



Health Service Strategy

2021 – 2026

**Metro North
Health**



**Queensland
Government**

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Introduction

Healthcare is an exciting and challenging industry. Metro North Health (Metro North) is anticipating a future that offers boundless opportunities in healthcare brought on by digital transformation and the latest advances in technology to improve health outcomes. Our challenges include rising costs, increasing patient complexity, providing care to patients in their homes and community and our ability to improve equity and outcomes for all people, in particular, closing the gap for Aboriginal and/or Torres Strait Islander people.

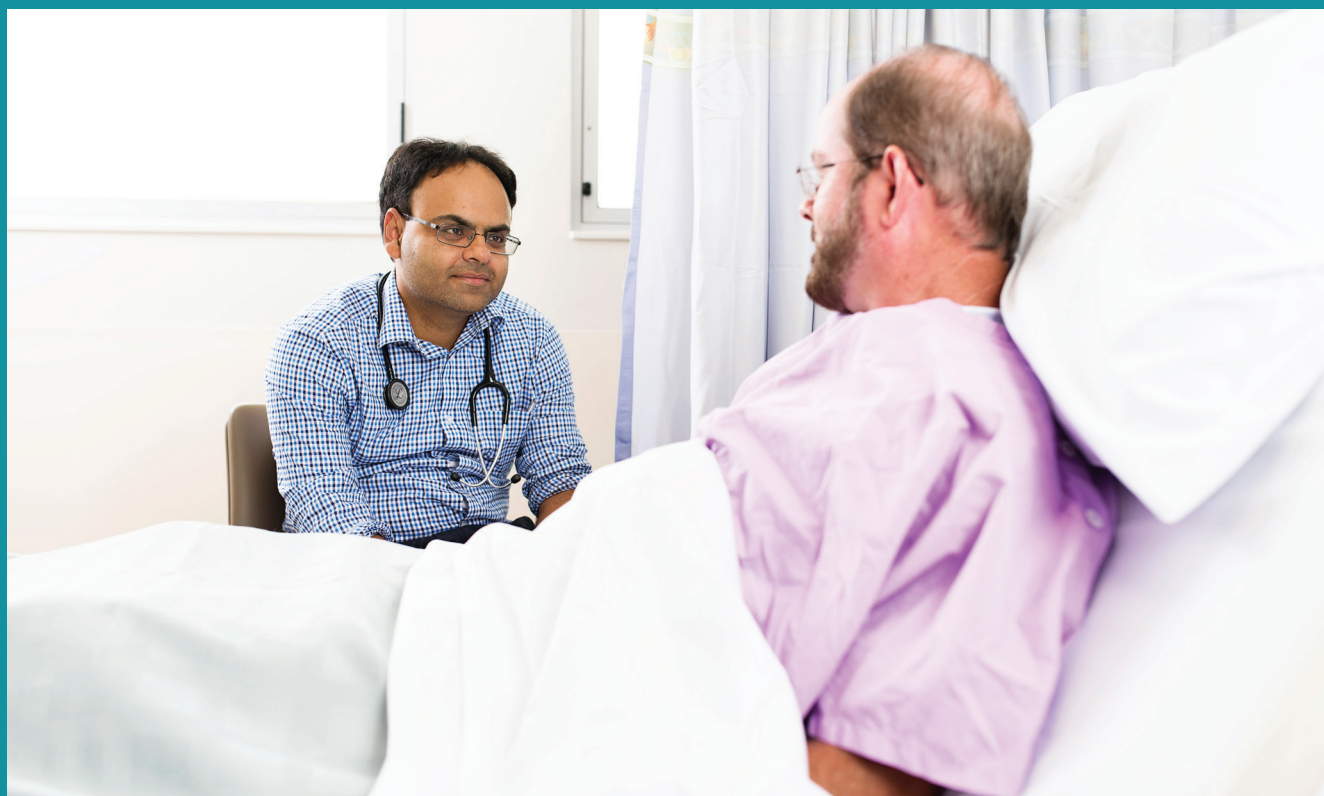
Metro North is embracing these opportunities and leveraging the lessons learnt from the COVID-19 pandemic to shape a better healthcare future including actively harnessing technology and emphasising prevention i.e.

keeping people healthy and outside of hospital, accelerating innovation and partnering in care. Embracing new ways of working is becoming increasingly important as the economic impacts of the pandemic unfold, alongside rising costs of healthcare, increasing demand, inequitable access to services and variations in practice. Consumers' attitudes continue to change with increased expectations of access to the latest treatments as close to home as possible and at times that suit them.

Metro North is the largest public provider of health services in Australia. Our service covers a large geographic region from the Brisbane River to north of Kilcoy and provides secondary services to the local and regional community and tertiary and quaternary services to residents

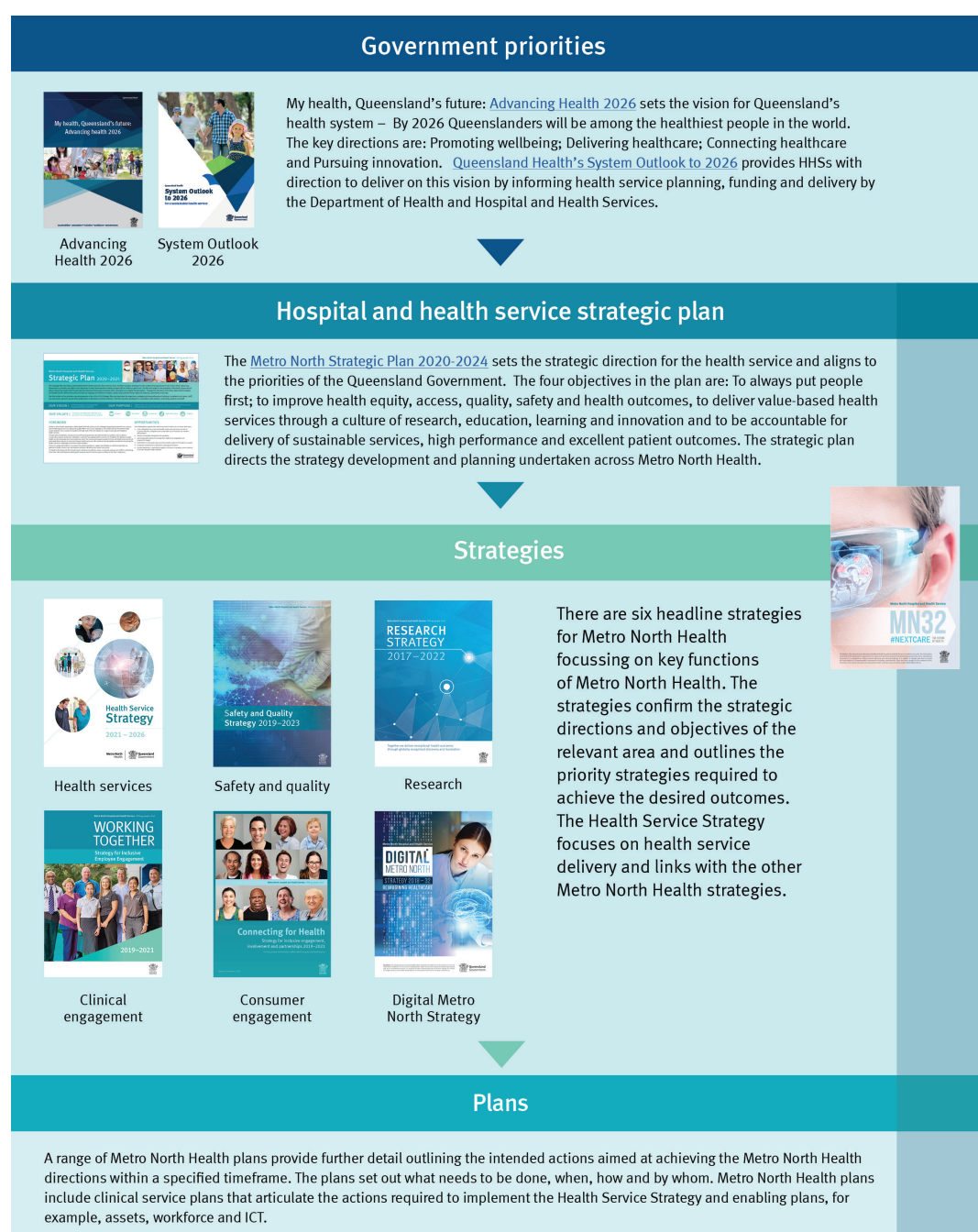
of Queensland and northern New South Wales. Metro North has responsibility for ensuring access to quality, timely, appropriate and cost effective public health services to these communities.

