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Local Area Needs Analysis (LANA)

Summary Report 2022-2025 (2023 Refresh)

2022068

Contents

Contents	2
Endorsement	4
WMH LANA Summary Report 2022-2025 (2023 Refresh).....	4
WMH LANA Summary Report 2022-2025	4
Abbreviations & terminology	5
Acknowledgements	6
Executive Summary	8
Introduction.....	10
What is a needs assessment?	10
Why do we need a needs assessment?	11
About West Moreton Health	12
WMH vision and priorities	14
West Moreton Population Snapshot	15
West Moreton Services Snapshot	17
LANA Methodology	18
Data analysis (Quantitative)	19
Consultation (Qualitative)	23
Triangulation	25
Prioritisation.....	26
Prioritisation strategy.....	26
Prioritisation techniques	26
Validation of triangulated findings and ‘longlist’ of issues	27
Scoring and shortlist of needs.....	27
Identified priority areas	29
Health of the Community	30
1. Chronic disease continues to have considerable burden on communities and services in West Moreton	30
2. Addressing social determinants of health.....	31
3. A need to focus on risk and protective factors that influence health behaviours and outcomes	32
Rural Health.....	33
4. Some geographic regions in the West Moreton community experience greater health needs	33
5. Working to address the broad range of factors that contribute to service access in West Moreton's rural communities 5.....	34
Health Equity.....	35
6. Working to support the broad range of factors that influence positive maternal and infant health and wellbeing for First Nations mums and bubs	35
7. Responding to the social and emotional wellbeing of West Moreton First Nations population	36
8. Availability of services, skill mix and resources in prisons to support health and wellbeing of the prisoner population	37

9. A need to ensure adequate transition support for people exiting prison, particularly First Nations prisoners in the community	38
Women, children, young people and families.....	39
10. A need for early intervention and timely diagnosis of child development concerns in order for children to be connected with the right support when it is needed most	39
11. Addressing the adverse impacts of child abuse/ neglect on health and wellbeing	40
12. Responding to the maternal, antenatal and perinatal health needs of the West Moreton community ...	41
Older persons	42
13. Availability and accessibility of high-quality services to engage and support the unique health needs of older people as they age	42
14. Greater need for mental health supports for older persons	43
Mental health	44
15. A need for high quality and timely emergency mental health and alcohol and other drug related services	44
16. Working to address the mental health challenges of young people In the West Moreton community ...	45
17. Need for mental health support across the care continuum.....	46
18. Inability of the local mental health system to meet community need	47
Service integration and partnerships	48
19. Improve access to services for people in residential aged care appropriate to their needs.....	48
20. Availability and accessibility of high-quality community and primary care services to support consumers being managed in primary care where appropriate	49
Capable & skilled workforce.....	50
21. West Moreton Health continues to face workforce shortages with both recruitment and retention difficulties, particularly in rural areas	50
22. Need to strategically align workforce to future service capability and demand	51
Service access and availability.....	52
23. Need to ensure levels of resourcing and funding are commensurate with community demand for health services.....	52
24. Responding to the increasing demand and acuity of presentations to the Ipswich Hospital Emergency Department.....	53
Alignment to system priorities	54
Implementation and monitoring	55
Limitations & opportunity for improvement.....	58
Appendix One, Alignment of health and service needs to priority areas	60

Endorsement

WMH LANA Summary Report 2022-2025 (2023 Refresh)

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WMH LANA Summary Report 2022-2025

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Abbreviations & terminology

Abbreviation	Description
ABS	Australian Bureau of Statistics
AEDC	Australian Early Development Census
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and Other Drugs
ASR	Age-standardised rate
CALD	Culturally and linguistically diverse
CAGR	Compound Annual Growth Rate
DFV	Domestic and Family Violence
DOH	Department of Health
DPA	Distribution Priority Areas
DWS	District of workforce shortage
ED	Emergency Department
GP	General Practitioner
HHS	Hospital and Health Service
HITH	Hospital in the Home
IRSD	Index of Relative Socioeconomic Disadvantage
LANA	Local area needs assessment
LGA	Local Government Area
LGBTIQ+	Lesbian, gay, bisexual, trans/transgender, intersex, queer/questioning and others
MDS	Minimum Data Set
NDIS	National Disability Insurance Scheme
NGO	Non-government organisation
DDWMPHN	Darling Downs and West Moreton Primary Health Network
OOS	Occasion of service
PHIDU	Public Health Information Development Unit
PPH	Potentially Preventable Hospitalizations
QAS	Queensland Ambulance Service
QLD	Queensland
RACF	Residential Aged Care Facility
RG	Rural Generalists
SEIFA	Socio-Economic Indexes for Areas
SA2	Statistical Area Level Two
SA3	Statistical Area Level Three
SA4	Statistical Area Level Four
WMH	West Moreton Health

Acknowledgements

West Moreton Hospital and Health Service (WMH) acknowledges the Jagera, Yuggera and Ugarapul peoples, the Traditional Owners and Custodians of the land, and we pay our respect to Elders past, present and emerging. We will respect, protect, and promote human rights in our decision making and actions.



WMH would like to thank its healthcare delivery partners and the Darling Downs and West Moreton Primary Health Network (DDWMPHN), for their expertise in the preparation of WMH's inaugural Local Area Needs Assessment (LANA). The LANA Project Team would also like to thank the members of the LANA governance committee and groups for their leadership, time, and expertise throughout the development and refresh of the LANA. These groups included:

2022 WMH LANA Steering Committee

- Chief Strategy Officer
- Ms Mees, Consumer representative
- Ms Doyle, Consumer representative
- Chief Finance Officer
- Executive Director Allied Health
- Interim Chief Information Officer
- Director System Planning, Department of Health
- Director of Service Improvement and Strategy
- General Practice Liaison Officer
- Digital Transformation Lead, DDWMPHN
- Senior Medical Officer, Laidley Health Service
- Director of Nursing – Laidley
- Director of Operations/Nursing Director Prison Health Service
- Director Oral Health
- Director Public Health
- Public Health Epidemiologist
- Clinical Director, Prison Health Services
- Assistant Director, QCMHR
- Health Equity Manager
- LANA Planning Manager
- Manager Planning
- A/Planning Manager, Metro South Health
- Director Operations, Community and Acute Services, Mental Health and Specialised Services
- Operations Manager, Mental Health and Specialised Services

2022 LANA Data & Analytics Working Group

- LANA Planning Manager
- Digital Transformation Lead DDWMPHN
- Clinical Performance Manager
- Manager Planning
- Public Health Epidemiologist
- Principal Advisor, Mental Health Information Systems Management
- Manager ACES
- Principal Data Analyst Principal Data Analyst Clinical Governance
- Business Analyst, Clinical Informatics
- Graduate Program Trainee – General Management

2022 LANA Engagement Working Group

- LANA Planning Manager
- Ms Allen, Consumer representative
- Ms Eshwarachar Shankar, WMH Consumer
- Director of Nursing – Laidley
- Communications Manager, DDWMPHN
- Team Leader, Lived Experience Workforce
- Senior Engagement Officer
- Senior Carer Peer Coordinator, Lived Experience Workforce
- Analyst, Beacon Strategies
- Director, Beacon Strategies
- Graduate Program Trainee – General Management

Clinical Planning Committee

- Chief Strategy Officer
- Director Preventative and Prison Health Services
- Director Sustainability, Infrastructure and Assets
- Director, Financial Performance
- Director of Research and Innovation
- Chief Digital Officer
- A/Chief Medical Officer
- Manager, Work Safety & Wellbeing
- Manager Planning, Strategic Projects & Planning
- Executive Director Nursing & Midwifery
- A/Executive Director Clinical Services
- Executive Director Mental Health & Specialised Services
- Director, Service Improvement and Strategy
- Director, Service Improvement and Strategy
- Executive Director Allied Health
- Director of Aboriginal & Torres Strait Islander Health

Executive Summary

Queensland Health aims to improve relative equity across the health system by transforming its approach to health service planning, model of care development and service commissioning. To do this, a comprehensive assessment of community and health service needs, a Local Area Needs Assessment (LANA), is being carried out by all Queensland Hospital and Health Services. A health needs assessment is a systematic approach for reviewing the health and service issues facing a defined population and identifying the specific health needs of a population. A needs assessment will provide a comprehensive and validated understanding of the most important health and service needs of the West Moreton region to highlight gaps in service provision and the populations that have higher need.

The WMH LANA has been developed in alignment with the System Planning Branch's LANA Framework with systematic quantitative and qualitative data collection. WMH worked closely with Darling Downs & West Moreton PHN (DD&WM PHN) in the development of LANA as the first joint needs assessment process, with close collaboration to pursue for future iterations. While limitations have been noted in this process, LANA is a critical document to understand the health care needs of our communities and paves the way for greater collaboration with DD&WM PHN to identify the programs, services and opportunities for improving the health of people living in our region.

Quantitative. The LANA Framework provided a minimum data set (MDS) including over 200 data indicators across multiple domains. WMH included multiple supplementary data sets to reflect factors unique to the West Moreton region and service profile. These were expanded upon in the 2023 Refresh.

Qualitative. Engagement was carried out using a multi-modal approach with internal staff, key partners and stakeholders, the community, consumers, and carers. Consultation was well representative of the community with over 620 people providing input via surveys and over 100 consulted directly via focus groups and forums. Rapid engagement and consultation activities were undertaken for the 2023 Refresh, to focus on validation of 2022 health and service needs.

The WMH LANA used Bradshaw's Taxonomy of Need to validate the health and service needs through multiple frames of reference. WMH identified 56 needs across nine themes as part of the need identification process.

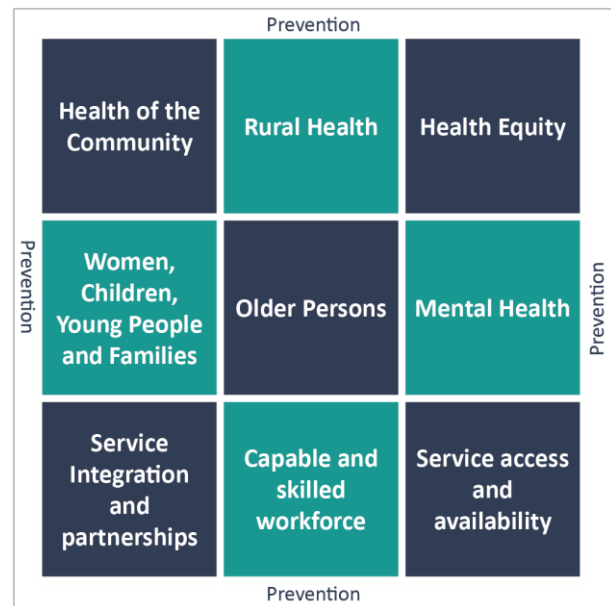


Figure 1. WMH LANA priority themes

The needs were prioritised against five criteria by members of the LANA Steering Committee, Executive Leadership Committee and Board, resulting in an endorsed shortlist of 24 needs across the nine themes.

Locally the WMH LANA 2022-2025 will inform decision making on how to implement strategic directions, health service operational planning, specific health service planning initiatives, model of care reviews, service redesign and engagement with key partners and stakeholders.

In 2023, the LANA underwent a refresh of data and process to confirm priorities. This report presents the LANA 2022-25 (2023 Refresh), which is due for a comprehensive review in 2024. WMH will deliver on the requirements of Queensland Health's, Unleashing the potential: an open and equitable health system by developing a plan for action following the identification of health and service needs through the LANA process.

Introduction

The introduction of a LANA across each Hospital and Health Service (HHS) will enable a detailed assessment of health and service needs, based on data analysis across multiple domains and consultation with local stakeholders, clinicians, consumers, and health organisations. WMH has been requested to perform the LANA for our jurisdictions and publish a report on community health needs, service needs, gaps, and priorities.

This report has been developed by WMH to present a summary of regional priorities based on findings from the LANA.

What is a needs assessment?

A health needs assessment is a systematic method for reviewing the health issues facing a defined population and identifying the specific health needs of a population.¹ A health needs assessment relies on a comprehensive and systematic triangulation of multiple perspectives² - it employs demographic, epidemiological, and service access and utilisation data; qualitative insights from healthcare consumers, community members, and healthcare providers; and research and policy recommendations. The synthesis of these perspectives to generate a longlist of health and service needs is then subject to a prioritisation process, to shortlist the greatest needs. The needs assessment acts as a tool to subsequently determine priorities for the most effective use of resources and future action to be taken (such as service development and funding allocations). The overall intent is to improve population health outcomes and improve the health and wellbeing of vulnerable populations, particularly those with disproportionate health needs.

