

Our Mob Together Strong Health Equity Strategy

Implementation Plan



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Mackay Health Equity – Implementation Summary.

CONTEXT...

In September 2022, the *Our Mob Together Strong 2022-25 Health Equity Strategy* was launched, which outlined six key priority areas underpinned by 42 initiatives. This document has been produced to guide the implementation of the strategy, focussing on priority initiatives identified for FY24 and establishing structures to support activities occurring in FY25 and FY26.

It is recognised in the intervening period between September 2022 and this document being produced that implementation activities have commenced in an ad-hoc way. The purpose of this document is to provide a systematic structure in order to recognise success and build upon current momentum going forward.

WHAT THIS DOCUMENT INCLUDES...

This document provides a framework and structure to create consistency in the delivery of initiatives and to set up future implementation initiatives for success.

It outlines:

- **Principles:** this plan was co-designed by walking alongside and drawing upon the priorities and capabilities of the five co-signatories who wrote the original Health Equity Strategy
- **Approach:** action plans for priority initiatives have been formulated, reporting on existing progress, organisations and individuals who will drive activity and actions to help complete implementation
- **Governance:** structures emphasise a co-ordinated approach from state health and local Aboriginal Community Controlled health organisations in partnership
- **Evaluation:** methodologies recommended to measure the success of implementation and the initiatives.

This plan also provides a planning framework for approaching the implementation of initiatives in Year 2 (FY25) and Year 3 (FY26).

THE WAY FORWARD...

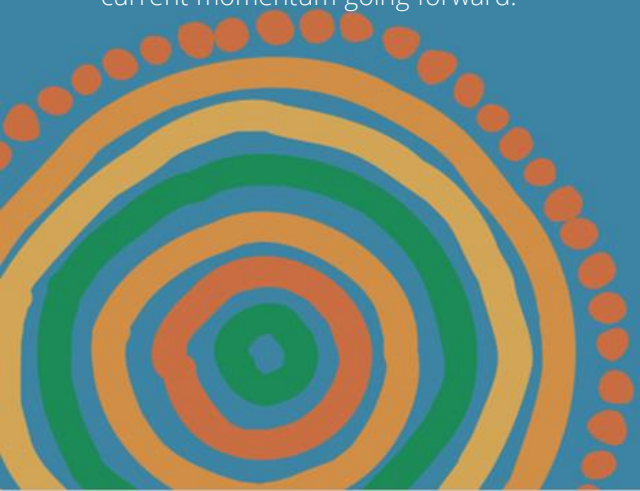


This document and its contents can be used to guide implementation of the identified priority initiatives for Year 1 (FY24).

In December of FY24, it is recommended the five co-signatories meet to discuss what has (and hasn't) worked with a view of identifying the next round of initiatives to be implemented and updating the plans in this document.

For Year 2 (FY25), a fresh round of initiative implementation plans should be ready for activation.

Repeat the review process in December of FY25, identifying the final initiatives to be actioned and begin updating implementation plans for FY26 (Year 3).



Acknowledgement of Traditional Custodians and First Nations people of Australia.

As Australians, we walk in the footprints of First Nations ancestry, the people who cared for our environment for thousands of years before colonization. Knowing this, Mackay Hospital and Health Service (Mackay HHS) acknowledge First Nations Elders, past, present and emerging from the Mackay, Whitsunday and Isaac region, and those First Nations Australians from other parts of the country who have since made this beautiful land a place they can call home. And while they are not First Nations peoples of Australia, we also acknowledge Australian South Sea Islander people, their historical relationship with First Nation peoples and the contributions they have made in our region.

We live in a time where relationships, partnerships, understanding differences in opinions and points of view are essential if we are to map out our community's health priorities. The aim of Our Mob Together Strong Health Equity is to provide a blueprint for building a local health system that supports our mob to be stronger, live longer and experience healthier lives both physically and emotionally. Developing plans and strategies that focus on actions to Close the Gap is the first step. We now must join together to pave the way forward, strengthening access to health services and improving health outcomes for First Nations peoples who reside in our Mackay, Whitsunday and Isaac region.

Traditional Custodian Uncle George Tonga



1.1 Background and Context.

Health Equity Legislation

In 2017, an independent report was provided to Queensland Health, produced by the Queensland Aboriginal and Islander Health Council (QAIHC) and the then Queensland Anti-Discrimination Commission. This report highlighted the level of institutional racism across the public health system, spotlighting the need for health equity, a statement of commitment to Closing the Gap and First Nations representation on boards.

In response, Queensland Parliament passed the [Health Legislation Amendment Act 2020](#) in August 2020. This required each hospital and health service to develop a local strategy to achieve health equity in partnership with First Nations peoples, and for each HHS board to include a First Nations board member.

Subsequently, an amendment was made to the Hospital and Health Equity Regulation ([Amendment 2021](#)). This prescribed a list of stakeholders to participate in the strategy co-design process, including traditional owners, co-signatories, health support agencies, First Nations consumers and staff members.

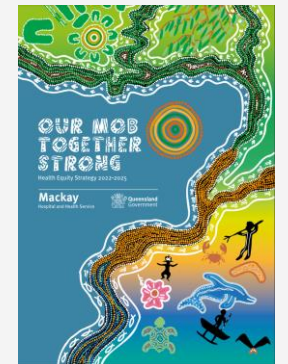
The directions in this legislation are also driven by [Making Tracks Together](#) – Queensland's Aboriginal and Torres Strait Islander Health Equity Framework, which details the policies and strategic directions that Hospital and Health Services (HHSs) are required to develop and implement. The Making Tracks Together Framework was released in October 2021 with a target to drive health equity, eliminate institutional racism across the public health system and achieve life expectancy parity for First Nations people by 2031.

Our Mob Together Strong Health Equity Strategy 2022-2025

In response to the Health Legislation Amendment Act 2020, initial consultation began to commence work on the Mackay HHS Health Equity Strategy in November 2021. By January 2022, the Our Mob Together Strong Alliance (OMTSA) was established, with consultation and development of the draft Health Equity Strategy underway. Consultation occurred across the Mackay, Whitsundays and Isaac regions, with co-design including stakeholders from the hospital and health services (HHSs), community-controlled health services (CCHS) and traditional owners.

In April 2022, the Our Mob Together Strong 2022-25 Health Equity Strategy was produced, outlining six key priority areas:

- Improving First Nations health and wellbeing outcomes
- Actively eliminating racial discrimination and institutional racism within the service (KPA1)
- Increasing access to healthcare services (KPA2)
- Influencing the social, cultural and economic determinants of health (KPA3)
- Delivering sustainable, culturally safe and responsive healthcare services (KPA4)
- Working with First Nations people, communities, and organisations to design, deliver, monitor and review health services (KPA5)



1.2 Approach to developing the implementation plan.

Prescribed Stakeholders

As part of developing the Health Equity Strategy, Mackay HHS worked with a range of stakeholders during development, implementation and service delivery to ensure services were co-designed, co-implemented and co-delivered. As part of the legislation, there are three categories of prescribed stakeholders. These included:

- **Development stakeholders:** involved in co-development of the HES,
- **Implementation stakeholders:** involved and worked with in co-development and co-implementation, and
- **Service Delivery stakeholders:** partnered and worked with in co-development, co-implementation and service delivery.

Development Stakeholders	Implementation Stakeholders	Service Delivery Stakeholders
First Nations <i>staff members</i>		
First Nations <i>health consumers</i>		
First Nations <i>community members</i>		
Traditional custodians/owners and native title holders in the service area		
Health and Wellbeing Queensland		
The Chief First Nations Health Officer		
Queensland Aboriginal and Islander Health Council (QAIHC)		
First Nations community-controlled health organisations in the service area		
Local primary healthcare organisations (including PHNs)		

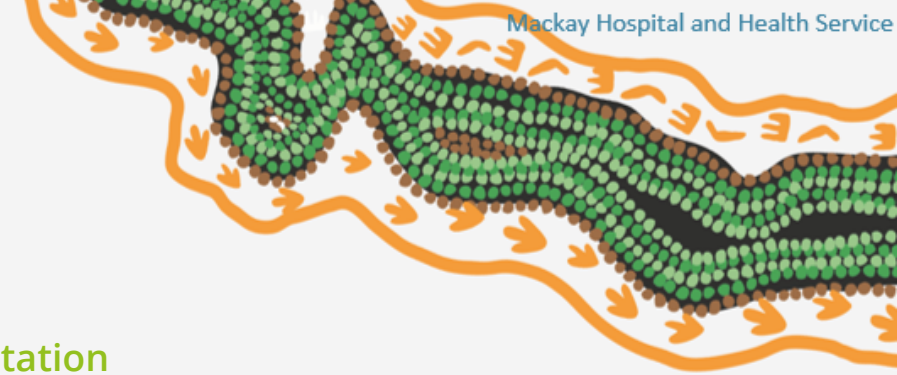
Approach to consultation

To guide the implementation plan, co-signatories of the HES were consulted, including:

- ATSI CHS Mackay
- Girudala Community Cooperative Society Ltd
- Mudth-Niyleta
- Mackay Hospital and Health Service
- Northern Queensland Primary Health Network (NQPHN)

Consultations were held both in person and via MS Teams in April (refer to Appendix 4 for further detail). First and foremost, the sessions were an opportunity to listen and learn from co-signatories to understand what implementation progress had occurred in the KPAs since the HES was finalised.