There have been many significant achievements through the implementation of Metro North's first *Health Service Strategy 2015-2020*. The new strategy will continue to direct our efforts on four focus areas to sustain momentum and deliver on Metro North's vision of excellent healthcare, working together, strong and healthy communities. Our focus will be on delivering person centred, connected and integrated care to deliver healthcare services that assist people to live healthy and well and meet our population's health needs including those with high health needs.



The *Health Service Strategy 2021 – 2026* (the Strategy) is one of Metro North's key documents setting direction and priorities. The Strategy has multiple purposes. It provides staff with key areas of focus to unite efforts on the initiatives to deliver on strategic directions; informs our community and partners of our focus areas for service delivery and opportunities for collaboration and co-design; and it articulates our contributions to achieving the Commonwealth and State government's objectives. Our efforts are aligned to the six key reform areas of the [2020-25 National Health Reform Agreement](#) as well as other key Commonwealth and State directions and guidelines such as Closing the Gap and the Queensland Health System Outlook to 2026.

The Metro North Health strategic planning framework is outlined below.

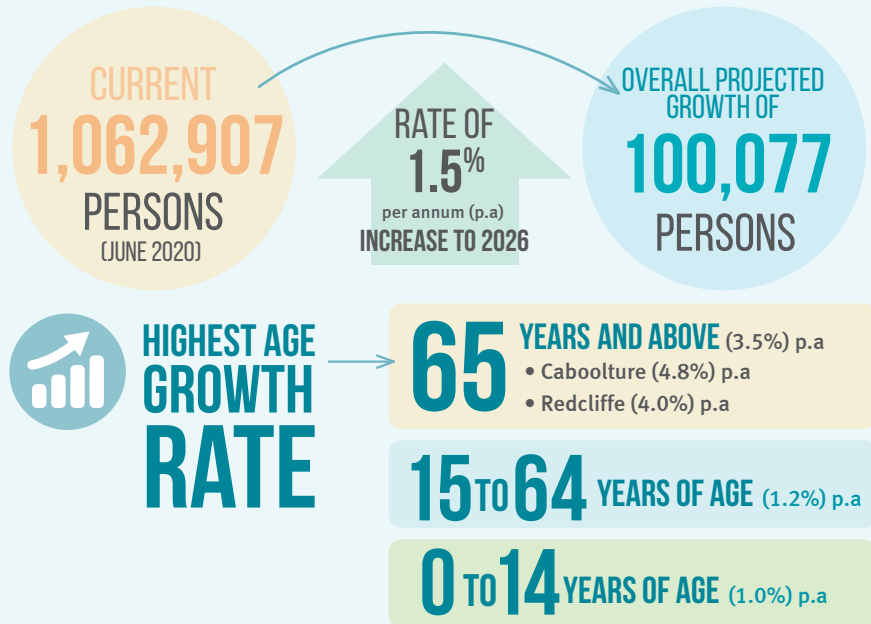


Metro North at a glance

The infographic below is a snapshot of key statistics relevant to Metro North. This includes information on demography of our population and projected population including cultural and linguistically diverse people (CALD) and persons who identify as Aboriginal and/or Torres Strait Islander, areas of disadvantage within Metro North and health risk factors. The infographic displays our current and projected capacity in terms of human resources, acute and community beds and service activity across key areas. Further data is provided in Appendix 1.



**Populations
projections
by 2026**



**Metro North
Hospital population
catchment
as at June 2019**

347,407
TPCH

345,241
RBWH

183,959
REDCLIFFE

166,557
CABOOLTURE

5.4% CHANGE

6.7% CHANGE

12.6% CHANGE

20.0% CHANGE

**Metro North
Hospital population
catchment
projection by 2026**

367,835
TPCH

368,496
RBWH

207,060
REDCLIFFE

199,850
CABOOLTURE

**Capacity
Jan 2021**



6 HOSPITALS

Mental Health, Community, Public Health and Oral Health services provided from many sites including hospital, community health centres, residential and extended care facilities and mobile service teams.

**Current
as at Dec 2020**

16,839 FTE STAFF

2557 ACUTE BEDS

332 COMMUNITY BEDS

**2026–27
Projections**

19,676 FTE STAFF

3148 ACUTE BEDS

408 COMMUNITY BEDS

**Service
activity**

2019–20

1,558,938

Non-admitted occasions of service
including 448,441 occasions of service in the community

293,237

ED presentations
excluding 28,084 ED presentations related to COVID-19

50,104

Elective and emergency surgery

8221

Babies born

311,324

Admitted separations

106,406

Mental Health Bed Days

**2026–27
Projections**

2,271,696

377,478

72,975

10,080

433,335

137,702

System challenges and opportunities

Understanding our system challenges and opportunities affords us a degree of control and insight to managing our constraints. The COVID-19 pandemic has highlighted the need to be able to respond quickly to unpredictable events and the value of having staff that demonstrate unwavering commitment. Our goal is to set a clear pathway to a better healthcare system that is underpinned by the latest evidence and innovation.

Challenges

The unforeseen impacts of COVID-19

The COVID-19 pandemic has had a significant impact on the health system, the way we prioritise, organise and deliver services and care to our community and the economic environment. Metro North has proven we can respond positively, swiftly and persistently to challenges along the way. Our challenge now is to continue the practices and processes that have been successful and to remain agile and responsive to global events, our environment and our community whilst being fiscally responsible.

Our changing health profile

Metro North has a growing, ageing and diverse population. The population has an increasing prevalence of chronic disease and chronic illness, which coupled with an ageing population, is placing significant demands on our health services. As a culturally and linguistically diverse community, we recognise that culture, language and health literacy can be barriers to accessing healthcare. Aboriginal and/or Torres Strait Islander people and some of our culturally and linguistically diverse community continue to experience poorer health outcomes including having a high burden of chronic disease and illness.

Meeting the diverse range of community expectations

We acknowledge there are varied expectations on how care should be delivered and whilst we aim to deliver services that meet the diverse needs of our population, there is scope to improve how we meet individual needs through our interactions with patients.

In addition to our disease profile is changing and so must our models of care to support care in the community. Our growth in community and home based health services has not been commensurate with our growth in acute service capacity challenging our ability to meet the expectations of the community in how, and where they receive care and services.

