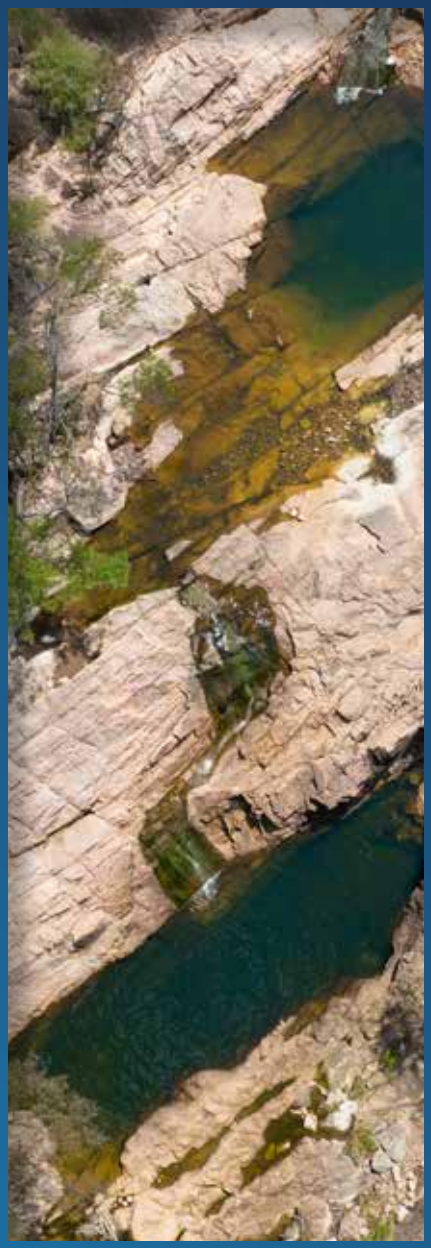
2025-2030

Joint Regional Plan

Mental Health, Alcohol and Other Drugs and Suicide Prevention

Central Queensland, Sunshine Coast and Wide Bay



+ Year 1 Actions

We acknowledge the Traditional Custodians of the lands across our region, which includes the Kabi Kabi/Gubbi Gubbi, Jinibara, Wakka Wakka, Butchulla, Bailai, Gurang, Gooreng Gooreng, Taribelang Bunda, Darumbul, Woopaburra, Gaangalu, Wadja, and Wulli Wulli peoples.

We pay respect to the Elders past, present and emerging. We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First Peoples and honour the rich diversity of the world's oldest living culture.

When referring to First Nations peoples in this Plan, we are respectfully referring to both Aboriginal and Torres Strait Islander peoples.

Trigger Warning

This document discusses mental health, alcohol and other drugs and suicide. This may be distressing or triggering for some readers. Please consider your own wellbeing and engage with the content in a way that feels safe for you.

We acknowledge the deep impact that suicide, self-harm and substance use can have on individuals, families, carers and communities. We extend our respect to those with lived and living experience, and to those who have lost loved ones to suicide or alcohol and other drug-related harm. Their lived experiences and advocacy are crucial in driving positive change within health systems and improving outcomes for others.

Support Services

If you or someone you know needs support, help is available. You can contact Medicare Mental Health on 1800 595 212 — a free and confidential service that can connect you with the right mental health support. For a full list of crisis and mental health support lines, scan the QR code or visit: qmhc.qld.gov.au/emergency-contacts

Foreword

We are pleased to present the Joint Regional Plan 2025-2030 for Mental Health, Alcohol and Other Drugs and Suicide Prevention for Country to Coast Queensland (the Primary Health Network) and the Central Queensland, Sunshine Coast and Wide Bay Hospital and Health Services.

This plan is the result of a growing partnership between these organisations, and represents a shared commitment to improving outcomes for our communities through more coordinated, connected and person-centred care for people experiencing mental health challenges and substance use issues across our region.

Our communities are facing rising demand for mental health, alcohol and other drugs and suicide prevention services, alongside increasing complexity in needs and a health system under pressure. Mental illness, suicide and problematic substance use continue to have a significant impact on individuals, families, and communities across our region.

At the same time, we acknowledge the strengths that exist within our region – including a passionate workforce, existing local partnerships and a shared drive to continuously improve.

We recognise that particular population groups face additional barriers to accessing care – including First Nations peoples and people living in rural and remote areas. We acknowledge that this plan was developed in a short timeframe, and that more work is needed to embed the perspectives, priorities and leadership of First Nations peoples. We are committed to culturally safe, ongoing engagement to ensure First Nations priorities, actions, and ways of working are meaningfully embedded throughout the five-year lifespan of this plan.

This plan identifies our joint priorities and sets out immediate actions to strengthen care and service delivery. It lays the foundations for clearer governance, improved service access and integration, and stronger alignment of local effort and investment. Our commitment to integrated care is paramount. The complexity of mental illness and problematic substance use requires a coordinated, cross-sector

CCQ Country to Coast, QLD Healthy, connected communities | phn Central Queensland, Wide Bay, Sunshine Coast An Australian Government Initiative | Sunshine Coast Health | Health Great care for Central Queenslanders | Wide Bay Hospital and Health Service

Foreword continued

approach across all service providers.
By enhancing integrated care and shared services, we aim to improve access and ensure that individuals receive timely, appropriate support across the continuum of care, minimising gaps between primary, specialist, and community-based services.

High rates of mental health conditions and substance use disorders highlight the need for enhanced community-based services and crisis supports. There is an urgent need to strengthen mental health, alcohol and other drug and suicide prevention services, particularly for for people facing structural or systemic disadvantage.

We also recognise that this plan must remain dynamic – regularly reviewed, evaluated and refined in response to emerging needs, evidence and lived experience insight.

Through this Joint Regional Plan, we are setting a clear course toward a more integrated and sustainable system – one that is equipped to meet the evolving needs of our communities. It is not only a roadmap for action, but a testament to our shared committment to fostering healthier communities.

By strengthening partnerships, enhancing service integration and engaging meaningfully with our communities, we are committed to transforming mental health, suicide prevention and alcohol and other drug care delivery in our region. Together, we will build a more resilient and responsive system — one that meets the needs of all individuals and ensures no one is left behind.

Julie Sturgess
Chief Executive
Country to Coast Queensland

Dr Peter Gillles
Chief Executive
Sunshine Coast Health

Lisa Blackler
Chief Executive
Central QLD Hospital and Health Services

Debbie Carroll
Chief Executive
Wide Bay Hospital and Health Services

We look forward to working closely with all stakeholders to realise the goals set out in this plan and to drive sustainable, positive change within our communities.

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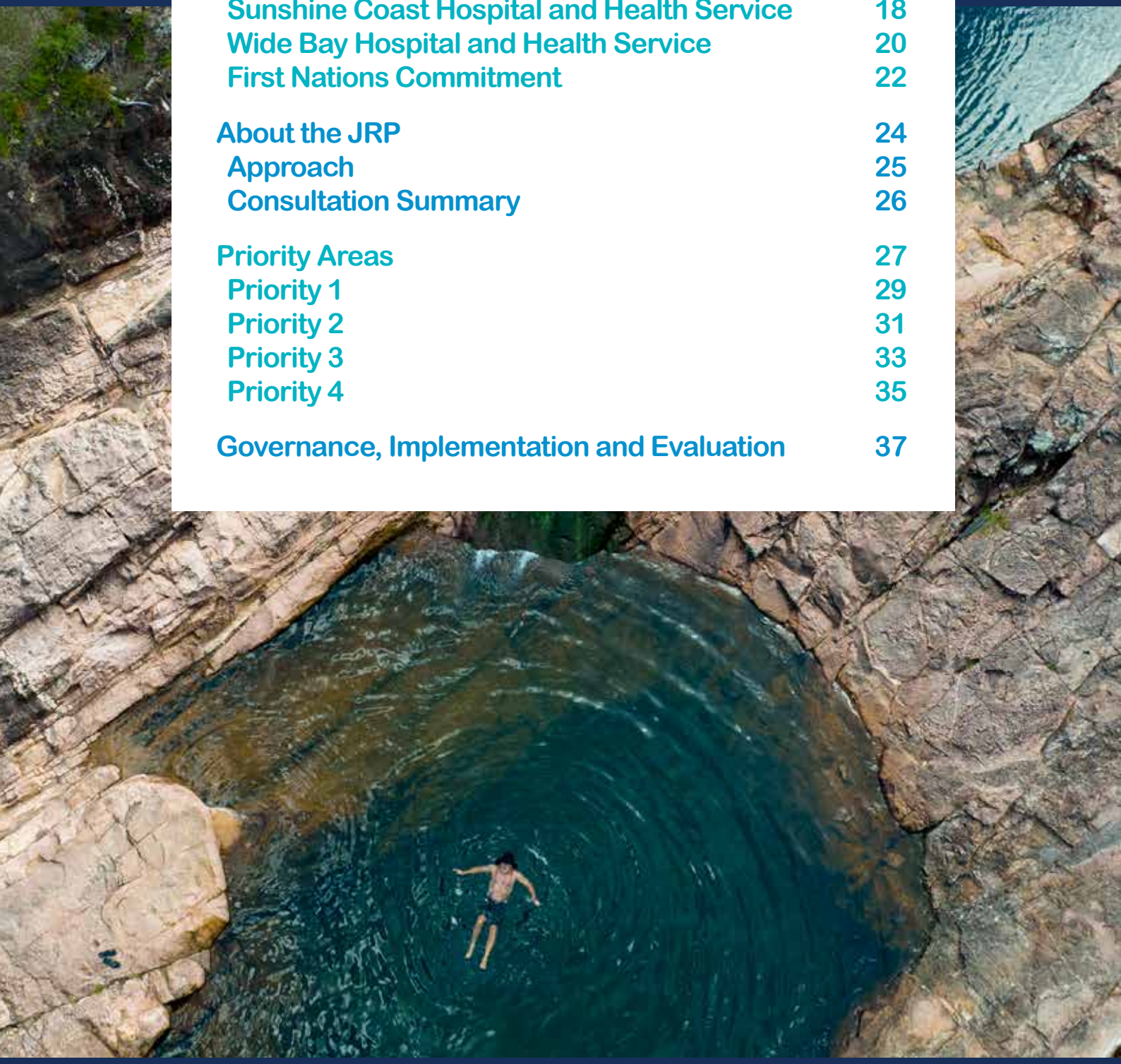


