Local Area Needs Assessment (LANA)

November 2023 update

Introduction

Local area needs assessments (LANAs) are a foundational part of the health service planning process creating an evidence-base for priority setting and prospective funding opportunities across Queensland.

During the 2021-22 Financial Year, Hospital and Health Services (HHS) – including South West HHS - undertook an inaugural LANA process to inform community health needs, service needs, gaps, and priorities.

This detailed assessment, developed in accordance with a statewide framework and planning portal information maintained by Queensland Health ('the department'), was based on data analysis across multiple domains and consultation with local clinicians, consumers and partners.

The South West HHS LANA (193 pages) is available via: https://www.southwest.health.qld.gov.au/about-us/publications-and-reporting/local-area-needs-assessment

The following commentary provides an overview of progress to date in relation to LANA progression.

Overview of the 2023 South West LANA

Serving a population of approximately 26,000, of whom around 13 per cent identify as First Nations people, South West HHS's strategic vision is to be a trusted and valued leader in the delivery of health services to rural and remote communities across its service area of 319,000 square kilometres – or 17 per cent of Queensland.

Within the LANA, the following key priority needs were identified for initial progression (see pages 15-16):

- Encouraging and enabling healthy behaviours
- Improving mental health services
- Improving primary and specialist healthcare

The following enablers were also identified to address these priorities, and support wider service delivery (see pages 16-17):

- Further development of a sustainable and well supported health workforce
- Partnerships and collaboration with our partners, based on mutually agreed priorities
- Further promotion of continuity of care between providers, including information sharing

Progressing the current LANA – as at 30 September 2023

Through its strategic, operational and wider partnership commitments, South West HHS continues to progress initiatives in support of its key priority needs and seeks to optimise benefits of its supporting enablers.

Since the publication of the initial LANA in December 2023, and within the context of a post COVID-19 response, a range of key local initiatives are currently being progressed which further underpin the context of key priorities and service needs of communities served by the South West HHS and our partners.

These include, but are not restricted to:

- Progression of an implementation plan in support of *Our Way – Together*, South West HHS's First Nations Health Equity Strategy 2022-2025 developed in partnership with local communities, staff and partners.
- Introduction of new and innovative nurse practitioner, medical outreach and virtual models of care to maintain continuity of care and services in the face of national workforce challenges.
- Progression of an innovative *3 Seeds* co-design project to further inform a new 10-year plan for contemporary and culturally appropriate mental health services.
- Completion of a new Workforce Strategy and commencement of a supporting action plan for the period 2023 to 2026.
- Commencement of a range of forward infrastructure commitments to replace or update existing facilities and accommodation to support care closer to home and staff recruitment and retention.
- Continuation of a range of further partnerships to progress future workforce and health and wellbeing provision with a rural and remote context.

It is recognised, when faced with the complexities of an aging population, a surge in chronic diseases, ageing infrastructure, virtual connectivity, workforce challenges - and the legacy of historical inequities due to the tyranny of distance in a resource constrained environment upon local health outcomes - that clear and sustained improvements in terms of data outcomes will take time to come to fruition.

However, through the range of measures currently underway, and the wider and added benefits of closer and more transparent partnership working will result in further steps towards more clinically and culturally safe, sustainable care and greater advocacy on behalf of our rural and remote communities.

2023 priority review

Given timing of the generation of epidemiological and other data underpinning the current LANA, and the anticipated requirement to complete a full refresh of the current document in the coming 12 months, a full review of data has not been initiated to inform this update.

Therefore, existing data limitations in comparison to other HHSs remain, including due to low population size and comparative remoteness some datasets may not directly map to South West catchment areas, may incorporate populations in neighboring HHS catchments and / or result in South West localities being grouped into broad Statistical Areas / Planning Regions[1] which may not allow for a more detailed drill down into specific communities or Local Government Areas.

Overall, the South West region therefore remains within some of the highest areas of relative need across Queensland. Appendix 1 provides further contextual information supporting South West HHS's current areas of focus to address identified areas of need across the department's key programs of service delivery.