Strengthening partnerships

Relationships between Metro North and our partners are maturing but can be improved. Ongoing challenges with the implementation of fully developed and integrated digital systems, integrated care pathways and funding models present challenges for further strengthening partnerships and realising their full potential.

Adoption of innovation

Improving care increasingly involves the introduction of new technologies, new drugs and new models of care but there is currently a lag in adopting and integrating some digital systems and technologies in healthcare. This lag is preventing us from fully implementing all aspects of integrated, connected, and person-centred care. Additionally, our workforce has variable levels of digital literacy to support many of these changes and current training programs do not adequately address these needs.

Translating research into practice

The translation of research evidence into improved practice and policy remains slow and patchy. It has been estimated that the average lag time between a research discovery and its routine use in clinical care is around 15 years. This delays access to improved models of care and therapeutics and introduces inequalities from variation in the speed of adopting improvements in different locations.

Opportunities

Transform, optimise and grow

Metro North has, and will continue to, align health service planning, workforce development, infrastructure, resourcing and delivery of services to transform, optimise and grow the health system. Metro North has an opportunity to adopt different and bold approaches to healthcare and focus on the three interrelated directions:

- transform: focus on the improvement of health outcomes
- optimise: making the best use of resources
- grow: growing our health services to maintain or improve access.

It is also imperative to reduce low value care and focus on cost effective evidenced base service models, procedures and treatments.

Learnings from COVID-19

Experience has shown us that when faced with potential disruptions to operations, we have the willingness and drive to respond quickly to change. The COVID-19 pandemic required us to rapidly accelerate and deliver virtual care services, innovative models of care and rapid testing and diagnostics through new technology. Our workforce adapted to the changes and we are now presented with the opportunity to harness this agility to continue to embed changes and adopt other

innovations. As we look to the future of healthcare, we need to think boldly and innovatively to harness opportunities and be encouraged by knowing we have the potential to embrace change rapidly.

Embedding virtual care

Metro North is adopting virtual care models across the care continuum to deliver patient centric, affordable, accessible and high quality health care. There are opportunities to codesign these, and other models of care, with consumers and partner with other service providers to achieve networked services and care across the health continuum. This will strengthen our strategy for inclusive engagement, involvement and partnerships as outlined in the [Connecting for Health Strategy 2019-2021](#).

Leverage digital technologies

The opportunities to utilise digital systems to transform the healthcare sector and empower patients in taking charge of their own health are significant. Implementation of the [Digital Metro North Strategy 2018-2032](#) alongside our appetite for innovation, presents the opportunity for us to be leaders in implementing and trialling new technologies in the health sector. It will enable delivery of more connected, compassionate and seamless healthcare service in Metro North.

Closing the Gap

Metro North will continue to prioritise the health of Aboriginal and/or Torres Strait Islander persons by leading efforts to Close the Gap and achieve health equity. The [Better Together Aboriginal and Torres Strait Islander Health Plan 2019-2022](#) provides a framework to ensure we are a national leader in the delivery of effective health services that are planned, supported and culturally equipped to increase access to hospital and community services and improve health outcomes for Aboriginal and/or Torres Strait Islander people.

Combining knowledge and experience to build our research capability

Metro North can substantially accelerate the journey to better patient care, experience and outcomes by uniting excellent research, best clinical care and education and training. Metro North will provide excellent clinical care through the expansion of the number of Metro North Institutes. The Institute ethos provides the opportunity to achieve these outcomes by working constructively with other organisations that have relevant expertise, resources, connections and reach.

The opening of the Biofabrication Industry Research and Development Centre in 2021 and the plans for a dedicated clinical trials unit presents an opportunity for Metro North to be a leader in undertaking clinical research. Combined with the launch of an Implementation Hub and the expansion of Institutes, Metro North will be a



leader in the rapid translation of evidence into clinical care.

Partnering in new services

Building on existing and developing new partnerships is a key opportunity. The opening of the Surgical, Treatment and Rehabilitation Service (STARS) on the Herston Quarter presents opportunities to further improve our efficiency of service delivery whilst providing cutting edge treatment and rehabilitation. It presents a new way of operating through a public-private partnership leasing arrangement and provides the opportunity to house one of the largest specialist

rehabilitation services in the southern hemisphere.

A highly skilled workforce

Metro North is committed to being an employer of choice and this along with the high quality care, leading-edge research, new infrastructure and implementation of new technologies provides us with a drawcard to attract a highly skilled, high calibre workforce. Implementation of our strategies in [Working Together](#), [Strategic Workforce Plan 2020-2025](#) and [Our People's Wellbeing Framework](#) will support the process of ensuring a sustainable,

flexible, agile workforce that feels supported and empowered.

Culture

Metro North is committed to the ongoing work of creating a culture of safety and respect. The Values in Action framework is underpinned by the guiding principle that all staff should feel safe, welcome and valued. We are committed to strengthening our culture so that patients and consumers have the very best care, because our staff are supported to do their very best work.

The Strategy

By 2026 we aspire for our community to be the healthiest they can be, armed with knowledge to make informed decisions about their health and healthcare. Our community will benefit from services that are easily accessible and equitably distributed and available as close to home as possible. Patients will receive personalised care that is coordinated across providers and settings of care, underpinned by integrated digital platforms to support access to information.

Securing the best possible health and care for all is an ambitious, long-term undertaking. It will require significant change, new ways of working and a transformation in how we operate. No single organisation can do this alone, but by working together we can navigate our way to a healthier future. Metro North will encourage a partnership approach to achieve integrated care for our patients. This mindset will allow us to connect with each other, share best practices, partner in innovation and research, and put the patient squarely at the centre of care. Our culture will support a holistic view of the patient journey, to promote integration and collaboration across settings, sectors and providers. Our focus is to make the greatest possible impact to achieve our vision of better health and care for all.

We will work alongside health and care leaders to ensure there are enough people with the right skills to deliver high-quality, person-centred care, now and in the future. We will support those working in health and care to develop collective, compassionate and inclusive leadership, promoting staff wellbeing and

enabling individuals and teams to work at their best.

Metro North will work hard to reduce the number of potentially preventable hospital admissions. This requires us to critically look at the way we deliver care, forging strong partnerships to deliver better whole of system integration to ensure patients are cared for in the most appropriate setting.

The ambitions we have set out in this Strategy signify some significant changes, both in the priorities we will work on and how we will work, which respond to feedback from our staff and stakeholders. Over the next five years, we will bring together the resources at our disposal to focus on our priorities and achieve the greatest possible impact.

The outcomes to be achieved through the implementation of the Health Service Strategy 2021-2026 are:

- patients, family and carers are empowered to take an active role in managing and improving their health
- greater access to personalised, connected and integrated care
- equity and access for all to the right care, at the right time, in the right place
- better health outcomes for all our residents with a particular focus on Aboriginal and/or Torres Strait Islander persons
- technology and innovation used to deliver safe, quality care
- a health system that is responsive, agile and adaptable.

