



Children's Health Services Plan

2016–2021

Acknowledgement

This document has been developed by Health Service Strategy and Planning Unit (HSSP), Metro North Hospital and Health Service in collaboration with Women's and Children's Clinical Stream and the Clinical Directorates. HSSP would like to acknowledge the participation received from staff in providing advice, information and assistance in developing future directions to inform this document.

Contents

Contents	3
Part 1	4
1. Introduction	4
2. Our children	5
3. Current service system.....	6
4. Future service directions	7
5. Implementation, monitoring and review	22
5.1 Implementation	22
5.2 Risks to successful implementation	22
5.3 Resource implications	22
5.4 Monitoring, reporting and review	22
Part 2	23
1. Methodology	23
2. Policy context	23
3. Consultation	23
4. Limitations	24
5. Assumptions	24

Part 1

1. Introduction

The Children's Health Services Plan (the Plan) is a five year plan that focuses on children aged zero to 16 years, setting out Metro North Hospital and Health Service's (MNHHS) commitment to promote health, prevent illness, embed early intervention and deliver integrated, connected care for children across the hospital and health service. Building on regional and statewide planning, including the South East Queensland Paediatric Report, the MNHHS Strategic Plan 2015-19 and the MNHHS Health Service Strategy 2015-20, this plan will ensure children's health services in MNHHS:

- are designed around the needs of children, carers and families,
- support equity of access irrespective of geographic location of residence,
- grow and are enhanced to ensure residents have access to services closer to home where appropriate and safe,
- are networked, coordinated and connected.

MNHHS recognises the important role of Children's Health Queensland (CHQ) in providing health services to all Queensland children. The service directions and actions contained in this Plan have been reviewed by CHQ. MNHHS is committed to building a strong partnership with CHQ to:

- collectively be accountable for delivering safe, sustainable and efficient children's health services,
- introduce tailored, networked service models across MNHHS that recognise the role of CHQ in providing tertiary services to Queensland children,
- design, implement and review services to minimise fragmentation and duplication and achieve relative economies of scale where efficiencies can be achieved.

Over the next ten years MNHHS will be home to over 210,000 children—an increase of 26.4 per cent from 2014. The current children's health services in MNHHS are under demand pressures which will be further challenged with population growth and increasing health needs. Recognising the need to keep children healthy and well and prevent hospital admissions, this Plan considers the health needs of children across the health continuum - well population; at risk population; early identification and intervention; acute consequences and conditions; chronic consequences and conditions; and end of life.

The multiple service delivery settings are also considered in relation to a child's needs and complexity of care. The settings include: primary and community care in the home and community; emergency services in hospitals; outpatient services in community and hospital settings; same day and admitted overnight care in acute hospitals; and subacute care in acute hospital, subacute hospital and community.

Once implemented, the expected outcomes of delivering this plan include:

- equitable access to safe, sustainable and efficient children's services across MNHHS that are tailored to local health needs,
- evidenced-based, best practice, safe and sustainable health services that are delivered by a highly skilled workforce,
- a networked, integrated and coordinated service system that is agile and can adapt to the changing environment,
- collaboration between HHSs, other government agencies, non-government organisations and private health service providers that collectively design, implement and review service delivery arrangements to ensure optimal responses to demand now and into the future.

Increasing demand for children's health services across Metro North Hospital and Health Service (MNHHS) has resulted in the need to develop a MNHHS children's health services plan. Keeping children healthy, providing care closer to home and expanding capacity and capability of children's health services in MNHHS across the health continuum is a priority.



2. Our children

In 2014 there were 173,358 children (aged zero to 14 years) living in MNHHS— equating to 18.7 per cent of the total MNHHS population. Caboolture, Pine Rivers and North Lakes Local Planning Areas are home to the highest numbers of children.

In 2013, 35 per cent of Aboriginal and Torres Strait Islander residents in MNHHS were children. Approximately 30 per cent of Aboriginal and Torres Strait Islander children lived in the Caboolture LPA, 15.4 per cent in North Lakes and 12.7 per cent in Pine Rivers.

By 2026 the number of children living in MNHHS is expected to be 210,198 (an increase of 43,867 or 26.4 per cent). Caboolture and North Lakes LPAs are expected to experience the highest growth, with an increase of 20,866 or 75.4 per cent between 2011 and 2036.

Whilst the health and wellbeing of children in most areas of MNHHS is generally high by national and international standards there is significant variance across MNHHS. Redcliffe, Caboolture and North Lakes LPAs are significantly socioeconomically disadvantaged areas. Children living in these LPAs are more likely to be associated with a lower life expectancy, a greater burden of disease, higher levels of avoidable deaths and increased hospital separations. Socioeconomic disadvantage is the greatest cause of health inequality across MNHHS. An assessment of burden of disease associated with the health of our children across MNHHS found:

- Redcliffe (8.9 per cent), Caboolture (7.6 per cent) and Pine Rivers (7.6 per cent) LPAs had a higher percentage of low birth weight babies than the state average (6.8 per cent).
- Ninety-two to 93 per cent of children were fully immunised at 1 year, 2 years and 5 years. Eighty-five to 92 per cent of Aboriginal and Torres Strait Islander children were fully immunised.
- Caboolture LPA had the highest proportion of developmentally vulnerable children.