Plan on a page

	Priority 1: Enhancing integrated care and shared services	Priority 2: Improving community knowledge, accessibility and availability of services	Priority 3: Improving Governance and Accountability	Priority 4: Focusing Collaborative Efforts on Agreed Priority Populations and Services
JRP Priority Areas	**Five year aims:** • Improved awareness and understanding of roles • Supported to better navigate the system • Less likely to 'fall through the cracks' • Benefit from new, innovative and/or expanded services.	**Five year aims:** • Improved awareness and understanding of roles • Better access to expanded services • Improved attraction and retention of workforce • Improved linkages with 'adjacent' services.	**Five year aims:** • Ensure CCQ and HHSs have active role in decisions • Addressed gaps in communication pathways • Shared strategies to improve services • Improved transparency of services and data • Empowered First Nations stakeholders.	**Five year aims:** • Improved health equity • Identified and addressed gaps in services • Improved understanding of specific needs in priority population groups • Improved collaboration between CCQ and HHSs.
Year One Actions	**1.1** Design and implement a regionally integrated virtual mental health front door service for triage, intake and referral. Includes promoting awareness and use among community members, service providers and referring clinicians.	**2.1** Conduct detailed service and investment mapping to create a comprehensive directory of MHAODSP and adjacent services (e.g., NDIS). Consider incorporating and/or confirming inclusion in existing directory services (such as Healthdirect's Service Finder).	**3.1** Co-design a governance and accountability model with First Nations representation and data sovereignty provisions, including key roles and responsibilities, performance monitoring, information and data sharing arrangements (including funding and service availability) and reporting processes. **3.2** Finalise and agree on priority populations per sub-region and identify joint initiatives to improve service delivery. Early JRP priorities include: • First Nations population • Crisis support services, including prevention services to avoid escalation to crisis situations • Perinatal mental health • Suicide prevention. **3.3** Develop a JRP evaluation framework to monitor performance using quantitative and qualitative indicators.	**4.1** Co-design a First Nations engagement, communication and governance approach with relevant stakeholders. **4.2** Finalise and agree priority populations for each sub-region; and identify joint initiatives to improve service delivery.

Our 5-year Plan

YEAR 1 — Setting the foundations

Foundational governance mechanisms in place — structure, agreements, meetings, roles, communication protocols, shared workforce framework/principles.

Service and investment mapping complete to provide a detailed, complete view of services available roles and responsibilities.

Design and implement virtual mental health front door service.

Evaluation plan — with outcomes, KPI's agreed.

YEAR 2 — Identify gaps, communicate, collaborate and pilot

Regular governance and collaborative forums operating — including with community / consumers.

Education materials and communication strategies in place to promote service availability and access.

Data understanding of service gaps, and plans for collaborative initiatives for priority population groups.

Set communication pathways and collaborative forums for different stakeholder groups.

YEAR 3 — Enhance services and address gaps

Advanced visibility and discussion of forward planning and commissioning priorities.

New/expanded initiatives in place to address priority service gaps.

Regular, improved availability of data, transparency of performance across the partnership.

Pilot small number of new / innovative / collaborative initiatives to address gaps in priority population groups.

YEAR 4 — Enhance sophistication of collaborative efforts

Annual shared commissioning plans — co-designed discussed, and agreed through governance structure.

Evaluate review and enhance services, governance, etc.

YEAR 5 — Review, evaluate and plan

Evaluate, review and enhance services, governance, etc.

Commence planning for next five-year JRP.

Call to action

This Joint Regional Plan (JRP) sets out a shared vision for transforming the way mental health, alcohol and other drugs and suicide prevention (MHAODSP) services are delivered across the Central Queensland, Wide Bay and Sunshine Coast regions.

At its heart, the plan is a call to work differently — collaboratively, deliberately and with purpose — to address the region's most pressing and persistent MHAODSP challenges.

This is not just a document; it's a platform for advocacy. Drawing on local insights and data, the plan identifies service gaps, emerging needs and opportunities for impact. It seeks to align priorities across Hospital and Health Service (HHS) regions, ensuring the voices and realities of our communities are reflected in broader strategic conversations and investment decisions.

Crucially, the plan strengthens our capacity to act together. By building the structures, relationships and shared understanding required for meaningful collaboration, it positions us to respond more effectively to complex and interrelated MHAODSP needs. It also signals our joint commitment to embedding lived experience, cultural safety and cross-sector partnership into everything we do.

We invite all partners – service providers, community organisations and those with lived and living experience – to use this plan as a roadmap for change. Through collective action and ongoing collaboration, we can make meaningful progress toward a more connected, accessible and person-centred system of care.

About our region

Our region spans from the Glasshouse Mountains in the south to north of Yeppoon, and west beyond Emerald. It encompasses Rockhampton, Hervey Bay, Maryborough, the Sunshine Coast Hinterland, Gayndah, Gladstone and Bundaberg.

The region is experiencing dynamic demographic shifts, characterised by a growing and ageing population. The *Country to Coast Queensland (CCQ) 2023/2024 Annual Report* outlines key objectives designed to enhance service delivery in response to these changes: engaging communities, supporting our local health workforce, improving access and equity, and coordinating and integrating services. These objectives are essential to addressing the specific challenges posed by demographic trends, as well as the structural and intermediary determinants of health.

To effectively meet the needs of our region in MHAODSP services, we must first understand the unique contexts of our communities and sub-regions. Stakeholder consultation during the development of this JRP reinforced the importance of recognising these differences, including the distinct needs of First Nations populations, and their impact on service provision and outcomes. Understanding these unique requirements is critical to tailoring our approach for service improvement.

The sub-sections below summarise the current conditions and needs across our region, including its sub-regions and First Nations communities. This overview is intended to inform a more responsive, place-based approach to improving MHAODSP services.

The information used in the map has been sourced from two primary authorative sources:

- the National Native Title Tribunal, and
- The Queensland Government's ATSI Cultural Heritage Register

About our region continued

Country to Coast Queensland

Country to Coast Queensland (CCQ) delivers the Department of Health, Ageing and Disability's Primary Health Network (PHN) program across the Central Queensland Hospital and Health Service (CQHHS), Sunshine Coast Health Service (SCHS) and Wide Bay Hospital and Health Service (WBHHS) regions.

Covering more than 158,000 square kilometres and encompassing both urban and remote communities, the CCQ region is home to over 950,000 people. It includes diverse population centres ranging from regional hubs like Rockhampton and Bundaberg to coastal and hinterland communities across the Sunshine Coast and Central Queensland. The region includes 12 local government areas and 12 Indigenous areas.

Around 8% of residents live in outer regional and remote areas, nearly 5% identify as Aboriginal and/or Torres Strait Islander and 16% were born overseas. The region also has a significant ageing population, with approximately 22% of people aged 65 years and older, and around 7% requiring disability support.

By 2046, the population is set to grow by 33%, reaching over 1.2 million residents. This growth is expected to place increasing pressure on the region's health system, including MHAODSP services. The below population data provides a current snapshot of the key populations within the CCQ region.

Total population
>950,000

Approximate size
158,000km^2

Aboriginal and Torres Strait Islander peoples
46,000

Total population aged 65 years and older
213,000

Total population requiring disability support
69,000

Mental Health, Alcohol and Other Drugs and Suicide Prevention

Mental health and substance use disorders are the second highest leading cause of disease burden in Australia, contributing to approximately 15% of the total burden. These conditions are increasing in prevalence nationally, with one in five Australians having experienced a mental health disorder in the previous 12 months and more than two in five Australians aged 16 to 85 years estimated to experience one at some time in their life. Alcohol and other drug (AOD) issues remain a significant contributor, with nearly one in three adults consuming alcohol at risky levels and almost one in five Australians reporting recent illicit drug use. (Source NDSHS - AIHW)

In the CCQ region, mental and emotional wellbeing were identified by community members as the second most important factor influencing quality of life, second only to access to affordable, quality healthcare, according to the *2024 My Healthy Community survey*.

