Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021

Explanatory notes for SL 2021 No. 34

made under the

Hospital and Health Boards Act 2011

General Outline

Short title

Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021

Authorising law

Sections 282 and 40 of the *Hospital and Health Boards Act 2011*

Policy objectives and the reasons for them

In March 2017, the then Anti-Discrimination Commission Queensland (now the Queensland Human Rights Commission) and the Queensland Aboriginal and Islander Health Council (QAIHC) provided Queensland Health with the *Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland's Public Hospital and Health Services Report* (Health Equity Report). The Health Equity Report identified institutional barriers to health equity for Aboriginal peoples and Torres Strait Islander peoples in Queensland's public health system. The Health Equity Report considered the Hospital and Health Boards Act rendered Aboriginal peoples and Torres Strait Islander peoples 'legally invisible' by not including, for example:

- a statement of commitment to Closing the Gap in Aboriginal and Torres Strait Islander health in a preamble to the Act, reflecting that "Aboriginal and Torres Strait Islander health is 'everyone's business'";
- a provision for the delivery of responsive, capable and culturally competent healthcare to Aboriginal and Torres Strait Islander peoples in Queensland as an object of the Act;
- a requirement that Hospital and Health Boards have among their members a person, or persons, with expertise and experience in Aboriginal and Torres Strait Islander healthcare or health service delivery among the skills, knowledge and experience required for a Hospital and Health Service to perform its functions effectively and efficiently; and
- a provision that requires the Hospital and Health Services to establish Aboriginal and Torres Strait Islander health plans.

The Health Equity Report concluded that, "the Hospital and Health Boards Act fails to give the necessary legislative force to the [Council of Australian Government's] National Partnership Agreements and federal and Queensland policy imperatives to close the Aboriginal and Torres Strait Islander health gap, thus indicating to the Aboriginal and Torres Strait Islander communities that the State is not taking its responsibilities to close the Indigenous Health Gap seriously".

Following the release of the Health Equity Report, Queensland Health issued the *Statement of Action towards Closing the Gap in health outcomes* (Statement of Action), which committed all areas of Queensland Health to undertake organisational, system-level changes to build sustainable cultural capability across the organisation. The Statement of Action committed all areas of Queensland Health to three key actions:

- Promoting opportunities to embed Aboriginal and Torres Strait Islander representation in Queensland Health leadership, governance and workforce.
- Improving local engagement and partnerships between Queensland Health and Aboriginal and Torres Strait Islander peoples, communities and organisations.
- Improving transparency, reporting and accountability in Closing the Gap progress.

On 26 November 2018, Queensland Health released further advice about the Statement of Action, which outlined that each Hospital and Health Service was required to develop a *Closing the Gap Health Plan* to demonstrate activities across the three key areas in the Statement of Action. In recognition of the importance of addressing institutional racism across the health system, the responsibility for implementing and monitoring the Plans sits with the Hospital and Health Boards, Health Service Chief Executives and other executives within Queensland Health.

In early 2019, the then Minister for Health and Minister for Ambulance Services convened an expert panel comprising of Mr Jim McGowan AM, Professor Anne Tiernan and Dr Pradeep Phillip (the panel) to provide advice on Queensland Health's governance framework as established by the Hospital and Health Boards Act. The panel considered the findings of the Health Equity Report and recommended the Hospital and Health Boards Act be amended to embed the Queensland Government's commitment to closing the gap in Aboriginal and Torres Strait Islander health.

In October 2019, Ms Haylene Grogan was appointed as Queensland's first Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General. The key leadership role was a significant milestone for Queensland Health and led to the establishment of a dedicated Aboriginal and Torres Strait Islander Health Division within Queensland Health.

In November 2019, the Health Legislation Amendment Bill 2019 was introduced to the Legislative Assembly. To implement the panel's recommendations, the Bill included amendments to the Hospital and Health Boards Act to include a requirement that each Hospital and Health Board have at least one member who is an Aboriginal person or Torres Strait Islander person and to require each Hospital and Health Service to develop and implement an Aboriginal and Torres Strait Islander Health Equity Strategy (Health Equity Strategy). The Health Legislation Amendment Bill 2019 was passed by the Legislative Assembly on 13 August 2020 and received Royal Assent on 20 August 2020, becoming the *Health Legislation Amendment Act 2020*.