3. Current service system

MNHHS provides public health services for children across a range of service settings. Outlined below is a brief overview of the service settings where public sector care for children is provided in MNHHS.

Community health: more than 60 sites across MNHHS provide child and youth community health services including **oral health** and **mental health**. Services are provided by Children's Health Queensland and MNHHS.

The Prince Charles Hospital (TPCH): provides children's emergency, medical inpatient and outpatient care up to level 4 clinical services capability framework (CSCF) v3.2. No children's surgical services are provided.

Caboolture Hospital: provides children's emergency, medical inpatient and outpatient care up to a level 4 CSCF v3.2. Limited elective general surgery and ear nose and throat (ENT) surgery is provided.

Redcliffe Hospital: provides children's emergency, medical inpatient and outpatient care up to a level 4 CSCF v3.2. Limited elective general surgery, orthopaedics surgery and outpatient services are provided.

Royal Brisbane Women's Hospital (RBWH): provides largely adult services with limited children's emergency and selected subspecialty services for children.

Kilcoy Hospital: provides no dedicated children's service.

All hospital emergency services have capacity and capability to provide emergency stabilisation in the event of trauma presentations.

Lady Cilento Children's Hospital (LCCH): provides children's services up to a Level 6 CSCF v3.2.



4. Future service directions

Over the next five years MNHHS will develop a children's health service network that is coordinated, safe and sustainable. The service network will be responsive and agile - responding to the needs of children and their families/carers. Children and their families/carers will be at the centre of all services empowered to make informed and educated decisions about their health care. Keeping MNHHS children healthy and preventing hospital admissions will be a priority. If a child does require acute health care services MNHHS will provide care to children as close to home as clinically safe and appropriate.

The future children's health service network in MNHHS will include:

- **community health** services that provide models of care targeted to local community needs connected to the community, primary care, non-government organisations and private providers;
- **oral health** services for children and young people targeted to local needs, connected to other health services and aligned with statewide specialist services;
- **mental health** services for children and young people that are targeted to local need connected to health, social, education and justice services;
- enhanced **emergency services** by growing capacity at Caboolture and Redcliffe Hospitals and supporting staff across MNHHS staff to develop specialist skills in caring for children;
- enhanced capacity and capability of **The Prince Charles Hospital** to provide selected medicine and surgical inpatient and outpatient services up to a level 4 CSCF (v3.2) and to support service networked services at Caboolture and Redcliffe Hospitals;
- increased range of selected medicine and surgical inpatient and outpatient services provided locally at **Caboolture and Redcliffe Hospitals**;
- continued role of **Royal Brisbane and Women's Hospital** in selected subspecialty services for the older age group, ongoing support to Lady Cilento Children's Hospital for specialised services and transition services from paediatric to adult care;
- strengthened partnerships with **Lady Cilento Children's Hospital** for level 5 and 6 services for children who live in MNHHS.

To deliver the MNHHS children's health service network MNHHS will require commitment and action from Queensland Health, Children's Health Queensland, partner agencies, the community and consumers. Specifically, achievement of these improvements will require:

- strengthened partnerships and collaborations with local communities, non-government organisations, primary care including Primary Health Networks and other government agencies;
- strengthened partnerships with CHQ to co-design and implement new networked service models in MNHHS that recognise the role of LCCH;
- changes over time to planning, funding and governance of children's community, inpatient and outpatient health services; and,
- collective accountability for delivering safe, sustainable and efficient children's health services for children who live in MNHHS.

This plan is structured around four key service directions each with its own series of objectives and actions to guide service development of children's health services in MNHHS over the next five years. The service directions have been developed to deliver the health service network and address current population health needs and service issues as described in Part 2: Section 6 of this plan.

The four service directions include:

Service direction 1 MNHHS children will have optimal health.

Service direction 2 MNHHS will have integrated, coordinated and accessible child and youth community health, oral health and mental health services.

Service direction 3 MNHHS residents will have local access to safe and sustainable emergency, inpatient and outpatient children's health services through a networked service model.

Service direction 4 MNHHS's children's health services will be delivered in an environment that supports innovation, research and education for the future.



Service direction 1: MNHHS children will have optimal health.

Improving early childhood health and wellbeing including a child's physical, cognitive, social and emotional development has multiple benefits into the future. The support children and young people receive early in life is critical for their long-term health and wellbeing, educational, social and economic outcomes as adults. Preventative efforts focusing on children's health and wellbeing are likely to achieve lasting benefits into a healthy adulthood. The benefits of early childhood intervention in health and social care are well documented. Timely early interventions that are family centred¹ based in the community or in the home and focus on social, developmental, behavioural and health issues are recognised to have the potential to create long term health benefits and prevent diseases². These benefits are more evident for children in the first five years of life³.

Effective preventative child health solutions require a shared responsibility between government agencies, community groups and families. MNHHS is committed to working with partners to provide complementary services that are targeted to meet the local health and social needs of children. Keeping children well will be a priority for MNHHS particularly for children with complex and chronic care needs. A focus on the broader care needs of children and their families including physical, cognitive, social and emotional development will be a philosophy adopted across children's health services in MNHHS.

The FUTURE philosophy (already implemented in children's services at Caboolture Hospital) aims to improve the health experience for children and families. The FUTURE philosophy incorporates: family involvement, united approach to care, teaching, understanding, respect and environment.