The *CCQ 2024 Health Needs Assessment (HNA*) found that residents across the region experience higher rates of mental health and substance disorders than the Queensland average, across most age groups. Modelled estimates provide detailed prevalence by severity, sex and age group, highlighting regional variation and priority areas for action.

Figures 1–3 show the estimated prevalence of mild, moderate and severe 12-month mental disorders across the CCQ region.

Figure 1: Any 12-month mental disorder by mild severity for all CCQ persons (Source: Community health and wellbeing assessment 2025-28, 2024)

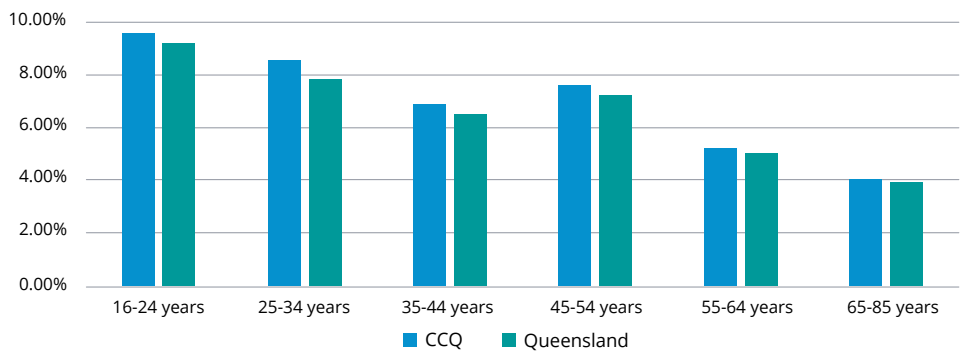


Figure 2: Any 12-month mental disorder by moderate severity for all CCQ persons (Source: Community health and wellbeing assessment 2025-28, 2024)

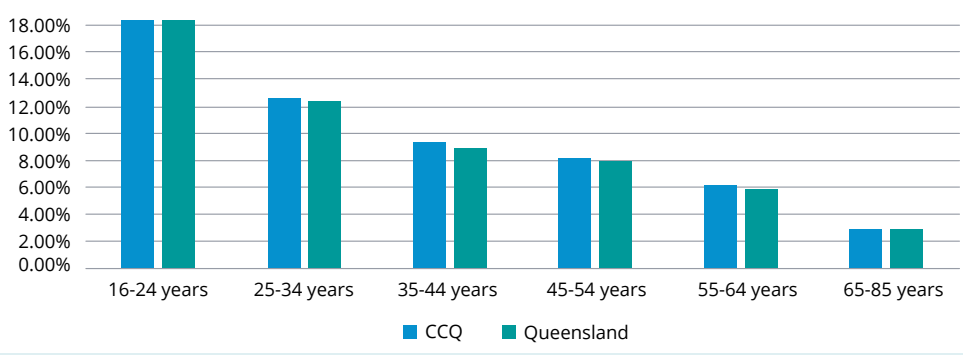
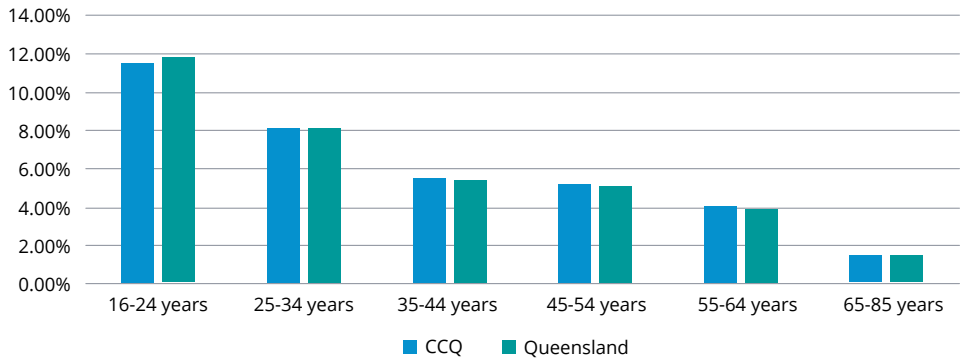


Figure 3: Any 12-month mental disorder by severe severity for all CCQ persons (Source: Community health and wellbeing assessment 2025-28, 2024)



The prevalence of long-term mental health conditions in CCQ was higher than the Australian average, as were many LGAs across the CCQ region, with elevated rates observed in First Nations communities in Bundaberg, Fraser Coast, Cooloola-Gympie, Caloundra and Maroochydore. In contrast, areas like Central Capricorn and Rockhampton-Yeppoon report comparatively better outcomes against national benchmarks. These regional disparities reinforce the need for locally tailored, culturally responsive interventions and support services.

Table 1 presents self-reported prevalence of long-term mental health conditions (including depression and anxiety) across LGAs and Indigenous areas, broken down by age and gender.

Table 1: Self-reported prevalence (ASR per 100) of long-term condition (mental health condition including depression and anxiety) among people aged 0 to 14 and 15 years and over, by males and females, by LGA (Aboriginal people by Indigenous areas) (2021)

HHS	LGA (Indigenous areas)	People aged 0 to 14 years	People aged 15 years and over	Estimated males with mental and behavioural problems, 2017-18#	Estimated females with mental and behavioural problems, 2017-18#	Aboriginal people aged 0 to 14 years	Aboriginal people aged 15 years and over
CQHHS	Banana	1.4	8.0	18.8	23.1	0.0	13.2
	Central Highlands (Central Capricorn)	1.9	8.3	18.4	23.5	2.4	10.5
	Gladstone	2.5	11.4	21.9	26.5	4.1	19.6
	Livingstone	2.4	9.9	20.5	24.2	-	-
	Rockhampton (Rockhampton-Yeppoon)	3.2	13.0	24.6	28.4	3.6	16.0
	Woorabinda (Central Capricorn)	0.0	5.4	18.4	..	2.4	10.5
SCHS	Gympie (Cooloola-Gympie Nanango-Kilkivan)	4.3	13.9	24.2	27.8	5.5; 4.5	26.4; 23.3
	Noosa	2.1	9.3	18.4	23.0	6.0	17.0
	Sunshine Coast (Caloundra Maroochy)	2.7	11.0	19.0	23.4	5.3; 4.6	20.3; 20.1
WBHHS	Bundaberg	3.5	13.6	23.5	26.1	4.5	22.7
	Fraser	4.2	15.0	23.0	25.9	6.1	24.3
	North Burnett	2.1	10.5	22.8	25.5	3.7	19.1
CCQ		2.9	11.9	21.1	25.0	-	-
Queensland		27	11.2	20.5	24.8	4.0	16.9
Australia		2.1	10.3	17.8	22.3	4.0	17.7

Significantly different from Australia (Red highlighting = worse; Blue highlighting = better). Significance not reported.

Despite the high burden of disease, access to mental health services remains limited across all age groups, except for those aged 25-44 years. This gap is evident in both in-person consultations and digital service offerings, suggesting significant barriers to accessing timely and appropriate primary mental health care.

Stakeholder consultations across the region highlighted the limitations of existing MHAODSP services in meeting growing demand, driving many patients to seek care in emergency departments. This challenge is especially acute in rural and remote areas, where service availability is restricted by workforce shortages and geographic barriers.

Hospital admission rates and emergency department (ED) presentation data further support these concerns. The Wide Bay LGAs of Bundaberg and Fraser Coast show notably high rates, suggesting many residents are relying on acute care due to insufficient access to early intervention services.

Table 2 presents public hospital admissions and ED presentations by LGA and age group for mental health-related conditions (2020/21).

This regional data, drawn from the CCQ 2024 Health Needs Assessment, provides essential insights into population needs and system pressures. Addressing these gaps will be critical to improving health outcomes, reducing avoidable hospital demand, and building a more responsive system of care.