Metro North Health will focus efforts on:

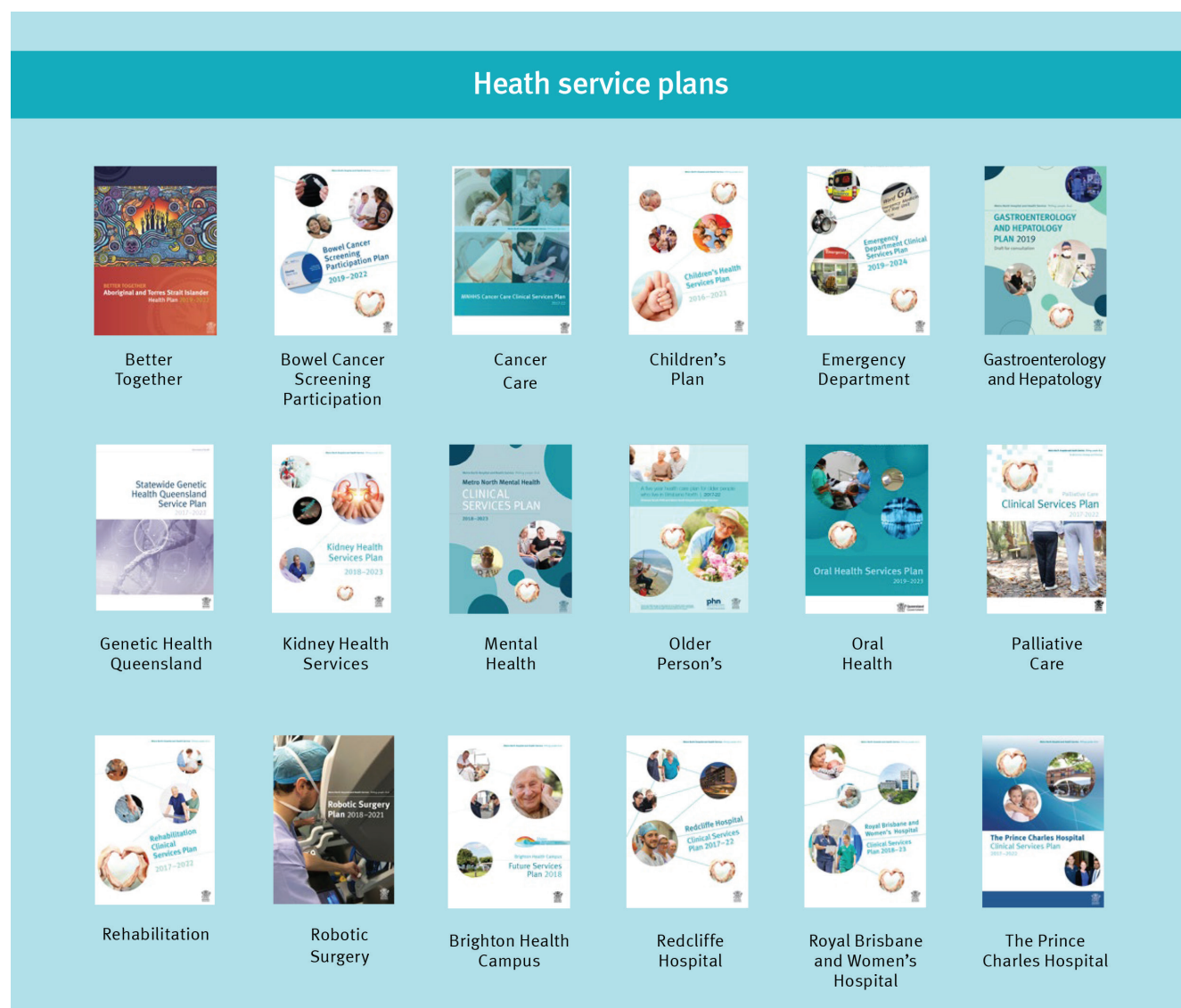
1. Delivering person centred connected and integrated care
2. Effective delivery of healthcare for the growing health needs of the community
3. Living healthy and well
4. Responsive healthcare to meet the high health needs of identified groups.

These focus areas are not mutually exclusive and concepts may have relevance to more than one focus area.

Achievement of the outcomes of the Strategy are supported by a range of actions outlined in the Metro North clinical and facility service plans shown in Figure 1. These existing and new plans will give life to the Strategy and assist to deliver on our desired outcomes across all focus areas.

We acknowledge the planning horizon for some of the Plans outlined below e.g. Better Together, Children's Plan, Emergency Department, Kidney Health Services are different. These Plans will be refreshed at their endpoint to ensure actions are current and align to the overarching strategic directions of Metro North.

Figure 1: Metro North health service plans



Focus Area 1:

Delivering person centred connected and integrated care

Signs of success:

- A joint health needs assessment with partners and consumers, informs codesigned service development and provision
- Digital systems are integrated across settings to enable clinicians' access to information when and where needed
- Services are using real time data to inform clinical care
- Metro North is using annual trended PREMS and PROMS data to inform system level change
- Aboriginal and/or Torres Strait Islander health outcomes are improving

Recognising that a seamless care journey for our patients involves multiple providers across many settings of care we will work collaboratively with all our partners to deliver integrated healthcare that is easily accessible by our community. We will broaden and strengthen the use of technology including timely electronic flow of information between care providers to support patient centred care and real time clinical decision making.

The culture and attitude of our staff is pivotal to providing the best care possible to our patients. Staff will support the needs of our patients when they are navigating our complex health system, helping them to navigate across settings and providers. We will help people to develop the relational skills needed to work collectively across organisational boundaries and to support staff in engaging with our partners.

Through development of a partnership framework, we will standardise and simplify our

engagement approaches with external stakeholders developing standardised agreements and processes to support delivery of integrated care. We will work collaboratively to combine our skills and knowledge and support our partners to build capacity and capability to deliver care in the community. Metro North will continue to build on our longstanding relationships with partners and work more closely with a broader range of partners.

Metro North will partner to ensure coordinated and holistic care that considers the patient's individual needs and preferences for all patients but particularly for those with complex care requirements as their needs are often met by many providers of care across settings. Progress towards integrating care better and strengthening service networks is being made. It is not easy and rarely is it fast - but progress there is! Metro North will work towards streamlining these services to provide one consistent model and programs delivered by multiple providers.

Initiatives

- Increase the number and scope of navigation roles to assist patients and carers to understand and traverse the healthcare system
- Support staff to analyse and respond to patient feedback to improve the quality of care and patient outcomes
- Make widely available aggregate and individual level patient experience information to services and management to inform improvements in patient outcomes
- Enhance workforce capability and capacity in data analytics
- Implement action planning and follow up of PREMs results
- Implement PROMs in a systematic manner
- The Health Alliance will progress key projects requiring integration and coordination



Our continued engagement with patients is pivotal to delivering patient centred care. Consumers will be participants in their healthcare rather than recipients. Acknowledging each patient has their own identity, needs, wishes, choices, beliefs and values, we will continue to meaningfully engage with our patients to better understand their lived experience to deliver person-centred care.

We will embed codesign and put patient experience and outcomes first and foremost. Key consumer engagement strategies are detailed in [Connecting for Health Strategy 2019-2021](#) and the [Health Literacy Approach](#). We will embed the use of patient reported experience measures (PREMs) in usual care.

Patient Reported Outcome Measures (PROMS) along with clinical outcome data supported by strong clinical leadership and high functioning software will provide clinicians with more comprehensive and contemporaneous information to inform shared decision-making regarding patient management.

“Communication from staff and patients is vitally important, it deals with the mental gymnastics that we patients are genuinely faced with”

Patient quote

Waiting times for outpatient clinics will be reduced with the implementation of streamlined administrative and clinical referral management processes. Referrals will be centrally managed and triaged through a nurse led screening protocol and patients placed on the most appropriate waitlist to support timely access. Building on this central coordination function, integration of virtual care services will create a Clinical and Coordination Hub to strengthen the interface between services for timely equitable access through appropriate models. Extending our success to date in expanding virtual care models we will implement directions for virtual care. Whilst implementing these models we will constantly put the patient first, looking at how we can fit the network of resources to a patient rather than making the patient fit into our services.