Objectives:

- Improve the health and wellbeing of children through increased child and family awareness of disease and illness prevention, maintenance of wellbeing and healthy behaviours.
- Enhance service networks to support early diagnosis, intervention and management of children with complex chronic conditions through best practice models of care provided by multidisciplinary teams to prevent hospital admission.
- Improve continuity of care through development of better service linkages and coordination across settings and service providers.

Our care will be built on:

Family involvement:	believe in the family's involvement in the decision making process
United approach to care:	believe in utilising a multidisciplinary approach to provide care to the child and family
Teaching:	believe services have a central role in the continuing education of children, families and our staff
Understanding:	believe in striving to understand the individual needs of the child and family
Respect:	believe in respecting and recognising the wishes, decisions and diverse cultures of our families and staff
Environment:	believe in providing a safe, caring and nurturing environment for all

¹ Royal College of Paediatrics and Child Health. *Workforce Implications - a discussion document : Facing the Future: Standards for Acute General Paediatric Services* 2015 Available from:

<http://www.rcpch.ac.uk/sites/default/files/page/Workforce%20Implication%20of%20FtF%202015%20FINAL.pdf>.

² NHS. NHS STANDARD CONTRACT FOR PAEDIATRIC ONCOLOGY. 2013-14; Available from: <http://www.england.nhs.uk/wp-content/uploads/2013/06/e04-paedi-oncol.pdf>.

³ NHS England, *Standard contract for paediatric surgery*. 2013.

Service actions:

Priority actions		Responsibility
1.1	Design and implement models of care to improve integration and coordination of services across care settings and across providers targeting children: a) with special needs and/or complex conditions (including chronic disease and mental health conditions) b) who are Aboriginal and Torres Strait Islander or other culturally diverse backgrounds	CISS Medicine Clinical Stream, Oral Health and TPCH, Redcliffe and Caboolture Hospitals
1.2	Establish nurse navigator roles to support children with complex and chronic conditions to: a) monitor high needs children and their families, identify actions required to manage their health care and direct patients to the right service, at the right time and in the right place b) provide an end-to-end care and coordination service along a patient's entire health care journey c) educate and help children and their families to better understand their health conditions and enable them to self-manage or participate in decisions about their health care to reduce the need for hospital admission d) work across system boundaries and in close partnership with other health and allied health services to ensure a patient receives the appropriate and timely care needed	Women's and Children Clinical Stream and TPCH, Redcliffe and Caboolture Hospitals
1.3	Develop and implement a targeted place-based initiative for the Caboolture Hospital catchment that works in partnership with state agencies (education and communities), local government, Commonwealth government and non-government organisations to build safe, caring and connected communities promoting home and community-based care, and reducing demand on hospital-based services	CISS and Caboolture Hospital
1.4	Work with the PHN and local general practices to reduce presentation to hospitals contributing to positive patient outcomes by: a) building local relationships to promote an understanding of the service system across the care continuum b) establishing agreed referral and discharge pathways drawing on Map of Medicine and Clinical Prioritisation Criteria (CPCs) or similar tools c) establishing care protocols for children with complex long term conditions	CISS, TPCH, Redcliffe and Caboolture Hospitals
1.5	Increase immunisation rates for Aboriginal and Torres Strait Islander children through working in partnership with Ngarrama	CISS
Actions to be achieved over the next 5 years		Responsibility
1.6	Implement a whole of MNHHS philosophy to promote child health across service settings and establish improved access to high quality children's health services in MNHHS that is built on the FUTURE philosophy	Women's and Children's Clinical Stream
1.7	Establish (where necessary) and expand (where existing) locally targeted primary health care programs that focus on education, prevention, early identification and intervention for mothers and children in: a) infectious diseases b) maternal and infant health including infant feeding c) smoking in mothers d) oral health e) child nutrition and exercise programs to reduce obesity	CISS Public Health Unit Oral Health

Priority actions		Responsibility
	f) disabilities or developmental delay	
1.8	Maintain high levels of child immunisation rates in MNHHS and lead opportunistic promotion strategies in partnership with the PHN that target children who live in the northern area of MNHHS	Public Health Unit
1.9	Expand the Caboolture Hospital future families program for children aged 0-3 years to support perinatal links, parent/child interaction and mental health illness prevention for families identified as high risk	CISS in partnership with Caboolture Hospital and Oral Health
1.10	Continue and expand preventative oral health programs including fluoride varnish application and screening programs to support early identification and referral of children at risk of dental decay	Oral Health
1.11	Target communication campaigns to young people to reduce the risk factors of harmful and hazardous alcohol consumption, physical inactivity, risky sexual behaviours and tobacco smoking	Public Health and CISS
1.12	Evaluate Action 1.3	Women's and Children's Clinical Stream
1.13	Subject to successful evaluation of Action 1.12 expand place-based initiative to other communities	Women's and Children's Clinical Stream

Note: CISS – Community, Indigenous and Subacute Services



Service direction 2: MNHHS will have integrated, coordinated and accessible child and youth community health, oral health and mental health services.

