phn
CENTRAL QUEENSLAND,
WIDE BAY, SUNSHINE COAST

An Australian Government Initiative

Central Queensland Wide Bay Sunshine Coast PHN Health Needs and Service Analysis Narrative

15/11/2021

1. Provide a brief description of the PHN's HNA development process and the key issues discovered.

HNA process

Central Queensland Wide Bay Sunshine Coast PHN's (the PHN) 2022/23 – 2024/25 Health Needs Assessment (HNA) builds on the previous HNA refresh (2019) and uses recently released data, input from stakeholder consultations, and learning from the monitoring and evaluation of previous commissioning activities. The PHN established an internal governance structure which included a working group, that oversees the development of the HNA. A project plan was developed and endorsed by the PHN HNA working group to ensure timely development and feedback on the HNA documents. The evaluation outcomes from the previous HNA processes informed the improvements into prioritisation and options analysis of the identified needs. During this time the PHN also reorganised its team to include staff members with specific skills into integration of established priorities into the activity work plans. The PHN undertook service mapping by accessing and analysing published information and data that is publicly available. This information is then complemented with qualitative data obtained through stakeholder consultation and population surveys. Consultation was undertaken on the priorities with senior staff members and program staff, noting that not all priorities would necessarily translate into activities within the Activity Work Plan but provide options for various activities in the future.

Additional Data Needs and Gaps:

- Localised data for certain population groups is frequently challenging to find. Groups include young people – although there is a National Youth Information Framework and indicators (reported by AIHW), the data is not generally available at lower geographical levels. Data on Aboriginal and Torres Strait Islander people is often available at state and national levels, but not commonly at lower geographic levels across a range of indicators.
- Having access to deidentified federal and state-wide health data linkages – such as emergency department (ED), in-patient, out-patient, Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) data – along with availability of most recent data are two key areas that can help all the PHNs to undertake more effective and timely needs analysis.
- In relation to some datasets, the use of SA3s as one of the primary geographic units of reporting makes it challenging to compare that data with other data sets which commonly report by LGA and SA2s. Standardising the availability of data on one geographical level will be helpful to triangulate the health and service needs better.
- Many of the data sets are currently not age-standardised, nor do they generally facilitate easy comparisons (e.g. through ranking mechanisms, or comparative age-standardised rates [ASR]) between local and/or PHN catchments. The data could be made available in the same format overtime to allow further longitudinal analysis to produce time series analysis.

In addition, there are some specific data requirements that will help to improve the understanding of health and service needs:

- Greater use of Practice Incentive Program (PIP/QIPIP) data
- Comprehensive data on patterns of health care utilisation for Aboriginal and Torres Strait Islander people is not currently available.

Summary of identified needs

As mandated the PHN undertook HNA under four priorities and overall identified issues are summarised below.

1.1. Aboriginal and Torres Straits Islander HNA

It is agreed upon that a holistic view to healing for Aboriginal and Torres Strait Islander people includes cultural, spiritual, and social wellbeing aspects of health. Extensive disruption to the life, that was lived for many centuries, has impacted cultural beliefs and practices and has adversely affected the social and emotional wellbeing of Aboriginal and Torres Strait Islander people. Culture and identity are central to Aboriginal and Torres Strait Islander perceptions of health. The interconnected risk and protective factors for Aboriginal and Torres Strait Islander health were taken into account while identifying the main issues through this process.

- Identification and management of risk factors along with identification of high-risk individuals with a focus on reduction in chronic conditions.
- Diabetes management including primary and secondary prevention and inclusion of communities in co-designing the solutions
- Maternal and child health improvements require a life-course approach
- Addressing antecedents of mental health concerns including suicidal tendencies by addressing psychosocial health and wellbeing
- Reducing acquired disability by reduction in injury and poisoning:

1.2. Alcohol and Other drugs HNA

It was recognised that a holistic view to build safe, healthy and resilient communities will require preventing and minimising alcohol and other drug-related harm by addressing health, social, cultural and economic factors that are responsible for this harmful use among individuals, families and communities. It is established that AOD harmful use has a social gradient and associated factors such as age (being between age of 15-29 years), gender (male), Indigenous status (being an Aboriginal and/or Torres Straits Islander Australian), being in contact with the criminal justice system, living outside major cities, and socio-economic status (living in most disadvantaged areas). The PHN remains committed to the current activities that are helping to address these concerns and the analysis has highlighted issues such as:

- High prevalence and harm associated with AOD use especially among young people, Aboriginal and/or Torres Strait Islander people and people living in low socio-economic areas
- Lack of gender specific AOD services
- Lack of knowledge and understanding on early identification services among service providers
- Lack of health seeking behavior and knowledge among clients
- Need for managing complex clients with harmful use of AOD and comorbidity
- Lack of integration and coordination of care between levels of care
- Lack of integration between the mental health sector, AOD sector and other relevant health and support services
- Lack of locally available withdrawal management services

1.3. Mental Health and Suicide Prevention HNA

The broader social determinants of health greatly impacted mental health and well-being within the PHN. Evidence for the PHN shows higher rates of mental illnesses among socio-economically disadvantaged populations i.e. people living in remote areas, in areas defined as low SEIFA index. The importance of understanding and addressing broader risk factors such as homelessness, social isolation, family background, disability and socioeconomic and other forms of disadvantage for its association with mental health was identified as a critical point. Although not all mental illnesses are preventable, the likelihood of people developing mental illness can be reduced by implementing right strategies targeted to at-risk people. That said, there were certain issues that require attention such as:

- Certain population groups were at higher risk of experiencing mental health issues compared to others e.g. young people, older people, Aboriginal and Torres Strait Islander people LGBTIQ+ people, Patients with comorbidity.
- In the PHN, majority of the LGAs/SA3s in Central Queensland and Wide Bay regions had higher than the QLD rate for mental illnesses (psychological distress and mental/behavioural problems); yet the rate of mental health service uptake in these regions were lower than the QLD rate
- Self-harm hospitalisations among women were high in certain areas
- Death rate due to suicide was 1.4 times higher in the PHN region than the national rate per 100,000.
- Lack of care coordination could contribute to higher co-morbidity and low quality of life. In the PHN community surveys, similar issues such as the lack of awareness of services, poorly coordinated services and lack of continuity of care were also highlighted as important areas for improvement. Service providers across all areas also expressed a need for appropriate community level mental health services.
- Workforce gaps in the PHN, particularly in more rural and remote areas. In addition to the shortage of MH professionals, GP and ATSI health workers also had high workforce gap ratings.

Future planning will focus on system enablers that are highly context specific, and the programs promoting system enablers that will be co-designed and consulted with local stakeholders and communities. While an introduction of the Stepped Care program is a great step towards moving into better integrated continuum of care, the PHN is working on building the uptake through targeting at-risk population in the region.

1.4. General HNA

The PHN is a large region with smaller areas (LGAs) representing diverse socio-demographics and distribution of risk factors, disease prevalence and mortality. The services provided by various primary care service providers face multiple challenges such as rurality, low health literacy and lack of stable workforce.

- The general HNA highlights the impact of socioeconomic factors, rurality and change in demography on future health and service needs. For example,
    - With aging population demand on primary care and allied health services is increasing. It also warrants focus on palliative care, health in home and sufficient residential aged care places
    - It is identified that the number of new general practitioners entering the market will not keep pace with increasing demand for healthcare. Identification of gaps in general practice services is critical for the PHN.

    - With four LGAs within the PHN being 100% outer regional, rural or remote it increases the challenges in health service provision such as lack of stable workforce, limited access to specialist services and other allied health care. People from rural/remote areas seek treatments late and show advanced disease due to the delays in diagnosis. This can be seen from higher avoidable mortality due to chronic conditions in rural areas.

- There are challenges to maximising population health outcome as there is a need to reduce the burden of chronic conditions and injuries overtime hence a focus on prevention, both primary and secondary, is required.
- High rates of smoking including maternal smoking in Wide Bay region could lead to future complex health issues for mothers and babies
- Drinking alcohol at risky levels doesn't only impact health in terms of chronic conditions but drink driving motor vehicle injuries and leaves life-long impacts. These impacts and associated disability is generally higher in young people indicating the need for education and health promotion activities.
- Chronic kidney disease (CKD) has diabetes and high blood pressure as two of the main causes. CKD related hospitalisations and deaths increase with increasing age, rurality and low SES, indicating timely treatment can provide better quality of life for people with CKD.
- Prevalence of diabetes varies across the PHN and is not significantly different than the national rate, however, diabetes complications, hospitalisations and deaths are significantly higher in some areas such as Wide Bay.
- While asthma related hospitalisations are high in Gladstone, asthma plans are lowest in Gladstone LGA.
- There is need to improve efficiency of commissioned services that are effective and provide better access to primary care that reduces demand on hospitals.