Next steps

Progressing the current LANA – from 1 October 2023 onwards

Through its 2023-2024 Operational Plan, and working alongside its partners, South West HHS will continue to progress key transformational projects that further consolidate collective skills and advance the HHS as a leader in rural and remote service provision, including by:

[1] At SA2 level (2020 data) these were: Roma; Roma Surrounds; Charleville; Balonne and Far South West

- Delivering First Nations Health Equity Strategy Implementation Plan commitments.
- Progressing mental health *3 Seeds* and Queensland Government *Better Care Together* initiatives.
- Co-design of a new Climate Risk Strategy and further enhancing disaster management preparedness.
- Supporting greater enablement of communities to determine health care delivery in their localities.
- Through our Western Primary Care Pilot, and alongside our primary care partners, promote place based governance that further progresses locally based approaches to care navigation for consumers with complex needs.
- Taking steps to enhance our internal costing, forecasting and business intelligence capabilities.
- Alongside our partners, further optimising access and health outcomes through sustainable virtual and in person models of care in general practice, acute and other community settings that provide opportunities for our staff to fully function at the top of their scopes of practice and support services closer to home.
- Strengthen partnerships with universities, vocational and educational training providers to generate a sustainable future pipeline for our future workforce, including opportunities to live and train in the bush.
- Continuing to advocate alongside our partners for the needs of South West Queensland communities at local, state and national levels.

Future LANA generation

At the time of preparing this update, it is anticipated future LANA processes may synchronise with national Primary Health Network (PHN) health needs analysis preparation to maximise collaboration and efficiencies while reducing duplication between PHN and Queensland Health planning processes.

This intended approach is consistent with our broader SW Primary Health Alliance approach already underway to ensure primary, community and acute care provision across South West Queensland is undertaken in a sustainable and innovative manner.

South West HHS remains committed to continuing to work with its communities, staff and all partners in the progression of future LANA and other initiatives to progress our key purpose of providing safe, effective, responsible and sustainable rural and remote health services that people trust and value.

Further information

If you require further information in relation to South West HHS initiatives outlined in this update, contact: SWHHS-HSCE@health.qld.gov.au.

Prevention, Early Intervention and Primary Health Care

Linkage to LANA priorities and enablers:

- **Priority 1: Encouraging and enabling healthy behaviours**
  Opportunities to encourage and enable healthier behaviours by targeting smoking, drinking, drug usage, rates of exercise, and fruit/vegetable consumption.

- **Priority 2: Improving mental health services**
  Opportunities to improve to mental health services, promote mental wellbeing and preventative care.

- **Priority 3: Improving primary and specialist healthcare**
  Opportunities to strengthen primary and specialist healthcare in communities experiencing gaps in service provision.

- **Enabler 1: Workforce**
  Identified as a key enabler for reducing wait times and limitations around service access.

- **Enabler 2: Partnerships**
  Improving linkages with local organisations can foster new mechanisms to engage with community, providing tailored and culturally safe and holistic healthcare.

- **Enabler 3: Continuity of care**
  Stakeholders described the importance of being able to exchange information between one provider and another (e.g., between hospital and GP).

What does LANA (2022) tell us?

- South West people have lower average life expectancy, and age of death, compared to QLD average
- Rates of risky behaviours are higher in the South West than QLD averages
- Social determinants – many of which historical – have considerable influence on health inequities and are comparatively poorer in the South West than QLD averages
- SWHHS also has a higher than average First Nations population (13% all HHS with significantly higher proportions in local areas) which is likely to amplify health need

What else do we know?

- Rural and remote communities, and First Nations peoples, are at a historical disadvantage as reported in successive *Health of Queenslanders* reports
- Remoteness remains a factor, and a challenge, in terms of equitable access and when seeking to attract, recruit and retain workforce across all clinical disciplines
- With a willingness to partner with the HHS to develop new bespoke models of care, local communities are eager to engage and co-design bespoke services that meet their needs
- However, although outreach / virtual models are safe and effective, workforce challenges are amplified in rural and remote areas in relation to continuity of face to face care

What steps are South West HHS taking in response?

- Integrated modules hub/spoke levels, with staff and teams working at top of scope of practice
- Enhancing primary care collaboration by consumer driven wellness approaches, closer to home
- Closer work with ACCHO partners through First Nations Health Equity Implementation
- Building network of key public / private care providers through the South West Primary Care Alliance
- Through our Western Primary Care Pilot, and alongside our primary care partners, promote place based governance that further progresses locally based approaches to care navigation for consumers with complex needs.

Trauma and illness

Linkage to LANA priorities and enablers:

- **Priority 1: Encouraging and enabling healthy behaviours**
  Through opportunities to reduce risky behaviours unplanned care / ED presentations may be reduced.

- **Priority 2: Improving mental health services**
  SWHHS does not have a high-acuity mental health service. Approx. 10% mental health related ED presentations are triaged CAT 1-2.

- **Priority 3: Improving primary and specialist healthcare**
  First Nations people comprise 13% of total population yet account for 32.4% of ED presentations.