Building on Service direction 1, enhancing access to early intervention services and therapies for all children across MNHHS whilst targeting children and families who are at risk of poor outcomes, children with complex and chronic conditions and children with a social and developmental disabilities is a priority. Recognising MNHHS is one of many providers of child and youth community health, oral health and mental health services strategies to improve local integration and coordination are planned.

Governance, accountability, responsibility, fund holding, and delivery of children's community health services, oral health services and child and youth mental health services in MNHHS is complex. Reviewing and confirming the role and responsibilities of CHQ and MNHHS in delivering services is a priority to ensure better access, improved responsiveness and better coordination of services across the health care continuum.

Objectives:

- Improve governance, accountability, responsibility, fund holding, and service delivery arrangements for child and youth community health and mental health services across MNHHS in collaboration with CHQ.
- Improve access to child and youth community health, oral health and mental health services across MNHHS to better meet the local needs of children and reduce the need for care in the hospital setting.
- Improve collaboration between services and providers, across the care continuum, to support joined up care pathways across the networked service system.

Service actions:

<i>Child and youth community health services</i>		Responsibility
<i>Priority actions</i>		
2.1	In partnership with CHQ confirm roles, responsibilities, governance and funding arrangements for child and youth community health services delivered across MNHHS by CHQ and MNHHS to improve service integration	CISS/ED Operations
2.2	Based on outcome of action 2.1 document funding, governance, service delivery and performance arrangements between CHQ and MNHHS for child and youth community services	CISS/ED Operations
2.3	Improve referral and post discharge continuity of care through strengthened linkages between community health, general practice and acute care services	CISS, TPCH, Redcliffe and Caboolture Hospitals
2.4	Working with Aboriginal and Torres Strait Islander communities and organisations develop service models that strengthen the responsiveness of mainstream community and hospital-based services to better meet the needs of Aboriginal and Torres Strait Islander children and families	CISS, TPCH, Redcliffe and Caboolture Hospitals
2.5	Undertake a health infrastructure review of the community health infrastructure and assets portfolio to ensure built infrastructure supports current and future service needs	CISS/Infrastructure Planning
<i>Actions to be achieved over the next 5 years</i>		Responsibility
2.6	Review suite of community health services and models of care	CISS

	provided across MNHHS and realign services with MNHHS strategic direction and health service plan	
2.7	Grow child and youth community health services to improve access locally including: <ul style="list-style-type: none"> a) a new child development service in Caboolture to better meet the needs of children in Caboolture with developmental delays/behavioural issues b) expanded child development services in Redcliffe to better meet the needs of children in MNHHS with developmental delays/behavioural issues c) expand diabetic services for children with Type 1 Diabetes across MNHHS starting with Caboolture d) expand existing and create new services that support the care of children with chronic and complex disease in settings outside the acute hospital across MNHHS 	CISS, TPCH, Redcliffe and Caboolture Hospitals
2.8	Grow services to better support children with rare diseases and chronic conditions such as epilepsy, diabetes, cystic fibrosis and asthma in community setting	CISS
2.9	In partnership with Ngarrama, grow child and family support services provided by a multidisciplinary team	CISS
2.10	Grow allied health services to support existing and new community based child and youth health services in line with benchmarked staffing levels	CISS
2.11	Develop a more detailed health service plan for MNHHS child and youth community health services in partnership with CHQ	Women's and Children's Clinical Stream CISS/Health Service Strategy and Planning
2.12	Develop e-health agendas locally to support enhanced service provision	MNHHS IT
2.13	Standardise data collection methodology for community health services across MNHHS	CISS
2.14	Based on 2.27 align resources to ensure equity of access and targeted intervention based on local health needs.	CISS
2.15	Grow child community health services (including extended hours) based on local needs. Services will be developed in partnership with other service providers to deliver: <ul style="list-style-type: none"> • prevention • assessment • intervention • treatment 	CISS

Oral health services		
Priority actions		Responsibility
2.27	Review oral health services and models of care provided across MNHHS and align services with MNHHS strategic direction and health service plan	Oral Health
2.28	Undertake a health infrastructure review of the oral health infrastructure and assets portfolio to ensure built infrastructure supports current and future service needs	Oral Health/Infrastructure Planning
Actions to be achieved over the next 5 years		Responsibility

2.29	Grow oral health services to improve access locally including: a) expanded access to early intervention and prevention programs b) increased provision of family-centred care c) increased engagement with Aboriginal and Torres Strait Islander communities and organisations d) expand existing and create new services that support the care of children with complex oral health needs	Oral Health
2.30	Grow child and youth mental health services (including extended hours) based on local needs. Services will be developed in partnership with other service providers to deliver: a) prevention b) assessment c) treatment	Oral Health