These sessions were also an opportunity to discuss and resolve accountability of initiatives, including resources and timing, with a view of delivering key initiatives over the next 12 months. Materials were developed to aid in consultation, identifying 20 priority initiatives of the 42 underpinning the KPAs. Given workforce pressures, 10 foundation priorities were identified for the first year of implementation, with other initiatives marked for exploration as capacity is available.



2 What you will find in this document.

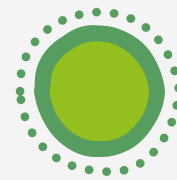
How this document supports implementation of the strategy

The actions outlined in the implementation plan are designed to demonstrate a commitment to the health equity reform and improve health outcomes for Aboriginal and Torres Strait Islander peoples across the whole health care system. The purpose and scope of the implementation plan is to:

- Outline the priority for the delivery of strategies and actions in the Our Mob Together Strong Health Equity Strategy 2022-2026
- Understand the dependencies between actions and identify actions that need to be implemented before other actions can be implemented
- Assign accountability and areas responsible for each action at an initiative level
- Outline the evaluation approach including monitoring and reporting
- Provide key contacts that can support with queries in relation to implementation and reporting.

This implementation plan is focussed on initiatives that have been prioritised for implementation in Year 1 (FY24). As such, this implementation plan will need to be refreshed in the future to map out Year 2 (FY25) and Year 3 (FY26) initiatives.

Scope inclusions and exclusions and relevant constraints of the implementation plan are outlined in Appendix 4.



Year 1 (This Document)

In year 1, priority initiatives have been identified for implementation. An overview of these initiatives including key contact, stage of implementation and actions has been documented.



Year 2

In year 2, the priority initiatives are to be updated following a review of year 1. These initiatives should be different to those prioritised in year 1, and build upon the success of year 1.



Year 3

The same process should be conducted in year 3 building upon the success of year 1 and 2. This implementation plan should consolidate the successes and planning of previous years and develop action plans for initiatives not previously addressed.



Strategy Review

At the end of this period, an evaluation of the outcomes achieved should be conducted as well as a refresh of the strategy for the following three year period.

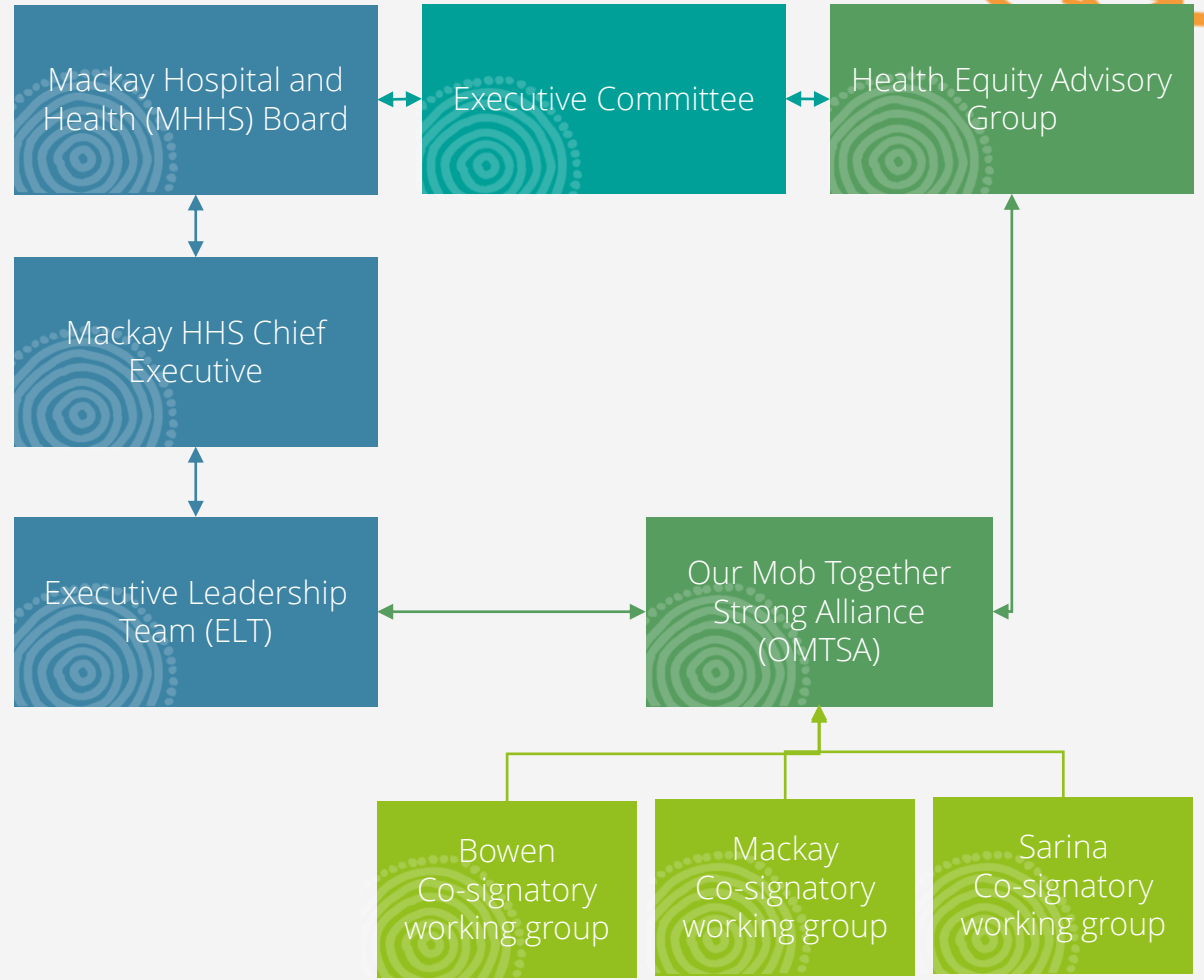
3.1 Governance Structure from the health equity strategy.

Governance groups with strategic oversight

The following governance was established during the development of the Our Mob Together Strong Health Equity Strategy (OMTSHEs).

The alliance and health equity advisory group provide a collaborative forum for regional health providers and stakeholders to contribute and partner on the delivery of integrated and connected healthcare systems to improve the health and wellbeing of Aboriginal and/or Torres Strait Islander people across the Mackay, Whitsunday and Isaac region.

With the strategy launched in September 2022, the governance for implementation of a significant program of work has developed to include multiple levels of stakeholders. In addition, a working group that includes co-signatories and implementation partners has been established to action and monitor progress against the health equity strategy initiatives.



Group	Meeting Cadence	Reporting
MHHS Board	Every 6 weeks	Quarterly
Executive Committee	Quarterly	Quarterly
ELT	Weekly	Quarterly
OMTSA	Every 6 weeks	Quarterly
Co-signatory working group	Quarterly	Quarterly

