



Townsville
Hospital
and Health
Service

First Nations Health Equity Strategy 2022 - 2025 Journey Way

Feedback Summary

June 2023

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Acknowledgement

Townsville Hospital & Health Service (THHS) acknowledge the Traditional and Cultural Custodians of the lands, waters, and seas on which our health facilities are placed. We pay our respects to Elders past and present and recognise the role of current and emerging leaders in shaping a better health system.

We acknowledge First Nations peoples in North Queensland are both Aboriginal peoples and Torres Strait Islander peoples and we thank all Aboriginal and Torres Strait Islander people and prescribed stakeholders who have contributed and continue to contribute to the co-development and implementation of the Townsville Hospital & Health Service Health Equity Strategy. We recognise and value the continued leadership of all Aboriginal and Torres Strait Islander people in shaping and driving change to put First Nations First as we journey towards health equity. We look forward to walking and working together to achieve health equity for First Nations peoples by 2031.



Journeying Together

The Townsville Hospital & Health Service is committed to working in true partnership with Aboriginal and Torres Strait Islander peoples, communities, and organisations to achieve equitable health and wellbeing outcomes. The Townsville Hospital & Health Service welcomes legislative amendments passed in April 2020 to the Hospital and Health Boards Act 2011 and April 2021 to the Hospital and Health Boards Regulation 2012. This legislation changes signals a system-wide commitment to eliminating racism in the Queensland Health system and improving the cultural safety and accessibility of services for Aboriginal and Torres Strait Islander peoples.

First Nations Health Equity Strategy 2022-2025

This document provides confirmation of all prescribed stakeholders feedback on the draft THHS Health Equity Strategy 2022-2025. The draft was circulated to prescribed stakeholders for feedback on 27 May 2022. The Stakeholders were given 30 days to respond by phone, email and online. All feedback was provided by 30 June 2022 and has been summarised in this document.



Feedback Summary

Legislation, Consultation and Evaluation Feedback

Summary of Contents	Response/Actioned
<p>Legislative Alignment:</p> <p>Page 19 and 20 demonstrates adherence to the legislative alignment to the <i>Hospital and Health Boards Act 2011</i>, <i>Hospital and Health Boards Regulation 2012</i> and Health Service Directive 053:2021 in the development of the draft Health Equity Strategy (HES) in the first round of health equity engagement.</p>	<p>Noted: Acknowledgement integrated.</p> <p>Co designed strategies were utilised however due to COVID –19, COVID safe engagement strategies were utilised.</p>
<p>Fact checking</p> <p>Page 28: Paragraph four – amend text to read <i>Hospital and Health Boards Regulation 2012</i>.</p>	<p>Amended and changed.</p>
<p>Commend the inclusion of the explanation of why THHS haven't been able to consult widely, and that your intention is to continue to include continued listening and stakeholder engagement.</p>	<p>Noted</p> <p>Final strategy identifies the sources of engagement including survey, phone yarns, workshops, and deep listening activities.</p>
<p>Suggest further inclusion of the consultation process that has been undertaken so far, for example, an explanation of why out of 205 consumers, there were only 75 Aboriginal and Torres Strait Islander voices.</p>	<p>Noted and this information has been included in the final strategy.</p>
<p>Page 17: Recommend including the <i>Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019-2025</i> as there are specific maternal health outcomes included as a Strategic Priority in the document (page 22). THHS is also a priority region of the Growing Deadly Families Action Plan.</p>	<p>Noted and this information has been included in the final strategy.</p>

Feedback Summary

Key Performance Indicators and Measures Feedback

Summary of Contents	Response/Action
<p>Legislative requirement—key performance measures.</p> <p>The HHB Regulation prescribes that the key performance measures (KPM) must be agreed by the HHS and the CATSIHO & DDG. Refer HHB Regulation 2012, Section 13A (a).</p> <p>Page 28 – Monitoring and evaluation of the Health Equity Strategy.</p>	<p>CATSIHO and DDG had not agreed to the final KPM at the time of the consultation.</p> <p>KPMs and strategies will be incorporated in to the <i>First Nations Health Equity Strategy 2022 –2025</i>. A reporting framework will be included in the implementation plan.</p>
<p>Fact checking</p> <p>Page 21-26: footnote of the Strategies it mentions KPM's aligned to the Health Equity toolkit are indicated in green text – these KPM's are no longer applicable and recommend removing them from the draft HES.</p>	<p>Noted and removed.</p>
<p>Page 9-14 – suggest present data that is reflective of the Townsville HHS.</p>	<p>Noted and included more THHS regional data into the final strategy.</p>
<p>Page 21: Suggest including a measure of positive change for all staff in the environment in Strategic Priority 1 in addition to positive change for Aboriginal and Torres Strait Islander employees.</p>	<p>Noted and included this into key priority area 1 to have a commitment to the elimination of racism across the HHS.</p>
<p>Page 24: 'What does success look like?' column: Recommend including a timeframe for reaching workforce parity percentage (i.e., is this a target for 2031 in line with the <i>National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031</i>)</p>	<p>Noted for inclusion in the Implementation plan i.e., data, timeframes.</p> <p>THHS currently has KPI's inclusive of First Nations data will be reviewed and upgraded in alignment with Health Equity Strategy.</p>
<p>Overall, the draft strategy for the consultation was readable and the artwork and the story of the artwork was well received.</p>	<p>Thank you and noted.</p>