Technology will enable us to deliver clinical care that is person centred, integrated and contemporary. We will become a Learning Healthcare Organisation and leverage our advances in data analytics and machine learning to improve how we deliver care to our patients.

As a significant provider of secondary, tertiary, quaternary and statewide services to patients that reside throughout Queensland and beyond, our aim is to provide seamless transitions of care between services, service settings, as well as safe care for patients close to home where appropriate. We will develop the standards and tools to support these transition points including transitions from primary care (GP or community) to acute and transitions between subspecialties within acute care facilities. We recognise that chronic illness and chronic disease can occur at any age, including in children and young adults. The transition from paediatric services to adult services will be better coordinated and integrated for patients, their families and clinicians through implementation of the statewide [Children's Health Queensland model](#).

Initiatives

- Expanding support to general practice advice line providing timely decision making and an alternative option to specialist outpatient services or hospital presentation
- Expand implementation of shared care models
- Increasing point of care diagnostic testing at or near the bedside to support real time clinical decision making e.g. traumatic brain injury markers in acute care
- Increasing the use and type of remote monitoring and biometrics in service models for e.g. chronic disease management
- Identifying risks and stratifying patient populations to deliver personalised treatment plans

“In virtual care you can get the situation resolved more efficiently everything is more time effective”

Patient quote



Focus Area 2:

Effective delivery of healthcare for the growing health needs of the community

Signs of success:

- New technologies and new models are trialled and implemented
- There is increased access to care close to home
- Residents have increased access to services in the community including in their homes
- Patients report seamless care across settings and services
- Increased efficiency of service delivery year on year
- Metro North is meeting or exceeding our Hospital in the Home targets

Metro North will meet the needs of the population by operating an effective health system that is underpinned by good governance with strong leadership and an agile organisational structure which works synergistically. This means having the system capacity with capable staff to deliver evidence-based care with the infrastructure to meet service needs.

Staff will understand the broader needs of patients to attain the best possible health outcomes, supporting a holistic approach and viewing the care journey as a whole rather than episodic.

In alignment with Government priorities, Metro North will focus on services for parents and early years, mental health, cancer care,



Initiatives

- Increase services in the home including trial of void, sleep studies, day infusions, heart failure and respiratory disease management, and paediatric hospital in the home
- Expand rehabilitation and restorative community and virtual care models
- Expand palliative care and end of life care in the home and establish grief and bereavement services
- Expand community based mental health, alcohol and drug services and oral health services
- Develop ambulatory services at new centres in Bribie Island, Caboolture and Petrie
- In partnership with general practice, Queensland Ambulance Service and other primary care providers develop more models to minimise the need of patients to be cared for in the hospitals when they can be safely managed in other settings

planned and urgent care to improve health outcomes. Metro North will respond to the health needs at all levels of the organisation through a focus on delivering services at the right place at the right time to support the growing population health needs. We will assess what can be reasonably and safely provided in community settings, considering the shifts in the disease profile of our patients, acute care capacity and patient expectations.

Over the next five years, we will expand and/or develop services in community or home-based settings as well as develop and/or expanding a range of hospital services. We will refocus how, where and who provides services to better meet patient needs whilst still ensuring delivery of high quality clinical care. Metro North will achieve the optimum balance of scaling proven models of care in the HHS, embedding good practice, reducing variation in care and trialling innovative new models of care. Getting it Right the First Time, a clinician led, data-driven, quality improvement initiative aimed at reducing unwarranted variation and improving patient outcomes in orthopaedics will be applied to other clinical specialties (e.g. cardiothoracic surgery, vascular surgery, urology). Metro North will demonstrate a commitment to augmenting prevention actions or models in priority areas including antenatal care, obesity management, surgical outpatients and diabetes care. We will establish mental health crisis response services in our community to better support the needs of people with mental illness.

Initiatives

- Expand and build new adult and paediatric emergency departments to manage growth and complexity of presentations
- Expand and build new medical imaging services at STARS, TPCH, RBWH, Redcliffe and Caboolture
- Increase the number of hybrid theatres to enable minimally invasive surgery and a team based approach to surgical and intravascular procedures in the one episode of care
- Increase diagnostic endoscopy services at TPCH and STARS
- Expand robotics in surgery and other areas of clinical care e.g. bronchoscopy
- Expand perinatal mental health services including establishing a perinatal mental health inpatient unit
- Develop a comprehensive fertility service
- Implement new highly specialised services e.g. silicosis lung service

We will optimise patient flow by providing safe, timely and effective flow of patients across our service and settings of care. This will be achieved through the continued adoption of evidence-based strategies, including early consultant assessment at all transition points, and strong service networks.

Metro North will expand and contract its resources for unplanned events including the COVID-19 pandemic response through airport management, screening, quarantine management (including in hotel and community), virtual and hospital care for people with COVID-19.

Initiatives

- Establish a statewide CAR-T cell therapy service at RBWH
- Introduce a whole genome sequencing service for children and neonates in partnership with Pathology Queensland on the Herston campus
- Embed machine learning in our clinical models through leveraging our data to build evidence based patient care pathways
- Expand adoption of precision medicine in clinical models





Initiatives

- Establishment of a Knowledge Translation Innovation and Implementation Hub to accelerate rapid translation of research into practice
- Establishment of an Innovation Fund to enable cutting edge and innovative models of care to be trialled and once proven effective, scaled up
- Implement new Institutes that will achieve the three pillars of clinical excellence, research, education and training e.g. Cancer Care, Breast Cancer, Genomics, Infectious Diseases, Heart and Lung, Neurosciences
- Support the translation of biomedical discoveries into therapeutic products through the Herston Biofabrication Centre
- Develop Centres of Excellence in areas such as older persons care, palliative care and skull base surgery.

We will continue to seek innovative and evidence-based solutions. In our pursuit to become world leaders in clinical care we will embrace an innovation mindset through the development of exciting therapies and discoveries. We will continually look to improve the efficiency of processes including bulk purchasing, standardisation of equipment and opportunities for inhouse manufacturing.

Metro North will support neighbouring HHSs to develop secondary services close to home to reduce patient travel and improve equity of access.

We will support patient flows from Sunshine Coast, Wide Bay, Central Queensland and Central West HHSs and the rest of Queensland, Northern NSW and Northern Territory to tertiary, quaternary and statewide services in Metro North.

To support our innovation agenda, we will have a system that is responsive to technological and clinical advances and rapidly accelerates translation of research to practice.

We will unite our clinicians, academics, industry and consumers. This agenda will be supported through access to data and technology.

Focus Area 3:

Living healthy and well

Signs of success:

- Our community is healthier and engaged in their health care and health journey
- Metro North has set targets and is meeting them in all screening programs
- Metro North staff have access to a variety of programs that support health and wellbeing

Metro North values the importance of being healthy and well. Health and wellbeing is a complex combination of a person's physical, mental, emotional, social and environmental health factors. We will work collaboratively to support the health and wellbeing of our staff and the community, empowering people to live healthy and well. To encourage our community to live healthier lives, Metro North will partner to enhance efforts in health promotion and prevention.

Over the next five years we will partner with Health and Wellbeing Queensland (HWQld) to support a prevention agenda (clinical prevention; early life and children; equity, communities and Aboriginal and/or Torres Strait Islander persons) in partnership with community providers to support individuals and at-risk consumers to improve their lifestyle. As healthy weight is a main driver of health and wellbeing we will focus on obesity prevention targeting three key areas: better nutrition, more physical activity and wellbeing.