The amendments to the Hospital and Health Boards Act to require each Hospital and Health Service to have one member who is an Aboriginal person or Torres Strait Islander person commenced by proclamation on 25 September 2020. As of March 2021, 14 of the 16 Hospital and Health Boards are meeting this legislative requirement. It is anticipated the remaining two

Hospital and Health Boards will achieve this requirement as part of the next round of appointments to the Hospital and Health Boards in mid-2021.

The provisions of the *Health Legislation Amendment Act 2020* that amended the Hospital and Health Boards Act to require each Hospital and Health Service to have a Health Equity Strategy, and require the engagement and review requirements for developing a Health Equity Strategy to be prescribed in regulation, commenced on 30 April 2021. These provisions supersede the existing requirement for a Closing the Gap Health Plan. Through a Health Equity Strategy, each Hospital and Health Service will outline the key performance measures and actions it will achieve to improve the health and wellbeing outcomes for Aboriginal peoples and Torres Strait Islander peoples.

Achievement of policy objectives

To achieve the policy objectives, the Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021 (Regulation) amends the *Hospital and Health Boards Regulation 2012* to prescribe the requirements that Hospital and Health Services must comply with during the development and implementation of their Health Equity Strategy to ensure the strategy has a positive impact on health equity outcomes with Aboriginal peoples and Torres Strait Islander peoples. These requirements include specifying key performance measures relating to actively eliminating institutional racism, improving access to health services and ensuring that healthcare is provided in a manner that is sustainable, culturally safe and responsive to the needs of Aboriginal people and Torres Strait Islander people.

Consistency with policy objectives of authorising law

The Regulation is consistent with the policy objectives of the authorising Act.

Inconsistency with policy objectives of other legislation

No inconsistencies with the policy objectives of other legislation have been identified.

Alternative ways of achieving policy objectives

There are no alternative ways of achieving the policy objectives with respect to prescribing the requirements to support section 40 of the Hospital and Health Boards Act.

Benefits and costs of implementation

By outlining the key performance measures for the Hospital and Health Service to achieve, the Regulation seeks to provide a framework to guide each Hospital and Health Service in having a greater impact on health equity and also supporting greater engagement and collaboration in the design, delivery and monitoring of healthcare services with Aboriginal peoples and Torres Strait Islander peoples and Aboriginal and Torres Strait Islander communities and organisations in respect to the provision of culturally safe and responsive health services.

There are no costs associated with the amendments made by the Regulation to establish the framework for health equity strategies. The costs of the Hospital and Health Services developing their Health Equity Strategy will be met through existing budget allocations.

Consistency with fundamental legislative principles

The Regulation is consistent with fundamental legislative principles in section 4 of the *Legislative Standards Act 1992*. The Regulation seeks to provide for greater recognition of Aboriginal and Torres Strait Islander custom, specifically as it relates to the provision of healthcare to Aboriginal peoples and Torres Strait Islander peoples.

Consultation

The amendments were self-assessed by Queensland Health, in accordance with the *Queensland Government Guide to Better Regulation*, as being excluded from further regulatory impact assessment under category (c) – the amendments are for the internal management of the public sector or statutory authority. Therefore, consultation with the Office of Best Practice Regulation was not required.

Between March and June 2020, Queensland Health undertook targeted consultation with internal and external stakeholders on a draft of the Regulation. Queensland Health received a total of 34 submissions from Hospital and Health Services and external submitters about the requirements to be prescribed in the Regulation to support the development and implementation of the Health Equity Strategies.

Between July and November 2020, Queensland Health conducted further consultation with the following stakeholders to better understand the feedback provided in the first consultation process:

- Hospital and Health Service's Aboriginal and Torres Strait Islander Health Leads;
- Queensland Aboriginal and Islander Health Council;
- Institute for Urban Indigenous Health;
- Queensland Human Rights Commission;
- Health and Wellbeing Queensland;
- Office of the Health Ombudsman;
- Health Consumers Queensland;
- members from the primary health sector; and
- The Healing Foundation.

