



CCQ
COUNTRY TO
COAST, QLD

REVIEW

24

25

ANNUAL REPORT



ACKNOWLEDGEMENT



of Country



Country to Coast Queensland recognises and pays respect to the many Traditional Owners of Country, extending from the Sunshine Coast to Central Queensland and west to the Central Highlands.

We acknowledge their ongoing connection to their land and waters, and their systems of Lore and Culture that has allowed them to continue their custodianship of their Country that we are privileged to live and work on.

We extend our respect to Elders past, present and those on their journey.

CCQ is honoured and privileged to operate on the lands of the following Traditional Owner groups whose Country is situated either wholly or partially within the CCQ service region:

- the **Kabi Kabi (Gubbi Gubbi)** people
- the **Jinibara** people
- the **Wakka Wakka** people
- the **Wulli Wulli** people
- the **Auburn Hawkwood** people
- the **Butchulla** people
- the **Bailai, Gooreng Gooreng, Gurang, Taribelang Bunda** people
- the **Darumbal** people
- the **Woopaburra** people
- the **Barada Kabalbara Yetimarlpa** people
- the **Gaangulu** people
- the **Kangoulu** people
- the **Wadja** people
- the **Gayiri** people
- the **Bidjara** people
- the **Karingbal** people, and
- the **Iman** people.



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and stories

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CHAIR

reflections

This year CCQ delivered practical reform while staying close to community. The Board's focus is accountability, partnership and innovation that strengthens primary care where people live.

On behalf of the Board, I am proud to present the 2024/25 Review and to acknowledge the work of our Executive Leadership Team and every CCQ directorate. Across Central Queensland, Wide Bay and the Sunshine Coast, teams have turned strategy into impact in complex conditions and with care for the communities and workforce we serve.

The Board's commitment is simple and enduring: accountability that keeps us focused on outcomes for people, tailored support for the primary health workforce that underpins our region's

wellbeing and an enabling environment that helps our CEO, leaders and teams do their best work. We apply this lens to every strategic decision from commissioning and partnerships to financial stewardship and risk.

This was also a year of the national PHN Review. Now more than ever it is important to celebrate the impact of primary care and the disciplined work required to deliver the PHN Program on behalf of the Australian Government in our region. CCQ has been an exemplar in rolling out national priorities locally, while also showing how local innovation can inform national planning. Our teams activated primary care during disasters, improved service navigation, strengthened data-driven planning and built capability through education and partnerships.

In my first year as Chair I have seen a Board that is forward looking about technology and data. We are focused on strategic steering that harnesses digital tools and AI responsibly to improve insight, access and coordination while maintaining strong privacy, ethics and safety settings. This sits within an integrated approach to planning, risk and performance that keeps communities at the centre.

Finally, I acknowledge ongoing Board renewal and thank Dr Peter Dobson for his leadership as former Chair and for his continued contribution as Director.

Thank you to our providers, partners and the CCQ team. Together we are strengthening primary care where people live and continuing to deliver a system ready for the future.



**Dr Shea
SPIERINGS**

CEO reflections

I am grateful to be part of such a high-performing organisation where the sum of our parts delivers more for people. We are equity-led, data-informed and ready to act when communities need it.

This year was defined by delivery. Our teams, partners and communities worked side-by-side to convert plans into services that are easier to reach, more connected and better aligned to what matters for people.

We advanced equity in practical ways. Through the Equity CoLab we created space for leaders and communities to confront upstream drivers and translate ideas into action. This focus also informs how we commission, measure and communicate impact across programs.

Access and integration lifted where it counts. Medicare Urgent Care Clinics are providing same-day, bulk-billed care that complements general practice and keeps people out of ED when

it's safe to do so. Medicare Mental Health Centres are offering free, walk-in support with peer, psychosocial and clinical care under one roof — co-designed to feel welcoming from the first moment. Better Connect's consortium model has brought services together so people are supported through a one-system network.

We also invested in preparedness. Resilient CARE is building climate and disaster resilience across five communities with local leadership and shared learning. When the Bundaberg UCC temporarily closed, our system stood up quickly: We Are Open and Connect2Care kept clear pathways to extended primary care while we re-tendered the service. That responsiveness reflects our culture; accountable, collaborative and solutions-focused.

None of this is possible without the support of our dedicated and curious staff. Data and digital capability matured, commissioning sharpened and cross-directorate teamwork became a visible strength. Our Executive Leadership and directorates supported providers, strengthened partnerships locally, nationally and internationally, and kept communities at the centre.

The year ahead will deepen this trajectory: championing equity-led commissioning, embedding joint

pathways with our HHS partners, scaling prevention through upstream initiatives like PHASES and continuing to listen to community voice.

We acknowledge and thank the local primary, aged and mental health care workforce — general practice, pharmacies, allied health, residential aged care services and Aboriginal Community Controlled Health Organisations — for your tireless care across our region.



**Julie
STURGES**

Country to Coast Queensland (CCQ) is a not-for-profit organisation dedicated to connecting communities to better health. Our purpose is ambitious: to innovate, drive reform, and create lasting impact across Central Queensland, Wide Bay, and the Sunshine Coast.

**We achieve
our objectives
through a
range of
strategic
initiatives
and strong
partnerships.**

Engaging communities in their own health, wellbeing, and resilience journeys, prioritising community-led innovation, promoting preventive health programs, and empowering individuals to take charge of their health.

Supporting our local primary health, mental health and aged care workforce to build capacity, adopt sustainable practices, and engage in quality improvement and professional development.

Improving access and equity by commissioning local health services, advocating for solutions that address social determinants of health, and bridging gaps in care.

Coordinating and integrating services collaboratively with Hospital and Health Services (HHSs) to ensure seamless and effective care delivery.



We believe in challenging the status quo to bring about meaningful change. By listening to and amplifying community voices, we ensure our strategic priorities focus on the areas of greatest need. As regional leaders, we invest in outcomes-based initiatives that address evolving community health needs.

We recognise the impact of Australia's history on the health of Aboriginal and Torres Strait Islander peoples and the urgent effects of climate change on our collective wellbeing.

Our work is inspired by the resilience and strength of our communities. This determination drives us to build strong partnerships, co-design solutions, and promote health equity and inclusivity.

Proudly Part of the Australian Primary Health Network

We are one of 29 organisations in Australia delivering the Australian Government's Primary Health Network (PHN) Program, focused on improving primary healthcare and ensuring better coordination of health services across the nation.

PHN Program Primary Objective

“...to keep people well, particularly people with chronic health conditions and mental illness, and reduce avoidable hospital presentations in their regions. To accomplish this, PHNs deliver national programs using a ‘place-based’ approach – tailoring initiatives to meet their local population’s health needs.”¹

¹ Primary Health Networks (PHN) Strategy 2023-24.
<https://www.health.gov.au/resources/publications/primary-health-networks-phn-strategy-2023-24?language=en>

WE ACTIVELY WORK ALONGSIDE:

Local communities, including members of the CCQ Community Advisory Council, who provide vital insights that shape our programs and services.

Primary health clinicians, including members of the CCQ Clinical Advisory Council, who contribute their expertise to improving healthcare delivery and outcomes.

Providers of commissioned services, who deliver targeted, high-quality care in alignment with regional needs.

Aboriginal Community Controlled Health Organisations (ACCHOs), whose partnership and cultural expertise strengthen our work and help ensure it aligns with respectful, culturally safe practice.

Aged care workforce, who deliver compassionate, high-quality care, improving the quality of life for older residents across our region.

Our health system partners, such as the Queensland Health Department and our Hospital and Health Services, who collaborate with us to ensure integrated and effective care.

Local emergency planning and coordination services, helping us maintain healthcare access and responsiveness during crises.

Jurisdictional peak bodies, whose advocacy and policy expertise support our efforts to drive systemic change.

Government, funders, and philanthropists, whose support makes our work possible and enables sustainable health solutions.

