

# First Nations Health Equity Implementation Plan

## Year 1: 2023-24

## **Priority 1**

Actively eliminate racial discrimination and institutionalised racism

#### **Priority 2**

Increase access to healthcare services

#### **Priority 3**

Influence social, cultural and economic determinants

## **Priority 4**

Deliver sustainable, culturally safe and responsive services

#### **Priority 5**

Collaborate on the design, delivery and review of health services

Priority 6: Strengthen the workforce

## Our success will be when...

West Moreton Health (WMH) has zero tolerance for racism. We will create awareness and accountability for cultural safety through training opportunities, establish mechanisms for First Nations people to report concerns and recruit equity champions.

Cultural safety is embedded in the design of our buildings as well as our models of care, especially for First Nations prisoners. To achieve this, we will work with our Primary Health Network and Kambu Medical Service.

WMH works with partners to influence the health, social and emotional wellbeing of First Nations peoples.

Our care closer to home is made more responsive and culturally safe through better data collection methods and new co-designed models of service for First Nations peoples across their lifespan.

WMH has embedded First Nations voices into all decision-making bodies to improve service delivery and improve treatment and referral pathways.

First Nations employment parity across all streams aligns with population data.

## How we will achieve success...

- 1.1 Co-design the refresh and delivery of the Cultural Practice Program specific to WMH footprint and needs.
- 1.2 Work towards racial equity by identifying and implementing racial equity transformation training and initiatives
- 1.3 Co-design and commence an anti-racism campaign for WMH.
- 1.4 Develop mechanisms for First Nations peoples to safely report racial discrimination through a reinvigorated complaints process.
- 1.5 Reset the framework for all new policies and procedures to address systemic barriers to First Nations health care.
- 1.6 Identify and recruit Executive, Directors and Divisional Leads as Health Equity Champions.
- 1.7 Co-develop a report on the relevance and of a potential WMH Reconciliation Action Plan (RAP)
- 2.1 Co-design and commence implementation of a cultural safety audit of all WMH facilities, prioritising patient environments.
- 2.2 Develop a process for First Nations artwork and cultural acknowledgements to be used at WMH facilities.
- 2.3 Co-design and develop a responsive model of care, including transition into community for First Nations prisoners and youth in detention centres.
- 2.4 Fast track First Nations consumers who present at Emergency Department, Surgery, Gastrointestinal Endoscopy and Specialist Outpatient Departments
- 2.5 Develop a First Nations Discharge with Support model.
- 3.1 Develop a co-designed multi-sector plan to improve suicide prevention literacy and influence the social determinants of health.
- 3.2 Co-design and develop an accessible First Nations Mental Health assessment and referral process.
- 3.3 Research First Nations-led responses and create a practice framework for social and emotional wellbeing.
- 3.4 WMH collective leadership drive accountability and performance against First Nations Health Equity Implementation Plan
- 4.1 Implement and grow Jaghu maternal and infant model of care in WMH.
- 4.2 Co-design and develop a First Nations holistic chronic conditions management pathway model.
- 4.3 Explore opportunities for an acute youth mental health facility in WMH footprint.
- 4.4 Review and perform a gap analysis of data collection, storage and reporting
- 5.1 Review WMH governance and decision-making processes and insert First Nations voices.
- 5.2 Embed the First Nations Community Advisory Committee into WMH governance structures.
- 5.3 Ensure Clinical Systems and Health Outcomes activities are influenced by First Nations leadership.
- 5.4 Convene recurring First Nations consultations with the Prescribed and other stakeholders across WMH region
- 6.1 Audit WMH recruitment and HR practices and policies to address barriers to First Nations recruitment and retention.
- 6.2 Co-design **employment pathways** that will attract First Nations people to a sustainable career at WMH.
- 6.3 Co-design cultural safety and supervision models with PHN, Universities, Kambu and other HHSs.