¹ Wright, J., Williams, R., & Wilkinson, J. R. (1998). Development and importance of health needs assessment. *BMJ (Clinical research ed.)*, 316(7140), 1310–1313. <https://doi.org/10.1136/bmj.316.7140.1310>

² Flick, U. (2017). Mantras and Myths: The Disenchantment of Mixed-Methods Research and Revisiting Triangulation as a Perspective. *Qualitative Inquiry*, 23(1), 46–57. <https://doi.org/10.1177/1077800416655827>

Why do we need a needs assessment?

A needs assessment will provide a comprehensive and validated understanding of the most important health and service needs of the West Moreton region. It will highlight the gaps in service provision (where they exist) and the people, places, and/or services in West Moreton that have higher needs (inequities). The LANA prioritised these needs to enable West Moreton to identify opportunities to deliver health care differently, or in partnership with others.

The LANA will also be used by the Queensland Government Department of Health (DoH) to inform a summary of system wide priorities for vulnerable populations to support targeted commissioning of services to improve population health outcomes and reduce inequities.

WMH will use the LANA to make better decisions about:

- 01 Implementing strategic direction
- 02 Targeted service commissioning
- 03 Models of care review and service redesign
- 04 Health service planning initiatives

About West Moreton Health



WMH is committed to delivering health and wellbeing services to the people of West Moreton.

We deliver our services from a wide range of settings including hospitals, community, correctional and mental health facilities and in people's homes. We also provide our services by virtual care throughout the Somerset, Scenic Rim, Lockyer Valley, and Ipswich communities (see Figure 2).

We hold patient and staff safety as our highest priority, and we strive every day to deliver safe, person-centred care to everyone who comes to us for their healthcare.

We are committed to working in partnership with the community and our staff. We have strong networks and relationships with many partners, including government, business, the not-for-profit sector (e.g., Primary Health Networks, Ipswich Hospital Foundation) and education providers. We are responding to the challenges of caring for a fast-growing population. Our Master Plan and commitment to innovation and research underpin our goal of providing increased tertiary-level services.³

Since the inaugural LANA 2022-25, WMH has expanded its services to meet the growing demand and needs of our communities. These include:

- The expansion of **BreastScreen** services, through the opening of Yamanto BreastScreen Clinic
- The opening of the **Ipswich Hospital Cardiac Catheter Laboratory**, providing interventional cardiology diagnostic services
- The establishment of the **Preventative Integrated Care Service**, for people with chronic cardiac, chronic respiratory, or diabetes complications that are at risk of hospitalisation
- The opening of the **Jaghu Maternal and Infant Program** at Bremer Medical Centre (University of

³ Strategic Plan 2021-25.

Southern Queensland campus)

- Enhancement of the Child & Youth Mental Health Service to establish a **Child & Youth Mental Health Acute Response Team (ART)**
- Enhancement of the Alcohol and Other Drugs Services community service workforce to establish a **Drug and Alcohol Brief Intervention Team (DABIT)**
- The opening of the **Ripley Satellite Hospital**, operating the **Minor Injury and Illness Clinic** and outpatients services.

WMH vision and priorities

 <p>Connect</p>	 <p>Respect</p>	 <p>Excel</p>	 <p>Caring Better Together is our promise to the West Moreton community</p>
<p>We are part of the community, empathetic with consumers and each other.</p>	<p>We are accepting, genuine and fair to one another.</p>	<p>We are innovative and work together, giving our best for all.</p>	<p>Connect, Respect and Excel are the values that sustain our promise.</p>

OUR VISION

A thriving West Moreton community in which people achieve their best possible health and wellbeing

OUR PURPOSE

To provide safe, quality care for the West Moreton community

OUR VALUES

Connect. Respect. Excel

OUR PRIORITIES

Strengthen our communities



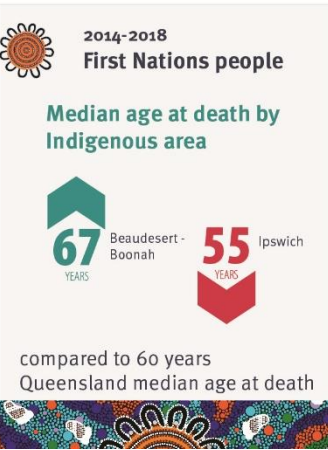
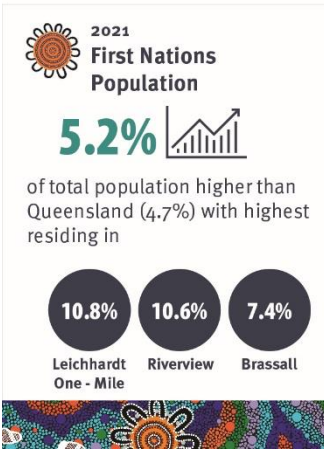
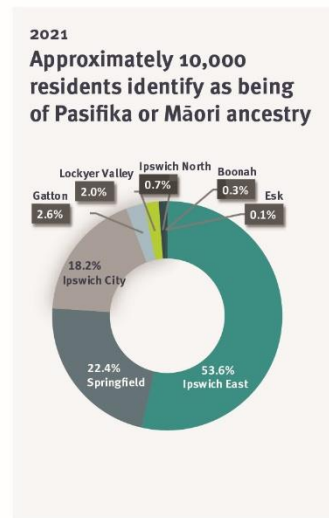
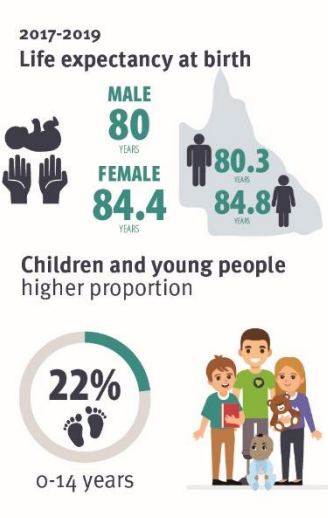
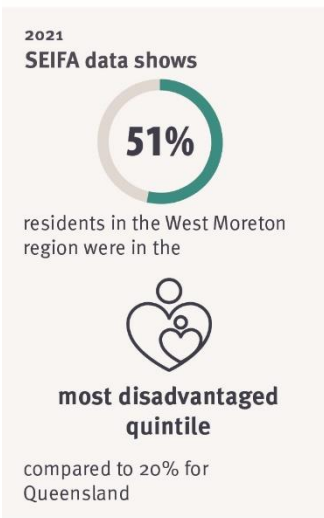
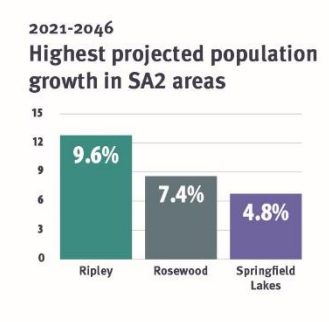
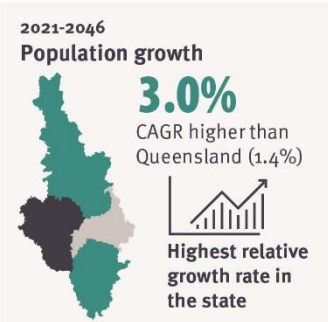
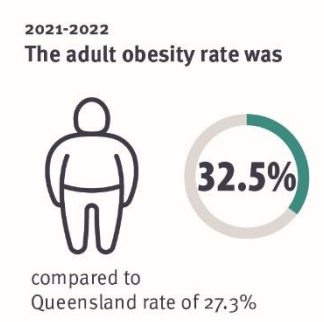
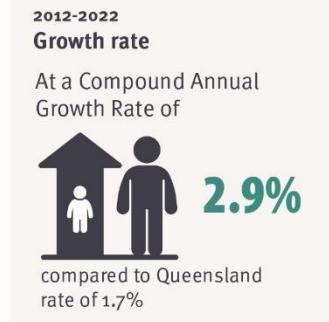
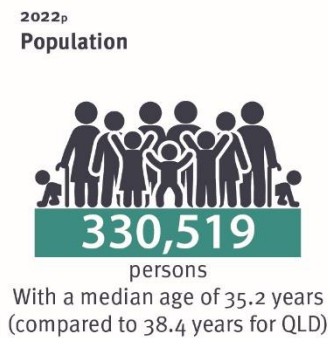
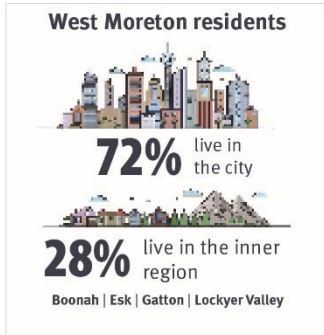
Safe, quality care, now and into the future

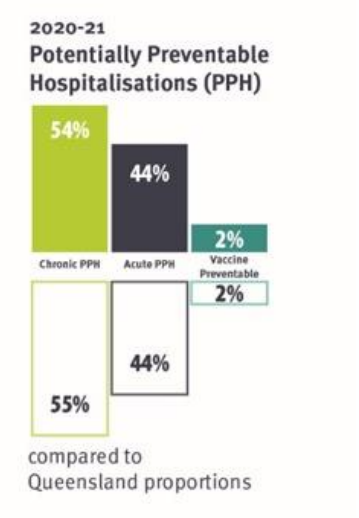
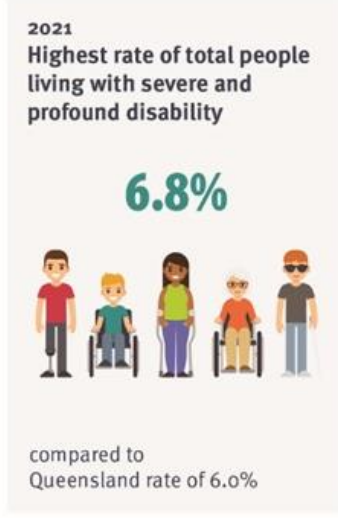
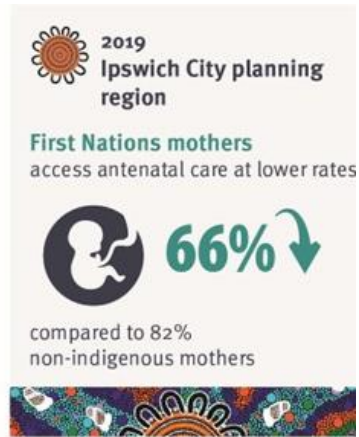
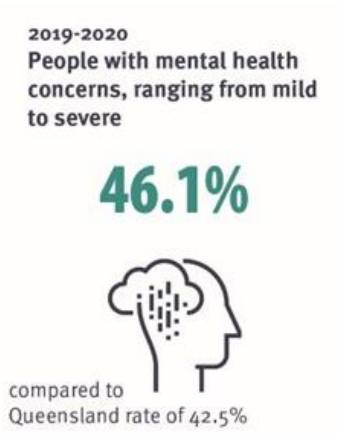
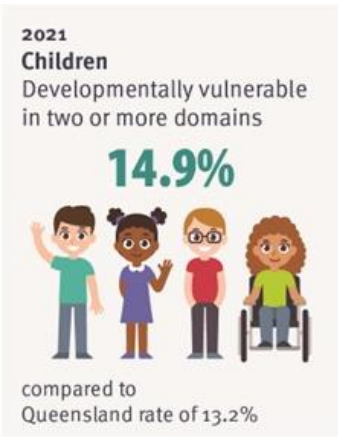