MEMBER ORGANISATIONS

BOARD

SUBCOMMITTEES

- › Clinical Assurance
- › Finance, Audit and Risk
- › Remuneration and Nominations

CHIEF EXECUTIVE OFFICE

ADVISORY

- › Clinical Advisory Council
- › Community Advisory Council
- › Aboriginal and Torres Strait Islander Partnership

EXECUTIVE LEADERSHIP

MHAODSP*

HEALTHY AGEING

HEALTHY COMMUNITIES

INTEGRATION

DIGITAL & INSIGHTS

STRATEGIC MARCOMMS*

CORPORATE SERVICES

Member Organisations

The Corporation of the Synod of the Diocese of Brisbane T/A Anglicare Southern Queensland

General Practice Queensland Ltd T/A CheckUP

Lutheran Church of Australia Queensland District T/A Lutheran Services

North Coast Aboriginal Corporation for Community Health (NCACCH) T/A Manngoor Dja

Pharmaceutical Society of Australia

Queensland Alliance for Mental Health
Queensland Network of Alcohol and Other Drug Agencies (QNADA)

Sundale Ltd

Board

Dr Shea Spierings
Chair (from 11.11.2024)
Deputy Chair (to 11.11.2024)

Dr Peter Dobson
Chair (to 11.11.2024)
Director (from 11.11.2024)

Rebecca Bell
Director

Dr Fiona McGrath
Director

Dave Conry AM
Director

Dr John Menzies
Director

Karen Murphy
Director

Paul White
Director

Sheridan Cooper
Company Secretary

Executive Leadership

Julie Sturgess	CEO
Tony Hendry	Chief Finance Officer
Tim Garden	Chief Digital Officer
Dr Darryl Walker	Chief Analytics and Strategic Insights (from 11.7.2024)
Samara Finlayson	E/Director Strategic Marketing & Comms (from 26.8.2024)
Sara Rossi	Director Corporate Services
Olivia Naughtin	Director Healthy Communities
Julie Dymock	Director Healthy Ageing and End-of-life Care
Matthew Schull	Director Integration
Paul Durante	Director Aboriginal and Torres Strait Islander Health (to 25.4.2025)
Marie Kelly	Director Mental Health, Alcohol and Other Drugs (to 16.5.2025)
Angela Matheson	Director Mental Health, Alcohol and Other Drugs (from 23.6.2025)
Claudine Tule	Director Commissioning (to 17.1.2025, commissioning moved to corporate services)

*MHAODSP: Mental health, alcohol and other drugs, suicide prevention. MARCOMMS: Marketing and communications.



Our values are embedded in all aspects of our work and partnerships, guiding our approach and ensuring that every initiative reflects our commitment to quality care.

**PEOPLE CENTRED
RESPECT
DIVERSITY
COLLABORATION
COURAGE
EXCELLENCE**



71

staff members

70%
full time

26%
part time

4%
casual/labour hire

2024/25

key activities

Staff Health & Wellness Initiative

Awardco recognition program

Team Pulse surveys

BPA survey participation 2024

OUR REGION

With its mix of coastal cities, rural towns, and remote communities, our region is as diverse as it is vast. While this diversity enriches our cultural landscape, it also creates disparities in access to health services.

GEOGRAPHIC ISOLATION

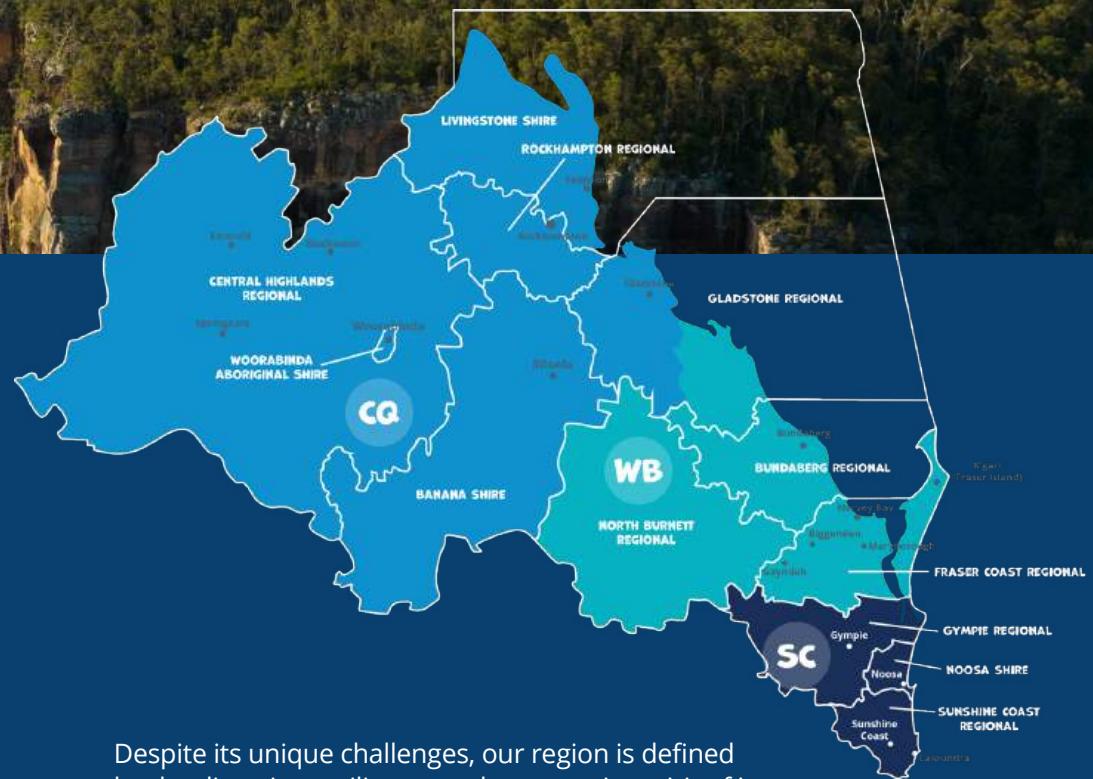
Many communities are located hours from major healthcare facilities, making timely access to care a challenge. Residents often rely on local GPs, telehealth services, and outreach services to meet their healthcare needs.

SOCIAL DISADVANTAGE

Socioeconomic factors like income inequality, housing instability, and employment rates significantly impact health outcomes. Strategies to address the social determinants of health are essential in closing these gaps.

AN AGEING POPULATION

With over 213,000 residents aged 65 and older, there is an increasing demand for geriatric care, home support, and chronic disease management. This demographic shift also affects the demand for healthcare professionals trained in aged care and related services.



Despite its unique challenges, our region is defined by the diversity, resilience, and community spirit of its people. From coastal hubs to inland communities, we are continually inspired by the strength of those we serve.

It's this spirit that drives us to work toward equitable, accessible healthcare solutions tailored to the unique needs of our region.

Data

SNAPSHOT



17.2%
are under 15 years old

highlighting the importance
of paediatric and adolescent
health services.



22.9%
are aged 65 years and over

indicating a growing need for aged care
services, chronic disease management,
and preventive health measures to
support independent living.



4.4%
identify as Aboriginal
and/or Torres Strait Islander

underscoring the importance of culturally safe
healthcare services that honour First Nations
heritage and address ongoing health disparities.



16.2%
were born overseas

contributing to the region's multicultural
character but also presenting language
and integration barriers that impact
healthcare access.



7.3%
require assistance

with self-care, mobility, or communication,
exceeding the Queensland average of 6.0%.
This emphasises the need for accessible
health services and disability support.



ACHIEVEMENTS



24/25 highlights

AT A GLANCE



33,558

presentations at
**Medicare Urgent
Care Clinics**



26,496

Integrated Team Care
activities delivered by locally
funded ACCHOs

94

local health workforce
CCQ education events

\$88M

invested in local
programs and services



82%

of eligible general practices
are signed up to use the
Primary Sense platform



4,692

Head to Health IAR-DST
referrals received via
a new secure webform

8,513

occasions of service at
**Medicare Mental
Health Centres**

\$70M

in funding to commissioned
service delivery (94 contracts)



1,500+

health professionals
attended a local CCQ
Clinical Societies event



4

Medical Mental Health Centres
now in permanent sites
across the CCQ region

1,129

extended general practice
consultations through
We Are Open Bundaberg

A photograph of a smiling senior man with grey hair and a beard, wearing a green shirt, handing a white document to a woman in a blue shirt. The woman is seen from the back. The background shows a wooden structure and some greenery. A teal circular graphic on the left contains the text.

Building the
capability of the
**PRIMARY
HEALTH
SYSTEM**



Local primary care

WORKFORCE



285
general
practices



1,496
general
practitioners



6
Aboriginal Community
Controlled Health
Organisations



6,300+
allied health
professionals



161
primary and
community
midwives



2,775
nurses working
in general practice

Primary care workforce **EDUCATION**

Clinical Societies events are CCQ's flagship region-wide program for professional education and local collaboration.



The series delivers CPD-accredited sessions that strengthen networks, share practical knowledge and focus on issues that matter to communities. Topics are selected with the workforce and reflect national and local priorities.

Recognising Trauma Related Disorders - Demystifying trauma and treatment for inclusive Integrated Care - **Aug '24**

Driving Effective Chronic Disease Management through Primary Healthcare: Partnering for better health - **Oct '24**

Choice and Change: Supporting healthy ageing for women - **Feb '25**

Health Without A Home: Rethinking healthcare's role in homelessness - **May '25**

LEARN MORE AT:
c2coast.org.au/clinical-societies

“

As a general practice, one of our ongoing challenges is the gap between the care our doctors wish they could provide and the resources available to them. Events like yours help bridge that gap, and we're truly grateful.

”

“

This is the first time I've seen menopause discussed with respect, curiosity and urgency.