Metro North has great potential to make an impact in our community through education and awareness of health promoting behaviours and modelling a health environment. Our staff will be supported to consider the broader wellbeing of patients including their physical, nutritional and mental health needs irrespective of the patient's reason for attending care. We will promote the use of the Clinicians Hub which offers clinicians a variety of clinical tools, resources and training to help transform the health of children, young people and their families living with obesity. We will work to create safe spaces and processes to facilitate connections and conversations to discuss physical and mental wellbeing and reduce the stigma associated with obesity and mental illness.

Initiatives

- Build workforce prevention capacity and referral to services and programs in partnership with HWQld
- Create physical space in the new ambulatory centres to partner with community, primary care providers and other organisations to conduct wellbeing activities, education and support research
- Expand staff well-being programs e.g. incorporating wellbeing in staff professional development plans, psychoeducation, fitness portal, healthy food options and opportunistic screening
- Expand peer support structures for staff
- Enhance the role and skills of GPs and clinicians for routine screening
- Roll out Courageous Conversations



“Continued support for staff wellbeing and giving staff time to look after themselves and their co-workers”

Patient quote

Metro North aspires to promote physical, mental, social and the financial wellbeing of our staff. We will support the safety of our staff across all settings. Recognising that peoples experience outside of work impacts significantly on their functioning whilst at work, we will continue to grow our RUOK and Peer Responder programs. The Metro North Wellbeing Framework outlines the goals, objectives and measures to support our staff in line with our values in action. We will implement the Cultural Safety Framework in conjunction with Courageous Conversations in an effort to eliminate racism within our workforce and within healthcare.

Looking beyond the hospital to the social determinants of health and recognising a significant proportion of the burden of disease is avoidable, we will engage with partners to deliver health and community services that address the wider determinants of health and target those at greatest disadvantage including Aboriginal and/or Torres, culturally and linguistically diverse people, low socioeconomic and those with disabilities or homeless. We will partner to build health promotion and capacity in the community e.g. in schools, sporting clubs and volunteer organisations.

We have a role in managing and reducing the impact of existing disease or injury. Building on our efforts, we will increase the participation rates of our

target population in the national and local screening programs through tailored and culturally sensitive approaches including opportunistic screening for patients, visitors and staff in our care.

Education and awareness for screening programs will be achieved in collaboration with Brisbane North PHN, GPs and non-government organisations. Screening programs for sexually transmitted infections and blood borne viruses will be enhanced. We will foster coordinated referral pathways that focus on prevention and early intervention to better address needs and improve access to health services and programs. Within our hospitals, maternal smoking and obesity will be managed through opportunistic interventions to talk about the health effects and encourage behaviour change, together with appropriate resources and referral to programs and services.

We will advance the use of data analytics, machine learning, and digital technologies to further our insights about population health and wellbeing to identify the health care and prevention needs of the community and stratify high risk population groups. Climate change will impact the health of our community, both directly and indirectly, and we will develop strategies to promote adaptation to the public health risk. We will implement the five strategic elements of the Green Metro North strategy.

Initiatives

- Green monitoring – measure, monitor and report on key sustainability metrics to track progress and identify opportunities for improvement.
- Green partnerships – collaborate with other organisations to improve sustainability performance and innovation within the healthcare sector
- Green facilities – build and maintain all facilities, plant and infrastructure to enhance environmental sustainability, efficiency and resilience
- Green initiatives – action of sustainable change, including enhancing energy efficiency and minimising waste output
- Green workforce – prioritise staff’s engagement to champion environmental sustainability across all organisational locations

Focus Area 4:

Responsive healthcare to meet the high health needs of identified groups

It is well known that some groups in the population have difficulty accessing health services, have significantly poorer health outcomes and worse experiences of using health and care services than others. Tackling this requires broad-based action. Metro North has a critical role to play to improve access to the services it provides to those at greatest risk of poor health and to maximise its contribution to reducing health inequalities by working in partnership with other service sectors.

Our work over the next five years will place a greater emphasis on improving health and care through focussed planning for the identified priority groups, acknowledging there are many diverse groups with varying levels of vulnerability. High needs groups include, but are not limited to, the homeless; older people; victims of physical and sexual abuse; people with chronic illness; Aboriginal and Torres Strait Islanders; alcohol and other drug users; people with disability; CALD people; children; people with mental illness and the Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Life (LGBTQI) community. We will put population health at the heart of what we do and support the health and care system to work in partnership with others to do all it can to achieve better health for all. We will explore the reach, potential and impact of digital technologies in delivering care to people in the poorest health.

A specific focus on improving inclusiveness, care, experience and outcomes to our diverse community is required. Understanding the lived experience of our patients, particularly those with poorer health outcomes will be essential to influence improvements in health and care services for them.

Identified priority groups for this Strategy are:

- Aboriginal and/or Torres Strait Islander persons
- Older people
- Womens, children and families
- People with mental illness
- People with alcohol and other drug addictions
- People with disabilities
- People from culturally and linguistically diverse backgrounds (CALD).

Determinants of health including social connectivity, access to housing, employment, education and finance. Many of these groups are marginalised in one or more of the determinants of health. For this reason action will only be successful if delivered in partnership with patients, families, carers and the broader health and social services sector.

Metro North is currently implementing service plans targeting priority populations:

- [Better Together Aboriginal and Torres Strait Islander Health Plan 2019-2022](#)
- [A Five-Year Health Care Plan for Older People who Live in Brisbane North 2017-2022](#)
- [Brighton Health Campus - Future Services Plan 2018](#)
- [Children's Health Services Plan 2016-2021](#)
- [Mental Health Clinical Services Plan 2018-2023](#)
- *Disability Services Plan 2021-2026 (currently in development)*
- [Multicultural Action Plan](#)

Key directions, actions and signs of success on each of these priority areas can be found in the above service plans.





Aboriginal and/or Torres Strait Islander persons

Metro North is dedicated to attaining health equity for Aboriginal and/or Torres Strait Islander people, which will include integrated, culturally appropriate care that empowers people to achieve their health goals, improve their experiences, and closes the gap in health outcomes for Aboriginal and/or Torres Strait Islander people. The priority areas and respective actions outlined in the [Better Together Aboriginal and Torres Strait Islander Health Plan 2019-2022](#) are leadership, governance and workforce; engagement and partnerships; transparency, reporting and accountability; and culturally responsive, safe and connected care with targeted clinical focus areas. The clinical focus areas are strong start to life, reducing the burden of disease, crisis and complex care and living well and living longer.

Building on this plan, Metro North will develop a Health

Equity Strategy which will be co-designed, co-owned and co-implemented with our community. It will detail objectives to reduce barriers to access; influence the social determinants of health inequities; provide culturally capable and clinically safe and responsive healthcare; and detail how we will work with Aboriginal and/or Torres Strait Islander peoples, communities and organisations in the delivery of health services. Key priorities will include a health start, pathways into adulthood, supporter a healthy future across the lifespan, system reform and First Nations system leadership.

Older persons

Metro North will partner with older people and their care providers to influence the promotion, collaboration, coordination and connection of inclusive care across the continuum. We will further expand opportunities in the codesign of services and encourage older people to be involved in decisions relating to

their care. Older people's physical, social, emotional and spiritual wellbeing will be considered and respected. Advanced care and end of life care will be planned, timely and seamlessly delivered across settings and services.