Feedback Summary

General Feedback

Summary of Contents	Response/Decision
The artwork is spectacular, and the story behind it depicts the artists interpretation of an integrated healthcare system beautifully!!! Too deadly!!	Thank you and noted. The design and artwork will be utilised in the implementation plan.
Great story behind the artwork should there be a paragraph included about who the artist is and his cultural background?	Noted and included.
Reading the title, I was excited to see what the THHS were proposing to address gaps in equity, hoping the ATSI artwork on the cover-page was representative of the whole community. Reading the artist description, it is not.	Noted: Townsville HHS respectfully acknowledges that in the Townsville region there is two distinct cultural group and acknowledges the stance of the Torres Strait Islander feedback.
Feedback from the Torres Strait is that they disagree with the term First Nation as it again deidentifies them as a distinct group. I take stand with my fellow Elders and denounce the term First Nation as an identifier of who I am.	
The health equity strategy is a great idea but is not representative of the community we serve.	
Would the statement of intent be better placed at the end of the document as the final word of commitment?	Statement of intent moved.
Visibility of Executive and decision makers in the community.	Noted.
<i>Strategic Priority 1: Actively eliminating racial discrimination and institutional racism within the service.</i> Noting the population diversity within the Townsville HHS is inclusive large culturally and linguistic diverse communities including refugees and other vulnerable groups that has not been included in the "THHS Health Equity strategy". Suggest that the strategy needs to clearly indicate that it is a First Nations strategy to ensure no oversight or intentional racism. Loved institutional racism is "everybody's business" in Strategic Priority 1 (page 21).	Note and amended the title to be clear that the strategy is specifically for First Nations people. Changed the title to <i>First Nations Health Equity Strategy 2022 –2025</i> .
<i>Strategy 1.1 Improve the existing cultural practice program.</i> Suggestion to review the education to provide practical strategies for staff inclusive of how to communicate, health literacy and indigenous resources. Need to have education that is aligned to services and that they are culturally responsive. Cultural competencies and capabilities need to be able to be translatable into practice including be tangible activities that support CPP and can be customized to the specific services and communities. Education needs to include how to communicate with First Nations people. Need to ensure that there is local context.	Agreed and the implementation plan will include a review of the existing cultural practice program and the identification of education and resources to allow employees to provide culturally responsive services and communication.

Feedback Summary

General Feedback (cont.)

Summary of Contents	Response/Decision
<p><i>Strategy 1.2 We will empower staff to have conversations about racism in the workplace.</i></p> <p>How are complaints and negative experiences tracked?</p> <p>Lack of a formal and transparent process that deals with complaints and racial discrimination, suggestion to review reporting processes, communication and having First Nations leaders identified that can review these complaints and then provide advice to HHS Executive and appropriate reporting processes to be developed for leaders.</p> <p>Need to assist First Nations people to understand how to report racism and what the process is and how it can be improved if required.</p>	<p>Agreed and the implementation plan will include positive race relations actions and the development of a culturally appropriate complaints mechanism.</p> <p>RiskMan (an internal reporting tool) data will be reviewed and will be aligned with the implementation plan.</p>
<p><i>Strategy 1.3 - We will conduct a review and update of our policies and procedures.</i></p> <p>Will the policy update be across all THHS areas?</p> <p>Is that going to be achievable?</p>	<p>Noted and the HHS will review policies and procedures to identify opportunities to promote positive race relations and actively remove racism as part of the implementation plan.</p>
<p><i>Strategic Priority 2 Increasing access to health care.</i></p> <p>There is an understanding of reluctance of First Nation elders taking up support services to enable a healthier lifestyle, increase engagement with health.</p> <p>The lack of care coordination including appointments and the lack of understanding when appointments are delayed and or then cancelled.</p> <p>Lack of communication regarding wait time, appointment times, follow up and discharge processes.</p> <p>No safe recall system or process to monitor and follow up First Nations people. Indigenous Hospital Liaison Officer (IHLO) and Health Worker (HW) need to know that patients are back in hospital and / or have appointments. Need for HW to attend appointments to improve communication and assist with understanding of health information.</p> <p>Lack of access to bulk billing services and the impact this has on accessing health care and GP not always located close to other community services i.e., schools.</p> <p>Need to consider flexibility of outreach services outside of business hours.</p> <p>Increase the access to outreach services for the homeless at Dean Park and or mobile health can that visits the suburbs.</p> <p>Dental services to be reviewed to include consideration for additional services and improved appointment booking services.</p> <p>The need for an additional strategy to include culturally appropriate services for older Queenslanders which reflects Priority 4 in the Healthier Aging in North Queensland Strategy. Inclusion of Priority 4 within the THHS First Nation Equity Strategy ensures both Strategies are aligned to Elder First Nation people needs.</p>	<p>Noted and integrated.</p> <p>The implementation plan will utilise co design solutions to explore actions that could be considered to improve appointment access and attendance across health care services.</p> <p>Existing strategies that have helped achieved equitable health and person-centred health care for First Nations people will be considered in future service development.</p>