”



9
locations

1,500+
24/25 attendees

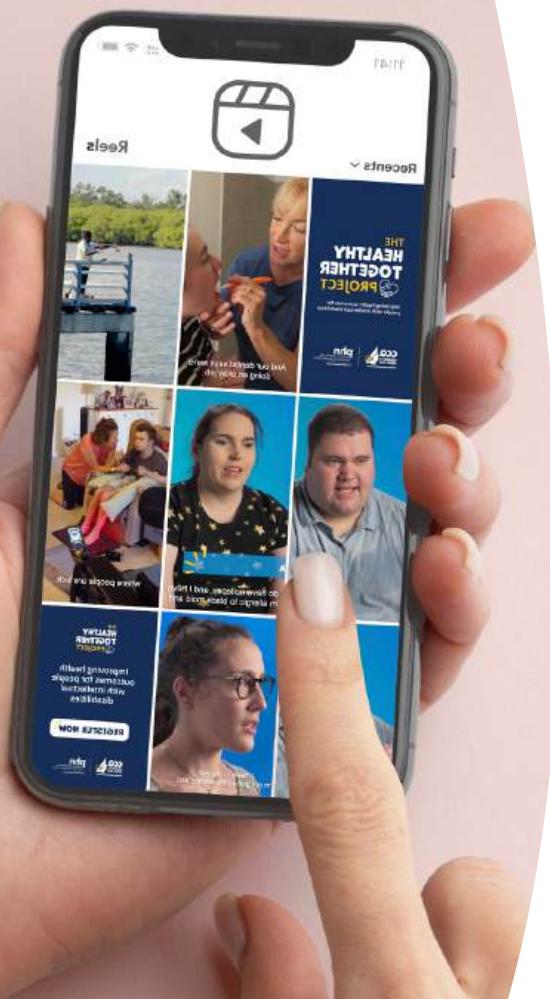
94
events since
October 23

89%
rated speaker
quality **excellent**

80%
reported relevance
to daily practice

Primary care workforce **EDUCATION**

As part of the Primary Care Enhancement Program (PCEP), Country to Coast Queensland launched the Healthy Together Project eLearning Modules to help primary care teams deliver more inclusive, compassionate care for people with intellectual disability.



Five CPD-accredited eLearning modules hosted on EngageCCQ; CCQ's learning platform

A practical quality improvement toolkit for inclusive care

Updated HealthPathways content for intellectual-disability-inclusive care

People with intellectual disability experience significantly worse health outcomes — including over twice the rate of avoidable deaths, higher emergency department use and hospital admissions, lower access to preventive care, and persistent communication barriers in mainstream services. Healthy Together responds by lifting capability where it counts most — in everyday primary care.

Developed with people with lived experience from our region, the program was delivered in partnership with five national peak bodies and Sunshine Coast Hospital and Health Service. Education and quality improvement tools are grounded in equity and inclusion, with the voices of people with disability woven through every resource.

“I've just completed all of the Healthy Together Project PCEP modules and I have to say—they are truly outstanding. The emphasis on inclusion, acceptance and the need for individualised healthcare for people with intellectual disabilities shines through in every module. It's an inspiring and empowering resource that really highlights the importance of equitable care. It's clear how much thought and care went into developing them, so thank you to you and the extended PCEP and CCQ team for creating such an important and meaningful resource.”

Tools that embed lived experience and real-world scenarios

LEARN MORE AT:
c2coast.org.au/healthy-together

Localised support and referral



HealthPathways is an online platform that gives primary healthcare providers access to current, evidence-based and locally relevant clinical care pathways.

Designed for use in busy consultations, the pathways support assessment, management and referral for hundreds of conditions and presentations.

Our GP clinical editors work with local specialists and other subject matter experts to regularly review and update pathways so they reflect best practice and local service changes.

2024/25 AT A GLANCE

3 most-viewed pathways:

1. Antenatal (First Consult)

2. Menopause

3. Polycystic Ovarian Syndrome (PCOS)

769

live pathways
(540 clinical,
229 referral)

112

pathways newly developed or substantially updated

135,732

total pathway page views

11,311

average pathway page views per month



New this year – personalised HealthPathways accounts

From November 2024, clinicians in our region could register for personalised HealthPathways accounts, unlocking new features such as AI-enhanced search and CPD activity tracking.

Individual logins sit alongside existing generic access, making it easier for GPs, nurses and other health professionals to use HealthPathways in a way that fits their practice.

LEARN MORE AT:

c2coast.org.au/healthpathways



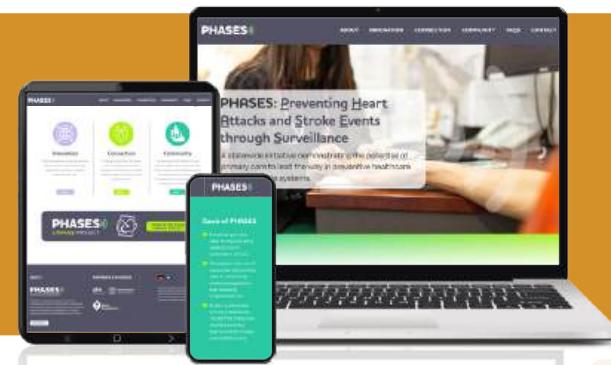
PHASES[®] with primary sense

A Queensland primary health initiative being led by CCQ, designed to increase early cardiovascular disease detection and prevention.

Cardiovascular disease (CVD) is one of Australia's biggest killers and largest system costs. When risk is found early and managed well in primary care, fewer heart attacks and strokes occur, hospitalisations fall and quality of life improves.

PHASES (Preventing Heart Attacks and Stroke Events through Surveillance) is a \$12.5 million statewide initiative supported by a bilateral agreement between Queensland Health and the Australian Government. Digital tools will play a key role in supporting proactive identification of at-risk patients, including Primary Sense, the Australian CVD (AusCVD) Risk Calculator and clinical systems.

LEARN MORE AT:
phasesqld.com



In 2024/25 we laid the foundations:

Ensured robust oversight through the establishment of the **PHASES Steering Committee**, that includes representation from Queensland Health, the Commonwealth government, AMAQ, RACGP Qld Council and PHNs.

This has allowed our **statewide project delivery group**, comprising of representatives from all **QLD PHNs**, to get to work and begin to develop the plans and tools we need to roll out PHASES.

Supporting and guiding this critical initiative is our experienced and passionate **Clinical Advisory Group**, led by Professor Kim Greaves.

Together, this strong team will be commencing **engagement with primary care providers** (general practice and Aboriginal Community Controlled Health Organisations) across Queensland in late 2025, leading into a **statewide community campaign** in 2026.

The impact of the PHASES project is anticipated to include a potential \$1.3b projected savings over 5 years, 100,000+ hospital bed days avoided, 20% annual reduction in acute events (16,000 prevented by Year 10), and also sets the stage for national scalability for CVD and a robust model that can be tailored to other chronic conditions such as diabetes and chronic kidney disease.

Primary care access **RESPONSE**

Keeping urgent care open in Bundaberg

When the Bundaberg Medicare Urgent Care Clinic closed unexpectedly in late 2024, CCQ worked with local and national partners to stand up two interim solutions so people could still get the right care in the right place.

When the gap emerged, local general practices answered the call through our We Are Open program and kept pressure off emergency departments. Thank you to the Queensland and Australian Governments and healthdirect for moving quickly with us to stand up practical, virtual solutions that were welcomed by the community.

Julie Sturgess, Chief Executive, CCQ

PARTNERS IN RESPONSE

CCQ's program We Are Open activated extended hours with participating local general practices across summer so residents could access same-day care close to home. Collectively, 1,129 additional general practice presentations were supported during the 15 week period. In parallel, Connect2Care Bundaberg launched as a 24/7 phone service that supported 532 phone calls, triaged needs, provided nurse advice, and booked people into the most appropriate local option — urgent care, general practice, pharmacy or virtual GP.

Together these measures kept primary care accessible, reduced low-acuity demand on the ED, and gave the community clear, simple pathways during a period of change. Partners across the system leaned in — practices, pharmacies, healthdirect, Queensland Health and local media — to ensure consistent messages and smooth handovers.





INTEGRATED TEAM CARE

(ITC) — resource allocation model

A fair, transparent way to share ITC funding so support reaches communities with greatest need — co-designed with ACCHOs.

ITC helps Aboriginal and Torres Strait Islander people with chronic conditions access coordinated, culturally safe care. To distribute funding more equitably across our region, CCQ and the CQWBC Aboriginal and Torres Strait Islander Partnership co-designed a Resource Allocation Model (RAM). The model uses agreed indicators of relative need, applies Indigenous Data Sovereignty and governance principles, and is reviewed each year.

All six commissioned ACCHOs helped design and endorse the RAM, creating a single regional position, stronger trust and a clearer basis to advocate for increased Commonwealth investment. Providers report the process has lifted consistency and confidence in how decisions are made.

6 ACCHOs co-designed and endorsed the RAM

Regularly updated indicators of relative need

Shared governance aligned with Indigenous Data Sovereignty

Clear visuals to support transparent decisions



ITC program providers

CENTRAL QUEENSLAND

Yoothalla Wellbeing Services (Woorabinda)
Bidgerdii Community Health Services (Livingstone, Rockhampton & Central Highlands)
Nhulundu Health Services (Gladstone and Banana)

WIDE BAY

IWC Ltd (Bundaberg and North Burnett)
Galangoor Duwalami Primary Healthcare (Fraser Coast)

SUNSHINE COAST

North Coast Aboriginal Corporation for Community Health T/A Manngoor Dja (Sunshine Coast and Gympie)

ON THE GROUND IN CENTRAL QUEENSLAND

ITC teams are improving access to specialist care by helping clients secure travel and accommodation so they can attend appointments. Clients report this has been especially helpful when navigating the State Patient Travel Subsidy Scheme, where previous requests were often refused.

