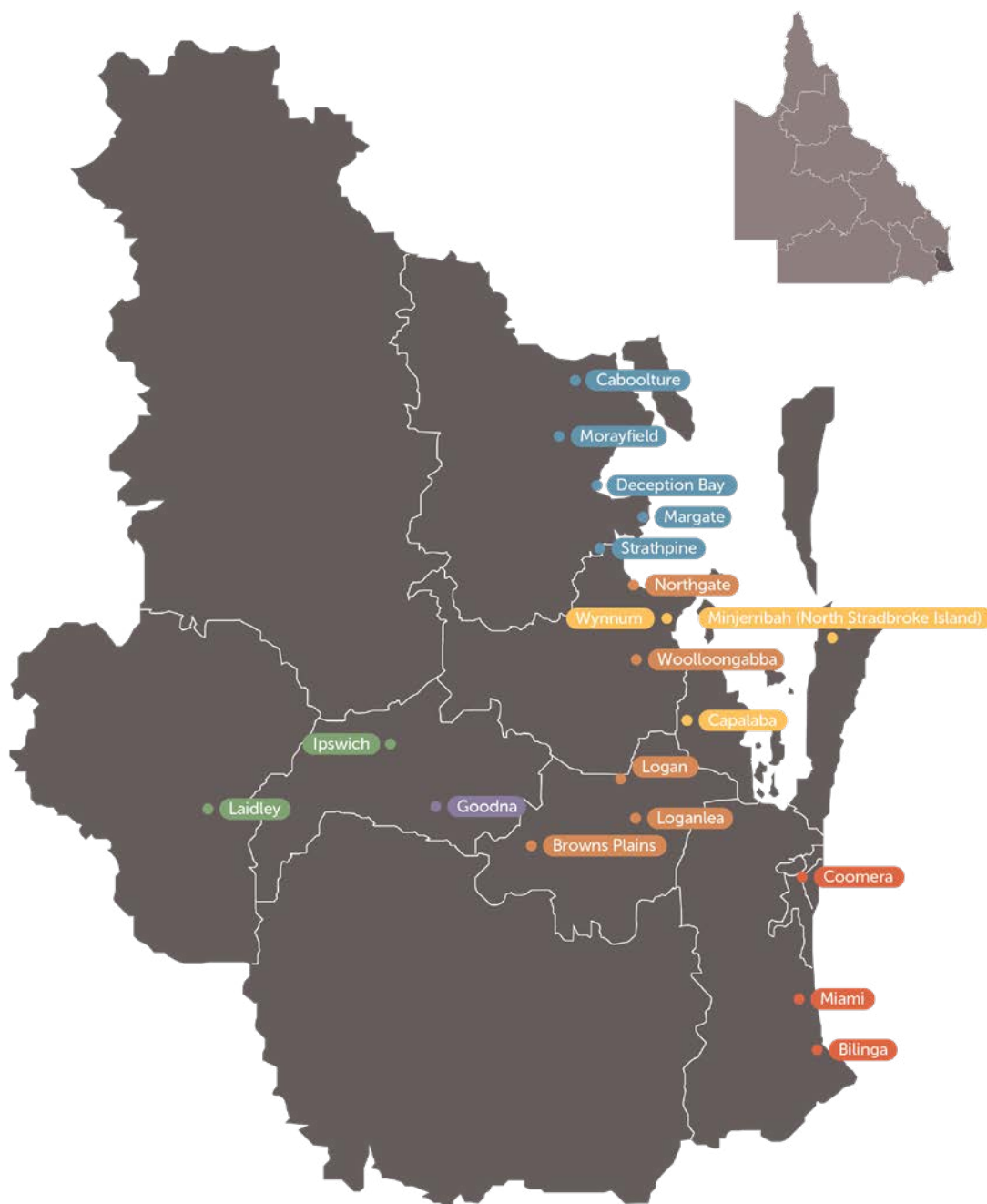
Hospital and Health Services

The HHSs, Children's Health Queensland (CHQ) and Mater Health Services are responsible for delivering public hospital and community health services to the whole population. These include emergency department services, inpatient care, specialist outpatient services, including preventive services such as cancer screening and immunisation programs, community mental health services, birthing and midwifery services, specialist outreach services, telehealth services and public dental services. They also provide targeted health programs specifically for Aboriginal and Torres Strait Islander people.

Primary Health Networks

PHNs are independent agencies that commission, coordinate and integrate primary healthcare services at a local level on behalf of the Australian Government. They commission health services to meet the needs of people in their regions and address gaps in primary health care and work closely with general practitioners and other health professionals to build the capacity of the health workforce to deliver high-quality primary health care. The PHNs integrate health services at the local level to create a better experience for people, encourage more effective use of health resources, and remove duplication of services.

Our Service Footprint



"It would be fantastic to see a community-controlled RTO start back up like the former QATSICHET that ran the Cert III, IV and diploma in Aboriginal and Torres Strait Islander Primary Health Care and certificates in mental health and sexual health."

North Brisbane Consultation

"Aboriginal Health Workers are key but are often disregarded. They need to be utilised to their full scope of practice."

Children's Health Queensland Consultation

Opportunities

- ✓ New service delivery models that provide services closer to home
- ✓ A regional approach to data sharing, service planning, and performance monitoring across the service system
- ✓ Formal health service delivery partnerships between CCHSs and mainstream providers
- ✓ Strengthened partnerships across and beyond the health sector to boost prevention efforts and address the determinants of health
- ✓ Development of a First Nations workforce across the service system, job creation and employment pathways
- ✓ Strengthened regional governance and shared action
- ✓ Increased proportion of funding directed to, and services delivered by, CCHSs wherever possible.

Risks

- ✓ Rapid Aboriginal and Torres Strait Islander population growth compromises health system capacity to address need
- ✓ Silos disrupt continuity of care and regional cohesion
- ✓ Individuals and systems impede meaningful service delivery partnerships
- ✓ Bias towards funding whole of population programs challenges delivery of culturally responsive care
- ✓ Funding and workforce are inadequate to meet community needs
- ✓ Health system leaders are unable to harness reform aimed at closing the gap in key social determinant areas.

Service Priorities

- ✓ Promotion of healthy lifestyle choices and preventive health cycles of care
- ✓ Addressing the risk factors for chronic disease and mental health challenges including the social, economic and cultural determinants of health
- ✓ Improving access to culturally capable mental health, substance misuse, psychosocial support, suicide prevention and aftercare services and mental health crisis intervention
- ✓ Service integration and care coordination, including culturally capable clinical care pathways across the service system and improved discharge planning
- ✓ Service models that deliver healthcare as close to home as possible
- ✓ Culturally safe child health and birthing services
- ✓ Cultural safety of mainstream health services and programs.



"I think it is important we have education from primary school about Indigenous culture, history, and the most common Indigenous language in the area. I believe this will have flow on effects to health staff as they grow up with knowledge and appreciation of Indigenous culture and feel confident to say some basic phrases in one of the local Aboriginal languages."