Care for our people



West Moreton Population Snapshot

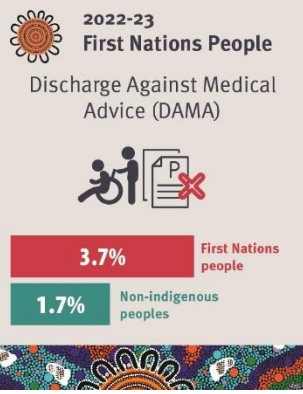
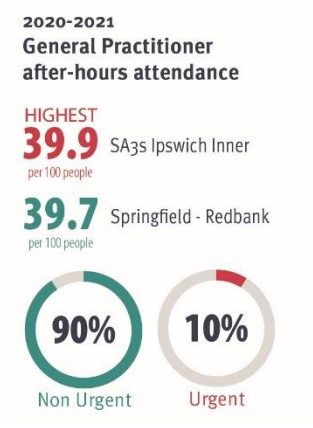
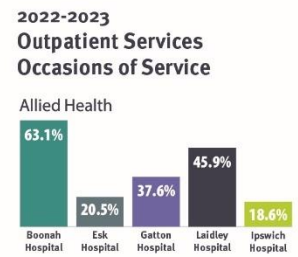
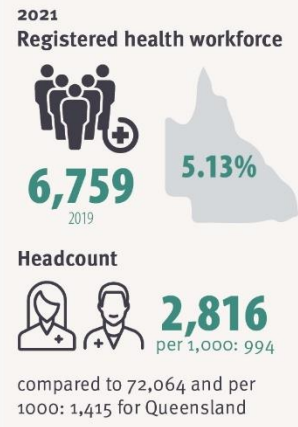
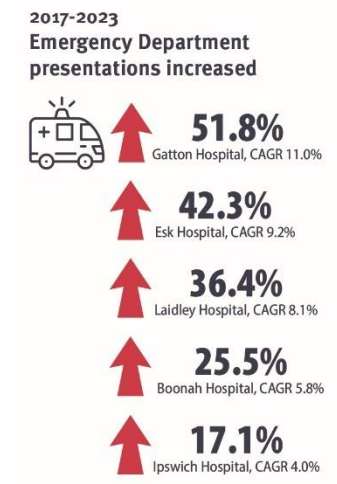
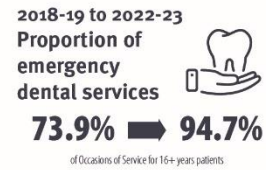
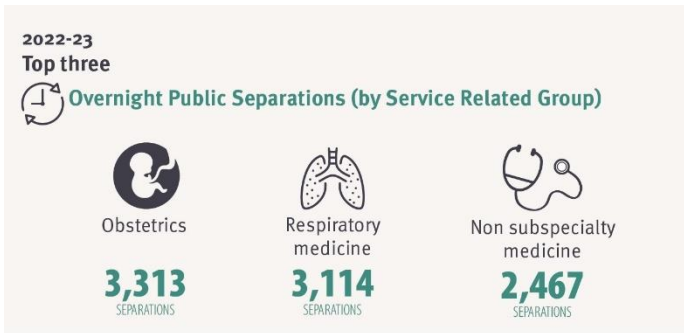




2017-2018 Incidence of chronic diseases by SA2

		QLD
	Mental and behavioural problems Ipswich - East	34.8 per 100 persons
	Arthritis 1. Gatton, Ipswich Central, North Ipswich - Tivoli 2. Ipswich - East	13.9 per 100 persons
	Asthma 1. Ipswich - Central and North Ipswich - Tivoli 2. Leichhardt - One Mile and Brassall	11.8 per 100 persons
	Heart, stroke and other vascular diseases 1. Redbank Plains 2. Raceview, Ripley, and Churchill - Yamanto	4.7 per 100 persons
	Diabetes Mellitus 1. Redbank Plains 2. Bundamba and Ipswich - Central 3. Ipswich - East	4.7 per 100 persons

West Moreton Services Snapshot



LANA Methodology

The WMH LANA was developed in alignment with the System Planning Branch's *LANA Framework*. The key phases and activities of the LANA are highlighted in Figure 3, below.



Figure 3. LANA methodology

Data analysis (Quantitative)

Minimum data set

WMH conducted its data and quantitative analysis in accordance with the LANA Framework. This Framework provided a minimum data set (MDS) including over 200 data Indicators across the domains pictured on Figure 4.

WMH included multiple supplementary data sets to reflect factors unique to the West Moreton region and service profile.

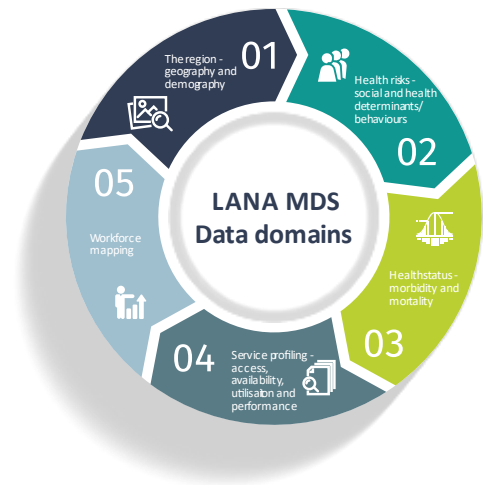


Figure 4. LANA MDS data domains

Data Sources & Quality

The majority of data required for the WMH LANA was made available in the Queensland Health Planning Portal (QHPP). However, some of the granularity required for certain indicators was not available through the QHPP. This triggered the use of additional data sources, and where necessary, data requests were submitted.

Data was sourced at Statistical Area Level 2 (SA2) where available; however, Statistical Area Level (SA3) and/or Statistical Area Level (SA4) data was used in the absence of SA2 data. For indicators with low reportable numbers, data was aggregated at the planning region level (aggregation of SA2). For public hospital service utilisation and mapping data, the planning region level was used to align with the WMH planning boundaries - this made for more meaningful analysis. The geographic size of these boundaries is depicted in Figure 5 (largest to smallest).

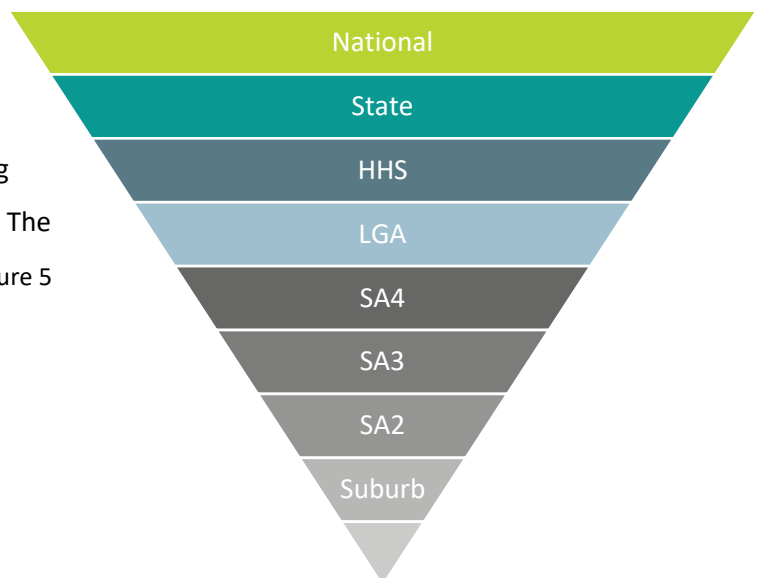
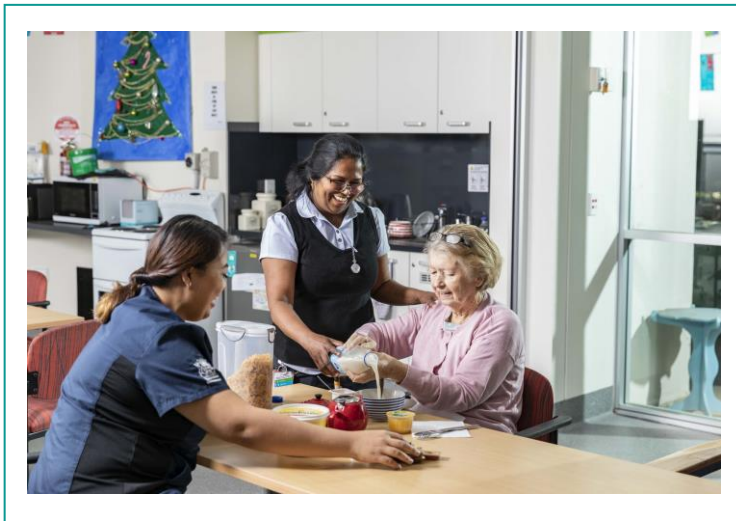


Figure 5. LANA geographical hierarchy

In 2022, the West Moreton region was estimated to have a population of 330,519 persons. Figure 6 shows the



West Moreton population by age and SA2. Redbank Plains SA2 had the largest population (26,083 persons) and Riverview SA2 (3,134 persons) had the smallest population (excluding Kilcoy which is partially in catchment). The West Moreton region also had several SA2s that reported no to very small population numbers (including New Chum, Carole Park, and Lake Manchester-England Creek) due to industrial and/or protected environmental areas.

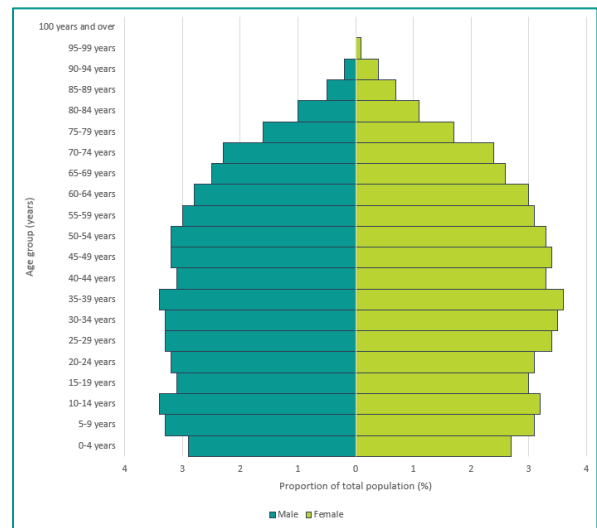
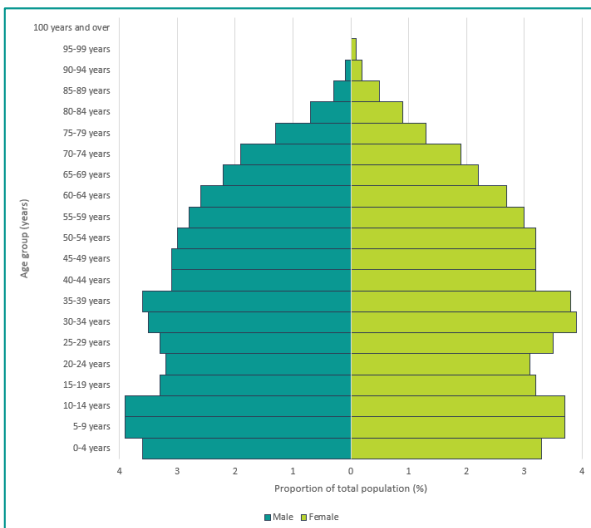


Figure 6. Population pyramids, West Moreton Health residents (left) and Queensland population (right), 2021pr

Data source: Queensland Government Statistician’s Office (QGSO) – Queensland Regional Profiles (custom region West Moreton Hospital & Health Service); analysis of Australian Bureau of Statistics, Regional population by age and sex, 2021.

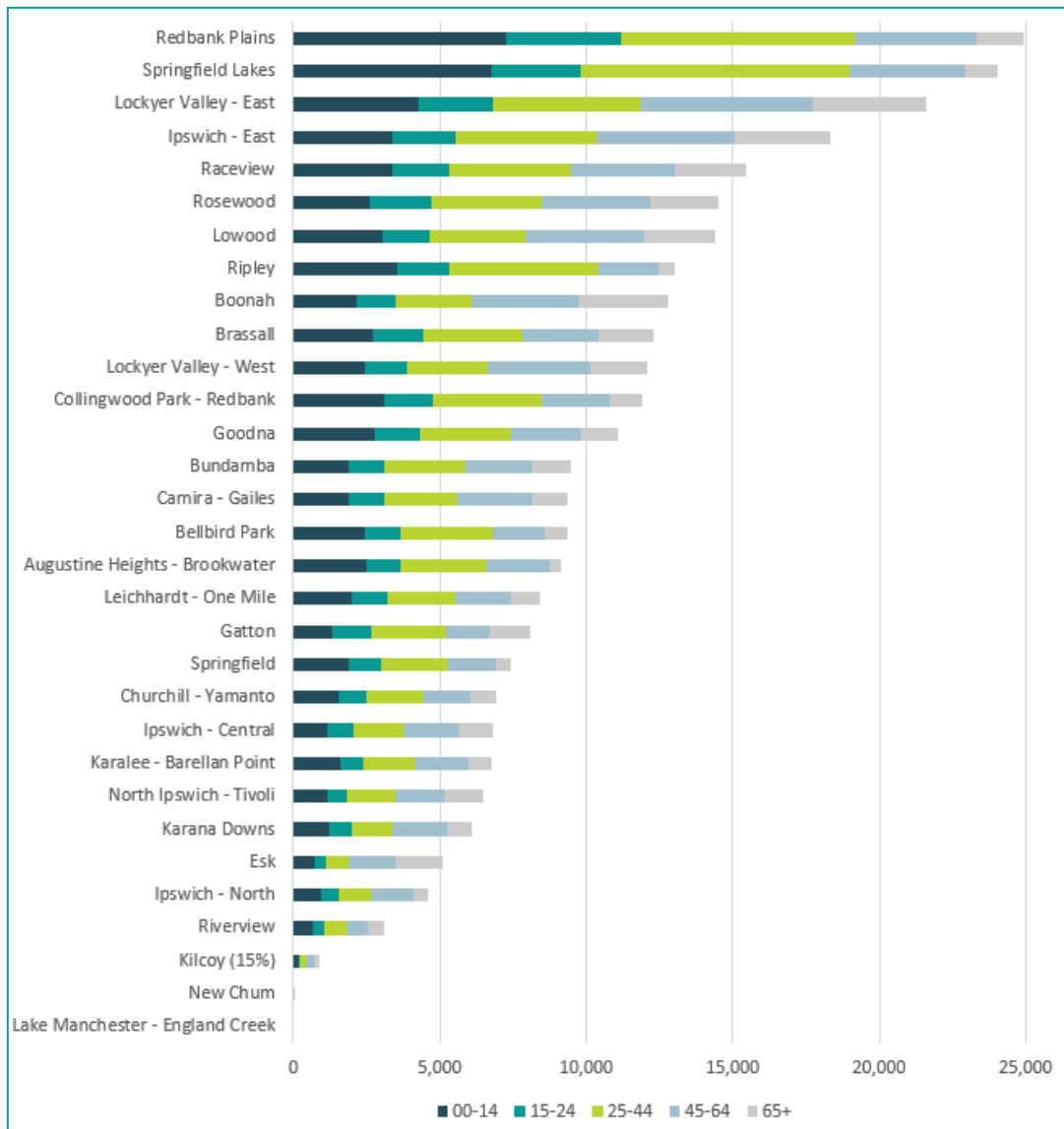


Figure 7. West Moreton population by age group and SA2, 2022p

Data source: Queensland Government Statistician’s Office (QGSO) – Queensland Regional Profiles (custom region West Moreton Hospital & Health Service); analysis of Australian Bureau of Statistics, Regional population by age and sex, 2021.