A photograph of a smiling man with a beard and a young child laughing together while looking at a laptop screen. The man is wearing a green button-down shirt. The child has brown hair and is wearing a blue polka-dot shirt. A teal circular graphic is overlaid on the bottom left, containing the text.

Investing for
**EQUITABLE
OUTCOMES
AND IMPACT**

MENTAL HEALTH system reform

Single entry and shared intake turning a fragmented system into connected care.

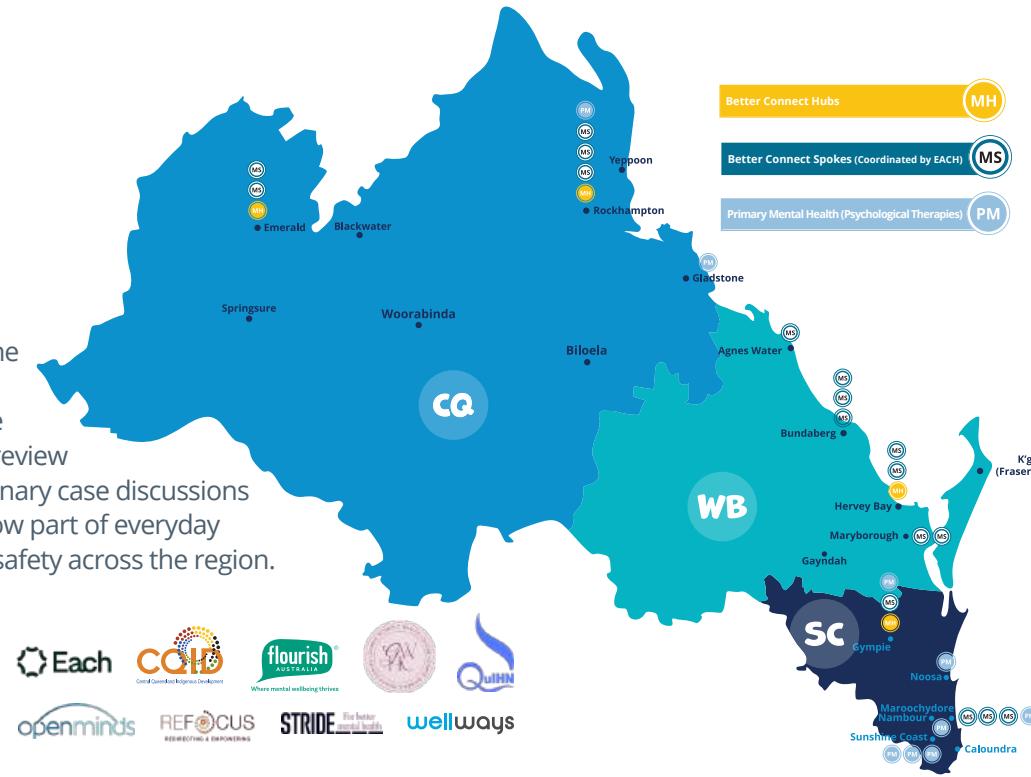
Better Connect is CCQ's region-wide model that brings mental health and alcohol and other drug support into one joined-up system. People ask for help once, are assessed once, and move to the right support without retelling their story. Hubs coordinate with local partners so care is closer to home and fits local context.

For consumers and families this means simpler navigation, warm handovers, and support that meets cultural, social and clinical needs. Clearer pathways for young people and family-centred approaches keep more people engaged in care and reduce drop-off.

For providers this is the backbone for lasting reform. Teams use common ways of working, share information appropriately, and review outcomes together. Multidisciplinary case discussions and shared care planning are now part of everyday practice, lifting consistency and safety across the region.



Consortium led by Each 9 partners, 11 programs



SYSTEM SHIFT

Addressing fragmentation one entry, many pathways

Local service access is now centralised through Medicare Mental Health (1800 595 212), providing consistent intake, assessment and referral (IAR) to help match Better Connect services to people's needs for right care, right place.

Access and equity bringing care closer to home

Four Better Connect hubs in Gympie, Hervey Bay, Rockhampton and Emerald, plus 17 spokes, ensure access across the region. CQID Pathway Partners support First Nations people and families to stay engaged in care.

System and sector development building the infrastructure for sustainability

Better Connect commissioned the infrastructure to sustain reform: shared governance, digital reporting, outcome data and workforce development consistently embedded across consortium partners.

OUTCOMES

Duplication eliminated; referrals triaged once. 10% of all episodes now include care from two or more services. Seamless referral between Better Connect and the Medicare Mental Health system.

Occasions of service have increased from 7,800 to 16,993 (four quarters). First Nations access tripled (299 to 876). Pathway Partner-supported episodes of care are up 125%. New youth pathway (CYMHS > YES*) removes duplicate triage and streamlines access.

100% of providers now submit quarterly outcome data. Matched-pair completion rates rose from 3% to 61% (12m). Regional workforce framework now in all hubs (onboarding, mentoring, clinical supervision, risk governance). Warm handovers, multi-disciplinary team reviews and shared care now standard.

IMPACT STORIES

A mother sought help for her daughter via a local women's service and was linked to a Better Connect Hub. Their clinician joined in a Yarning Circle, before referring to Medicare Mental Health. From that one entry, the young person moved into coordinated supports without repeated assessments—showing how shared intake and cultural partnership reduce duplication and delay.

Before moving towns, a First Nations person connected with a Pathway Partner who helped with links to an AMS and community supports in the new town. Supports were in place on arrival, ensuring connection and care continuity through the move.

A 21-year-old parent contacted the Warline in distress. With peer support and coordinated referrals, she stabilised, resumed study and volunteering and secured safe housing. Her K10 score improved from 39 to 15, illustrating how shared governance, outcome tracking and peer roles convert data and processes into meaningful recovery.

MEDICARE MENTAL HEALTH CENTRES

The model brings peer, psychosocial and clinical support together under one roof, offering an alternative to ED and traditional referral pathways, at no cost to consumers.

Built through co-design with people with lived experience, each centre feels welcoming from the first moment. There is no formal reception and no referral required. Peer workers help create trust and safety, clinicians provide evidence-based care and service navigators connect people to housing, income, legal and community supports when those factors are part of the picture.

9
service co-design workshops

23
local lived experience workshop participants

8,513
occasions of service delivered across the four centres

1,039
people accessed support via walk-in

Service delivery by Wellways (peer and lived experience workforce) and Clarity (clinical workforce) under shared governance with CCQ, supported by fortnightly leadership forums and site-level continuous improvement.

Free, walk-in care for people with moderate to severe mental health needs is now available across four Medicare Mental Health Centres in Sunshine Coast, Rockhampton, Gladstone and Bundaberg.

This year we completed establishment and moved into steady operations across all four locations. CCQ linked the centres to the Medicare Mental Health Phone Service as the single entry for web and HealthLink SmartForm referrals, while keeping direct walk-in access at every site.

Hospital and Health Services worked with the centres to agree local care pathways so suitable presentations can be redirected to community-based support rather than ED.

Early results show the model is reaching people who may not otherwise seek help, with strong uptake of walk-ins and high engagement when peer workers are part of the team.

Co-designed spaces and trauma-informed practice are improving first experiences, which is critical for ongoing participation.

Collaboration with housing, crisis and community services is helping address practical barriers alongside clinical need.

SUNSHINE COAST Rapid stabilisation in the community

A person in acute crisis and experiencing homelessness received six hours of intensive support at the Centre. Staff coordinated with crisis services to secure immediate accommodation and linked ongoing care. The person detoxed, stayed substance-free and is now in stable housing — a clear example of ED diversion with wrap-around, recovery-focused care.

ROCKHAMPTON Listening first, building trust

A participant who felt unheard by services described the team as "listened rather than labelled." Regular check-ins helped him stay connected with his child, keep his tenancy and return to casual work. A simple, relationship-based approach turned a brief episode into lasting trust and re-engagement when needed.





YOUTH MENTAL HEALTH

in our region

Across our region more young people are reaching out earlier for support. CCQ's youth mental health system now spans prevention, early intervention and care for complex needs — with headspace at the front door and coordinated pathways into the Youth Enhanced Service (YES) when extra support is needed.

This year we worked with headspace centres, Child and Youth Mental Health Service (CYMHS), the Medicare Mental Health Phone Service and Better Connect to establish an enhanced pathway of care. It strengthens continuity of care so transitions from headspace or CYMHS into YES are warm, timely and supported. The result is fewer gaps, stronger engagement and care that follows the young person.

headspace centres continue to be accessible, safe, youth-friendly spaces. Peer involvement, school partnerships and local Youth Reference Groups are

helping reach first-time help seekers and priority cohorts. Where practical barriers are part of the picture, services are linking housing, income and education supports alongside clinical care so young people can stabilise and stay connected.

headspace Caloundra

(opened Dec 2024)

Co-designed with local young people, headspace Caloundra adds youth-specific support closer to home for the southern Sunshine Coast.