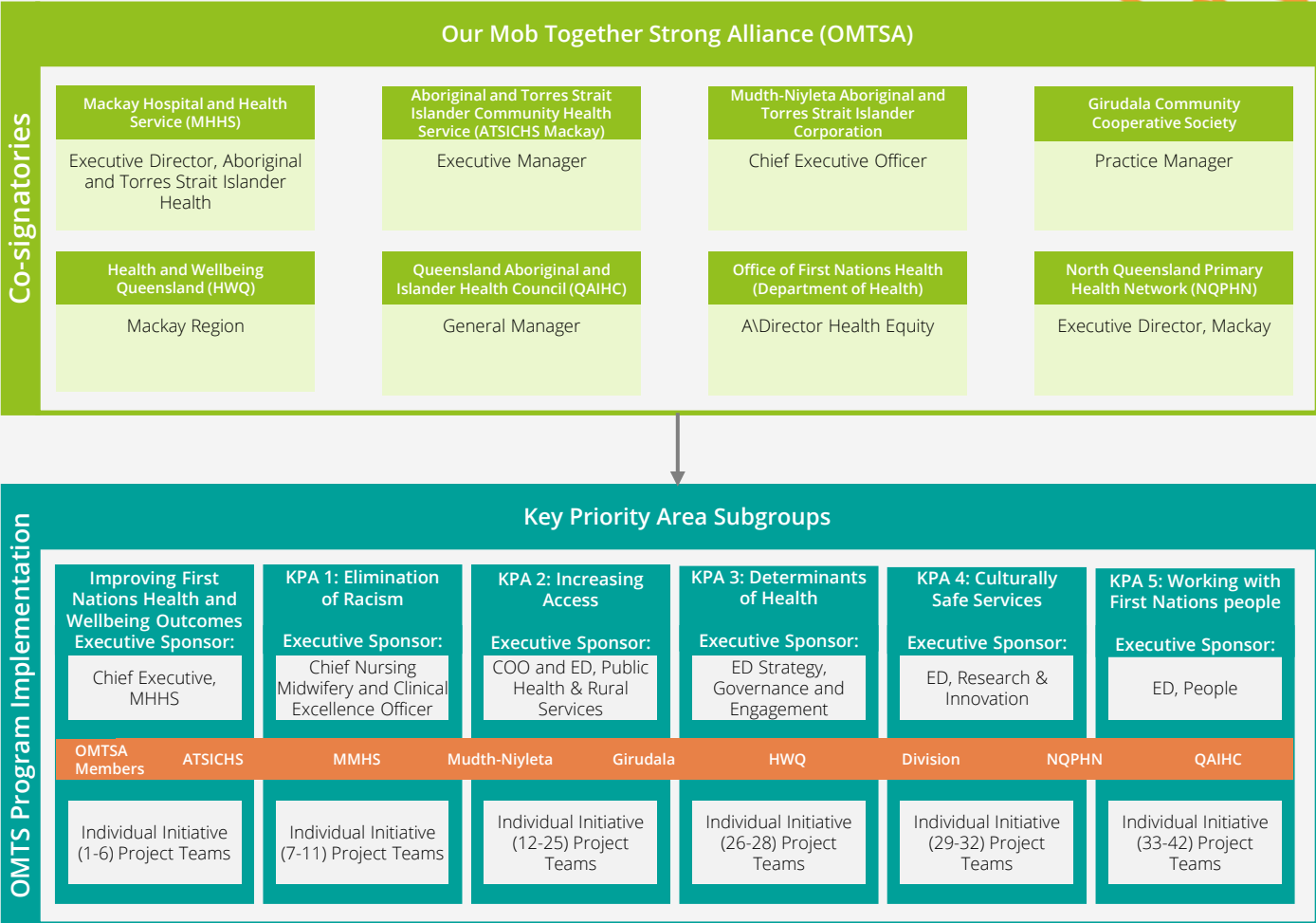
3.2 Governance Structure to support implementation.

To drive implementation of the strategy, six executive sponsors have been confirmed to provide oversight on the progress of initiatives.

These executive sponsors are all members of the Mackay Hospital and Health Service Executive Leadership Team (ELT) and are each responsible for driving implementation of a key priority area of the health equity strategy. KPA areas were self nominated by each executive sponsor and were confirmed in April 2023.

Beyond providing executive oversight and working to remove barriers to implementation of the strategy, responsibilities also include management of strategy and risk, facilitating stakeholder involvement and feeding updates through to the OMTSA.

Three key levels have been identified to support implementation of the health equity strategy, including the Program, KPA and Initiative levels. The initiative level is further divided into the Initiative lead and project team. The roles and responsibilities of all four implementation groups are detailed in Appendix 5.



3.3 Governance – Roles and Responsibilities.

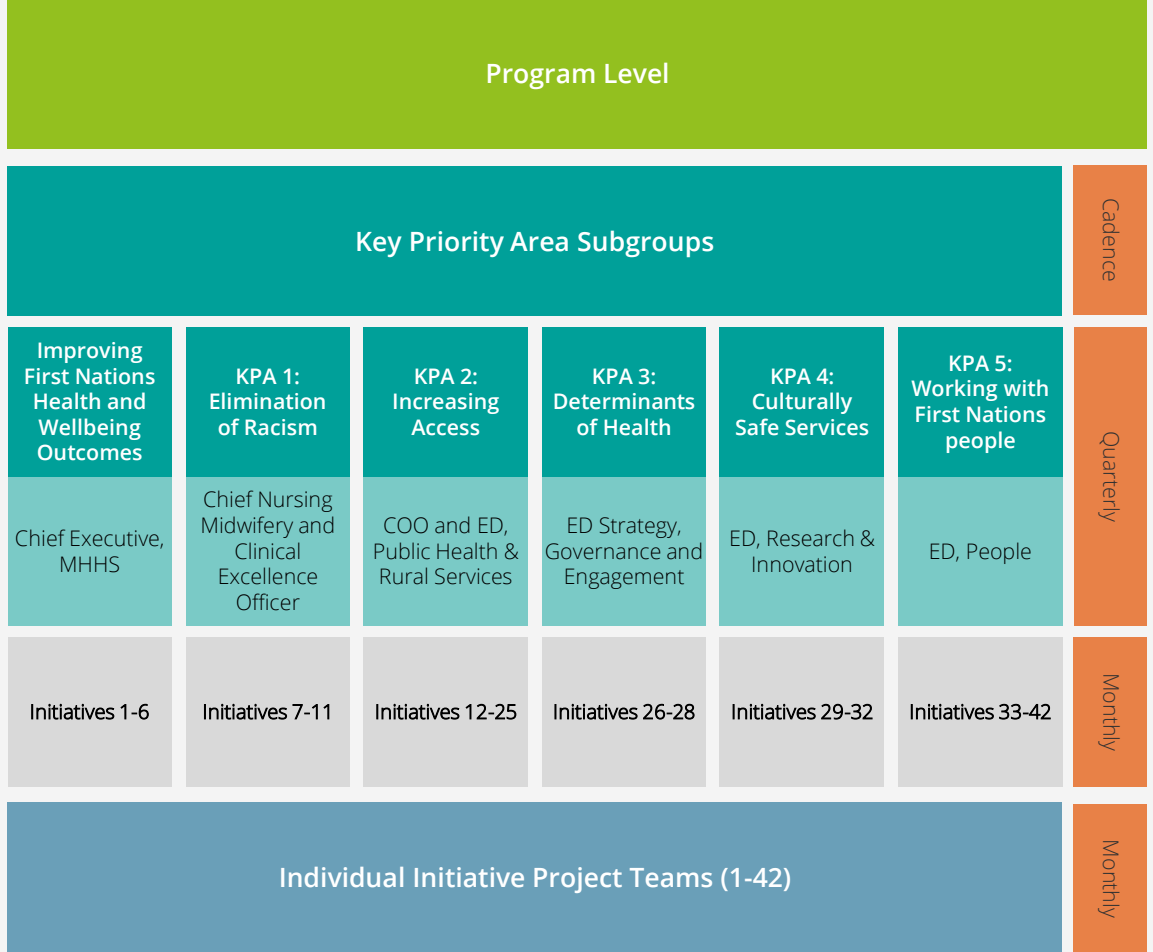
The purpose of this structure.

A clear governance structure has been designed to support implementation of the priority initiatives. The levels of oversight in these structures flow from high level responsibilities at the program level, through to the executive sponsors responsible for each KPA, to the individual leads and teams working to implement initiatives. The individual roles and responsibilities for each oversight level are outlined in Appendix 5.

The flow of roles and responsibilities between governance levels (e.g. from program level to initiative teams) helps establish processes that support implementation. These processes help everyone across levels and between teams to communicate clearly and with transparency, given a common understanding of responsibilities. This helps to maintain best practice communication principles, which includes a chain of communication and a clear pathway to escalate any roadblocks to the individuals who are best placed to manage them.

It is expected that individuals from across the five key stakeholder groups (MHHS, ATSICHS Mackay, Girudala, Mudth-Niyleta and NQPHN) will take up roles as initiative leads and in initiative teams. This spread of roles across the groups will help the right organisations to be involved in the right initiatives, representing relevant backgrounds and experience to support momentum. This also supports collaboration within the community and builds overall awareness of implementation activities, which reduces the risk of an initiative being delayed if a key person were to depart a governance group.

Finally, by arranging groups in this manner it also creates efficiencies in the implementation processes. These efficiencies will save time (e.g. by ensuring the right people attend the right meetings) and by extension, resources. In a resourced-constrained environment such as this, it is important that implementation activities be efficient with resources, both time and monetary.



4 Our commitment to our partners and community.

Principles of implementation.

Five principles of implementation were drawn upon to ensure the activities in this plan were appropriate for the strategy and for the community. These principles are important and should be maintained throughout implementation of this plan.

Co-design techniques formed the foundation of this implementation plan, where feedback, advice and decisions from stakeholders with lived experience and on-the-ground knowledge were prioritised in design. Community were spotlighted throughout planning, ensuring initiatives and actions were appropriate for the needs and capabilities of local health and wellbeing organisations, as well as the community they service. In consulting with stakeholders, transparent communication was maintained to foster respect and partnership, a key element of success in co-design.



5 Measuring our success.

Evaluating implementation activities.

