North Brisbane and Moreton Bay Joint Regional Needs Assessment

2025-27

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BRISBANE NORTH
An Australian Government Initiative

Queensland Government
Metro North Health

Metro North Health acknowledges the Traditional Custodians of the Land upon which we live, work and walk, and pay our respects to Elders both past and present.

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Contents

Appendices

Executive Summary

The Brisbane North Joint Regional Needs Assessment (JRNA) is a comprehensive joint Brisbane North PHN and Metro North Health assessment of health and service needs of persons living in North Brisbane and the Moreton Bay region. The JRNA is used to identify unmet health needs, service gaps, inform service planning and set service priorities, guide integrated commissioning and targeted investment of resource allocation to improve population health outcomes. This assessment is underpinned by a statewide Joint Regional Needs Assessment Framework.

The JRNA covers adults and children residing in the region with particular attention paid to vulnerable populations which are more susceptible to poor health outcomes or face additional barriers to accessing health services. These groups may access care across public and private, primary, community, and hospital and health services.

The JRNA methodology included data gathering and data analysis, stakeholder consultations and prioritisation of health needs based on key agreed criteria between the Brisbane North PHN and Metro North Health. Data analysis involved a comprehensive review of all population health related indicators for the North Brisbane and Moreton Bay community and the extensive engagement with community members, clinicians, and service partners.

Within the region, there are geographical areas which experience increased incidence and prevalence for certain health conditions and greater demand for health services. Higher level of health and service need compared to the rest of Brisbane North / Metro North Health is concentrated in the Moreton Bay region, including Caboolture, Bribie-Beachmere, Narangba, and Deception Bay.

The **priority health needs** identified in the JRNA primarily related to cancer, mental health, chronic disease including preventable hospitalisations for chronic disease, oral health, women's health, commonly presenting conditions managed by General Practitioners (GP), disability, and avoidable mortality particularly for infants, youth, and Aboriginal and Torres Strait Islander peoples.

In addition to mental health and chronic conditions being leading causes for GP visits, infectious health conditions (e.g. upper respiratory tract infection and urinary tract infections), gastrointestinal conditions (e.g. gastro-oesophageal reflux) and sleep-related conditions (e.g. insomnia) are also common.

The **priority services needs** identified primarily related to cancer services, children, adolescent and young adults/youth (including first 2000 days) services, mental health services, sexual health services, service navigation, specialist services, and services for Aboriginal and Torres Strait Islander peoples; culturally and linguistically diverse people (including refugee population); people with disabilities; people experiencing domestic and family violence; and older persons.

The JRNA process also identified key **enablers** to support an effective response to health and service needs including social determinants such as affordability of all healthcare services and transport, health literacy and health literate environment, holistic care, and diversity and inclusion. By prioritising these factors, we can ensure that the community receives high-quality, accessible care that meets their diverse needs.

The needs and priorities identified for the North Brisbane and the Moreton Bay region in this 2024 process largely support the needs identified in the 2022 Local Area Needs Assessment (LANA) process with a smaller number of new themes emerging. The new emerging themes are diverse, inclusive and safe care; needs of the neurodivergent population; affordability of healthcare, including GP, allied health and specialist healthcare; focus on the broader social determinants of health; upskilling of the workforce to deliver culturally competent care; and improved health and wellbeing of the workforce.

A process will be established to develop an implementation plan for the prioritised health needs.

Priority needs and enablers

High priority (level 1) health needs:

Cancer – high rates of cancer across the population, particularly for Aboriginal and Torres Strait Islander peoples. The cancers with the highest incidence include uterine, thyroid, pancreatic, melanoma, lymphoma, and breast cancer.

Mental health – depression and anxiety are prevalent with both being leading causes for GP visits; dementia, ADHD support, and high rates of self-harm and suicide in the population particularly amongst for Aboriginal and Torres Strait Islander peoples.

Chronic disease – high rates of asthma, type 2 -diabetes, heart disease particularly for Aboriginal and Torres Strait Islander peoples, and cerebrovascular diseases (such as stroke, brain aneurysm) for all populations; diabetes and musculoskeletal conditions are also leading causes for GP visits.

Preventable hospitalisations – common for urinary tract infections, pneumonia, influenza, vaccine-preventable conditions and Chronic Obstructive Pulmonary Disease (COPD).

Oral health – oral health across the population, particularly culturally and linguistically diverse communities.

Women's health – women's health, including cancer for all women, as well as Aboriginal and Torres Strait Islander women, and general women's health issues for Pasifika communities.

Primary health conditions (General Practice) – in addition to mental health and chronic conditions being leading causes for GP visits, infectious health conditions (e.g. upper respiratory tract infection and urinary tract infections), gastrointestinal conditions (e.g. gastro-oesophageal reflux) and sleep-related conditions (e.g. insomnia) are also common.

Disability – high rates of severe disabilities, especially in those 65 and over; and dementia.

Avoidable mortality – high rates of mortality for Aboriginal and Torres Strait Islander peoples; high rate of infant and youth mortality for areas within the region, particularly the Moreton Bay region, including Caboolture, Bribie-Beachmere, Narangba, and Deception Bay.

High priority (level 1) service needs (service gaps):

Cancer services – increased access to early intervention screening, collaboration and integration between primary, community and specialist services, particularly for Aboriginal and Torres Strait Islander peoples.

Children, adolescent and young adults/ youth (including first 2000 days) services – support for children and families throughout the first 2000 days of life, and services to support developmental delay, neurodiverse conditions, and gender dysphoria and related issues.

Mental health services – community requires timely and responsive crisis support; suicide and self-harm support; safe spaces; improved access to primary, acute and community mental health services; compassionate and improved access to eating disorder services by trauma informed multidisciplinary teams; more drug and alcohol services, youth mental health services, child mental health and pre-and post-natal health services.

Sexual health services – comprehensive services addressing sexual assault and sexual health, sexually transmitted diseases including syphilis, trauma-informed immediate care, community sexual assault screening, ongoing support, and preventative measures.

Specialist services – reduce long wait times, increase availability of and timely access to specialised medical services including increased capacity for cardiology, neurology (including Headache, Dementia and Delirium, Seizures, transient ischemic attack (TIA), thoracic surgery services for older persons and child mental health services.

Health services for Aboriginal and Torres Strait Islander people – expand availability of mental health services, initiatives for social and emotional wellbeing, timely and easy access to healthcare services.

Health services for Culturally and Linguistically Diverse (including refugee) population – need for tailored culturally responsive, bilingual/bicultural health workforce/patient navigators.

Health services for people living with disability – improved navigation/integration and accessibility of healthcare services through telehealth services, flexible outpatient services, disability focussed clinical positions (consistent medical, social support services), specialised disability health clinics, and complex care clinics.

Health services for people experiencing domestic and family violence – increased access to community-based services, particularly long-term counselling options, psychologists, and outreach nurse-led clinics and cross agency management services to proactively prevent or minimise impact.

Health services for older persons – seamless service navigation and integration of the healthcare services for older persons, including comprehensive care for older persons with comorbidities and complex care needs.

It should be noted the medium and low priority (Level 2 and 3) health and service needs are included in Appendix 1 Detailed list of level 2 and 3 needs, with elements of what has been described above as well as additional areas.

Enablers

Key enablers included holistic care, affordability, health literacy and health literate environment, social determinants, diverse and inclusive care, and workforce development. A skilled and adaptive workforce along with adequate resources were identified as crucial, particularly for mental health and aged care services (Appendix 2 Detailed list of enablers).

1. Introduction

1.1 Purpose

The Brisbane North Joint Regional Assessment (JRNA) is a detailed assessment of health needs and service gaps, based on an analysis of local level data, and community, clinician and service partner consultation.

The Metro North Health Service Strategy and Planning Unit (HSSPU) and Brisbane North Primary Health Network (PHN) Knowledge, Planning and Performance team (KPP) have jointly led the development of the JRNA for the population of North Brisbane and Moreton Bay (within the geographic boundaries of Metro North Health and the Brisbane North PHN) in alignment with the statewide JRNA Framework. This is the second Joint Regional Needs Assessment (JRNA 2025 – 2027) for the population of North Brisbane and Moreton Bay, the first being the Local Area Needs Assessment (LANA) conducted in 2022.

The purpose of the Brisbane North JRNA is to identify the health needs of the local community within the geographic boundaries of Metro North Health and Brisbane North PHN, including those needs not met through existing service arrangements (service gaps). The JRNA will then be used to:

- Inform service planning and set service priorities to improve the health of the people that live in the North Brisbane and Moreton Bay region.
- Inform integrated commissioning and targeted investment of resources at locations and populations with greater unmet health needs to improve equity.
- Improve overall population health and wellbeing outcomes.

1.2 Scope

The JRNA will primarily focus on identifying and addressing the specific healthcare needs of the local population within the North Brisbane and Moreton Bay region. While recognising the broader role of our hospital and health services in providing tertiary and quaternary services to a wider catchment, the specific needs of patients who reside outside of our region, particularly from rural and regional Queensland, will be considered within the context of their respective JRNAs and the subsequent statewide JRNA analysis. The impact of statewide patient inflows and outflows on our services will be considered in our specific clinical service planning.

The scope of the JRNA included:

- The geographical area currently serviced by both Metro North Health and Brisbane North PHN (see 2.1.2 Defining the Region)
- Adults and children residing in the region, and accessing care across primary care, community, and hospital and health services
- Public and private health care services
- All health services delivered in the North Brisbane and Moreton Bay region across the care continuum, including primary care, acute, sub-acute, non- acute, ambulatory and palliative care services, mental health, oral health, and aged care
- Children's services delivered by Children's Health Queensland (CHQ) in North Brisbane and Moreton Bay.

Particular attention was paid to vulnerable populations, which were defined as groups that were more susceptible to poor health outcomes or faced additional barriers to accessing health services. These groups included but were not limited to and may be across two or more of the areas:

- Aboriginal and Torres Strait Islander people (youth, men's health, people living with a disability, mental health, LGBTIQA+, older person's and aged care)
- Older persons
- People living with mental illness (alcohol and other drugs, crisis and suicide, self-harm, overdose and prevention)
- People with disabilities
- Culturally and linguistically diverse (CALD) communities and people from refugee and asylum seeker backgrounds
- Children, adolescent and young adults/ youth (including first 2000 days)
- People who identify as lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual (LGBTIQA+)

- People experiencing homelessness or at risk of homelessness
- People experiencing domestic and family violence.

Note 1: Norfolk Island was out of scope for this JRNA, however, a recent health needs assessment was completed in 2023 for this region and the summary of this assessment can be accessed here.

Note 2: Brisbane North PHN is also completing a standalone Health Needs Assessment for people experiencing homelessness or at risk of homelessness with the support of an external provider to strengthen the evidence base in this space and derive additional actionable insights to supplement JRNA findings.

Note 3: Brisbane North PHN also contracted a standalone Health Needs Assessment for people from culturally and linguistically diverse backgrounds, including asylum seekers and refugees by World Wellness Group and the summary of this assessment can be accessed here. The findings from this report informed this JRNA.

1.3 Definitions

The following definitions of health needs and service needs are used throughout the document and have been described or noted in the Joint Regional Needs Assessment Framework.

Health needs

Within the Framework, health needs refer to both healthcare needs and health needs. Healthcare needs are those that can benefit from health care (health education, disease prevention, diagnosis, treatment, rehabilitation, terminal care), while health needs incorporate the wider social and environmental determinants of health, such as deprivation, housing, diet (i.e. healthy eating behaviours), education, employment. This wider definition enables inclusion of the wider influences on health beyond the confines of the medical model based on health services.

Service needs

The identified mismatch between health needs and demand, and the service capability and supply, now and into the future.

Enablers

These are a 'sub-set' of health needs that specifically refer to the fundamental factors that impact quality of life and effective service delivery (not directly associated with condition prevalence / service design and structure).