Child and youth mental health services		
Priority actions		Responsibility
2.16	In partnership with CHQ confirm roles, responsibilities, governance and funding arrangements for child and youth mental health services delivered across MNHHS by CHQ and MNHHS to improve service integration	Mental Health /ED Operations
2.17	Based on outcome of action 2.13 document funding, governance, service delivery and performance arrangements between CHQ and MNHHS for child and youth mental health services	Mental Health /ED Operations
2.18	Improve collaboration between child and youth mental health services and general practice to develop integrated care pathways that improve referral and discharge continuity of care for children and young people with a mental illness	Mental Health and CISS
2.19	Increase the after hours coverage of child and youth mental health services at RBWH and TPCHE emergency departments to enhance capacity to meet demand for young people who present to the emergency department with mental health conditions	Mental Health
Actions to be achieved over the next 5 years		Responsibility
2.20	Review suite of child and youth mental health services and models of care provided across MNHHS and realign services with MNHHS strategic directions	Mental Health
2.21	Establish child and youth mental health services in the emergency departments at Caboolture and Redcliffe Hospitals including after hours coverage to meet demand for young people who present to the emergency department with mental health conditions	Redcliffe and Caboolture Hospitals and Mental Health
2.22	Grow child and youth mental health services (including extended hours) based on local needs. Service will be developed in partnership with other service providers to deliver: a) prevention b) assessment c) intervention d) treatment	Mental Health
2.23	Develop and implement prevention and early intervention service models that will prevent or delay the onset of mental health problems in children and young people	Mental Health
2.24	Enhance youth alcohol and drug services by increased capacity to provide mobile, assertive outreach	Mental Health
2.25	Develop agreed protocols and referral pathways within MNHHS for young people receiving mental health care from child and	Mental Health

youth mental health service to transition to continuing care within the adult mental health system		
2.26	Monitor introduction of National Disability Insurance Scheme to support access to services	Mental Health/CISS

Note: CISS – Community, Indigenous and Subacute Services



Service direction 3: MNHHS children will have local access to safe and sustainable emergency, inpatient and outpatient children's health services through a networked service model.

MNHHS is committed to introducing a children's health service network. Enhancing the capacity and capability of emergency, admitted (overnight and same day) and outpatient services at TPCH, Caboolture and Redcliffe Hospitals to deliver a greater range and volume of children's health services locally is supported by Service direction 3.

Through collaboration and partnership with CHQ, a networked service system will be established with strong partnerships with LCCH to enable children's health services at TPCH, Caboolture and Redcliffe Hospitals to increase over time to provide a targeted range of children's admitted and outpatient surgical and medical services up to CSCF Level 4 (CSCF v3.2).

The future service network arrangement will support sustainability of children's services in MNHHS enabling clinical staff to work across hospitals and service settings. Strengthening the support for local clinicians to deliver best practice care in all settings is an important priority. This can be achieved through a networked system that promotes safe, sustainable, efficient and responsive health services.

Emergency department

Emergency services for children will be delivered as a coordinated network across MNHHS providing up to level 4 services (CSCF v3.2) at TPCH, Redcliffe and Caboolture Hospitals. LCCH is the specialist referral hospital providing support to MNHHS emergency departments to ensure the care of children with complex care needs who may require transfer to LCCH for level 5 and 6 (CSCF v3.2) services is provided.

Children's surgical services framework

Surgical services for children will be delivered as part of a networked service system where LCCH is the specialist referral hospital providing support to MNHHS surgical services and providing complex surgical services to children with complex care needs for level 5 and 6 (CSCF v3.2) services.

Over time services provided in local hospitals will grow. The mix and breadth of surgical services provided from MNHHS facilities will be determined based on local health need and a range of quality and safety thresholds. Informed by the Children's Surgical Services Module (CSCF v3.2) the following criteria will guide surgical service development in MNHHS:

1. age and size of the child
2. child's health status and presence of comorbidities including analysis of anaesthetic risk
3. type of surgery required
4. availability of appropriate clinical skills, experience, equipment and support services
5. volumes of service
6. family resources.

Below is a summary of the inpatient service network outlined in the surgical services framework.

Table 3: Children's surgical services framework

Inpatient Surgical Services Framework				
Providing Hospital	Acute Surgery Provision		Elective Surgery Provision	
	Complex	Non-complex	High volume, low acuity	Low volume, high acuity
Caboolture	No	Yes <Risk/complexity threshold	Yes < Threshold (Services dependent on demand & infrastructure)	No
TPCH				
Redcliffe				
RBWH				
LCCH	Yes 0-16yrs	Yes > Threshold	Yes > Threshold	Yes 0-16yrs

Children's medicine services framework

Medicine services for children will be delivered as part of a networked service system where TPCH, Redcliffe and Caboolture Hospitals provide general medicine services up to a level 4 (CSCF v3.2) and selected subspecialty services are provided by visiting specialists/clinicians through an outreach/shared care model. LCCH are the specialist referral hospital providing medicine services to children with complex care needs for level 5 and 6 (CSCF v 3.2) services.

The mix and breadth of medicine services provided from MNHHS facilities will be determined based on local health need and a range of quality and safety thresholds. A phased approach will be applied to the development and delivery of subspecialty medicine services.

Phase 1 (current state): Children's general medicine inpatient and outpatient services provided by MNHHS with consultative services from LCCH. A consultative model will be established with agreed protocols and pathways to advise and support MNHHS clinicians.

Phase 2: LCCH clinicians provide with MNHHS paediatricians/clinicians selected children's medicine subspecialty outpatient services in MNHHS facilities on an outreach basis where there is critical mass and all criteria are met.

Phase 3: MNHHS develop local paediatric expertise in selected medicine subspecialty services for both inpatients (up to level 4 CSCF v 3.2) and outpatients at TPCH, Caboolture and Redcliffe Hospitals where there is critical mass and all criteria are met.