- **Enabler 1: Workforce**
  Identified as a key enabler for reducing wait times and limitations around service access.

- **Enabler 2: Partnerships**
  Improving linkages with local organisations can foster new mechanisms to engage with community, providing tailored and culturally safe and holistic healthcare.

- **Enabler 3: Continuity of care**
  Stakeholders described the importance of being able to exchange information between one provider and another (e.g., between hospital and GP).

What does LANA (2022) tell us?

- Total of 172 beds (2022) or 7.14 per 1,000 estimated resident population
- SWHHS services mainly at CSCF Level 3 or lower, reliance on FSS and FOG to manage wait times
- Residents may need to travel out of catchment for a variety of services, impacting on recovery / PX
- 11,375 potentially unnecessary ED presentations (2019/20)

What else do we know?

- South West HHS is the main provider of aged, acute and primary care services in the region
- South West is a Distribution Priority Area and District of Workforce Shortage
- Strategic Asset Management Plan identifies need for more contemporary infrastructure
- Remoteness remains a factor, and a challenge, in terms of equitable access and when seeking to attract, recruit and retain workforce across all clinical disciplines. No dedicated renal dialysis service.
- Health Service Plan indicates 1.58% ED and 1.4% Inpatient annual growth to 2036-37

What steps are South West HHS currently taking in response?

- Seeking opportunities to bring care closer to home and increase self sufficiency: Orthopaedic, ENT renal services etc in a clinically safe and sustainable manner
- Enhance primary care collaboration by way of consumer driven wellness approach closer to home and supporting staff to work at top of scope supported by virtual models of care
- Closer work with ACCHO partners through First Nations Health Equity Implementation
- Establishment and progression of South West Primary Care Alliance and Primary Care Health Reform Pilot –to promote early intervention and support people in their communities, manage and reduce PPH

Planned Care

Linkage to LANA priorities and enablers:

- **Priority 1: Encouraging and enabling healthy behaviours**
  Separations associated with risky behaviours can also be reduced by encouraging more healthy lifestyles.

- **Priority 2: Improving mental health services**
  Within a rural and remote context, high demand for appropriate telehealth models to support people in place, allowing people to access services in non-clinical settings.

- **Priority 3: Improving primary and specialist healthcare**
  Through opportunities to introduce new, locally determined wellness models of care that are driven by local needs.

- **Enabler 1: Workforce**
  Identified as a key enabler for reducing wait times and limitations around service access.

- **Enabler 2: Partnerships**
  Improving linkages with local organisations can foster new mechanisms to engage with community, providing tailored and culturally safe and holistic healthcare.

- **Enabler 3: Continuity of care**
  Stakeholders described the importance of being able to exchange information between one provider and another (e.g., between hospital and GP).

What does LANA (2022) tell us?

- Service Related Groups such as respiratory medicine and cardiology, which are typically associated with risky behaviours, have a high representation in service utilisation
- Total of 172 beds (2022) or 7.14 per 1,000 estimated resident population
- SWHHS services mainly at CSCF Level 3 or lower, reliance on FSS and FOG to manage local surgery
- Residents may need to travel out of catchment for a variety of services, impacting on recovery / PX

What else do we know?

- Surgical services Charleville, Roma, St George Hospitals – with FSS & FOG for local surgery lists
- South West is a Distribution Priority Area and District of Workforce Shortage
- Recent finding up to 40% of patients are attending orthopaedic services outside of South West, a 26% increase in private ENT referrals and high rates of Patient Travel claims – of which potentially two-thirds could have locally treated. SWHHS the only HHS without a satellite renal service.
- Remoteness remains a factor, and a challenge, in terms of equitable access and when seeking to attract, recruit and retain sustainable workforce across all clinical disciplines.
- Health Service Plan indicates 1.4% Inpatient annual growth to 2036-37

What steps are South West HHS currently taking in response?

- Seeking opportunities to bring care closer to home and increase self sufficiency: Orthopaedic, ENT renal services etc in a clinically safe and sustainable manner - reducing travel / demand on other HHSs and wait times for our residents
- Enhance primary care collaboration by way of consumer driven wellness approach closer to home that enables patients to be matched to services they need
- Closer work with ACCHO partners through First Nations Health Equity Implementation, including PTSS
- Establishment and progression of South West Primary Care Alliance and our Primary Care Health Reform Pilot - to better promote early intervention and support people in their communities

Chronic Disease

Linkage to LANA priorities and enablers:

- **Priority 1: Encouraging and enabling healthy behaviours**
  Opportunities for further promotion of healthy lifestyles to reduce rates of risky behaviours associated with alcohol consumption and smoking, increasing exercise and eating well.