Since opening to 30 Jun 2025:

196 young people referred

156 new to headspace

591 services delivered

62% self-referrals

75% aged 12–17

13% First Nations

30% LGBTIQA+



YOUTH ENHANCED SERVICE

A 16-year-old facing PTSD and housing instability was supported to secure safe accommodation and food subsidies, then re-engaged at school through a shared plan with YES, the guidance officer and family — shifting from crisis to stability and study.

CLINICAL CARE COORDINATION FOR CHILDREN AND YOUNG PEOPLE

With therapy plus an equine group program, a young person rebuilt confidence, formed pro-social connections and returned to regular schooling after bullying and trauma.

KEY FIGURES

headspace
across CCQ

4,500+

young people
referred

65%

first-time
help seekers

5,000+

episodes
of care

25,000

services
delivered

62%

self-referrals

45%

aged 12–14

16%

First Nations

25%

LGBTIQA+

Local rollout for **URGENT CARE**

We are proud to support the establishment of the Australian Government's Medicare Urgent Care Clinics across our region; providing same-day, bulk-billed urgent care close to home, complementing general practice and emergency services.



Prime Minister Anthony Albanese meets the team at Hervey Bay's Medicare Urgent Care Clinic, January 2025.

In 2024/25, CCQ commissioned a new clinic in Hervey Bay, re-tendered Bundaberg services and continued to support operations in Rockhampton.

The model gives people urgent, non-life-threatening care when a GP appointment is not available, then hands care back to the usual GP with a clear summary so continuity is maintained.

CCQ-region's UCCs are performing above national and MMM2 averages, with local practices reporting timely, high-quality discharge summaries that help manage demand and keep patients connected to primary care.

	Total presentations	Daily average	% diverted from ED
Rockhampton	15,585	43	68%
Hervey Bay	8,035	40	54%
Bundaberg	9,938	41	30%

Two general practices shared feedback via their Primary Health Coordinator after returning from their Christmas closure period that the Hervey Bay Medicare UCC helped manage demand when they could not accommodate urgent care appointments. They reported that the quality of the service the patients are receiving was great, and appreciated the quality, timely discharge summaries.



Treasurer, Jim Chalmers and Assistant Minister for Education, Regional Development & Agriculture, Fisheries and Forestry, Anthony Chisholm officially opened Hervey Bay's new Medicare Urgent Care Clinic, December 2025.





Mental health, wellbeing
and resilience

GRANTS

Stories of recovery and preparedness
since the 2023/24 report.

Following the 2022 floods in Gympie, Noosa and Maryborough, CCQ had funded local, non-clinical supports to lift mental health, social connection and disaster readiness.

Since last year's report, grantees have delivered tangible outcomes across communities and priority groups.

An independent evaluation by ARTD found strong reach, value and early shifts in knowledge, confidence and behaviour.

What's progressed

More than 2,050 people engaged across funded projects
21 new collaborations formed and 17 strengthened across councils, services and community groups
Two organisations embedded in local disaster management groups
Service continuity improved through ICT upgrades and a mobile health unit
Access widened for First Nations peoples, CALD communities, young people, rural and remote residents, men and people experiencing disadvantage

What changed on the ground

Access: supports delivered closer to home or through soft-entry activities where people already connect
Confidence: participants report stronger coping skills and preparedness
Coordination: clearer roles, quicker referrals and better alignment with local disaster plans
Continuity: several models now operating beyond the grant period with local backing

IMPLEMENTATION

- The funding structure was highly beneficial in aligned with grantees desires to take a more community centred approach
- Collaborations were strengthened and new relationships formed and these increase the quality and reach of projects
- Embedding disaster preparedness and resilience programming within activities that meet other community needs creates effective reach and engagement

OUTCOMES

- The funded projects produced more equitable access to health and mental health services for underserved populations
- Services are more resilient to disasters
- Enhanced community well being, reduced anxiety and improved coping mechanisms
- Strengthened social connections and community cohesion
- Capacity building activities created two way knowledge sharing with CCQ an improved grantee disaster preparedness knowledge

SUSTAINABILITY

- Grantee skills services tools and infrastructure remain as a community asset as a result of these grants
- The funding enabled local and community organisations to increase their understanding of community needs and strengthen their presence in community awareness
- The timeframe of the grant was a key barrier to sustainability

VALUE FOR MONEY

- The grants program delivered strong value for money for the region
- \$1.8 million investment for an estimated reach of 2050 participants
- \$1.6 million in Commonwealth government funding leveraged
- Significant in kind investment of local government resources

GRANTS

program highlights

NCACCH Mob Pod (Gympie/Noosa)

Solar-powered mobile clinic co-designed with community to deliver culturally safe GP, allied health and health promotion in hard-to-reach towns. Repurposed as a satellite clinic after Tropical Cyclone Alfred to keep care going. Average 23 people per week supported during emergency operations; 90.5% community interest in using the service.

Enduring impact: continuation support secured to Dec 2027 to expand services and embed evaluation.

Gympie & District Women's Health Centre — Community hubs

Five hubs bring counselling and support closer to rural communities through a blended in-person and telehealth model. Telehealth requests rose from 0% to 26% in five months; outreach now operating in Goomeri, Imbil and Tin Can Bay with Kilkivan and Rainbow Beach launching.

Enduring impact: Gympie Regional Council providing ongoing support for sites.

Youturn (headspace Gympie) — Garden and group program

Trauma-informed outdoor space with youth programs that build connection, skills and preparedness. 70 people at launch; ongoing activities like LEGO "chill space", native planting and emergency-ready training.

Enduring impact: garden continues as a standing venue for youth programs.

Maryborough Neighbourhood Centre — Tastes of Home

Multicultural recovery activities reduce isolation and build belonging with resilience content woven through cooking, dance and choir. 230 attendees at finale; 11 recipes and resilience stories compiled in a community cookbook.

Enduring impact: revitalised Migrant Development Program with new members and deeper engagement.

UniSC Thompson Institute — ENGAGE

Evidence-based training in trauma-informed mental health care and wellbeing for first responders, workers, volunteers and small business. 30 events; 771 participants (target 520).

Enduring impact: local champions now promoting preparedness in their networks.

Plan C — Community Carers and Responders (CCR) network

Training and micro-projects that lift local preparedness and leadership across Gympie, Pomona, Maryborough, Imbil and Rainbow Beach. 80 enrolled; 52 certified; confidence to facilitate resilience rose from 42% unsure to 60% confident.

Enduring impact: neighbourhood groups and formal committees continue projects like community gardens and local comms plans.

Waves of Kindness — Caring Connections

Strengths-based programs for disadvantaged women, men and young people, plus school partnerships that build resilience and improve engagement.

425 students engaged; one program saw 80% attendance improvement; pathways to traineeships and apprenticeships.

Enduring impact: now embedded in Noosa's disaster recovery plan for health, welfare and material support.





CARE FINDER[®]

program

Care Finder provides intensive, face to face support for people who are isolated or face barriers to aged care.

The program turns navigation into action so older people are safer, better supported and able to stay connected to community.

Commissioned by CCQ under the Australian Government's aged care reforms, the program is delivered in our region by Footprints Community, OzCare and Nhulundu Health Service.

Footprints supported over 700 clients last year and made 5,193 referrals.

CASE STUDY

keeping someone safe, connected and housed

A 77-year-old man at risk of homelessness, with impaired vision and hearing and no family support, was living in a deteriorating caravan.

A Care Finder arranged urgent transport and social support so he could attend medical appointments, coordinated with real estate agents to secure a private rental in an aged care village, and helped him access RentConnect subsidies.

He was reconnected with his GP and cardiologist, linked to domestic assistance and meal support, and is now stable, housed and re-engaged with his community.

SENIORS EXPO, GLADSTONE

A place-based Care Finder identified gaps in knowledge and connection for seniors in Gladstone. CCQ joined Footprints, Relationships Australia and Gladstone Regional Council to co-host a Seniors Expo at the Neighbourhood Centre. More than 40 organisations showcased services and an estimated 400 community members attended.

Council has since committed to support the Expo as an annual event with venue and resourcing, recognising its value to local seniors.

“ The event was such a success, enabling the local community access to informational and resources about Aged Care services and support within the region. ”

CERVICAL SCREENING

awareness into action

Multi-channel activity:

media release, social, microsite, Tonic Media placements and primary health care engagement

Media: Dr Katie Gardner on WIN News, coverage in Bundaberg Now and Bundaberg Today

Digital: 3,089 video views and 89,516 social reach

Tonic Media: message reach 155,000+ across Primary Care Health TV and Aboriginal TV networks

Channels: featured in Healthy Matters Newsletter, Drs Magazine and SCLMA

Practice engagement: visits across the region and 500 posters promoting the campaign and the QI toolkit

Web: Your Health. Your Way. recorded 894 page views and 158 video plays

QI toolkit page: 338 views and 63 downloads



Two campaigns lifted cancer screening awareness and action across Central Queensland, Wide Bay and the Sunshine Coast. Developed by CCQ with Queensland Health's Cancer Screening Unit, the work combined media, primary care engagement and digital tools to meet people where they are on screening. Creative, community-first messages backed by practice engagement moved people from awareness to action. The campaigns strengthened prevention, supported quality improvement in primary care and helped more residents take the next step on screening.