Objectives

- Grow capacity and capability of emergency services at TPCH, Caboolture and Redcliffe Hospitals and RBWH to deliver safe and sustainable services for children.
- Grow capacity and capability of selected inpatient and outpatient children's surgical and medical services up to CSCF Level 4 (CSCF v3.2) at TPCH, Redcliffe and Caboolture Hospitals to better meet health demand.
- Improve MNHHS partnership with CHQ to support transparent discussions regarding governance, service arrangements and funding implications of MNHHS growing local service capacity and capability for surgical and medicine inpatient and outpatient services up to level 4 (CSCF v3.2).
- Improve continuity of care for children through the development and implementation of formal protocols within MNHHS and with CHQ and other providers to streamline services, facilitate transfer, discharge, retrieval, and referral and the sharing of information for all service providers.

Service actions:

Priority actions		Responsibility
3.1	Establish a MNHHS children's surgical subgroup to facilitate implementation of the children's surgical services framework	Women's and Children's/Surgical Clinical Streams/TPCH, Redcliffe and Caboolture Hospitals
3.2	Commence implementation of MNHHS children's surgical services framework in partnership with LCCH through a networked service system with 'shared care' models including: a) review existing service arrangements b) commence/grow <u>selected</u> children's inpatient and outpatient surgical services and related clinical support services at TPCH, Caboolture and Redcliffe up to level 4 CSCF where there is critical mass and all criteria are met	Women's and Children's/Surgical Clinical Streams/TPCH, Redcliffe and Caboolture Hospitals
3.3	Establish a MNHHS children's medicine subgroup to facilitate implementation of the children's medicine services framework	Women's and Children's/Medicine/Heart and Lung Clinical Streams/TPCH, Redcliffe and Caboolture Hospitals
3.4	Commence implementation of MNHHS children's medicine services framework in partnership with LCCH through a networked service system with 'shared care' models including: a) review existing service arrangements b) commence/grow selected children's inpatient and outpatient medicine services and related clinical support services at TPCH, Caboolture and Redcliffe up to level 4 CSCF where there is critical mass and all criteria are met	Women's and Children's/Medicine/Heart and Lung Clinical Streams/TPCH, Redcliffe and Caboolture Hospitals
3.5	Establish a MNHHS children's emergency subgroup to: a) develop common agreed protocols and referral pathways for children who are to be transferred from ED to the wards b) ensure best practice models of care for children's emergency services across MNHHS c) develop agreed protocols and referral pathways with CHQ/ LCCH for children who are to be transferred from MNHHS emergency departments to LCCH d) implement education and training packages for emergency department staff at RBWH, TPCH, Redcliffe and Caboolture to deliver high quality care to children	Women's and Children's, Critical Care/ Medicine/ Surgical Clinical Streams
3.6	Maximise Hospital in the Home (HITH) services contract with Mater Health to allow (eligible) children who present to TPCH to be treated at home	TPCH
3.7	Start HITH services for children who present to Redcliffe and Caboolture Hospitals	CISS/Redcliffe/ Caboolture Hospitals
3.8	Establish fracture clinics for children at TPCH	TPCH
3.9	Develop, and make easily available to staff, protocols and referral pathways with CHQ/ LCCH for children who are to be transferred from MNHHS hospitals	Women's and Children's/Critical Care/ Medicine and Surgical Clinical Streams, RBWH, TPCH, Caboolture and Redcliffe Hospitals
3.10	Formalise processes and business rules for managing patients that require transfer to LCCH including timely access to specialist advice from LCCH	Women's and Children's, Critical Care, Medicine and Surgical Clinical Streams

Priority actions		Responsibility
3.11	Review and update service delivery models to ensure they are culturally sensitive and responsive to the needs of Aboriginal and Torres Strait Islander people, culturally and linguistically diverse populations and children with disabilities	CISS, RBWH, TPCH, Caboolture and Redcliffe Hospitals
3.12	Expand the use of telehealth to support the assessment and treatment of children between MNHHS services and LCCH and general practitioners	RBWH, TPCH, Caboolture and Redcliffe Hospitals
3.13	Transfer governance and funding arrangements for child protection services from CHQ to MNHHS	Women's and Children's Clinical Stream, TPCH, Redcliffe and Caboolture Hospitals
3.14	Review child protection service model and staffing requirements to ensure alignment with health needs	Women's and Children's Clinical Stream, TPCH, Redcliffe and Caboolture Hospitals
3.15	Grow oral health services for children at Caboolture and Redcliffe Hospitals	Oral Health Directorate/Redcliffe and Caboolture Hospitals
Actions to be achieved over the next 5 years		Responsibility
3.16	Develop a dedicated children's emergency service with a separate waiting area, treatment spaces and specialised staff at Caboolture and Redcliffe Hospital Hospitals	Caboolture and Redcliffe Hospitals
3.17	Grow medicine and surgery capacity and capability in line with medicine and surgical services frameworks	Women's and Children's, TPCH, Redcliffe and Caboolture Hospitals
3.18	Develop and train staff at TPCH, Redcliffe and Caboolture Hospitals to provide and support the enhanced service capabilities outlined in this plan. Specifically this will target: a) medical, nursing and allied health staff b) imaging, pathology and pharmacy c) emergency response teams	Women's and Children's, TPCH, Redcliffe and Caboolture Hospitals
3.19	Create a suitable physical environment in paediatric wards to support the care of newborns that require readmission within 28 days of discharge after birth at: a) TPCH b) Caboolture Hospital c) Redcliffe Hospital	Women's and Children's, TPCH, Redcliffe and Caboolture Hospitals
3.20	Create an area with in the paediatric ward for high acuity beds to support children with higher acuity care requirements at: a) TPCH b) Caboolture Hospital c) Redcliffe Hospital	Women's and Children's, TPCH, Redcliffe and Caboolture Hospitals
3.21	Expand fracture clinics for children at Redcliffe Hospital	Redcliffe Hospital
3.22	Establish retinopathy of prematurity neonatal screening program at Redcliffe Hospitals in partnership with Royal Brisbane Women's Hospital and LCCH	RBWH and Redcliffe Hospitals
3.23	Implement a lactation service at TPCH for neonates	TPCH and RBWH Hospitals
3.24	Develop formalised models of care to support the transition of children to adult services for children and families with complex and chronic conditions who transition to adult services	CISS, Heart and Lung and Medicine Clinical Stream