An important aspect of implementing the health equity strategy and measuring its success is to evaluate the effectiveness of initiatives and supporting activities. The introduction of an evaluation framework provides a systematic method for collecting, analysing and using data to assess effectiveness. Further, evaluation activities also provide regular touch points to re-examine and change course as necessary to ensure activities remain aligned to the strategy and overarching Closing the Gap tracks being made.

Three different evaluation types can be used to assess the effectiveness of the initiatives and supporting activities; by evaluating the underlying processes, outcomes or impacts. The table below outlines the purpose of each evaluation type, as well as the recommended frequency of reporting to support each type:

Evaluation type	Purpose	Frequency
Process	Reviews activities occurring under initiatives to understand whether initiatives have been implemented as intended.	Six monthly reporting.
Outcome	Measures the result of implemented initiatives and how	Annual reporting.
Impact	Measures impact of activities to assess effectiveness against the strategy and overarching goal of Closing the Gap.	Three yearly reporting.



5.1 Key Performance Measures

Progress against the health equity strategy and implementation plan will be measured using the Key Performance Measures (KPMs) shown below as aligned to the key priority areas.

Key Result Area

Improving First Nations health and wellbeing outcomes	<ul style="list-style-type: none"> - Decreased potentially avoidable deaths - Increased proportion of First Nations babies born to First Nations mothers and non-First Nations mothers with healthy birthweights - A decreased rate and count of First Nations suicide deaths - 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 - Increased Referrals for HHS led services for First Nations people e.g. CCP initiatives
KPA1: Actively eliminating racial discrimination and institutional racism within the service	<ul style="list-style-type: none"> - Increased service level agreements and MoU's that are monitored, reported and reviewed against health equity targets - Increased community volunteers to assist with creating a welcoming environment - Welcoming environment action plan that focusses on reducing First Nations Discharge Against Medical Advice and Did not Wait
KPA2: Increasing access to healthcare services	<ul style="list-style-type: none"> - Increased proportion of First Nations adult patients on the general care dental waitlist waiting for less than the clinically recommended time - Elective surgery- increased proportion of First Nations patients treated within clinically recommended times - Specialist outpatient – decreased proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment - Increased proportion of First Nations people completing Advance Care planning - Culturally safe transport and accommodation models are implemented for Mackay, Whitsunday and Isaac region
KPA3: Influencing the social, cultural and economic determinants of health	<ul style="list-style-type: none"> - Increased delivery of prevention and promotion programs (e.g. Deadly Choices) - Increased proportion of First Nations people receiving the Medicare Benefits Schedule – First Nations People Health Check
KPA4: Delivering sustainable, culturally safe and responsive healthcare services	<ul style="list-style-type: none"> - Increased proportion of First Nations people who had their cultural and spiritual needs met during the delivery of a healthcare service (inpatient PREMS survey) - Maintain a Mackay HHS compliance rate for mandatory cultural practice training - Implementation of cultural terminology in admissions, feedback, and face to face consultation
KPA5: Working with First Nations people, communities and organisations to design, deliver, monitor and review health services	<ul style="list-style-type: none"> - Annual (year on year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to the Aboriginal and Torres Strait Islander population - Increased proportion of First Nations people who had their cultural and spiritual needs met during the delivery of a healthcare service (inpatient PREMS survey)

Orange KPM refer to statewide KPMs

5.2 Baseline measures and targets for KPMs

In addition to the initiative specific KPMs that Mackay will track to understand progress, there are ten statewide KPMs for health equity have either been agreed as part of the Mackay HHS Service Level Agreement or with the Chief First Nations Health Officer. The baseline performance is derived from FY23 and targets are identified below.

Statewide KPMs	Baseline	SLA Target	Timeframe
Decreased potentially avoidable deaths	TBA		
Increased proportion of First Nations babies born to First Nations mothers and non-First Nations mothers with healthy birthweights	8.33	7.89	Year 1
A decreased rate and count of First Nations suicide deaths	TBA		
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	52%	≥65%	
Increased proportion of First Nations adult patients on the general care dental waitlist waiting for less than the clinically recommended time	1414	1.00% increase over previous financial year	
Elective surgery- increased proportion of First Nations patients treated within clinically recommended times	192		
Specialist outpatient – decreased proportion of First Nations patients waiting longer than clinically recommended for their initial specialist outpatient appointment	1651	Number of long waits is ≥5% above 2,577	
Increased proportion of First Nations people completing Advance Care planning	10%	≥9%	
Increased proportion of First Nations people who had their cultural and spiritual needs met during the delivery of a healthcare service (inpatient PREMS survey)	TBA		Year 1
Annual (year on year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to First Nations population	2.50%	6.17%	Year 1

5.2 Baseline measures and targets for KPMs

Mackay specific KPMs

	Baseline	Target	Timeframe
Increased Referrals for HHS led services for First Nations people e.g. CCP initiatives (TSCC commenced service 5/06/2023)	N/A	Increase	Year 1
Increased service level agreements and MoU's that are monitored, reported and reviewed against health equity targets	Nil	Increase	Year 1
Increased community volunteers to assist with creating a welcoming environment	Nil	Increase	Year 1 ongoing
Delivery of a Welcoming Environment Action Plan that focusses on reducing First Nations Discharge Against Medical Advice and Did not Wait	N/A	Plan Delivery	Year 1 ongoing (dependent on redevelopment timelines)
Culturally safe transport and accommodation models are implemented for Mackay, Whitsunday and Isaac regions	N/A	Implementation	Year 1
Increased delivery of prevention and promotion programs (e.g. Deadly Choices)	TBC	Increase	Year 1 ongoing
Increased proportion of First Nations people receiving the Medical Benefits Schedule – First Nations People Health Check	29%*	Increase	Year 2 ongoing
Maintain a Mackay HHS compliance rate for mandatory cultural practice training	78.86%	Maintain Baseline	Year 1 ongoing
Implementation of cultural terminology in admissions, feedback, and face to face consultation	N/A	Implementation	Year 2

* Baseline is based on FY 2020-21

6 Overview of Implementation Initiatives.

Key Preliminary priority initiative for year 1

As part of the development of the health equity strategy, 42 initiatives were identified to be implemented across a three year time horizon. A robust process was conducted to identify initiatives to be implemented in year 1 (as shown in green below). This process identified initiatives where implementation was already occurring or where initiatives were foundational to the implementation of other initiatives. This prioritisation does not exclude progress from being made on the other initiatives, such as planning, however those in grey are not the priority for year 1.

The following page provides the template for the implementation overview of each of these initiatives (which can be found in Appendix 2)

Key Priority Area Subgroups					
Improving First Nations Health and Wellbeing Outcomes	KPA 1: Actively eliminating racial discrimination and institutional racism within the service	KPA 2: Increasing Access to healthcare services	KPA 3: Influencing the social, cultural and economic determinants of health	KPA 4: Delivering sustainable, culturally safe, and responsive healthcare services	KPA 5: Working with First Nations peoples, communities, and organisations to design, deliver, monitor and review health services
1: Family-centered care (Lead)	7: Workforce education programs (Lead)	12: Transport and accommodation (Lead)	26: Health promotion partnerships (Lead)	29: Research and innovation plan (Lead)	33: Identify workforce gaps (Lead)
2: Mental Health action plan (Lead)	8: Welcoming environment initiatives (Lead)	13: Integrated and continuous care (Lead)	27: Promotion & Prevention program (Lead)	30: Cultural capability action plan (Lead)	34: After hours care (Lead)
3: Enhanced maternity care (Lead)	9: Partnerships register (Lead)	14: Services and access profiles (Lead)	28: Check, screen and intervene (Lead)	31: Cultural care across regions (Lead)	35: Upskill existing FN workforce (Lead)
4: Place-based service planning (Lead)	10: Feedback management plan (Lead)	15: Data and digital governance (Lead)		32: Collaborative data sharing (Lead)	36: Workforce investment plan (Lead)
5: OMTS HES Action Plan (Lead)	11: Culturally safe care (Lead)	16: Develop NQ FN metrics (Lead)			37: Workforce action plan (Lead)
6: Partnerships and system planning (Lead)		17: Rural and remote service funding (Lead)			38: Education pathways (Lead)
		18: Digital health capacity (Lead)			39: Expand Big Dream, Small Steps (Lead)
		19: Patient journey framework (Lead)			40: Health liaison officer services (Lead)
		20: STI testing, treatment and access (Lead)			41: Enhance provider coordination (Lead)
		21: Oncology patient journey (Lead)			42: Align policies to pathways (Lead)
		22: GP support service access (Lead)			
		23: Elective surgery prioritisation (Lead)			
		24: Triage category consideration (Lead)			
		25: Outpatient attendance rates (Lead)			

