



Local Area Needs Assessment 2022

Summary Report

Metro North Health

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Contents

Table of Contents	3
Context	4
Local Area Health Needs	5
1 Purpose	5
2 Objectives	5
3 Methodology	5
3.1 Data sources	8
3.2 Limitations	8
4 Summary data analysis findings	8
5 Priority health needs	15





Context

For many years Queensland Health has estimated the health care needs of the community it serves by assessing growth in service activity and allocating funding to support the delivery of these services. This has led to a significant improvement in access to services across the State and across the continuum of care. However, there remain health inequities within the State and between various population groups.

To address these inequities Queensland Health is seeking to transform its approach and utilise a more comprehensive assessment of the health need of a community to guide health service planning, models of care development and service commissioning. The approach includes the introduction of a Local Area Needs Assessment (LANA) and priorities at every Hospital and Health Service (HHS) in partnership with Primary Health Networks (PHNs), Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs), other local partners and consumers.

The LANA is a detailed assessment of health need, based on an analysis of local level data across domains as well as community, clinician and service partner consultation. A LANA analyses the health and service needs and service gaps to identify where services should be enhanced or commenced to address greatest health need and deliver the greatest impact or value.

The LANA will support an integrated commissioning approach whereby available resources will be targeted at locations and populations with greater unmet health needs to improve equity.

The Metro North Health (Metro North) Health Service Strategy and Planning Unit (HSSPU) and the Brisbane North PHN Knowledge, Planning and Performance team have jointly led the development of the LANA for the population of Brisbane North (within the geographic boundaries of Metro North and the Brisbane North PHN) in alignment with the LANA Framework. Metro North and the Brisbane North PHN have previously collaborated to deliver the PHN Health Needs Assessment (HNA), but this is the first time a LANA has been undertaken.

This report summarises the findings of the LANA. Further detail about content contained within this report can be sourced by contacting the Metro North HSSPU at MNHHS_PlanningStrategy@health.qld.gov.au.

Local Area Health Needs

1. Purpose

The purpose of the Metro North and Brisbane North PHN LANA is to:

- identify health needs of the local community within the geographic boundaries of Metro North (to statistical area level 2), including those needs not met through existing service arrangements (service gaps)
- set service priorities to improve the health of the Metro North population
- inform integrated commissioning and targeted investment of resources at locations and populations with greater unmet health needs to improve equity
- improve overall population health outcomes.

2. Objectives

The objectives of the LANA are to:

- understand the population and their health status
- understand the health service environment and adequacy of existing services
- identify health inequities and service gaps
- assess and prioritise the community health and service needs.

3. Methodology

A comprehensive process of data gathering, consultation and literature review was undertaken between May 2021 and October 2021 to gather information about the health and service needs of the Metro North community. A dashboard was built to enable visual interrogation of the data and easier identification of trends by geographical area.

Data analysis and prioritisation was an iterative process occurring between October 2021 and March 2022. Further review of identified health needs occurred in March/April 2022 to ensure outcomes aligned with findings from the Metro North Health Equity Strategy, and addressed priority areas outlined within the Queensland Health Reform Planning Group report *Unleashing the potential: an open and equitable health system*.

The following process was undertaken by Metro North to develop the LANA:

Step 1 – Project management

A project proposal and project plan were developed to outline in detail the project scope, governance, and project schedule. The project proposal and project plan were endorsed by the Project Steering Committee (PSC).

Step 2 – Consultation and engagement

Metro North in partnership with the Brisbane North PHN undertook extensive consultation with community members, community partners and clinicians. The objective of the initial consultation was to gather community and stakeholder views on areas of health and service need. This was done using combined methods of engagement such as face to face focus groups and online surveys.

Step 3 – Data gathering and analysis

Metro North and the Brisbane North PHN jointly undertook an extensive data gathering exercise from a broad range of national, state, and local data sources. This data, covering key indicators of health including health status, social determinants, health behaviours, service access, availability, and service utilisation, is summarised in a population health data paper. A dashboard was built using Power BI (an interactive data visualisation software) to support data analysis. This enabled visual benchmarking of the regions' geographic areas against HHS, state and national benchmarks, and performance targets where appropriate. Data analysis highlights those areas within the region that are of highest need.



Step 4 – Literature review

A literature review was undertaken to gather information from grey literature on the health needs of special population groups. This included searching relevant HHS papers, government reports, and papers published by independent institutions and organisations. Specialist population groups included Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse (CALD) communities, refugees, people with disability, older persons, homeless persons or those at risk of homelessness, those experiencing domestic and family violence, bodily diverse people and communities including lesbian, gay, bisexual, transgender, intersex, and questioning (LGBTIQ+), children and youth, mothers and babies, and people at end of life. Health and service needs specific to these population groups were summarised.

Step 5 – Service profile and gaps

Current services were mapped by location within the Metro North region and analysed to identify service gaps. This information was used to validate service needs.

Step 6 – Development and validation of health and service needs

Results gathered from consultation and engagement, data analysis, the literature review and service profile were combined and analysed together.

Identified needs were validated using information triangulation to determine if needs were identified by more than one method.