Between December 2020 and January 2021 Queensland Health also provided each Hospital and Health Board, Health Service Chief Executive and the Hospital and Health Service's First Nations Health Leads with a further draft of the Regulation for comment. These stakeholders will be responsible for the development and implementation of the respective Hospital and Health Service's Health Equity Strategy and their feedback has been incorporated into the Regulation.

Notes on provisions

Short Title

Clause 1 states that the Regulation may be referred to as the *Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021*.

Commencement

Clause 2 states that the regulation commences on 30 April 2021.

Regulation amended

Clause 3 states that the regulation amends the *Hospital and Health Boards Regulation 2012*.

Amendment of s 3 (Establishment of Hospital and Health Services-Act, s 17)

Clause 4 makes a minor amendment to section 3 of the Hospital and Health Boards Regulation to replace the reference to 'service area' with a reference to 'health service area' to provide consistency in terminology used in the *Hospital and Health Boards Act 2011* and the Hospital and Health Boards Regulation.

Insertion of new ss11C and 11D

Clause 5 provides for the insertion of new sections 11C and 11D into the Hospital and Health Boards Regulation. The insertion of section 11C outlines the definitions used in Part 4 – 'Engagement strategies and protocols' of the Hospital and Health Boards Regulation.

The clause inserts a definition of *Aboriginal and Torres Strait Islander community-controlled health organisation* for the purpose of explaining the types of organisations the Hospital and Health Service is required to work with as service-delivery stakeholders for the purpose of its Health Equity Strategy. An Aboriginal and Torres Strait Islander community-controlled health organisation is defined as a body corporate, being a person, association or group of persons legally incorporated in a corporation, that:

(a) has a governing body whose members are Aboriginal people or Torres Strait Islander people elected by a local Aboriginal or Torres Strait Islander community; and

(b) has rules preventing the distribution of the association's property to its members; and

(c) delivers health services to the local Aboriginal or Torres Strait Islander community.

The clause inserts a definition for the *Chief Aboriginal and Torres Strait Islander Health Officer* to be the officer within Queensland Health appointed as the Chief Aboriginal and Torres Strait Islander Health Officer.

The clause provides that any reference within Part 4 to *community* includes any group or organisation consisting of individuals with a common interest. Common interest may include an organisation consisting of individuals who have an interest in the provision of health services in a particular area of the State, an interest in a particular health issue or a common cultural background, religion or language.

The clause provides further guidance about who is a consumer, where it is referenced in Part 4 of the Hospital and Health Boards Regulation. The definition of *consumer* is included to reflect a broader range of individuals and organisations than that ordinarily defined to be a consumer of health services. Therefore, the clause states a *consumer* includes:

(a) an individual who uses or may use a health service;

(b) the individual's family members, carers and representatives;

(c) a group of, or organisation for, individuals mentioned in paragraphs (a) and (b);

(d) a representative of the group or organisation.

The clause also includes a definition of *implementation stakeholders* and *service-delivery stakeholders*. Service-delivery stakeholders for the purpose of the Hospital and Health Service's Health Equity Strategy are each Aboriginal and Torres Strait Islander community-controlled health organisation in the Hospital and Health Service's health services area and each local primary healthcare organisation for the Hospital and Health Service, including the respective Primary Health Networks. These are the stakeholders that the Hospital and Health Service will work with to provide services to, for and with Aboriginal peoples and Torres Strait Islander peoples.

Clause 5 also inserts section 11D, which prescribes the *development stakeholders* for the purposes of section 40(2)(c) of the Hospital and Health Boards Act. The *development stakeholders* are prescribed to ensure that Hospital and Health Services consult and partner with these stakeholders during the development of their Health Equity Strategy. The prescribed development stakeholders include the implementation and service delivery stakeholders to ensure that those people, groups and organisations are also consulted and engaged with as part of the development of the Health Equity Strategy.