Socio-Economic Indexes for Areas (SEIFA) is a tool that describes geographic areas in Australia according to relative socio-economic advantage and disadvantage. The SEIFA is developed by the Australian Bureau of Statistics and is based on information from the five-yearly Census. SEIFA comprise a set of four indices that can be used for modelling scenarios to predict the impact of policy, strategy, or service delivery initiatives. The Index of Relative Socio-Economic Disadvantage (IRSD) summarises a range of information about the economic and social conditions of people and households in an area and includes only measures of relative

disadvantage⁴. Figure 8 indicates that the WMH Planning Regions with the highest proportions of their population living in higher relative socioeconomic disadvantage (deciles one and two) were Esk (85.3%), Ipswich East (83.5%), and Lockyer Valley (71.3%).

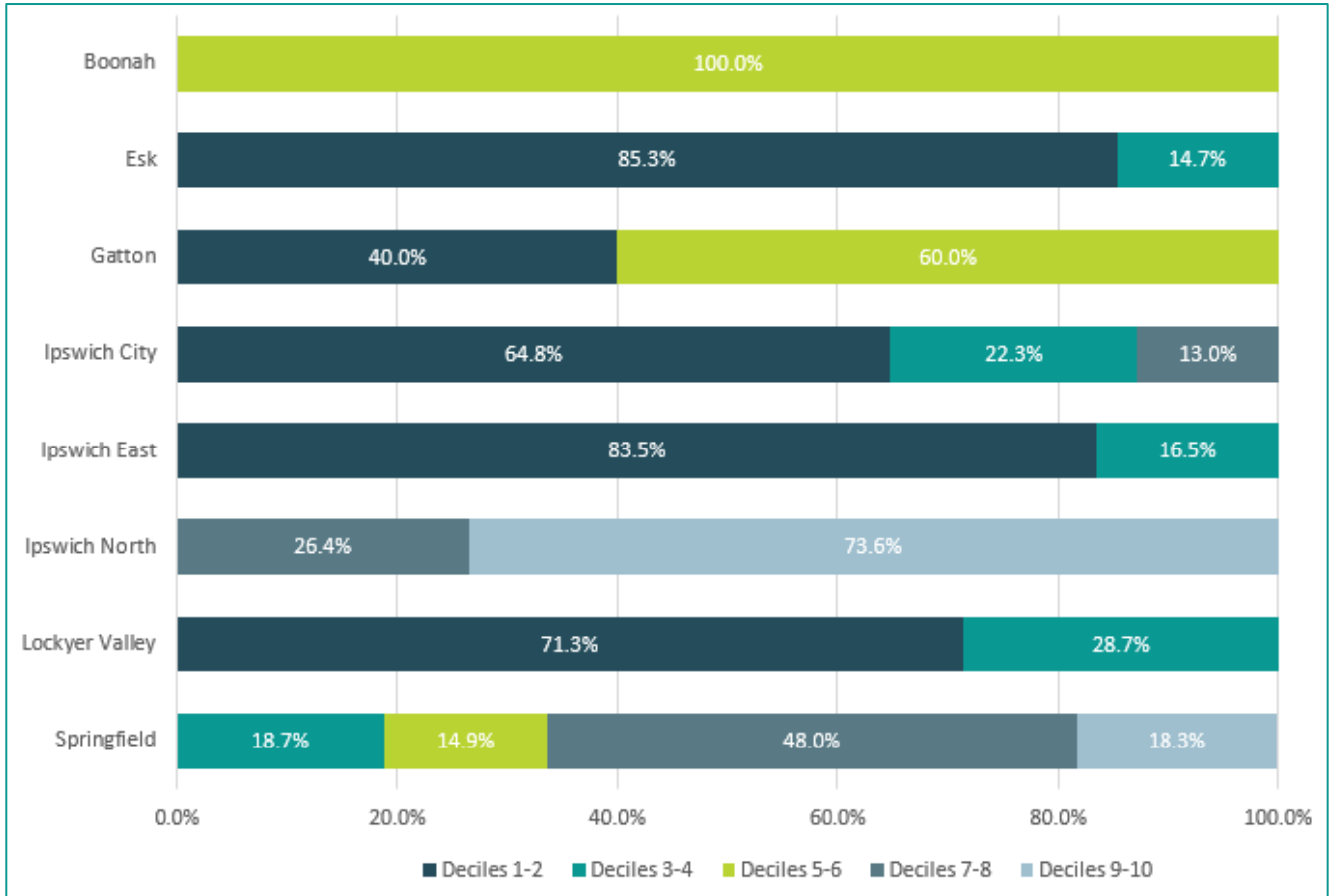


Figure 8. Proportion of WMH residents by Index of Relative Socio-Economic Disadvantage (IRSD), by planning region, 2021

Data source: Queensland Government Statistician’s Office (QGSO) – Queensland Regional Profiles (custom region West Moreton Hospital & Health Service); analysis of Australian Bureau of Statistics Socio-Economic Indexes for Australia (SEIFA) 2021; Australian Statistical Geography Standard (ASGS 2021).

⁴ Australian Bureau of Statistics. (2023). *Socio-Economic Indexes for Areas*. <https://www.abs.gov.au/websitedbs/censushome.nsf/home/seifa>

Consultation (Qualitative)

2022 LANA Engagement

Engagement was carried out using a multi-modal approach with internal staff (results in Figure 9), key partners and stakeholders, the community, consumers, and carers.

Consultation activities ranged from desktop analysis of existing and recent engagement, online surveys, targeted social media campaigns, community focus groups, service providers focus groups, individual interviews, and 'drop-in' style engagement with WMH staff.



Communication and consultation are integral to undertaking a LANA. Consultation with the community can provide insights into the health needs of the population and barriers to service access that cannot be drawn from quantitative data alone.

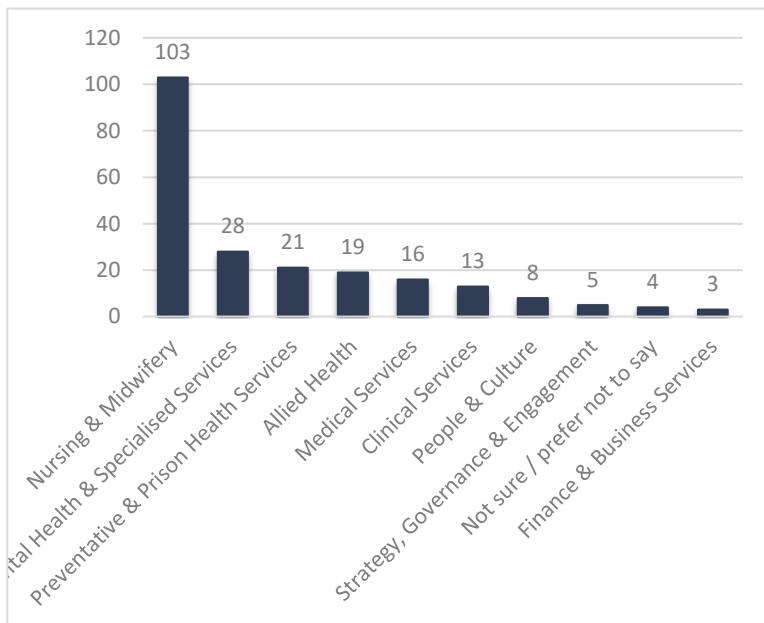


Figure 9. Internal survey responses by Division, 2022

More than

620

Responses received to the online community and staff surveys in 2022.



Children and young people with developmental delays and neurodevelopmental conditions. Huge population (and growing!) of families with children; high percentage of vulnerability and numerous vulnerable communities in West Moreton.



WMH Staff Member

The LANA Project Team worked closely with the Health Equity Strategy development team to ensure the needs of the First Nations community and staff were appropriately reflected and based on consultation carried out by the Health Equity team.



“ People are not out there drinking for fun; they are trying to deal with something ”

“ Community members are too shy to talk about mental health to either police or health services ”

“ How disconnecting it is for those in prison, they are so isolated and have no one. They are suicidal ”

First Nations community members

Working with our key partners DDWMPHN we were able to capture the perspectives of General Practitioners, community providers and the community accessing primary care services.

2023 LANA Engagement

The engagement activities used to inform the WMH LANA refresh were conducted over the period June 2023 to August 2023. To ensure breadth and depth of engagement, qualitative activities included desktop analysis, small scale surveys administered to WMH staff and WMH Advisory Council members and First Nations Community consultation. Informed by the findings from the qualitative data components, it can be concluded that there is consensus among participating stakeholders that the health and service needs identified in the WMH LANA 2022-2025 are still relevant and being experienced by the West Moreton community. It was further concluded that there are no new health and service needs that have presented since the development of the WMH LANA 2022-2025.

Triangulation

The WMH LANA used Bradshaw's Taxonomy of Need⁵ to validate the health and service needs through multiple perspectives, as described below.

	Normative need	Need that is defined by experts. Normative needs are not absolute and there may be different standards laid down by different experts.	<ul style="list-style-type: none"> • Clinical standards • Best practice guidelines • Standards for health or healthcare • Clinical engagement
	Felt need	Need perceived by an individual. Felt needs are limited by individual perceptions and knowledge of services.	<ul style="list-style-type: none"> • Community expectations • Patient experience measures
	Expressed need	Felt needs turned into action. Help seeking.	<ul style="list-style-type: none"> • Service usage data
	Comparative need	Needs identified by comparing the services received by one group of individuals with those received by another comparable group.	<ul style="list-style-type: none"> • Comparison of a community/area to a similar community/area • Also explores socio-demographic and epidemiological data

Figure 10. Bradshaw's Taxonomy of Need (1972)

⁵ Bradshaw J. (1972) "A taxonomy of social need." in McLachlan G (ed.) Problems and progress in medical care. Seventh series NPHT/Open University Press.

Prioritisation

The prioritisation of the health and service needs of the West Moreton region required the development of criteria against which the identified needs could be assessed. The LANA Framework articulated four mandatory criteria that must be used as a part of the prioritisation. The WMH LANA Steering Committee was involved in the selection of additional criteria and definitions of all criteria to ensure the process was clear, transparent and had local relevance. See Table 1 for prioritisation criteria.

Prioritisation strategy

The 2022 WMH LANA prioritisation process comprised of six key phases highlighted in Figure 11.



Figure 11. WMH LANA prioritisation process

Prioritisation techniques

Based on a review of common prioritisation techniques that can be used to objectively prioritise needs, WMH determined that a prioritisation matrix would be the best tool to meet the needs of the local context.

The prioritisation matrix was scored against five criteria (Table 1. LANA 2022 prioritisation criteria) using a 5-point Likert scale (1 = Very low, 5 = Very high). An additional response of 'not sure / prefer not to answer' was included to recognise that not all needs would necessarily align to the expertise or interests of all members of the prioritisation group.

A prioritisation matrix is a commonly used tool for when health problems are considered against a number of criteria. Each participant in the prioritisation process completed the matrix to rank the needs. It listed the prioritisation criteria along the columns, and each of the health needs in the rows.