Feedback Summary

General Feedback (cont.)

Summary of Contents	Response/Decision
<p><i>Strategy 2.1 We will improve healthcare delivery for Aboriginal and Torres Strait Islander Peoples living in rural and remote areas.</i></p> <p>Transport challenges raised including appointments (early and late), and late discharges continues to be challenging with limited transport options after hours. Noting taxi vouchers are not provided, the transport bus no longer runs.</p> <p>Lack of support for transport costs if from rural areas coming to Townsville for health care treatment / appointments. Patient travel subsidy does not cover all the costs and for those who stay at Alabaster House, they have been providing free transport services (this is not funded).</p> <p>There is a lack of information available but also a hub where this information is accessible in a way that is appropriate and useable.</p>	<p>Noted.</p> <p>The implementation plan will explore transport options to allow for improved attendance and connection to healthcare services.</p> <p>The implementation plan will explore improved access to, and useability of the information available for patients in accessing our services and the patient travel subsidy scheme as part of improved health literacy options.</p>
<p><i>Strategy 2.2 We will expand the range of initiatives aimed at providing mothers and babies with equitable, high quality and person-centred care.</i></p> <p>Health and Wellbeing Queensland (Qld) indicated support for these initiatives however also to broaden to include more towards supporting family wellbeing and health promotion activities.</p>	<p>Noted. This will be considered during development of the implementation plan.</p>
<p><i>Strategic Priority 3: Influencing the social, cultural, and economic determinants of health.</i></p> <p>There is a need to utilise diagrams and pictures to be better explain Health data and the social determinant of health.</p> <p>Need for programs and materials that support First Nations people to understand and engage in health promotion.</p> <p>There is a need for the HHS to have a greater awareness and understanding of what the community needs are.</p>	<p>Noted and updated within the strategy.</p> <p>The implementation plan will consider options to assist with the improving literacy needs and access of First nations people.</p> <p>Consideration to review the existing Health literacy meeting' role will be considered as part of the implementation plan.</p>
<p><i>Strategy 3.1. We will expand the procurement of Aboriginal and Torres Strait Islander goods and services to achieve positive change on the economic determinants of health.</i></p> <p>Positive feedback about the Townsville HHS commitment to actions to expand the procurement of Aboriginal and Torres Strait Islander goods and services to achieve positive change on the economic determinants of health. Actions and resources will be needed to support consistent use of relevant procurement processes across all THHS services.</p>	<p>Actions will be included in the implementation plan.</p>

Feedback Summary

General Feedback (cont.)