Table 2: Hospital admissions and ED presentations (public hospitals) by LGA (2020/21)

LGA	Admissions for mental health related conditions, persons (2020/21) ASR per 100,000	Admissions for mood affective disorders, persons (2020/21) ASR per 100,000	Total ED presentations for mental and behavioural disorders (2020/21) ASR per 100,000	ED presentations for mental and behavioural disorders (2020/21) ASR per 100,000					
				0-14 years	15-24 years	25-44 years	45-64 years	65-74 years	75+ years
Banana	1,406	178	377	**	**	425	403	**	1,485
Bundaberg	1,305	172	2,009	689	3,661	2,746	1,556	860	2,662
Central Highlands	900	138	231	**	382	334	229	**	**
Fraser Coast	1,643	279	3,074	1,110	5,317	4,185	2,643	1,507	3,388
Gladstone	987	145	2,449	900	4,570	3,703	1,796	862	2,511
Gympie	1,519	251	2,260	735	3,660	3,447	1,830	902	2,698
Livingstone	888	141	756	191	996	1,398	549	269	913
Noosa	1,077	155	1,327	320	2,666	1,573	1,158	704	1,684
North Burnett	1,516	402	824	**	1,365	1,234	890	**	..
Rockhampton	1,012	146	2,103	564	3,622	2,892	2,017	796	2,481
Sunshine Coast	1,284	185	1,593	441	2,894	2,344	1,196	783	1,917
Woorabinda	824*	**	**	**	**	**	**	**	**
CCQ	920	139	1,353	409	2,428	1,989	1,082	637	1,505
Queensland	1,147	191	1,308	372	2,406	1,860	1,108	647	1,257
Australia	1,056	186	1,305	388	2,448	1,776	1,146	652	1,290

*Data quality indicator: poor than national outcome = red, better than national outcome = blue **Not releasable*

About our region continued

Central Queensland Hospital & Health Service (CQHHS)

The CQHHS region covers approximately 115,000 square kilometres from Gladstone to the Southern and Central Highlands, and along the Capricorn Coast.

This expansive area includes both coastal and inland locations, including Rockhampton, Gladstone, Emerald, and Yeppoon. The population of CQHHS is estimated at 237,000 people, with approximately 7% identifying as Aboriginal and/or Torres Strait Islander, 14% aged 65 years and over and 5% requiring disability support.

CQHHS's 2024 Regional Needs Assessment (RNA) identified mental health morbidity and mortality as a priority health issue for the HHS. Central Queensland (CQ) has significant risk factors for mental illness and a high prevalence of mental health conditions across the region, including higher reported rates of suicide.

In 2024, there were 7,838 referrals for mental health services in CQHHS, representing an increase in referrals by approximately 10% since 2022. This resulted in 1,255 service episodes, highlighting the current gap between community need and available service capacity. In the same year, there were 1,277 referrals where suicidal ideation was the primary diagnosis, resulting in only 198 service episodes. Additionally, the 2024 CQHHS RNA estimated that nearly 24% of the CQ population engage in lifetime risky drinking, higher than the Queensland average of approximately 22%.

The National Mental Health Service Planning Framework (NMHSPF) estimates that in 2025-26, 50,512 people within CQHHS will need some level of mental health service, equating to approximately 1.6 million hours of client demand. **Figure 4** illustrates estimated demand for mental health services within the CQHHS region, while **Table 3** breaks this down further by age group.

Figure 4:
Estimated demand for mental health services within CQHHS (by severity) in FY25-26

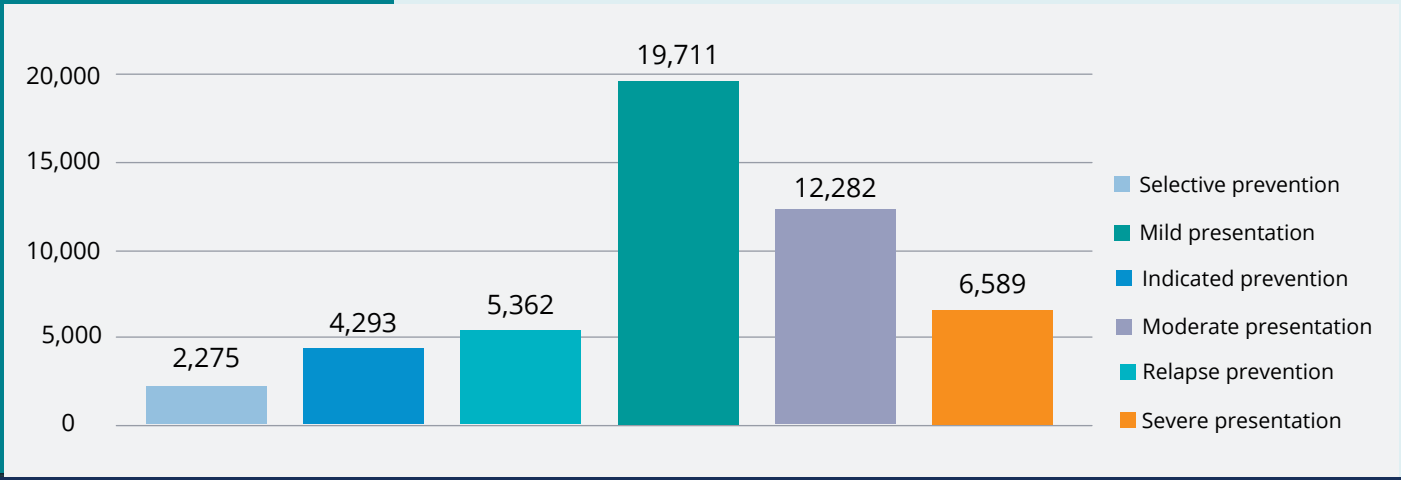


Table 3: Estimated demand for mental health services by age group within CQHHS (by severity) in FY25-26

Age Group	Selective Prevention	Indicated prevention	Relapse prevention	Mild	Moderate	Severe	Grand Total
0-4	766	0	0	594	407	315	2,082
5-11	757	760	608	1,355	632	361	4,474
12-17	753	990	970	1,841	1,210	573	6,337
18-24	0	362	282	2,173	1,366	732	4,915
25-64	0	1,947	3,119	11,238	7,040	3,825	27,170
65+	0	233	383	2,311	1,442	606	4,976
65+BPSD	0	0	0	197	183	178	558
TOTAL	2,275	4,293	5,362	19,711	12,282	6,589	50,512

Source: National Mental Health Service Planning Framework, accessed June 2025.

The 2024 RNA identified significant gaps in the management of mental health conditions across the care continuum. Key areas include the limited availability of affordable community-based services, a lack of accessible and culturally appropriate services for First Nations people, insufficient access to specialist outpatient mental health services, and a reliance on acute inpatient services, currently only available in Rockhampton.

Of those currently waiting for mental health-related outpatient services, 18% identified as Aboriginal and/or Torres Strait Islander, highlighting the importance of culturally safe, equitable access.

Staff vacancy rates were also recognised as a barrier to service delivery. CQHHS emphasised the need to strengthen partnerships that support service integration, alongside the development of targeted workforce recruitment and retention strategies to improve MHAODSP service delivery across the region.

During the initial JRP planning workshop, CQHHS stakeholders identified the following priorities for inclusion in the plan:

- **Acknowledge individual needs of the sub-regions:** Ensure the JRP reflects the specific needs and complexities of each sub-region – including the respective regional and rural areas serviced by each HHS – within the priority areas and implementation framework.
- **Address the needs of priority populations:** Ensure the JRP considers the distinct needs of priority populations within the CCQ region.
- **Strengthen opportunities to partner:** Create opportunities to collaborate across the CCQ region to support the workforce and improve service delivery.
- **Increase access to community-based services:** Expand availability of community-based MHAODSP services, particularly in rural and remote communities.
- **Promote centralised and shared resources:** Establish a shared service approach across the CCQ region to optimise workforce utilisation and improve service accessibility.

About our region continued

Sunshine Coast Health Service (SCHS)

The SCHS region, encompassing the local government areas of Sunshine Coast, Gympie and Noosa, has a population exceeding 480,000 people.

This includes a substantial older population, with over 110,000 people aged 65 years and over, accounting for nearly 23% of the total population. Increasing housing development in the southern part of the SCHS is also contributing to a growing population of young families. Additionally, more than 3% of residents identify as Aboriginal and/or Torres Strait Islander, and approximately 7% require disability support, reflecting the diverse healthcare needs across the SCHS.

The SCHS Health Service Plan for 2024 to 2034 identifies mental health services as the third highest contributor to rising health service demand. Mental health conditions also represent the largest portion of self-reported conditions in the SCHS region.

In 2024, SCHS received approximately 12,363 referrals for mental health services – an 11% increase since 2022 – resulting in 6,035 service episodes. Of these, 246 episodes listed suicidal ideation as the primary diagnosis, with an average of 36.3 Suicide Prevention Pathways (SPPs) initiated each month between 2022 and 2024. In the same year, 1,909 referrals were made for Alcohol and Other Drugs (AOD) services, resulting in 554 service episodes outside of the Queensland Opioid Treatment Program (QOTP).

The National Mental Health Service Planning Framework (NMHSPF) estimates that in 2025-26, 95,958 people within SCHS will need some level of mental health service, equating to more than three million hours of client demand.

Figure 5 illustrates projected mental health service demand by severity within the SCHS' region, while **Table 4** provides a further breakdown by age group.