Table 1. LANA 2022 prioritisation criteria

LANA Prioritisation Criteria

- **Governmental/Departmental direction** – does the need align with government and departmental strategic directions, targets, election or other commitments or formal obligations contained with the WMH Service Level Agreement?
- **Strength of evidence** – how well has the evidence supported the need, taking into consideration the triangulated summary of evidence (e.g., consultation, community profile, literature review, data analysis).
- **Risk of unmet need** – what are the potential consequences if the need is not addressed? e.g., will need exacerbate significantly if not addressed?
- **Feasibility** – can the potential solution for this need be implemented within available resources, or can WMH innovate how it delivers care to meet the need? What is the likely level of ability of WMH to address the need, partner or collaborate to address the need, advocate for the need?
- **Magnitude of need** – how widespread is/what is the extent of the need? What is the size, scale, and importance of the need within the West Moreton region?

Validation of triangulated findings and 'longlist' of issues

The longlist of potential needs was validated by the LANA Steering Committee and Executive Leadership Committee in May 2022. The validation process required consideration of:

- completeness of issues identified
- accuracy of supporting data consistent with local knowledge and expertise
- appropriateness of language.

Scoring and shortlist of needs

Consultation with the LANA Steering Committee and Public Health Unit determined that the most appropriate measure of central tendency for LANA would be the median, given the relatively small respondent size in mind (a total of 34 respondents).

The median is less affected by outliers and skewed data than the mean and is usually the preferred measure of central tendency when the distribution is not symmetrical.

"The list of needs of was well-presented and easy to read, and the prioritisation process was robust and simple."

*LANA Steering Committee
Member*

The prioritisation process was undertaken by stakeholders including the WMH Executive Leadership, WMH Board and LANA Steering Committee. The LANA Steering Committee comprised of individuals from diverse backgrounds (refer to page 6), which ensured that the needs of West Moreton communities were appropriately represented.

Following the prioritisation process, the results were analysed and ranked using the median score for both the need and each criterion. All needs were ranked within their respective themes and using the sum of the need median scores.

The emergent list of needs that inform this report have been validated and approved by the LANA Steering Committee and the WMH Executive Leadership Committee.



Identified priority areas

Throughout the process of validating the health and service needs, thematic analysis identified nine emergent priority areas (Figure 12) which will form the future focus priority areas for WMH. Following the prioritisation process, 24 health and service needs were shortlisted, in no particular order of ranking. The following sections will represent 'need profiles' for each of these needs, representing their supporting data from the validation process. Please refer to appendix one for full list of health and service needs as aligned to theme areas.

Preventive healthcare aims to "prevent illness and assist in the early detection of specific diseases whilst encouraging the promotion and maintenance of good health⁶". LANA acknowledges prevention as a key enabler to improving health across all the identified priority areas and needs.



Figure 12. WMH LANA key priority areas 2022-2025

⁶ Royal Australian College of General Practitioners. (2023). *What is preventive health care?* <https://www.racgp.org.au/running-a-practice/practice-resources/medicare/preventive-healthcare>

1

Chronic disease continues to have considerable burden on communities and services in West Moreton

Engagement with communities and service providers in the West Moreton region identified that people living with chronic and complex conditions often feel they are left unsupported and/or isolated to self-manage their condition(s).

We had someone with severe hypertension. He was under control for one month with medication [then] blood pressure shot up again. We realised that he used up his tablets and he didn't know that he had to have a repeat. A community health nurse could get those people before their disease progresses to [needing] hospital care.

West Moreton Community Service Provider






Chronic conditions make up a large percentage of patients we see here. Poorly-managed diabetes leads to complications (such as limb amputations) that we witness in greater frequency.

WMH Staff Member



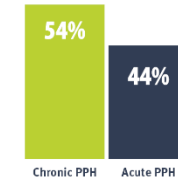
The *West Moreton Health Indicators Report 2021* demonstrates significantly higher age-standardised hospital separation ratios for **chronic obstructive pulmonary disease, heart failure, and diabetes** compared to Queensland rates.

2017-2018 Incidence of chronic diseases by SA2

		QLD
	Mental and behavioural problems Ipswich - East	34.8 per 100 persons
	Arthritis 1. Gatton, Ipswich Central, North Ipswich - Tivoli 2. Ipswich - East	13.9 per 100 persons
	Asthma 1. Ipswich - Central and North Ipswich - Tivoli 2. Leichhardt - One Mile and Brassall	11.8 per 100 persons
	Heart, stroke and other vascular diseases 1. Redbank Plains 2. Raceview, Ripley, and Churchill - Yamanto	4.7 per 100 persons
	Diabetes Mellitus 1. Redbank Plains 2. Bundamba and Ipswich - Central 3. Ipswich - East	4.7 per 100 persons



As at June 2023, **Type II Diabetes, (11,699 cases)** was the highest recorded type of Diabetes across all West Moreton LGAs.



In 2020-21, potentially preventable hospitalisations (PPHs) associated with chronic conditions represented the highest proportion of all West Moreton PPHs at **54%**. This was followed by Acute PPHs (44%) and Vaccine Preventable PPHs (2%).



In 2017-18, every SA2 in the West Moreton region reported **higher rates of heart, stroke and other vascular diseases** compared to the Queensland rate of 4.7 per 100 persons.

2

Addressing social determinants of health (e.g. poverty, housing vulnerability, social isolation, relationships)

Housing is a major issue as it is limited in the region. Families [are] being displaced from housing all the time.

West Moreton Community Member

Social isolation and vulnerability impacts access to services and supports across a whole range of medical conditions and needs.

The West Moreton region has a vulnerable population of low socioeconomic patients with multiple co-morbidities and health concerns.

Poverty has a large impact on health status and health related behaviours.

WMH Staff Members



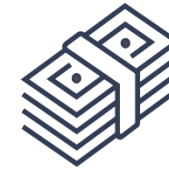
High levels of population growth across the region is driving increasing demand for healthcare and often disproportionately across levels of socioeconomic status.



Consultation identified that people often prioritise their health needs against other needs due to **financial constraints**. This included accessing appointments, undertaking preventative health activities, and obtaining medications.



In 2023, the West Moreton region had an unemployment rate of **6.3%**. This is higher than the Queensland rate of 3.8%. The SA2s with the highest unemployment rates were Riverview (22.0%), Leichhardt-One Mile (16.8%) and Goodna (11.6%).



In 2021, the SA2s with the **lowest household median incomes** were **Esk, Leichhardt - One Mile, and Riverview**. These were all lower than the Queensland median household income (\$1,675/week).



The SA2s with the highest rates of government support as main source of income are **Bundamba (42.9 per 100 persons), Riverview (42.9 per 100 persons) and Lockyer Valley-East (39.8 per 100 persons)**. These are all higher than the Queensland age standardised rate of 27.5 per 100 persons.

3

A need to focus on risk and protective factors that influence health behaviours and outcomes



Healthy lifestyle promotion for eligible [patients] with condition or pre-condition, greater sharing services and prevention programs between primary health networks (GPs) and hospital, treat the family of diabetics as part of the care plan to shift behaviours of the family (prevention) and extend support to [the] patient.

Low socioeconomic area and high obesity/poor health choices [are] leading to poor health.

Individuals in the community are eating, smoking and ignoring symptoms either through lack of information or fear.

WMH Staff Members



The rate of people experiencing homelessness is 4 times higher in Ipswich - Central and over 2 times higher in Collingwood Park - Redbank, compared to Queensland rates (43.2 per 10,000 persons). The SA2s of Gatton and Goodna also report high rates of homelessness.



The region's nutrition landscape tends to provide **less healthy options and opportunities**, impacting the most vulnerable populations including young people and people experiencing socioeconomic disadvantage.



In 2016, 51% of residents in the West Moreton region were in the **most disadvantaged quintile**, compared to 20% for Queensland. SA2s with higher relative socioeconomic disadvantage were Riverview, Leichhardt - One Mile, Goodna, Gatton, and Redbank Plains.



In, 2020-21, a higher proportion of West Moreton adults (18+ years) were obese (32.5%) when compared to Queensland (27.3%), and lower rates of protective factors such as fruit intake, healthy weight, and sufficient physical activity.



In 2021-22, **15.4%** of West Moreton adults were **daily smokers**. This is significantly higher than the Queensland rate of 10.4%.



Lifestyle-related chronic conditions caused the most deaths in the West Moreton region during the period 2016-17, with **1,133 deaths**. This accounted for **39%** of all deaths.



Community engagement identified a limited focus on prevention and maintenance activities such as exercise and diet, combined with limited health promotion and education resulting in poor health literacy.

4

Some geographic regions in the West Moreton community experience greater health needs (including Boonah, Lowood, Ipswich City, Redbank Corridor, Lockyer Valley)



Community consultation identified several areas of need relating to geographical regions in West Moreton, including:

- **Poor health outcomes and lack of transport** for young people in Lowood
- **Homelessness** and unmanaged health issues in young/older people in Boonah.
- **Risky alcohol and other drug** use in the Lockyer Valley region.
- **Lack of health and wellbeing infrastructure** in the Lockyer Valley region, including fitness facilities and parks.
- **Mental Health** in Somerset and Lockyer Valley, particularly farmers and related workers who have been impacted by extended drought, mice plagues and flooding.



People in **lower socioeconomic groups** are at **greater risk** of poor health, have higher rates of illness, disability and death, and live shorter lives than people from higher socioeconomic groups.

Source: Mackenbach JP 2015. Socioeconomic inequalities in health in high-income countries: the facts and the options. In: Detels R, Gulliford M, Karim QA & Tan CC (eds). Oxford textbook of global public health. Vol. 1. 6th edn. Oxford: Oxford University Press.



Social isolation is a significant issue for people living in the Somerset region and remote rural areas of the Lockyer Valley. In particular, farmers, wives of farmers and older people with existing health and mobility issues.



The predicted **hospital admission rate** (i.e. probability of an unplanned hospital admission in the next 12 months) is **highest** for Somerset LGA (14.2%), followed by Lockyer Valley LGA (13.7%) and Ipswich LGA (12.6%).



The West Moreton regions of Lowood (11.1 per 100 people), Esk (11.1), Gatton (11), Lockyer Valley (11) and Rosewood (10.8) reported the **highest rates of obesity among children.**



For adults, the planning regions of Boonah, Esk, Gatton, Ipswich City, Ipswich East, Lockyer Valley and Springfield all had higher rates of obesity than the Queensland ASR of **31.6 per 100 people.**

5

Working to address the broad range of factors that contribute to service access in West Moreton's rural communities



Access to GPs is a significant issue – long GP wait times (2-3 weeks) and a lack of transport – which is causing people to present to the ED with GP like symptoms. This was relieved (in part) by the reinstatement of Ipswich's district of workforce shortage; however, it remains a problem – EDs are being used to backfill gaps in services that they otherwise cannot access.

Limited transport for people under 65. Particularly people living rurally. Transport options available are sporadic and too expensive as pay per km. Currently use QAS to get to appointments however this is not good use of resources.

WMH Staff Members



People in rural communities identified **limited post-discharge transportation** available to transport from Ipswich Hospital to rural areas.



28% live in the inner region

Boonah | Esk | Gatton | Lockyer Valley



In 2020-21, the catchments of Esk and Gatton were assessed with General Practitioner (GP) services **significantly below the national benchmark for GPs and bonded doctors.**

The catchments of Boonah, Kilcoy-Woodford, Lockyer Valley-East, Lowood and Rosewood were allocated a **partial Distribution Priority Area** (DPA) status for GPs and bonded doctors.



The SA2s in the West Moreton region that have the longest distance to the nearest Level 3 Public Acute Hospital are:

- Kilcoy (29.1 km to Kilcoy Hospital),
- Lowood (24.9km to Ipswich Hospital)

6

Working to support the broad range of factors that influence positive maternal and infant health and wellbeing for First Nations mums and bubs

First Nations staff members identified the following needs and barriers to First Nations women accessing appropriate maternity and infant care.

- Birthing on country
- Domestic and family violence intervention
- Alcohol and Other Drugs education
- Support groups (mothers and fathers)
- Culturally appropriate antenatal care and education
- Counselling support
- Transport
- Holistic care

Effects of drug abuse, smoking and alcohol while pregnant - having information and knowledge about these topics delivered in a culturally appropriate way.

First Nations Community Member



In 2019, **40% of First Nations mothers in Ipswich City smoked during pregnancy, compared to 13% of non-Indigenous mothers.**

This shows that there is room to improve (reduce) rates of smoking during pregnancy amongst First Nations mothers in the West Moreton region.



In 2019, 7% of babies born to non-Indigenous mothers were considered **low birthweight**, compared to **11% of First Nations mothers.**

This is consistent with the higher rates of smoking during pregnancy shown for West Moreton First Nations mothers, as one in every five babies born to mothers who smoke during pregnancy has low birthweight.