It is important to note that

- Areas such as Sunshine Coast LGA that have better access to primary care including allied health services have lower rates of after hour service use.
- Certain areas that show high proportions of chronic conditions and have socio-economic disadvantages also show high rates of lower urgency ED presentations all hours.
- Potentially preventable hospitalisations associated with asthma, diabetes, COPD, high blood pressure and total chronic conditions were higher within the PHN areas that are rural/remote and people in low SES.
- Sustainable workforce is critical part of the efficient and effective health system. Rural and remote areas within the PHN struggle with constantly changing workforce and service provider concerns.

Information gathered on felt needs from the PHN using three different surveys clearly supports the quantitative conclusions that some indicators such as antenatal care, reduction in smoking etc are improving however more work needs to be done to improve health and wellbeing of the population.

Additional comments or feedback

The PHN faces many challenges in trying to commission the services to address the needs of its population. Some of these are:

- Geographical challenges: rural/remote areas and associated workforce issues
- The PHN includes a large Aboriginal Community that requires resources and culturally competent, and collaborative approaches to consistently to achieve equitable outcomes

- A large number of people are socio-economically disadvantaged and hence a life-course approach to addressing health concerns is necessary
- Multiple stakeholders in smaller geographical regions sometimes create conflicting forces that must be addressed for effective commissioning through co-design
- Keeping active engagement with areas that are isolated requires resources and collaboration with stakeholders
- Establishment and continuation of multiple offices across three large and distinct areas that support effective and efficient functioning of the PHN
- The workforce issues due to remoteness, need to have culturally competent staff and constantly changing workers is a significant challenge for service provision in rural, remote areas. Telehealth has proven to be effective in some areas and with some population groups.

Although this needs analysis includes comprehensive approach to options for action, the above challenges mean it is important to build necessary infrastructure and work with agencies (health and outside health like transport, housing, education) to deliver sustainability of services and effective commissioning and co-design processes. This is clearly articulated in these HNAs as association of bio-psychosocial factors with health however it is not possible for it to be reflected in the priorities due to the health and service needs focus that this HNA requires. A future possibility of enabling the PHN to allow flexible use of funds for other health-related activities such as environmental health approaches (e.g. cleanliness to reduce disease transmission, having parks around for exercising) or health promotion programs (promoting exercise, healthy dietary habits etc.) might also be helpful in reducing the pressure on our health system and infrastructure.

Through undertaking the HNA process, the PHN has expanded its understanding of the region, including the strengths and challenges faced by the current health system and infrastructure. The investment in staff training and development has enhanced the PHN's data analysis capacity. The PHN's Commissioning Framework provides a high-level outline that is applied across a continuum of services; services for people living with chronic conditions; and new models of care to suit the local context. It also provides investment to support practice and system-level change through enhanced market knowledge, workforce strengthening and uptake of new technology. The PHN commissioning is an iterative and collaborative process that requires a deep understanding of the evolving needs of the community and of key priorities that need to be delivered. It requires services to be commissioned to meet these needs and use the full capabilities of providers and community groups and importantly opportunities for collaboration and innovation to be identified and maximised to challenge thinking and consider the best way to meet current and future needs.

2. Outline the process for utilising techniques for service mapping, triangulation and prioritisation

The PHN uses the framework below to guide for health needs analysis and based on which a project plan is developed.

- **Planning**: With approved project plan as an outcome, the process involved:
    - Establishing governance group membership
    - Scoping the needs assessment
    - Creating a formal project plan
    - Obtaining an approval of the project plan by the governance group and executive leadership team

