

QUEENSLAND GOVERNMENT SUBMISSION

Select Committee on Health

Inquiry into health policy, administration and expenditure – Indigenous Health

The Queensland Government welcomes the opportunity to provide a supplementary submission to the Select Committee on Health (the Committee), noting the Committee's focus on improvements in the provision of Indigenous health services. This supplementary submission contains information about: key Queensland priorities and actions for closing the gap in health outcomes; the commitment to providing culturally appropriate services; the Queensland Government's \$195.72 million Aboriginal and Torres Strait Islander health investment strategy 2013–2016; the use of evidence-based policy to guide investment; the use of performance monitoring to improve outcomes; innovations in service delivery and the benefits of a clearly articulated national strategy for Aboriginal and Torres Strait Islander health endorsed by the Commonwealth Government and all State and Territory governments.

Priorities and actions

Closing the gap in health outcomes between Aboriginal and Torres Strait Islander people and other Queenslanders is a key priority for the Queensland Government. The Government remains committed to working to achieve the two Council of Australian Government health targets articulated in the *National Indigenous Reform Agreement* (NIRA): to close the gap in life expectancy within a generation (by 2033) and to halve the gap in mortality for children 0–5 years by 2018.

In 2010, the Queensland Government released *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033: policy and accountability framework*. This framework underpins an evidence-based Indigenous health investment strategy, which is updated every three years, and is designed to achieve the two NIRA targets and to sustain health outcomes into the future.

Significant Indigenous health investments in 2013-2016 include:

- \$12.12 million over two years for the continuation or expansion of Indigenous specific health services in Hervey Bay, Townsville, Bowen, Proserpine, Bundaberg, Oakey, Doomadgee and Mornington Island
- \$14.1 million over two years to establish new Aboriginal and Torres Strait Islander community-controlled health clinics in Edmonton, Laidley, Goodna, Caboolture, Maryborough, Wynnum and Warwick providing multidisciplinary models of care, focussing on improving chronic disease and child and maternal health outcomes
- \$4.1 million per annum for the award-winning *Deadly Ears* program which focusses on reducing the high rates of conductive hearing loss attributable to otitis media in Aboriginal and Torres Strait Islander children
- the Indigenous Cardiovascular Outreach Program and the Indigenous Respiratory Outreach Care Program which provides access to cardiac and respiratory services in locations with limited access to specialist services

- the Southern Queensland Centre of Excellence in Indigenous Primary Health Care which provides local health services and a research team dedicated to establishing evidence on improving health outcomes for Indigenous Queenslanders; and
- Strategies to improve service responsiveness for Indigenous Queenslanders with a mental illness.

Queensland Health (QH) and all Hospital and Health Services (HHSs) are committed to ensuring all health practitioners within government-run health services have the skills, knowledge and behaviours required to provide clinically and culturally effective health services to Indigenous Queenslanders. The *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033* is being implemented across all HHSs and includes mandatory Cultural Practice Program training for all staff.

Complementing the efforts of the general health system to be more responsive to the needs of Indigenous Queenslanders, Indigenous-specific services and programs provide targeted interventions aimed at addressing the health gap between Aboriginal and Torres Strait Islander people and other Queenslanders. These services are delivered by HHSs and non-government organisations, in particular the Aboriginal and Torres Strait Islander community controlled health organisations across Queensland.

Under its *Aboriginal and Torres Strait Islander health investment strategy 2013–2016*, the Queensland Government is investing \$195.72 million over three years in Indigenous-specific services and programs. The strategy is summarised in the table below.

Figure 1: Aboriginal and Torres Strait Islander Health Investment Strategy 2013-16

Priority	Expected Outcomes	Queensland Initiatives	Qld \$m
Child and maternal health	Increased birth weights. Reduction in the child mortality gap.	QG1.1 Maternal and child health services. QG1.2 Deadly Ears child hearing health program.	34.55
Providing a healthy transition to adulthood	Increased sense of emotional and social well-being and improved mental health outcomes. Reduced uptake of alcohol, tobacco and drugs. Reduced rates of sexually transmissible infections.	QG2.1 Targeted sexual and reproductive health education and intervention. QG2.2 Youth mental health services.	20.97
Tackling chronic disease	Increase in life expectancy. Reduction in early and preventable mortality. Reduced incidence and prevalence of preventable diseases. Reduced potentially preventable hospitalisations. Reduced uptake and rate of smoking, consumption of alcohol at risky levels and use of illicit drugs and inhalants. Reduced rate of overweight and obesity, and sedentary level of physical activity. Increased proportion of fruit and vegetable consumption.	QG3.1 Quit smoking services and programs. QG3.2 Drug and alcohol court diversion services. QG3.3 Healthy lifestyle education. QG3.4 Multidisciplinary chronic disease healthcare services. QG3.5 Screening, immunisation and health checks. QG3.6 Strategies to improve cardiac outcomes.	65.63
Innovative solutions	Reduction in early and preventable mortality. Reduced incidence and prevalence of preventable diseases.	QG4.1 Southern Queensland Centre of Excellence in Indigenous Primary Health Care. QG4.2 Innovative regional service models. QG4.3 Integration and quality improvement	29.83