Metro North will encourage innovation and scale and spread of identified opportunities for improvement in the care of older people. Metro North will be a Centre of Excellence (CoE) for Care of the Older Person, exemplified by high quality, evidence based and integrated care. The CoE will contribute significantly to the research on older persons care and training and the development of clinicians on best practice for older persons. Metro North will strengthen partnerships with the Brisbane North PHN and non-government organisations to strengthen support for older people to access care close to home and minimise hospital visits. Metro North will act on the request to strengthen capability in non-government organisations.

A [five year health care plan for older people who live in Brisbane North 2017-22](#) outlines the service



directions and actions to deliver on our intent, with a review and refresh of this plan due in 2022. Metro North will continue to provide residential aged care services and will work with private providers to ensure patients have access to acute and subacute services in the right place and right time. We will review our services and processes in line with the recommendations from the Royal Commission into Aged Care to ensure we are providing exemplary aged care services.

Women, children and families

The health of parents around the time of conception and the mother's health in early pregnancy is linked to lifelong health of their children. Metro North and partner organisations will focus on the care required, and how this is

delivered, in the pre-conception stage and the first 2000 days of life. This will give children the best start possible to lead healthy and fulfilling lives and lay the foundations for optimum growth and neurodevelopment across the lifespan. We will focus on improving capability and capacity to address service gaps across the continuum (from pre-conception to age five).

Parents – a Metro North maternity services plan will be developed to address in detail the future for maternity services.

Neonates – Provision of care closer to home through outreach services (e.g. retinal screening from RBWH to Caboolture and Redcliffe Hospitals and newborn screening to mothers' homes from birthing hospitals). Improved access to services in community settings including support to parents for issues such as settling, breastfeeding and nutrition, as

well as access to mental health support.

Children – Improved capability and capacity of our paediatric workforce ensuring early access to appropriate services both in our facilities and in community settings coupled with the establishment of a service that allows our young people to access clinical expertise in their homes where appropriate. Provision of timely, appropriate mental health services and provision of appropriate clinical spaces for our young people to wait, be assessed and receive the mental health care they need is a priority. We will have a strong focus on improving access to child and youth community health services and child development services. [Metro North HHS Children's Health Services Plan 2016-2021](#) will continue to be implemented and refreshed to align with changing health service needs.

Adolescents – Young people and their families will be better supported to transition from paediatric to adult services through improved communication and partnerships and the expansion of Metro North's services for young people. We recognise our young people require appropriate mental health clinical interventions, provided in appropriate spaces for young people. Metro North will implement the statewide [Children's Health Queensland model](#) for successfully transitioning young adolescents from paediatric to adult services.

People with mental illness and/or alcohol and drug dependence

Metro North supports a recovery approach to care for people with mental illness and/or problematic substance use. We will continue to deliver high quality, best practice care for people living with mental illness and substance use disorders, their families and carers through services that are trauma informed, recovery oriented, connected and well-integrated.

We will continue to deliver on the actions outlined in the [Metro North Mental Health Clinical Services Plan 2018-2023](#) and align with statewide directions as they advance planning for services in Queensland. Priorities include: increased capacity in the community (aligning with National Mental Health Service Planning Framework benchmarks), additional step-up step-down services, additional eating disorders services, expanded adolescent inpatient services, increased inpatient prisoner services and increased support for diverse groups including Aboriginal and/or Torres Strait Islander people, culturally and linguistically diverse communities and LGBTQI.

Metro North will also support sector wide objectives through the joint Brisbane North PHN and Metro North [Planning for Wellbeing – A Regional Plan for North Brisbane and Moreton Bay focussing on mental health, suicide prevention and alcohol and other drug treatment services 2018-2023](#).

We will prioritise perinatal mental health, suicide prevention including for Aboriginal and Torres Strait Islanders, reducing stigmatisation, crisis and assessment responsiveness in the community and alcohol and other drug treatment services.

People with a disability

People living with disabilities can have diverse, complex and unique health, social and emotional needs. Effective care coordination across providers is essential to keep people with a disability healthy and well. Metro North aspires to being a healthcare provider where people with a disability are respected for their abilities and have equal access to opportunities, to contribute and participate in their own healthcare. Areas of focus are measuring and improving the healthcare needs of people with disabilities, partnering with other agencies and community providers to reduce inappropriate admission and length of stay, and building workforce capability. These priority areas will be detailed in the Metro North Disability Services Plan, currently under development with key stakeholder groups. Metro North will act on the recommendations that arise out of the Royal Commission into Violence, Abuse, Neglect and Exploitation of people with Disability.

Culturally and linguistically diverse communities

Providing culturally safe and respectful services to our patients, families, carers and communities from CALD and asylum seeker and refugee backgrounds is paramount. Metro North will deliver services that are appropriate and responsive to the needs, experiences and voices of people from diverse backgrounds. The [Metro North Multicultural Action Plan](#) sets out our directions to address access barriers, improve understanding and communication, and engage and work with differing health beliefs, preferences and traditions. We will achieve this through building organisational culture, developing leadership and partnerships and improving engagement with CALD communities.

Metro North has a commitment to capturing a consistent and systematic CALD health data set to better understand community health needs, service access and outcomes. The use of a consistent and detailed dataset will support development of targeted initiatives to improve CALD patient outcomes and experience.



Implementation, monitoring and review

Metro North is committed to implementing the *Health Service Strategy 2021-2026*. The Strategy will guide the health service priorities of the Clinical Directorates and Clinical Streams and will provide direction to local clinical service plans and operational plans. The Health Service Strategy Steering Committee will oversee the implementation of this Strategy through regular reviews of progress.

The Strategy will be monitored and reported on an annual basis (end of financial year). Progress reports will provide a summary of achievements against the signs of success and be considered by the Senior Executive Team and the Board. These processes will allow changes in health needs or service developments during the implementation of the Strategy to be identified and ensure the Strategy is reviewed and updated if required.



Appendix - Supporting data

Parents and early years

- ✗ 19.4 per cent of Metro North mothers were classified as obese prior to pregnancy
- ✗ 8.9 per cent of mothers smoked during their pregnancy

Antenatal visits

- ✓ 97.6% of pregnant women had five or more

Immunisation rates

All children

- ✓ 95.2% for children aged one year
- ✗ 92.4% for children aged two years
- 95.0% for children aged five years^{1,2}

Aboriginal and/or Torres Strait Islander children

- ✗ 93.5 per cent for children aged 12 to 15 months
- ✗ 88.6 per cent for children aged 24 to 27 months
- ✓ 98.2 per cent for children aged 60 to 63 months³

Developmental vulnerability

- ✗ One in four children (23.9%) across one or more domains
- ✗ 12% across two or more domains (these rates are slightly lower than the Queensland rates 26.2 per cent and 14 per cent respectively)
- ✗ Hot spots = Redcliffe – North Lakes (28.9%) and Moreton Bay North (28%)

Childhood obesity

- ✗ 8.2% of children aged 5-17 were classified as obese
- ✗ 16.0% of children aged 5-17 classified as overweight (substantial increase)

Vegetable and fruit intake

- ✗ 96.8% of children aged 5-17 years had insufficient daily vegetable consumption (increasing)
- ✓ 28.2% of children had insufficient daily fruit consumption

Physical activity

- ✗ 58.9% of children aged 5-17 years reported having insufficient physical activity in the last week

Wellbeing and quality of life

Life expectancy

- ✓ 81.4 years for males and 85.1 years for females
- ✗ 56.0 years for Aboriginal and/or Torres Strait Islander males and 66.5 years for Aboriginal and/or Torres Strait Islander females

Long term health condition

- ✗ Half of adults (50.4%) have a long term health condition
- ✗ 4.6% are living in need of assistance with a profound or severe disability⁴.