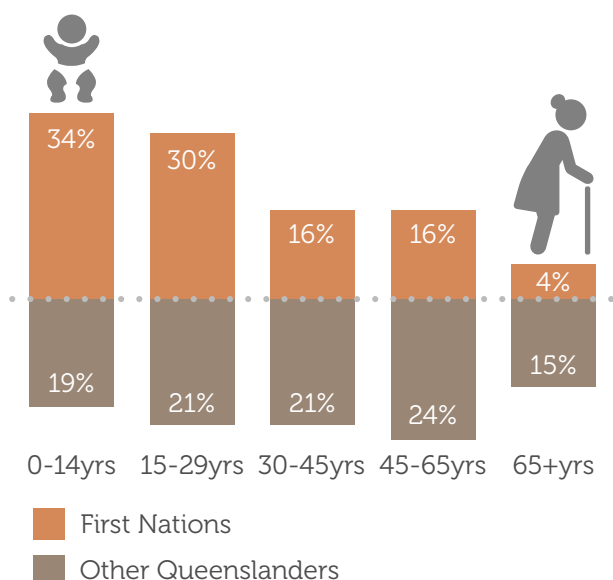
North Brisbane Consultation



Community Profile Snapshot

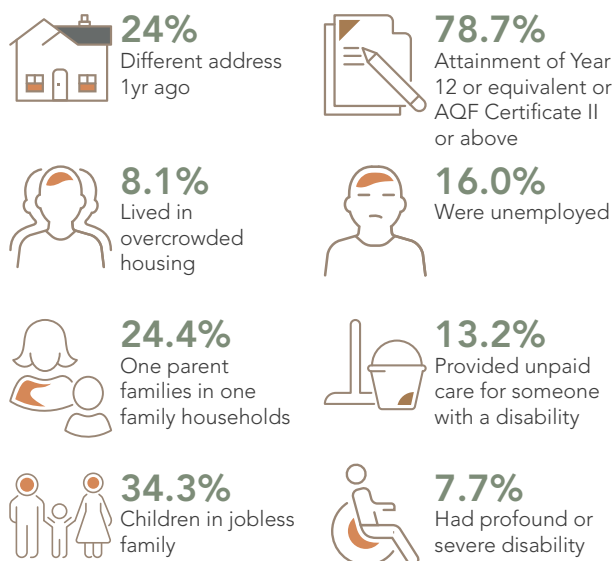
While each sub-region will develop its own community profile and needs assessment, this snapshot presents the most recent available data at the regional level.

Age Profile¹



Social and Economic Determinants of Health²

In 2021, among First Nation people in SEQ...



In 2023, there were over

110,770

First Nations peoples living in SEQ HHS

This is projected to increase to over

130,000

people in 2026

Metro South HHS

33% of SEQ First Nations Peoples

36,459 First Nations Residents in 2023

3.0% of HHS population identify as First Nations Peoples

Metro North HHS

32% of SEQ First Nations Peoples

34,873 First Nations Residents in 2023

3.3% of HHS population identify as First Nations Peoples

West Moreton HHS

20% of SEQ First Nations Peoples

22,422 First Nations Residents in 2023

6.0% of HHS population identify as First Nations Peoples

Gold Coast HHS

15% of SEQ First Nations Peoples

16,948 First Nations Residents in 2023

2.4% of HHS population identify as First Nations Peoples

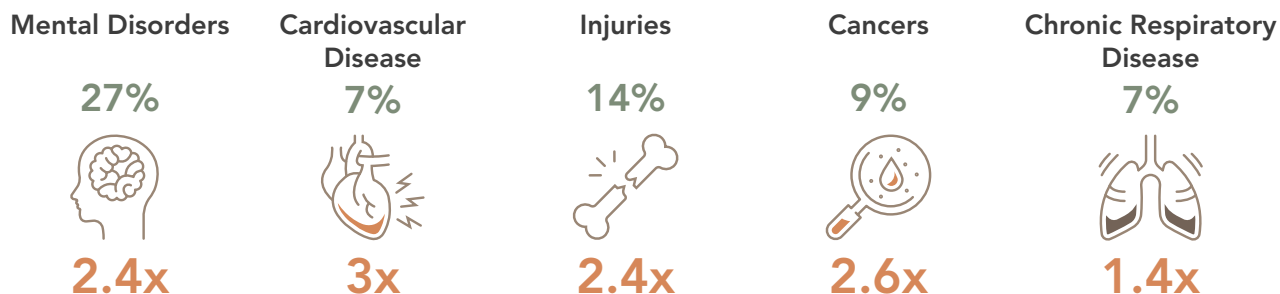
1. Queensland Government Statisticians Office Regional Profile, 2021 Census data

2. Queensland Government Statisticians Office Regional Profile, 2021 Census data

Burden of Disease and Injury³

The 2018, the Queensland gap in life expectancy was **6.2 years**

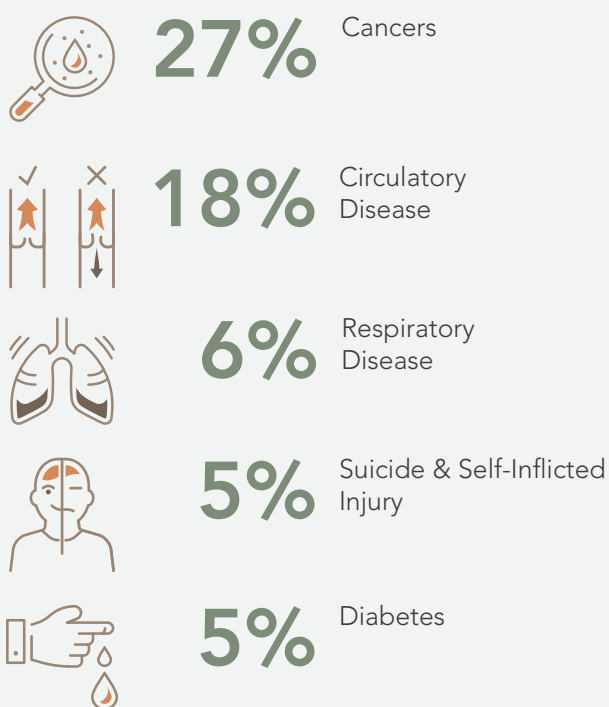
66% of the disease burden in Queensland's First Nations peoples living in major cities was caused by the following...



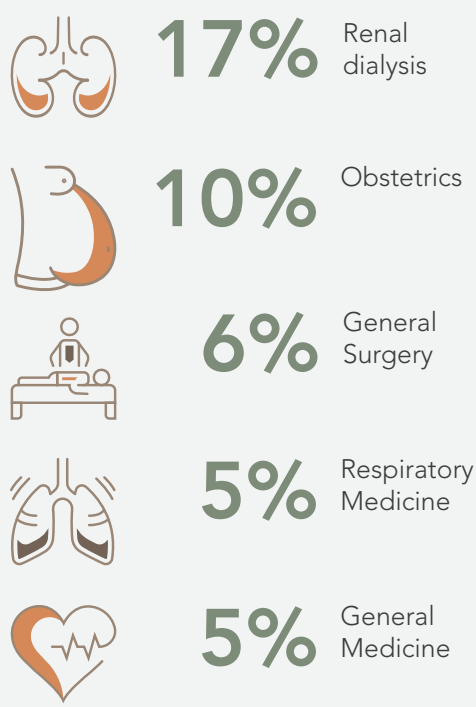
...the expected disease burden rate based on other residents of Major Cities.

Hospitalisations and Deaths⁴

In 2022, the leading causes of death among SEQ First Nations peoples were...



In 2023, the leading causes of hospitalisations among SEQ First Nations peoples were...



Modifiable Risk Factors⁵



3. Queensland Health, 2023. The burden of disease and injury in Queensland's Aboriginal and Torres Strait Islander people 2023/27 (2018 reference year)

4. Australian Institute of Health and Welfare, National Mortality Database

5. National Key Performance Indicators – Institute for Urban Indigenous Health clients 2022/23; Queensland Urban Indigenous Mental Health Survey 2022.

Community Controlled Primary Healthcare

In 2022-23, through the IUIH Network:

- More than **39,500** regular clients accessed healthcare
- More than **22,500** annual preventive health assessments were conducted
- **6,638 GP Management Plans** and **6,000 Team Care Arrangements** were implemented, and **11,000 reviews** of GP Management Plans and Team Care Arrangements undertaken
- **544 First Nations babies** were born in SEQ through the Birthing in Our Community Program
- More than **20,000 Mob Link occasions of service** were delivered, and more than **14,000 referrals** were received into the Program
- **10,547** clients accessed dental services through 21 active dental chairs, of which 4,639 were Queensland Health eligible clients

By February 2022, **43%** of all COVID vaccinations to SEQ First Nations People were undertaken by the IUIH Network.

