

April to June 2021



450+
participants,
including
25 in
Toowoomba

47
written
submissions

17
workshops

IDENTIFIED PRIORITIES

Toowoomba

TOP 3 PRIORITY REFORMS	PRINCIPLE 1: FIRST NATIONS LEADERSHIP	PRINCIPLE 2: LOCAL AND REGIONAL DECISION-MAKING	PRINCIPLE 3: REORIENTING LOCAL HEALTH SYSTEMS	PRINCIPLE 4: CULTURAL CAPABILITY	PRINCIPLE 5: SOCIAL DETERMINANTS OF HEALTH
<p>Establish regional coordination care and integrated care pathways.</p> <p>Increase Queensland Health's First Nations employment targets commensurate to local population or hospital presentation rates (which is greater).</p> <p>Factor equity into existing Queensland Health funding models.</p>	<ul style="list-style-type: none"> Ensure genuine co-design partnership across the community and all groups, including Traditional Owners. Utilise the community and cultural expertise of the ATSI/CHCO sector. Empower community to take responsibility for their own health. 	<ul style="list-style-type: none"> Local health leaders from DDHHS and ATSI/CHCOs to come together and decide how to move forward for the new Health Equity Strategy. Commonwealth and Primary Health Networks (PHNs) are key partners. Health priorities need to be defined by local healthcare providers—not external decision makers. Local governance arrangements to become structured by having regular meetings about integrated health service planning and delivery. Health funding to be allocated based on need and not population size. Strengthen existing relationships between healthcare providers—stonewalling and gate keeping to be minimised. 	<ul style="list-style-type: none"> Ensure discharge planning is mandatory and includes information relevant to the patient and their preferred healthcare provider for their ongoing care. Develop integrated healthcare workforce models across DDHHS and ATSI/CHCOs to minimise staff being poached between sectors. Increase the number of Aboriginal and Torres Strait Islander health practitioners by investing in ongoing training and skilling. Design and deliver Aboriginal-led models of care to enable Aboriginal and Torres Strait Islander health workers and practitioners to work to their full scope of practice. Increase access to services by delivering more outreach services at local venues—need to take services to community. Improve patient transport assistance for patients—current scheme is inflexible, not sustainable or adequately funded. Develop targeted strategies for hard-to-reach groups (i.e. older men). Partnerships and referral pathways between healthcare providers are working well but improvements are needed to increase access and utilisation rates. Adopt whole-of-person approaches to meet health needs and other areas requiring support. Improve continuity of care between primary and acute (hospital) care sectors. 	<ul style="list-style-type: none"> Embed cultural safety into all aspects of healthcare provision and make it the backbone of patient-centred care. Call out racist assumptions and profiling as and when it occurs across the health system. More Aboriginal and Torres Strait Islander led models of care will result in increased access because patients feel culturally safe. Enhance and expand existing cultural safety training and professional development. 	<ul style="list-style-type: none"> Equity of access does not automatically translate to equity in health outcomes—need to partner with other services and sectors to influence the social determinants of health which lead to ill-health.