Self rated health

- ✗ Australians spend on average 11 years in ill health – the highest among OECD countries
- ✓ 15.2% rate their health as 'fair or poor' as opposed to 'good', 'very good' or 'excellent'⁵.
- ✗ Hot spots - Caboolture and Redcliffe residents are more likely to rate their health as 'fair or poor'
- ✗ 29% of Aboriginal and/or Torres Strait Islander people rate their health 'fair or poor'
- ✓ Two in five people (36.4 per cent) considered least disadvantaged (Index of Relative Socioeconomic Disadvantage (IRSD) top quintile)
- ✗ Hot spots - areas of socioeconomic disadvantage in the northern parts of the region, in Caboolture and Redcliffe sub regions
- ✗ 38% of disease burden in Australia is due to modifiable lifestyle factors
- ✓ 8.7 per cent of Metro North residents aged 18 years and above were daily smokers, 25.9 per cent identified as being an ex-smoker
- ✗ 20.1 per cent had lifetime risky drinking consumption
- ✗ 46.8 per cent had less than recommended fruit intake, and 94.0 per cent had less than recommended vegetable intake
- ✗ 35.4 per cent of persons aged 18 years and above were classified as overweight, 23.5 per cent were classified as obese

1 Data is for the annualised December quarter 2018

2 (Commonwealth Department of Health, 2019)

3 (Commonwealth Department of Health, 2019)

4 (Queensland Government Statistician's Office, Queensland Treasury, 2018)

5 (Public Health Information Development Unit, 2019)

Planned care

- ✓ 91 per cent of Metro North Health residents received their admitted care at a local hospital within the HHS
- ✗ 43.1 per cent of patients who resided in the Redcliffe Hospital catchment didn't receive their admitted care at Redcliffe Hospital
- ✗ 41.1 per cent of patients who resided in the Caboolture/Kilcoy Hospital catchment didn't receive their admitted care at their local hospital.
- ✗ With the exception of Kilcoy Hospital, all hospitals in Metro North Health had a bed occupancy of over 90 per cent in 2019-20
- ↑ 5.9 per cent per annum projected growth in non-emergency separations in Metro North Hospitals
- ↑ 5.6 per cent per annum projected to growth in elective surgeries with same-day elective surgeries projected to increase 7.0 per cent per annum
- Median wait time of 35 days for elective surgery
- ✓ In 2019 The Prince Charles Hospital became the first public hospital in Qld to provide orthopaedic robotic surgery
- ✓ The total number of robotic surgeries in Metro North increased 58.6 per cent per annum from 2017-18 to 2019-20 (163 procedures to 410 procedures)
- ↑ Diagnostic GI endoscopy activity is projected to grow 5.6 per cent per annum
- ✗ Queensland had the equal lowest or second lowest transplant rate from 2014- 2018 with 35 transplants per million persons in 2018.
- ↑ 5.6 per cent per annum projected growth in total non-admitted services
- Median wait time of 88 days for initial specialist outpatient service event
- ✓ In 2019-20 there were over 448,441 occasions of service in community settings excluding oral health and mental health
- ✗ Hospital in the Home (HITH) admissions represented 0.8 per cent of all admissions in 2019-20
- ✓ There were 255,921 outpatient occasions of service (telehealth and telephone) in 2019-20, 21.3 percent of all outpatient OOS.
- ✓ 37,430 potentially preventable hospitalisations in 2019-20, a reduction of 1.2 per cent per annum from 2017-18
- ✗ Aboriginal and/or Torres Strait Islander residents within the region experienced potentially preventable hospitalisations at double the rate of non-Indigenous residents (ASR 6598.3 per 100,000 (CI 6312.9-6891.6 per 100,000) compared to 3292.1 per 100,000 (3712.9-4199.4 per 100,000)).
- ✗ For vaccine preventable conditions, the age standardised rate for Aboriginal and/or Torres Strait Islander residents was three times higher than non-Indigenous residents.
- ✓ Eat Walk Engage inpatient services grew by 2 wards each at Redcliffe Hospital, Caboolture Hospital, TPCH and RBWH
- ✓ Residential Aged Care District Assessment and Referral Service provided over 15,000 aged care occasions of service
- ✓ During FY2020 Metro North conducted 6,494 ACAT assessments, of these:
 - 6,355 approved low or medium care
 - The average time to complete the ACAT assessments was 5 days for a medium priority assessment and 44 days for a low priority assessment.
- ✓ Admissions to Metro North Residential Aged Care facilities were:
 - Gannet House – 14
1 from TPCH, 13 from Community Services (Brighton Brain Injury, Interim Care, Residential Transition Care)
 - Cooina House – 23
- ✓ 1.2 per cent of admissions required language support
- ✓ Medical imaging in Metro North Health has grown by 14.7% between 2018-19 and 2019-20 from 328,482 to 376,649 OOS

Urgent Care

- ↑ Emergency surgery represented 36.5 per cent of all surgeries with Metro North HHS performing 18,273 emergency operations in 2019-20, an increase of 2.9 per cent per annum
- ↑ 4.5 per cent per annum projected growth in emergency admissions to hospital
- ↑ 4.7 percent annum increase in emergency department activity over the last three years (including fever clinics)
- ✓ Geriatric Emergency Department Intervention services provided over 12,000 occasions of service within the ED
- ↑ Projected increase in emergency department activity⁶ to 405,373 presentations in 2026-27 (4.6 per cent per annum)
- ↑ Caboolture Hospital is projected to have the highest growth in emergency department presentations between 2018-19 and 2026-27 (adults increase by 4.8 per cent and child increase 4.3 per cent per annum)
- ✗ Presentations for 65+ years to Metro North EDs totalled over 69,000
- ✗ Clinical Frailty Score was captured 56% of the time for all Metro North Health ED presentations aged over 75 years of age
- ✗ 300 per cent increase in silicosis diagnoses over the last three years

⁶ Excluding persons who did not wait for treatment or were deceased on arrival

Mental Health

Behaviour Problems

- ✗ Estimated 235,201 residents aged 18 years and over with mental and behavioural problems
- ✗ An estimated 84,193 people aged 18 years and over who had high or very high psychological distress, which is a proportion of 11.8 per cent (CI 11.2 – 12.3 per cent)⁷
- ✗ 7.9 per cent of ED presentations were for mental and behavioural disorders

Hospitalisations

- ✗ 19,822 mental health hospitalisations, increased 7.4 per cent per annum
- ✗ 'Alcohol and other drug'⁸ hospitalisations increased 7.4 per cent per annum
- ✓ 186,886 episodes of care in community settings

Cancer

- ✗ Over 5700 new cancer cases each year
- ✗ BreastScreen screened 19 per cent of eligible women aged over 40 years
- ✓ 61,391 were screened as part of the National Bowel Cancer Screening Program
- ✓ 8578 surgeries performed where the primary diagnosis was a cancer
- Performed 33,258 radiotherapy and 26,189 chemotherapy procedures
- ↑ Chemotherapy and radiotherapy activity is projected to grow 3.9 per cent per annum

⁷ Public Health Information Development Unit, 2019)

⁸ Excludes Poisoning/Toxic Effects of Drugs and Other Substances