Source: IUIH Data Warehouse, August 2021

Access to HHS services

Hospital and Health Services

In 2022-23, through SEQ Hospitals and Health Services:

- More than **54,200** inpatient separations and **149,646** bed days were provided to First Nations residents of SEQ
 - Of those, more than **116,000** were overnight and **32,970** were same day separations
- Over **1,700** First Nations women gave birth in an HHS facility
- Over **36,069** inpatient separations occasions for specialist mental health were provided
- Over **57,300** Emergency Department episodes of care were provided

Source: Queensland Hospital Admitted Patient Data Collection and Queensland Health Emergency Data Collection

For residents of SEQ, Children's Health Queensland recorded:

- **2,027** inpatient clients, **4,961** outpatient clients and **2,749** Emergency Department clients

For residents of SEQ, The Mater Hospital had 3,125 First Nations clients that accessed

- **3,605** inpatient separations, **13,425** outpatient attendances and **2,618** Emergency Department attendances



Achievements So Far – 2021 to 2024

Health and Wellbeing Outcomes and Service Access

Data analysed in 2023/24 for the SEQ region showed that the life expectancy gap had reduced by 3.4 years between 2011 and 2018. It also showed improvement since 2021 in the following areas:

- Mortality rates for cardiovascular disease decreased by 16.3%
- Hospitalisation for kidney disease reduced by 3.06% between 2020 and 2023
- Annual Health Checks increased by 7.5%
- Referrals to Mob Link from HHSs increased by 27%
- Antenatal visits in first trimester increased for both mothers of First Nations babies (by 2%) and First Nations mothers (by 5.1%)
- Babies born through the Birthing in Our Community Program (more than doubled)
- Full term births for babies born to First Nations mothers (more than 90% of babies)
- Healthy birthweight for babies born to First Nations mothers (83% of babies).



New Service Delivery Partnerships

In 2022 and 2023, SEQ First Nations Health Equity Partners came together to secure funding for the development and implementation of new service delivery models for First Nations people in SEQ.

The models outlined below were established in the period since implementation of the Regional Strategy commenced and are initiatives jointly delivered by Partner Organisations which can be further enhanced, scaled up or replicated across the region.

Service / Program	Service Delivered By	HHS Auspice	Delivery Catchment
Heart Outreach Program for Equity (HOPE) The HOPE initiative will improve the heart health of First Nations people by providing co-delivered specialist cardiology Indigenous clinics at the Institute of Urban Indigenous Health (IUIH) community clinics.	MNHHS into Moreton ATSICHS clinics	MNHHS	MNHHS
Pain Service A partnership between BNPHN, primary care providers, the Institute for Urban Indigenous Health (IUIH) and the Tess Cramond Pain and Research Centre (TCPRC) will improve availability, accessibility, and capacity of specialised multidisciplinary community-based persistent pain services.	All partners	MNHHS	MNHHS

Service / Program	Service Delivered By	HHS Auspice	Delivery Catchment
Dental Services Through an IUIH Network multidisciplinary team, the initiative will deliver culturally capable dental services to Indigenous people across SEQ.	IUIH	GCHHS	SEQ
Public Health Integration Integrated public health for First Nations people, including communicable disease screening, surveillance and contact management and development of data sharing.	All partners	IUIH is directly funded by Queensland Health	SEQ
Women's Cancer Screening This initiative will coordinate cancer screening and diagnostic services for First Nations women in a culturally safe environment, by bringing together HHS mobile breast cancer screening infrastructure and cervical cancer screening provided through IUIH Network clinics, supplemented and supported by visiting HHS gynaecological services into IUIH Network clinics.	IUIH with visiting HHS services	MSHHS	SEQ
Early Intervention Services for Vulnerable Youth This initiative will increase access to community-based, culturally appropriate, and family-centred early intervention services, for First Nations youth (10-17 years) in SEQ who are exhibiting high risk behaviours that may cause harm to self or others.	IUIH	CHQ	SEQ
Pulmonary and Cardiac Rehabilitation Services Multidisciplinary teams provide specialised pulmonary and cardiac rehabilitation as a culturally capable alternative to hospital rehabilitation for First Nations people not currently accessing rehabilitation services, and for high acuity First Nations people who commence rehabilitation in hospital but can subsequently transition to community based treatment.	IUIH with referrals from HHSs	MNHHS	SEQ
Adult Post-Operative Rehabilitation Services A multidisciplinary team provides a culturally capable alternative to hospital-based post-operative orthopaedic surgery rehabilitation in the post-acute and hospital discharge phase, and post-operative surgery rehabilitation for other surgical interventions.	IUIH with referrals from HHSs	IUIH is directly funded by Queensland Health	SEQ

Delivering HHS Programs into IUIH Network Clinics

Recognising the effectiveness of taking services and programs to where Aboriginal and Torres Strait Islander people are more likely to access them, several HHSs are now delivering healthcare programs at IUIH Network clinics in partnership with IUIH Network member organisations.

Examples include, but are not limited to:

- women's gynaecology services and breast cancer screening
- pain management services
- specialist cardiology services (*Heart Outreach Program for Equity*)
- foot health services (*Deadly Feet*)
- specialist respiratory services (*Urban Indigenous Respiratory Outreach Clinic*).

Mental Health and Suicide Prevention

In partnership with the SEQ PHNs and the Gold Coast HHS, IUIH commissioned the Queensland Centre for Mental Health Research to test an Indigenous SEQ National Mental Health Service Planning Framework overlay in SEQ. This planning tool, used by HHSs and PHNs to inform mental health service and workforce planning for the whole population, was used to understand access to mental health services in SEQ by First Nations people. The data are now available to support targeted mental health needs assessment and service planning specifically for First Nations people, providing valuable information for use by HHSs, PHNs and the CCHS sector across SEQ to support improvements in mental health service delivery for First Nations people.

The SEQ First Nations Health Equity Mental Health Working Group provided oversight to the development of a regional suicide prevention and aftercare action plan and service model.

Workforce Development Initiatives

IUIH established its Pathways Our Way Academy (POWA) to provide a training to employment pipeline for First Nations high school students in years 10-12 to complete a Certificate III in Allied Health Assisting. Trainees are provided with wrap-around support, a range of placement opportunities and support for further employment and study upon completion. They are also able to engage with local universities to explore pathways into university studies on completion of their traineeship. POWA facilitates workforce pathways for community members through partnerships with universities, Registered Training Organisations and The Department of Employment, Small Business and Training (DESBT). IUIH is also in the process of establishing an Indigenous Registered Training Organisation for SEQ. In 2022/23, 42 school-based trainees enrolled in the IUIH POWA Certificate III Allied Health Assisting course. A further 27 full-time and part-time students enrolled across the following courses:

- Certificate III Business
- Certificate III Community Services
- Certificate III Individual Support
- Certificate III Dental Assisting
- Certificate I Business.



Metro North HHS has established the Deadly Start Education2Employment initiative to give First Nations high school students exposure to healthcare roles including nursing, midwifery, oral health, food services, allied health and administration. Students are recruited in Year 10 and commence a nationally recognised Certificate II in Health Support Services qualification over the first 6 months (2 school terms) of Year 11. This qualification provides them with the foundational skills, knowledge and practical experience of working in the health sector. Students who complete the Certificate II and have a desire to further explore a nursing, dental, food services, allied health, patient support services or health administration career, can transition into a Certificate III school based Deadly Start traineeship with Metro North Health at locations including the Royal Brisbane and Women's Hospital, The Prince Charles, Caboolture, Redcliffe, STARS and other clinics. In 2022, 45 students commenced the Certificate III school-based traineeship in Metro North Health Services.

The SEQ First Nations Health Equity Workforce Sub-Committee developed a regional workforce strategy to give effect to KRA 6 of this SEQ First Nations Health Equity Strategy. The regional workforce strategy is critically important to increase the First Nations workforce across the whole health sector in a climate of workforce shortages, increased service demand and cost of living pressures. It acknowledges that strengthening employment and education pathways and support at a systems level also addresses the social determinants of health. The strategy aims to build a workforce for current and future workforce requirements by strengthening the recruitment, retention, support, and development of Aboriginal and/or Torres Strait Islander people into health and related employment opportunities.

Other Successful Partnership Models of Care

The SEQ CCHSs and HHSs were already working in partnership with each other and with PHNs to design and deliver health services for First Nations people. The service delivery and research partnerships described here have proved to be effective in strengthening service access and outcomes and enhancing the evidence base that underpins effective service delivery. They continue to serve as examples of initiatives that could be scaled up and/or replicated across the region.