6.1 What is next for implementation?

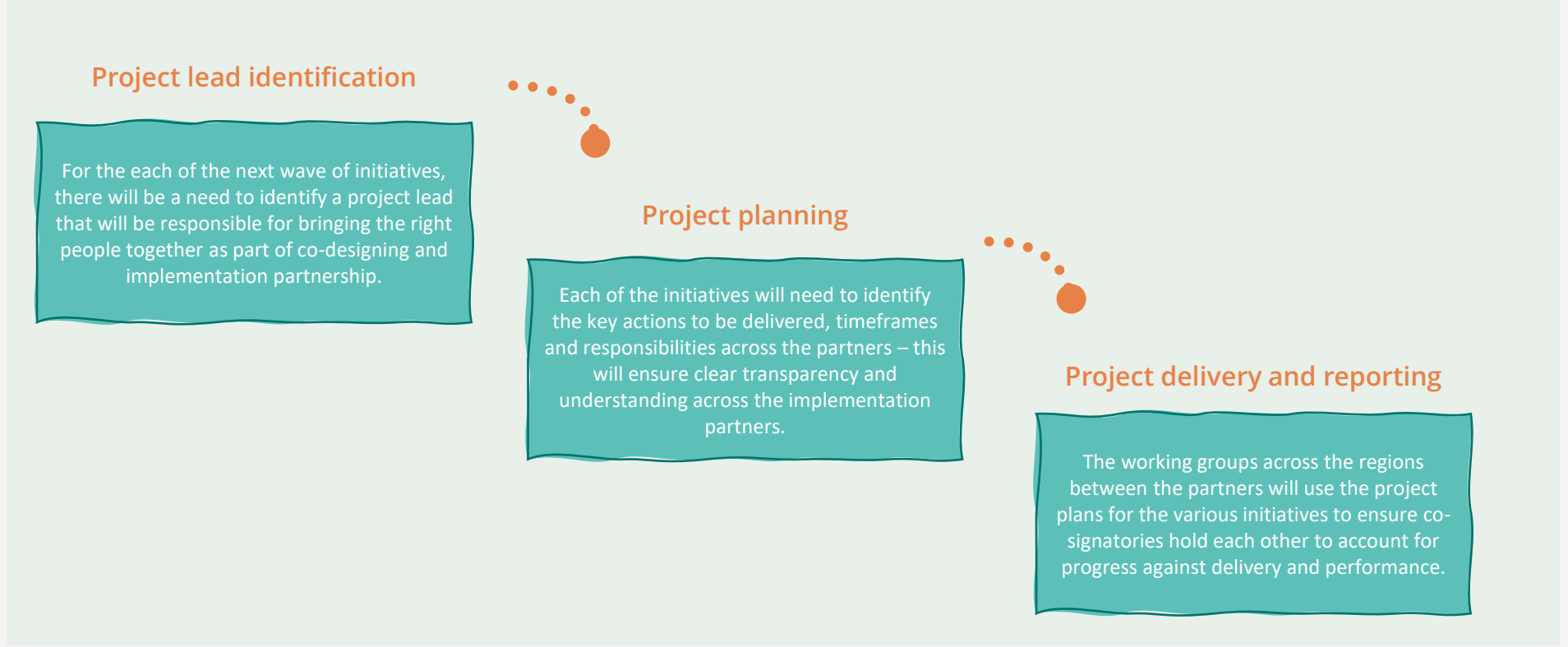
While this plan has a focus on the implementation of the priority initiatives over the next 12 months, there is also an opportunity to start planning for the next wave of initiatives and continue building momentum across all partners in the region.



Current Phase – Delivery of the priority initiatives that have been identified to build strong working relationships with partners and achieve quick wins

Next Phase – continue to build the program with the remaining initiatives by going through the phases of work to be in a position to deliver on all of the identified initiatives. At this stage, it should be agreed across the co-signatories what is a wave 2 priority and what is wave 3 to support the next phases of work.

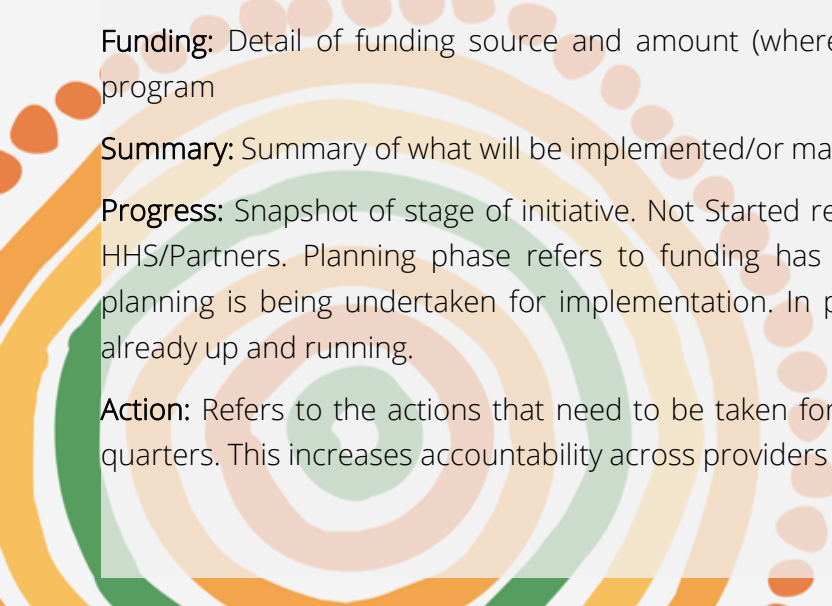
- 3: Enhanced maternity care (Lead)
- 6: Partnerships and system planning (Lead)
- 8: Welcoming environment initiatives (Lead)
- 9: Partnerships register (Lead)
- 12: Transport and accommodation (Lead)
- 27: Promotion & Prevention program (Lead)
- 28: Check, screen and intervene (Lead)
- 30: Cultural capability action plan (Lead)
- 34: After hours care (Lead)
- 39: Expand Big Dream, Small Steps (Lead)



6.2 Implementation template.

The following template has been completed for each of the priority initiatives for FY24 as identified in Appendix 1. The guidance below details how to read this template.

- Initiative:** name of initiative aligned with the *"How will we do it"* in the OMTS HES
- KPA:** Key Priority Area as aligned with legislation
- Area:** overarching area for initiative aligned with the *"What will we do"* in the OMTS HES
- KPM:** Key performance measure for initiative aligned with the *"How we know we've succeeded"* in the OMTS HES
- Lead:** Lead responsible for implementation of initiative
- Involved:** Co-signatory organisations involved in the implementation of the initiative.
- Funding:** Detail of funding source and amount (where appropriate) for initiative or program
- Summary:** Summary of what will be implemented/or maintained to align with initiative
- Progress:** Snapshot of stage of initiative. Not Started refers to a new initiative for the HHS/Partners. Planning phase refers to funding has been dedicated and detailed planning is being undertaken for implementation. In progress refers to an initiative already up and running.
- Action:** Refers to the actions that need to be taken for implementation across the 4 quarters. This increases accountability across providers and reporting.



Initiative

KPA

Area

KPI

Lead

Involved

<input checked="" type="checkbox"/>	Mackay HHS	<input checked="" type="checkbox"/>	NQPHN	<input checked="" type="checkbox"/>	ATSICHS Mackay	<input checked="" type="checkbox"/>	Mudth- Niyleta	<input checked="" type="checkbox"/>	Girudala
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Funding

Summary

Progress	Not started	Planning phase	In progress
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Action	Q1	Q2	Q3	Q4
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7 Reporting.

To ensure accountability across co-signatories, reporting is key to enable monitoring of implementation progress. As previously referenced, this reporting will occur across various governance groups at different intervals. This cadence is shown in the table below.

Group	Meeting Cadence	Reporting
MHHS Board	Every 6 weeks	Quarterly
Executive Committee	Quarterly	Quarterly
ELT	Weekly	Quarterly
OMTSA	Every 6 weeks	Quarterly
Co-signatory working group	Quarterly	Quarterly

The table on the right provides an overview of what can be presented to the aforementioned groups in order to monitor progress against the initiatives. A template for reporting by initiative is also shown in Appendix 3 if reporting structures are not currently in place for initiatives/programs.