Figure 5:
Level of access to SCHS' mental health services (by severity) in FY25-26

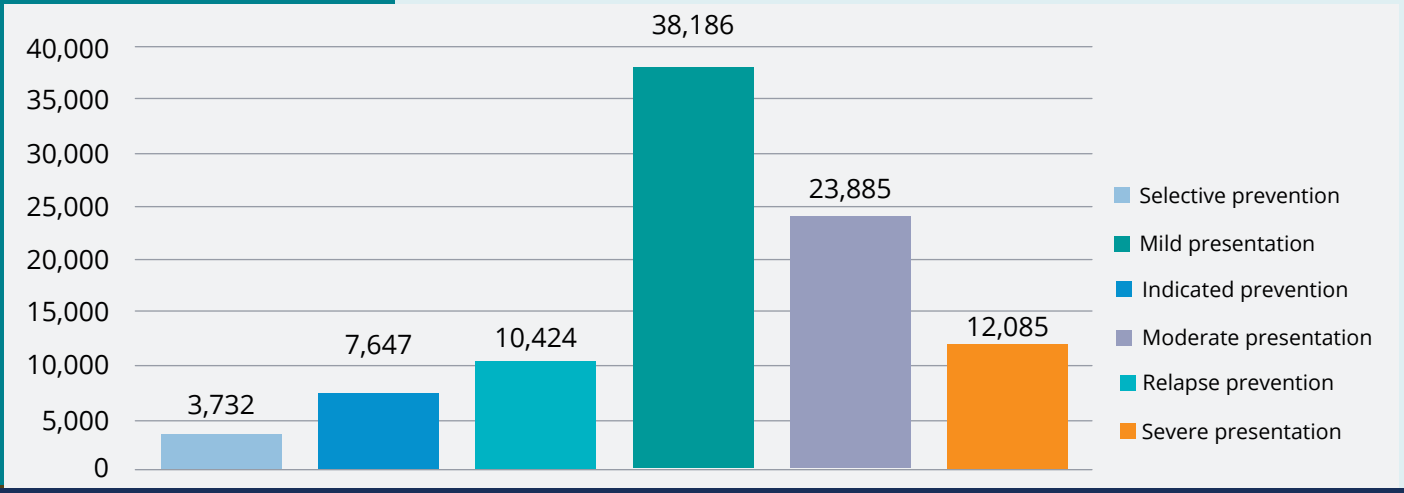


Table 4: Estimated demand for mental health services by age group within SCHS (by severity) in FY25-26

Age Group	Selective Prevention	Indicated prevention	Relapse prevention	Mild	Moderate	Severe	Grand Total
0-4	1,128	0	0	845	579	409	2,961
5-11	1,234	1,219	993	2,144	1,000	526	7,116
12-17	1,370	1,748	1,767	3,143	2,066	950	11,043
18-24	0	574	520	3,783	2,378	1,211	8,467
25-64	0	3,430	5,962	20,728	12,985	6,644	49,749
65+	0	676	1,182	6,987	4,358	1,842	15,045
65+BPSD*	0	0	0	556	518	502	1,577
TOTAL	3,732	7,647	10,424	38,186	23,885	12,085	95,958

Source: National Mental Health Service Planning Framework, accessed June 2025.
***Behavioral and Psychological Symptoms of Dementia.**

The *2024 Sunshine Coast Hospital and Health Service Regional Needs Assessment* ranks 'mental health care delivery across the lifespan' as the eighth most pressing health and service need, highlighting the importance of enhanced mental health care for all age groups—from children to the elderly.

Mental health is also recognised as integral to 'women's health and wellbeing services and support' (ranked sixteenth) and 'chronic disease detection and management' (ranked eighteenth).

Together, these findings reinforce the need to strengthen MHAODSP services to enhance overall health service delivery within the HHS. Addressing these needs is crucial to improving community health outcomes and effectively managing growing demand.

Key SCHS stakeholder priorities identified through the JRP workshop included:

- **Improve administration and accountability:** Strengthen accountability through clear KPIs, defined responsibilities and integrated data sharing and governance frameworks.
- **Improve physical health and addressing gaps in primary care:** Better integrate physical and mental health care through preventive strategies, hybrid service models and funding reform – bridging gaps between primary care, community services and HHS-delivered care.
- **Improve funding flows:** Increase financial accountability through transparency, outcome-linked funding and flexible models that align with service demand and consumer needs.
- **Increase accessibility and availability:** Enhance equitable access to essential services through innovative delivery models, workforce investment and system adaptability to population needs.

About our region continued

Wide Bay Hospital & Health Service (WBHHS)

The WBHHS region spans the coastline from K'gari's southern tip to the Discovery Coast, including the major population centres of Bundaberg, Hervey Bay and Maryborough, and extends inland to regional towns including Monto, Eidsvold, Mundubbera and Gayndah.

The population exceeds 225,000 people, with more than a quarter of residents (approximately 26%) aged 65 years and older. Around 5% identify as Aboriginal and/or Torres Strait Islander, and about 8% of the population require disability support.

In 2024, WBHHS received 9,269 referrals for mental health services, leading to 5,269 service episodes. Between January 2022 and April 2025, 1,394 Suicide Prevention Pathways (SPPs) were opened, with an average of 34.85 SPPs opened per month. In the same year, men aged 26-64 years made up approximately 58% of the consumer profile for AOD services in WBHHS, with a total of 1,729 referrals for AOD services recorded in 2024.

WBHHS's 2021 Local Area Needs Assessment (LANA) identified 'integration and continuity of mental health care' as the second highest health and service need priority for the region. In 2022, suicide rates in Wide Bay exceeded the state average of 15 per 100,000 in every SA2 area, with regional rates ranging from 17 to 29 per 100,000 (WBHHS, 2022).

The highest age-standardised rate (ASR) of mental and behavioural problems was recorded at 26.8 per 100,000 in Pialba-Eli Waters, Bundaberg and Bundaberg North-Gooburrum, while even the lowest SA2 rate in the region (23.3 per 100,000) remained above the Queensland average of 22.7. The LANA also highlighted a need for additional staff and suitable services for people experiencing mental health issues, many of whom present with comorbidities and are at higher risk of readmission.

The National Mental Health Service Planning Framework (NMHSPF) estimates that in 2025-26, 48,440 people within the WBHHS region will need some level of mental health service, equating to over 1.5 million hours of client demand.

Figure 6 provides a breakdown of estimated demand for mental health services by severity, and **Table 5** presents a detailed breakdown by age group.

Figure 6:
Level of access to WBHHS' mental health services (by severity) in FY25-26

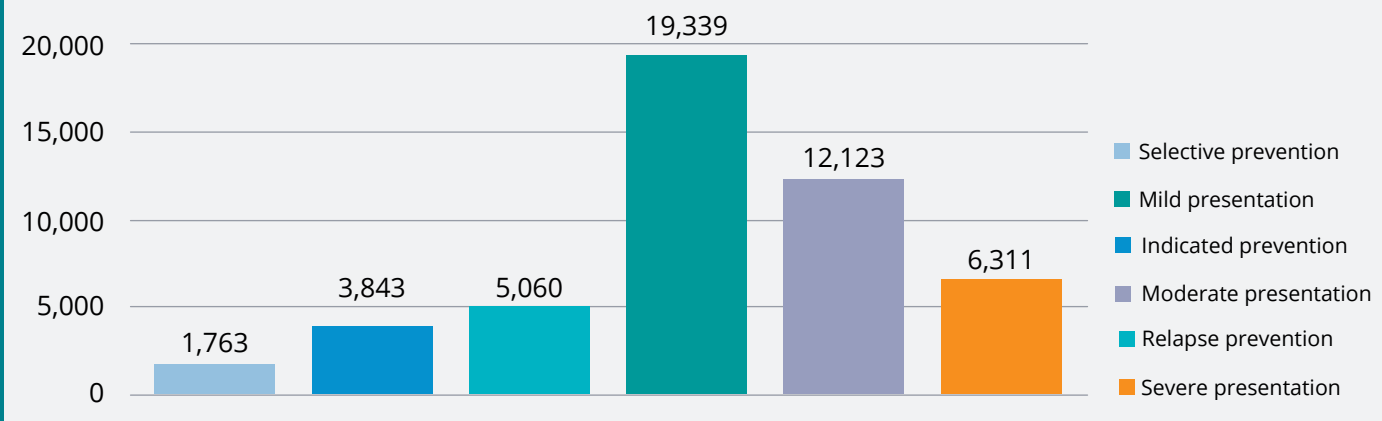


Table 5: Estimated demand for mental health services by age group within WBHHS (by severity) in FY25-26

Age Group	Selective Prevention	Indicated prevention	Relapse prevention	Mild	Moderate	Severe	Grand Total
0-4	1,128	0	0	845	579	409	2,961
5-11	1,234	1,219	993	2,144	1,000	526	7,116
12-17	1,370	1,748	1,767	3,143	2,066	950	11,043
18-24	0	574	520	3,783	2,378	1,211	8,467
25-64	0	3,430	5,962	20,728	12,985	6,644	49,749
65+	0	676	1,182	6,987	4,358	1,842	15,045
65+BPSD	0	0	0	556	518	502	1,577
TOTAL	3,732	7,647	10,424	38,186	23,885	12,085	95,958

Source: National Mental Health Service Planning Framework, accessed June 2025.