#### Year 2: 2024-25

#### **Priority 1**

Actively eliminate racial discrimination and institutionalised racism

## **Priority 2**

Increase access to healthcare services

#### **Priority 3**

Influence social, cultural and economic determinants

#### **Priority 4**

Deliver sustainable, culturally safe and responsive services

## **Priority 5**

Collaborate on the design, delivery and review of health services

## **Priority 6**

Strengthen the workforce

## Our success will be evidenced by...

West Moreton Health (WMH) has zero tolerance for racism. We will create awareness and accountability for cultural safety through training opportunities, establish mechanisms for First Nations people to report concerns and recruit executive champions to lead racial equity transformation.

WMH is dedicated to transforming spaces into environments where First Nations peoples feel culturally safe. Improve access to culturally safe healthcare for First Nations prisoners. Work with our Primary Health Network and Kambu Medical Service.

WMH works with partners to influence the health, social and emotional wellbeing of First Nations peoples.

Our care closer to home is made more responsive and culturally safe through better data collection methods and new co-designed models of service for First Nations peoples across their lifespan.

WMH is committed to embedding First Nations voices into all decision-making bodies to improve service delivery and improve treatment and referral pathways.

WMH is committed to achieving First Nations employment parity to be commensurate with our local First Nations populations.

## What we will do...

- 1.1 Review evaluations of the Cultural Practice Program and grow accordingly.
- 1.2 Evaluate the impact of the racial equity transformation training and initiatives.
- 1.3 Review outcomes from the **Discrimination audit** and co-design strategic response for implementation.
- 1.4 Establish a First Nations WMH compliments and complaints mechanism.
- 1.5 Commence retrospective review existing policies and procedures to address systemic barriers to First Nations health care
- 1.5 Develop and promote "Everyone is a Health Equity Champion" campaign.
- 1.6 Implement actions out of report on WMH RAP
- 2.1 Implement recommendations from the Cultural Safety audit of WMH facilities.
- 2.2 Install and display First Nations artwork and cultural acknowledgements across WMH facilities.
- 2.3 Continue to deliver a responsive model of care, including transition to community for First Nations prisoners and youth in detention.
- 2.4 Provide **24-hour or on-call Indigenous Health Liaison Officer support** in emergency departments.
- 2.5 Co-design a First Nations health campaign to promote WMH and Kambu partnership to the community.
- 2.6 Increase numbers of First Nations volunteers across WMH facilities.
- 2.7 Implement and deliver the First Nations Discharge with Support model.
- 3.1 Establish a multi-sector steering group to address and improve the social determinants of health utilising WMH LANA.
- 3.2 Co-design models of care that improve social and emotional wellbeing of First Nations peoples.
- 3.3 Create a sustainable First Nations Social and Emotional workforce career path within WMH.
- 3.4 Co-design an annual First Nations holistic health expo to engage future workforce candidates.
- 4.1 Continue to grow and strengthen Jaghu maternal and infant services in WMH.
- 4.2 Establish First Nations Hospital in the Home model.
- 4.3 Continue negotiations for a youth mental health facility in WMH.
- 4.4 Plan and develop an accurate data collection and reporting framework that captures key KPI's.
- 5.1 Report on outcomes of First Nations representation on WMH decision-making bodies.
- 5.2 Co-design and develop a **WMH First Nations Staff Leadership** committee to influence clinical, research and service development activities across WMH services.
- 5.3 Work with the First Nations Community Advisory Committee to deliver a series of **consultations** to gauge improvement in Aboriginal and Torres Strait Islander participation and experience of WMH services.
- 6.1 Review strategies implemented in response to WMH recruitment and HR practices and policies audit.
- 6.2 Co-design and develop a WMH First Nations Workforce Strategy.
- 6.3 Start delivery of a cultural safety and supervision model with PHN, Kambu and other HHSs.
- 6.4 Develop **Interagency Partnerships** with potential sources of employees, such as universities, schools and employment agencies to help grow the WMH First Nations workforce.



## **Performance measures**

The indicators of success are measures underpinned by data that is currently available and able to be reported. Performance reports will be developed annually to monitor progress.

