Townsville Hospital and Health Service



Our Local Health Priorities

Local Area Needs Assessment

Snapshot (2022)





Local Area Needs Assessment Snapshot (2022)

Published by the State of Queensland (Townsville Hospital and Health Service), December 2022

This document is licensed under a Creative Commons Attribution 4.0 Australia license.

To view a copy of this licence, visit creativecommons.org/licenses/by/4.0/au

© State of Queensland (Townsville Hospital and Health Service) 2022

You are free to copy, communicate and adapt the work, as long as you attribute the State of Queensland (Townsville Hospital and Health Service).

For more information contact:

Strategy and Planning Townsville Hospital and Health Service PO Box 670, Townsville, QLD 4810

Email: THHS_Planning@health.qld.gov.au

Disclaimer:

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations, or warranties about the accuracy, completeness, or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages, and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

What is a Local Area Needs Assessment?

A local area needs assessment (LANA) is a way of identifying the priority health needs of a population. Doing so involves analysing the health of the population and consulting with consumers, health providers, and other stakeholders to identify the local needs and then prioritise them using a robust assessment process.

Why Did We Do This?

Hospital and health services (HHS) in Queensland have historically planned health services based on activity. This approach considers the amount of demand at each hospital. This has improved the efficiency of existing services but has not fully accounted for important factors such as unmet need, access barriers, and equity.

Queensland Health is looking to transform how it plans and funds services to improve outcomes and equity across the health system. To support this, each HHS has completed a LANA to identify local health priorities.

What Does it **Mean?**

The LANA does not document every health and service need, just those identified as key priorities at this time. There are no unimportant needs. Behind every need is a person requiring care. If a need is absent from this LANA, it does not mean that no action will be taken. The identified priorities are simply those which have been assessed as priorities to guide future health service planning and commissioning.

What **Process** Did We Undertake?

The LANA involved an extensive process which included data analysis, literature review, and consultation with consumers, providers, and other stakeholders. It was overseen by a working group of consumers, clinicians, primary care partners and public health experts who informed and endorsed the final list of priorities.



The evidence and strategic alignment of each need was validated as the first step in the prioritisation process. Each need was then scored against **eight criteria**:

- 1 Size of the problem how many people are affected?
- 2 Urgency is the level of need increasing?
- 3 Severity how significant are the impacts?
- 4 Economic loss how high is the cost to society?
- 5 Impact on others how significantly are others are affected?
- 6 Feasibility of interventions can solutions be viability implemented?
- 7 Equity does the need unfairly impact some people more than others?
- 8 Positioning is the THHS positioned to meet the need, or should it be met by other providers?

Scores were then calculated using an industry formula to determine the needs of highest priority.

What Does the Data Say?

More than 162 data metrics were analysed to inform the identification and prioritisation of local health needs. A snapshot of the data is below. Overall, the THHS population is more disadvantaged and has greater health risks, higher disease burden, higher hospital utilisation, and lower life expectancy compared to Queensland. Red arrows ↑ indicate where there is significant difference between the THHS and Queensland populations.

Population Demographics	THHS		QLD
Population	243,270		5,176,186
Population Growth Rate	1.71%		1.69%
First Nations Population	9.27%	^	4.67%
Population Born Overseas	12.5%		21.6%
Population 65+ Years	14.10%		15.36%
Geographical Area	149,127 km ²		1,730,172 km²
Population Density	1.63 per km²		2.99 per km ²
Socioeconomic Disadvantage	54.78%	^	40%
Unemployment	6.35%		7.27%
Homelessness Rate (per 10,000)	63.6	^	45.6
Crowded Dwellings	5.53%		5.66%
Did Not Complete Year 10	10.41%	^	9.60%
Domestic Violence Offences (per 100,000)	1,465	^	710
Developmentally Vulnerable Children	28.65%	^	25.87%
Profound / Severe Disability	5.38%		5.44%
Population Risk Factors			
Daily Smokers	12.10%	^	10.80%
Smokers During Pregnancy	17.5%	^	11.2%
Lifetime Risky Alcohol Use	25.4%	^	22.5%
Physical Inactivity	13.8%	^	11.5%
Obese or Overweight Adults	64.4%	^	60.1%
Obese or Overweight Children	31.2%	^	27.0%
8 or More Antenatal Visits	78.3%		79.1%
Childhood Immunisation (5 yrs)	96.0%		94.4%
Population Health			
Low Birthweight	7.5%	^	7.2%
Mental / Behavioural Problems (per 100)	20.79		22.67
Type 2 Diabetes (per 100)	6.37	^	4.73
Heart, Stroke & Vascular Diseases (per 100)	5.16	^	4.68
Cancer – All Types (per 100)	0.62	^	0.59
Median Age of Death	78	$lack \Psi$	80
Standardised Mortality (per 100,000)	575	^	530
Hospitalisation Rate (ASR per 100,000)	54,294	^	49,244
Potentially Preventable Hospitalisations	6.84%		7.10%
Relative Public Hospital Utilisation	109%	^	100%

Note the above data points are from multiple sources from different time periods so should be interpreted with caution. To reference any of this data, or if you would like assistance with interpretation, please contact THHS planning.

