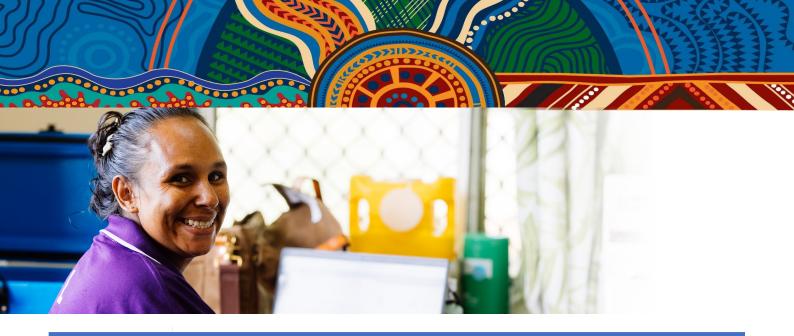
First Nations Health Equity Strategies:

legislative requirements

Hospital and Health Services (HHSs) are required to **satisfy** requirements in three legislative instruments when co-designing and co-implementing their First Nations Health Equity Strategies:

- Hospital and Health Boards Act 2011 (click here to access)
- Hospital and Health Boards Regulation 2012 (click here to access)
- Health Service Directive 053:2021 (click here to access).

Legislative Instrument	Requirement	
Hospital and Health Boards Act 2011 (HHB Act)		
HHB Act—s40 (1)	The HHS must develop and publish a health equity strategy to achieve and specify the activities to achieve health equity for Aboriginal and Torres Strait Islander people.	
HHB Act—s40 (2)	The HHS must consult with person's prescribed by regulation to develop the Health Equity Strategy.	
HHB Act—s40 (3a)	The Health Equity Strategy must satisfy the requirements prescribed by legislation.	
HHB Act—s40 (3b)	The Health Equity Strategy must be published in a way that allows the strategy to be accessed by members of the public.	
HHB Act—s40 (4)	The HHS must give effect to (*or implement) the strategy in performing its functions under this Act.	
HHB Act—s40 (5)	In giving effect to (*or implementing) the Health Equity Strategy, the HHS must consult with persons prescribed , and in the way prescribed, by regulation.	
HHB Act—s41 (1)	The HHS must complete a review of the Health Equity Strategy within 3 years after it is made and afterwards within 3 years after the previous review.	
HHB Act—s41 (2c)	The HHS must consult with prescribed persons in reviewing the Health Equity Strategy.	
HHB Act—s41 (3)	If the Health Equity Strategy is amended as a result of the review, the HHS must publish the amended strategy in a way that allows it to be accessed by the public.	



Hospital and Health Boards Regulation 2012 (HHB Regulation)		
HHB Regulation— s13A (a)	 Prescribed requirement: The Health Equity Strategy must state the key performance measures as agreed by the HHS and the Chief Aboriginal and Torres Strait Islander Health Officer that relate to improving health and wellbeing outcomes including: Actively eliminating racial discrimination and institutional racism within the HHS Increasing access to healthcare services Influencing the social, cultural and economic determinants of health Delivering sustainable, culturally safe and responsive healthcare services, and 	
	• Working with Aboriginal and Torres Strait Islander communities and organisations to design, deliver, monitor and review health services.	
HHB Regulation— s13A (b)	 Prescribed requirement: The Health Equity Strategy must set out the actions the HHS will take to: Achieve the key performance measures including through entering into partnership arrangements or other arrangements with service delivery stakeholders Work with implementation stakeholders to ensure greater collaboration, shared ownership and decision-making in implementing the strategy Improve the integration of health service delivery between the HHS and other service delivery stakeholders Provide inclusive mechanisms to support Aboriginal and Torres Strait Islander peoples of all needs and abilities to give feedback to the HHS. Increase workforce representation of Aboriginal and Torres Strait Islander peoples of all levels of health professions and employment levels at least commensurate with the HHS service area Aboriginal and Torres Strait Islander population. 	
HHB Regulation— s13A (c)	Prescribed requirement: The Health Equity Strategy must set out how the strategy aligns with the strategic and operational objectives of the HHS; other strategies, policies, guidelines or directive made by or applying to the HHS; Health Equity Strategies of other HHSs; other national, state and local government strategies, policies, agreements and standards relevant to promoting shared decision-making, shared ownership and working in partnership with Aboriginal and Torres Strait Islander people.	

Health Service Directive 053:2021 (QH-HSD-053:2021)	
#QH-HSD-053	Mandatory Consultation Practice Standard: The Health Equity Strategy must be developed in accordance with the principles of continuous quality improvement; shared decision-making; collaboration; and genuine partnership with each development stakeholder, in particular the Aboriginal and Torres Strait Islander community-controlled health sector.
	Mandatory Consultation Practice Standard: Each HHS must provide a draft Health Equity Strategy to each development stakeholders and allow at least 30 days for the stakeholder to provide feedback to the HHS.
	Mandatory Consultation Practice Standard: Once feedback is received from the development stakeholder, the HHS must consider the feedback and provide a written report back to the development stakeholder within 90 days with respect to how their feedback has or has not been incorporated into their Health Equity Strategy.



The Health Equity Strategy prescribed stakeholders are specified in the *Hospital and Health Boards Regulation 2012*:

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Development takeholders HHB Regulation —s11D	 Aboriginal and Torres Strait Islander HHS staff members Aboriginal and Torres Strait Islander consumers of health services delivered by the HHS Aboriginal and Torres Strait Islander community members within the HHS service area Traditional custodians and native title holders of land and waters in the HHS service area Implementation stakeholders
Implementation stakeholders HHB Regulation —s13B	 Service delivery stakeholders for the Health Equity Strategy Chief Aboriginal and Torres Strait Islander Health Officer Queensland Aboriginal and Islander Health Council Health and Wellbeing Queensland
Service delivery stakeholders— HHB Regulation —s11C	 Aboriginal and Torres Strait Islander community-controlled health organisations in the HHS service area Local primary healthcare organisations in the HHS service area.