Priority actions		Responsibility
3.25	Develop a workforce plan across services and professions to meet the service growth strategies outlined in the Plan	Women's and Children's, Critical care, Medicine and Surgical Service Streams, TPCH, Caboolture and Redcliffe Hospitals

Note: CISS – Community, Indigenous and Subacute Services



Service direction 4: MNHHS's children's health services will be delivered in an environment that supports innovation, research and education for the future

MNHHS is committed to innovation, research and education and is affiliated with key academic partners. Promoting research excellence and innovation as drivers of better children's health and better children's health care is a priority.

MNHHS is committed to working with CHQ to support research and education to ensure the best possible health outcomes for children and young people are met now and into the future.

Objectives:

- Lead research in children's health service system delivery and support effective rapid translation from research into practice.
- Build capability and support development of intersectional research partnerships in children's health.
- Partner with universities and CHQ to support a culture of innovation and research opportunities in children's health services.

<i>Actions to be achieved over the next 5 years</i>		Responsibility
4.1	Actively partner with Centre for Children's Health Research to develop research programs in MNHHS to ensure the best possible health outcomes for children and young people now and into the future	Women's and Children's Clinical Stream
4.2	Develop professional development opportunities across disciplines in partnership with university partners, CHQ and Centre for Children's Health Research	Women's and Children's Clinical Stream
4.3	Partner with the Perinatal Research Centre to expand interface with children's services	Women's and Children's Clinical Stream
4.4	Build on existing partnerships to support joint appointments with universities across all professionals	Women's and Children's clinical Stream, Oral Health, TPCH, Redcliffe and Caboolture Hospitals
4.5	Facilitate research projects consistent with directions of Children's Health Service Plan including (not limited to): a) new service models and models of care b) Aboriginal and Torres Strait Islander children c) young people's health and wellbeing d) caring for children with complex and chronic conditions	Women's and Children's Clinical Stream

5. Implementation, monitoring and review

5.1 Implementation

Implementation of this plan will be led by the Women's and Children's Clinical Stream in a staged process to allow ongoing refinement over the next five years. At the local level the plan will guide the health service priorities of the Clinical Directorates and will be integrated into their local health service plans and operational plans.

The Children's Service Stream Leadership Team will provide expert guidance to the implementation process.

All local plans relating to children's health services in MNHHS should align with the service directions and service objectives in the Plan. For the actions, each Stream or Directorate nominated as responsible is required to lead the action in the timeframe proposed.

The plan will also assist MNHHS to establish a platform for discussion and negotiation with the Department of Health, CHQ and other agencies around particular issues. MNHHS commits to working in partnership with CHQ to support and strengthen sustainable solutions to respond to the needs of children and their families in MNHHS providing care as close to home as possible.

5.2 Risks to successful implementation

The success of the plan relies on each responsible party determining an approach to implementing the objectives and actions aligned with the service directions. The key risks of not achieving the actions include:

- inability to accurately inform service enablers, including infrastructure, workforce, support service
- insufficient future resources allocated to MNHHS to deliver actions resulting in inability to meet health service demand for children in MNHHS
- information technology requirements
- inability to plan the allocation of future resources within MNHHS.

5.3 Resource implications

The process of planning did consider resource implications of the strategy. Service actions were prioritised based on available information regarding the ability to resource or negotiate for resources for actions and prioritised service needs. Service development will require resourcing over time through organisational budgetary processes.

5.4 Monitoring, reporting and review

Monitoring, evaluating, reporting and reviewing implementation of the plan, including reporting on progress towards achieving the identified objectives will be coordinated by the Women's and Children's Service Stream.

Given the rapid change and growth in children's health needs the plan will be monitored and reported on an annual basis (end of financial year) in line with operational plan reporting. These processes will allow changes in direction during the implementation of the Plan to ensure ongoing relevance and provide information upon which future service planning may be based. This will also allow the findings and recommendations of statewide plans currently under development to be considered and actions updated as required.