What Did You Tell Us?

During September 2022, the THHS published a survey to gather feedback from consumers and healthcare providers about their health priorities. This was promoted through multiple channels, including the local newspaper, social media, consumer advisory networks, staff broadcasts, the primary care network, and posters in waiting rooms within health facilities.

In total, 1,152 people completed the survey.



Community Survey



Responses 625



Location

74% in Townsville / 26% in rural or remote areas

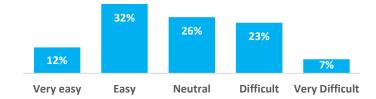


Indigenous Status

6% (29% preferred not to say)



Access to Health Care



Consumers reported mixed levels of access, ranging from very easy to very difficult



Factors
Impacting
Access to
Healthcare

Cultural Safety
Insufficient Visiting Service/s
Absence of Local Service/s
Transport & Accomodation
Waiting Times

17% 24% 31%

Waiting time was reported as the main barrier to access - especially primary care wait times

₩

Factors Impacting Health Diet Stress Smoking Costs

Knowledge&Understanding

Obesity



Major Health Issues

- 1 Mental Health
- 2 Cancer
- 3 Heart Disease
- 4 Diabetes
- **5 Substance Misuse**



79%

Provider Survey



Responses **527**



86% in Townsville / Location 14% in rural or remote areas



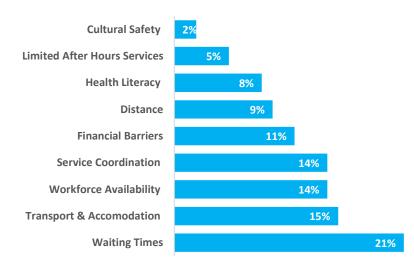
88% Townsville HHS / Workplace







Factors Impacting Access to Healthcare



Providers identified a range of barriers experienced by their patients



Factors Impacting Health Status





Major Health **Issues**

- **Mental Health**
- **Heart Disease**
- **Diabetes**
- **Cancer**
- **Substance Misuse**

What are the **Priorities?**

Six key themes of need emerged throughout the LANA process:



Women, Children, and Young People



Healthy Ageing



Mental Health and Wellbeing



Public Health and Prevention



Chronic Conditions



Service Access and Coordination

The top 20 priorities are below. These are based on the data analysis, consultation, and scoring process.

Priority Health and Service Needs (20)



Diabetes, especially for rural and remote and First Nations peoples



Heart disease, especially for rural and remote and First Nations peoples



More accessible and connected care for people as they age, both at home and in residential care



Care closer to, and in the home, which is more vital and challenging in rural and remote areas



Mental health of children and young people



Kidney disease, especially for First Nations peoples



Better coordination between services delivered by the THHS, other HHSs, and other providers



Impacts of risky alcohol, smoking, and other drug use and addiction



Mental health of adults, especially rural and remote, First Nations peoples, and older people



Antenatal and postnatal health needs, especially for rural, remote and First Nations mothers



Increased service availability in rural areas, including medical, allied health and imaging services



Poor diet, physical inactivity, and obesity, especially in rural, remote and First Nations peoples



More comprehensive health promotion and prevention services



Better access and coordination of rehabilitation and disability services for children and adults



Improved cultural practice, especially for First Nations peoples



Better access to mental health care, especially earlier intervention in safe spaces in the community



Cancer (all types)



Infectious diseases (excluding sexually transmissible), especially vaccine preventable diseases



Stroke and neurological conditions



Sexually transmissible infection prevention and treatment, especially in First Nations peoples

Remember that if a need is not listed above, it does **not mean** that no action will be taken to address that need.

What are the **Next Steps?**

The LANA will be used in several ways:

- 1 Townsville HHS will work with consumers, clinicians, and partner organisations to focus efforts on addressing the identified priority areas. Addressing the identified needs will require development of multifaceted strategies between multiple stakeholders which is beyond the scope of the LANA process.
- The LANA will be submitted to the Department of Health to inform Queensland Health system priorities.

 This may facilitate a change in the way health services are planned and commissioned at a local level.
- 3 The LANA will be embedded into the integrated planning framework of THHS to inform other planning, including future health service plans, workforce plans, and infrastructure plans, so that service delivery is designed to meet the health priorities of the population.

The LANA will be reviewed each year to ensure the identified priorities remain current.

A more extensive process will be completed in future years to develop a joint regional health priorities report. This will be developed in partnership with the community, other providers, and other sectors, to ensure that priorities can be addressed at all levels through prevention, early intervention, and holistic service delivery.

Want More **Details?**

For further information please contact:

THHS_Planning@health.qld.gov.au