Note: enabler is not defined in the Joint Regional Needs Assessment Framework and is locally defined.

2. Process of development

The JRNA was developed and is presented in accordance with the process outlined in the JRNA Framework. The overall time taken to complete the process was 10 months and has required access to expertise in health service planning, community engagement and consultation, health data analysis and reporting, design and administrative support.

1 Planning the process
- Defining the region
- Preparing a project plan including risk escalation processes
- Establishing governance and resourcing
- Preparing a consultation and engagement plan

2 Identifying and analysing regional health & wellbeing and service-related information*
- Collecting and analysing qualitative and quantitative data from various sources including formal community and stakeholder consultation

3 Validation and triangulation*
- Using different methodologies to gather information that either contrasts or corroborates a potential finding

4 Prioritising needs for the region
- Prioritising needs and using an evidence-based approach
- Assigning agencies to lead the development of actions to address prioritised needs

Engaging Stakeholders

*May be cyclical

2.1 Planning the process

Related documents

Existing reports, plans and other documents have informed the needs assessment process. Details of the documents can be found in Appendix 3.

Defining the Region

The geographical catchment shared by Metro North Health 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). See Appendix 4 for details.

To facilitate effective planning the geographical catchment is split into four sub regions (Figure 2) drawing on hospital catchment areas based on the Australian Statistical Geography Standard (ASGS) Statistical.

The four catchments are:

- **Royal Brisbane and Women's Hospital (RBWH) catchment** – Brisbane Inner City/Brisbane West
- **The Prince Charles Hospital (TPCH) catchment** – Brisbane North/Pine Rivers
- **Redcliffe Hospital catchment** – Redcliffe/North Lakes
- **Caboolture/Kilcoy Hospitals catchment** – Morten Bay - North

Additional to the Metro North Health governed services, the North Brisbane and Moreton Bay community accesses services from a range of private, and non-government agencies (NGOs). The non-government agencies include Institute of Urban and Indigenous Health (IUIH), Brisbane North PHN and community controlled organisations.

Figure 2: North Brisbane and Moreton Bay region map

Governance

Project governance arrangements (Figure 3) were established in line with Metro North Health and Brisbane North PHN project management standards to support consistency and effectiveness of JRNA decisions.

The final Metro North Health and Brisbane North PHN approved JRNA report will be submitted to the State and Commonwealth Departments of Health in November 2024.

Department of Health

Approved by Metro North Health Senior Executive Team and approved by Brisbane North PHN Executive Team

Endorsed by Health Service Strategy Steering Committee – Project Steering Committee

Health Service Strategy and Planning Working Groups

Working Group 1 – Joint Health Service Strategy and PHN working group

- Health Service Strategy and Planning
- Brisbane North PHN
- Input from Brisbane North PHN Managers Group

Working Group 2 - Health Service Strategy and Metro North Health partners

- Directorate planners
- Aboriginal and Torres Strait Islander representative
- Metro North Senior Multicultural Health Officer
- Metro North Consumer and Community Partnerships
- Facility engagement leads as nominated
- Community / consumer representative
- Other stakeholders as identified
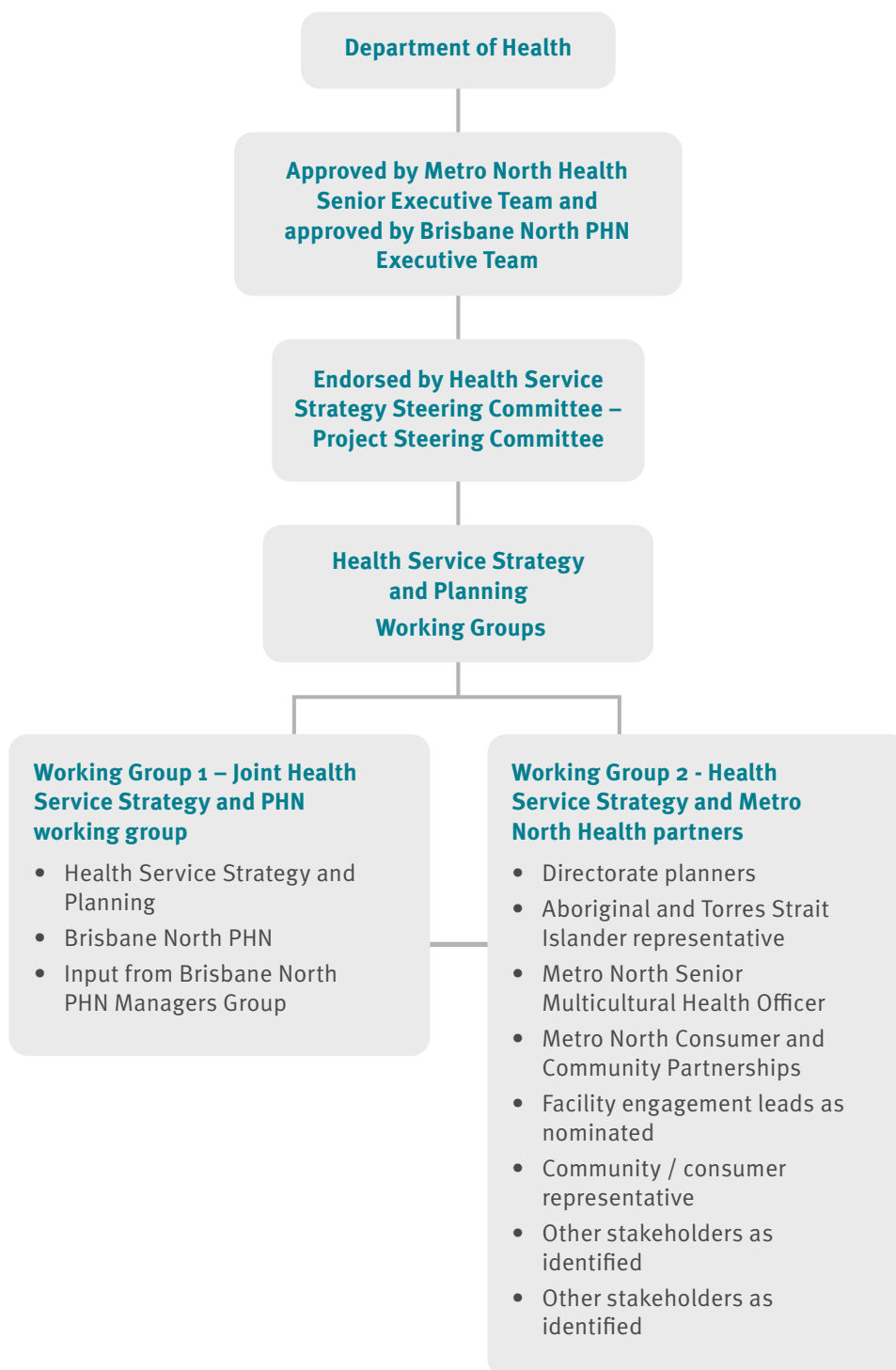- Other stakeholders as identified

Figure 3: Brisbane North, JRNA project governance structure

Consultation and engagement methodology

The Brisbane North PHN and Metro North Health jointly undertook consultation and engagement (Figure 4) with the North Brisbane and Moreton Bay community (including community partners and staff) to gather perspectives on unique health and service needs of different population groups within the community and perceived strengths and gaps within the existing healthcare system to inform the health and service needs in the JRNA. A summary of the targeted population groups' engagement is provided in Figure 5.
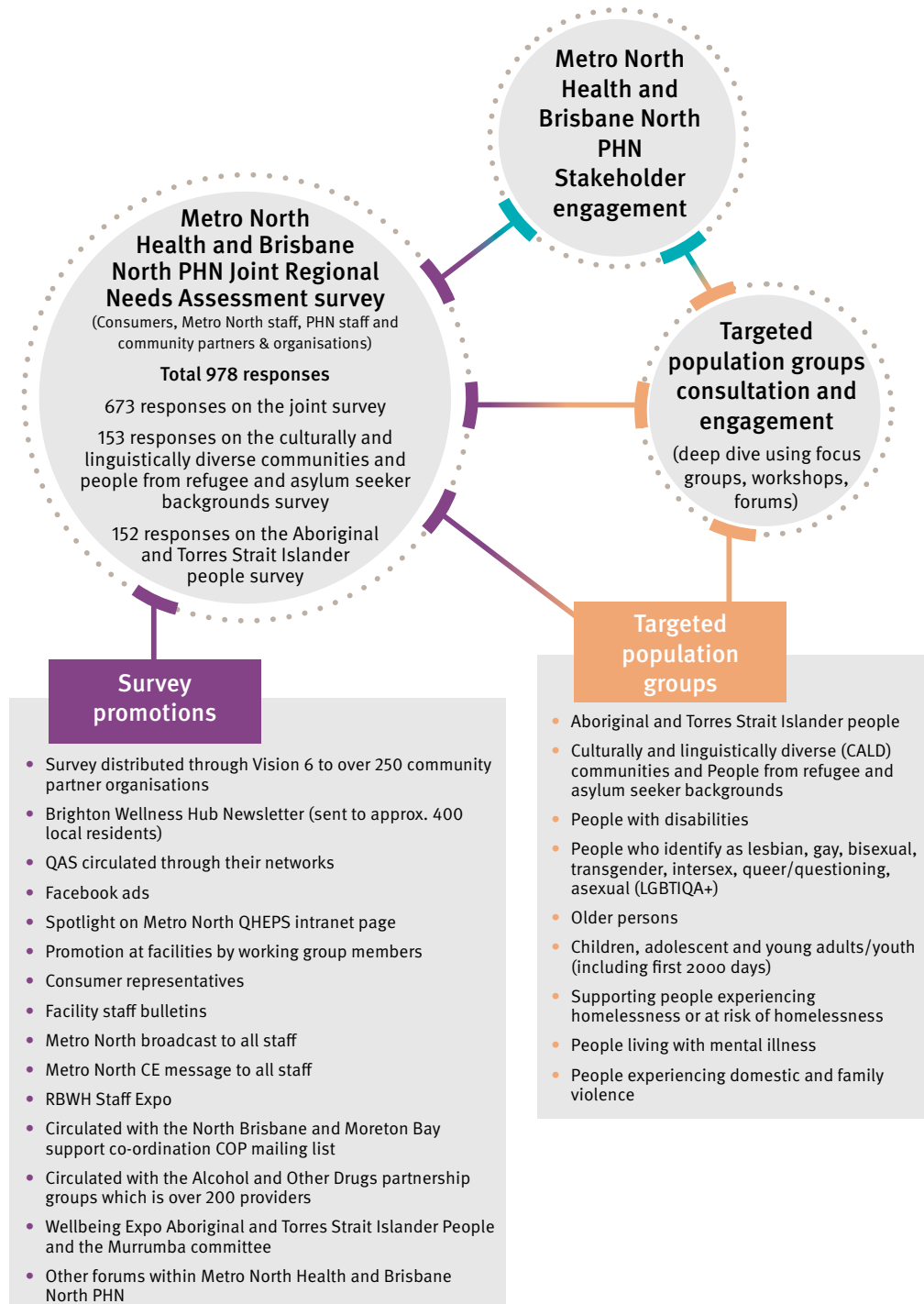
Metro North Health and Brisbane North PHN Stakeholder engagement

Metro North Health and Brisbane North PHN Joint Regional Needs Assessment survey
(Consumers, Metro North staff, PHN staff and community partners & organisations)

Total 978 responses

673 responses on the joint survey

153 responses on the culturally and linguistically diverse communities and people from refugee and asylum seeker backgrounds survey

152 responses on the Aboriginal and Torres Strait Islander people survey

Targeted population groups consultation and engagement
(deep dive using focus groups, workshops, forums)