Birthing in Our Community Program

- Established in 2013 in the South Brisbane region as a partnership between IUIH, ATSICHS Brisbane and the Mater Mothers' Hospital through a community-based hub located at Salisbury. Since then new BiOC services have been established at Logan and Redlands Hospitals through a partnership with Metro South HHS, and on Brisbane northside through a partnership with My Midwives.
- The BiOC hubs deliver Indigenous-led pregnancy care that provides women pregnant with a First Nations baby access to their own midwife, family support worker and multidisciplinary team for the duration of their pregnancy and birth
- Key elements of the BiOC model considered critical to its demonstrated success include:
 - Continuity of midwifery care provider throughout pregnancy, birthing and into the post-natal period
 - Continuity of Indigenous Family Support Worker, responsible for coordinating the Family Care Plan and addressing key socioeconomic and cultural determinants of health
 - Partnership model – with First Nations led governance, financial control, and management
 - Strategic approach to the growth and development of a skilled Indigenous birthing service workforce.
- Recent research has shown that the BiOC model has:
 - Reduced the need for expensive late-stage interventions and hospital readmissions
 - Reduced pre-term births by 38%
 - Prevented complications that often lead to higher healthcare costs
 - Delivered savings to the health system of \$4,810 per mother/baby pair when compared to standard care
 - Reduced the likelihood of First Nations women having their newborn removed by child protection services (three times less likely than First Nations women who received standard maternity care).



Surgical Pathways

Surgical pathway partnerships are in place between IUIH and several hospitals. The surgical pathways provide care coordination and wrap around support for First Nations people that facilitate access to surgery, support the patient on the day of surgery to navigate the hospital environment, and provide post-surgery follow up and care. A recent Deloitte evaluation of the IUIH System of Care, commissioned by Queensland Health highlighted the benefits to First Nations people of these pathways and quantified the savings to the hospital system of this approach. Partnerships include:

- Ear, Nose and Throat surgical pathways with the Queensland Children's Hospital and the Mater Children's Hospital
- Cataract surgery pathways with the Mater Hospital at Springfield

"Look at resources to fully support the whole patient journey in a culturally appropriate way – accommodation, transport to and from hospital, meals and financial support."

Children's Health Queensland Consultation



Hospital in the Home

- The North Brisbane Health Alliance (the Alliance), a joint initiative of Metro North HHS and Brisbane North PHN, is partnering with IUIH to create new entry pathways from within the hospital system and, for the first time, directly from CCHSs, for First Nations people who need hospital services but who would benefit from care being delivered in the home environment.
- This service benefits First Nations people who would otherwise not seek care in hospitals or might self-discharge early, or who have family or other commitments that make it difficult to attend hospital for care, and/or whose conditions can be safely and appropriately treated in a non-hospital setting.
- The IUIH pilot program is available to First Nations people who are either existing clients of the IUIH Network, or wish to participate in the pilot through IUIH.
- The Alliance will use the lessons learned, and pathways formed during implementation, to inform wider implementation of HITH programs in partnership with other primary care providers in the north Brisbane region.
- IUIH will use the learnings from this initiative to develop similar services with HHSs in other parts of SEQ.

Working Together – First Nations COVID Pathways

During the 2021-22 Omicron Pandemic, the IUIH Network CEOs and Lead Clinicians partnered with HHS COVID Leads and PHNs to coordinate care, effort and resources and to implement culturally safe and effective care pathways for First Nations people and families. Meeting fortnightly throughout the COVID wave the SEQ First Nations COVID-19 Steering Committee established culturally sensitive escalation and de-escalation pathways and overcame hurdles and barriers to care. Through the Steering Committee, experiences, learnings and resources were shared. Utilising IUIH's MobLink 1800 call line and service, First Nations people were able to access virtual clinical care teams, COVID monitoring and care in the home, psychosocial support, care coordination, and logistics support such as meals, transport and medications. This experience provided HHSs with keen insight into the role of CCHSs within the health system and the way in which strong Indigenous primary healthcare can support providers of hospital services.



Purchasing from the Community Controlled Health Sector – Oral Health Services

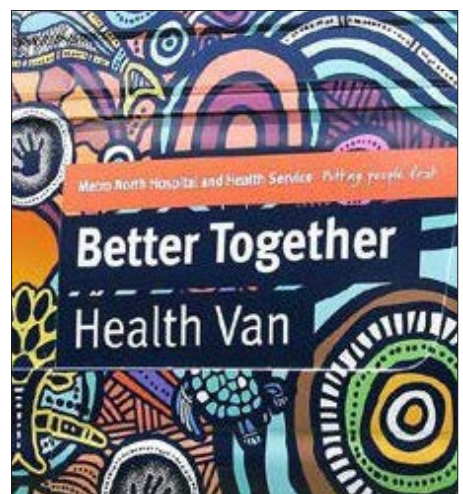
The IUIH Network is funded by Queensland Health to deliver dental services for Queensland Health eligible clients through its 21 dental chairs across the region, thereby relieving pressure from HHS public dental services and wait lists. Since 2023, IUIH has also been funded to deliver dental services to children and to people who are ineligible for HHS public dental services but are in economic circumstances that make access to private dental services unaffordable.



Better Together Medications

The program offers discharge medication to Aboriginal and Torres Strait Islander people leaving a Metro North hospital admission without a charge to the patient. Launched in October 2020, the program has provided over 12,000 medications to over 15,000 patients and the Better Together mobile health van provides screening measures and important health promotion messages to Aboriginal and Torres Strait Islander communities within the Metro North catchment.

Initially implemented only in SEQ, the program was subsequently approved by the Minister for Health for implementation across Queensland and implementation mandated across all HHSs.



Community Engagement 2021-2024

Urban Indigenous Mental Health Survey

The Queensland Centre for Mental Health Research (QCMHR), based at West Moreton HHS, was funded by Queensland Health to undertake a household survey of First Nations people at selected sites across SEQ, in partnership with the IUIH Network. A total of 406 First Nations adults participated in the survey across the region. The Queensland Urban Indigenous Mental Health Survey (QUIMHS) identified the proportion of First Nations adults in treatment for a mental or substance use disorder, the type and quality of service being accessed, and provided valuable information for service reform.



Key findings were:

- the prevalence of psychological distress, mental disorders, harmful substance use, and suicidal thoughts and behaviours is 3 times higher for First Nations adults in SEQ than for the overall Australian population aged 16-85
- 46.5% of survey participants had experienced a mental disorder or harmful substance use in the 12 months preceding the survey
- more than half the survey participants reported having been affected by the death by suicide of someone close to them
- 22.4% of participants reported unmet needs and barriers to care, including lack of service availability, cost of services, logistical issues (e.g., transport difficulties) and lack of consideration of cultural needs
- more than 70% of participants reported a strong preference for accessing general healthcare and mental healthcare through Aboriginal Community Controlled Health Services (ACCHSs) rather than mainstream services.

Deadly Jobs Employment Expo

The Expo, delivered jointly by IUIH Network, HHS and PHN staff, provided First Nations people with information on training opportunities available across the SEQ health system. Held in conjunction with the 2023 Queensland Murri Carnival (QMC), the Expo was available to the 50,257 players and spectators. It included:

- a partnership approach to promotion/recruitment of trainees through Metro North HHS's Deadly Start Program and the IUIH Network's Pathways Our Way Academy. Interested QMC attendees could register an interest in or sign up to a traineeship and former trainees were in attendance to provide insight on their experience of these SEQ training to employment pathways
- Community members could register their interest in pursuing employment in health via a jointly administered database
- Health careers for young people were promoted, including promotion of tertiary studies in health disciplines and exposure to First Nations staff working within the health system
- A Community Jobs Board which QMC attendees could access for information about vacant positions. services.

"Address the high number of child safety reports made about Aboriginal and Torres Strait Islander people when accessing health care. Staff members need to acknowledge and address their cultural relativism in these situations".

South Brisbane consultation

Queensland Murri Carnival – Community Engagement

SEQ First Nations Health Equity partner organisations jointly conducted culturally appropriate community engagement via surveys available on the Yarn It Up online platform and through yarning on the day. Valuable information was collected to inform healthcare planning and priority setting as participants responded to questions relating to:

- What matters most to individuals, their families and communities
- Levels of knowledge and attitudes regarding risk factors for preventable chronic disease and other key health issues.