- **Priority 2: Improving mental health services**
  Mental and behavioural problems estimated to have highest incidence of all chronic conditions across SWHHS and Queensland.

- **Priority 3: Improving primary and specialist healthcare**
  Detection of chronic diseases and support for patients in self-managing chronic conditions can reduce rates of avoidable deaths and add life to years.

- **Enabler 1: Workforce**
  Development of a sustainable and well supported health workforce important for the delivery of high quality and accessible healthcare services.

- **Enabler 2: Partnerships**
  Strong community interest in health and wellbeing services that reflect local needs and wider opportunities to normalise healthy behaviours.

- **Enabler 3: Continuity of care**
  Opportunities through Primary Care Alliance to ensure residents receive seamless acute / community care regardless of their primary care provider.

What does LANA (2022) tell us?

- South West residents have lower average life expectancy / age of death compared to QLD averages
- Rates of risky behaviours higher than QLD averages attributable to higher rates of chronic conditions
- GP Management Plan uptake within the South West is lower than QLD averages, although rates of First Nations Health checks slightly higher (2019-20 data)

What else do we know?

- Complications from chronic diseases are key drivers for Potentially Preventable Hospitalisations
- Promotion of healthy lifestyles to reduce rates of risky behaviours associated with alcohol consumption and smoking, and through increasing exercise and eating well are key.
- Multi-morbidites exacerbate other conditions, but potentially can be managed in community
- Early intervention / prevention key to reducing impact and improving outcomes

What steps are South West HHS currently taking in response?

- Enhance primary care collaboration by way of consumer driven wellness approaches closer to home
- Closer work with ACCHO partners through First Nations Health Equity Implementation
- Building network of key public / private care providers through the South West Primary Care Alliance
- GP Management and First Nations care plans, and other proactive screening through Primary Care clinics
- Healthy Communities, HOPE and further initiatives to promote early intervention and support people in community and reduce PPH

Cancer

Linkage to LANA priorities and enablers:

- **Priority 1: Encouraging and enabling healthy behaviours**
  Opportunities to encourage and enable healthier behaviours by targeting smoking, drinking, drug usage, rates of exercise, and encouraging fruit/vegetable consumption.

- **Priority 2: Improving mental health services**
  A more integrated community – primary – acute service could also include wider considerations relating to disease management / support.

- **Priority 3: Improving primary and specialist healthcare**
  Potential for further proactive culturally appropriate and other targeted health promotion activities around health promotion topics.

- **Enabler 1: Workforce**
  South West is a Distribution Priority Area and District of Workforce Shortage, with a reliance on outreach screening – access to specialists limited.

- **Enabler 2: Partnerships**
  Partnerships which engage and promote healthier lifestyles and symptom awareness will also have wider health and well-being benefits.

- **Enabler 3: Continuity of care**
  Stakeholders described the importance of being able to exchange information between one provider and another (e.g., between hospital and GP).

What does LANA (2022) tell us?

- Higher rates in women / men compared to QLD, higher rates of lost years in First Nations people
- Screening rates also lower than QLD averages
- Residents may need to travel out of catchment for specialist diagnosis / treatment (DD/BNE/CHQ)
- Prior / current smoking, alcohol and other risky behaviours likely to be attributable to rates

What else do we know?

- Whilst Health Service Plan indicates relatively stable demand, this may be due to comparatively low levels of screening in the population - hiding true need
- Due to CSCF levels, specialist levels of care and relatively low volumes, travel often required
- Tele-oncology services may support people receiving treatment closer to home
- General reticence for people to access screening services
- Due to environment / employment potential for higher environmental sun exposure

What steps are South West HHS currently taking in response?

- Enhance primary care collaboration by way of consumer driven wellness approaches closer to home
- Closer work with ACCHO partners through First Nations Health Equity Implementation
- Establishment and progression of South West Primary Care Alliance to further progresses locally based approaches to care navigation for consumers with complex needs
- Increasing palliative care positions in support of wider end of life care provision
- Advocating to progress an increase in investment in cancer care resources to expand services

Maternity and Neonates

Linkage to LANA priorities and enablers:

- **Priority 1: Encouraging and enabling healthy behaviours**
  There is an opportunity to encourage and enable healthier behaviours by targeting smoking, drinking, drug usage, rates of exercise, and fruit/vegetable consumption.