First Nations mothers are known to experience **higher rates of pre-term birth.** In 2019, the West Moreton region reported that 8% of babies born to non-Indigenous mothers were premature, compared to a significantly higher rate of 13% for First Nations mothers.



In 2019, First Nations mothers accessed **antenatal care at lower rates** than non-Indigenous mothers.

West Moreton First Nations mothers who completed eight or more antenatal visits	First Nations	Non-Indigenous
Ipswich City planning region	66%	82%
Ipswich-East	64%	72%
Lockyer Valley	63%	81%
Springfield	72%	76%

7

Responding to the social and emotional wellbeing of West Moreton First Nations population

“

Mental health, suicide, and intergenerational trauma are big issues we're facing on a daily basis. Mental health, AODs and suicide prevention is the single most important issue facing our community right now.

There is NOTHING available for our people right now. They are being turned away when they need help, and they don't know where to go. This needs to be addressed ASAP.

Support to help families understand how to better promote and support their children and young people to succeed. So many of our young people are talented yet do not become what they could become because they are influenced by negativity, grog, drugs and crime, instead of being socially supported to be better and succeed.

First Nations Community Members

”



In 2021 (February to December), **6,771 people accessed the Needle and Syringe Program**, with **35%** identifying as First Nations.



In 2022-23 there were **114 public mental health inpatient separations** for West Moreton First Nations residents, 72 of which were treated in West Moreton facilities.

“

I'd say 90% of them [the First Nations Community] it's mental health, there has been trauma in their life, they've been abused.

Identified WMH Staff Member

”



The National Aboriginal and Torres Strait Islander Social Survey found that nearly **33% of First Nations people** aged over 15 years reported having high to very **high levels of psychological distress**. This was more than twice the levels reported for other Australians (ABS, 2016).



8

Availability of services, skill mix and resources in prisons to support health and wellbeing of the prisoner population



Very difficult to access Correctional Facilities to deliver comprehensive services: Dental and optometry services are limited and rotational. No Podiatry services, which means instead of preventative care, care needs are deteriorating.

Access to GP services within the prisons - not enough doctors to manage the complex physical and mild-moderate mental health needs (that do not qualify for prison mental health service) of people who are incarcerated.

WMH Staff Members



The biggest health issues facing the prison population were noted

by WMH staff to be **chronic disease, oral health, mental health,** and **access** due to incarceration.



Previous consultation undertaken with consumers of Prison Health Services identified health needs of people in prison, and include:

- Access to quality and safe care
- Medication management, particularly pain relief, prescription practices and administration
- Access and response to medical requests
- Communication and culture
- Mental health access and treatment options
- Alcohol and other drug support
- Bereavement support
- Antenatal care
- COVID-19 and vaccination



WMH is responsible for providing Prison Health Services in the following correctional facilities:

- Arthur Gorrie Correctional Centre
- Brisbane Correctional Centre
- Borallon Training and Correctional Centre
- Brisbane Women's Correctional Centre
- Brisbane Youth Detention Centre
- Wolston Correctional Centre
- West Moreton Youth Detention Centre.



In 2021-2022 and 2022-2023, approximately **2 million clinical occasions of service** per year were recorded in all prisons and across all service types. The highest volume recorded was for medications and nursing.

Prison Health and Wellbeing Services do not yet have access or use of electronic medical records systems.

9

A need to ensure adequate transition support for people exiting prison, particularly First Nations prisoners in the community.

Getting out is scary.

West Moreton Consumer



Transition support is a significant need

for prisoners, particularly for mothers in prison/mothers who have had children in prison.



24%

As at February 2022, **First Nations people were overrepresented in prisons** across all correction facilities that West Moreton Health provides care for:

- First Nations people represented **24%** of the total adult incarcerated population.
- Thirty-four percent of the incarcerated population in the Brisbane Women’s Correctional centre identified as First Nations.



34%

Most young people exiting prison are diagnosed with conduct disorder. They’re in prison because they have trauma, yet we don’t take the opportunity when we have [i.e. when they are in prison] to start the healing process.

Nothing in prison prepares you for going home (while you might have changed in prison [i.e. positive changes in behaviour] when you go home nothing has changed but you are different now.

It is disconnecting for those in prison, they are so isolated and have no one. They are suicidal.

West Moreton Community Members

Some environments are just clinically unsafe - e.g. high secure, prison system - and that’s just because of the environment.

WMH Staff Member



Recently released prisoners, particularly those living with mental illness are more likely than their peers to be homeless, unemployed, living with other former prisoners or current drug users, experiencing drug and or alcohol misuse issues, and more likely to receive less support from family members when compared to recently released prisoners without mental illness.

Source: Hancock, N., Smith-Merry, J. & Mckenzie, K. Facilitating people living with severe and persistent mental illness to transition from prison to community: a qualitative exploration of staff experiences. *Int J Ment Health Syst* 12, 45 (2018). <https://doi.org/10.1186/s13033-018-0225-z>

10 | A need for early intervention and timely diagnosis of child development concerns in order for children to be connected with the right support when it is needed most

“

Early Childhood Early Intervention (ECEI) services have very long waitlist, and rural services are even worse because of even less providers available.

WMH has an over representation of children with disability, developmental and behavioural issues.

WMH Staff Members

”



In 2021, **14.9%** of children in the West Moreton region were developmentally vulnerable in 2 or more domains. This is higher than Queensland (13.2%).

The SA2s with the highest rate of developmentally vulnerable children in 2 or more domains were **Leichhardt-One Mile (25.2%), Churchill - Yamanto (25.0%), and Rosewood (20.9%).**



SA2s with the highest proportion of people aged 0-14 include Springfield Lakes (28.1%), Ripley (27.4%), and Augustine Heights - Brookwater (27.3%).



Since 2009, the SA2 of Bundamba has demonstrated a consistently high, yet trending down,

proportion of children developmentally vulnerable on two or more domains

(29.5% in 2009, 17.5% in 2021).



As at 2022, the West Moreton region has a higher proportion of children and young people, with

22.4% of the total population aged 0-14 years, compared to 19% for Queensland.

11 Addressing the adverse impacts of child abuse/ neglect on health and wellbeing

“
While Ipswich is considered generally well-serviced, some pockets of Ipswich experience high levels of disadvantage seen in low utilisation of child health checks and high prevalence of developmental vulnerability in children.

West Moreton Community Member

“
West Moreton children face multiple issues including unhealthy eating, obesity, poor mental health and it's a consequence of childhood trauma/abuse, and family violence.

The case mix of children and young people presenting at WMH are increasingly complex with significant psychosocial complexity/trauma/DFV putting pressure on all services, particularly the nurse navigators.

WMH Staff Members



Community engagement identified several health needs for children in the West Moreton region, including:

- Child health and development
- Speech and communication concerns
- Management of challenging behaviours
- Diagnosis and supports for children with autism spectrum disorder
- Mental health concerns, particularly anxiety
- Allergies.



The association between childhood abuse and adverse psychological, behavioural, and health outcomes is well documented in contemporary literature and can lead to:

- low self esteem
- increased fear, guilt and self-blame
- distrust of adults or difficulty forming relationships with others.

Source: Springer, K. W., Sheridan, J., Kuo, D., & Carnes, M. (2003). The long-term health outcomes of childhood abuse. An overview and a call to action. *Journal of general internal medicine*, 18(10), 864–870. <https://doi.org/10.1046/j.1525-1497.2003.20918.x>

In 2023, the West Moreton region reported:

- There were **914 domestic violence applications** for families with children, this comprised of 10% of Queensland total.
- There were **623 children that suffered significant harm**, were suffering significant harm or were at an unacceptable risk of suffering significant harm.
- There were **1,242 children in out of home care** in the West Moreton region, this comprised 10.7% of the Queensland total.
- The West Moreton region reported **6,962 juvenile offenders**, this comprised 5% of the Queensland total.



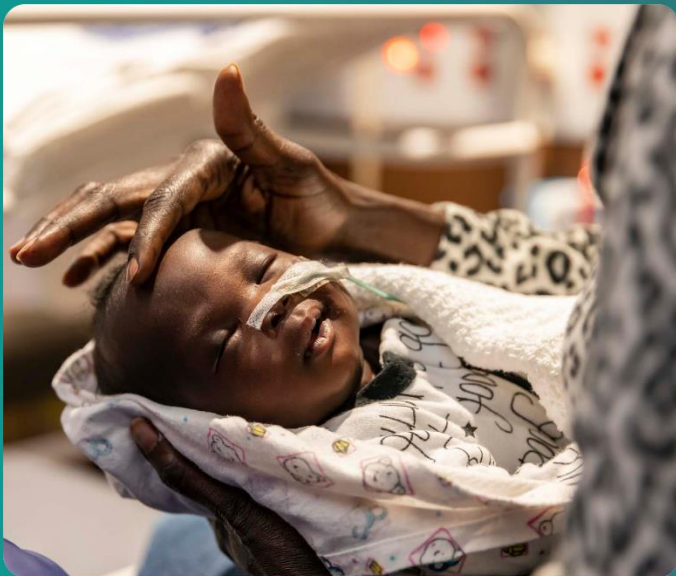
12 Responding to the maternal, antenatal and perinatal health needs of the West Moreton community

“

Although perinatal mental health services are incoming for West Moreton, with the growing population, this service needs to expand in line with demand.

WMH Staff Members

”



Key health needs for women during pregnancy and the postnatal period include:



- Choice in how they receive antenatal care (e.g. shared care or midwifery-led)
- Continuity of care provider
- Support for mothers and family members in the postnatal period
- Lactation support
- Bereavement support
- Practical supports for mothers of babies with complex care needs, including transport and childcare to attend appointments.

Available models of care that involve community-based care, shared care and/or transitional care from hospital services back into the community are rated positively by consumers and providers, particularly relating to midwifery-led antenatal care. However, there is reportedly



not enough support available through these types of service models.

The *West Moreton Health Indicators Report 2021* demonstrates a



34% increase in the prevalence of **gestational diabetes**

between 2013-17 and 2016-20.



Inequitable access to midwifery-led models of antenatal care

across all regions and population groups was identified as a service issue, particularly amongst women from Maori and Pasifika communities.

13 Availability and accessibility of high-quality services to engage and support the unique health needs of older people as they age

“

People are often very poorly informed about how to access supports in the community, particularly elderly people/ their carers. This results in a significant number of inappropriate hospital admissions for ‘social’ concerns.

Older Persons is an enormous growth area, but do not have nursing care/ coordination of care in the community space, only one social worker who accepts referrals from Memory Clinic only.

WMH Staff Members

”



Identified health and service needs of older persons:

- Delirium
- Diabetes
- Acopia in the community
- Injuries at home (e.g. falls/fractures)
- Chronic illness
- Delayed access to care (e.g. ACAT, RaSS, and community nursing)
- Advancing age (including functional decline, degenerative diseases, falls, cognitive impairment)



At 2022, there were a total of **1,475 residential aged care places** and **38 restorative care places** within the West Moreton region. Residential aged care places are located in the following planning regions Ipswich City (973), followed by Lockyer Valley (248), Boonah (131) and Gatton (82). There are no residential aged care places available in the planning regions of Ipswich East, Ipswich North, or Springfield”.

Service capacity issues relating to the provision of aged care were identified as having an adverse impact on the health and wellbeing outcomes of older people within the region. These issues include:



- **Wait times** to obtain an assessment impact ability to obtain access to care and equipment needed.
- Wait times to access the approved home and community care supports.
- **Lack of provider capacity** to provide new clients with in-home care, with some clients waiting for almost 12 months to receive services.
- **Limited responsiveness** of psychiatric assessments for people with dementia and their families
- **Limited availability of personal hygiene service.**



The Chief Health Officer 2020 report shows West Moreton

65+ cohort will increase by 65% between 2018 and 2026, this represents the highest growth of this cohort across the state.

14 Greater need for mental health supports for older persons

“

Living alone with no support is a big issue especially for the elderly, nutritional and high falls risks are inevitable and contribute to depression and overall wellbeing.

WMH Staff Member

”



Consultation with people accessing aged care services identified a range of common health needs for older people in the West Moreton region. These included:

- COVID-19 — both risk of infection and isolation from lockdown measures
- Frailty
- Loss of mobility and/or impairment from a health condition
- Dementia
- Grief and loss
- Suicidal ideation
- Loneliness and social isolation

“

There are not enough supports in the local community for things like mental health. You basically have to be at the worst end of the spectrum to get support.

Consumer, Springfield

”



Approximately **19.3% of people aged 65+ in the West Moreton community are living in need of assistance with profound or severe disability**, with the highest rates in the SA2s of Riverview (38.2%), Ipswich - Central (24.5%), and North Ipswich - Tivoli (24.2%).