A total of 342 surveys were completed during the event.

In addition, a range of health and education stalls were facilitated by SEQ First Nations Health Equity partner organisations and other stakeholders, providing information to QMC participants on:

- Breast cancer screening (including making an appointment for a screen), cervical and bowel cancer
- Deadly Choices healthy lifestyle education, tobacco cessation, and Seniors' Games
- Training to employment pathways
- Aged and community care, and disability services
- Deadly Kindies program and Deadly Jarjums programs for children, including information on healthy ears and eyes
- Deadly Smiles oral health care
- Staying Deadly – mental health our way
- Deadly Rehab – heart and lung rehabilitation services
- Mob Link.



SEQ First Nations Health Equity Conferences 2022 and 2023

The inaugural annual conference was held in November 2022 at the Brisbane Convention and Exhibition Centre and again in October 2023. The Conferences exposed participants to:

- the SEQ regional partnership approach to Closing the Gap and its commitments to achieving health equity through implementation of the SEQ First Nations Health Equity Strategy 2021-31
- the need to take a whole of health system approach that integrates care and ensures a smooth transition for patients across the care continuum
- an understanding of how to work from Aboriginal Terms of Reference.
- practical ways of operationalising the aspirations of the SEQ First Nations Health Equity Strategy
- the importance of partnership that respect and utilise the respective strengths of partner organisations
- a showcase of effective service models and partnerships, and the identification of opportunities, for innovative scale up and/or replication.

Conference topics included:

- The *Birth in Our Community* services delivered by the IUIH Network in partnership with Mater Health and Metro South HHS
- The *Better Together Medication Access Program* delivered by Metro North HHS
- Surgical Pathways program delivered by IUIH in partnership with Metro South HHS
- The *Mob Link* care coordination and virtual care service – delivered by the IUIH Network to support smooth transition from hospital to community care
- Training to employment pathways including the IUIH's *Pathways Our Way Academy* and Metro North HHS's *Deadly Start Program*
- Information collected about the prevalence of mental illness, service access and gaps and the lived experiences of First Nations people, delivered by the Queensland Centre for Mental Health Research, based at West Moreton HHS
- Funding reform opportunities, including harnessing activity based funding for First Nations healthcare.

The 2022 Conference was attended by 192 participants and the 2023 Conference by 274 participants.





Key Result Area One – Cultural Safety

First Nations Health Equity		
Priority Area 1: Actively eliminating racial discrimination and institutional racism within services		
National Agreement on Closing the Gap	Priority Reform 1: Partnership & shared decision-making	<ol style="list-style-type: none"> 1. Collectively develop and implement a regional anti-racism campaign. 2. Develop resources for clients and staff to understand their rights and what they can do if they experience racial discrimination. 3. Work with Universities to develop formal education in the context of Australia's First Nations people that can be recognised in continuing medical education and professional development. 4. Develop a regional cultural protocol guideline for SEQ. 5. Develop a suite of questions for inclusion in existing staff satisfaction surveys.
	Priority Reform 2: Building Community Controlled Health Services	
	Priority Reform 3: Transforming Government Organisations	<ol style="list-style-type: none"> 6. Develop systems and processes for the reporting of First Nations client and staff experiences of racism and discrimination.
	Priority Area 4: Sharing access to data and information at a regional level	<ol style="list-style-type: none"> 7. Share between Partner Organisations the results of audits or assessments aimed at assessing and addressing racism and discrimination at the organisational level.

Key Result Area Two - Access

First Nations Health Equity	
Priority Area 2: Increasing access to healthcare services	
National Agreement on Closing the Gap	<p>Priority Reform 1: Partnership & shared decision-making</p> <ol style="list-style-type: none"> 1. Establish models of care that deliver care closer to home in partnership with, and/or by subcontracting to, CCHSs. 2. Collaborate to improve access to culturally safe healthcare for First Nations people in prisons. 3. Improve integration of care by investing in service models that strengthen coordination between primary and secondary care. 4. Develop partnership models for palliative care. 5. Ensure that all models of care are responsive to the needs of people that face additional challenges in accessing healthcare – eg people with disabilities, people who identify as LGBTIQ+, and people living rough or at risk of homelessness.
	<p>Priority Reform 2: Building Community Controlled Health Services</p> <ol style="list-style-type: none"> 6. Harness opportunities to expand First Nations primary healthcare services across the region. 7. Implement culturally appropriate health promotion and prevention initiatives across SEQ including community events and communications, and the IUIH Network's implementation of its <i>Deadly Choices Education Program</i>.
	<p>Priority Reform 3: Transforming Government Organisations</p> <ol style="list-style-type: none"> 8. Implement Cancer Australia's Optimal Care Pathway for Aboriginal and Torres Strait Islander People with Cancer available at www.canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/optimal-care-pathway-aboriginal-and-torres-strait-islander-people-cancer. 9. Expand the availability of Aboriginal and Torres Strait Islander nurse navigators and systematise referral pathways between nurse navigators and IUIH's Mob Link service.
	<p>Priority Area 4: Sharing access to data and information at a regional level</p>

Key Result Area Three – Determinants

First Nations Health Equity <i>Priority Area 3: Influencing the social, cultural, and economic determinants of health</i>		
National Agreement on Closing the Gap	Priority Reform 1: Partnership & shared decision-making	<ol style="list-style-type: none"> Working in cross-agency partnerships as appropriate, co-design and co-implement targeted services that address: <ul style="list-style-type: none"> the over-representation of First Nations people in youth detention the over-representation of First Nations children in out of home care the over-representation of First Nations children and families experiencing homelessness. Implement strategies to reduce the number of unsubstantiated notifications for First Nations children. Contribute to Health and Wellbeing Queensland's multi-agency efforts to prevent and address obesity.
	Priority Reform 2: Building Community Controlled Health Services	<ol style="list-style-type: none"> Accelerate efforts to close the gap in early childhood health and education outcomes by supporting community controlled models of service delivery that integrate early childhood clinical therapies and learning
	Priority Reform 3: Transforming Government Organisations	<ol style="list-style-type: none"> Consistent with the Queensland Indigenous Procurement Policy, stimulate Aboriginal and Torres Strait Islander employment by procuring goods and services from First Nations businesses.
	Priority Area 4: Sharing access to data and information at a regional level	

Key Result Area Four – Delivering Quality Healthcare

First Nations Health Equity		
Priority Area 4: Delivering sustainable, culturally safe, and responsive healthcare services		
National Agreement on Closing the Gap	Priority Reform 1: Partnership & shared decision-making	<ol style="list-style-type: none"> 1. Take a regional and systems approach to health service planning and service development for First Nations people in partnership with CCHSs. 2. Use data from the Indigenous SEQ National Mental Health Service Planning Framework project and the Queensland Indigenous Mental Health Survey to inform the planning and delivery of First Nations mental health services. 3. Implement the SEQ Aboriginal and Torres Strait Islander Suicide Prevention and Aftercare Action Plan. 4. Work together to implement the <i>SEQ Aboriginal and Torres Strait Islander Community Engagement Strategy</i> (see Appendix Three) to ensure community perspectives inform health service planning, design and delivery. 5. Work collaboratively to strengthen urban First Nations health research and to develop researchers with expertise in urban First Nations health. 6. Implement <i>SEQ First Nations Health Equity Healing, learning and improving: A framework for collaborative responses to clinical incidents in shared care services</i>.
	Priority Reform 2: Building Community Controlled Health Services	<ol style="list-style-type: none"> 7. Design and establish community controlled suicide prevention and aftercare services that are culturally and clinically informed 8. Establish regional community controlled specialist mental health services (Staying Deadly Hubs) for people with moderate to severe mental health needs, which have strong referral pathways into, and partnerships with, primary and acute mental health services.
	Priority Reform 3: Transforming Government Organisations	<ol style="list-style-type: none"> 9. Co-design and co-implement, with police, ambulance services, mental health services and CCHSs First Nations specific approaches to mental health crisis intervention 10. Disaggregate data used for planning and performance monitoring/ reporting by Indigenous status wherever possible. 11. Increase support and training for First Nations people/families undertaking carer roles
	Priority Area 4: Sharing access to data and information at a regional level	<ol style="list-style-type: none"> 12. Create a data portal to share healthcare data between HHSs, CCHSs and PHNs at the regional level underpinned by a regional data sharing agreement.

