# **Embedding health equity into local health systems...** placing First Nations peoples and voices at the centre of healthcare service delivery

A cornerstone of the health equity agenda is the legislative requirement passed by the Queensland Parliament in August 2020 for each Hospital and Health Service (HHS) to develop and implement a Health Equity Strategy.

For the first time a commitment to improving Aboriginal and Torres Strait Islander health outcomes and achieving health equity is embedded in the legal framework guiding the public health system in Queensland. Health Equity Strategies will be the mechanism to redesign and reorient local health systems to better listen to and support First Nations peoples.

### Timeline—Development history of the Health Equity Strategies

- March 2017: The Queensland Anti-Discrimination Commission and the Queensland Aboriginal and Islander Health Council release the Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander people in Queensland's Public Hospital and Health Service (Health Equity) report.
- December 2017: In response to the Health Equity report, Queensland Health releases the Statement of Action towards Closing the Gap in health outcomes.
- November 2018: Queensland
  Health publishes a formal response
  to the Health Equity report.

- June 2019: The Minister for Health and Minister for Ambulance Services establishes an expert panel which recommends amendments to the Hospital and Health Boards Act 2011 to embed the Queensland Government's commitment to closing the gap and improving health outcomes with Aboriginal and Torres Strait Islander peoples.
- November 2019: Minister for Health and Minister for Ambulance Services introduces the Health Legislation Amendment Bill 2019 to the Queensland Parliament.
- March 2020: Queensland Health commences statewide consultation on the draft Hospital and Health Boards (Health Equity Strategies)
  Amendment Regulation 2021.
- August 2020: The Health Legislation Amendment Act 2020 receives Royal Assent.
- October 2020: A subcommittee is formed by the First Nations Health Improvement Advisory Committee to co-design the drafting instructions for the Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021 following feedback from statewide consultation.
- November 2020: The Palaszczuk
  Government's election commitment
  reaffirms each HHS developing
  and implementing a Health Equity
  Strategy and the release of a
  Health Equity Framework to guide
  development.

#### Co-designing the Health Equity Strategies Regulation

Queensland Health has undertaken an extensive process to co-design the Health Equity Strategies Regulation. Once finalised, the Regulation will prescribe the minimum legislative requirements for each HHS to develop and implement a Health Equity Strategy for their respective health service area and to ensure consistency and continuity of the patient journey across different health service areas.

The regulation needs to find the right balance between driving local solutions and acting as a compliance process. All levels across the public health system—from Board members and executives to clinicians and support staff—need to champion health equity. We all need to challenge how we think and what we do to work towards health equity.

Dallas Leon, Townsville Hospital and Health Service





## **Key components of the Health Equity Strategies**

Subject to Governor in Council consideration of the Regulation, HHSs will have 12 months from the date the Regulation commences to co-design and release a Health Equity Strategy as prescribed by the Regulation. Critically, the new provision in the Hospital and Health Board Act 2011 and the Regulation will require Health Equity Strategies to be co-designed, co-owned and co-implemented in partnership with prescribed stakeholders to share decision-making and accountability to improve local health outcomes.

The proposed minimum requirements for the Health Equity Strategies include:

- Agreed objectives and key performance measures for the following priorities:
  - Improve health and wellbeing outcomes for Aboriginal peoples and Torres Strait Islander peoples
  - Actively eliminate racial discrimination and institutional racism
  - Increase access to healthcare services
  - Influence the social, cultural and economic determinants of health

- Deliver sustainable, culturally safe and responsive healthcare services
- Work with Aboriginal peoples and Torres Strait Islander peoples, communities and organisations to design, deliver, monitor and review health services.
- Outline actions to achieve health equity and the strategy's key performance measures.
- Working with Prescribed Stakeholders in the co-design, co-implementation and co-delivery of the Health Equity Strategy as prescribed by the Regulation.

## Developing and implementing Health Equity Strategies

A Health Equity Framework will be released in July 2021 outlining the strategic and operational requirements for the Health Equity Strategies. This will include:

- Principles for co-design, shared decision-making and shared ownership with Aboriginal peoples and Torres Strait Islander peoples to design and deliver the Health Equity Strategies
- Engagement processes, protocols and timeframes, including

- minimum notification periods for prescribed stakeholders
- Public reporting requirements, including frequency
- Mediation and conflict resolution, including the role of the Chief Aboriginal and Torres Strait Islander Health Officer in mediating disagreements or disputes between parties
- Monitoring and evaluation.

#### How will the Health Equity Strategies build upon existing plans and activities?

The Health Equity Strategies will replace the existing Closing the Gap Health Plans. Additionally, HHSs have a number of other plans and strategies aimed at improving Aboriginal and Torres Strait Islander health outcomes. Wherever feasible and practicable, the aim is to bring together and integrate all existing Aboriginal and Torres Strait Islander health plans under the new Health Equity Strategy. In accordance with the principle of subsidiarity, the decision to keep existing plans and strategies in addition to developing a new Health Equity Strategy, will be made in partnership by each HHS with their prescribed development stakeholders.

#### Feedback questions:

- The new Health Equity Strategies will build on existing effort over the last three years. What changes or initiatives in your region have had a positive impact and increased the representation of Aboriginal and Torres Strait Islander peoples in the design and delivery of local health services? How can a co-designed, co-owned and co-implemented Health Equity Strategy be fostered or enhanced in your service area, and across other regions?
- What challenges, barriers and resistance exist to develop and implement the Health Equity Strategies? And how can they be managed?
- How can the ideas and voices of First Nations peoples of all ages and abilities be incorporated into the design and implementation of the Health Equity Strategies?
- What type of guidance needs to be provided in the Health Equity Framework to support the development and implementation of the Health Equity Strategies?
- 5 What other policy tools and resources would be beneficial at a local and regional level?