Survey promotions

- Survey distributed through Vision 6 to over 250 community partner organisations
- Brighton Wellness Hub Newsletter (sent to approx. 400 local residents)
- QAS circulated through their networks
- Facebook ads
- Spotlight on Metro North QHEPS intranet page
- Promotion at facilities by working group members
- Consumer representatives
- Facility staff bulletins
- Metro North broadcast to all staff
- Metro North CE message to all staff
- RBWH Staff Expo
- Circulated with the North Brisbane and Moreton Bay support co-ordination COP mailing list
- Circulated with the Alcohol and Other Drugs partnership groups which is over 200 providers
- Wellbeing Expo Aboriginal and Torres Strait Islander People and the Murrumba committee
- Other forums within Metro North Health and Brisbane North PHN

Targeted population groups

- Aboriginal and Torres Strait Islander people
- Culturally and linguistically diverse (CALD) communities and People from refugee and asylum seeker backgrounds
- People with disabilities
- People who identify as lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual (LGBTIQA+)
- Older persons
- Children, adolescent and young adults/youth (including first 2000 days)
- Supporting people experiencing homelessness or at risk of homelessness
- People living with mental illness
- People experiencing domestic and family violence

Figure 4: *Brisbane North JRNA consultation and engagement approach*

Consultation modes

Various modes were employed to gather staff, community and community provider perspectives on health and wellbeing needs. These included:

- Analysis of Previous Consultation Results: Reviewing and integrating findings from any relevant previous consultations

- Face-to-Face Focus Groups: Conducting in-person group discussions to elicit detailed feedback, facilitate narrative storytelling and highlight experiences

- Online Focus Groups: Utilising digital platforms to conduct virtual group discussions, ensuring broader participation in a psychologically safe environment that was more convenient for some attendees (relative to in-person sessions)

- Workshops: Organising interactive sessions that enabled stakeholders to collaborate on and deep dive into specific topics and cross validate information.

Consultation reach

1. A total of 978 responses were received on the survey gathering health and wellbeing needs from the North Brisbane and Moreton Bay region:

    - **673 responses** on the joint survey
    - **153 responses** on the culturally and linguistically diverse communities and people from refugee and asylum seeker backgrounds survey
    - **153 responses** on the Aboriginal and Torres Strait Islander people survey. Refer to Appendix 6 for details on specific consultation.

2. Approximately 50 feedback sessions were held with members of the community

3. Over 200 community groups/organisations were engaged.

Consultation occurred throughout the JRNA development including:

- Stakeholder and community consultation focused on gathering needs

- Validation, triangulation of needs and agreement on prioritisation criteria with key stakeholders

- Engagement on draft JRNA 2024 to obtain feedback on content and readability

- Reflections on the appropriateness of the engagement and consultation process and feedback loops with stakeholders.

The detailed consultation analysis methodology is presented in Appendix 5.

Brisbane North Joint Regional Needs Assessment 2024

Targeted population groups consultation and engagement summary

Aboriginal and Torres Strait Islander People

Areas of focus: youth, men's health, disability, mental health, LGBTIQA+, aged care, neonatal and paediatrics

- Metro North Health and Brisbane North PHN joint survey: 199 responses
- Consultations with 35 community partner organisations, one on one survey engagement

Older persons

- Metro North Health and Brisbane North PHN joint survey: 150 responses
- Face to face focus group sessions with 20 Brisbane North PHN staff and community provider organisations
- Engaged with the Brisbane North PHN Aged Care Forum and the Council of the Ageing – Reimagining ageing regional forum 1

People living with mental illness

Areas of focus: eating disorders, alcohol and other drugs, crisis reform, suicide, self harm and overdose

- Metro North Health and Brisbane North PHN joint survey: 355 responses
- Face to face focus group sessions with 45 attendees from 4 community partner organisations, 3 Brisbane North PHN teams and a few peer workforce networks, engagement with clinicians

Eating Disorder:

- Metro North Health and Brisbane North PHN joint survey: 10 responses
- Face to face focus group sessions with key Metro North clinicians
- Joint survey with Eating Disorders Queensland: 48 responses

People experiencing domestic and family violence

- Survey conducted with key domestic and family violence community organisations and peak bodies in North Brisbane and Moreton Bay region
- Focus group session with key Metro North clinicians

Joint Regional Needs Assessment

Metro North Health and Brisbane North PHN

Targeted population groups consultation and engagement

(Survey, focus groups, forums)

Supporting people experiencing homelessness or at risk of homelessness

- Metro North Health and Brisbane North PHN joint survey: 20 responses
- Focus group with MICAH Projects representatives
- A targeted needs assessment undertaken of the North Brisbane and Moreton Bay region outlining the needs of people experiencing homelessness or at risk of homelessness

People with disabilities

- Metro North Health and Brisbane North PHN joint survey: 75 responses
- Face to face focus group sessions and online sessions with 35 community provider organisations, clinicians and consumers

Culturally and linguistically diverse (CALD) communities and People from refugee and asylum seeker backgrounds

- Metro North Health and Brisbane North PHN joint survey and World Wellness Group Survey: 191 responses
- 289 members of the multicultural community across the North Brisbane and Moreton Bay region engaged via various consultation methods such as focus groups
- World Wellness Group analysed 171 countries of birth, 195 languages and 306 ancestries
- Engagement with service providers across Brisbane North region

Children, adolescent and young adults/ youth (including first 2000 days)

- Metro North Health and Brisbane North PHN joint survey: 85 responses
- Face to face focus group sessions with Brisbane North PHN staff, 3 community partner organisations including email submissions
- Engagement with key Metro North clinicians and Children's Health Queensland

People who identify as lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual (LGBTIQA+)

- Metro North Health and Brisbane North PHN joint survey: 28 responses
- Consultation engagement with Pride in Metro North

Figure 5: Brisbane North JRNA consultation and engagement summary

2.2 Identifying and analysing regional health and wellbeing and service-related information

This section outlines collection, analysis and overview of qualitative and quantitative data from various sources (Appendix 7 Data collection sources) including formal community and stakeholder consultation.

- A comprehensive process of data collection, consultation and literature review was undertaken between December 2023 and October 2024 to gather information about the health and service needs of the North Brisbane and Moreton Bay community. This process was consistently reviewed by the Brisbane North PHN and Metro North Health Working Group to ensure that it was fit-for-purpose and appropriately collating information in an objective and effective manner. Where relevant, the process was adapted to improve the approach, and key lessons learned were recorded and addressed. Additionally, supporting tools and resources were used to strengthen the insights captured. For example, data dashboards were utilised to enable visual interrogation of the data and easier identification of trends by geographical area which enabled needs to be better targeted.

The methodology for the development of JRNA included:

- Audit and reflections of the previous health needs assessment (2021) desktop audit and stakeholder engagement to refine the JRNA 2024 process and outcomes; this included reflecting on processes that worked well and responding to key opportunities for improvement that were identified previously.

- Analysis of local population characteristics and data trends, population profiles, aggregated general practice data, publicly available health data, health service data and workforce data to understand key trends and contributing factors, population characteristics, demographic level nuances that require consideration, and high service gap areas.

- Detailed service mapping to capture service distribution across the region, with consideration for health areas demonstrating high service utilisation demand and growth.

- Stakeholder engagement and consultation to validate findings and ensure insights were relevant and thorough; stakeholders were engaged to:
  - gather perspectives on needs and areas that require high focus/priority
  - validate targeted population groups specific thematic summaries
  - obtain additional insights from organisations where information collected was otherwise limited (e.g. engaging Micah Projects, a non-government organisation, to gather information on needs specific to people who are homeless/at risk of homelessness, and individuals experiencing domestic and family violence)
  - consolidate the draft list of needs
  - finalise the list of needs and prioritise these across the different targeted population groups.

Stakeholders included representatives from within Brisbane North PHN and Metro North Health, as well as people external to both organisations to ensure that a broader range of perspectives were captured to validate findings. Where relevant, stakeholders were matched to the targeted population groups given the improved understanding and exposure they may have to specific needs (e.g. engaging the Institute for Urban Indigenous Health (IUIH) to validate the Aboriginal and Torres Strait Islander peoples' needs).

2.3 Qualitative data findings

Brisbane North community consultation and engagement highlighted a range of health and service needs through key themes surrounding improved accessibility to affordable and timely care, culturally responsive and inclusive healthcare practices, the prevalence of mental health conditions and importance behind supporting mental health, availability of services to target specific health conditions, population health literacy and the impact of social determinants of health. A summary of these themes is detailed below against the nine specific cohorts recognising that several themes are relevant across various cohorts.

Aboriginal and Torres Strait Islander communities

Key themes include need for increased availability and reduced barriers to mental health services; addressing social determinants such as housing, education and intergenerational disadvantage (financial disadvantage); and improving health literacy. Sub-groups identified as needing additional support for health and wellbeing include youth and older persons. Specific health needs are cardiovascular conditions, COPD (respiratory diseases) musculoskeletal disorders (e.g. back pain, arthritis), chronic kidney disease, oral health, sexual health and early intervention for mental health.

Older people

Support services and social issues are a key theme for older persons health. There is a need for support services which recognise and respect older persons and address social needs such as digital literacy, social isolation, financial assistance, and future planning. Environmental and facility concerns including an over-commercialised health care system (healthcare access is at times based on the ability to pay) and senior friendly transportation are also a key theme for older persons health.

People living with mental illness

Mental health concerns include anxiety, depression, psychosis, personality disorders, suicide and self-harm and alcohol and other drugs (AOD). Accessibility and affordability of services in the community are highlighted as a key theme for meeting health needs, particularly for adolescent and young adult.

People with disabilities

Key themes for people living with a disability include adequate mental health support, access to affordable, quality healthcare (including allied health, telehealth, specialists and navigation services), support services and social issues, environmental and facility concerns, and chronic/specific health conditions. There is a need for disability liaison officers and disability focused clinical positions to coordinate care, alongside improved physical accessibility and transport options to access care.

Culturally and linguistically diverse (CALD) communities and people from refugee and asylum seeker backgrounds

There is a need for improved access to health care services through addressing barriers such as stigma (for mental health care), low health literacy, low English proficiency and other cultural barriers. There are additional systemic barriers in accessing health care including visa status, Medicare eligibility, service costs, geographical availability and inadequate language support.

Children

Key themes include children's mental health, access to specialists, affordable subsidised mental health care, support services for social issues including social media use, youth justice and crime, domestic and family violence, food insecurity and homelessness. Specific conditions for children's health which are highlighted are neurodiversity and eating disorders.

People who identify as lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual (LGBTIQA+)

Key themes include mental health, access to affordable and culturally responsive health care services, support services and social issues, and specific health conditions. Social issues are namely, social isolation and loneliness, discrimination, need for police to receive more training and additional support for carers. Specific health conditions are sexual health, weight loss, and chronic pain management.

People experiencing homelessness or at risk of homelessness

Key themes include limited accessibility to health services, addressing the complexity of care for older persons, and the need for safe and affordable housing. There is increased homelessness amongst older persons and those identifying as LGBTIQA+.

People experiencing domestic and family violence (DFV)

There is a need for improved access to mental health services and long-term counselling services for people experiencing domestic and family violence. Access to health services including women's health specialists, sexual assault services, trauma informed care, and outreach nurse clinics are identified as key health service needs.

Other key areas of focus include a need for community screening services following sexual assault, increased collaboration between DFV agencies, and reduced stigma and discrimination of health services.