		Not started	Complete	On track	Slower than on track	Required remediation
KPA	Priority Initiative	Status	Q1	Q2	Q3	Q4
Improving First Nations Health and Wellbeing outcomes	Co-design models of care for First Nations mothers and babies to deliver clinically and culturally appropriate maternity services across the region	On track				
	Expand partnerships and system planning through better coordination and service delivery across the continuum of care	Not started				
Elimination of Racism	Develop a First Nations health sector agreement register as a central point to track new and existing health partnerships across the Mackay, Whitsunday and Isaac Region	On track				
	Implement welcoming environment initiatives and First Nations cultural programs to foster a welcoming environment and improve patient focus	On track				
Increasing Access	Identify gaps in transport and accommodation, and direct funding and resources to community controlled providers to enable the deliver of culturally safe transport options	Not started				
Social Determinants of Health	Development and delivery of a First Nations promotion and prevention program across the Mackay, Whitsunday and Isaac region	On track				
	Development and implementation of a Mackay HHS Cultural capability implementation action plan	On track				
Culturally safe services	Development and implementation of a regional Aboriginal and Torres Strait Islander Research and Innovation Plan	On track				
	Development and implementation of a Mackay HHS Cultural capability implementation action plan	On track				
Working with First Nations people	Build on the success of the Mackay HHS Budyubari Bidyiri Kebi Stapal (Big Dream, Small Steps) pilot program	On track				
	Development and implementation of enhanced models of 24-hour hospital health liaison officer support services	On track				

Appendix 1

Governance – KPA Structure

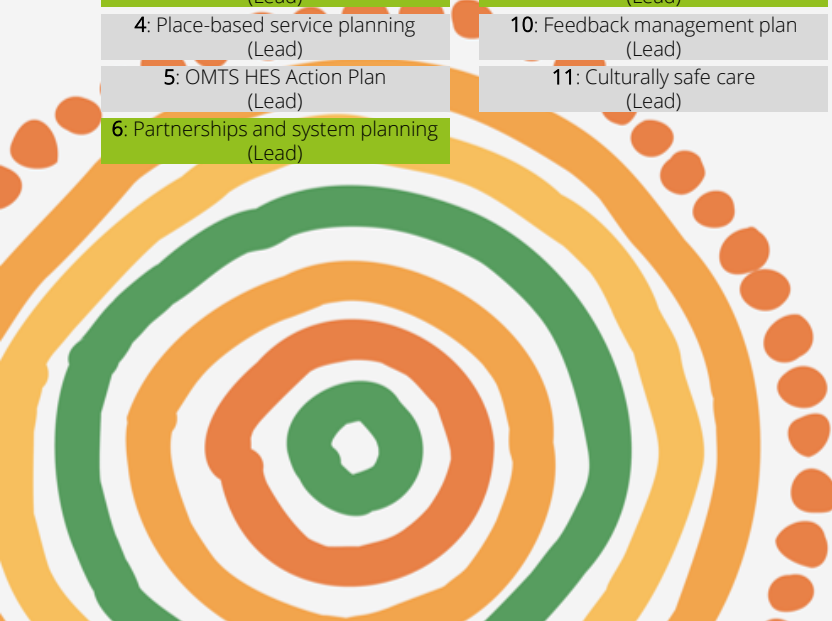


Governance - KPA Structures.

Key  Preliminary priority initiative for year 1

The work program has been organised across the KPAs – for each of the initiatives, we will need to identify a lead from within the organisation to take ownership. Given the size of the program, we are going to aim to prioritise to a few initiatives for the first 12 months, to ensure delivery.

Our Mob Together Strong Alliance						Meeting Cadence
Working with co-signatories and community						
Overall Program Executive Sponsor Executive Director Aboriginal and Torres Strait Islander Health						
Key Priority Area Subgroups						Quarterly
Improving First Nations Health and Wellbeing Outcomes	KPA 1: Actively eliminating racial discrimination and institutional racism within the service	KPA 2: Increasing Access to healthcare services	KPA 3: Influencing the social, cultural and economic determinants of health	KPA 4: Delivering sustainable, culturally safe, and responsive healthcare services	KPA 5: Working with First Nations peoples, communities, and organisations to design, deliver, monitor and review health services	
Executive Sponsor: Chief Medical Officer	Executive Sponsor: Executive Director Nursing and Midwifery	Executive Sponsor: Chief Operating Officer and ED Public Health and Rural Services	Executive Sponsor: ED Strategy, Governance and Engagement	Executive Sponsor: Executive Director Research and Innovation	Executive Sponsor: Executive Director People Services	Monthly
1: Family-centered care (Lead)	7: Workforce education programs (Lead)	12: Transport and accommodation (Lead)	26: Health promotion partnerships (Lead)	29: Research and innovation plan (Lead)	33: Identify workforce gaps (Lead)	
2: Mental Health action plan (Lead)	8: Welcoming environment initiatives (Lead)	13: Integrated and continuous care (Lead)	27: Promotion & Prevention program (Lead)	30: Cultural capability action plan (Lead)	34: After hours care (Lead)	
3: Enhanced maternity care (Lead)	9: Partnerships register (Lead)	14: Services and access profiles (Lead)	28: Check, screen and intervene (Lead)	31: Cultural care across regions (Lead)	35: Upskill existing FN workforce (Lead)	
4: Place-based service planning (Lead)	10: Feedback management plan (Lead)	15: Data and digital governance (Lead)		32: Collaborative data sharing (Lead)	36: Workforce investment plan (Lead)	
5: OMTS HES Action Plan (Lead)	11: Culturally safe care (Lead)	16: Develop NQ FN metrics (Lead)			37: Workforce action plan (Lead)	
6: Partnerships and system planning (Lead)		17: Rural and remote service funding (Lead)			38: Education pathways (Lead)	
		18: Digital health capacity (Lead)			39: Expand Big Dream, Small Steps (Lead)	
		19: Patient journey framework (Lead)			40: Health liaison officer services (Lead)	
		20: STI testing, treatment and access (Lead)			41: Enhance provider coordination (Lead)	
		21: Oncology patient journey (Lead)			42: Align policies to pathways (Lead)	
		22: GP support service access (Lead)				
		23: Elective surgery prioritisation (Lead)				
		24: Triage category consideration (Lead)				
		25: Outpatient attendance rates (Lead)				



Appendix 2

Implementation plan by strategy



Initiative Co-design models of care for First Nations mothers and babies to deliver clinically and culturally appropriate maternity services across the region

KPA Improving First Nations Health and Wellbeing Outcomes

Area Improve the health and wellbeing of Aboriginal and Torres Strait Islander Families within Mackay, Whitsunday and Isaac region

KPI • Increased proportion of First Nations babies born to First Nations mothers and non-First Nations mothers with healthy birthweights

Lead Executive Director, Aboriginal and Torres Strait Islander Health, MHHS

Involved Mackay HHS NQPHN ATSICHS Mackay Mudth-Niyleta Girudala

Funding Recurrent Mackay Hospital Maternal Health Service Funding

Summary KemKem Yanga Midwifery Group Practice (MGP) is a model of care provided to First Nations mothers and First Nations babies. MGP midwives provide care from early in pregnancy throughout labour and birth and for up to six weeks after birth.

Progress

Not started	Planning phase	In progress	
-------------	----------------	-------------	--

Action	Q1	Q2	Q3	Q4
Community and Consumer Co-design	✓			
Service promotion to referral networks		✓	✓	
Explore offsite service options	✓	✓		
Identify opportunities for visiting clinicians at CCHSs			✓	✓

Initiative Expand partnerships and system planning through better coordination and service delivery across the continuum of care

KPA Improving First Nations Health and Wellbeing Outcomes

Area Establish structures and partnerships across health providers to improve the health and wellbeing of First Nations people

KPI • Increased Referrals for HHS led services for First Nations people e.g. CCP initiatives

Lead Executive Director, Aboriginal and Torres Strait Islander Health, MHHS

Involved Mackay HHS NQPHN ATSICHS Mackay Mudth-Niyleta Girudala

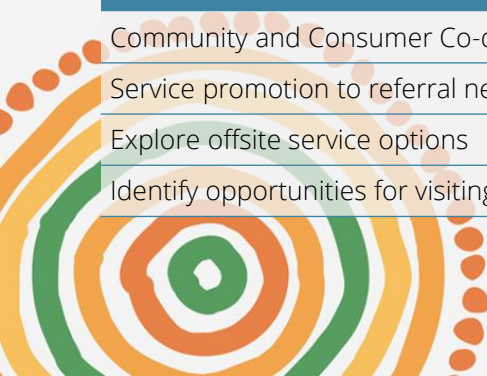
Funding n/a

Summary Building upon the governance set up as part of the Our Mob Together Strong Alliance, a working group including the co-signatories and implementation partners is to be set up to action and monitor progress against health equity strategies.

Progress

Not started	Planning phase	In progress	
-------------	----------------	-------------	--

Action	Q1	Q2	Q3	Q4
Organise co-signatory implementation working group				
Agree standing agenda and reporting				
Agree process for ensuring transparency of outcomes				



Initiative Develop a First Nations health sector agreement register as a central point to track new and existing health partnerships across the Mackay, Whitsunday and Isaac Region

KPA Actively eliminating racial discrimination and institutional racism within the service

Area Tackle institutional racism through sign, planning, monitoring and reporting across all levels of the organisation

KPI • Increased service level agreements and MoU's that are monitored, reported and reviewed against health equity targets

Lead Business Services Manager, Aboriginal and Torres Strait Islander Health Unit, MHHS

Involved Mackay HHS NQPHN ATSI CHS Mackay Mudth-Niyleta Girudala

Funding n/a

Summary MHHS currently has a spreadsheet that is used to track partnerships. To implement this initiative this should be shared with co-signatories to develop awareness of what partnerships exist externally to MHHS.