BOWEL SCREENING

Multi-channel activity: Mix of social, community engagement, microsite and an augmented reality game to prompt action

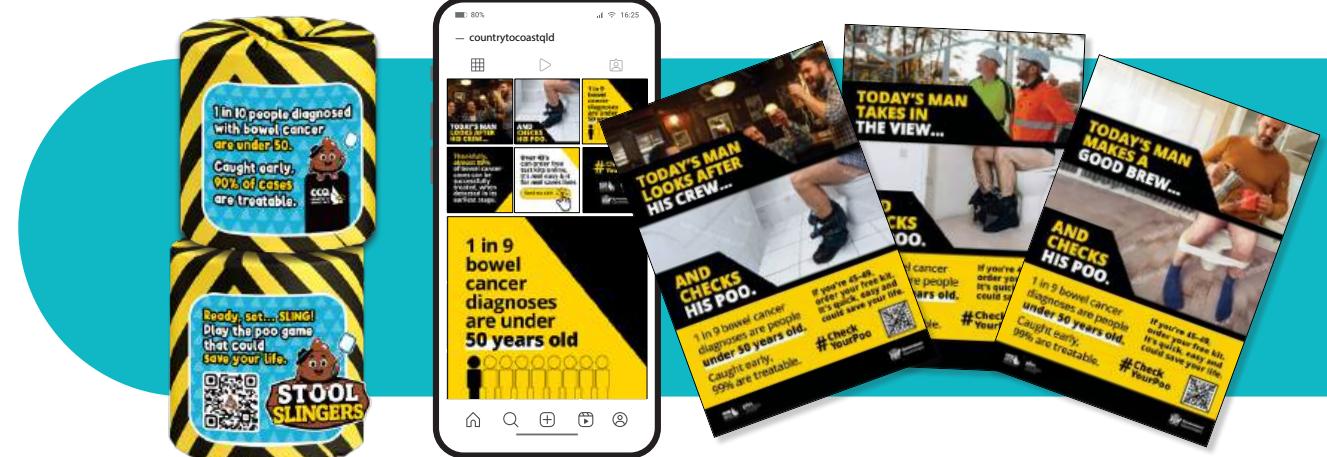
Radio: coverage on 8 stations with 114 timeslots and an 8-minute Sunshine Coast interview

Social: 2,997 direct clicks to the campaign website

Out-of-home: billboards and convenience placements with 400+ QR scans from bar coasters

Web: PostYourPoo.com recorded 4,950 active users, 6,700 page views and 195 outbound clicks to the kit order form

AR game: 69 direct clicks to order a screening kit



Living well with **DEMEN**TIA



consumer resources

Funded by the Department of Health, Disability and Aged Care, CCQ developed a suite of resources — the Dementia Pathways guide, a personal journal and a fridge magnet — in response to what people told us they needed.

Co-designed with people living with dementia, carers, community

WHAT PEOPLE TOLD US

71% found the Dementia resources very helpful for guidance on the journey

85% rated the journal extremely or very helpful

76% rated the fridge magnet extremely or very helpful



WHAT'S NEXT

Practical tools that help people talk, plan and stay connected.

groups, health professionals and Dementia Australia, the materials give families something tangible to use in conversations with loved ones and their care teams.

Equity guided the process, with workshops held in smaller centres like Biloela and Emerald so regional voices shaped the content.

WHY IT MATTERS

Seen by consumers and clinicians as a useful tool to lift the quality of dementia care and support

Helps strengthen connectedness and reduce stigma and isolation

Users report feeling more confident engaging with services and navigating the system

Carers highlighted the need for further supports to manage complex care

More than 8,000 journals and magnets were ordered in the past 12 months by consumers and carers, health professionals and community organisations. Early feedback shows the resources are being used to organise information, prompt planning and make appointments and referrals easier.

REACH ACROSS OUR REGION

Sunshine Coast

2,727

Wide Bay

2,432

Central Queensland

2,832

A tailored version for Aboriginal and Torres Strait Islander communities to ensure cultural relevance and accessibility, co-designed with ACCHOs and local elders.



Improving access through **VIRTUAL CARE**

CCQ Care Pod pilot: A virtual front door to primary care for people who face barriers to appointments.

The CCQ Care Pod is a purpose-built, private space for free GP video consults. It offers timely care for minor health concerns to people who might otherwise delay care or present to ED. In 2024/25 we tested the model in two settings — co-located outside Rockhampton Hospital's ED for 16 weeks, then at Central Queensland Indigenous Development (CQID) to provide

culturally safe access within a trusted community setting.

Early results show strong demand, fast connection to GPs and high satisfaction. Respondents described it as quick and easy, culturally safe and accessible with no booking or cost.

The Pod's design makes care simple: a sound-treated booth with touchscreen, camera, microphone and secure connectivity enabling e-prescriptions, diagnostic requests and uploads to My Health Record. The model was developed with Queensland Health's Healthcare Improvement Unit, Central Queensland Hospital and Health Service and CQID, and refined through consumer feedback on privacy, comfort and cultural safety.

LEARN MORE AT:
c2coast.org.au/ccq-care-pod



**ROCKHAMPTON
EMERGENCY
DEPARTMENT
PILOT**


471
consults


133
eScripts

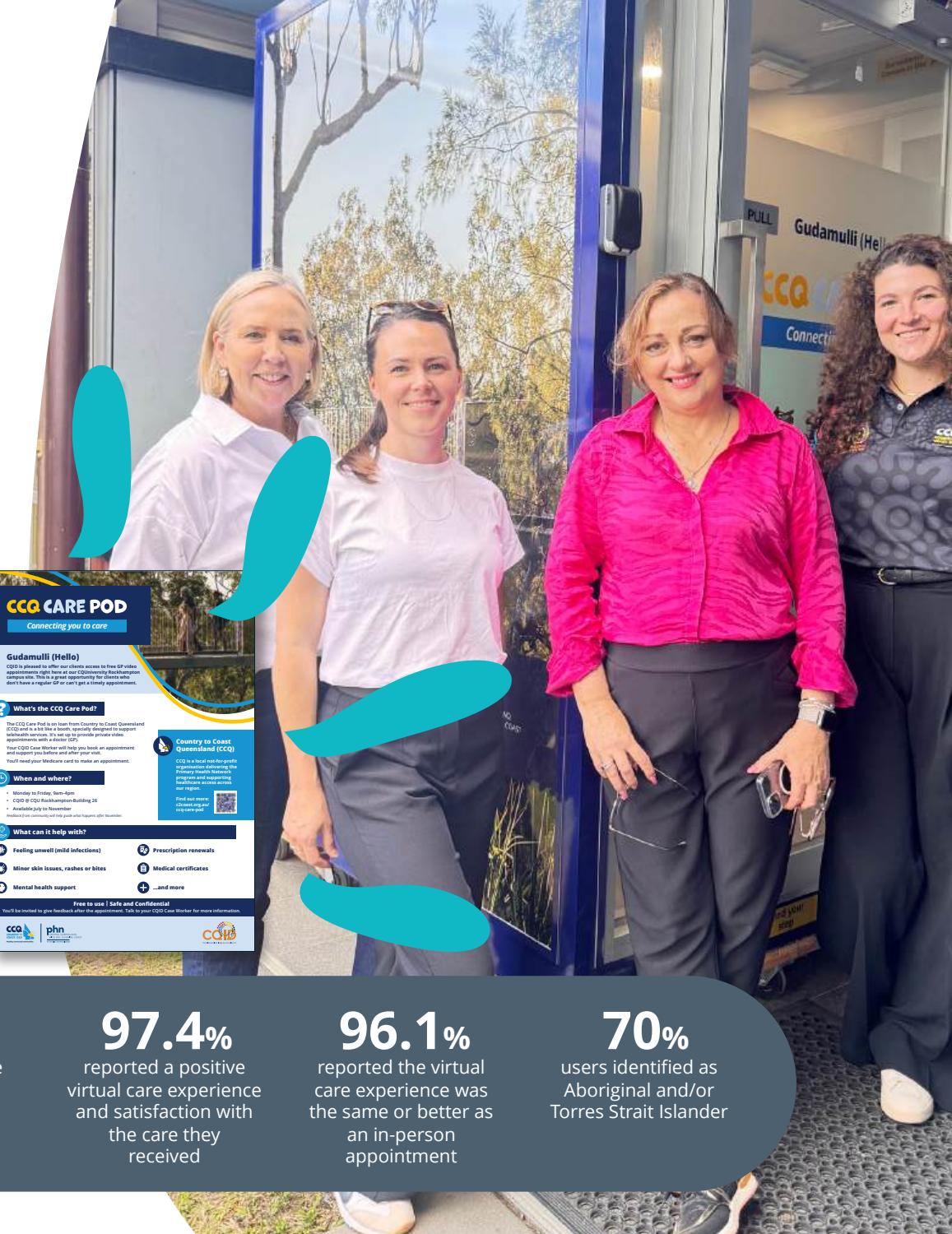

22
MedCerts

81.3%
used the Pod due
to difficulties
accessing timely
care with
their GP

97.4%
reported a positive
virtual care experience
and satisfaction with
the care they
received

96.1%
reported the virtual
care experience was
the same or better as
an in-person
appointment

70%
users identified as
Aboriginal and/or
Torres Strait Islander





NURSE PRACTITIONERS

in residential aged care

Feedback from aged care homes in Biloela and Gympie highlighted the difficulty of securing consistent medical care. In response, CCQ secured a closed competitive grant through the Australian Government's General Practice in Aged Care Thin Markets Program and commissioned Lutheran Services to deliver a nurse practitioner (NP)-led model in two regional homes.