Key WBHHS stakeholder priorities identified through the JRP planning workshop included:

- **Improve models of care:** Expand community-based models of care to address mental health gaps, reduce ED pressure and enhance treatment services for complex and forensic needs.
- **Improve administration and accountability:** Strengthen accountability through clear KPIs, defined responsibilities, and integrated data sharing and governance frameworks.
- **Enhanced social infrastructure:** Improve housing stability, transport accessibility and community support, particularly for vulnerable populations, including older persons and those living with mental health needs.
- **Strengthen the workforce:** Enhance workforce capacity through targetted recruitment, retention and training strategies.
- **Enhance engagement:** Improve stakeholder collaboration and consumer involvement through clear service awareness and co-designed approaches.

About our region continued

First Nations Commitment

CCQ, CQHHS, SCHS and WBHHS are deeply committed to embedding First Nations voices, priorities and leadership throughout this Joint Regional Plan (JRP). The Plan affirms the collective responsibility to ensure regional planning reflects the aspirations and needs of Aboriginal and Torres Strait Islander peoples and communities.

This commitment includes ongoing, respectful engagement to identify and define specific First Nations needs, priorities and actions. As a living document, the JRP will incorporate insights from future consultations through regular review and iteration over the five-year period. The significance of data sovereignty is also emphasised, with a commitment to Indigenous-led protocols and governance structures that protect the rights and interests of First Nations peoples.

The diversity and uniqueness of First Nations peoples and communities is acknowledged, along with the understanding that one-size-fits-all approaches are neither effective nor appropriate. The JRP acknowledges the substantial health-adjusted life expectancy gap of 12.1 years between Aboriginal and Torres Strait Islander peoples and the total Queensland population, with mental health a major contributor to this disparity. Poor mental health is the leading cause of disease burden among First Nations peoples in Queensland, accounting for 20%, according to the Queensland Aboriginal and Islander Health Council (QAIHC) 'Queensland's Aboriginal and Torres Strait Islander Health Equity Framework'.

Mental health conditions are identified by both CQHHS and WBHHS as the second-largest contributor to the health gap (16%) between First Nations and non-First Nations residents. SCHS also highlights mental health as a leading cause of hospital bed days in the Sunshine Coast region.

According to CCQ's 2024 Health Needs Assessment, 4.9% of the CCQ population identifies as Aboriginal and/or Torres Strait Islander. While self-rated health among these individuals in Indigenous Areas within CCQ is comparable to national rates, the prevalence of long-term mental health conditions is higher in several locations across the region; Bundaberg, Fraser Coast, Cooloola-Gympie, Caloundra and Maroochydore. Nine of twelve Indigenous Areas also report psychological distress levels that exceed the Queensland average.

The National Mental Health Service Planning Framework (NHMSPF) estimates that in 2025-26, First Nations peoples will account for 10% of the estimated demand for mental health services across the three HHS regions. This includes approximately 9% of all mild, 8% of all moderate, and 13% of all severe presentations.

When compared to the proportion of First Nations people in each HHS region, this data reflects the disproportionately high service need:

- **CQHHS** – First Nations-identified people comprise 7% of the CQHHS population, but make up 14% of the people requiring mental health services in 2025-26.
- **SCHS** – First Nations-identified people comprise 3% of the SCHS population, but make up 5% of the people requiring mental health services in 2025-26.
- **WBHHS** – First Nations-identified people comprise 5% of the WBHHS population, but make up 10% of the people requiring mental health services in 2025-26.

These findings reinforce the need for collaborative action to deliver enhanced and tailored MHAODSP services that are culturally safe and responsive to the needs of First Nations communities.

The JRP partner organisations are committed to fostering genuine partnerships that honour cultural knowledge and support self-determination. This includes co-designing and implementing First Nations-specific priorities, culturally safe procurement practices, inclusive workforce models and evaluation processes grounded in cultural safety. These actions are essential in achieving health equity and improving outcomes for First Nations peoples across our region.

About the JRP

The 2025-2030 Joint Regional Plan (JRP) builds on the 2020-2025 JRP to provide a clear and actionable strategy to support collaboration for the purpose of improving access to MHAODSP services and outcomes for our communities. Its purpose is to enhance MHAODSP service delivery and investment across the CCQ region, integrating diverse sub-regional priorities into a cohesive regional plan. Lessons learned from the previous JRP have shaped the structure and focus of this interation.

Stakeholders in the initial JRP planning workshops identified a number of shared priorities for the CCQ region, which were used to develop the initial structure of the JRP:

- **Enhanced integrated care and shared services** – supported by shared governance and responsibilities to improve coordination and access to services.
- **Improved accessibility and availability of services** – addressing existing limitations affecting patient, carer and community access to MHAODSP services and resources.
- **Improved data sharing and performance monitoring** – collaboratively sharing information and knowledge to enhance quality improvement, evaluation and decision-making across the region.
- **Support for priority populations** – addressing the unique needs and additional support requirements of at-risk populations.
- **Preparing for a better future** – responding to forecasted population growth to ensure services, workforce and infrastructure are co-designed to meet community needs.

The sections that follow outline the JRP development process and provide a summary of key insights drawn from stakeholder engagement.

About the JRP continued

The JRP was developed collaboratively by CCQ and the Central Queensland, Wide Bay and Sunshine Coast Hospital and Health Services (HHSs). A range of stakeholders contributed their perspectives through joint planning workshops, individual consultations and review sessions. This process incorporated reflections on the previous JRP and key regional learnings.

Data sources used to inform the plan included HHS data, publicly available reports and relevant population and service planning data. Key documents reviewed included:

- CCQ Community Health and Wellbeing Assessment 2025-28
- CQHHS, SCHS and WBHHS Local Area Needs Assessments (LANAs)
- CQHHS & SCHS Regional Needs Assessments (RNAs)
- CQHHS, SCHS and WBHHS First Nations Health Equity Strategies
- CQHHS, SCHS and WBHHS Aboriginal and Torres Strait Islander Health Equity Implementation Plan 2022-2025
- CCQ 2023/2024 Year in Review
- WBHHS Disability Plan 2024-2027.

Three rounds of engagement were conducted with:

- The Joint Regional Planning Working Group (JRPWG)
- CQHHS, SCHS and WBHHS
- CCQ.

This JRP is underpinned by a commitment to expanded consultation and ongoing engagement with communities, service providers, priority population groups – including people with lived experience, family and carers, First Nations communities, culturally and linguistically diverse people, LGBTQI+ people – local councils, and other partners.

Recognising the dynamic nature of the health system, this plan is designed as a five-year roadmap that is both outcomes-focused and adaptable. Annual reviews, reflections and refinements will ensure the plan remains relevant and responsive.

Year one focuses on foundational enablers, such as governance, communication and shared understanding, to build the conditions for effective collaboration. Additional priorities, including joint workforce planning and retention models, will be developed and implemented over subsequent years through the governance structures established in the first year.

About the JRP continued

The JRP is the product of collaboration with stakeholders from CCQ and the HHSs.

Stakeholders were engaged through joint planning workshops, individual and small group discussions and written feedback, providing insights into local needs, opportunities and system enablers. The process also reflected on the previous JRP and identified areas for improvement.

Key themes from consultation are summarised below:

Overarching themes	
Governance and foundational arrangements	Stakeholders emphasised the importance of establishing strong, shared governance structures to support successful implementation. Limited joint governance in the previous JRP cycle hindered progress. This plan presents an opportunity to establish clear structures, roles and processes that enable coordinated, collaborative action.
Clarity and awareness of roles and responsibilities	Improving understanding of the roles of CCQ and the HHSs is critical. Clearer visibility of existing services and investments – and how to access and navigate them – will support more seamless care and stronger collaboration.
Simple, actionable and focused	While ambition is important, stakeholders highlighted the need for a realistic and focused set of priorities. A streamlined, practical action plan, grounded in current capacity and supported by enabling conditions, will allow for meaningful and sustained progress across the five-year period.
Service-specific themes	
Enhancing integration at system interface points	There are opportunities to improve coordination at service touchpoints. More effective referral pathways and integrated care approaches will help people move through the system more easily and access the right care at the right time.
Strengthening and supporting the workforce	Workforce challenges, particularly in recruitment, retention and resourcing, remain a major constraint. Stakeholders support exploring innovative, shared workforce models, but noted the need to address existing structural and organisational barriers to enable success.
Addressing service gaps across the continuum	Gaps remain in crisis support services, AOD services, and prevention and promotion initiatives. These limit our ability to respond early and appropriately to emerging needs and contribute to increased pressure on acute and emergency services. Targeted planning and investment are needed to build a more balanced and responsive service system.
Improving access to adjacent and enabling services	Social supports – such as housing and homelessness services, employment pathways and the NDIS – play a critical role in supporting recovery and long-term wellbeing. Strengthening pathways and partnerships with these services is essential to delivering holistic, person-centred care.