Step 7 – Prioritisation of needs

Prioritisation criteria were developed against which the identified needs were assessed using a weighted scoring system. Scores were applied to each need to determine relative importance.

Step 8 – Consultation on draft LANA summary

Regular consultation between the Metro North HSSPU and Brisbane North PHN Knowledge, Planning and Performance team occurred throughout the process. Consistent themes of health need were identified by both the LANA and HNA.

Service profiles were sent to the relevant clinical areas for consultation. Feedback was reviewed and corrections made to ensure accuracy.

An initial iteration of LANA outcomes was presented to the PSC in March 2022 for wider consultation and feedback. Once feedback had been received the LANA summary report was presented to the Metro North Operational Leadership Team (OLT) for feedback.

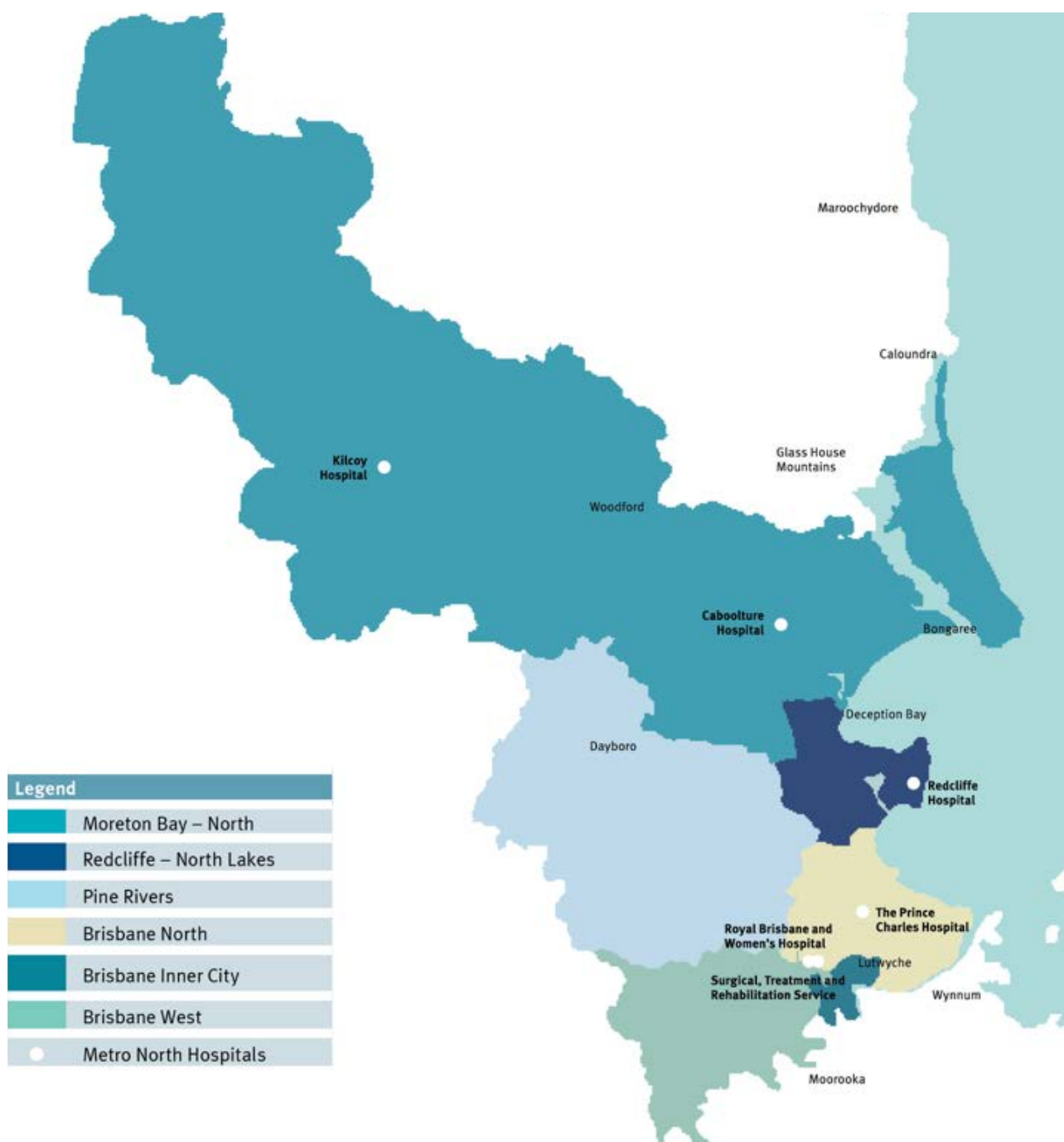
A final report was endorsed by the Senior Executive Team (SET) prior to submission to the Department of Health.



Our region

The geographical catchment shared by Metro North and the Brisbane North PHN covers an area north of the Brisbane River and includes parts of the Brisbane City Local Government Area (LGA), Moreton Bay LGA, and parts of the Somerset LGA (Kilcoy). To facilitate effective planning the geographical catchment is split into six sub regions (Figure 1) drawing on both hospital catchment areas and PHN planning regions based on the Australian Statistical Geography Standard (ASGS) Statistical.