Several themes are common across various population groups, notably the critical need for mental health support, which is highlighted across children, Aboriginal and Torres Strait Islander people, older persons, and people with CALD background. Acknowledging this crossover, a Consultation Thematic Matrix has been included outlining the key themes, and the overlap observed across the targeted population groups. Table 1 maps the 7 key themes:

- Mental Health Services
- Access to Health Care Services
- Preventative and Chronic Care Services
- Social Determinants of Health
- Health Literacy and Education
- Emergency and Urgent Care
- Special Populations

Table 1: *Consultation Thematic Matrix by targeted population group*

Overall Key Themes	People with disabilities	CALD people	Children	LGBTIQA+	People living with mental illness
Mental Health Services • Availability and affordability • Stigma and discrimination • Training for healthcare staff	• Need for mental health support	• Access barriers including stigma, cultural barriers and low health literacy	• Specific Mental Health issues include: trauma, anxiety, intellectual challenges, early psychosis, AOD, harm reduction, and suicidality	• Psychological distress	• Anxiety • Depression • Psychosis • Personality disorders • Suicide and self-harm • AOD
Access to Healthcare Services • Bulk billing GPs and access to specialised services (e.g. after hours) • Multidisciplinary team care • Care coordination and reduced fragmentation	• Allied health clinics • Telehealth • Specialist services and equipment • Coordination and navigation	• Improved navigation support services • Health care interpreters	• Access to specialists: paediatricians, mental health support, sexual health services, missing middle	• Accessible, affordable and inclusive • Health care services • Gender affirming care	• Outreach services • Public crisis mental health centres • Stigma and discrimination for seeking AOD and Mental Health treatment • Bulk billing for psychologists • Affordable access to prescriptions
Preventive and Chronic Care Services • Preventative strategies • Chronic pain management • Community-based supports	• Chronic conditions • Dementia • Chronic pain	• Diabetes • Asthma • Hypertension • Heart disease • others	• Neurodiversity • Diabetes • Endocrinology services • Gynaecology • Eating disorders	• Sexual health • Weight loss • Chronic pain management	• Need for greater focus on suicide prevention in community settings • Eating disorders • Access to mental health services for people with Intellectual disabilities and autism
Social Determinants of Health • Housing and homelessness • Poverty and cost of living • Cultural responsiveness	• Vocational rehabilitation • Social inclusion, stigma and discrimination • Violence and safety • Economic stability • Education • Poverty	• Systemic barriers such as visa status, Medicare eligibility, service costs, geographical availability and inadequate language support	• Social media use • Youth justice and crime • Domestic and family violence • Food insecurity • Housing and homelessness	• Community-led initiatives and co-design • Social isolation and loneliness • Discrimination, harassment and violence • Public sector inclusivity • Training for police • Rural and remote areas • Support for carers	• Social isolation and loneliness • Cost of living • Support for carers • Peer workforce development • Ageing AOD workforce • Staff recruitment challenges
Health Literacy and Education • Basic health literacy • Community engagement • Education materials for existing services	• Education and training for health practitioners and support workers to enhance quality of care	• Language specific health education • Bilingual/bicultural health workforce	• Health education and literacy of parents to better manage challenging behaviours	• Health literacy for young people and multicultural populations • More education with navigating the system	• Need for culturally responsive health support • Health literacy for navigation of mental health services
Emergency and Urgent Care • Urgent care facilities • Emergency housing • Extended pharmacy hours	• Double the rate of emergency and hospital admissions	• Need for more responsive and appropriate emergency mental health care	• Mental health support during and post-acute admission		• Need for specialised emergency services for children and adolescents • Need for alternative treatment pathways to emergency
Special Populations • Support for Families • Perinatal Supports • Disability Access	• Vocational rehabilitation • Disability liaison officers in hospitals • Access to specialist services and equipment	• Community led initiatives to improve quality of care	• Aboriginal and/or Torres Strait Islander • Culturally and Linguistically Diverse • Gender affirming • Developmental delay and neurodiversity	• Culturally responsive services	• Young people • Perinatal and infant mental health support • Social media usage in youth • Youth suicide • Support for veterans

Overall Key Themes	Older persons	Aboriginal and Torres Strait Islander people	People who are homeless or at risk of homelessness	People experiencing DFV	Women
Mental Health Services • Availability and affordability • Stigma and discrimination • Training for healthcare staff	• Access to services • Burnout prevention • Support for vulnerable populations	• Increased availability of mental health services • Reduce barriers to access		• Access to services • Long term counselling services • Psychology	• Increased and timely access • Mental health during, pre- and post-natal periods
Access to Healthcare Services • Bulk billing general practitioners • Access to specialised services • Access to after hours and weekend services	• Workforce issues • Service availability • Complexity of clients • Service navigation • Long wait times • Mental health services • Need for affordable and timely access • Cost of living	• Clinically responsive home visiting services • Family centred care models • Geriatric specialist services • Palliative and end of life care • Trauma informed care and ongoing support	• Services needed to address complexity of care for older persons who are homeless • Limited accessibility to health services	• Women's health specialists • Need for sexual assault and sexual health services • Trauma informed care and ongoing support • Outreach nurse-led clinics	• Pelvic pain appointments, access, diagnosis and treatment • Need for better diagnosis and treatment of antenatal infections • Reducing cost of reproductive health care
Preventive and Chronic Care Services • Preventative strategies • Chronic pain management • Community-based supports	• Dementia • Heart disease • Others	• Early intervention for mental health • Cardiovascular conditions • COPD (respiratory diseases) Musculoskeletal disorders (e.g. back pain, arthritis) • Chronic kidney disease • Oral health • Sexual health		• Community sexual assault screening	• Strategies to prevent mental health decline • Early detection of endometriosis • Breast cancer screening
Social Determinants of Health • Housing and homelessness • Poverty and cost of living • Cultural responsiveness	• Digital literacy • Social isolation • Recognition and respect • Safety and security • Intergenerational connections • Financial assistance • Carer support • Future planning	• Climate change • Economic stability • Housing • Education • Intergenerational disadvantage (financial disadvantage) • Digital literacy • Enhanced prevention and early intervention through service collaboration	• Homelessness, inconsistent housing, and transportation costs • Environmental health • Need for safe and affordable housing	• Increased collaboration with DFV agencies to ensure more integrated care	
Health Literacy and Education • Basic health literacy • Community engagement • Education materials for existing services	• Digital literacy	• Knowledge around where to access help for mental health		• Reduce stigma and discrimination to create a supportive and understanding culture for those who have experienced DFV	• Increased workforce awareness, education and support for perimenopause and menopause • Health literacy for diet, exercise and lifestyle behaviours • Services for health reproductive choices
Emergency and Urgent Care • Urgent care facilities • Emergency housing • Extended pharmacy hours	• Double the rate of emergency and hospital admissions			• Access to specialised social workers in ED for strangulation care • Safe spaces within and outside hospital settings for women and children	
Special Populations • Support for Families • Perinatal Supports • Disability Access	• Need for less commercialised healthcare system • Senior friendly transportation	• Youth • Culturally responsive aged care support	• Increased homelessness amongst older persons • Homelessness for LGBTIQA+	• Women's health centres with childcare facilities • Expand bulk billed services to marginalised groups	• Women with a disability

2.4 Quantitative findings

The North Brisbane and Moreton Bay region population profile is similar to other developed western nations, with an ageing population that encompasses increasing life expectancy and lower fertility rates. As at 30 June 2023 the North Brisbane and Moreton Bay region estimated residential population (ERP) was 1,117,678 persons. Older persons (persons aged 65 years and above) represented 15.5 per cent of the population while children (aged 0 to 14 years) represented 17.4 per cent of the total population. Between 2018 and 2023, the older persons population experienced per annum growth of 3.4 per cent (26,699 persons). In the same period, the hospital catchment that experienced the highest per annum growth rate was Caboolture/Kilcoy (5.6 per cent, 9,052 persons). The Metro North Aboriginal and Torres Strait Islander population accounts for 2.6 per cent of the total Metro North population. The age group with the highest proportion of Aboriginal and/or Torres Strait Islander was 0 to 4 years. The largest population of Aboriginal and/or Torres Strait Islander people living in Metro North by percentage were reported in Caboolture Hinterland (6.2 per cent, 865 persons) and Caboolture (6.1 per cent, 4676 persons).

Whilst the region overall has a lower-than-average rate of avoidable mortality and better general health, residents living in the northern parts of the region consistently had the highest identified health needs, in particular Bribie - Beachmere, Caboolture, Narangba - Burpengary, Redcliffe, and Sandgate.

The key areas of avoidable mortality are cancers, in particular breast cancer, suicide and self-inflicted injuries, circulatory system diseases (e.g. ischemic heart disease), respiratory system diseases (e.g. chronic obstructive pulmonary disease (COPD)), cerebrovascular diseases, colorectal cancer, diabetes, transport and other accidents such as drowning. Cerebrovascular diseases (stroke, stenosis, aneurysms), colorectal cancer, and respiratory system diseases like COPD expressed higher than average potential years of life lost, followed by breast cancer, circulatory system diseases, diabetes, lung cancer and other external causes.

Youth and infant mortality was highest in the northern region of Brisbane. Infant mortality rates are above benchmarks for Bribie – Beachmere, Brisbane Inner, Brisbane Inner – North, Brisbane Inner – West, Caboolture, Caboolture Hinterland, Chermside, Kenmore – Brookfield, Narangba – Burpengary, North Lakes, Nundah, and Redcliffe. These areas also reported higher rates of premature births, low birthweight, smoking during pregnancy and obese mothers with Body Mass Index (BMI) of 30 or higher.

Whilst Brisbane North has a lower-than-average rate of obesity and child obesity, the areas Caboolture, North Lakes, Caboolture Hinterland, Narangba - Burpengary, Strathpine are higher than the average rate.

There are areas in North Brisbane and Moreton Bay with higher-than-average cancer incidence. These include Caboolture, Bribie - Beachmere, Nundah, Strathpine, Redcliffe, North Lakes, Narangba - Burpengary, Chermside, The Gap – Enoggera.

The region has a high number of areas above the benchmark for people with a profound or severe disability and also with a higher number of National Disability Insurance Scheme (NDIS) participants. North Brisbane and Moreton Bay has a high number of areas above the disability support pensioner's benchmark, particularly Caboolture, Redcliffe, Strathpine, Bribie - Beachmere, Caboolture Hinterland, Narangba - Burpengary, North Lakes, Sandgate, The Gap – Enoggera.

Aboriginal and Torres Strait Islander Peoples

Aboriginal and Torres Strait Islander people living in the region have a high rate of mortality, disability, and mental health conditions relative to the overall Queensland rate. High rates of depression, anxiety, attention deficit hyperactivity disorder (ADHD) support, and self-harm and suicide in the community were also identified. The highest areas of need relative to the Queensland average were: Redcliffe, Caboolture, Pine Rivers. Having a BMI of 30 or higher is 50 per cent higher for Aboriginal and Torres Strait Islander People in the region (31 per cent versus 20 per cent for non-Indigenous population).

Highest areas of need include:

Kilcoy, Redcliffe, Caboolture, Brisbane City, and Pine Rivers.

Aboriginal and Torres Strait Islander people living in the region also have a high rate of cancer incidence relative to Queensland rate. The highest areas of need relative to Queensland average were: Kilcoy, Caboolture, Brisbane City, Pine Rivers, Redcliffe. Individuals had a 2.0 times higher incidence rate and 2.1 times higher mortality rate for lung cancer, and the 5-year survival rates were 24 per cent lower. Women have 6.5 per cent lower 5-year survival rates for breast cancer. Aboriginal and Torres Strait Islander people had a 2.6 times higher incidence rate and 2.4 times higher mortality rate for liver cancer. Five-year survival rates were 45 per cent lower. Aboriginal and Torres Strait Islander people had a 1.7 times higher mortality rate for pancreatic cancer.

Mothers were more likely to have below the recommended number (eight) antenatal visits during pregnancy. Key areas of need within the region were Bribie - Beachmere, Brisbane Inner, Caboolture, Caboolture Hinterland, Narangba - Burpengary, Nundah, Strathpine. Mothers also had higher rates of smoking during pregnancy in parts of the community.