Priority Areas: Overview

The Joint Regional Plan (JRP) is centred around four priority areas, identified and co-designed in collaboration with stakeholders from CCQ and the HHSs, and informed by data analysis and consultation throughout the development process.

Each priority area outlines the shared aims to be achieved over the five years of the JRP, along with the annual milestones that form a roadmap for implementation.

Recognising the importance of laying strong foundations for effective collaboration, the plan defines realistic Year 1 actions focused on on governance, service and investment mapping, and awareness building

An Action Plan will be updated annually to reflect progress and respond to emerging needs and a dynamic environment, while remaining aligned with the five-year aims and milestones.

A five-year roadmap (milestones) is outlined below, showing how the aims in each Priority Area will be achieved. Year 1 Actions are presented in detail within the subsequent Priority Area summaries.

Priority Areas and 5-year roadmap

For each of the five years of the JRP implementation, milestones have been designed to measure success in line with the initial priority areas of the JRP.

1. Enhancing integrated care and shared services

Five year aims:
- Improved awareness and understanding of roles
- Supported to better navigate the system
- Less likely to 'fall through the cracks'
- Benefit from new, innovative and/or expanded services.

2. Improving community knowledge, accessibility and availability of services

Five year aims:
- Improved awareness and understanding of roles
- Better access to expanded services
- Improve attraction and retention of workforce
- Improve linkages with 'adjacent' services.

3. Improving governance and accountability

Five year aims:
- Ensure CCQ and HHSs have active role in decisions
- Address gaps in communication pathways
- Shared strategies to improve services
- Improve transparency of services and data
- Empower First Nations stakeholders.

4. Tailoring services to support priority populations

Five year aims:
- Improve health equity
- Identify and address gaps in services
- Improve understanding of specific needs in priority population groups
- Improve collaboration between CCQ and HHSs

Year 1 *Setting the foundations*	Year 2 *Identify gaps, communicate, collaborate and pilot*	Year 3 *Enhance services and address gaps*	Year 4 *Enhance sophistication of collaborative efforts*	Year 5 *Review, evaluate and plan*
Foundational governance mechanisms in place – structure, agreements, meetings, roles, communication protocols, shared workforce framework / principles.	Regular governance and collaborative forums operating – including with community / consumers	Advanced visibility and discussion of forward planning and commissioning priorities	Annual shared commissioning plans – co-designed, discussed and agreed through governance structure	Evaluate, review and enhance services, governance etc.
Service and investment mapping complete to provide detailed, complete view of services available, roles and responsibilities.	Education materials and communication strategies in place re service availability and access	New / expanded initiatives in place to address priority service gaps		
Design and implement virtual mental health front door service	Detailed understanding of service gaps, and plans for collaborative initiatives for priority population groups	Regular, improved availability of data, transparency of performance across the partnership	Evaluate, review and enhance services, governance etc.	Commence planning for next 5-year JRP.
	Set communication pathways and collaborative forums for different stakeholder groups	Pilot small number of new/innovative/ collaborative initiatives to address gaps in priority population groups		
Evaluation plan – with outcomes, KPIs agreed				

Focus of Actions in JRP – noting actions to be updated annually

Priority 1

Enhancing integrated care and shared services

This priority centres on improving collaboration and integration of MHAODSP services between CCQ and HHSs at a regional, sub-regional and local levels.

Enhancing integrated care and shared services is expected to support MHAODSP consumers, families, carers, and the health workforce by:

- Increasing awareness and understanding of provider roles, available services and access pathways
- Supporting individuals to navigate the system more effectively
- Reducing gaps and likelihood of "falling through the cracks" between service sectors (e.g., primary care, specialist and acute services – hospital and community-based)
- Enabling new and/or expanded collaborative service models, including shared funding and workforce approaches.

Why is this Important

With growing demand and increasingly complex consumer needs, integrated care across the care continuum – between providers and with other parts of the human services sector – is essential to delivering timely, appropriate and coordinated support.

During JRP development, all partners emphasised the value of strengthened collaboration and integration. Consultations from the CCQ Mental Health Reform project reinforced the opportunity to enhance outcomes by through centralised service hubs, embedding a 'No Wrong Door' approach, and region-wide service navigation models.

Workshop insights further supported the need for shared services and better integration with primary care. These reforms are critical to delivering a more connected system and align with the Queensland Suicide Prevention Plan (2019-2029), which calls for a coordinated approach to suicide prevention.

Priority 1

Enhancing integrated care and shared services

Year One 2025/2026

Action	Timeframe	Lead	Involvement
1.1: Design and implement a regionally integrated virtual mental health front door service for triage, intake and referral. Includes promoting awareness and use among community members, service providers and referring clinicians.	12 months	CCQ	HHSs, commissioned service providers

Priority 2

Improving community knowledge, accessibility and availability if services

This priority focuses on building community and provider awareness of MHAODSP services and addressing service gaps to improve access and outcomes.

By doing this, it is expected MHAODSP consumers, their families and carers; and the workforce across the region will benefit from:

- Improved awareness and understanding of the roles of different providers, the services available and how to access them
- Better access to expanded services across the region
- Enhanced MHAODSP workforce attraction and retention
- Strengthened linkages with adjacent services such as NDIS and housing

Why is this Important

Consultation highlighted low community and workforce understanding of existing MHAODSP services, roles and investments. The Queensland Health Commission's MHAODSP Strategic Plan (2023-2028) calls for building workforce knowledge to support social and community connection. Findings from the CCQ Mental Health Reform project echoed this, highlighting the need for better service visibility and knowledge sharing.

Increased awareness will reduce access barriers and help identify service gaps, enabling tailored solutions that expand availability and improve health outcomes.

Priority 2 continued

Improving community knowledge, accessibility and availability if services

Year One 2025/2026

Action	Timeframe	Lead	Involvement
2.1: Conduct detailed service and investment mapping to create a comprehensive directory of MHAODSP and adjacent services (e.g., NDIS). Consider incorporating and/or confirming inclusion in existing directory services (such as Healthdirect's Service Finder). This should also include gaining an understanding of the challenges and opportunities from existing service providers.	12 months	TBD by CCQ and HHSs	TBD by CCQ and HHSs

Priority 3

Improving governance and accountability

This priority aims to strengthen governance and accountability between CCQ and HHSs to guide effective implementation of the JRP.

Key goals include:

- Active stakeholder participation in decision-making
- Clear communication pathways
- Joint service improvement strategies
- Transparent performance and data sharing, including application of data sovereignty
- First Nations leadership in governance and planning

Why is this Important

Effective governance is critical for delivering shared commitments, particularly in complex, multi-partner settings. Strong governance structures with defined roles and responsibilities, meeting and reporting cadences, communication channels and accountability mechanisms form a critical foundation to joint regional planning.

During the CCQ Mental Health Reform project consultations, it was identified that reducing accountability for individual service providers could harm service delivery. This underscores the necessity for robust governance and accountability frameworks that recognise all eligible services within the CCQ region. Governance was identified through consultation for the JRP development as an immediate priority, and a reflection on the previous JRP.

Stakeholders across all HHSs and CCQ also agreed that crisis support services should be a priority for the first 12 months of JRP implementation. Consultations revealed that many consumers view emergency departments (EDs) as their only option during crises, significantly increasing the burden on ED staff. This underscores the urgent need to raise awareness about available crisis support services and expand and/or streamline access.

Additionally, the shared commitment to improving health equity and outcomes for First Nations communities requires genuine First Nations representation within joint governance structures and the co-design of a First Nations engagement, communication and governance approach.

Priority 3 continued

Improving governance and accountability

Year One 2025/2026

Action	Timeframe	Lead	Involvement
3.1: Co-design a governance and accountability model with First Nations lived and living experience of MHAODSP representation and data sovereignty provisions, including key roles and responsibilities, performance monitoring, information and data sharing arrangements (including re funding and service availability) and reporting processes.	6 months	TBD by CCQ and HHSs	TBD by CCQ and HHSs
3.2: Finalise and agree priority populations for each sub-region; and identify joint initiatives to improve service delivery. Early JRP priorities identified include: • First Nations population • Crisis support services, including prevention services to avoid escalation to crisis situations • Perinatal mental health • Suicide prevention.	12 months	TBD by CCQ and HHSs	TBD by CCQ and HHSs

Priority 4

Focusing collaborative efforts on agreed priority populations and services

This priority aims to improve health equity and service delivery for priority populations through tailored regional responses.

Expected outcomes:

- Enhanced health equity across the CCQ region
- Identified and addressed gaps in current service delivery
- Better understanding of the specific needs of MHAODSP consumers in each sub-region
- Improved collaboration to support shared priority groups.

Why is this Important

Each HHS sub-region has different population profiles and priorities. Targeted action is required to ensure services meet these unique needs. This priority area seeks to establish foundational work that enables collaborative focus on key groups in early implementation.