Fig 1 Brisbane North sub regions



Metro North Demography

- The estimated resident population (ERP) of Metro North as of 30 June 2020 was 1,063,604 persons, which represents 20.5 per cent of the total Queensland ERP (5,176,186 persons). In 2020, Metro North had 193,934 children (aged 0 to 14 years) and 869,669 adults, of which 157,791 were over 65 years of age
- Between 2015 and 2020, Metro North experienced a rate of 2.0 per cent per annum growth (100,162 persons) to reach a population of 1,063,604 persons. The Metro North historical growth rate was higher than the Queensland growth rate of 1.6 per cent per annum.
- By 2036, the Metro North projected resident population is expected to increase by 327,582 persons (1.5 per cent per annum) to reach a total projected resident population of 1,308,568 persons.
- In 2019, 26,989 people in Metro North identified as a person of Aboriginal and/or Torres Strait Islander origin, representing 2.6 per cent of the Metro North population (1,045,236 persons). While the proportion of the population in Metro North identifying as Aboriginal and/or Torres Strait Islander was lower than the Queensland proportion (4.6 per cent), the Aboriginal and/or Torres Strait Islander population in Metro North accounted for 11.4 per cent of the Queensland Aboriginal and/or Torres Strait Islander population; the third highest rate in the Queensland behind Metro South HHS at 12.9 per cent and Cairns and Hinterland HHS at 12.7 per cent.

3.1 Data sources

Key information sources utilised in the assessment of health need included:

- consultation discussions with key stakeholders from the PHN and Metro North utilising
 - consultation hub and MyVoice surveys to gather Metro North and PHN community and staff input
 - external market research survey
 - face to face sessions with Metro North clinical councils at all facilities and the Metro North Clinical Council
 - focus groups to gather input from CALD communities
- 13HEALTH
- Australian Bureau of Statistics (ABS)
- Australian Early Development Census (AEDC)
- Australian Immunisation Register (AIR)
- Australian Institute of Health and Welfare (AIHW)
- Brisbane North PHN
- Commonwealth Department of Health
- Decision Support System (DSS)
- Emergency Department Information System (EDIS)
- Hospital-based Corporate Information System (HBCIS)
- Medicare Benefits Schedule (MBS)
- National Aboriginal Community Controlled Health Organisations (NACCHOs)
- National Health Workforce Dataset
- National Disability Insurance Scheme (NDIS)
- Oncology Analysis System (OASYS)
- Pharmaceutical Benefits Scheme (PBS)
- Public Health Information Development Unit (PHIDU) Social Health Atlases
- Queensland Health Admitted Patient Data Collection (QHAPDC)
- Queensland Government Statistician's Office (QGSO)
- Queensland Perinatal Data Collection
- Queensland Preventive Health Survey
- Queensland Survey Analytic System (QSAS)
- Queensland Department of Health, specifically the System Planning Branch (SPB).

3.2 Limitations

The method applied to identify health and service needs for the LANA was comprehensive, rigorous and evidence based. However, the process was not without its limitations. Some of these limitations included:

- qualitative data drawn from consultation may have been influenced by selection bias
- clinician and external organisation survey responses may have been shaped by personal views or attachment to their specific clinical and/or organisation areas of expertise
- to elicit qualitative data from consumers about some health issues requires a high level of trust, which may not have been met by the consultation methods chosen
- data was not always available at the level of specificity required, so analysis was conducted at a broader level
- data was excluded if it impacted fewer than ten individuals (due to risks of being identified)
- service profiling focused on key health areas identified through data analysis and consultation as it was not feasible to profile every health care service (public or private) offered within the Brisbane North region.

Health and service needs that are associated with considerable stigma (such as sexual health, domestic and family violence, communicable diseases), those that affect only small groups (when data was excluded in case of identification), or where data was unavailable or incomplete, may have inadvertently resulted in some health needs being omitted.

For example, the stigma associated with sexually transmitted infections is likely to affect a person's willingness to share this as a health need during consultation; those infections that occur in small numbers may have been excluded from the data set to avoid possible identification of individuals; and those that affect Aboriginal and/or Torres Strait Islander peoples may have been excluded from the data set if small in number or not available at that level of granularity.

4. Summary data analysis findings

Health data indicators were analysed by geographic region within Metro North (both SA3 and hospital catchment, noting that Metro North Community and Oral Health services meet health and service needs in all SA3s and hospital catchments) and identified areas of health need.

A summary of findings is contained in Table 1 below grouped by health status, social determinants of health, health behaviours, service access and availability, and service utilisation.

Table 1 FAB Data analysis by Statistical Area Level 3

The following table summarises key trends arising from the data analysis. A ‘high’ result refers to scores in the top or bottom 20th percentile while ‘higher’ refers to scores above/below the Queensland average but outside the top or bottom 20th percentile.