Amendment of s 12 (Prescribed requirements for clinical engagement strategies)

Clause 6 amends section 12 of the Hospital and Health Boards Regulation to require a Hospital and Health Service's Clinician Engagement Strategy to outline the relationship between the Hospital and Health Service's Clinician Engagement Strategy, the Consumer and Community Engagement Strategy, Health Equity Strategy and protocol with local primary healthcare organisations. This will ensure that the Hospital and Health Service's Clinician Engagement Strategy outlines the linkages and/or differences in the content, design, engagement or requirements contained in that strategy and the Health Equity Strategy. By identifying these linkages and differences between the strategies, the Hospital and Health Service can ensure that its strategies are appropriately aligned, maximising potential opportunities for collaboration, and avoid duplication.

Amendment of s 13 (Prescribed requirements for consumer and community engagement strategies)

Clause 7 amends section 13 of the Hospital and Health Boards Regulation to require the Hospital and Health Service's Consumer and Community Engagement Strategy to outline the relationship between the Hospital and Health Service's Consumer and Community Engagement Strategy, its Clinician Engagement Strategy, Health Equity Strategy and protocol with local primary healthcare organisations. The amendment will ensure that the Hospital and Health Service's Consumer and Community Engagement Strategy outlines the linkages and/or differences in the content, design, engagement or requirements contained in the Consumer and Community Engagement Strategy and the Health Equity Strategy. By identifying these linkages and differences between the strategies, the Hospital and Health Service can ensure its strategies are appropriately aligned and avoid duplication.

Insertion of new ss 13A and 13B

Clause 8 inserts new sections 13A and 13B into Part 4 of the Hospital and Health Boards Regulation.

The new section 13A prescribes the requirements a Hospital and Health Service must comply with in the development and implementation of its Health Equity Strategy required to be made under section 40 of the Hospital and Health Boards Act.

Requirements relating to key performance measures to achieve health equity for Aboriginal people and Torres Strait Islander people

Section 13A(1)(a) requires the Health Equity Strategy to state the Hospital and Health Service's key performance measures, as agreed between the Hospital and Health Service and the Chief Aboriginal and Torres Strait Islander Health Officer, relating to improving health and wellbeing outcomes for Aboriginal peoples and Torres Strait Islander peoples.

Improving these health and wellbeing outcomes – and doing so in a manner of genuine co-design, co-ownership and co-implementation – is a critical component of the new *National Agreement on Closing the Gap 2020* which recognises that when Aboriginal peoples and Torres Strait Islander peoples have a genuine say in the design and delivery of policies, programs and services that affect them, better life outcomes are achieved. It also recognises that structural change in the way governments work with Aboriginal and Torres Strait Islander peoples is needed to close the gap.

The ultimate success of this shared journey and reframed relationship will be measured by the achievement of the 16 jointly agreed socio-economic targets, including eliminating the current life expectancy gap that exists between Aboriginal and Torres Strait Islander peoples and other Queenslanders by 2031, and the achievement of the other two health targets related to healthy birthweights and a reduction in suicide. Whilst progress has been made in reducing the health disparities that contribute to the life expectancy gap, it is recognised that more can be done and done differently to build on these health gains. These targets will form part of the key performance measures outlined in each Hospital and Health Service's Health Equity Strategy.

Section 13A(1)(a)(i) requires the Health Equity Strategy to state the Hospital and Health Service's key performance measures, as agreed between the Hospital and Health Service and the Chief Aboriginal and Torres Strait Islander Health Officer, that relate to actively eliminating racial discrimination and institutional racism within the Hospital and Health Service.

Racial discrimination is defined under the *Racial Discrimination Act 1975* (Cth) and has also been further defined in case law. Racial discrimination is defined as the unlawful act of discrimination against a person based on his or her race, colour, descent, national origin or ethnic origin, or immigrant status. The *Racial Discrimination Act 1975* (Cth) acknowledges the *International Convention on the Elimination of All Forms of Racial Discrimination.* Article 2 of the Convention states that, "States Parties condemn racial discrimination and undertake to pursue by all appropriate means and without delay a policy of eliminating racial discrimination in all its forms and promoting understanding among all races…".