Part 2

1. Methodology

This Plan has been developed in accordance with the Queensland Health-endorsed health service planning approach and process, as articulated in the *Queensland Health Guide to Health Service Planning*.ⁱ A range of background papers have been developed to inform this Plan. The background papers consider the planning process and include a comprehensive review of national, statewide and local level strategic documents, health service plans, and related literature. Desktop reviews, data analyses and consultation processes were undertaken to identify current service profiles, models, needs and issues.

A number of datasets and documents have been sourced for analysis of current and projected service activity, demography and health status related service needs for MNHHS.

Identification of service issues and priorities was informed by extensive stakeholder and staff consultation. The planning process included the following components:

- identification and prioritisation of health service needs of the population,
- analysis of current and projected health service utilisation based on a planning horizon of 5 years to 2020,
- prioritisation of health service needs in line with MNHHS Strategic Plan 2015-2019,
- consideration of integrated, safe and sustainable models of service delivery across MNHHS hospitals,
- outline service opportunities for optimising the capacity and or capability of each hospital,
- consideration of opportunities for integration with other hospitals, health services and other service providers,
- ensuring feasibility and sustainability of projected service requirements across the planning horizon of 2016–21, as well as the impact of service enabler opportunities and constraints,
- identification of opportunities to enhance relationships between the acute and other sectors across the continuum of care.

Planning was overseen by the Women's and Children's Clinical Stream which provided executive and clinical stewardship of the project.

2. Policy context

The plan has been informed by a number of MNHHS, Queensland Health and Queensland Government documents including the policy directions articulated in:

- Metro North Strategic Plan 2015-19
- Metro North Health Service Strategy 2015-20
- Clinical Services Capability Framework for Public and Licensed Private Health Facilities v3.2 (CSCF v3.2).
- South East Queensland Paediatric Planning Report (2009)
- Aboriginal and Torres Strait Islander Cultural Competency Framework 2010–2033, Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033
- The Queensland Plan: Queenslanders' 30 year vision

3. Consultation

Consultation was undertaken in line with the *Queensland Health Guide to Health Service Planning—Consultation Supplement*.ⁱⁱ, *MNHHS Putting People First 2015-19*, *MNHHS Clinical Engagement Strategy 2015* and *MNHHS Consumer Engagement Strategy 2015*.

The engagement process was designed to provide information about health service planning being undertaken and to seek and confirm views about health services in the Hospital and Health Service and surrounds.

Consultation sessions with MNHHS staff and representatives from Brisbane North PHN were undertaken in mid-2015 to identify the health needs and issues of MNHHS children. Consumer surveys and interviews with parents/carers were also undertaken in mid-2015.

MNHHS Surgical and Medical Clinical Streams were actively engaged in developing the Surgical Framework and the Medical Framework.

A workshop to review and provide feedback on draft service directions and actions were held with key stakeholders from MNHHS Clinical Directorates and Clinical Service Streams on 3 February 2016. Further consultation occurred throughout the drafting of the plan.

Formal and informal consultation has occurred with CHQ and LCCH staff throughout the drafting of the plan. The final draft plan was distributed widely across CHQ community, mental health, emergency, admitted and outpatient services. CHQ provided formal feedback on the draft document in March 2016.

Formal and informal consultation has occurred with Department of Health during the drafting of the Plan and on the final document.

The draft plan was distributed for feedback to a range of partner agencies including the community based advisory group and Brisbane North PHN.

4. Limitations

The following limitations of the plan have been identified:

- all data references included in this plan are for children aged 0-14 years only;
- neonates requiring intensive or special care services are excluded from the scope of this plan as neonatal services are being planned for in a separate process being led by the Department of Health and the Statewide Child and Youth Clinical Network in 2016;
- extending the definition of children to include young people aged 15 to 24 was discussed during consultation. Following a review of literature on the health, social and wellbeing needs of young people (aged 15-24) it has been identified young people's health needs require specific planning. A complementary planning process focusing on the health needs of young people will be considered for progression in the future;
- there is no current statewide plan for children's health services in Queensland. MNHHS notes the Department of Health has initiated a statewide planning process for children's health services in March 2016;
- access to data from CHQ for community and mental health services;
- future changes to statewide funding and reporting mechanisms;
- the impact of potential future advances in treatment, technology and models of care;
- cost and service delivery implications of new service models;
- data reliability, including the Australian Bureau of Statistics estimated resident population data, and the Office Economic and Statistical Research population projections and variations for community, ambulatory and primary health service data.

5. Assumptions

The following planning assumptions apply to the preparation of the plan:

- all population trends are predictable
- benchmarks for service planning and provision are available, appropriate and accurate
- utilisation of public health services by privately insured individuals is predictable
- data and reference documents used are accurate, up-to-date and available
- activity targets are incorporated into future service planning at an operational level
- funding will be made available, or resources will be able to be reallocated to support service directions.

ⁱ Schweinhart et al. 2005; Shonkoff, Boyce & McEwen 2009).ⁱHirst, C. Re-Birthing. Report of the Review of Maternity Services in Queensland. 2005 [cited 2007 7th July]; Available from http://www.health.qld.gov.au/publications/corporate/maternity_report2005/MaternityReview_FullDoc.pdf)

Queensland Government, Guide to Health Service Planning. Queensland Health; 2010.

ⁱⁱ Health Determinants Queensland—Mount Isa Health Service District, 2004, Queensland Health

www.health.qld.gov.au/metronorth