CALD communities and people from refugee and asylum seeker backgrounds

Health needs for residents from CALD backgrounds vary, with mental health, dementia, heart disease, pain, oral health and diabetes as key needs identified. Twenty-three per cent of CALD survey respondents indicated they experience mental health issues 'a lot' of the time. Mental health issues such as anxiety, stress, depression, and trauma are especially prevalent among refugees. For people from Pasifika communities, 40 per cent of survey respondents indicated women's health issues impacted them or their families significantly. Of 172 CALD survey respondents more than half indicated they had oral health concerns.

GP services

Mental health (depression and anxiety), type 2 diabetes, skin cancer, gastro-oesophageal reflux disease, insomnia, urinary tract infections, upper respiratory tract infection including COVID-19, were the leading causes for all GP visits in the last five years. Endometriosis and menopause were leading causes for GP visits among women in the last five years.

Relative to the Queensland average, the areas which had the highest proportion of people accessing a GP Chronic Disease Management Plan were Brisbane Inner, North, West, Sherwood - Indooroopilly, Caboolture Hinterland, Bald Hills - Everton Park, Caboolture, and Nundah.

Hospital services

The top potentially preventable hospitalisations were related to COPD, vaccine-preventable conditions, pneumonia, influenza and urinary tract infections, followed by asthma, hypertension, convulsions and epilepsy, avoidable respiratory system diseases, cellulitis, congestive cardiac failure and angina.

Increasing demand was projected for hospital services, namely geriatric management, renal dialysis, cardiac surgery, cardiology, ophthalmology, palliative care, immunology and infections, urology, rheumatology, plastic and reconstructive surgery, neurology, vascular surgery, haematology, interventional cardiology, mental health, chemotherapy, medical oncology, upper gastrointestinal surgery, orthopaedics, rehabilitation (non-acute), drug and alcohol, colorectal surgery.

2.5 Literature scan

A literature scan of the health and wellbeing needs of targeted population groups was undertaken, highlighting the unique challenges faced by these groups and the importance of tailored healthcare services, education, and support to improve health outcomes. The literature scan included Aboriginal and Torres Strait Islander youth, CALD communities and people from refugee and asylum seeker backgrounds individuals with eating disorders, people with disabilities, LGBTIQA+ communities, dementia care, women's health, and children's health.

Summary findings

Aboriginal and Torres Strait Islander youth[1,14]: Need for timely access to health services, mental health support, and interventions supporting substance use. The importance of cultural connection and addressing social determinants such as education and housing was highlighted. Confidentiality in sexual health services and the provision of safe spaces for youth are also crucial.

CALD communities[2,3,4,5]: Chronic conditions like diabetes and heart disease, along with mental health issues, are prevalent in CALD communities. Barriers to healthcare include communication challenges, cultural differences, and stigma. There is an identified need for improved health literacy and better access to services.

People with disabilities[6,8,9,10,11,12,13]: Significant barriers to accessing healthcare include physical inaccessibility and discrimination. People with disabilities experience higher rates of comorbidities and avoidable deaths compared to the general population. Inclusive healthcare environments, better coordination of care, and training for health professionals is required.

LGBTIQA+ communities[15,16,17]: Mental health issues, the need for access to culturally sensitive healthcare, and supportive community spaces for people that identify as LGBTIQA+. Systemic reforms in healthcare access and professional training are necessary to address these challenges.

Older persons/ dementia care[18-23]: There are significant barriers to accessing dementia care services, including unclear pathways, fragmentation of systems, and stigma. Support for carers and education for both the community and health professionals are essential.

People living with mental illness[24-27, 33]: Mental health conditions include depression, anxiety, psychological distress, ADHD and self-harm impact. Population groups with increased mental health needs include Aboriginal and Torres Strait Islander peoples, refugees, LGBTIQA+ people, CALD populations, and youth.

Women's health[28]: Women face a range of chronic conditions and mental health challenges, with higher prevalence rates compared to state and national averages. Issues such as domestic violence and the impact of menopause on health are highlighted.

Children's wellbeing[29-31]: Key needs for children include good physical and mental health, access to supportive healthcare services, stable housing, and resources. The importance of integrated services and innovative care models is emphasised to improve health outcomes.

Eating disorders[32]: The focus is on early intervention, holistic care, and tailored support for diverse populations. Multidisciplinary treatment and family involvement are essential, along with better data collection and understanding of the costs associated with eating disorders.

2.6 Validation and triangulation

Given the detailed information gained through the identification and analysis of health and service needs a process of validation and triangulation (Figure 6) was utilised to prioritise the health needs, service needs (gaps) and enablers.

Data was analysed through the triangulation of population health data, service mapping and information gathered through the online surveys and stakeholder consultations. Key themes, issues and opportunities were identified and where relevant mapped against the targeted population groups, as well as, constructs such as, a) health / service area b) relevant health condition c) thematic category (i.e. access to services, service utilisation), d) age group and e) indication of which organisation has responsibility for addressing the need (i.e. PHN or HHS or other agency), with additional details provided for each need as guidance. Each need identified was validated with qualitative and / or quantitative insights either captured by Brisbane North PHN or Metro North Health data, and where possible cross-validated with both qualitative and quantitative insights from both organisations.
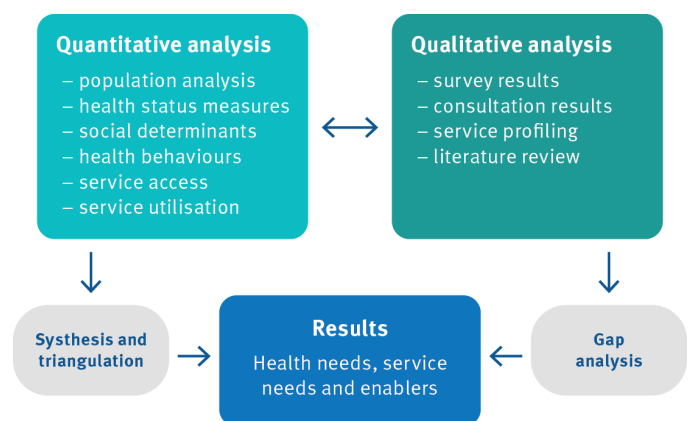

Figure 6: *Validation and triangulation process*

2.7 Prioritising needs for the region

The identified needs were prioritised using the agreed Prioritisation Criteria (see appendix 8).

Applying the criteria and undertaking analysis, key health and service needs were allocated to one of three categories indicating the level of priority. Natural breaks classification technique was employed to categorise the results into three distinct groups: high, medium, and low. This approach ensures that the categorisation is not arbitrary but is based on the inherent structure of the data itself, providing a more accurate and informative representation of the results. By identifying natural breaks in the data, this method avoids arbitrary groupings such as using percentile distributions.

Level 1 needs indicate a higher score and subsequently highest priority. Comparatively, Level 3 needs indicate a lower score and lower priority. The scores were allocated to 3 bandwidths. These are:

- **Level 1 needs (highest priority)** – between 15 and 24 score (20 health and 45 service needs)
- **Level 2 needs (medium priority)** – between 12 and 14 score (25 health and 35 service needs)
- **Level 3 needs (lowest priority)** – 11 and under (10 health and 20 service needs)

Note, within each Level, needs are listed in descending priority order. Needs within each level will also be sub-grouped in a meaningful way to support easy read following feedback from the validation sessions.

3. Identified needs

Outlined below (Table 2 and 3) are the highest priority (Level 1) needs for the North Brisbane and Moreton Bay region needs identified from the JRNA process. Health and service needs for a specific condition / theme / population group may be represented across multiple levels of needs (level 1, 2 or 3) depending on the priority of the elements within that need.

The highest priority (Level 1) needs for the North Brisbane and Moreton Bay region are outlined below with Level 2 and Level 3 needs detailed in Appendix 1. It is expected that in the process of implementation planning for a specific need, all levels of priority will be considered together to assess for any relevant associations across levels. For example, implementation planning for managing and responding to high cancer incidence (outlined in level 1) should include considering the importance of improving cancer screening rates (outlined in level 2).

3.1 Detailed list of level 1 health needs

Table 2: Detailed list of level 1 health needs

Health area	Health need (level 1)	Leading agency
Cancer	There are areas in the Region with higher-than-average cancer incidence. The highest need areas were Caboolture, Bribie - Beachmere, Nundah, Strathpine, Redcliffe, North Lakes, Narangba - Burpengary, Chermside, The Gap – Enoggera. Specific cancers included pancreatic cancer, lymphoma, lung cancer, melanoma of skin, breast cancer, uterine cancer, thyroid cancer	BNPHN/MNH
	High cancer incidence and higher cancer mortality rates amongst Aboriginal and Torres Strait Islander peoples	BNPHN/MNH
	Aboriginal and Torres Strait Islander women have 6.5% lower 5-year survival rates for breast cancer compared to the QLD average	BNPHN/MNH/ Other agencies
	Skin cancer was one of the most common types of cancer for which patients visited a GP in the last five years	BNPHN

Mental health	High rates of depression, anxiety, and ADHD support required in the community, and high rates of self-harm and suicide in the community for Aboriginal and Torres Strait Islander People	BNPHN/MNH/ Other agencies
	Address the avoidable mortality rates and potential years of life lost due to suicide and self-inflicted injuries	BNPHN/MNH
	Respond to an increase in anxiety and depression for adults and children impacting the community	BNPHN/MNH/ Other agencies
	High prevalence of long-term mental health conditions (including depression or anxiety) and dementia (including Alzheimer's)	BNPHN/MNH/ Other agencies
Chronic disease	Address potentially preventable hospitalisations (PPH) by chronic conditions – COPD, vaccine-preventable conditions - pneumonia and influenza, and acute conditions – urinary tract infections in public hospitals	BNPHN/MNH
	High prevalence asthma for Aboriginal and Torres Strait Islander children	BNPHN/MNH
	Aboriginal and Torres Strait Islander people are more likely to experience heart disease in the North Brisbane and Moreton Bay region	BNPHN/MNH/ Other agencies
	High incidence of cerebrovascular diseases (stroke, stenosis, aneurysms)	BNPHN/MNH
Oral health	Need for oral health services including for the CALD communities and people from refugee and asylum seeker backgrounds	BNPHN/MNH/ Other agencies
Women's health	Women's health issues impact people from Pasifika communities	BNPHN/MNH
	There are areas in Brisbane North with higher than average cancer incidence for females including melanoma of the skin, breast cancer, lung cancer, thyroid cancer, liver cancer, uterine cancer	BNPHN/MNH
Primary health conditions (General Practice)	There is high demand on GP services in the community	BNPHN
	Depression is a leading cause for all psychological related GP visits in the last five years	BNPHN
	In the last five years the most common infectious health condition which patients visited a GP for was upper respiratory tract infection, followed by urinary tract infections	BNPHN/MNH
	Gastro-oesophageal reflux disease is the leading cause for all gastrointestinal related GP visits in the last five years	BNPHN
	Insomnia is a leading cause for GP visits in the last five years	BNPHN
	Type 2 diabetes and musculoskeletal conditions are a leading cause for all chronic conditions related GP visits in the last five years	BNPHN
People with disabilities	The region has a high number of areas above the benchmark for people with a profound or severe disability (including people in long-term accommodation and living in households)	BNPHN/MNH/ Other agencies

Avoidable mortality	Aboriginal and Torres Strait Islander people living in the region have a high rate of mortality relative to the total Queensland population rate	BNPHN/MNH
	Infant mortality rates are above benchmarks for Bribie – Beachmere; Brisbane Inner; Brisbane Inner – North; Brisbane Inner – West; Caboolture; Caboolture Hinterland; Chermside; Kenmore - Brookfield – Moggill; Narangba – Burpengary; North Lakes; Nundah; Redcliffe	BNPHN/MNH
	Whilst Brisbane North as a whole has a lower-than-average rate of youth mortality, the areas Bribie - Beachmere, Narangba - Burpengary, Redcliffe, Strathpine are above the Queensland rate	BNPHN/MNH