Key performance measures for this section may include targets relating to engagement, such as through surveys or other mechanisms, to collect data from Aboriginal peoples and Torres Strait Islander peoples to determine any instances of racial discrimination or institutional racism that may be occurring. Other measures may also include conducting further audits or reviews of existing systems and frameworks within the Hospital and Health Service to determine any instances of racial discrimination or institutional racism.

Institutional racism, for the purpose of the Regulation, refers to the ways in which racist beliefs, attitudes or values have arisen within, or are built into the operations and/or policies of an institution in such a way that discriminates against, controls or oppresses, directly or indirectly, a certain group of people to limit their rights, causing and/or contributing to inherited disadvantage.

The overarching vision of the *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* is to establish a health system free of racism, that achieves health equity, and allows Aboriginal peoples and Torres Strait Islander peoples to have access to health services that are effective, high-quality, appropriate and affordable. This approach is consistent with international evidence that demonstrates growing healthcare inequities among First Nations and Indigenous peoples are a result of systemic racism in clinical practices, leading to delays in seeking, and discontinuity of accessing, mainstream healthcare.

Key performance measures for the purpose of eliminating institutional racism may include achieving a target score assessed against the Marrie Institutional Racism Matrix (or sub-measures), reviewing a particular suite of policies or procedural documents or increasing representation of Aboriginal peoples or Torres Strait Islander peoples in the front-line positions within the Hospital and Health Service.

Section 13A(1)(a)(ii) states that the Health Equity Strategy must outline the key performance measures, as agreed between the Hospital and Health Service and the Chief Aboriginal and Torres Strait Islander Health Officer, relating to improving access to healthcare services.

Key performances measures for this section may include targets relating to telehealth utilisation rates, travel rates for non-admitted patients and the number of outpatient appointments being provided in the community rather than within the hospital. These key performance measures seek to improve access to health services for Aboriginal peoples and Torres Strait Islander peoples, particularly those people who live in rural and remote parts of the State.

Section 13A(1)(a)(iii) states that the Health Equity Strategy must outline the key performance measures, as agreed by the Hospital and Health Service and the Chief Aboriginal and Torres Strait Islander Health Officer, relating to influencing the social, cultural and economic determinants of health.

The intent of the section is to ensure that Hospital and Health Services acknowledge and consider the need to address these social, cultural and economic determinants of health in their health service area by identifying linkages and establishing partnerships across the healthcare and broader social systems (which includes other health services and healthcare providers, government agencies, as well as non-government and corporate organisations) with a view to improving health equity outcomes with Aboriginal peoples and Torres Strait Islander peoples across Queensland. Engagement with key partners, government agencies such as Health and Wellbeing Queensland, may also assist in identifying assistance or supports to help in better influencing the social, cultural and economic determinants of health.

Social and economic determinants of health

The *Aboriginal and Torres Strait Islander Health Performance Framework 2020 Summary Report* attributes 34% of the health gap between Aboriginal peoples and Torres Strait Islander peoples and non-Indigenous people to differences in social determinants of health. For Aboriginal peoples and Torres Strait Islander peoples, social and economic determinants of health can include the availability, distribution, and quality of public infrastructure and resources, early childhood development, education, employment and income, housing, environment and infrastructure (including economic development and procurement), interaction with government systems and services, law and justice, health status, food and water security, and sanitation.

Key performance measures relating to the economic and social determinants of health may include meeting employment targets for Aboriginal and Torres Strait Islander peoples relevant to the Hospital and Health Service, as well as procurement targets for Aboriginal and Torres Strait Islander businesses in accordance with the Queensland Indigenous (Aboriginal and Torres Strait Islander) Procurement Policy, requirements to engage and work with other sectors, such as the housing, education or other sectors, to seek to influence the social and economic determinants of health or achieving targets aimed at improving consumer experience outcomes.