Statistical Area Level 3	HHS	Catchment	Health Status	Social Determinants	Health Behaviours	Service Access & Availability	Service Utilisation
Bribie - Beachmere	Caboolture/Kilcoy Hospital		Higher rates of potentially preventable hospitalisations, and people living with a profound or severe disability. Immunisation rates below target. High rates of low birthweight (<2500g) and premature birth (<37 weeks). Higher rates of fair/poor self-assessed health (ASR 25-28 per 100).	High levels of households receiving rent assistance, unemployment, and developmentally vulnerable children. Higher rates of financial hardship. Lower rates of education (year 12 or equivalent). SEIFA: 41.2 per cent of area in quintile 1 (most disadvantaged).	Higher rates of smoking during pregnancy (< 20 weeks). High rates of people living with a profound or severe disability. There are pockets of risk within this area with high obesity, low physical activity rates, and inadequate vegetable intake. Beachmere - Sandstone Point SA2 experiences higher rates of total unhealthy days in the past 30 days.	Experiences higher rates of barriers to access due to cost when compared to the region, and barriers due to transport when compared to QLD.	Higher rates of emergency department (ED) presentations. Lower utilisation of hospital based maxillo-facial surgery, and rehabilitation services. Low rates of after-hours general practitioner (GP) attendances.
Caboolture	Caboolture/Kilcoy Hospital	Community and Oral Health Directorate	Higher rates of avoidable deaths, mortality, potentially preventable hospitalisations, cardiovascular (heart, stroke, and vascular) diseases, asthma, COPD, diabetes, arthritis, rheumatoid arthritis, mental and behavioural problems, and psychological distress. High annual average years of life lost. Burpengary-East SA2 experiences higher rates of cancer. Immunisation rates below target. Higher rates of fair/poor self-assessed health (ASR 17-24 per 100).	Higher rates of developmentally vulnerable children, financial hardship, and low-income families. Low rates of education (year 12 or equivalent). High rates of financial stress from mortgage or rent, social housing, households receiving rent assistance, reported offences, overcrowding, and unemployment. SEIFA: 52.7 per cent of area in quintile 1 (most disadvantaged).	Experiences higher rates of obese mothers (BMI ≥ 30), lower rates of antenatal visits, and bowel cancer screening. There are pockets of risk within this area with higher obesity, low physical activity rates, and inadequate vegetable/fruit intake. There are also pockets of risk within this area with higher rates of alcohol consumption and smoking. Caboolture South SA2 and Morayfield-East SA2 experiences higher rates of total unhealthy days in the past 30 days.	Experiences higher rates of barriers to access due to transport when compared to the region, and barriers due to cost when compared to QLD.	Higher rates of ED presentations. Lower rates of services delivered by Aboriginal Health Workers. Higher utilisation of hospital based geriatric management, thoracic surgery, cardiology, rheumatology, dermatology, general surgery, general medicine and renal medicine. Low rates of utilisation of rehabilitation services.
Caboolture Hinterland	Caboolture/Kilcoy Hospital		Higher rates of people with osteoporosis, and potentially preventable hospitalisations. High rates of people living with a profound or severe disability, and premature mortality. Immunisation rates below target. Low life expectancy. Higher rates of fair/poor self-assessed health (ASR 19-22 per 100).	High rates of financial hardship. Low rates of education (year 12 or equivalent). SEIFA: 34.2 per cent of area in quintile 1 (most disadvantaged).	High rates of obese mothers, and people living with a profound or severe disability. Kilcoy SA2 experiences lower physical activity rates, and inadequate vegetable intake. Woodford - D'Aguilar SA2 experiences higher smoking rates.	Experiences high rates of barriers to access due to cost and transport when compared to QLD.	Higher rates of ED presentations, and lower rates of services delivered by specialists. Higher utilisation of hospital based geriatric management, maxillo-facial surgery and neurosurgery. Low rates of utilisation of rehabilitation services, and dermatology.