Key Result Area Five – Service Delivery Partnerships

First Nations Health Equity <i>Priority Area 5: Working with First Nations people, communities, and organisations to design, deliver, monitor, and review health services</i>		
National Agreement on Closing the Gap	Priority Reform 1: Partnership & shared decision-making	<ol style="list-style-type: none"> 1. Build on and replicate effective service delivery partnership models already established in SEQ, including (but not limited to): <ul style="list-style-type: none"> • Surgical Pathways • Birthing in our Community services • Hospital in the Home arrangements • Cancer care pathways • Youth Early Intervention services • Rehabilitation services • Cardiac outreach services • Pain Management services • Oral health services • Prison transition services
	Priority Reform 2: Building Community Controlled Health Services	<ol style="list-style-type: none"> 2. Improve integrated care by (i) embedding referrals to MobLink into all HHS discharge planning policies and (ii) strengthening handover processes between nurse navigators/Indigenous Hospital Liaison Officers (IHLOs) and Mob Link/IUIH Network clinics. 3. Transition appropriate community-based HHS services to the CCHS sector where possible and as guided by local co-design and service capacity 4. Work with Queensland Health's Healthcare Purchasing and System Performance Division to identify opportunities for commissioning/purchasing First Nations services and programs from the CCHSs sector.
	Priority Reform 3: Transforming Government Organisations	<ol style="list-style-type: none"> 5. Advocate for dedicated First Nations funding streams to facilitate purchasing or subcontracting of targeted First Nations services and for implementation of this Strategy, with flexible funding opportunities at both a regional and local level 6. Increase the amount and percentage of baseline funding for First Nations programs and services within HHSs 7. Increase the value of services purchased from CCHSs over time
	Priority Area 4: Sharing access to data and information at a regional level	

Key Result Area Six – A Strong Capable Workforce

First Nations Health Equity <i>Priority Area 6: Strengthening the First Nations Health Workforce</i>		
National Agreement on Closing the Gap	Priority Reform 1: Partnership & shared decision-making	1. Implement the SEQ regional health workforce strategy that incorporates: <ul style="list-style-type: none"> • culturally appropriate governance • leadership development training and support for mentoring roles for First Nations staff • strategies to recruit, retain, and provide career progression for, First Nations people at all HHS workforce levels • a culturally appropriate regional workforce training and employment pipeline for First Nations people, to 'grow our own' workforce of First Nations people with health and social service qualifications and skills, to strengthen health system responsiveness and improve employment outcomes for First Nations people • shared workforce retention and leadership development strategies • partnerships with CCHSs for the formal placement of registrars and other clinical staff within CCHS clinics and job sharing arrangements • culturally responsive ways of working • First Nations workforce representation across all disciplines at levels commensurate with the local population
	Priority Reform 2: Building Community Controlled Health Services	
	Priority Reform 3: Transforming Government Organisations	2. Increase the number of First Nations people in clinical roles 3. Work with Universities and TAFE to establish cadetships for First Nations students that include opportunities for transition into formal employment within healthcare services
	Priority Area 4: Sharing access to data and information at a regional level	

Measuring Our Progress

The following Key Performance Indicators (KPIs) reflect measures for which data are currently available and able to be reported. They are detailed in the SEQ Closing the Gap Health Monitoring and Reporting Framework against which performance reports will be developed every two years, with data presented at the regional (SEQ) level and sub-regional level wherever possible.

The SEQ Closing the Gap Health Monitoring and Reporting Framework will be used by the Governance Committee to monitor progress over the next ten years as we strive to achieve health equity for Aboriginal and Torres Strait Islander people in SEQ by 2031. The biennial data reports developed under the Monitoring and Reporting Framework will be used by HHSs, PHNs and the CCHS Sector to inform priority setting, service planning and development and the targeting of resources.

Outcome Measures:

Measure	Availability and Source
Life Expectancy Gaps <ul style="list-style-type: none"> Life expectancy and health adjusted life expectancy – Indigenous and non-Indigenous, SEQ and Queensland 	Every 7 years <i>(QH First Nations Burden of Disease Report)</i>
Mortality Gaps <ul style="list-style-type: none"> Mortality rates for selected conditions (cardiovascular disease, cancer, diabetes, kidney disease, suicide) – <i>Indigenous and Non-Indigenous, SEQ and Major Australian Cities</i> Avoidable and preventable mortality – <i>Indigenous and Non-Indigenous, SEQ and Major Australian Cities</i> Leading causes of death – <i>Indigenous, SEQ</i> Infant, child and perinatal mortality – <i>Indigenous and non-Indigenous, SEQ and Major Australian Cities</i> 	Annually <i>(AIHW)</i>
Birth and Child Health <ul style="list-style-type: none"> Proportion of SEQ First Nations babies born through the Birthing in Our Community Program Women pregnant with a First Nations baby, and First Nations women, who delivered a baby at full-term – <i>Indigenous and Non-Indigenous, by sub-region, SEQ and Queensland</i> First Nations babies, and babies of First Nations women, of healthy birthweight at birth (more than 2.5 kg/ less than 4 kg) – <i>Indigenous and Non-Indigenous, by sub-region, SEQ and Queensland</i> Children assessed as developmentally on track for each domain of the Australian Early Development Census (AEDC) 	Annually <i>(AIHW, Queensland Health and IUIH)</i> <i>Children's Health Queensland</i>
Modifiable Risks <ul style="list-style-type: none"> Smoking status result – current smoker – <i>Indigenous, SEQ and Major Australian Cities</i> BMI result 25+ years overweight or obese – <i>Indigenous, SEQ and Major Australian Cities</i> Hospitalisations of First Nations people for cardiovascular disease, cancer, diabetes, kidney disease and mental illness – <i>by sub-region and SEQ</i> Potentially preventable hospitalisations for First Nations people – total and as a proportion of total admitted patient separations – <i>by sub-region and SEQ</i> Potentially preventable hospitalisations for chronic, acute and vaccine preventable conditions – <i>Indigenous and non-Indigenous, total and proportion, by sub-region and SEQ</i> Potentially preventable hospitalisations for diabetes complications – <i>Indigenous and non-Indigenous, total and proportion, by sub-region and SEQ</i> 	Annually <i>(AIHW, Queensland Health and IUIH)</i>