Cultural determinants of health

Research commissioned by the Australian Institute of Health and Welfare prove the link between Aboriginal and Torres Strait Islander peoples' cultural connection and wellbeing. The cultural determinants of health originate from and promote a strengths-based perspective, acknowledging that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health. Consistent with the Articles of the *United Nations Declaration on the Rights of Indigenous Peoples*, cultural determinants include, but are not limited to:

- ability to rightfully and freely exercise self-determination;
- freedom from racism and discrimination;
- recognition of individual and collective cultural rights;
- connection to custodianship, and utilisation of country and traditional lands;
- reclamation, revitalisation, preservation and promotion of traditional languages and cultural practices;
- freedom from assimilation, forced removal, and destruction of culture;
- protection and promotion of Traditional and Indigenous Knowledge, and Indigenous Intellectual Property;
- connection to family, community, country, language and culture;
- social cohesion; and
- exposure to stress (including the excess stress to which individuals from stigmatised social categories are exposed as a result of their social, often minority, position).

Key performance measures to influence the cultural determinants of health may include targets relating to the number of consumer and community reported experiences of cultural recognition and respect when engaging with the Hospital and Health Service or targets within the Hospital and Health Service's staff workforce surveys to assist in improving experiences or cultural recognition and respect for Aboriginal peoples or Torres Strait Islander peoples within the health workforce.

Section 13A(1)(a)(iv) states that the Health Equity Strategy must outline agreed key performance measures to ensure the delivery of sustainable, culturally safe and responsive healthcare services for Aboriginal peoples and Torres Strait Islander peoples.

In relation to the meaning of *culturally safe* and responsive healthcare services, the Australian Health Practitioner Regulation Agency (Ahpra) states that "Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism. To ensure culturally safe and respectful practice, health practitioners must:

- acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
- acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
- recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community; and
- foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues".

Key performance measures relating to the delivery of sustainable, culturally safe and responsive healthcare services may include targets relating to the number of staff who have undertaken cultural capability training and/or another form of anti-racism training, responsiveness to consumer complaints or staff advice on the Aboriginal and Torres Strait Islander cultural safety of the service and the proportion of core funding allocated to targeted Aboriginal and Torres Strait Islander health services and programs. It is anticipated that introducing key performance measures focused on the areas of sustainability, cultural safety and responsiveness to unique needs will:

- provide an opportunity for Hospital and Health Services to determine the provision of healthcare services in a sustainable way that is not solely dependent on additional block funding resources;
- provide healthcare services that are culturally safe and responsive to the unique issues and differential experiences and opportunities faced by Aboriginal peoples or Torres Strait Islander peoples who are consumers of healthcare services; and
- improve the environments and systems within Hospital and Health Services to be responsive to any cultural safety issues raised by Aboriginal peoples and Torres Strait Islander peoples receiving healthcare services.

To support the achievement of the key performance measures relating to cultural safety, it is critical that the Hospital and Health Service engage and partner with the local Aboriginal peoples and Torres Strait Islander peoples, including traditional custodians, to ensure they not only act in accordance with the principles of locally led decision making, self-determination, and empowerment as directed in the *Queensland Government Statement of Commitment to reframe the relationship between Aboriginal and Torres Strait Islander peoples and the Queensland Government*; but also understand any cultural practices, historical experiences and intergenerational impacts that may be unique to their health service areas.

Section 13A(1)(a)(v) states that the Health Equity Strategy must outline agreed key performance measures to ensure that the Hospital and Health Service works with Aboriginal peoples and Torres Strait Islander peoples and Aboriginal and Torres Strait Islander communities and organisations to design, deliver, monitor and review health services.

The United Nations' Declaration on the Rights of Indigenous Peoples establishes the framework to support the empowerment and self-determination of Indigenous peoples. Article 23 asserts that, "Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, Indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions".

This section seeks to improve the level of engagement by the Hospital and Health Service with Aboriginal peoples, Torres Strait Islander peoples, Aboriginal and Torres Strait Islander communities and organisations to allow greater collaboration in the design, delivery, monitoring and review of health services. The intended outcomes being to:

- improve the effectiveness and outcomes of co-designed programs, as we know that when Aboriginal peoples and Torres Strait Islander peoples have a genuine say in the design and delivery of services that affect them, better life outcomes are achieved;
- allow feedback and input from Aboriginal peoples and Torres Strait Islander peoples in the monitoring and review of healthcare services to determine their suitability and any potential improvements to improve access to those services in the future; and
- increase the number of services that are provided collaboratively with the Aboriginal and Torres Strait Islander community-controlled health sector, who provide healthcare services throughout the State.