The ageing population has been followed by an increase in the prevalence of mental illness, making this one of the most important causes of morbidity.

Source: Passos, J., Sequeira, C., & Fernandes, L. (2012). The needs of older people with mental health problems: a particular focus on dementia patients and their carers. International journal of Alzheimer's disease, 2012, 638267. <https://doi.org/10.1155/2012/638267>

15 | A need for high quality and timely emergency mental health and alcohol and other drug related services

“

Drug and alcohol related presentations along with poor ability to cope with mental health patients in a timely and holistically based approach.

WMH Staff Member

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In 2019-20, there were estimated to be **140,301** people in the West Moreton region with **mental health concerns**, ranging from mild to severe.



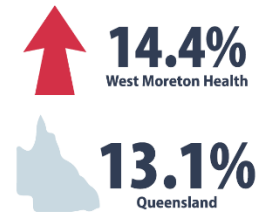
As at June 2023, primary care data showed **Mental Health, (49,172 cases)**, to be the **highest recorded condition among all ages.**



Emergency departments have become the 'front door' for people needing help with their mental health, without the resourcing and support to manage this workload.

Source: Duggan M, Harris B, Chislett WK & Calder R. 2020. Nowhere else to go: Why Australia's health system results in people with mental illness getting 'stuck' in emergency departments. Mitchell Institute Commissioned report 2020, Victoria University.

2019-2020
28-Day Mental Health readmission rates



Inadequate capacity in the mental health system means that many people turn to EDs in crisis for care and support, often because it is the only service available. This often leads to long wait times that are harmful for patients.

Source: Judkins S, et. al. Mental health patients in emergency departments are suffering: the national failure and shame of the current system. A report on the Australasian College for Emergency Medicine's Mental Health in the Emergency Department Summit. Australas Psychiatry. 2019 Dec;27(6):615-617.



In 2021-22, the most common principal drugs of concern across the Darling Downs and West Moreton region were **alcohol** (35.4%), **amphetamines** (27.1%), and **cannabis** (24.8% of all closed treatment episodes).

16 Working to address the mental health challenges of young people in the West Moreton community

Mental health services provided by the State has only just started to have [a] youth understanding....[they] just tell you to do coping strategies or breathing. While that can be helpful, it can make a person feel invalidated and less likely to seek help.

WMH Consumer, young person

West Moreton needs crisis support for young people; mental health support for young people with mild-moderate mental health issues; and sexual assault counselling. The community also needs more NDIS providers; private psychiatry; bulk-billed mental health services including private psychiatry.

WMH Staff Member



Consultation with community and service providers identified that there are growing concerns regarding youth mental health in the West Moreton region, with key issues including:

- Social isolation
- Anxiety
- Grief and loss
- Bullying
- Discrimination and inequity
- Intergenerational trauma
- Alcohol and other drug use
- Reproductive health
- Domestic and family violence
- Sexual assault harassment and exploitation
- LGBTIQ+ mental health
- Age discrimination



Over **75% of mental health issues occur before the age of 25**, while suicide continues to cause the largest loss of life of young people in Australia.

Source: Kessler, RD et al. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62: p. 593-602.



The 2021 West Moreton Health Indicators Report demonstrates that West Moreton **females aged 15-24 years were 6% more likely to be experience a hospital separation** related to self-inflicted injuries than the comparable Queensland population.

Source: West Moreton Health. 2021. Health Indicators Report 2021: West Moreton Health. www.westmoreton.health.qld.gov.au/



CYMHS is projected to provide **85,444 occasions of service** by staff in 2025-26 compared to 26,001 delivered in 2020. This represents an increase of almost 230%.



Key groups requiring particular attention in mental health prevention and treatment include children of parents with mental illness, children and youth who have experienced, or are at risk of abuse/trauma, and culturally and linguistically diverse populations.

Source: Queensland's state funded Mental Health and Alcohol & Other Drug Services 2021 to 2026: Service Needs Analysis.

Need for mental health support across the care continuum

“

West Moreton community is facing a whole range of mental health concerns across the spectrum, including hearing voices, seeing things, general mental health issues, violence with mental health problems, personality disorders, drug induces psychosis, schizophrenia, clinical depression, anxiety disorder, bipolar disorder, dementia.

WMH Staff Member

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WMH staff identified a number of mental health related health and service needs in the community including:

- Stress, depression, psychosis
- Lack of mental health services
- Limited bulk billing Psychiatrists in Ipswich
- Access to sub-acute mental health services
- Short term acute mental health service (ACT).



2020-21 data showed that Ipswich Inner SA3 had the **highest utilisation of GP mental health services, with 10.86% of the population accessing these services** and 16.9 services per 100 people. This was followed closely by Springfield-Redbank with 9.95% and 16.2 services per 100 people.



As at June 2023, primary care data showed **Mental Health, 49,172 cases**, to be the **highest recorded condition among all ages.**



The West Moreton region has **high levels of psychological distress** as measured by the K10 tool. For 2017-18, the SA2s with the highest levels of psychological distress were Brassall, Leichhardt-One Mile (both ASR 16.1 per 100 persons), Bundamba and Riverview (both ASR 16 per 100 persons).

18 Inability of the local mental health system to meet community need



28-day mental health readmission rates have been steadily increasing in West Moreton over the past 4 years and for 2019-20, were **14.4% higher than the State proportion of 13.1%.**



Limited service capacity was highlighted in the delivery of youth mental health services, with young people reporting experiences of being turned away from acute mental health services due to capacity.

“

Mental health, poor accessibility to primary health care providers such as community teams.

The psychology services at WM are stretched due to under-staffing and constant population growth resulting in many clients missing out and being referred to private psychology which is expensive and has extremely long wait times.

WMH Staff Members

“

There [are not] a lot of services for us in the local area. To go to a Gynaecologist who is trans friendly, I go into the city of QuAC [Queensland AIDS Council] to get hormone replacement therapy. Even getting a psychologist who is transgender friendly, [I am] going to the Royal [Brisbane Hospital].

WMH Consumer

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West Moreton mental health services have a **High occupancy rate (97%),** compared to the state average of 92%.

Source: Queensland's state funded Mental Health and Alcohol & Other Drug Services 2021 to 2026: Service Needs Analysis.

19 Improve access to services for people in residential aged care appropriate to their needs

“

Some social workers and discharge planners at the Ipswich General Hospital or further afield have little or no knowledge of local community service providers.

**West Moreton Consumer/ Carer,
Lockyer Valley**

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In 2020-21, GPs in the Darling Downs and West Moreton region delivered 16.9 GP attendances per aged care resident. This is lower than the national rate of 17.8 GP attendances per resident.



West Moreton staff members highlighted a range of issues relating to the interface between health and aged care services, including:

- Lack of suitable RACF for patients requiring dementia secure care
- Ongoing issues with Office of the Public Guardian and QCAT processes
- Access to Residential Aged Care.



Community consultation identified that older people residing in aged care facilities were a group with **high levels of need around mental health issues**. This includes residents being treated with medication (e.g. antidepressants, psychotropics), while not being comprehensively managed with talking therapies and social connection.

Currently, common issues impacting on service navigation are:



- ▶ Community reported a lack of knowledge around what people can access within and outside of their funding packages, and communication of what services are available at a low cost. These funding packages include, NDIS, My Aged Care and child services.



- ▶ Navigating Commonwealth Home Support Program to support older people to stay living independently in their homes



- ▶ Limited understanding amongst GPs of the required assessment process to apply for and obtain NDIS support



- ▶ Finding appropriate supports that bridge the gap between health services and disability support for those who may not fit the criteria for the NDIS but require ongoing care



- ▶ Limited information on available local services around sexual health in both the LGBTIQ+ communities and people aged 65 years and over



- ▶ Service capacity issues identified included wait times to access the approved home and community care supports.

20 Availability and accessibility of high-quality community and primary care services to support consumers being managed in primary care where appropriate

“

Lots of people in WM struggle to get access to basic personal and domestic support, it appears WM are missing the larger service providers who deliver these services in metro regions (Wesley Mission, Churches of Christ).

WMH Staff Member

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WMH staff noted several issues relating to access and availability of community and primary care supports including:



- Access to services as early intervention, community members escalate on the waitlist.
- High co-morbidities
- Limited services in the community (NDIS and general) for post-acute wound care – lead to readmission. No wound care service at West Moreton. GPs not servicing patients just referring them elsewhere.
- Lack of access to primary care.



Consultation with health consumers and local service providers identified a range of issues relating to the **capability of the health workforce to meet the health needs of the community**. These issues included managing a person's health in primary care where possible and avoiding the need for unnecessary referral to specialist doctors.



The availability of particular workforce roles/types was linked to funding available to a person based on their circumstances.

For example, older people who are eligible for services through Commonwealth Home Support Program (CHSP) funding experience a lack of physiotherapists and occupational therapists who practice under this type of funding.



A lack of access to community services such as aged care, disability support and other non-clinical support to keep people at home can lead to loss of independence, increased likelihood of hospital admission, earlier entry to residential care. In turn, these outcomes lead to a **deterioration in a person's health status** and onset of other health conditions.

21 | West Moreton Health continues to face workforce shortages with both recruitment and retention difficulties, particularly in rural areas

Community consultation identified a lack of regular GPs, allied health professionals and related health staff within the local area. Residents often have to travel at great expense to Ipswich General Hospital or further afield for surgery and pre/post-operative care.



In 2021, the SA3 regions of Caboolture Hinterland, Ipswich Hinterland and Springfield - Redbank experienced **specialist workforce shortages** within **anaesthetics, cardiology, diagnostic radiology, general surgery, obstetrics and gynaecology, ophthalmology, and psychiatry.**



Providers that were previously delivering services in regional and rural communities within the region have moved out of these communities due to workforce shortages or financial sustainability.

“

It is a struggle to get permanent medical staff – an increase in doctors is important to match the increase in demand in rural communities.

Wanting highly skilled Rural Generalists (RGs) but many of the rural facilities are located too close to the city. This causes problems for RGs as they are unable to use some of their generalist skills being so close to the city.

WMH Staff Members

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In 2021, the Ipswich Inner SA3 region experienced **specialist workforce shortages** within **cardiology, medical oncology, obstetrics and gynaecology, ophthalmology, and psychiatry.**



In 2020, nurses comprised the largest proportion of the West Moreton registered health workforce

3,258 (1,042 FTE per 100,000 population).

This is significantly lower than Queensland proportions for the same year

nurses and midwives 79,991 (1,531.2 FTE per 100,000 population).

22 | Need to strategically align workforce to future service capability and demand

“

Lack of training for staff required to provide enormous umbrella of care for patients. Lack of education emphasis and funding. Inequitable services, equipment, staff and support compared to metro counterparts.

The issues of geographic spread and complex needs create a workforce challenge. For example, prison mental health is a very specialised area, and it is difficult to move staff across facilities. WMH needs to be very strategic around its workforce needs in the future. WMH also needs to consider how it will tackle this when staff numbers will not be available in the future; this may require a re-work of workforce models. The difficulty is how to position the workforce for the future.

WMH Staff Members

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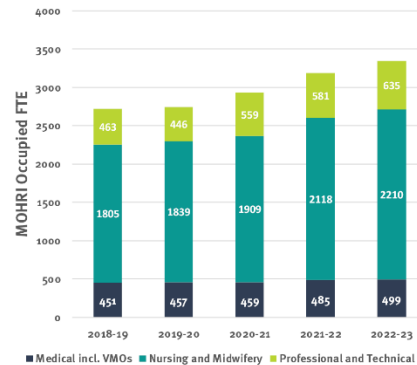


WMH has experienced a **17.3% increase** in staff between 2019 and 2023.

West Moreton Health workforce faces the following challenges now and into the future:

- Areas of workforce ageing.
- Areas of low digital literacy across the workforce.
- Increase in prevalence of mental ill health, burn out and fatigue in the workforce.
- High reliance on casual and agency staff.
- Matching at pace capability and capacity requirements.

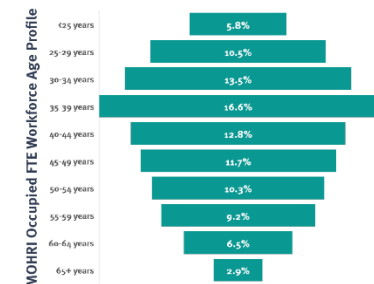
Medical, Nursing and Midwifery, and Professional and Technical, MOHRI Occupied FTE Historical Growth



Consumers, health professionals and other stakeholders highlighted a need to improve workforce capability through the **delivery of training and development for health professionals.**

A vast range of professional development areas were identified across the whole health workforce, spanning specific conditions/ presenting issues (e.g., **mental health, addiction**) and working with **specific population groups** (e.g., **health of older people**).