- **Assessing the need** including using service mapping and stakeholder Input
    - Gathering information available via publicly available data resources that allows assessing demographic trends and identify special needs group. This evidence-based information is referenced throughout the HNA documents.
    - Information and data that allows assessing health needs at local level including data from PHN commissioned services to understand current health status
    - Information and data that allows assessing service utilisation and gaps at local level including data from PHN commissioned services to understand current service utilisation
    - **Service Mapping:** Service and capacity is mapped using data from available public resources along with specific service mapping. The PHN commissioned Health Workforce Queensland to map the services within the PHN. This included mapping major primary care services and identifying areas with service gap. The Health Workforce Queensland's needs analysis report on the PHN also identifies the service gaps within the PHN.
    - **Survey information**: The felt need of services, system capacity and health concerns was also identified by developing and implementing three different surveys that were used as a consultation process. This included:
        - Gathering information from more than 600 Aboriginal and Torres Strait Islander people across the PHN
        - The survey responses from more than 250 stakeholders
        - Responses from more than 600 general population across the PHN
    - **Triangulation:** All this information was triangulated to develop the PHN profile and identify a list of issues. The issues and needs arising from the data or identified through consultations are listed at the end of each chapter in the HNA. These were pulled together into consistent themes. The triangulation matrix method included identifying demographic disadvantage, health need and service gap/utilisation in the PHN and various smaller geographical ares within the PHN. It helped to confirm major themes, patterns, and key issues identified through the Needs Assessment process. This process considered quantitative data but most importantly ensured that the qualitative information is in agreement with the quantitative observations. Where conflicted, the PHN did further investigation to understand the gap and needs correctly. This is how the PHN ensured that various sources of information is cross checked and aligned with health needs or service usage information. This also allowed to bring together and verify the information and data sourced from various key agencies and stakeholder consultation and identifies the key issues and themes.
- **Prioritisation:** To develop a list of priorities, the PHN teams systematically worked through all of the identified needs, as well as the key issues and themes identified through the triangulation process. The priorities of the previous year's HNA were reconsidered and retained as relevant, along with the addition of new priorities based on identified needs. The process involved a workshop that brought together the PHN leadership group responsible for generating activity workplans and commission services. The issues and options were discussed in the workshop and understood by the whole group. Post workshop, each of the participant applied prioritisation criteria to rank the listed issues and priorities. This criterion included consideration for:
    - ability to address equity
    - evidence-based - known/likely to work (and/or can be evaluated to contribute to best practice)
    - readiness and support to progress the idea
    - partnerships in place/relationships with stakeholders, and
    - community support for the idea

- After the feedback from the leadership group, the priorities were reordered and confirmed with relevant teams

3. Provide specific details on consultation processes

The PHN includes three hospital and health services regions (Central Queensland, Wide Bay and Sunshine Coast) that are very diverse. As such a representation was sought in consultations. As part of the consultation process, community and stakeholder surveys were prepared as a key method of seeking this input. The purpose of the engagement was to gain an understanding of health needs, health service gaps and issues and opportunities to inform the HNA Health Needs Assessment.

During November 2020 to February 2021, three surveys were developed and disseminated including:

- An online general community survey (612 completed surveys received)
- An online and hardcopy of surveys for the Indigenous community across the PHN (603 completed surveys received)
- An online Stakeholder survey (240 completed surveys received)

The intent of the general community survey and Indigenous survey was to understand:

- What's important to people about the health of their community
- The health concerns and needs their communities are facing
- Perceptions of health service accessibility and barriers to access
- Current health service gaps
- Priority areas for improving health outcomes
- Acceptability of services, including cultural appropriateness and safety

The intent of the stakeholder survey was to:

- understand the current strengths and challenges of the health system,
- understand the current health needs of clients and their families
- identify opportunities for improving health outcomes and service gaps

The HNA team captured all information obtained through consultation processes to ensure all views were collected. The PHN's HNA executive sponsor reviewed the HNA prior to submission to the Department and provided an overview to the board.

4. Provide an outline of the mechanisms used for evaluating the HNA process.

Following the submission of the HNA, the PHN will undertake an evaluation of the HNA process to inform an improved process for the next HNA deliverable. This will include reviewing feedback obtained through stakeholder consultation processes; conducting a HNA team meeting about strengths and areas for improvement within the process; other contributing teams within the PHN to be given an opportunity to provide feedback and whether tweaks to approach or methodology are required. Key points for improvement will then be shared with the leadership team and relevant process documents will be updated.

The PHN uses standard methodology to undertake the HNA and has improved its governance of HNA process overtime. Therefore, specifically, the PHN will consider the processes of data storage and replicability as a focus of the evaluation. The PHN has tried multiple prioritisation processes in the past and have concluded that the current process that seeks inputs from various stakeholders is a better process. The PHN also endeavours to evaluate the processes for gathering and using PHNs internal datasets to understand local needs better.