Key performance measures for this section may include targets about the number of partnership agreements entered into by the Hospital and Health Service, levels of participation of Aboriginal peoples and Torres Strait Islander peoples in decision-making and throughout the life-cycle of the initiative, level and extent of advice from the prescribed Aboriginal and Torres Strait Islander stakeholders adopted by the service, or targets relating to the amount of contracting out or procuring of services from Aboriginal and Torres Strait Islander community-controlled health organisations.

Requirements about how the Hospital and Health Service will act to address matters relating to health equity for Aboriginal people and Torres Strait Islander people

Section 13A(1)(b)(i) requires the Hospital and Health Service to outline the steps it will take to implement the key performance measures outlined in its Health Equity Strategy, including through partnership agreements with service-delivery stakeholders or other arrangements. These key performance measures are those outlined in the Health Equity Strategies under the requirements of sections 13A(1)(a)(i) to 13A(1)(a)(v).

Section 13A(1)(b)(ii) requires the Hospital and Health Service to outline how it will engage and work with implementation stakeholders, which includes the service-delivery stakeholders, to ensure greater collaboration, shared ownership, shared decision-making and implementation of the Health Equity Strategy. The section is intended to ensure that the Hospital and Health Service engages and works collaboratively with the implementation stakeholders to ensure that the activities being undertaken are aligned with those being undertaken by the broader health network. The section requires the Hospital and Health Service to engage and partner with the service-delivery stakeholders to ensure that the implementation activities are aligned and avoid duplication of effort.

Section 13A(1)(b)(iii) requires the Hospital and Health Service to set out how it will improve the integration of health service delivery between the Hospital and Health Service and the service-delivery stakeholders within the Hospital and Health Service's health service area. This section intends to require the Hospital and Health Service to outline the actions that it will take to engage and partner with the service-delivery stakeholders, such as the Aboriginal and Torres Strait Islander community-controlled health organisations and local Primary Health Networks to ensure greater alignment, consistency and responsiveness in the provision of healthcare services for Aboriginal peoples and Torres Strait Islander peoples.

Section 13A(1)(b)(iv) requires the Hospital and Health Service to outline the steps that it will take to ensure people are empowered to provide advice and feedback to the Hospital and Health Service to support continual improvements in achieving health equity outcomes and equitable access to health services. The intent of the section is to have the Hospital and Health Service outline the actions it will take to enable and empower Aboriginal peoples and Torres Strait Islander peoples to provide feedback and advice on the provision of health services. An example is that the Hospital and Health Service should outline alternative mechanisms to support Aboriginal peoples or Torres Strait Islander peoples experiencing vulnerabilities to provide advice and feedback in a form other than through an electronic or written form.

Section 13A(1)(b)(v) requires the Health Equity Strategy to outline how the Hospital and Health Service will increase workforce representation and participation of Aboriginal peoples and Torres Strait Islander peoples across all health professions and employment streams within the Hospital and Health Service to levels at least commensurate with the Aboriginal and Torres Strait Islander population in the Hospital and Health Service's health service area.

Requirements about how the Strategy will align with other strategies, policies, guidelines and other documents

Section 13A(1)(c)(i) requires the Health Equity Strategy align with the strategic and operational objectives of the Hospital and Health Service. The requirement is intended to support the Health Equity Strategy supporting the overall strategic and operational objectives of the Service.

Section 13A(1)(c)(ii) states that the Health Equity Strategy must outline how the Health Equity Strategy aligns with other frameworks, strategies, policies, guidelines and other directives made by, or applying to, the Hospital and Health Service. For example, this section requires the strategy to outline how it is compatible and aligns with the Hospital and Health Service's:

- Strategic and Operational Plans;
- Consumer and Community Engagement Strategy and Clinician Engagement Strategy under section 40 of the Hospital and Health Boards Act; and
- policies or other documents relating to the *Human Rights Act 2019*.

This section may also include outlining how the strategy aligns with the department's Health Equity Framework, and Health and Wellbeing Queensland's State-wide Equity Framework.