Statistical Area Level 3	HHS	Catchment	Health Status	Social Determinants	Health Behaviours	Service Access & Availability	Service Utilisation
Narangba - Burpengary	Caboolture/Kilcoy and Redcliffe Hospital	Community and Oral Health Directorate	Upper Caboolture SA2 experiences higher rates of cancer. High levels of premature births, low birthweight, mortality, psychological distress, potentially preventable hospitalisations, and suicide. Low life expectancy. Immunisation rates below target. Higher rates of fair/poor self-assessed health (ASR 15-32 per 100).	High rates of financial hardship, unemployment, and developmentally vulnerable children. Low rates of education (year 12 or equivalent). SEIFA: 28.2 per cent of area in quintile 1 (most disadvantaged).	There are pockets of risk within this area with lower physical activity, higher obesity rates, and inadequate vegetable intake. Burpengary SA2 experiences higher alcohol consumption, and Deception Bay SA2 experiences a higher rate of total unhealthy days in the past 30 days.	Experiences high rates of barriers to access due to cost and transport when compared to QLD	Experiences higher rates of mental health hospitalisations, 13HEALTH activity, and ED presentations. Low rates of utilisation of rehabilitation services and services delivered by specialists.
North Lakes	Redcliffe Hospital		Experiences higher rates of premature births, and low birthweight. High rates of mortality, mental and psychological distress, and potentially preventable hospitalisations. Immunisation rates below target. Higher rates of fair/poor self-assessed health (ASR 15-21 per 100).	High rates of reported offences, unemployment, financial stress from mortgage or rent, developmentally vulnerable children, and people receiving age pension. Low rates of education (year 12 or equivalent). SEIFA: 7.3 per cent of area in quintile 1 (most disadvantaged).	Higher rates of obese mothers. There are pockets of risk within this area with higher obesity rates, and inadequate fruit intake. Dakabin - Kallangur SA2 experiences higher rates of total unhealthy days in the past 30 days.	Rates of service access and availability comparable or better than the region.	Higher utilisation of thoracic surgery. High rates of ED presentations.
Redcliffe	Redcliffe Hospital		Immunisation rates below target. Low life expectancy. Higher rates of suicide, premature mortality, and years of life lost. High rates of people living with a profound or severe disability. Higher rates of fair/poor self-assessed health (ASR 18-33 per 100).	High rates of financial hardship, financial stress from mortgage or rent, social housing, reported offences, unemployment, and developmentally vulnerable children. Low rates of education. SEIFA: 27.4 per cent of area in quintile 1 (most disadvantaged).	High rates of obese mothers, smoking during pregnancy, daily smokers, people living with a profound or severe disability, total unhealthy days in the past 30 days. There are pockets of risk within Redcliffe SA3 with lower physical activity rates, and inadequate vegetable/fruit intake. Clontarf SA2 experiences higher rates of total unhealthy days in the past 30 days.	Experiences high rates of barriers to access due to cost and transport when compared to QLD.	Experiences higher rates of mental health related prescriptions dispensed. High rates of ED presentations.
Brisbane Inner	RBWH		Experiences higher rates of infant mortality, and low birthweight. High years of life lost, avoidable deaths, potentially preventable hospitalisations, and suicide rates. Immunisation rates below target. Higher rates of fair/poor self-assessed health (ASR 15 per 100).	Higher levels of severe overcrowding, financial stress by mortgage or rent, and reported offences. High levels of unemployment. SEIFA: 5.0 per cent of area in quintile 1 (most disadvantaged).	Brisbane Inner SA3 experiences lower rates of breast cancer screening. Fortitude Valley SA2 experiences higher alcohol consumption, and Brisbane City SA2 experiences higher rates of total unhealthy days in the past 30 days.	Experiences high rates of barriers to access due to cost and transport when compared to QLD.	Higher rates of ED presentations, mental health hospitalisations, and 13HEALTH activity. Higher utilisation of hospital-based drug and alcohol services and mental health services. Lower rates of utilisation of geriatric management, obstetrics, vascular surgery, maxillo-facial surgery, upper gastrointestinal tract (GIT) surgery, surgery, head and neck surgery, cardiology and after-hours GP attendances.

Statistical Area Level 3	HHS	Catchment	Health Status	Social Determinants	Health Behaviours	Service Access & Availability	Service Utilisation
Brisbane Inner - North	RBWH	Community and Oral Health Directorate	There are pockets of risk within this area with higher rates of cancer, suicide, and mortality rates. High rates of low birthweight babies. Higher rates of fair/poor self-assessed health (ASR 15 per 100).	High rates of financial stress from mortgage or rent. SEIFA: 1.7 per cent of area in quintile 1 (most disadvantaged).	Brisbane Inner - North SA3 experiences lower rates of cervical cancer screening. Windsor SA2 experiences higher rates of alcohol consumption, smoking, and total unhealthy days in the past 30 days.	Rates of service access and availability comparable to or better than the region	Experiences higher rates of ED presentations. Higher utilisation of hospital-based drug and alcohol services, mental health services, plastic and reconstructive surgery, and rehabilitation. Lower rates of utilisation of after-hours GP attendances.
Brisbane Inner - West	RBWH		High potentially preventable hospitalisations, avoidable deaths, and suicide rates. Immunisation rates below target. Higher rates of fair/poor self-assessed health (ASR 15 per 100).	High rates of financial stress from mortgage or rent. SEIFA: 0 per cent of area in quintile 1 (most disadvantaged).	Toowong SA2 experiences higher alcohol consumption.	Rates of service access and availability comparable or better than the region.	Experiences higher rates of ED presentations. Higher utilisation of hospital-based rehabilitation services. Lower rates of public utilisation of geriatric management, obstetrics, cardiology, upper GIT surgery, rheumatology, general medicine, general surgery, immunology and infections and dermatology, and after-hours GP attendances.
Kenmore - Brookfield - Moggill	RBWH		High rates of mortality, low birthweight, potentially preventable hospitalisations, suicide, years of life lost and premature births. Immunisation rates below target. Pinjarra Hills – Pullenvale SA2 experiences higher rates of cancer. Higher rates of fair/poor self-assessed health (ASR 16 per 100).	SEIFA: 0 per cent of area in quintile 1 (most disadvantaged).	Rates of health behaviours comparable or better than the region.	Rates of service access and availability comparable or better than the region.	Experiences higher rates of ED presentations. Higher utilisation of hospital-based rehabilitation services. Lower rates of utilisation of geriatric management, dermatology, cardiology, and immunology and infections.
Sherwood - Indooroopilly	RBWH		Higher rates of high blood cholesterol. High rates of mortality, low birthweight, potentially preventable hospitalisations, premature births, suicide and years of life lost. Immunisation rates below target. Higher rates of fair/poor self-assessed health (ASR 15 per 100).	High rates of financial stress from mortgage or rent, overcrowding, and unemployment. SEIFA: 0 per cent of area in quintile 1 (most disadvantaged).	Rates of health behaviours comparable or better than the region.	Rates of service access and availability comparable or better than the region.	Experiences high rates of ED presentations. Lower rates of services delivered by allied health professionals and GP's.