3.2 Detailed list of level 1 service needs

Table 3: Detailed list of level 1 service needs

Health area	Service need (level 1)	Leading agency
Cancer care	Collaboration between primary, community and specialist cancer care services for early intervention for the Aboriginal and Torres Strait Islander population, especially women (incorporating women and men's cultural consideration)	BNPHN/MNH/ Other agencies
	Increased access to breast cancer treatment and reconstructive services and comprehensive breast services (e.g. screening, diagnosis, treatment, recovery)	MNH
Mental health services	Timely and responsive community-based services to provide crisis support outside of the hospital setting	BNPHN/MNH/ Other agencies
	Mental health services which are appropriate for children, adolescents and young adults who are considered the 'missing middle' - often too unwell for primary care but not unwell enough for hospital and community care	BNPHN/MNH/ Other agencies
	Effective suicide and self-harm crisis support, to include safe spaces, immediate access to counselling and timely care	BNPHN/MNH/ Other agencies
	Need for harm reduction services (health and social) for substance abuse support	BNPHN/MNH/ Other agencies
	Increased access to mental health services (outpatient, inpatient and community services) specifically for people with disabilities, people with Neurodevelopmental Disorders (NDD), young women and older persons	BNPHN/MNH/ Other agencies
	Treatment of eating disorders is supported by a trauma informed, compassionate, multidisciplinary team, including mental health professionals, medical practitioners, dietitians, psychiatrists, and other relevant professionals equitably across Brisbane region.	BNPHN/MNH/ Other agencies
	Respond to the demand and high utilisation of drug and alcohol services for adults and older persons	BNPHN/MNH/ Other agencies
	Tailored services for a broad range of issues impacting youth mental health e.g. issues relating to social media, youth suicide, eating disorders (community-based support against harmful beauty standards), emergency services.	BNPHN/MNH/ Other agencies
	Demand on all hospital-based mental health services	MNH
	Adequate Eating disorders support services for adolescents and young adults including access to outpatient services	BNPHN/MNH/ Other agencies
	There is a need for more inpatient mental health beds	MNH
	Support for - parent's mental health during pre- and post-natal periods	BNPHN/MNH

	Improved coordination and integration between crisis support services within tertiary, mental health, and community services, including uplifting community awareness on services, carer family support (e.g. mental health crisis system)	BNPHN/MNH/ Other agencies
	Demand on hospital services - high growth for child mental health	MNH
	Improved access to healthcare services, including primary care, specialist services and mental health services	BNPHN/MNH/ Other agencies
	Delivery of tailored and appropriate eating disorders services for people in target or vulnerable populations e.g. Aboriginal and Torres Strait Islander Peoples, Culturally and Linguistically Diverse, gender-diverse, neurodivergent population, people with a disability, LGBTIQA+ communities	BNPHN/MNH/ Other agencies
Children, adolescent and young adults/ youth (including first 2000 days) services	Services which provide assessment, management, and support for developmental delay in children	BNPHN/MNH/ Other agencies
	Better assessment, therapies, and professionals for children with developmental delays and neurodiverse conditions including that are linked to Mental Health	BNPHN/MNH/ Other agencies
	Service models which support families and children with neurodiverse conditions	BNPHN/MNH/ Other agencies
	Demand on hospital services - child mental health (other psychiatry)	MNH
	Gender services to support children and adolescents with gender dysphoria or related issues	MNH
	Identify and respond to the pockets in North Brisbane and Moreton Bay where children are developmentally vulnerable	BNPHN/MNH
	Mental health support for children throughout the first 2000 days of life	BNPHN/MNH/ Other agencies
Sexual health services	Comprehensive services addressing sexual assault and sexual health, sexually transmitted diseases including syphilis, trauma-informed immediate care, community sexual assault screening, ongoing support, and preventative measures	BNPHN/MNH/ Other agencies
Specialist services	Reduce long wait times for specialist appointments	BNPHN/MNH
	Increased availability of and timely access to specialised medical services in the Redcliffe region including and not limited to range of medical specialties such as cardiology, neurodiversity & functional oncology, orthopaedics, and more	MNH
	High relative utilisation of hospital thoracic surgery services - older persons	MNH
	Demand on hospital services – high growth for cardiology, neurology (including Headache, Dementia and Delirium, Seizures, TIA) and child mental health	MNH
Aboriginal and Torres Strait Islander people	Expand availability of mental health services (including support groups) within the community to respond to the mental health needs of Aboriginal and Torres Strait Islander people	BNPHN/MNH/ Other agencies
	Access to preventative and holistic care such as regular exercise programs, physiotherapy, and chronic pain management, Self-care resources, support for personal wellbeing, and spiritual health services for Aboriginal and Torres Strait Islander people	BNPHN/MNH/ Other agencies
	Promote and implement programs and initiatives for social and emotional wellbeing of Aboriginal and Torres Strait Islander people	BNPHN/MNH/ Other agencies
	Timely and easy access to healthcare services for Aboriginal and Torres Strait Islander people	BNPHN/MNH/ Other agencies
	Dental services (prevention, management and emergency) for Aboriginal and Torres Strait Islander people	MNH and other agencies

CALD and people from refugee and asylum seeker backgrounds	Tailored culturally responsive services for children from CALD backgrounds to include developmental issues to prevent delayed diagnosis and treatment e.g. autism and ADHD, learning disabilities such as dyslexia, and behavioural issues	BNPHN/MNH/ Other agencies
	Introduce a CALD model of care (including) bilingual/bicultural health workforce/ patient navigators to improve quality of care, enhance language and cultural support, and improve navigation within the healthcare system for CALD population)	BNPHN/MNH
People with disabilities	Improved navigation/integration and accessibility of healthcare services (e.g. allied health clinics, telehealth services, flexible outpatient services, specialised disability health clinics, disability focussed clinical positions (consistent medical, social support services), complex care clinics and clinical supports for neurodiversity & functional neurological disorder (FND) and for people with disabilities	BNPHN/MNH/ Other agencies
	Addressing issues of violence and ensuring safety for people with disabilities	BNPHN/MNH/ Other agencies
	Improved coordination and navigation of services for people with disabilities (e.g. access to disability liaison officers/ navigators in hospitals/ disability focused clinical positions)	BNPHN/MNH
	Increased access to National Disability Insurance Scheme NDIS Services	Other agencies
Domestic and Family Violence	Increased access to community mental health services, particularly long-term counselling options, psychologists, and outreach nurse-led clinics to enable survivors of Domestic and Family Violence (DFV) to have support to recover from trauma	BNPHN/MNH/ Other agencies
	Perpetrator and victim identification and management service across agencies to either proactively prevent or minimise impact (this includes consideration for external social factors that contribute to high prevalence such as alcohol and drug intake)	BNPHN/MNH/ Other agencies
Older persons	Seamless navigation and integration of the healthcare services for older persons, including comprehensive care for older persons with comorbidities and complex care needs	BNPHN/MNH/ Other agencies

3.3 Enablers

The enablers are a subset of the health needs that specifically refer to the fundamental aspects of quality of life and effective service delivery. These enablers are not directly associated with condition prevalence, service design and structure and cannot be measured and prioritised within the current criteria.

A detailed list of enablers is contained in Appendix 2. The enablers identified include, holistic care, affordability, transport, health literacy and health literate enviroment, social determinants, diverse and inclusive care and workforce development.

Holistic care: This enabler category emphasises comprehensive care models and community support to enhance service navigation, reduce fragmentation, reduce burden on acute healthcare services, and strengthen community support systems.

Specifically, for:

- mental health, there is a need for holistic care and early intervention strategies, particularly for eating disorders, and community support systems to reduce the burden on formal care; it is also important to focus on the physical, social and emotional wellbeing of the individual, families and the community more broadly, noting that people living with mental illness can present with high co-morbidity of physical health issues.

- domestic and family violence, affordable childcare options and safe spaces for women and children are highlighted.

- chronic migraines for women and education on prevention.

- people with disabilities, where vocational rehabilitation services and physical accessibility improvements are necessary.

- Aboriginal and Torres Strait Islander people benefit from family-centred care models where care is planned around the family, recognizing all family members as care recipients

Affordability: This focuses on advocating for more affordable mental health services (including eating disorders support), especially for women, children, adolescent and young adults/ youth (including first 2000 days), CALD populations, and those impacted by domestic and family violence. There is also an emphasis on increasing bulk billing and after-hours primary care services for Aboriginal and Torres Strait Islander people. Additionally, residents from the Moreton Bay area are challenged to travel for specialist services, citing transport as an issue.

Health literacy and health literate environment[2] Increasing awareness and understanding of health issues, and building skills to lead one's own care is crucial. Improving literacy can help individuals navigate the system better and make informed decisions. For example, amongst women, health literacy improvements aim to reduce poor health behaviours. For Aboriginal and Torres Strait Islander people, addressing the digital divide is essential to improve digital literacy.

Social determinants: Addressing broader social factors like economic stability, housing, and education is vital. Specifically, for

- People living with mental illness, these determinants impact mental health issues.
- Older persons face challenges accessing timely and quality care due to these determinants.
- Children's health requires addressing food security.
- Aboriginal and Torres Strait Islander people are affected by factors like climate change and intergenerational disadvantage (financial disadvantage).

Diverse and inclusive care: Ensuring culturally responsive services is important. LGBTIQA+ communities need access to holistic care and co-designed services to address barriers like stigma. For people with disabilities, reducing stigma and discrimination and improving workforce training are necessary.

Aboriginal and Torres Strait Islander people and CALD people require culturally safe healthcare free of discrimination.

Workforce development: This involves enhancing training for healthcare providers. For CALD populations, Aboriginal and Torres Strait Islander peoples and people who identify as LGBTIQA+, educating providers on cultural competence is crucial. Overall, additional workforce training focuses on preventative care and conveying healthcare messages in simple language. Women's health requires increased workforce awareness and support for perimenopause and menopause. More education on eating disorders for healthcare providers is also necessary.

4. Emerging trends in 2024 (compared to needs assessment in 2022)

The needs and priorities identified for the North Brisbane and the Moreton Bay region in this 2024 process largely support the needs identified in the 2022 LANA process with a small number of new themes emerging. In many instances, where the needs and priorities are the same across the two timeframes, there is a greater level of granularity evident in the 2024 JRNA process, mainly due to the methodology shift to a deeper dive in targeted areas and application of greater rigour in quantitative analysis.

The following JRNA needs were identified in both the 2024 JRNA and the 2022 LANA, with 2024 JRNA reflecting a greater level of detail:

- addressing health disparities, particularly among Aboriginal and Torres Strait Islander people and vulnerable communities.
- mental health services.
- capacity to manage demand on hospital services including managing higher rates of emergency department attendances and need for improved access to specialised services.

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2. A health literate environment is a setting where health information and services are made easy to find, understand, and use. This environment supports people in making informed health decisions by providing clear information, friendly staff, and resources that cater to different language and literacy needs. It aims to provide clarity, so everyone, regardless of their background, can understand their health options.

- access to primary care services.
- preventative health care services.

The greatest difference between the 2024 JRNA and the 2022 LANA identified needs were seen in the enabler category to support improved access. The emerging needs include:

- many targeted communities highlighted the need for diverse, inclusive and safe care citing stigma and discrimination as a big concern
- need to support needs of the neurodivergent population
- inability to afford healthcare particularly in the context of limited bulkbilling GP practices
- requirement for focus on the broader social determinants of health
- upskilling of the workforce to deliver culturally competent care
- improved health and wellbeing of the workforce.