Section 13A(1)(c)(iii) states that the Health Equity Strategy must also state how it aligns with Health Equity Strategies made by other Hospital and Health Services. The intent of this requirement is to provide for a Hospital and Health Service's Health Equity Strategy to outline how it aligns with other Health Equity Strategies of neighbouring Hospital and Health Services, or other Hospital and Health Services across the State, to ensure a level of consistency and continuity in the provision of healthcare services across the State.

The requirement is also intended to support greater collaboration between Hospital and Health Services with a view to improving health equity outcomes across the entire health system, and not just within one health service area, which may unintentionally contribute to further health disparities and inequities in populations across the State.

Section 13A(1)(c)(iv) states that the Health Equity Strategy must outline how it aligns with other national, state and local government strategies, policies and other documentation relating to shared decision-making, shared ownership and working in partnership with Aboriginal peoples and Torres Strait Islander peoples. This alignment is critical in ensuring that the Health Equity Strategies capture the intent of other important strategies and agreements, such as the:

- the *National Agreement on Closing the Gap (2020)* or any successor agreements or targets that might arise in future;
- the *Queensland Government Statement of Commitment to reframe the relationship between Aboriginal and Torres Strait Islander Peoples and the Queensland Government*;
- the department's *Aboriginal and Torres Strait Islander Workforce Strategic Framework 2016-2026* or any successor agreements;
- the department's *Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033* (2015) or any successor agreements.

The new section 13B prescribes the implementation stakeholders for the purposes of section 40(5) of the Hospital and Health Boards Act. This requires the Hospital and Health Services to work with these implementation stakeholders as part of the implementation of the Health Equity Strategy, once it has been developed and published by the Hospital and Health Service.

The prescribed group of implementation stakeholders includes the:

- prescribed service-delivery stakeholders under section 11C to ensure that the service delivery stakeholders, who will be required to work with the Hospital and Health Services to provide services, are also consulted as part of the implementation process;
- the Chief Aboriginal and Torres Strait Islander Health Officer to ensure appropriate engagement and oversight of the implementation activities agreed between the Hospital and Health Service and the Chief Aboriginal and Torres Strait Islander Health Officer;
- the Queensland Aboriginal and Islander Health Council as the peak body that represents and supports the Queensland Aboriginal and Torres Strait Islander community-controlled health sector in conducting their implementation activities; and
- Health and Wellbeing Queensland to ensure the implementation activities undertaken by the Hospital and Health Services align with other initiatives being undertaken by other government agencies or departments to improve health and wellbeing outcomes or reduce health inequity.

It is important to note that the minimum requirements for who must be consulted during the implementation of the Health Equity Strategy are prescribed in the Hospital and Health Boards Regulation. The Hospital and Health Service may choose to consult or work with additional persons or organisations not otherwise prescribed during the implementation of the Health Equity Strategy.

Amendment of s 14 (Prescribed requirements for protocol with local primary healthcare organisations)

Clause 9 amends section 14 of the Hospital and Health Boards Regulation to require a Hospital and Health Service's protocol with local primary healthcare organisations to outline the relationship between the Hospital and Health Service's Consumer and Community Engagement Strategy, its Clinician Engagement Strategy, Health Equity Strategy, and the protocol with local primary healthcare organisations. The amendment will ensure that the Service's protocol with local primary healthcare organisations outlines the linkages or differences in the content, design, engagement or requirements between the protocol with local primary healthcare organisations and the Health Equity Strategy to ensure appropriate alignment and avoid duplication.

Amendment of sch 1 (Hospital and Health Services)

Clause 10 makes minor amendments to correct a reference in the heading of Schedule 1, Column 2 to appropriately reflect that it is referring to the 'health service area'. It also amends an entry in Schedule 1 to correct a reference to 'network' to 'service' with respect to the reference to Children's Health Queensland.

Amendment of sch 6 (Dictionary)

Clause 11 inserts definitions for *Aboriginal and Torres Strait Islander community-controlled health organisation, Chief Aboriginal and Torres Strait Islander Health Officer, community, consumer, implementation stakeholders and service-delivery stakeholders* into the dictionary of the Hospital and Health Boards Regulation.