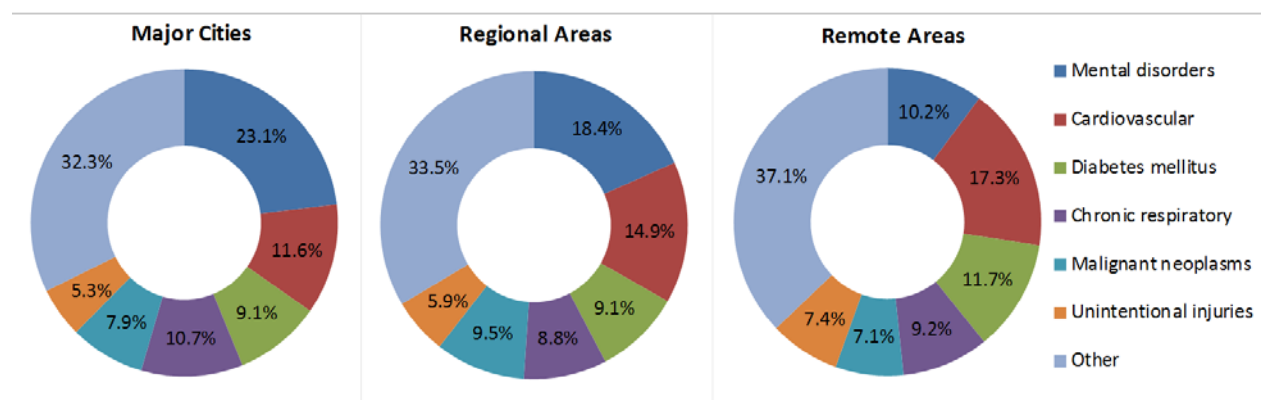
	Reduced potentially preventable hospitalisations. Increased access to MBS 715 health checks. Improved access to targeted early detection and intervention programs.	strategies. QG4.4 Complex Case Management	
Improving access and the patient journey	Reduced admissions, re-admissions and incomplete treatments. Increased access to surgery as needed. Improved coordination across the care continuum. Improved patient journey through the health system. Improved cultural competence of health services. Increased numbers of Aboriginal and Torres Strait Islander people in the health workforce. Improved mental health outcomes.	QG5.1 Strategies to improve the cultural capability of health practice in the public health system. QG5.2 Patient transport and other healthcare transition support services. QG5.3 Indigenous hospital liaison services. QG5.4 Targeted strategies to improve health outcomes for Indigenous Queenslanders with mental illness. QG5.5 Outreach services for people in rural and remote locations. QG5.6 Strategies to improve access to surgery and renal services.	44.74
TOTAL			\$195.72

Evidence-based investment

Investment in Indigenous-specific health services across Queensland is undertaken using an evidence-based and planned approach. The burden of disease data for Queensland (Figure 2) and demographic data are used to identify needs and priorities, and investment is planned in collaboration with the Australian Government Department of Health at the state level to minimise duplication of funding, to maximise service integration and to target available resources to address identified service gaps.

In line with the evidence and state government responsibilities, Queensland Government investment has been targeted to treating and managing chronic diseases, child and maternal health services, and to strategies aimed at improving the primary and acute care interface and the patient experience within the hospital system. The Queensland Government has also identified improving mental health outcomes as a priority for Indigenous Queenslanders.

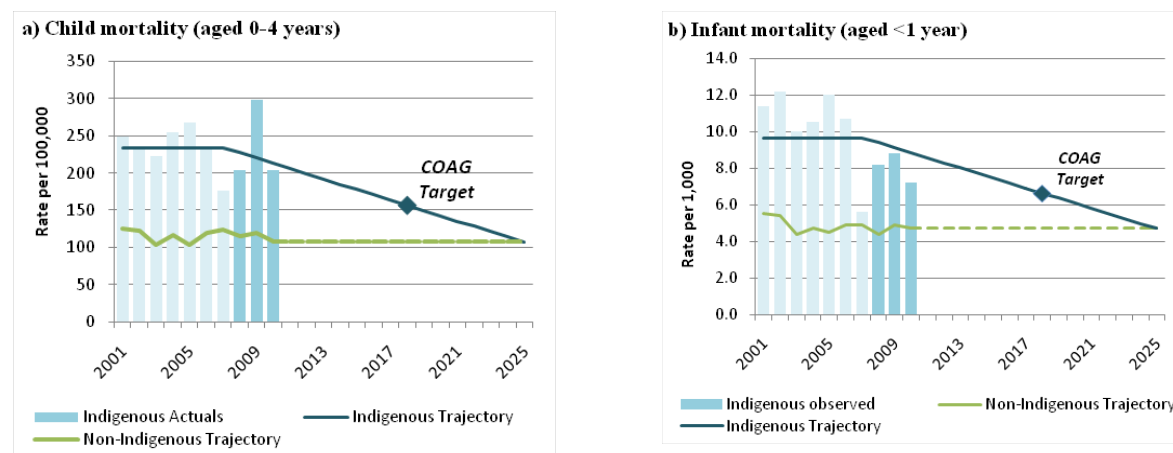
Figure 2: Burden of disease geographic distribution, Queensland