An NP is the most senior registered nurse with advanced clinical training. Working with each resident's GP, the NP provides timely assessment, diagnoses and treatment, orders tests, prescribes medicines, manages wounds and delivers advanced palliative care. The service now supports around 200 residents who previously lacked regular medical cover.

The model is practical and place based: a full-time NP at Cooinda Aged Care (Gympie) with scheduled visits to Wahroonga Aged Care (Biloela) every two months, supported by regular telehealth clinics. The grant also funded enhanced telehealth equipment including ECG and wound-care imaging to improve virtual consults and clinical handover.

Early results point to faster care, clearer communication between nursing staff and families, stronger palliative care and a reduction in unnecessary hospital transfers.

The program also builds local capability by providing consistent clinical leadership inside the facility and a reliable interface with GPs.

“

Nurse practitioners are highly experienced in geriatric care and chronic disease management, able to diagnose and treat acute health conditions, order X-rays, tests and pathology, prescribe medications, manage wound care and provide advanced palliative care all within an aged care setting with considerably savings to the public health system.

Mel Wagner, Lutheran Services' Chief Clinician

A photograph of an elderly woman with short brown hair and glasses, wearing a green sweater, smiling and holding hands with a healthcare professional in a blue uniform. The healthcare professional is partially visible on the right. A teal circular graphic on the left contains the text.

“
**REGIONAL
LEADERSHIP**
and collaboration

Advancing **EQUITY**

In 2024, we founded the Equity CoLab to turn equity from principle into practice, and to find our 'friends' — those equally committed to advancing equity across our country and beyond.

Australia's health outcomes are shaped well beyond the health system. Housing, education, income support and climate decisions turn up in GP consults and emergency rooms every day. As an organisation delivering the PHN program, we sit where the system meets the person. We see the downstream effects of upstream systems.

Our response? The Equity CoLab — a national initiative to collaborate and act beyond the limits of a single system.

LEARN MORE AT: equitycolab.org.au



 **200**
event
attendees
150 Summit
50 webinars

 **10 DATA WALK**
augmented
reality
experiences

INSIGHTS FROM THE
**UN Sustainable
Development
Goals framework**



 **4.76 OUT OF 5**
Summit
satisfaction

**THE
EQUITY
CO-LAB**

“ Truly awesome work and tremendous contribution to humanity!!!
Absolutely brilliant Summit! Loved everything about it. ”

“ I left feeling inspired by the speakers and the wise, deeply grounding discussions, excited about The Equity CoLab emerging from the Sunshine Coast and enriched by content... The summit has provided both direction and inspiration at a key stage of my learning journey, as I explore new pathways to further contribute to addressing the equity challenges we face today. Thank you again for such an engaging and impactful summit. ”





Regional **AGED CARE** collectives

Collaboration that keeps residents well in their home.

CCQ's Regional Aged Care Collectives bring residential aged care providers together with Hospital and Health Services, Queensland Ambulance Service, peak bodies and local councils to surface system barriers and co-design practical fixes.

The collectives create one table, shared language and clear pathways so solutions are joined up, not siloed. This work has shifted how partners understand each other's pressures which has improved communication and made collaborative actions stick.

Practical solutions emerging from the collectives have included:

RACH GP FAST TRACK

after-hours
clinical advice

A dedicated phone or video line gives registered and enrolled nurses in participating homes rapid after-hours GP advice for residents with deteriorating health. It bridges access gaps in thin markets, enables earlier management in the home and reduces avoidable transfers to hospital. It works alongside the RACH's regular GP.



CONNECTED CARE RACH TOOLKIT

clear clinical pathways

A co-designed suite of tools to support timely, in-place care:

Medical Support Pathways
— region-specific flowcharts for in- and after-hours decisions

Medical Support Checklist
— a quick assessment aid before calling for help

Resident and Family information
— explains how homes coordinate 24/7 care and when hospital is needed



The toolkit responds to four common drivers of potentially avoidable transfers identified in workshops — family request, resident request, limited after-hours GP access and staff confidence.

All 101 residential aged care homes across Central Queensland, Wide Bay and the Sunshine Coast will receive the toolkit. Homes and health services report better communication and more timely in-reach support.



HEALTHY AGEING partnership

A consumer-led partnership lifting healthy ageing on the Sunshine Coast.

The Healthy Ageing Partnership (HAP) is a community-run forum where older people, services and local partners share knowledge, name barriers and shape practical solutions.

CCQ supports the partnership as part of our commitment to consumer-driven initiatives that help people age well. This year we provided venue access, light admin support and helped deliver education forums so the partnership could grow its reach and influence.

HAP ran five healthy ageing forums with strong attendance and 100% of participants rating sessions

useful or very useful for improving health literacy. A webinar hosted in CCQ's boardroom for Ageism Awareness Day extended reach to a national audience. Feedback from HAP continues to guide where CCQ support adds most value while keeping governance and voice firmly in community hands.

Partnerships underpin the program, with forums delivered alongside Sunshine Coast Hospital and Health Service, UniSC, Sunshine Coast Council and community care providers. Together they create a connected space for older people to engage in their health and wellbeing, and for local services to align around what matters.

“CCQ is one of our highly valued partners, who is very active, and is highly supportive of HAP programs and activities. CCQ, with other Healthy Ageing Partners, provide a valuable service to our older population, sharing information and promoting healthy ageing.”

HAP Healthy Ageing Partnerships

27 November 2023

John Stevens
Director, Healthy Ageing and Unit of Life Care
4000 University Dr, Suite 100
Brisbane QLD 4000, Australia

Dear John,

Re: EXPRESSION OF APPRECIATION

I am writing to express our appreciation to Country to Coast (CCQ) and all staff for the invaluable assistance you provided our partnership, some 12 months ago. A very special thank you to you for your personal support and commitment.

Country to Coast (CCQ) Healthy Ageing Forum for our older people Sunshine Coast communities and particularly in community providers. CCQ leads has a unique Ageism education funding pipeline from EveryAge Counts and the University of the Sunshine Coast. This was of regional and National significance.

Many thanks for your generous grant to facilitate our monthly meetings and some on-line events all year. Much appreciated. Many thanks for this support.

CCQ is one of our highly valued partners, who is very active, and is highly supportive of HAP programs and activities. CCQ, with other Healthy Ageing Partners, provide a valuable service to our older population, sharing information and promoting healthy ageing.

Our warmest thanks for all your contributions and we look forward to a continued strong and productive partnership.

Yours sincerely,

John Stevens
Chair, EveryAge Counts
President - Healthy Ageing Partnerships

Rethinking healthcare's role in **HOMELESSNESS**

CCQ has joined the Advance to Zero movement, an evidence-based, place-based initiative that brings agencies together to coordinate care and drive system change.

People experiencing homelessness face some of the poorest health outcomes in Australia — dying, on average, 28 years earlier than the general population. Each day, nine people experiencing homelessness die from preventable causes. Across Country to Coast Queensland (CCQ), more than 4,000 people are without stable housing — and the true number is likely far higher.

Poor health can lead to homelessness, and homelessness makes good health nearly impossible. A person may need help with housing, healthcare, mental health, alcohol and other drug services, legal advice, food, hygiene, and identification — yet these supports sit in disconnected systems. Without coordination, those with the most complex needs are left to navigate alone.

Through ZERO, local services use a shared assessment and database to identify every person experiencing homelessness in the community and connect them with the right supports. With client consent, agencies meet regularly to coordinate actions across housing, health, and social care, while real-time data helps uncover system gaps and advocate for change.

CCQ has partnered with Micah Projects, IFYS, and Roseberry Qld to lead the rollout across the region. Already, 46 organisations have signed on, and By-Name Lists are active across all subregions, with more than 380 people identified, and 108 supported through coordinated care. Early results show stronger collaboration and better outcomes for individuals — and a growing understanding of the systemic barriers that must be addressed to truly end homelessness.

It's early days, but the momentum is clear: by working together, communities across Central Queensland, Wide Bay, and the Sunshine Coast are proving that ending homelessness — and improving health — is possible.

LEARN MORE AT:
c2coast.org.au/zero





DISASTER resilience

Across Central Queensland, Wide Bay and the Sunshine Coast, severe weather is disrupting care and compounding disadvantage. Floods, cyclones, fires and heat close roads, separate people from medicines and interrupt routine care. The Disaster Resilience Plan sets a shared way of working so primary care can prepare early, respond together and support recovery.