Statistical Area Level 3	HHS	Catchment	Health Status	Social Determinants	Health Behaviours	Service Access & Availability	Service Utilisation
The Gap - Enoggera	RBWH	Community and Oral Health Directorate	High rates of mortality, low birthweight, potentially preventable hospitalisations, premature births, suicide, and years of life lost. Higher rates of fair/poor self-assessed health (ASR 16-20 per 100).	High rates of social housing, and unemployment. SEIFA: 3.9 per cent of area in quintile 1 (most disadvantaged).	The Gap SA2 experiences inadequate fruit intake.	Rates of service access and availability comparable or better than the region.	High rates of ED presentations, and 13HEALTH activity. Higher utilisation of hospital based mental health services, and rehabilitation. Lower rates of utilisation of maxillo-facial surgery, and services delivered by GPs (attendances).
Bald Hills - Everton Park	TPCH		High rates of mortality, low birthweight, potentially preventable hospitalisations, premature births, suicide, and years of life lost. Immunisation rates below target. Higher rates of fair/poor self-assessed health (ASR 16 per 100).	SEIFA: 1.0 per cent of area in quintile 1 (most disadvantaged).	Rates of health behaviours comparable or better than the region.	Rates of service access and availability comparable or better than the region.	Higher utilisation of hospital-based head and neck surgery. High rates of ED presentations. Low rates of afterhours GP attendances.
Chermside	TPCH		High rates of cancer, mortality, low birthweight, potentially preventable hospitalisations, and premature births. Kedron - Gordon Park SA2 experiences higher rates of cancer. Higher rates of fair/poor self-assessed health (ASR 15-21 per 100).	High rates of social housing, developmentally vulnerable children, reported offences, and unemployment. SEIFA: 3.6 per cent of area in quintile 1 (most disadvantaged).	High rates of obesity and total unhealthy days in the past 30 days. Kedron - Gordon Park SA2 experiences inadequate fruit intake. There are pockets of risk within Chermside SA3 with higher smoking, and alcohol consumption rates.	Rates of service access and availability comparable to or better than the region.	Higher utilisation of hospital based mental health services and rehabilitation. High rates of ED presentations, and 13HEALTH activity. Lower rates of services delivered by GPs (attendances).
The Hills District	TPCH		High rates of cancer, potentially preventable hospitalisations, mortality, suicide, and years of life lost. Dayboro SA2 experiences higher rates of cancer. Higher rates of fair/poor self-assessed health (ASR 13-16 per 100).	SEIFA: 0.6 per cent of area in quintile 1 (most disadvantaged).	There are pockets of risk within the Hills District SA3 with higher obesity rates, and inadequate fruit intake. Eatons Hill and Samford Valley SA2's have higher alcohol consumption.	Rates of service access and availability comparable to or better than the region.	Experiences higher rates of ED presentations. Low rates of after-hours GP attendances.

Statistical Area Level 3	HHS	Catchment	Health Status	Social Determinants	Health Behaviours	Service Access & Availability	Service Utilisation
Nundah	TPCH	Community and Oral Health Directorate	High rates of cancer, premature births, mortality, and years of life lost. Immunisation rates below target. Higher rates of poor/fair self-assessed health (ASR 15-20 per 100).	High rates of reported offences, and unemployment. SEIFA: 0 per cent of area in quintile 1 (most disadvantaged).	High rates of daily smokers. Boondall SA2 experiences inadequate vegetable intake, and Brisbane Airport SA2 experiences higher alcohol consumption.	Experiences high rates of barriers to access due to cost when compared to QLD.	High rates of ED presentations. Low rates of services delivered by health care workers.
Sandgate	TPCH and Redcliffe Hospital		Higher rates of potentially preventable hospitalisations. High rates of mortality, premature births, suicide, and years of life lost. Immunisation rates below target. Higher rates of poor/fair self-assessed health (17-21 per 100).	High rates of social housing, developmentally vulnerable children, financial hardship, and unemployment rates. Low rates of education (year 12 or equivalent). SEIFA: 11.9 per cent of area in quintile 1 (most disadvantaged).	There are pockets of risk within this area with higher smoking rates. High levels of people living with a profound or severe disability.	Experiences high rates of barriers to access due to cost when compared to QLD.	Higher utilisation of hospital based geriatric management, services. High rates of ED presentations, and 13HEALTH activity.
Strathpine	TPCH		High rates of mortality, low birthweight, avoidable deaths, suicide, years of life lost, and potentially preventable hospitalisations. Higher rates of musculoskeletal system diseases. Higher rates of poor/fair self-assessed health (ASR 19-31 per 100).	High rates of social housing, financial stress from mortgage of rent, and financial hardship. Higher rates of developmentally vulnerable children, and unemployment. Low rates of education (year 12 or equivalent). SEIFA: 15.8 per cent of area in quintile 1 (most disadvantaged).	High rates of smoking during pregnancy. There are pockets of risk within Strathpine SA3 with inadequate fruit/vegetable intake, higher obesity, and lower physical activity rates. Bray Park and Lawnton SA2's experience higher smoking rates. Strathpine - Brendale SA2 experiences higher rates of total unhealthy days in the past 30 days.	Experiences high rates of barriers to access due to cost when compared to QLD.	Experiences higher rates of ED presentations. Higher utilisation of hospital based thoracic surgery, rehabilitation. Lower rates of utilisation of maxillo-facial surgery.