Progress

Not started	Planning phase	In progress
-------------	----------------	-------------

Action	Q1	Q2	Q3	Q4
Discussion with contracts team to ensure all partnerships are agreed				
Share spreadsheet with co-signatories				
Ensure spreadsheet is kept up to date				
Incorporate into the monthly working group agenda for sustainability				

Initiative Implement welcoming environment initiatives and First Nations cultural programs to foster a welcoming environment and improve patient focus

KPA Actively eliminating racial discrimination and institutional racism within the service

Area Establish structures and mechanisms to support prompt action for complaints and feedback management

KPI • Increased community volunteers to assist with creating a welcoming environment
• Welcoming environment action plan that focusses on reducing First Nations Discharge Against Medical Advice and Did not Wait

Lead Cultural Practice Coordinator, MHHS

Involved Mackay HHS NQPHN ATSI CHS Mackay Mudth-Niyleta Girudala

Funding Recurrent Queensland Health A&TSI Cultural Capability Framework Funding

Summary

Progress

Not started	Planning phase	In progress
-------------	----------------	-------------

Action	Q1	Q2	Q3	Q4
Design cultural garden for Mackay Base Hospital				
Design cultural garden for new Sarina Hospital redevelopment				
Engage with capital projects to ensure the inclusion of a welcome environment (Moranbah Hospital Redevelopment)				
Eengage with capital projects to ensure the inclusion of a welcome environment (Mackay Base Hospital redevelopment)				



Initiative Identify gaps in transport and accommodation, and direct funding and resources to community controlled providers to enable the deliver of culturally safe transport options

KPA Increasing access to healthcare services

Area Improve transport and accommodation for First Nations people to provide culturally safe service options to attend hospitals and other health services

KPI • Culturally safe transport and accommodation models are implemented for Mackay, Whitsunday and Isaac regions

Lead To be determined post review

Involved Mackay HHS NQPHN ATSIChS Mackay Mudth-Niyleta Girudala

Funding To be determined post review of scope

Summary Deloitte have been engaged to conduct a series of workshops to understand the current transport environment and options for the future.

Progress Not started Planning phase In progress

Action	Q1	Q2	Q3	Q4
Desktop review of current processes and demand for an integrated transport solution	✓			
Workshops with stakeholders to define principles and future options	✓			
Deloitte report with recommendations to be delivered	✓			
Implementation of recommendations		✓	✓	✓

Initiative Development and delivery of a First Nations promotion and prevention program across the Mackay, Whitsunday and Isaac region

KPA Influencing the social, cultural, and economic determinants of health

Area Increased promotion and prevention programs to encourage First Nations people to make healthier choices

KPI • Increased delivery of prevention and promotion programs (e.g. Deadly Choices)

Lead Director of Operations, Aboriginal and Torres Strait Islander Health Unit, MHHS

Involved Mackay HHS NQPHN ATSIChS Mackay Mudth-Niyleta Girudala

Funding Deadly Choices (Tackling Indigenous Smoking)

Summary In addition to coordinating Deadly Choices activity across the region, there are a number of other health workers across all organisations who deliver promotion and prevention programs. There are also a number of opportunities in this space around visiting clinicians etc.

Progress Not started Planning phase In progress

Action	Q1	Q2	Q3	Q4
Confirm calendar of events for FY24				
Identify key gaps in regions and or time periods				
Share calendar across co-signatories				
Identify opportunities to align with visiting clinicians				
Confirm activities and requirements from all parties (space, timeframes, collateral etc)				



Initiative Improved promotion of health checks, screenings and early health interventions

KPA Influencing the social, cultural, and economic determinants of health

Area Increased promotion and prevention programs to encourage First Nations people to make healthier choices

KPI • Increased proportion of First Nations people receiving the Medical Benefits Schedule – First Nations People Health Check

Lead To be confirmed

Involved Mackay HHS NQPHN ATSICHS Mackay Mudth-Niyleta Girudala

Funding MHHS Funding (non-recurrent)

Summary Utilise new and existing initiatives promote health checks, screenings and early health interventions

Progress Not started Planning phase In progress

Action	Q1	Q2	Q3	Q4
Co-design Connected Communities Program 'Together Strong Connected Care' with key partners	✓			
Promotion and Referral for Aboriginal and Torres Strait Islander Health Assessments Checks through Together Strong Connected Care Program		✓		
Targeted Follow up and Discharge Planning through Better Cardiac Care Initiative			✓	
Continued Health Promotion through Deadly Choices Program	✓			
General Practice education and awareness for Aboriginal and Torres Strait Islander Health Assessment Checks				✓

Initiative Development and implementation of a Mackay HHS Cultural capability implementation action plan

KPA Delivering sustainable, culturally safe and responsive healthcare services

Area Deliver culturally safe, effective and clinically responsive healthcare to First Nations people

KPI • Maintain a Mackay HHS compliance rate for mandatory cultural practice training
• Implementation of cultural terminology in admissions, feedback, and face to face consultation
• Increased proportion of First Nations people who had their cultural and spiritual needs met during the delivery of a healthcare service (inpatient PREMS survey)

Lead Cultural Practice Coordinator, MHHS

Involved Mackay HHS NQPHN ATSICHS Mackay Mudth-Niyleta Girudala

Funding Cultural Capability Funding

Summary As part of the statewide cultural capability framework, MHHS has a dedicated cultural capability implementation action plan and delivers cultural capability training.

Progress Not started Planning phase In progress

Action	Q1	Q2	Q3	Q4
Conduct a needs assessment	✓			
Develop a Cultural Capability Framework	✓			
Provide cultural awareness training	✓	✓	✓	✓
Incorporate cultural safety into policies and procedures		✓	✓	
Develop partnerships with Aboriginal community organisations			✓	✓

Initiative Build on the success of the Mackay HHS Budyubari Bidyiri Kebi Stapal (Big Dream, Small Steps) pilot program

KPA Working with First Nations peoples, communities and organisations to design, deliver monitor and review health services

Area Increase First Nations workforce representation to levels commensurate with local population across all levels and employment streams

KPI - Annual (year on year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to First Nations population

Lead Aboriginal and Torres Strait Islander Employment Program Officer

Involved Mackay HHS NQPHN ATSICHS Mackay Mudth-Niyleta Girudala

Funding Department of Health

Summary Big Dreams Small Steps is a partnership between MHHS, Department of Health, Connect 'n' Grow and Seeds Australia to deliver school-based traineeships for First Nations high school students. Following a pilot program this program is being increased and expanded.

Progress

Not started	Planning phase	In progress	
-------------	----------------	-------------	--

Action	Q1	Q2	Q3	Q4
Engage with Aboriginal and Torres Strait Islander communities				
Develop and maintain partnerships with Aboriginal and TSI organisations				
Promote career pathways				
Provide cultural safety training				
Explore financial support options for trainees				
Evaluate and monitor progress				

Initiative Development and implementation of enhanced models of extended hour hospital health liaison officer support services

KPA Working with First Nations peoples, communities and organisations to design, deliver monitor and review health services

Area Provide 'at the elbow support' through partnerships with organisations to increase coordination of care

KPI - Annual (year on year) increased First Nations workforce representation to demonstrate progress towards achieving workforce representation at least commensurate to First Nations population
 - Increased proportion of First Nations people who had their cultural and spiritual needs met during the delivery of a healthcare service (inpatient PREMS survey)

Lead Director of Operations, Aboriginal and Torres Strait Islander Health Unit, MHHS

Involved Mackay HHS NQPHN ATSICHS Mackay Mudth-Niyleta Girudala

Funding To be determined

Summary A enhanced model of extended hour Aboriginal hospital health liaison officer support service at Mackay Base Hospital aimed to provide culturally appropriate and holistic care to Aboriginal and Torres Strait Islander patients in hospital settings.

Progress

Not started	Planning phase	In progress	
-------------	----------------	-------------	--

Action	Q1	Q2	Q3	Q4
Identify the need for a new model	✓			
Conduct a needs assessment	✓			
Develop a vision and goals	✓			
Design the new model		✓		
Develop policies and procedures		✓	✓	
Implement the new model			✓	✓
Monitor and evaluate the new model				✓



Appendix 3

Reporting template



Initiative name:

Executive sponsor:

Initiative lead:

Activities

Completed this month

[TBC]

Scheduled for next month

[TBC]

[Empty box for content]

Key risks

[Empty box for content]

Wave 1 – First 12 months
FY23 Progress to Date

Wave 2 **Wave 3**
Project team has mobilised, progress has been made against ...

Initiative Timeline	Q2 2023	Q3 2023	Q4 2023	Q1 2024
---------------------	---------	---------	---------	---------

- Action
- Action
- Action
- Action
- Action
- Action
- Action
- Action
- Action
- Action
- Action

Project Team

Name	Organisation	Role
------	--------------	------

[Empty rows for project team data]

Additional resources required

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Appendix 4

Stakeholder consultation and materials



Stakeholder consultation.