Process Measures

Care Coordination <ul style="list-style-type: none"> First Nations' hospital referrals to MobLink – <i>Number and proportion of total admissions, by HHS sub-region, CHQ and SEQ</i> Mob Link occasions of service by service type – SEQ 	<p>Annually (IUIH Network)</p>
Cultural Safety <ul style="list-style-type: none"> Evidence of HHSs having cultural safety programs and practices in place that were co-designed with First Nations people and aim to reduce institutional biases and racism and promote inclusivity and equity Evidence of culturally capable practice embedded into models of care that are co-designed with First Nations people 	<p>Annually (All HHSs)</p>
Mental Health <ul style="list-style-type: none"> Proportion of First Nations population that accessed clinical mental health services and psychosocial support services – <i>by sub-region and SEQ</i> Percentage of National Mental Health Service Planning Framework benchmarks reached – <i>by service type, sub-region and SEQ</i> Mental health service episodes for First Nations patients with community follow-up within 1-7 days of discharge from an acute mental health inpatient unit – <i>Indigenous and Non-Indigenous, number and proportion, by HHS sub-region and CHQ</i> Emergency Department presentations for mental health and substance use – <i>Indigenous and Non-Indigenous, number and proportion, by HHS sub-region and CHQ</i> 	<p>Periodically (QCMHR)</p> <p>Annually (Queensland Health)</p>
Planning <ul style="list-style-type: none"> Evidence of collaboration between HHSs, CCHSs and First Nations Health Equity Prescribed Stakeholders in needs assessments, planning and co-design of service delivery 	<p>Annually (All Partner Organisations)</p>
Primary Prevention <ul style="list-style-type: none"> Women pregnant with a First Nations baby, and First Nations women, whose first antenatal visit was in the first trimester – <i>by HHS sub-region, SEQ and Queensland</i> Women pregnant with a First Nations baby, and First Nations women, who had 5 or more antenatal visits – <i>by HHS sub-region, SEQ and Queensland</i> Completed Annual Health Checks – <i>number delivered by IUIH Network and mainstream GPs, as a proportion of SEQ First Nations population, by PHN sub-region</i> Number and proportion of breast screening participation – <i>Indigenous and non-Indigenous, by HHS sub-region</i> Children fully immunised at by year 1, 2 and 5 – <i>Indigenous and non-Indigenous, SEQ, Major Australian Cities, Queensland</i> 	<p>Annually (Queensland Health or AIHW)</p> <p>Every two years (Queensland Health)</p> <p>Annually (AIHW)</p>
Purchasing/Subcontracting <ul style="list-style-type: none"> Value (\$ annual) of occasions of service purchased from SEQ-based CCHSs, trend over time 	<p>Annually (IUIH)</p>
Waitlists <ul style="list-style-type: none"> First Nations people on elective surgery waitlist seen within clinically recommended timeframe – <i>by triage category, Indigenous and Non-Indigenous, by HHS, SEQ and Queensland</i> First Nations people attending specialist outpatients – <i>by triage category, Indigenous and Non-Indigenous, by HHS, SEQ and Queensland</i> First Nations failure to attend rates (specialist outpatients) – <i>by triage category, Indigenous and Non-Indigenous, by HHS</i> 	<p>Annually (Queensland Health)</p>
Workforce <ul style="list-style-type: none"> Number and proportion of the workforce that identify as First Nations people – <i>by PHN sub-region, IUIH Network, HHS sub-region and workforce stream</i> 	<p>Annually (National Health Workforce Data Tool and IUIH)</p>

Social Determinants Measures

The following indicators relate to the socio-economic determinants of health, which together contribute one-third of the health gap. While outside the influence of the health system and the accountabilities of HHSs, CCHSs and PHNs, these indicators will be closely monitored due to their significant impact on health outcomes.

<p><i>Child Safety</i></p> <ul style="list-style-type: none"> First Nations children in out of home care placed with kin, First Nations carer, or First Nations residential organisations – <i>SEQ and Major Australian Cities</i> Rate of First Nations children in out of home care – <i>Indigenous and Non-Indigenous, SEQ and Major Australian Cities</i> <p><i>Contact with the Criminal Justice System</i></p> <ul style="list-style-type: none"> Rate of First Nations adult incarceration – <i>Indigenous and Non-Indigenous, SEQ and Major Australian Cities</i> Rate of First Nations youth detention – <i>Indigenous and Non-Indigenous, SEQ and Major Australian Cities</i> 	<p>Every 5 years (National Census)</p> <p>Every 2 years (AIHW)</p> <p>Every 2 years (AIHW)</p>
<p><i>Employment, Education and Training - SEQ</i></p> <ul style="list-style-type: none"> Education outcomes for young people (20-24 years) with Year 12 or equivalent – <i>Indigenous and Non-Indigenous, SEQ and Major Australian Cities</i> Employment rate for 15-64 year olds – <i>Indigenous and Non-Indigenous, SEQ and Major Australian Cities</i> Number and proportion of First Nations people fully engaged in work, study, or training (18-24 years) – <i>Indigenous and Non-Indigenous, SEQ and Major Australian Cities</i> 	<p>Every 5 years (National Census)</p>
<p><i>Housing - SEQ</i></p> <ul style="list-style-type: none"> Number and proportion of First Nations households that were overcrowded – <i>Indigenous and Non-Indigenous, SEQ and Major Australian Cities</i> 	<p>Every 5 years (National Census)</p>

Areas for further development

- Rate of discharge of First Nations people from acute facilities and mental health units that include a discharge plan and warm handover to a primary care provider
- Severity of presentation on admission to hospital
- Rates of unplanned readmission rates, all causes and by chapter
- Number and proportion of unborn child safety notifications

Appendix One – Governance Arrangements

The SEQ First Nations Health Equity Governance Committee established to oversee efforts to achieve parity of health outcomes in South East Queensland by 2031 comprises the following membership:

- Board Chair and Chief Executive of Metro North Hospital and Health Service
- Board Chair and Chief Executive of Metro South Hospital and Health Service
- Board Chair and Chief Executive of Gold Coast Hospital and Health Service
- Board Chair and Chief Executive of West Moreton Hospital and Health Service
- Board Chair and Chief Executive of Children’s Health Queensland
- Board Chair and Chief Executive of The Mater Hospital
- Chief Executive Officer of Aboriginal and Torres Strait Islander Community Health Service Brisbane
- Chief Executive Officer of Kalwun Development Corporation
- Chief Executive Officer of Kambu Aboriginal and Torres Strait Islander Corporation for Health
- Chief Executive Officer of Yulu-Burri-Ba Aboriginal Corporation for Community Health
- General Manager, Moreton Aboriginal and Torres Strait Islander Community Health Service
- Chief Executive Officer of Institute for Urban Indigenous Health
- Chief Executive Officer, Brisbane North Primary Health Network
- Chief Executive Officer, Brisbane South Primary Health Network
- Chief Executive Officer, Darling Downs and West Moreton Primary Health Network
- Chief Executive Officer, Gold Coast Primary Health Network
- Commissioner, Queensland Ambulance Service

Secretariat and project officer support to the Governance Committee and its sub-Committees is provided by IUIH. All Sub-Committees and Working Groups are chaired or co-chaired by Governance Committee members, at least one of which represents the CCHS Sector. The IUIH Chairperson is the Chair of the Governance Committee.



This Governance Committee provides oversight to regional sub-committees that are established as required. On 1 July 2024, sub-committees which report to the SEQ First Nations Health Equity Governance Committee are:

- Regional Community Engagement Sub-Committee (ongoing)
- Regional Clinical Governance Sub-Committee (ongoing)
- Monitoring, Reporting and Research Sub-Committee (ongoing)
- Workforce Development Sub-Committee (ongoing).

Time-limited working groups are:

- Vulnerable Children Working Group
- Funding Reform Working Group
- Mental Health Working Group
- Prevention Working Group
- Prison Health Working Group.

At the sub-regional level, local implementation committees have been established to oversee implementation of local First Nations health equity strategies. While all SEQ First Nations Health Equity partner organisations are represented on the local implementation committees, composition varies across sub-regions to reflect the inclusion of other local stakeholders.

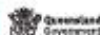
Statement of Commitment



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:
 - o Deliver safe, accessible, and sustainable Aboriginal and Torres Strait Islander health services
 - o Identify and co-design Aboriginal and Torres Strait Islander health service responses that will close the health gap by 2031
 - o Co-design and jointly implement a collective and systematic approach to engaging Aboriginal and Torres Strait Islander people across South East Queensland
 - o Reorient local health systems to maximise available resources, identify and fill service gaps, and minimise duplication
 - o 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
 - o Measure our progress by reporting at least every two years against an established baseline and agreed key performance indicators
 - o 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:
 - o 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)
 - o 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)
 - o Ensuring that investment in mainstream institutions and agencies will not come at the expense of investment in Community Controlled Health Services (reference: clause 66)
 - o 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

Appendix Three – SEQ Aboriginal and Torres Strait Islander Community Engagement Strategy

Introduction

This SEQ Community Engagement Strategy will articulate the intent, values and processes that guide the way in which we seek advice from the Aboriginal and Torres Strait Islander community of South East Queensland and listen to their perspectives to inform needs assessments, service planning, design and delivery of services and continuous quality improvement. Community engagement is not static – it is an ongoing conversation (or ‘yarn’) which places the community at the heart of health care decision-making and through which we maintain our accountability to all First Nations people of SEQ.

This ongoing consultation reinforces community control over assessment, planning, implementation and evaluation of services and is founded on the values, principles, and priorities of the CCHS sector. Effective community engagement involves trust, open communication, and respect and is most effective when it is led by First Nations people from trusted organisations using multiple mechanisms that are adapted to a local context.