5. Implementation of JRNA

The 2024 JRNA provides an evidence-based prioritised needs and services gaps in the North Brisbane and the Moreton Bay region.

The findings from this report will immediately be used to inform the development of the Metro North Health strategic plan and the Department of Health system priorities 2025/26.

For the PHN, the findings will be used to inform future strategic planning, commissioning decisions and the development of relevant Activity Work Plans (AWPs). The PHN also intends to make information available within the region to other health and social service providers to enable them to make informed decisions and plan well, avoiding duplication where possible.

Recognising the importance of working collaboratively with all partners to achieve the outcomes required for the community, an implementation plan will be developed in early 2025. This implementation plan, developed collaboratively with all partners, will outline actions that are required to meet the prioritised health and service gaps and clarity on the agency leading the implementation. For the actions in the remit of Metro North Health, planning will be undertaken to identify the levels at which implementation is required including at Directorate (e.g. hospitals) and business unit levels (e.g. strategic assets and infrastructure for capital related requirements). The PHN will prioritise the use of new or additional funding to ensure it aligns with the needs identified, consider updating currently funded programs where appropriate, and strengthen / build partnerships to achieve outcomes and fill gaps identified.

Appendix 1 Detailed list of level 2 and 3 needs

Table 4: Detailed level 2 list of health needs

Health area	Health need (level 2)	Leading agency
Cancer	Other specific cancers where higher-than-average cancer incidence is demonstrated included kidney cancer, stomach cancer, liver cancer, leukaemia, and ovarian cancer	BNPHN/MNH
	Benign colonic polyps were the leading condition where patients visited a GP in the last five years	BNPHN/MNH

Chronic conditions	Understanding and awareness of chronic kidney disease and its ongoing tailored management	BNPHN/MNH/ Other agencies
	Address potentially preventable hospitalisations due to chronic conditions such as asthma, hypertension, angina, congestive cardiac failure.	BNPHN/MNH
	Address mental health conditions (including depression or anxiety – including in children), arthritis, lung condition (including COPD or emphysema)	BNPHN/MNH/ Other agencies
	Respiratory conditions including COPD and asthma for Aboriginal and Torres Strait Islander people	BNPHN/MNH/ Other agencies
Obesity	The rate of obesity with BMI of 30 or higher is 50% higher for Aboriginal and Torres Strait Islander people in Brisbane North. 31% versus 20% for non-Indigenous population	BNPHN/MNH/ Other agencies
	Obesity prevention and management, healthy eating, physical activity for children and adult population	BNPHN/MNH/ Other agencies
Primary care conditions	Menopause, benign colonic polyps, back pain, sleep apnoea, endometriosis and anxiety were common conditions where patients visited a GP in the last five years	BNPHN
CALD and people from refugee and asylum seeker backgrounds	People from North Africa are more likely to experience heart disease in the North Brisbane and Moreton Bay region	BNPHN/MNH
	People from Pasifika communities are more likely to report having diabetes, and typically rate their physical health as poor	BNPHN/MNH
	Leading health issues experienced 'a lot' in CALD communities is mental health and physical body pain	BNPHN/MNH/ Other agencies
	Mental health issues such as anxiety, stress, depression, and trauma are prevalent among refugees	BNPHN/MNH/ Other agencies
Children, adolescent and young adults/ youth (including first 2000 days)	Neonatal/child health due to premature births	BNPHN/MNH/ Other agencies
	Neonatal/child health due to high rates of smoking during pregnancy in parts of the community, with higher rates for Aboriginal and Torres Strait Islander mothers, and due to low antenatal visits amongst Aboriginal and Torres Strait Islander mothers	BNPHN/MNH
	Address sexual health in adolescents and young adults who have been released from prison	BNPHN/MNH/ Other agencies
Disability	Brisbane North has a high number of disability support pensioners and National Disability Insurance Scheme (NDIS) participants	BNPHN/MNH/ Other agencies
	Brisbane North has a high number of areas above the benchmark for people with a profound or severe disability and living in households, 65 years and over	BNPHN/MNH/ Other agencies
	Aboriginal and Torres Strait Islander people living in Brisbane North have a high rate of disability relative to Queensland rate. Highest areas of need relative to Queensland average: Kilcoy, Redcliffe, Caboolture, Pine Rivers	BNPHN/MNH/ Other agencies
Other	Address potentially preventable hospitalisations due acute conditions – cellulitis, convulsions, dental services and epilepsy in public hospitals	BNPHN/MNH

Summary themes, level 3 health needs

Table 5: Detailed level 3 list of health need

Health area	Health need (level 3)	Leading agency
Cancer	There are areas in Brisbane North with higher-than-average cancer incidence: Males - Kidney cancer, head and neck cancer, prostate cancer All person – Colorectal/bowel cancer, lung cancer	BNPHN/MNH
Chronic conditions	Address kidney disease in the population	BNPHN/MNH/ Other agencies
	Address potentially preventable hospitalisations due to chronic conditions such as diabetes complications, ear, nose and throat infections, iron deficiency, anaemia	BNPHN/MNH
Primary care conditions	ADHD is a leading cause for all psychological related GP visits in the last five years	BNPHN/MNH/ Other agencies
	Iron deficiency is the leading cause for all endocrine related GP visits in the last five years	BNPHN
	Chest infections were among the top five infectious conditions which patients visited a GP in the last five years	BNPHN/MNH
	Hypertension is the leading cause for all cardiovascular related GP visits in the last five years	BNPHN
Children, adolescent and young adults/ youth (including first 2000 days)	Neonatal/child health due to low birthweight, high rates of smoking during pregnancy in parts of the community, obesity during pregnancy	BNPHN/MNH/ Other agencies

Summary themes, level 2 service needs

Table 6: Detailed level 2 list of service needs

Health area	Service need (level 2)	Leading agency
Cancer care	Improve rates of breast cancer screening	BNPHN/MNH
	Improve rates of bowel cancer screening	BNPHN/MNH
	Improve rates of cervical cancer screening	BNPHN/MNH
Emergency presentations	High emergency department attendances injury, poisoning, and certain other consequences of external causes, diseases of the circulatory system diseases of the respiratory system, non-urgent attendances services	BNPHN/MNH
	Brisbane North has a high number of areas where children are presenting to Metro North Health emergency departments at higher-than-normal rates for conditions originating in the perinatal period	MNH
	There are pockets in Brisbane North where children are presenting to Metro North Health emergency departments at higher-than-normal rates. Emergency presentations were greatest for circulatory conditions, respiratory conditions and injury, poisoning, and other external causes	BNPHN/MNH
	Brisbane North has a high number of areas where children are presenting to Metro North Health emergency departments at higher-than-normal rates for Infectious and parasitic diseases	BNPHN/MNH
	High emergency department attendances diseases of the genitourinary system	MNH
Hospital service demands	High Relative Utilisation of hospital for: respiratory medicine services - children, maxillo-facial surgery services - children 0-14 years, non-subspecialty surgery services - children , ophthalmology services - children (particularly children (0-4 years), orthopaedics services – children, thoracic surgery services – children, palliative (non-acute) services - older persons , plastic and reconstructive surgery services - older persons , haematology services - older persons, colorectal surgery services - adults (15-69), colorectal surgery services - adults (15-69), rehabilitation services - adults	MNH
	Demand on hospital services - high growth for stroke, high growth for child septicaemia, viral and other infectious diseases, high growth cardiac surgery	MNH
	Dialysis	MNH
Workforce	Prevent workforce burnout, and improve recruitment and retention for those supporting older persons	MNH/Other agencies
	Increase staffing levels to meet service demands where required	BNPHN/MNH
Specialised services	Improved resources and support for families supporting members living with mental health conditions	Other agencies
	Increased monitoring and follow-up testing of people with Hep B in general practice	BNPHN

Aboriginal and Torres Strait Islander people	Smoking cessation programs for Aboriginal and Torres Strait Islander People	BNPHN/MNH/ Other agencies
	Demand on hospital services - respiratory medicine for Aboriginal and Torres Strait Islander peoples	MNH
	Specialised clinics, with comprehensive health monitoring plans for chronic diseases for Aboriginal and Torres Strait Islander People	BNPHN/MNH
	Tailored aged care support for Aboriginal and Torres Strait Islander people, including increased access to residential care facilities and respite services	BNPHN/MNH/ Other agencies
	Access to geriatric specialist services, including access to assessment and diagnostic services for Aboriginal and Torres Strait Islander older persons	MNH
	Access to services for Aboriginal and Torres Strait Islander persons and families requiring palliative and end-of-life care that are culturally safe and appropriate	BNPHN/MNH
Children, adolescent and young adults/ youth (including first 2000 days)	Diabetes services and local endocrinology services for children with diabetes	MNH
	Services which support young parents under 18 years following a termination of pregnancy	BNPHN/Other agencies
CALD and people from refugee and asylum seeker backgrounds	High relative utilisation of free interpreting services in General Practice in Brisbane City SA2	BNPHN
	Additional interpreters to improve quality of care, enhance language and cultural support, and improve navigation within the healthcare system for CALD population, and refugees and asylum seekers	BNPHN/MNH/ Other agencies
	Screening for CALD population - bowel screening, bowel/ cervical screening, breast screening	BNPHN/MNH
Domestic and Family Violence	Support people experiencing DFV (e.g. with associated trauma) to navigate available primary and secondary health services (e.g. trauma-informed navigators and support workers who collaborate with DFV agencies to better integrate services), including establishing pathways for discharge into community	BNPHN/MNH/ Other agencies
LGBTIQA+	Increased access to timely health care services for people who identify as LGBTIQA+	BNPHN/MNH
	Access to inclusive, safe health care services for people who identify as LGBTIQA+	BNPHN/MNH
Older persons	Improved access to health and aged care services in the community to prevent premature entry into aged care	BNPHN/MNH
Women's health	Appropriate management postnatal health issues	BNPHN/MNH
	Increase access to affordable reproductive healthcare services and employ more experienced staff (GPs or Nurse Practitioners) to perform procedures such as Intrauterine (IUD) insertions, contraception, and termination of pregnancy	BNPHN/MNH
	Services that address reproductive coercion and promote healthy reproductive choices	BNPHN/Other agencies
	Demand on hospital services - high growth for child cardiac surgery, geriatric management, major psychiatric disorders	MNH
	Respond to the ongoing transmission and undiagnosed antenatal infection with the potential for congenital infection and deaths (e.g. by community-based strategies, increasing GP capacity)	BNPHN/Other agencies

Summary themes, level 3 service needs

Table 7: Detailed level 3 list of service needs

Health area	Service need (level 3)	Leading agency
Cancer care	Increased availability of cancer treatment services	MNH
Chronic pain	Demand on GP services - chronic disease management plan	BNPHN
	More health management strategies that include preventative measures to manage chronic pain (including community-based supports, patient education, allied health services, high-quality GP care)	BNPHN/MNH
Service demand	Increasing demand on hospital services - high growth for neurology (including headache, stroke, dementia and delirium, seizures, transient ischaemic attack (TIA), ophthalmology, renal dialysis, thoracic surgery, neurosurgery (cranial procedures), obstetrics (postpartum and post abortion Geospatial Technology)	MNH
	Increasing demand on hospital services – high growth for colorectal surgery, haematology, immunology and infections, interventional cardiology, neurosurgery (head injuries, spinal procedures) , peripheral vascular disease incl skin ulcers , plastic and reconstructive surgery (microvascular tissue transfer or skin grafts), renal medicine including kidney failure and other kidney and urinary tract disorders , respiratory medicine including bronchitis and asthma, chronic obstructive airways disease, respiratory infections/inflammations, bronchoscopy, sleep apnoea and disorders , upper Gastrointestinal (GIT) surgery including hepatobiliary procedures, and cholecystectomy, child gastroenterology conditions (including inflammatory bowel disease, oesophagitis and gastroenteritis, pancreas, liver, or biliary tract disorders), robotic surgery	MNH
	Increasing demand on hospital services - high growth for back pain (non-surgical spinal disorders), chemotherapy, dentistry, diagnostic GI endoscopy, palliative care, rehabilitation	MNH
Specialised services	Community step down models of care, strengthening community support systems to provide ongoing assistance and reduce the burden on formal healthcare services (e.g. family/carer education and support for people supporting those with eating disorders)	Other agencies
	Accessible leg ulcer care	BNPHN/MNH
	Increased access to bariatric equipment and bariatric services	BNPHN/MNH
	Suitable accommodation for people with intellectual disabilities in hospital	MNH/Other agencies
	Improved access to dental services	Other agencies
Specialised services	Improved resources and support for families supporting members living with mental health conditions	Other agencies
	Increased monitoring and follow-up testing of people with Hep B in general practice	BNPHN
Aboriginal and Torres Strait Islander	Clinical home visiting services (culturally responsive) to ensure that Aboriginal and Torres Strait Islander people in Southeast Queensland (SEQ) do not stay in hospitals longer than necessary	BNPHN/Other agencies