Stakeholder	Organisation	Role	Method
Lauriann Trevy	Mackay HHS	Director of Operations, Aboriginal and Torres Strait Islander Health Unit	MS Teams
Natalie Williams	Mackay HHS	Director, Strategy and Planning	MS Teams
Julie O'Brien	Mackay HHS	Business Service Manager	MS Teams
Philip Kemp	Mackay HHS	Cultural Practice Program Coordinator	In Person
Valerie Pilcher	ATSICHS Mackay	Executive Manager	In Person
Allannah Munro	ATSICHS Mackay	Primary Health Care Manager	In Person

Stakeholder	Organisation	Role	Method
Cherie Ives	Girudala	Herbert Street Practice Manager	MS Teams
Josephine Ferguson	Girudala	Board Chair	MS Teams
Sam Raciti	Mudth-Niyleta	CEO	MS Teams
Ruth Azzopardi	NQPHN	Executive Director Health Services Commissioning	MS Teams
Deearne Lee	NQPHN	Integrated Team Care and Chronic Disease Manager	MS Teams
Alisha Chand	NQPHN	North Queensland Priorities Lead	MS Teams



Journey to date.

1 Legislation In August 2020, Queensland Parliament passed the Health Legislation Amendment Act 2020. This required each hospital and health service to develop a local strategy to achieve health equity in partnership with First Nations peoples.

2 Governance The Our Mob Together Strong Alliance was formed with co-signatories including NQPHN, Girudala, Mudth-Niyleta and ATSIChS Mackay.



3



Strategy

The Our Mob Together Strong Health Equity Strategy (OMTSHEs) was launched in late 2022, outlining six **key priority areas**, each built on a range of **initiatives**.

Each HHS is required to develop an implementation strategy to map out implementation over the next three years.

First Nations co-design and co-ownership has been at the centre of the journey.

4

Implementation

Deloitte has been engaged to support through co-designing an implementation plan with OMTS co-signatories.

This implementation plan will focus on **priority initiatives** for year 1.

5

Today

Deloitte is meeting with OMTSA co-signatories to listen, learn and co-design a way forward to implement priority initiatives of the OMTSHEs.

Where to from here.

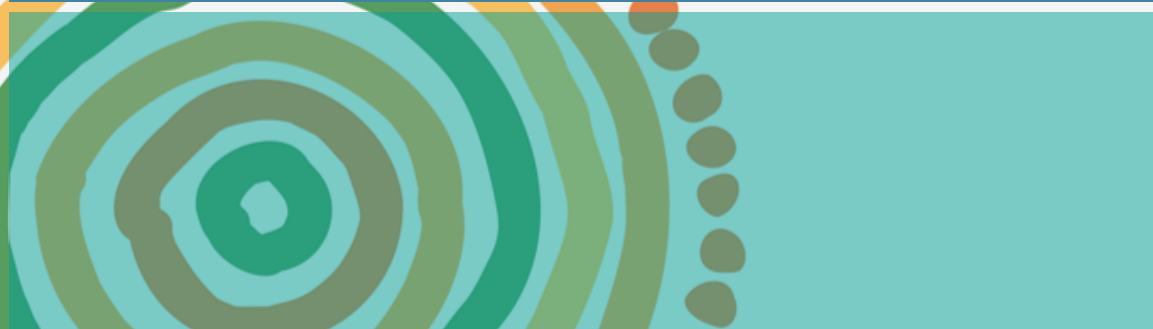
The material below was used as part of stakeholder consultations to guide conversations. The highlighted green were the preliminary priority initiatives which were then further prioritised through the consultation process to the 11 shown previously.

Key  Preliminary priority initiatives for year 1

Key Priority Area Subgroups					
Improving First Nations Health and Wellbeing Outcomes	KPA 1: Elimination of Racism	KPA 2: Increasing Access	KPA 3: Determinants of Health	KPA 4: Culturally Safe Services	KPA 5: Working with First Nations people
1: Family-centered care	7: Workforce education programs	12: Transport and accommodation	26: Health promotion partnerships	29: Research and innovation plan	33: Identify workforce gaps
2: Mental Health action plan	8: Welcoming environment initiatives	13: Integrated and continuous care	27: Promotion & Prevention program	30: Cultural capability action plan	34: After hours care
3: Enhanced maternity care	9: Partnerships register	14: Services and access profiles	28: Check, screen and intervene	31: Cultural care across regions	35: Upskill existing FN workforce
4: Place-based service planning	10: Feedback management plan	15: Data and digital governance		32: Collaborative data sharing	36: Workforce investment plan
5: OMTS HES Action Plan	11: Culturally safe care	16: Develop NQ FN metrics			37: Workforce action plan
6: Partnerships and system planning		17: Rural and remote service funding			38: Education pathways
		18: Digital health capacity			39: Expand Big Dream, Small Steps
		19: Patient journey framework			40: Health liaison officer services
		20: STI testing, treatment and access			41: Enhance provider coordination
		21: Oncology patient journey			42: Align policies to pathways
		22: GP support service access			
		23: Elective surgery prioritisation			
		24: Triage category consideration			
		25: Outpatient attendance rates			



Current initiatives in progress



What does 'good' look like to you?

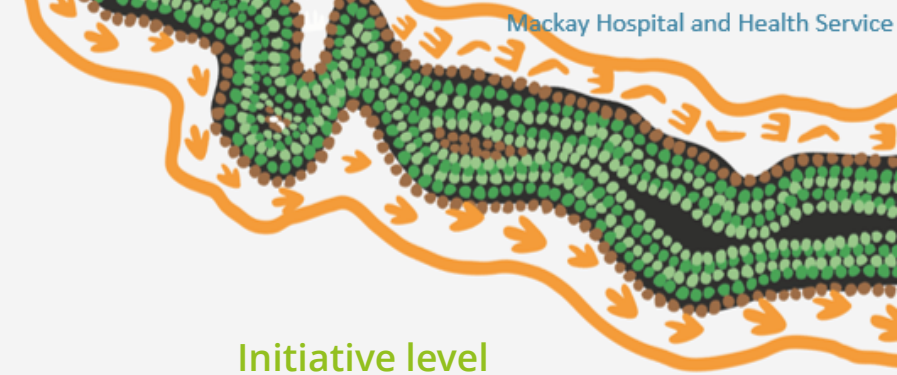


Appendix 5

Roles and responsibilities



3.4 Roles and responsibilities.



Program Level

HSCE and ATSIH ED

- Provide oversight of whole program
- Facilitate stakeholder engagement – driving acceptance of implementation
- Manage whole of program risks, controls and treatments
- Report regularly on progress to the OMTSA
- Support KPA executive sponsors to deliver their initiatives
- Provide oversight of program to ensure pillars are meeting milestones/goals
- Remove barriers to progress implementation – second escalation point for initiative related issues

KPA Level

Executive Sponsor

- Manage outcomes within a specific KPA
- Support Initiative Leads to deliver their initiatives
- Provide executive oversight of progress to ensure Initiative Leads and Teams are meeting milestones/goals
- Remove barriers to progress implementation – first escalation point for initiative-related issues
- Report regularly on progress to the OMTSA
- Manage strategic pillar risks, controls and treatments
- Facilitate stakeholder engagement – driving acceptance of implementation
- Manage communications

Initiative level

Initiative lead

- Progress delivery of a specific initiative that supports an overarching strategy
- Establish reporting and tracking mechanisms to manage the delivery
- Report issues, risks and milestones to the Executive Sponsor and support Project Manager with developing mitigation / action plans
- Drive the team / working group to consensus
- Provide expert guidance and advice
- Facilitate intra-divisional discussions
- Conduct day to day management of the initiative – key point of contact and support for Initiative Executive Sponsor relating to the initiative
- Manage initiative actions, risks, issues and mitigation
- Escalate key risks and issues to the Executive Sponsor

Initiative level

Initiative project team

- Ensure specific milestones are achieved
- Generate analysis and insights
- Engage stakeholders as necessary
- Provide Initiative Lead with regular updates
- Ensure key issues or risks are reported to the Initiative Lead and reviewed regularly

Appendix 6

Inclusions and exclusions of this document



Inclusions and exclusions

Scope - Inclusions

- Responsible divisions for delivery of the strategies and actions in OMTS Health Equity Strategy 2022-25
- Prioritisation of initiatives for implementation within one year
- Mackay, Bowen and Whitsunday priority areas.
- State-wide KPIs
- Evaluation approach
- Reporting requirements and templates for priority initiatives
- Details of key contacts to support implementation and reporting

Scope – Exclusions

- Development of non-priority implementation plans
- Development of non-priority reporting templates and processes
- Funding required for delivery of actions

Constraints

- Upholding the principles of co-design in implementation and evaluation when pushed for time