Initial mapping indicates the following priority populations:

- CQHHS – Children and youth, people with disability, people with dementia, First Nations peoples
- SCHS – Older persons, women, Gympie-Cooloola SA3 population, First Nations peoples
- WBHHS – Older persons, people with disability, remote and regional populations, First Nations peoples.

These will be refined through collaborative planning in Year 1 (Action 4.2).

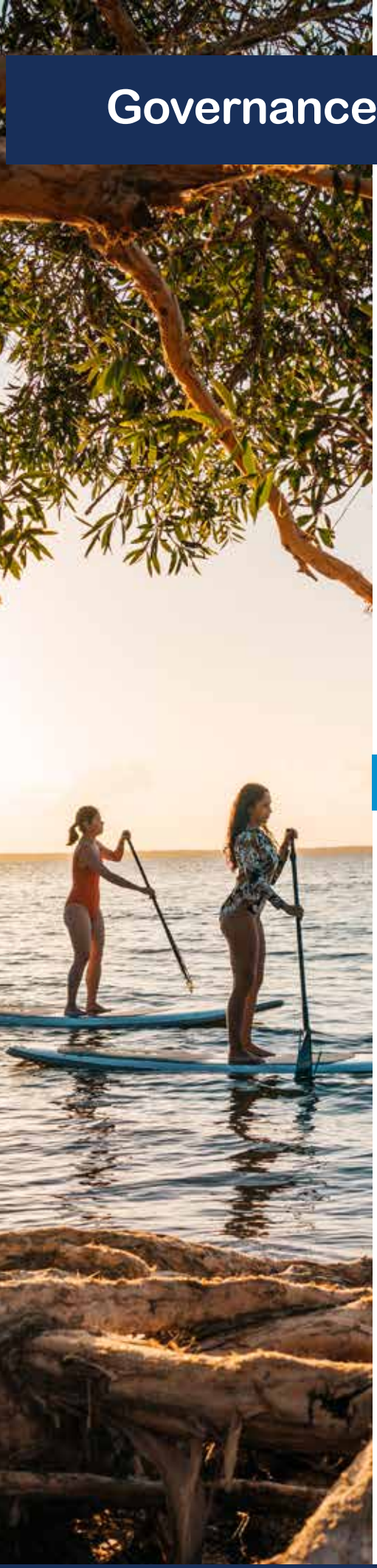
Priority 4 continued

Focusing collaborative efforts on agreed priority populations and services

Year One 2025/2026

Action	Timeframe	Lead	Involvement
4.1: Co-design a First Nations engagement, communication and governance approach with relevant stakeholders	12 months	TBD by CCQ and HHSs	TBD by CCQ and HHSs
4.2: Finalise and agree priority populations for each sub-region; and identify joint initiatives to improve service delivery.	12 months	TBD by CCQ and HHSs	TBD by CCQ and HHSs

Governance, Implementation and Evaluation



To enable effective delivery of the JRP, establishing robust governance, implementation, and evaluation frameworks are essential. These were a key focus during stakeholder consultations and underpin the successful implementation of the plan (see Consultation Summary). This section outlines the key elements of governance structures, implementation planning, and evaluation mechanisms to ensure alignment with the JRP's strategic goals and to support continuous improvement.

Governance

Effective governance is essential for the successful delivery of this JRP. At the outset, CCQ will act as the coordinating body to support the initial implementation and collaboration between CCQ and the HHSs. As an early priority, all partners will work together to define and establish a fit-for-purpose governance structure that is inclusive, enduring and reflective of shared accountability.

Governance encompasses decision-making, accountability, communication, and oversight. Each of these domains can operate on a continuum – from 'independent' to 'integrated' – and it is expected that governance will mature and evolve over the life vof the plan. As part of governance establishment, partners will determine the appropriate level of maturity for each domain (see below).

Key considerations for governance include:

- Formalised governance forums with defined terms of reference
- Agreed meeting cadence and decision-making protocols
- Transparent communication and reporting mechanisms
- Inclusive membership and clearly assigned roles and responsibilities.

Governance continued

	Independent	Collaborative	Partnership	Integrated
Service delivery	No joint procurement, functions, appointments or sharing of resources.	No joint procurement but some joint clinical appointments and shared operating models.	Targeted joint procurement and routine appointments with some shared resources.	Joint procurement and workforce strategy with routine joint appointments and joint functions to remove duplications.
Models of care and service models design	Independent models of care and a scope of deliver that does not consider full care.	Organisations collaborate with each model of care design process but may not be consistent.	All organisations are involved to consider the preventative, public health and other health service providers.	Integrated Models of Care across all organisations within the region, including defined policies, funding models and operating models to support integrated care.
Planning	Planning is undertaken separately with limited to no consultation or consideration to other health providers.	Planning is generally undertaken separately with joint planning for some initiatives and/or focus groups.	Joint needs assessments and planning, including all aspects of care and service delivery.	Integrated planning driven by joint strategies, priorities and consideration of funding models.
Governance	Independent governance structures with no formalised agreements for joint governance on initiatives.	Independent governance structures with formalised governance agreements for specific initiatives.	Independent organisational governance structures with formalised agreements on tangible outcomes and substantial input into each other's planning processes.	Joint organisational governance structures, integrated strategic planning processes and organisational planning strategies.
Data sharing	No data sharing processes or pathways with provision of public information between organisations.	Independent data functions and ad hoc data sharing to support initiative.	Independent data functions with formalised processes for routine data sharing.	Integration, joint implementation or formalised interface data with joint data functions.

Implementation approach

Implementation will be a shared responsibility between CCQ, CQHHS, SCHS and WBHHS. Recognising the region's diversity and operational differences across partners, implementation will be phased, coordinated and flexible.

Key operating principles include:

- **Localised delivery within a regional framework:** Tailored local actions aligned to JRP-wide priorities, timeframes and governance.
- **Progressive and staged delivery:** Starting with foundational activities (e.g., governance establishment, service mapping, relationship strengthening), with more complex reforms scoped and sequenced over time.
- **Building on existing strengths and infrastructure:** Leveraging current partnerships, investments and systems to reduce duplication, manage resource constraints and maximise efficiency.
- **Inclusive and respectful engagement:** Ongoing input from First Nations peoples, people with lived and living experience, frontline service providers and local communities, recognising that their insights are essential to the plan's relevance and impact.

Year One Enabling Activities:

- Establish a fit-for-purpose governance structure with clearly defined roles, responsibilities and decision-making protocols.
- Assign nominated leads or co-leads for priority actions via the governance forum.
- Develop localised implementation schedules (where required), identifying appropriate sequencing, existing initiatives to build from and potential barriers.
- Coordinate communication and engagement to maintain transparency

Operational Risks and Considerations:

- Capacity and workforce constraints may affect the ability of some partners to engage in all initiatives simultaneously; implementation timelines may need to be staged accordingly.
- System interoperability and data availability may impact the pace of integration efforts and shared measurement.
- Different governance and operational structures across partners may require adaptive collaboration strategies rather than uniform models.

Resourcing Considerations:

While this plan does not commit any partner to new or unbudgeted service expansions, successful implementation will require:

- In-kind contributions (e.g., staff time, participation in forums, access to data) to drive key foundational actions;
- Resource mapping to determine where shared investment may be required or beneficial;
- Exploration of external funding opportunities (e.g., grants, innovation pilots) to support priority initiatives where appropriate.

Implementation success will be reviewed quarterly by the JRP leadership, with agreed reports and updates shared across partners. Regular adjustment to sequencing or delivery scope may be required as contextual factors, priorities, or resource availability evolve.

Evaluation

CCQ has commissioned Deloitte Access Economics (Deloitte) as the evaluation partner across the five-year plan. Deloitte will work with the PHN and HHSs to co-design an evaluation framework that sets out the principles, focus areas, methods, and measures for monitoring and evaluation activities over the life of the plan. The evaluation framework will incorporate the following key elements:

- Purpose and intent of the evaluation framework
- Evaluation principles and commitments
- Key evaluation questions
- Evaluation (and monitoring) activities and timelines
- Indicator and data matrix
- Governance and roles
- Learning and continuous improvement
- Data governance and ethics.

The evaluation framework will be a living document, updated over time as the JRP's actions are implemented and completed, and as new actions are identified.

The evaluation will focus on both the plan's impacts and outcomes along with supporting continuous improvement. Through regular monitoring and reflection, the PHN and HHSs will be able to assess the effectiveness of actions, identify changes in community needs or service gaps, and determine where the plan should be refined to maintain its relevance and impact. Evaluation activities will also assess progress towards outcomes and inform future investment and policy decisions.

CCQ COUNTRY TO COAST, QLD
Healthy, connected communities

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CENTRAL QUEENSLAND, WIDE BAY, SUNSHINE COAST
An Australian Government Initiative

Sunshine Coast Health

Health
Great care for Central Queenslanders

Wide Bay Hospital and Health Service