5. Priority health needs

The section below describes priority health needs identified during the LANA process.

Specific populations

Some population groups are more likely to experience or have a higher prevalence of certain health conditions and are identified as priority groups in relation to health, social and related services. These groups include but are not limited to Aboriginal and/or Torres Strait Islander peoples, CALD communities, LGBTIQ+ people, people living with disability, those experiencing domestic and family violence, and those who are or at risk of homelessness.

These groups are identified as target areas in the:

- Metro North Hospital and Health Service (HHS) 2019/20 – 2021/22 Health Service Agreement (HSA) (November 2021 Revision), with specific reference to Aboriginal and /or Torres Strait Islander peoples and a commitment to develop a Health Equity Strategy, deliver a COVID-19 First Nations Response and other initiatives included under ‘Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033’
- Queensland Government Domestic and Family Violence Prevention Strategy 2016-2026, with specific reference to CALD communities who experience additional barriers to services and support, and people identifying as LGBTIQ+ or who are living with disability are highly vulnerable to domestic and family violence and require additional assistance to access supports
- Council of Australian Governments (COAG) agreement to reform disability services
- National Housing and Homelessness Agreement (NHHA) 2018, specifically with reference to priority cohorts including women and children affected by family and domestic violence, people exiting from care and institutions, and Indigenous Australians.

Metro North performance was outside the target or benchmark, for example:

- from 2015 to 2019 the median age at death of Aboriginal and Torres Strait Islander persons in Metro North was 60.0 years with the median age of death for male

Aboriginal and Torres Strait Islander persons 53.0 years compared to 68.0 years for females. This is 21 years lower than the Metro North median age at death of 81.0 years and Queensland median of 80.0 years.

- higher rates of people living with profound or severe disability, particularly in the Bribie-Beachmere, Caboolture Hinterland and Redcliffe regions, with the highest numbers of NDIS participants living in the Caboolture SA2 and the highest percentage of disability support pensioners residing in Bribie-Beachmere
- Brisbane Inner SA3 had the poorest access to housing and the highest rate of reported offences (27,000 per 100,000 persons), more than double the rate for the next highest region (Caboolture at 12,000 offences).

These groups were identified in more than half of consultation responses received from consumers, community members, clinicians, and service providers. Each group contained more than 10,001 affected persons (26,982 Aboriginal and/or Torres Strait Islander peoples in 2019, 114,813 people born in a country where English is a second language, an estimated 3.6 per cent of males and 3.4 per cent of females describe themselves with minority sexual identity, 16,520 NDIS participants). Severity of associated health conditions was high with lower life expectancy, higher rates of mental health disease and psychological distress, and high disability adjusted life years lost. Services are provided but access issues were identified including need to travel outside of local hospital catchment area to access service, associated out of pocket costs, and barriers relating to language and cultural safety. Risk of unmet need was assessed to be high as issues are multisystemic, impacting on other areas, cohorts, and services.



Mental health

Depression, mental health assessment and intervention, mental health treatment, and suicide prevention were all identified as areas of high need and had strong alignment to government direction (Shifting Minds: Queensland Mental health, Alcohol and Other Drugs Strategic Plan 2018-23; Department of Health Strategic Plan 2021 – 2025, Metro North HSA). Consultation revealed the following concerns:

- depression co-occurs with other medical conditions, and there is an expressed need for a greater availability of depression services including allied health, in hospital services, and community-based services
- difficulty getting appointments with mental health practitioners (psychiatrist, psychologist, counselling services)
- long waiting periods to see mental health professionals is unhelpful when early intervention is required
- people experiencing mental health conditions desire alternative treatment pathways to emergency department presentation and hospital admission
- suicide is preventable with early identification, assessment, management, and follow up, and there are crisis and emergency services available, however there is a perception that there are insufficient prevention support services in the community or wellness programs to support patients at risk of suicide.

Metro North performance was outside the target or benchmark in some areas:

- increasing prevalence of people living with mental health conditions
- high rates of mental health prescription dispensing
- higher rates of mental health and psychological distress compared to Queensland
- higher rates of mental health hospitalisations, particular in Brisbane Inner and Redcliffe SA3s.

