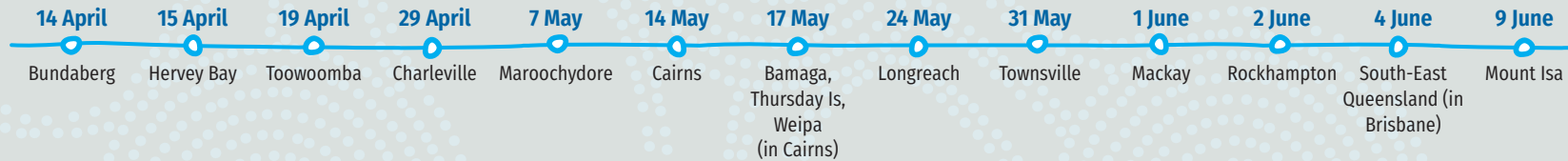


## April to June 2021



450+  
participants,  
including  
13 at Torres  
and Cape  
workshop

47  
written  
submissions

17  
workshops

## IDENTIFIED PRIORITIES

## Torres and Cape

| 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  |
|--|---|---|--|--|---|
| <ul style="list-style-type: none"> <li>Establish a <b>First Nations Health Board</b>.</li> <li>Establish <b>regional coordination hubs</b> and integrated care pathways.</li> <li>Embed <b>cultural capability into the Clinical Services Capability Framework</b>.</li> </ul> | <ul style="list-style-type: none"> <li>Overlay clinical health system governance <b>with cultural governance</b>.</li> <li>Ensure <b>Torres Strait Islander representation</b> on local, regional, state and national governance structures.</li> <li>Position <b>community at the heart</b> of the health system.</li> <li>Use this opportunity to <b>rebuild, reframe, re-empower and reinvent</b> community engagement and community empowerment.</li> <li>Encourage community to apply for board positions on HHSs.</li> <li>Ensure the <b>voices from the 35 communities</b> are visible in the Health Equity Strategy.</li> </ul> | <ul style="list-style-type: none"> <li>Acknowledge historical lack of trust towards Queensland Health in moving forward—<b>genuine partnerships must be based on trust</b>.</li> <li><b>Improve current partnership and governance arrangements</b> across the Torres and Cape.</li> <li><b>Create strong accountability and governance arrangements</b> tied to the new Health Equity Strategy so it does not become another dusty document on a shelf.</li> <li><b>Co-design place-based community indicators</b> to reflect the needs, interests and priorities from a community point of view.</li> </ul> | <ul style="list-style-type: none"> <li><b>Strengthen accreditation standards across the health system</b>—current accreditation standards (how they are monitored and evaluated) are still failing communities.</li> <li><b>Revise the current transport assistance system</b> (PTSS) to make it effective and suitable for remote communities.</li> <li><b>Undertake integrated workforce planning</b> across the health system (between HHS/ATSICCHO/PHNs) to determine service gaps.</li> <li><b>Support current Aboriginal and Torres Strait Islander health workers</b> to continue their career pathway and explore other health career opportunities—a gap exists in upskilling pathways.</li> <li><b>Prioritise social and emotional wellbeing</b>.</li> <li><b>Empower Aboriginal and Torres Strait Islander health practitioners and workers</b> to work to their full scope of practice and advocate for mob.</li> <li><b>Data sharing</b> to become common practice.</li> <li><b>Rectify the differential employment incentives and benefits</b> between local and non-local people recruited to work and live in the Torres and Cape.</li> <li><b>Employ more Aboriginal and Torres Strait Islander navigators, care coordinators and trainee roles</b> throughout the HHS.</li> <li><b>Strengthen referral pathways to specialist care</b>.</li> </ul> | <ul style="list-style-type: none"> <li>Ensure the new <b>Health Equity Strategy is accessible to everyone</b>—the language and actions need to be clearly communicated with no jargon (clear and concise language).</li> <li><b>Overhaul current health system complaints process</b>—the current complaints process is burdensome for patients and staff.</li> <li><b>Ensure cultural security and cultural safety</b> are provided throughout every point of the patient journey—this is currently not the case.</li> <li>Recognise that <b>racism jeopardises health outcomes</b>—Cape and Torres Strait Islander mob regularly report experiencing racism in Cairns hospital.</li> <li><b>Embed cultural safety and cultural security into the foundations of clinical safety guidelines and models of care</b>—lofty statements and policy documents exist but practices are not genuinely embedded into the delivery of care.</li> </ul> | <ul style="list-style-type: none"> <li><b>Integrate approaches to funding and planning</b> in remote communities to maximise investment from all sources (Queensland and Australian Government).</li> <li>Health plays a <b>strong leadership role in the community</b>—the sector can drive local changes because it plays a huge part in the community.</li> <li><b>Lack of suitable accommodation</b> is a barrier for delivering sustainable care in the Torres and Cape region.</li> </ul> |