Performance monitoring

To monitor performance, the Queensland Government provides annual Aboriginal and Torres Strait Islander Health close the gap reports. These reports monitor progress against key performance indicators at the state-wide and HHS level. Annual state-wide and HHS level targets are set for selected indicators, and trajectories have been developed to project the improvement required to attain parity with non-Indigenous health outcomes. Figure 3 provides an example of a close the gap trajectory against which performance is monitored.

Figure 3: Example of Indigenous health close the gap trajectory



Innovation in service delivery and commissioning

To maximise effectiveness and value-for-money, the Queensland Government is exploring new and innovative service delivery and funding arrangements for the provision of Indigenous healthcare.

A good example is from the community of Yarrabah, when in July 2014, the Gurriny Yealamucka community controlled primary health care service took on responsibility for delivering all of Yarrabah's primary and preventive healthcare services, including those that had been provided by the HHS. The achievement of this community driven model of care is the result of substantial planning and negotiations between all parties, and a commitment by the Queensland Government to empower and support Aboriginal and Torres Strait Islander organisations and communities in decision-making about the delivery of local health services. Negotiations are now underway for the transition of primary healthcare services to community control in several Cape York communities.

The Queensland Government is also working with the Australian Government, HHSs and other healthcare providers to develop integrated ways to fund and purchase health services. Opportunities being explored include pooling of federal and state funding and more streamlined commissioning arrangements for all health services in Cape York and the Torres Strait.

Improvements in the provision of Indigenous health services

Since 2003, there has been a clearly articulated national strategy for Aboriginal and Torres Strait Islander health that had been endorsed by the Commonwealth Government and all State and Territory Governments. The *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013* has now expired and to date, there has not been a replacement. Whilst the *National Indigenous Reform Agreement* continues to provide a high level multi-jurisdictional commitment to closing the health gap, it is important that an Indigenous health plan originating at the Commonwealth level is endorsed by all jurisdictions so that a multilateral approach to improving Indigenous health outcomes may continue.

The increased investment and focussed effort by all jurisdictions against an agreed national agenda in Indigenous health over the last 10–15 years is starting to demonstrate improvements in health outcomes, with the child and adult mortality gaps narrowing. It is important to maintain this momentum if gains are to be advanced and sustained into the future.

It is also vital to continue joint investment and service planning at the state level. In Queensland, the Australian Government Department of Health's state office and Queensland Health have recently collaborated on an analysis of 2013-14 Indigenous-specific investment across Queensland by service type and region. This analysis can be used by both tiers of government to inform the allocation of new investment in Queensland and has recently informed the allocation of State Government funding to the non-government sector through an open tender process.

The 2013-14 analysis found that there is very little duplication between Commonwealth and State funded programs and services in Queensland, a result of a strong, collaborative approach to investment planning by the State Office of the Australian Government Department of Health and Queensland Health.

However, some gaps were identified. In particular, the 2013-14 analysis found that health promotion, preventive health strategies and targeted Indigenous mental health services and programs were underfunded by both tiers of government. In Queensland, mental illness has emerged as the leading contributor to the Indigenous burden of disease, and although largely non-fatal, has a significant impact on quality of life and physical health outcomes. The Commonwealth targets funding mainly to grief counselling and substance misuse, and the State targets its funding predominantly to in-hospital mental health services. There is a deficit of culturally effective mental health services for people with severe mental illness. The lack of preventive health strategies will inevitably lead to greater costs incurred in the acute care system and a detrimental impact on health outcomes. These areas will be addressed by the Queensland Government in its third triennial Indigenous health investment strategy which is under development for the 2015-16 to 2017-18 period.

With the devolution of the delivery of health services to HHSs since 2012, there is an opportunity for planning and implementation of Commonwealth funded programs to be significantly enhanced by a greater involving of the relevant HHSs and other service providers, so that new investments and interventions may integrate effectively with existing services and programs and target identified gaps.

Queensland would not be supportive of moves by the Commonwealth Government to centralise responsibility for the rollout of its Indigenous health funding away from state offices. The successful planning between funders at the state level has been a strong feature in Queensland over the last ten years. Queensland looks forward to a renewed national commitment to closing the gap in Indigenous health outcomes.