As at 30 June 2023, over **28.9% of WMH's workforce was aged over 50 years**, posing a significant retirement risk.



23 | Need to ensure levels of resourcing and funding are commensurate with community demand for health services

“

Administration is often forgotten as an area grows. More clinicians are allocated to areas within the hospital, yet administration may not be thought of. Any increase in patients creates an increase in administration tasks, therefore the need for more staff to cover the additional workloads.

WMH Staff Members

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2019 - 2041
Population growth



4.4%

CAGR high than
Queensland (1.6%)

Highest relative growth
rate in the state



In 2020, nurses comprised the largest proportion of the West Moreton registered health workforce

3,258 (1,042 FTE per 100,000 population).

This is significantly lower than Queensland proportions for the same year

**nurses and midwives
79,991 (1,531.2 FTE per 100,000 population).**



Historically (2011-2019), the West Moreton region has been

growing at a **Compound Annual Growth rate of 2.8%**, which is higher than the Queensland rate of 1.6%.



The availability of particular workforce roles/types was linked to funding available to a person based on their circumstances. For example, older people who are eligible for services through Commonwealth Home Support Program (CHSP) funding experience a lack of physiotherapists and occupational therapists who practice under this type of funding.



Resourcing for **health services has not grown in line with the growing population**, particularly in emerging areas such as Ipswich, Springfield, and Ripley.

Responding to the increasing demand and acuity of presentations to the Ipswich Hospital Emergency Department

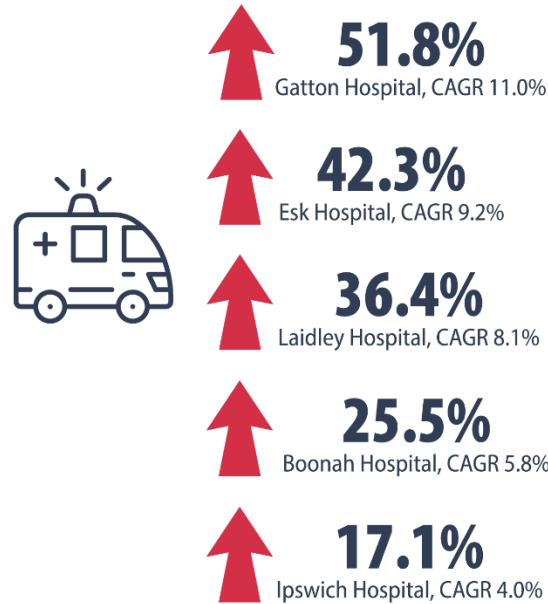
“

WMH has very limited Emergency access with a massive catchment - the population to bed ratio is far, far lower than any other HHS.

WMH Staff Members

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Between 2017-18 and 2022-23, Emergency Department (ED) presentations increased at all WMH facilities (CAGR 5.1%):



Limited service capacity was identified in areas of publicly funded emergency medicine (including Emergency Departments).



Demand for EDs is growing at a faster rate than population growth, EDs are seeing more and more patients needing care for urgent and complex conditions, and people seeking care for minor ailments put added pressure on our hardworking ED staff.

Source: Queensland Health, 2018



Between 2017-18 and 2022-23, the Ipswich Hospital ED reported an increase in triage categories 2 and 3, and a decline in categories 4 and 5. This means that Ipswich Hospital ED was seeing **more presentations and managing more complex presentations.**

Alignment to system priorities

The WMH LANA prioritisation criteria 'alignment to governmental, departmental or local direction' was underpinned by the following documents:

My Health, Queensland's Future: Advancing Health 2026 will further drive investment in new ideas, research, and technology. With plans to capitalise on the potential of health technology and models of care which will improve service access and aid Queensland's workforce.

System Outlook to 2026 – for sustainable health service informs health service planning, funding and delivery by the Department of Health and Hospital and Health Service boards and executive to 2026 – providing a coordinated system wide approach to managing growing demand, prioritising investment, and improving health outcomes for Queenslanders.

Unleashing the potential: an open and equitable health system provides recommendations on how best to harness the opportunities arising from the COVID-19 pandemic response to support the best possible health and healthcare for Queenslanders and make prevention and public health a system priority. The Australian and Queensland health systems have made some rapid changes to healthcare delivery in response to the COVID-19 pandemic, and some of these innovations have ongoing potential. A 'window of opportunity' exists for Queensland's health system to build on the pandemic response reforms and innovations that deliver better value for our patients, our workforce and partners, and the wider community.

West Moreton Health Strategic Plan 2021-2025 outlines how WMH will serve the community over the next four years including values, vision, purpose, priorities, and enablers. WMH is strengthened by our shared values of connect, respect, and excel and we are committed to Caring Better Together through the three priority areas: caring for people, safe, sustainable care, and future focus.

Darling Downs and West Moreton PHN was a key partner involved in WMH LANA prioritisation. They reported that their scoring was particularly in alignment with their health needs assessment and priorities and insights from our primary care and service delivery teams who support services in the West Moreton region.

Implementation and monitoring

The LANA has been embedded into WMH's Integrated Planning Framework (Figure 13) as the strategic level document that informs all other planning undertaken by WMH.

Locally, the WMH LANA 2022-2025 will inform decision making on how to implement strategic directions, health service operational planning, specific health service planning initiatives, models of care review, service redesign, and engagement with key partners and stakeholders.

WMH will deliver on the requirements of Queensland Health's 'Unleashing the potential: an open and equitable health system' by developing a plan for action following the identification of health and service needs through the LANA process. This plan will be guided by WMH's key enablers including digital transformation, prevention, and public health priorities.

In respect of the identified health and service needs, it is noted that:

- The needs are not mutually exclusive and may be actioned in conjunction with each another.
- The needs outlined in this report do not reflect all health and service needs identified as part of the LANA process. WMH recognises the importance of all identified needs and is committed to meaningfully integrating these to improve the health of the West Moreton population.

West Moreton Health and Darling Downs and West Moreton PHN agree that collaboration is important when planning health services and making investment decisions. We seek to share information, identify common priorities, seize opportunities for joint investment and action, as well as to help reorient the health system to improve patient outcomes and experiences. Common priorities will be acknowledged in each of our needs assessment reports to help drive ongoing collaboration and joint initiatives.

The LANA will undergo a 'light touch' refresh annually to ensure needs remain contemporary, and a full refresh every three years to reassess and reprioritise needs.

The WMH LANA will be collated with all others by the Department of Health into a Statewide summary to identify system-wide priorities for Queensland. It will also support integrated planning and service delivery to deliver the following outcomes:

- Reduced duplication of services to reduce waste and include inter-governmental provision of services.
- Transformation of people’s experiences from fragmented care to coordinated care through service re-design and improved care pathways
- Improved care outcomes by expanding prevention and early intervention services, especially at home or in the community (may be in partnership with other providers).





Figure 13. WMH Integrated Planning Framework

Limitations & opportunity for improvement

The LANA Project Team acknowledges several limitations in undertaking the LANA **quantitative data analyses** that should be considered when interpreting the findings. These include:

- Variable geographic granularity of source data: various data sources may collect and report on data at various geographic levels. For example, some data may be presented at the Statistical Area Level Three (SA3), whereas other data may be collected or analysed at a Local Government Area.
- Limitations in data elements in data collections that allow disaggregation of data by priority populations, this in turn limits the ability to identify inequities in health or service needs within these population groups. For example, data collections that promote visibility of people with disability, or those from LGBTQI+ communities.
- Unless explicitly stated, data that present trends over time are descriptive in nature only and provide crude rates or absolute change in volume. This does not mean that change over time is statistically significant, or attributable to a given intervention, program, or service change, or other extraneous factors.

The LANA Project Team acknowledges several limitations in undertaking the LANA **engagement** activities that should be considered when interpreting the findings. These include:

- The LANA seeks to take an equity lens and focus on priority population groups. As such, the focus of the engagement activities was on priority populations, issues, health conditions, and geographic areas. This means that the representation of these perspectives is likely to be higher than other generalised topics and the findings are more likely to be centred around these priorities.
- External factors including the COVID-19 pandemic and significant flooding in the region have likely impacted the capacity of stakeholders to participate in engagement activities. Further, all engagement activities were undertaken remotely (online) due to COVID-19 situation, which likely posed a barrier to a small proportion of stakeholders. Similarly, all engagement activities were scheduled during business hours, which likely suits most but not all people seeking to participate in focus groups and/or interviews.
- The consultation summary findings provided by the WMH Aboriginal and Torres Strait Islander Division were obtained as part of the WMH Health Equity Strategy. A key objective of the Health Equity agenda is the co-development and co-implementation of Health Equity Strategies. In line with this, the Health Equity consultation undertaken by WMH necessarily focused on issues related to the design and delivery of healthcare services. As such, the consultation findings do not seek to specifically identify the underlying health and services needs of the community, which acts as a limitation for LANA.

The LANA Project Team acknowledges several limitations in undertaking the LANA **prioritisation** activities that should be considered when interpreting the findings. These include:

- Improvement is required in the availability and accessibility of data. Prioritisation stakeholders identified potential gaps in the provision of data and reported that decisions were easier to make when strong comparative data was presented. The LANA Project Team will collaborate with the System Planning Branch to

increase the functionality of the Queensland Health Planning Portal and strengthen future need validation and prioritisation.

- Prioritisation stakeholders reported some difficulties scoring against the prioritisation criteria, including:
 - Magnitude of need, "I think everything on that list was needed...so important all of it, was hard to give it a number." *WMH Board Member.*
 - Feasibility, "scores for feasibility tricky as well because that in turn is dependent on if and how West Moreton Health would reprioritise things to place extra effort into working on that item". *LANA Steering Committee Member.*
 - Alignment to Governmental priorities, "there is significant imbalance between supply and demand for services, making feasibility difficult to answer in the context of constrained resources. Demand is too high; the feasibility factor is how we partner/advocate with PHN and other community-based organisations to fund the people who traditionally fall between the gaps." *LANA Steering Committee Member.*
- Prioritisation stakeholders also reported that the prioritisation process would have benefited from additional input from other internal and external stakeholders for a more robust understanding of the background and to discuss the services gaps etc. Recommendations were made to allow for a more collaborative approach to prioritisation for future LANA's to allow for groups discussion relating to scoring against the needs.
- It was noted as a part of the prioritisation process that those who participated in the scoring process were not subject matter experts across all the needs being assessed and that time required to complete prioritisation may have been a barrier for participation.



Appendix One, Alignment of health and service needs to priority areas

Priority Area	Need #	Need Statement
Health of the Community	1	Chronic disease continues to have considerable burden on communities and services in West Moreton
	2	Addressing social determinants of health (e.g., poverty, housing vulnerability, social isolation, relationships)
	3	A need to focus on risk and protective factors that influence health behaviours and outcomes
Rural Health	4	Working to address the broad range of factors that contribute to service access in West Moreton's rural communities
	5	Some geographic regions in the West community experience greater health needs including: <ul style="list-style-type: none"> • Boonah • Lockyer Valley • Lowood • Ipswich City • Redbank Corridor
Health Equity	6	Responding to the social and emotional wellbeing of West Moreton First Nations population
	7	Availability of services, skill mix and resources in prisons to support health and wellbeing of the prisoner population
	8	A need to ensure adequate transition support for people exiting prison, particularly First Nations prisoners in the community.
	9	Working to support the broad range of factors that influence positive maternal and infant health and wellbeing for First Nations mums and bubs
Women, Children, Young People & Families	10	A need for early intervention and timely diagnosis of child development concerns in order for children to be connected with the right support when it is needed most
	11	Addressing the adverse impacts of child abuse/ neglect on health and wellbeing
	12	Responding to the maternal, antenatal & perinatal health needs of the West Moreton community
Older Persons	13	Availability and accessibility of high-quality services to engage and support the unique health needs of older people as they age
	14	Greater need for mental health supports for older persons
Mental Health	15	A need for high quality and timely emergency mental health and alcohol and other drug related services
	16	Working to address the mental health challenges of young people in the West Moreton community
	17	Need for mental health support across the care continuum
	18	Inability of the local mental health system to meet community need
Service Integration and Partnerships	19	Improve access to services for people in residential aged care appropriate for their needs
	20	Availability and accessibility of high-quality community and primary care services to support consumers being managed in primary care where appropriate
Capable and skilled workforce	21	West Moreton Health continues to face workforce shortages with both recruitment and retention difficulties, particularly in rural areas
	22	Need to strategically align workforce to future service capability and demand
Service access and availability	23	Need to ensure levels of resourcing and funding are commensurate with community demand for health services
	24	Responding to the increasing demand and acuity of presentations to the Ipswich Hospital Emergency Department