Real reform occurs when the leadership of organisations:

- Enshrine community engagement as a core organisational value
- Fosters an organisational culture that welcomes, support and values participation
- Employs skilled, culturally competent staff capable of building trust and respectful relationship

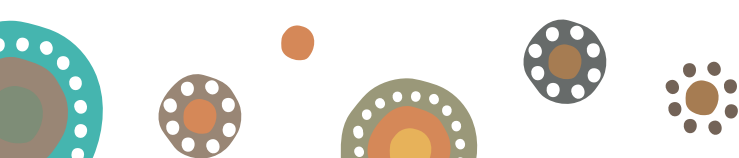
Under this Community Engagement Strategy, community perspectives on health needs and service gaps, healthcare experiences and priorities will be identified to inform its strategic planning and practice. Yarning with the community is an integral part of its connection with, and obligation to, the community our organisations were established to serve.

HHSs and PHNs, who are also striving to understand and incorporate First Nations community perspectives and knowledge, will utilise the outcomes of CCHS-led ongoing community engagement mechanisms, to inform their needs assessments, planning and practice. Information on community perspectives gathered by HHSs, PHNs and the CCHS sector will be shared with all Partner Organisations to inform our collective efforts to achieve health equity by 2031 through health system reform.

As a continuous and enduring process, this Community Engagement Strategy will be further developed and refined over time.

Governance

At the regional level, oversight of the SEQ Community Engagement Strategy is provided by the Community Engagement Sub-Committee which comprises the HHS First Nations leads and representatives of IUIH and its Member Organisations. The Regional Community Engagement Sub-Committee is chaired by IUIH.



Community Engagement Mechanisms

A wide variety of ongoing community consultation mechanisms are required to ensure wide engagement. Strategies include (but are not limited to):

"If we want to know what mob needs, we need to be asking mob. We need community voices."
Gold Coast Consultation

- **Online surveys** that aims to reach all First Nations people of SEQ, promoted through a widespread communications campaign
- **In person surveys** of the First Nations people who are regular clients of IUIH Network clinics through clinic programs, IUIH Network events and other community events, and who are clients of First Nations services and programs delivered by HHSs
- **Message Stick Yarns** – a series of targeted workshops held across the region; specific focus groups should involve participants across the lifespan and for subpopulation groups as identified by the Regional Steering Committee
- **Members' Forum** – an annual gathering of all IUIH Network Boards of Directors
- **A Feedback loop** for all engagement processes – We Asked, You Said, We Did

Survey questions and the focus of Message Stick Yarns will be reviewed annually by the Steering Committee to target conversations to areas of particular focus. However, the opportunity for community members to raise any issues important to them through broad, open-ended questions will also be provided through every consultation mechanism.

Partner Organisations commit to collaborating to ensure meaningful, respectful and transparent community consultation and engagement that provides agency to the people and communities of SEQ. Understanding community perspectives on what individuals and families need, barriers to service access, their experience of the health system and how this experience can be improved will increase service access and knowledge of the health system, and enhance the quality and responsiveness of services and programs delivered by Partner Organisations across SEQ.

Community engagement is supplemented by broader stakeholder Engagement conducted through the following mechanisms:

- **Regional SEQ Equity in Action Conference** – an annual regional meeting that brings together Partner Organisations to share information and learnings
- **Workshops** with partner organisations delivering health and social support services across the region
- **Discussions** with funding bodies, including Australian Government agencies, relevant Queensland Health business units, other Queensland Government agencies, and PHN

Information gathered through these mechanisms is collated, synthesised, and analysed by IUIH and findings reported back to Community and to all Partner Organisations through the Community Engagement Sub-Committee.



First Nations Health Equity Prescribed Stakeholders

As well as the enduring community engagement process outlined above, under the *Hospital and Health Boards (Health Equity Strategies) Amendments Regulation 2021* HHSs are required to consult Prescribed Stakeholders on the development and implementation of First Nations health equity strategies, as illustrated in the following diagram. Consulting Prescribed Stakeholders in SEQ will be undertaken jointly by HHSs and the CCHS sector at the sub-regional level under the auspices of the Local Implementation Committees described in Appendix One.



Development Stakeholders

- First Nations staff members
- First Nations health consumers
- First Nations community members
- Traditional Custodians/Owners and Native Title Holders

Implementation Stakeholders

- Health and Wellbeing Queensland
- Chief Aboriginal and Torres Strait Islander Health Officer
- Queensland Aboriginal and Torres Strait Islander Health Council

Service Delivery Stakeholders

- Local Aboriginal Community Controlled Health Organisations
- Local Primary Health Networks

Appendix Four – Definitions

Aboriginal and Torres Strait Islander people / First Nations people – are used interchangeably in this document to describe the descendants of Australia's first inhabitants

Aftercare – refers to services and programs that aim to support individuals, families and communities affected by suicide

Baseline – refers to a starting point or minimum from which to assess progress towards achieving a goal

Community Controlled Health Services (CCHSs) – are incorporated, not-for-profit, non-government organisation, governed and initiated by and for Aboriginal and Torres Strait Islander people, which deliver culturally-appropriate and comprehensive primary healthcare and social support services to First Nations people. They are an integral component of the health system for First Nations people.

Cultural Safety – is the experience of a person who receives a healthcare service which allows a person to feel safe and empowered in their healthcare interactions

Discrimination – is the unjust or prejudicial treatment of people based on race/cultural background, age, gender, sexual orientation / disability, sexual orientation or religion

First Nations Health equity – means that everyone has a fair and just opportunity to be as healthy as possible. Under the First Nations Health Equity agenda, it is defined by Queensland Health as follows: "Achieving health equity requires eliminating the avoidable, unjust and unfair health differences experienced by Aboriginal and Torres Strait Islander people by addressing the social and economic inequalities and historical injustices that lead to poorer health"

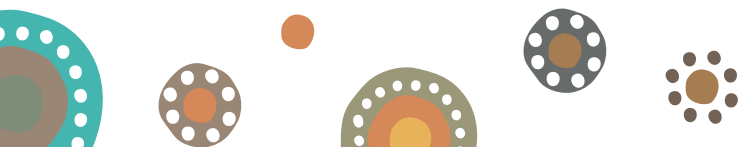
Health gap – refers to the inequity that exists between Aboriginal and Torres Strait Islander Australians and other Australians across a range of health outcomes, including life expectancy and the burden of disease and injury

Health system – comprises all the organisations, institutions and resources that are utilised to produce health actions and outcomes. The health system has multiple components, including health promotion, primary health care, specialist services and hospitals. To meet individual needs, a person may need the services of more than one part of the health system. An integrated healthcare system is where the individual components work together to overcome barriers and gaps between disconnected services to improve quality, access, coordination, and continuity of care.

Hospital and Health Services (HHSs) – are the healthcare service delivery arm of Queensland Health, responsible for delivering public hospital and community health services. There are 16 HHSs in Queensland. In SEQ, there are four HHSs, plus Children's Health Queensland which is located in Brisbane but has a state-wide role.

Institutional racism – is a form of racism that is embedded through systems, process, policies and/or operations within an organisation.

Key performance indicators / measures – provide a quantifiable mechanism by which to evaluate success in meeting objectives



Mental and substance use disorder – is an epidemiological term used to define a range of diagnosed conditions that fall within a specific data category

Primary healthcare – is the entry level of the health system. Comprehensive primary health care, such as that provided by CCHSs, include a broad range of health and social support services from health promotion, and screening for detection of health conditions, illness prevention such as vaccination, treatment and management of acute and chronic conditions, care coordination services and wrap-around services that support healthcare access, such as transport.

Regional/SEQ – refers to the geographic boundaries of HHSs and the geographic footprints of CCHSs that stretch from the Gold Coast and the New South Wales border, to Stradbroke Island and the Bayside suburbs, to Caboolture, Bribie Island and Moreton Bay suburbs, to Ipswich and surrounding suburbs.

Sub-acute – refers to care that takes place after, or instead of, a hospital admission

Sub-regional – refers to the boundaries of the individual SEQ HHSs – Gold Coast HHS, Metro South HHS, Metro North HHS, and West Moreton HHS and the CCHSs and PHNs that operate within those footprints.

Targeted approaches / programs / services – specifically/exclusively for Aboriginal and Torres Strait Islander people





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