YEAR ONE PROGRESS

We started by getting the basics right. A Crisis Management Team now coordinates decisions and information flow, and clear activation protocols guide how local practices and pharmacies extend access when events hit. CCQ secured seats in Queensland's disaster arrangements with representation on 6 District and 11 Local Disaster Management Groups, giving general practice, pharmacies and Aboriginal Community Controlled Health Organisations a reliable voice in planning and real-time response.

READINESS IS LIFTING

53 services are enrolled in We Are Open so extended access can be switched on when communities need it.

58 residential aged care providers reached through six preparedness sessions that strengthened business continuity and after hours pathways.

4.5 out of 5 satisfaction rating at the Noosa workshop.

45 % first time attendees. Clear momentum for preparedness.

TROPICAL CYCLONE ALFRED

When Alfred arrived, the plan moved from paper to practice. CCQ joined 31 coordination meetings so primary care intelligence could flow quickly. We mapped clinics and pharmacies at risk from storm surge and flooding across the Sunshine Coast, Gympie and Wide Bay, checked their readiness and relayed issues.

At the request of the Fraser Coast Local Disaster Coordination Centre we contacted residential aged care homes, identified power problems and escalated to Ergon and other agencies for prompt resolution. Providers told us this helped keep residents well in place and eased pressure on hospitals.



EQUITY LENS

Local data guides effort to communities with lower disaster resilience and people at higher health risk so information, support and services stay accessible when it matters most.

Next we will stand up Disaster Health Sub-Committees in Wide Bay and Central Queensland, grow We Are Open, complete provider resilience assessments and keep sharing what works through the statewide PHN Community of Practice.

The goal is simple: fewer avoidable hospital presentations, faster recovery for services and communities, and a primary care system ready for the climate we live in.

Connecting communities when it counts through social media comms during Tropical Cyclone Alfred.

164,138 reached
10,399 engagements

RESILIENT CARE

Community-led action for
resilient health eco-systems

Queensland is Australia's most disaster-prone state. Climate events are disrupting care and widening existing inequities. Resilient CARE is a three-year program to grow knowledge, strengthen local leadership, connect health and community systems and embed equity so people are better protected before, during and after disasters.

6 months into a 3-year program across Livingstone, Rockhampton, Agnes Water and surrounds (Gladstone), Bundaberg and Fraser Coast

5 Health and Climate Resilience Profiles published to guide local decisions

\$2.08M investment in grant funding for community-led projects

500+ people engaged through workshops, surveys, interviews and webinars

135 people with disability engaged in peer-led research

to care, medication, assistive tech and accessible communications during events.

There are opportunities to strengthen evacuation settings to better meet diverse needs, with clearer post-event follow-up.

Community hubs, peer networks and local champions are strong enablers.

There is clear appetite to contribute to planning & inclusive resilience efforts.

INITIAL ACHIEVEMENTS

Program infrastructure and partnerships established.

Evidence base built through regional profiles, a literature review and consultation summaries.

Primary care engagement with local disaster arrangements underway, with grants backing practical local action.

PARTNERS

Delivery partner Australian Business Volunteers. Learning partner The Good Shift. Contributing partners ClimateWell, Safer Future consortia and Queenslanders with Disability Network, with local councils, services and community organisations.

WHAT'S NEXT

First Learning Insights Report in October 2025.

Continue delivery of 12 grants with support to align activity to system change and collaborative action.

Deepen engagement in each LGA and track progress against shared priorities.



**RESILIENT
CARE**

Funded by the Australian Government through the National Emergency Management Agency and the Department of Health.





Mental health, alcohol and other drugs, and suicide prevention

JOINT REGIONAL PLAN

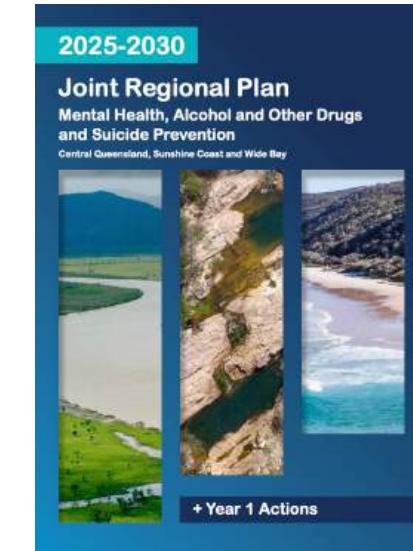
The Joint Regional Plan (JRP) is a five-year commitment by CCQ and the Central Queensland, Sunshine Coast and Wide Bay Hospital and Health Services to transform mental health, alcohol and other drugs, and suicide prevention across one of Queensland's largest catchments.

It sets a clear roadmap for more connected, equitable, person-centred care.

Serving more than 1.2 million people across coastal, regional and remote communities, the JRP responds to rising demand and complexity, significant access gaps for First Nations peoples and rural and remote communities, and a history of fragmented pathways that made navigation hard and coordination difficult.

The plan mandates shared governance, joint commissioning and integrated action so services work together around the person.

An independent, five-year evaluation led by Deloitte Access Economics will track progress with annual reviews and public reporting to support transparency and continuous improvement.



PRIORITY AREAS

- 1 Enhance integrated care and shared services
- 2 Improve community knowledge, accessibility and availability of services
- 3 Strengthen governance and accountability
- 4 Tailor services to support priority populations

DOWNLOAD AT:
c2coast.org.au/MH-JRP



PARTNERING FOR BETTER HEALTH IN IMBIL

CCQ has worked alongside Queensland Hydro to explore community health and wellbeing priorities in Imbil, with a focus on restoring general practice services.

The partnership began with a primary care needs assessment, engaging local residents to understand priorities and aspirations.

The first outcome is the return of GP services to the town. The Imbil Medical Centre opened on 27 February 2025, operated by local GPs from Southside and Channon Street Medical Centres in Gympie.

The clinic currently operates two days per week, with services and hours set to scale in line with demand.

Queensland Hydro is supporting the service through its Community Benefits Program by covering rent and utilities, responding to strong community feedback about the importance of accessible local care. CCQ identified suitable providers, supported establishment and continues to provide practice support.

Early feedback indicates the return of a GP is improving access and reducing travel for routine care. This collaboration between health and industry partners is supporting practical, place-based access to primary care for the Imbil community.

AT A GLANCE

MoU in place between CCQ and Queensland Hydro
Imbil Medical Centre opened 27 Feb 2025

Two days per week to start, with expansion based on demand
Queensland Hydro support: rent and utilities



STATEMENT OF PROFIT OR LOSS

AND OTHER
COMPREHENSIVE INCOME

FOR THE YEAR ENDED
30 JUNE 2025

	2025	2024
	\$	\$
Revenue		
Revenue from continuing operations	86,573,090	70,104,853
Interest received	2,143,602	2,376,387
Total revenue and other income	88,716,692	72,481,240
Expenses		
Contracts for primary health service delivery	70,681,839	54,798,515
Employee Benefits	11,120,681	9,559,589
IT and Communications	2,011,956	1,568,525
Depreciation and amortisation	1,164,593	686,550
Property	274,568	280,888
Travel, conference attending and hosting	1,341,457	807,907
Advertising promotions	380,650	451,363
Insurances	157,787	157,324
Interest expense on lease liability	313,136	204,573
Loss or disposal of property, plant & equipment	0	152,394
Other expenses	912,558	1,522,925
Total expenditure	88,359,225	70,190,553
Net surplus/(deficit) for the year	357,467	2,290,687
Income tax expense	0	0
Other comprehensive income	0	0
Total comprehensive income for the year	357,467	2,290,687

STATEMENT OF FINANCIAL POSITION

FOR THE YEAR ENDED
30 JUNE 2025

	2025	2024
	\$	\$
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	15,775,224	12,527,288
Trade and other receivables	1,053,552	4,473,631
Other financial assets	26,278,493	25,000,000
Other assets	55,878	281,855
TOTAL CURRENT ASSETS	43,163,147	42,282,774
NON CURRENT ASSETS		
Property, plant and equipment	4,032,891	3,756,887
Right-of-use assets	5,237,529	4,288,902
TOTAL NON CURRENT ASSETS	9,270,420	8,045,789
TOTAL ASSETS	52,433,567	50,328,563
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	971,993	2,820,661
Contract liabilities	37,217,719	35,118,789
Lease liabilities	389,891	502,402
Provisions	390,557	0
Employee benefits	729,784	891,966
TOTAL CURRENT LIABILITIES	39,699,944	39,333,818

FOR THE YEAR ENDED
30 JUNE 2025

	2025	2024
	\$	\$
NON-CURRENT LIABILITIES		
Lease liabilities		
	5,245,887	3,896,450
Employee benefits		
	91,547	59,573
TOTAL NON-CURRENT LIABILITIES	5,337,434	3,956,023
TOTAL LIABILITIES		
	45,037,378	43,289,841
NET ASSETS		
	7,396,189	7,038,722
EQUITY		
Retained surplus		
	7,396,189	7,038,722
TOTAL EQUITY	7,396,189	7,038,722

This is a summarised version of our financial statements – a full copy including the accompanying notes and Independent Auditors Report is available by contacting Country to Coast Queensland.



Healthy, connected communities



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