Summary of Contents	Response/Decision
<p><i>Strategy 3.1.3 We will create employment pathways for Aboriginal and Torres Strait Islander peoples and actively increase the number of First Nations peoples employed at Townsville HHS through the execution of the Townsville HHS Aboriginal and Torres Strait Islander Workforce Strategy.</i></p> <p>The Queensland Government funds employment and training programs that may be able to assist Aboriginal and Torres Strait Islander people with employment opportunities.</p> <p>Need to increase support initiatives to increase and grow the First Nations workforce and promote flexible work arrangements including capacity development, more community-based staff working after hours. To consider the workforce challenges of losing young people from the workforce and the older people.</p> <p>Accessible of First Nations staff across streams and the difference that these staff members can make for patients.</p> <p>Need for First Nations staff with the lived experience to support service delivery and patients.</p> <p>Flexible workforce models need to be considered for First Nations staff.</p> <p>Need to review the impact on fly in fly out staff and locum staff providing care to First Nations communities.</p>	<p>Noted and linked with THHS Aboriginal and Torres Strait Islander Workforce strategy 2022-2031.</p> <p>Will consider the impact of FIFO and locum models of service delivery as part of the implementation plan.</p> <p>Flexible work arrangements are part of Queensland Government Policy.</p>
<p><i>Strategy 3.2 We will explore options to develop across -sectoral initiatives influence the social, economic, and cultural determinants of health.</i></p> <p>Need to ensure public health strategies and partnerships are included in the strategy as currently not visible for example programs through Health and Wellbeing Qld.</p> <ul style="list-style-type: none"> • Queensland Equity Framework • Gather and Grow program • Queensland Obesity Prevention Strategy <p>Opportunities for Townsville HHS work other agencies and health care providers to support an increased focus on preventative health, health promotion services and evaluation, including what initiatives are currently running and the impact that the initiatives are having.</p> <p>Lack of communication about specialist outreach services and lack of engagement with ACCHOS and community.</p> <p>Government agencies to communicate and work together.</p> <p>Suggest that Centrelink could be collocated on health campuses to improve access to payments.</p> <p>Across agencies should look to link back to the social determinants identified regionally and address wider system change outcomes as opposed to health care planning (e.g., employment, education, housing).</p> <p>Miss match with 3.2.1 would suggest broadening the focus as is currently limited to service alignment.</p>	<p>Noted – Partnership opportunities will be considered in the development of the implementation plan.</p>

Feedback Summary

General Feedback (cont.)

Summary of Contents	Response/Decision
<p>Strategic Priority 4: <i>Delivering sustainable, culturally safe, and responsive healthcare services.</i></p> <p>Consideration to how culturally safe models of care can be delivered for the Aboriginal and or Torres Strait Islanders for example within Prison Health, Dental, rural health care, mental health.</p> <p>Need for genuine engagement, collaboration, and co-design for models of care that includes cross sector collaboration.</p> <p>Lack of visibility and understanding by community about the functions of ATSICAC and ASTIHLAC.</p> <p>Need to engage ACCHOS and community to develop models of care / service design, including feedback on existing models.</p> <p>Partnering with consumers and to ensure they have a voice in their care and their journey including the follow up support they may require.</p> <p>Health and Wellbeing Qld suggests THHS actions that will help improve access to and availability of more prevention services and healthy lifestyle programs for Aboriginal and Torres Strait islander people in the region.</p> <p>There can be a conflict of interest between what the consumers requires and what health care services provide.</p> <p>Health and Wellbeing Qld can support THHS to explore further partnerships to leverage prevention activity to help achieve a reduction in those chronic diseases.</p>	<p>Noted.</p> <p>As part of the implementation plan there is an opportunity to identify existing models of service delivery / care that could be further developed and or expanded in partnership with the PHN and ACCHOS to support health care.</p>
<p>Strategy 4.2 <i>We will increase supports for Aboriginal and Torres Strait Islander peoples who are discharged from hospital including follow up in the community.</i></p> <p>Need to develop principles that are supportive of First Nations people being discharged including medications, GP access, follow up appointments.</p>	<p>Noted – Partnership opportunities will be considered in the development of the implementation plan.</p>
<p>Strategic Priority 5: <i>Working with First Nations peoples, communities, and organisations to design, deliver, monitor, and review health services</i></p> <p>Aboriginal and Torres Strait Islander leadership and co-design will be core to achieving successful outcomes and will only be achieved with broad engagement across all areas of our community.</p> <p>Infrastructure - Genuine engagement, more planning and collaboration around engagement and co-design.</p> <p>Specifically review infrastructure to include layout and design of services to facilities and services do not adhere to the need of Indigenous people.</p> <p>Look at the current facilities and the improvements that need to occur i.e., don't have rooms without windows.</p> <p>Consideration for housing to be available for Indigenous staff who work for the Townsville HHS.</p> <p>Co design principles need to be included infrastructure.</p>	<p>Noted and integrated into the strategy.</p>
<p>Strategic priorities or key performance indicators are referred to throughout the feedback in a different order to the final Townsville HHS First Nations Health Equity 2022 – 2025.</p>	<p>To Note.</p>

Contact First Nations Health Equity Team

If you have any feedback or would like to be part of any future consultations, please contact the team at thhsfirstnationshealthequity@health.qld.gov.au.



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