		Baseline	Target	Responsibility
Priority 1	A Number of staff who have completed mandatory Cultural Practice Program.	77.76%	85%	
Actively eliminating racial discrimination and institutionalised racism	B Number of staff who have Enrolled and commenced racial equity transformation training and initiatives.	1.4%	↑ 20%	
	C Percentage of reported incidences of racial discrimination resolved.	TBD	↑ 20%	
Priority 2	A Percentage of First Nations people who Discharge Against Medical Advice (DAMA) rates.	4.25%	↓ 20%	
Increasing access to healthcare	B Percentage of First Nations did not wait rates.	13.1%	↓ 20%	
services	C Count of Aboriginal and/or Torres Strait Islander identifier of "not stated/unknown".	TBD	↓ 20%	
Priority 3	A Number of formalised partnerships with prescribed stakeholder groups	1	↑ 100%	
Influence social, cultural and economic determinants	B Number of collaborative meetings with NGO partners in region.	5	↑ 50%	
	C Number of Social and Emotional Wellbeing projects.	1	↑ 100%	
Priority 4  Deliver sustainable, culturally	A Percentage of First Nations patients reporting their cultural and spiritual needs were met while accessing WMH services.	PREMS <sup>1</sup>	↑ 20%	
safe and responsive services	B Percentage of First Nations inpatients stating they and/or family were involved in decisions about their care.	PREMS <sup>1</sup>	↑ 20%	
	C Survey – proportion of First Nations staff who respond positively to: "Leaders across my organisation take responsibility for building cultural capability of employees."	TDB <sup>2</sup>	↑ 20%	
Priority 5	A Bi-monthly First Nations Community Advisory Council meetings held yearly	100%	100%	
Collaborate on the design, delivery and review of health services	B Number of service models co-designed and endorsed by Community Controlled health services and prescribed stakeholder groups.	2	↑ 100%	
SCI VICES	C Quarterly First Nations community consultation held	100%	100%	
Priority 6	A Number of staff who Identify as Aboriginal and/or Torres Strait Islander.	2.29%4	4.91%⁴	
Strengthen the workforce	B Percentage of Identified full-time equivalent positions filled.	TBD <sup>3</sup>	85%	
	C Number of First Nations staff who respond positively to: "My organisation provides a culturally safe work environment."	TBD <sup>2</sup>	↑ 20%	



## Health status and social determinants of health external measures

		Baseline	Target	Responsibility
1.	Decrease potentially avoidable deaths (Priority area 2)	20	50 % reduction	
2.	Increased proportion of First Nations babies born to First Nations mothers and non-First Nations mothers with healthy birthweights ( <b>Priority area 4</b> )	TBD	TBD	
3.	A decreased rate and count of First Nations suicide deaths (Priority area 3)	TBD	TBD	
4.	Increase proportion of First Nations adult patients on the general care dental waitlist waiting for less than the clinically recommended time ( <b>Priority area 2</b> )	100%⁴	95%⁴	
5.	Elective surgery – increased proportion of First Nations patients treated within clinically recommended time ( <b>Priority area 2</b> )	CAT 1 92% <sup>4</sup> CAT 2 100% <sup>4</sup> CAT 3 100% <sup>4</sup>	CAT 1 85% <sup>4</sup> CAT 2 95% <sup>4</sup> CAT 3 95% <sup>4</sup>	
6.	Specialist outpatients – decreased proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment ( <b>Priority area 4</b> )	CAT 1 86% <sup>4</sup> CAT 2 24% <sup>4</sup> CAT 3 70% <sup>4</sup>	CAT 1 90% <sup>4</sup> CAT 2 85% <sup>4</sup> CAT 3 85%	
7.	Increased proportion of First Nations people receiving face-to-face community follow up within 1-7 days of discharge from an acute mental health inpatient unit ( <b>Priority area 3</b> )	53%	75%	
8.	Increase proportion of First Nations people completing Advance Health Care planning (Priority area 4)	TBD	TBD	
9.	Annual (year-on-year) increase of First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to First Nations population ( <b>Priority area 6</b> )	2.29%4	4.91%⁴	
10.	Increased proportion of First Nations people who had their cultural and spiritual needs met during the delivery of a healthcare services (e.g inpatient PREMS survey, outpatient PROMS) (Priority area 1)	TBD¹	TBD	

<sup>1</sup>TBD based on functionality of PREMS survey<sup>2</sup>TBD based on development and functionality of WMH staff survey

<sup>&</sup>lt;sup>3</sup>TBD based on functionality of WMH HR data

⁴SPR data