Metro North had lower rates of suicide compared to Queensland. The mental health areas assessed as high need varied by size of affected population, severity of potential outcome (loss of life), and public availability of services.

Treatment of emergency health issues

Timely access to emergency department (ED) care and long wait times featured heavily in consultation. In 2021 no Metro North facility reached the 80 per cent Queensland Emergency Access Target. ED care is a focus area of the Metro

North HSA including several key performance indicators and an agreement to deliver several improvement initiatives and the Geriatric Emergency Department Intervention (GEDI). Service profile analysis revealed gaps in minor injury care with recent closure of minor trauma centres located at Morayfield and Kallangur. The number of adult and child ED presentations is rising year on year and sits well above 10,000 people affected with 49,000 child ED presentations from Chermside alone in 2020-21.

Health outcomes for Aboriginal and/or Torres Strait Islander peoples

The health outcomes of Aboriginal and Torres Strait Islander peoples are poorer than their non-Indigenous counterparts, for example:

- lower life expectancy
- higher rates of premature or low birth weight babies
- higher rates of smoking and obesity
- mental health hospitalisations are highest in the Brisbane Inner region with 11,700 in 2020, double that of the region with the next highest rate of Aboriginal and/or Torres Strait Islander mental health hospitalisations (Brisbane Inner – North with 5,700 admissions).

The health needs of Aboriginal and/or Torres Strait Islander peoples aligns with the Metro North HSA and the Department of Health Strategic Plan 2021 – 2025 (Advance health equity for First Nations people). This item scored lower than depression and treatment of emergency health issues because it did not feature as heavily in consultation responses.

Persistent pain management

Persistent pain services have a long wait list, with 12.8 per cent of Metro North patients who are ready for care waiting longer than clinically recommended time frames. Persistent pain represents a significant health burden with approximately 30 per cent of the population reporting chronic pain, and the volume of referrals are reported by clinicians and consumers to not match service availability. Persistent pain services are provided publicly and located at the Surgical Treatment and Rehabilitation Service (STARS), but people living with persistent pain in the northern end of Brisbane North report challenges travelling to STARS to access services.

Improvement of statewide persistent pain management services is supported by a Statewide Clinical Network, Statewide Specialist Service, and the *Pain is Everybody's Business Framework*.

Assessment and early intervention of child health and development

Developmentally vulnerable children or those experiencing health, development, or neurodevelopmental conditions (such as global developmental delay, foetal alcohol spectrum disorders, autistic spectrum disorders, and attention deficit hyperactivity disorders) require assessment and early intervention to correct or reduce the impact of their condition, and foster future wellbeing. The *Great Start for all Queensland Children: An early years plan for Queensland 2020* has a key target area of reducing AEDC vulnerability. Overall Brisbane North has a lower rate than Queensland of children assessed as developmentally vulnerable on two or more domains, but some areas are more significantly impacted than others. Morayfield has twice the rate of Queensland (26.4 compared to 13.88), followed by Stafford (25.0) and Strathpine-Brendale (23.67). Most developmental services are delivered by or available at the Queensland Children's Hospital (QCH). Children living in the northern parts of the Brisbane North region must travel long distances to access services as few are provided in the local area. Some interventions require frequent appointments and ongoing reviews, and for those from low socio-economic backgrounds the cost of travel or parking is identified as an ongoing barrier.

Neurodevelopmental assessment and early intervention for children

Further to those issues identified above, access processes to the National Disability Insurance Scheme (NDIS) are lengthy and issues were identified during consultation in linking children with autism to funding supports. There is limited access to publicly funded paediatric allied health services in Brisbane North and long waits exist for some clinical areas. Developmental paediatric physiotherapy services are not provided at some facilities. For children with foetal alcohol spectrum disorders, attention deficit hyperactivity disorders, and global developmental delay, equitable access to children's hospital and allied health services (away from QCH) is challenging.

Management and education of co-occurring persistent pain and mental health illness

During consultation it was raised that mental health illness occurred in the setting of persistent pain, and that while services were available that targeted both mental health illness and persistent pain, services did not address the issues that arose when they co-occurred. Patient education about how to best manage co-occurring conditions was identified



as a service profile gap. Data was unable to be sourced at this detailed level, and so was analysed at a broader health level.

Management and treatment of complex, sub-specialty health conditions

Residents of Brisbane North can access most Metro North specialist services for complex health conditions within clinically recommended time frames. However, the presence of two tertiary/quaternary facilities at Herston and Chermide results in most sub-specialties being in the southern end of the Brisbane North region. Consultation identified that long travel distances and poor public transport infrastructure in the outer areas created barriers to service access, particularly for older people who no longer drive. This health need aligns with both the HSA and Department of Health Strategic Plan 2021 – 2025.

Child weight management and parenting education

Consultation identified child weight management and parenting education as an area of need, and service profile analysis revealed this is not provided publicly. Child weight management services are available privately, coming at an out-of-pocket cost to parents. This health need aligns with *A Great Start for all Queensland Children: An early years plan for Queensland 2020*, but data analysis could not be sourced at this level and subsequently analysed at a broader health level.