- **Priority 2: Improving mental health services**
  Within a rural and remote context, high demand for developmentally vulnerable child and family support – assisted where appropriate by telehealth models to reduce travel / family impact.

- **Priority 3: Improving primary and specialist healthcare**
  No SCBU – 12% preterm birth rate in 2019 higher than state average (9%).

- **Enabler 1: Workforce**
  South West is a Distribution Priority Area and District of Workforce Shortage with a reliance on outreach screening – access to specialists limited.

- **Enabler 2: Partnerships**
  Partnerships which engage and promote healthier lifestyles and symptom awareness will also have wider health and well-being benefits.

- **Enabler 3: Continuity of care**
  Stakeholders described the importance of being able to exchange information between one provider and another (e.g., between hospital and GP).

What does LANA (2022) tell us?

- 353 registered births in 2019, higher rates of 8+ antenatal visits than QLD average
- CSCF Level 3 birthing services – Charleville Roma, St George, with risk assessed pregnancies referred out of catchment
- 18% First Nations births more than double QLD average in 2019 (potentially due larger population)
- Prior / current smoking, alcohol and other risky behaviours likely to contribute to complications

What else do we know?

- Ongoing challenges to maintain sustainable and appropriately credentialed clinical workforce
- Women's health (maternal/antenatal and perinatal health needs) services across distributed and remote populations – including wider smoking cessation a key area of service challenge
- Rural Maternity Taskforce recommendations have identified a range of considerations, including cultural, to support birthing closer to home / on country and mothers birthing out of catchment
- There is also higher rate developmentally vulnerable children (33%) compared to QLD (26%) in 2018

What steps are South West HHS currently taking in response?

- Progression of Rural Maternity Taskforce recommendations: Charleville & St George
- Seeking to inform *HealthQ32* first 2000 days agenda and forthcoming Women & Girls Health Strategy
- Continuing to advocate for the needs of South West mothers birthing out of catchment
- Closer work with ACCHO partners through First Nations Health Equity Implementation
- Establishment and progression of South West Primary Care Alliance
- Primary Care Health Reform Pilot – Western Sector

Mental Health (inclusive of alcohol and other drugs services)

Linkage to LANA priorities and enablers:

- **Priority 1: Encouraging and enabling healthy behaviours**
  Addressing risky behaviours could also have a positive impact on the wellbeing and mental health of the community.

- **Priority 2: Improving mental health services**
  Within a rural and remote context, high demand for appropriate telehealth models to support people in place, allowing people to access services in non-clinical settings.

- **Priority 3: Improving primary and specialist healthcare**
  Growing need for prevention and early intervention initiatives for mental health and substance abuse related issues in small communities that minimise stigma.

- **Enabler 1: Workforce**
  3 Seeds is supporting assessment of a complete and capable workforce to meet the growing demands of SWHHS communities.

- **Enabler 2: Partnerships**
  Potential to leverage benefits of virtual platforms or telehealth for follow up appointments, where possible, and work with ACCHO and other partners to deliver local services.

- **Enabler 3: Continuity of care**
  Opportunity to improve coordination and virtual/support of people returning after acute treatment away from home.

What does LANA (2022) tell us?

- SWHHS has a higher-than-average age standardised rate of self-harm and suicide
- Approx. 10% mental health related ED presentations are triaged CAT 1-2
- SWHHS does not have a high-acuity mental health service, ODT services provided by DDHHS
- Up to 36 per 100K premature deaths from suicide / self inflicted injury, compared to 15 in QLD

What else do we know?

- Living and working in rural and remote communities can at times be a stressful experience. People can experience pressures such as social isolation, financial hardship, lack of employment opportunities, and natural disasters such as fire, flood or drought
- Increasing need to assist people access and navigate the system, especially in rural and remote and culturally sensitive context with a supportive alternative to after hours / ED crises presentation
- Through Primary Care Alliance, potential to promote the normalisation of mental health check ups
- *Better Care, Together* incentives and funding will supplement the community generated *3 Seeds* 10-year forward service plan for future need

What steps are South West HHS currently taking in response?

- Progressing work of TRACC, dedicated Mental Team and ongoing key partnership working
- Continuing engagement with dedicated Mental Health Community Advisory Network
- Continuing to advocate for rural and remote / culturally appropriate integrated care services
- Closer work with ACCHO partners through First Nations Health Equity Implementation
- Establishment and progression of South West Primary Care Alliance (mental health 1 of 3 priorities)
- Progression of *3 Seeds* service development and statewide *Better Care, Together* initiatives