Children, adolescent and young adults/ youth (including first 2000 days)	Preventative health care services (i.e. immunisation, oral health, and sexual health) for children, adolescents, and young adults	BNPHN/MNH
	Expand innovative solutions, such as the Intergenerational Programs, the GP in Schools Initiative and the Youth Mental Health and Wellbeing Hub	BNPHN/Other agencies
	Cancer survivorship services for children and young adults	Other agencies
	High relative utilisation of hospital rehabilitation services - children 0-14 years	MNH
	Sexual health drop-in centres as an alternative to GPs for adolescents and young adults	BNPHN
Women's health	Access to primary care pelvic pain clinics and services	BNPHN
	Increased capacity of adolescent gynaecology services in hospitals and improved gynaecological care by GPs	BNPHN/MNH

Appendix 2 Detailed list of enablers

Table 8: Detailed list of enablers

Cohort	Category	Enabler
Overall	Transport	Lack of transport options and long distances to healthcare facilities made accessing care challenging
	Affordability	Increased access to affordable healthcare services (e.g. increased bulk-billing options), including in the after hours period, specifically for vulnerable populations
	Holistic care	Access to holistic care, services, and education on how to promote good quality sleep and addressing the underlying drivers of insomnia (for both GPs and the general public)
	Workforce	Additional workforce training focusing on preventative care, mental health, diverse and inclusive care, and conveying healthcare messages in simple language
	Health literacy and health literate environment	Improve health literacy of all people to reduce the risk of poor health behaviours and outcomes such as education on diet, exercise and lifestyle behaviours
Mental Health	Holistic care	Provide holistic care and improved early intervention for prompt identification and treatment of eating disorders (primary and second care supported by enhanced data collection methods)
	Affordability	Need for more affordable community mental health services including for eating disorders support, women, children and young adults, CALD populations, and those impacted by DFV
	Health literacy and health literate environment	Increase mental health literacy of the general population to improve system navigation and empower people on how and where to seek help
	Social determinants and impacts	Increased social engagement and support recognising the impact of social isolation and loneliness on mental health (including supporting carers with stress management)

	Social determinants and impacts	Addressing social determinants of health and collaborations across multiple agencies and organisations, such as economic stability, housing, education, poverty, and exclusion that impact increasing mental health issues
	Workforce	Better training for general practitioners (GPs) and educators to recognise eating disorders early
CALD and people from refugee and asylum seeker backgrounds	Diverse and inclusive care	Culturally responsive mental health services for CALD populations (e.g. free from stigma, address cultural barriers, and support people with low health literacy), including support and education for sexual and oral health
	Health literacy and health literate environment	Increased availability of health literacy education for CALD population and preventative healthcare information within CALD communities
	Social determinants and impacts	Addressing social determinants of health and collaboration across multiple agencies and organisations, such as economic stability, housing, education, poverty, visa and immigration policy issues and exclusion that impact health and wellbeing is essential for improving health outcomes for CALD population
	Workforce	Educating healthcare providers on cultural competence to improve patient care, e.g. cultural awareness training for healthcare providers on integration of bicultural workers and effective healthcare interpreters
Domestic and Family Violence	Holistic care	Affordable childcare options for those affected by DFV and targeted services for families impacted (e.g. Women's Health Centres with Childcare Facilities: Establish more women's health centres or clinics that offer onsite childcare facilities, including mental health services, Safe spaces within and outside hospital settings for women and children which reduce stigma and discrimination / create a supportive and understanding culture for those who have experienced DFV
	Transport	Additional transport options (e.g. from DFV shelters to healthcare facilities) to seek healthcare: for those affected by DFV
Older persons	Social determinants and impacts	Respond to key social determinants of health that impact older persons and their ability to access timely and quality care
Women's health	Health literacy and health literate environment	Improve health literacy of the women to reduce the risk of poor health behaviours and outcomes such as education on diet, exercise and lifestyle behaviours
	Workforce	Increased workforce awareness, education and support for perimenopause and menopause (women aged 35+), and early detection of endometriosis for women and girls at a reproductive age
	Holistic care	Access to holistic care, education and prevention options for those suffering from chronic migraines for both GPs and the general public

People with disabilities	Diverse and inclusive care	Reduce stigma and discrimination against people with disabilities
	Holistic care	Vocational rehabilitation services to support employment opportunities for people with disabilities
	Holistic care	Physical accessibility for people with disabilities
	Transport	Additional transport options for people with disabilities that are affordable, accessibility
	Workforce	Better education and training for health practitioners and support workers, to enhance the quality of care provided to people with disabilities
	Social determinants and impacts	Addressing broader social determinants of health, such as economic stability, housing, education, poverty, and exclusion that impact health and wellbeing is essential for improving health outcomes
	Health literacy and health literate environment	Health literacy and access to information in Easy Read Formats
LGBTIQA+	Diverse and inclusive care	Access to holistic care, lifestyle and experiences for people who identify as LGBTIQA+. For example - Co-design services and initiatives to foster connectedness within the LGBTIQA+ communities to address barriers such as judgment, lack of inclusivity, inadequate mental health services, and stigma
	Social determinants and impacts	Addressing social determinants of health and collaborations across multiple agencies and organisations, such as economic stability, housing, education, poverty, and exclusion that impact health and wellbeing is essential for improving health outcomes for people who identify as LGBTIQA+
Children, adolescent and young adults/ youth (including first 2000 days)	Social determinants and impacts	Ensuring access to nutritious food for families, especially children. This includes addressing food security and providing more healthy food options
Aboriginal and Torres Strait Islander People	Affordability	Increased bulk billing and after - hours primary care services for Aboriginal and Torres Strait Islander people
	Diverse and inclusive care	Culturally safe healthcare for Aboriginal and Torres Strait Islander people, where services are free of discrimination and equitable including workforce training
	Health literacy and health literate environment	Implement local solutions to address the 'digital divide', particularly with regards to improving digital literacy for Aboriginal and Torres Strait Islander people
	Holistic care	Recognising services and programs are delivered within a family-centred model, where care is planned around the family, and all family members can be recognised as care recipients
	Social determinants and impacts	Addressing social determinants of health and collaborations across multiple agencies and organisations, such as impact of climate change, economic stability, social connectedness, housing, education, intergenerational disadvantage (financial disadvantage), that impact health and wellbeing is essential for improving health outcomes for Aboriginal and Torres Strait Islander People

Appendix 3 Related documents

Existing reports, plans and other documents have informed the needs assessment process.

The following existing reports, plans and other documentation that informed the needs assessment related processes have been identified:

- JRNA Framework 2024
- Department of Health Strategic Directions including HEALTH Q32
- National Health Reform Agreement
- Commonwealth Department of Health needs assessment guidelines
- Guide to Health Service Planning Version 3 (2015)
- Metro North HHS Health Service Strategy 2021-2026
- Metro North HHS Strategic Plan 2024- 2028
- Metro North Health Equity Strategy 2022-2025
- South East Queensland First Nations Health Equity Strategy 2021-31, Performance Report January 2024
- Brisbane North PHN Annual Activity Work Plan
- Brisbane North PHN Health Needs Assessment 2023
- Planning for Wellbeing – Joint Brisbane North PHN and Metro North Health Regional Plan
- PHN Program Needs Assessment Policy Guide
- Brisbane North PHN Population Health Snapshots
- Australian Burden of Disease Study 2023
- Multicultural Access Project, Mapping, Analysis and Planning Phase, World Wellness Group

Appendix 4 Hospital catchment, sub regions and statistical area allocation

Hospital Catchment	Sub regions	SA3 name	SA2 name
Redcliffe catchment	**Redcliffe – North Lakes**	Narangba – Burpengary (Partial)	Deception Bay
		North Lakes	Dakabin - Kallangur
		North Lakes	Murrumba Downs - Griffin
		North Lakes	North Lakes
		North Lakes	Mango Hill
		Redcliffe	Clontarf
		Redcliffe	Margate - Woody Point
		Redcliffe	Redcliffe
		Redcliffe	Rothwell - Kippa-Ring
		Redcliffe	Scarborough - Newport - Moreton Island
		Sandgate (Partial)	Brighton
Caboolture / Kilcoy catchment	**Moreton Bay North**	Bribie - Beachmere	Beachmere - Sandstone Point
		Bribie - Beachmere	Bribie Island
		Caboolture	Caboolture
		Caboolture	Caboolture - East
		Caboolture	Caboolture - West
		Caboolture	Caboolture - South
		Caboolture	Elimbah
		Caboolture	Morayfield - East
		Caboolture	Wamuran
		Caboolture Hinterland	Kilcoy

Hospital Catchment	Sub regions	SA3 name	SA2 name
		Caboolture Hinterland	Woodford - D'Aguilar
		Narangba – Burpengary (Partial – Excludes Deception Bay)	Burpengary
		Narangba - Burpengary	Morayfield
		Narangba - Burpengary	Narangba
		Narangba - Burpengary	Upper Caboolture
RBWH catchment	Brisbane Inner City	Brisbane Inner	Brisbane City
		Brisbane Inner	Fortitude Valley
		Brisbane inner	New Farm
		Brisbane Inner	Spring Hill
		Brisbane Inner - North	Albion
		Brisbane Inner - North	Alderley
		Brisbane Inner - North	Ascot
		Brisbane Inner - North	Clayfield
		Brisbane Inner - North	Grange
		Brisbane Inner - North	Hamilton (Qld)
		Brisbane Inner - North	Hendra
		Brisbane Inner - North	Kelvin Grove - Herston
		Brisbane Inner - North	Newmarket
		Brisbane Inner - North	Newstead - Bowen Hills
		Brisbane Inner - North	Wilston
		Brisbane Inner - North	Windsor
		Brisbane Inner - North	Wooloowin - Lutwyche
		Brisbane Inner - West	Ashgrove
		Brisbane Inner - West	Auchenflower
		Brisbane Inner - West	Bardon
		Brisbane Inner - West	Paddington - Milton
		Brisbane Inner - West	Red Hill (Qld)
		Brisbane Inner - West	Toowong
	Brisbane West	Kenmore - Brookfield - Moggill	Bellbowrie - Moggill
		Kenmore - Brookfield - Moggill	Brookfield - Kenmore Hills
		Kenmore - Brookfield - Moggill	Chapel Hill
		Kenmore - Brookfield - Moggill	Fig Tree Pocket
		Kenmore - Brookfield - Moggill	Kenmore
		Kenmore - Brookfield - Moggill	Pinjarra Hills - Pullenvale
		Sherwood - Indooroopilly	Indooroopilly
		Sherwood - Indooroopilly	St Lucia
		Sherwood - Indooroopilly	Taringa
		The Gap - Enoggera	Enoggera
		The Gap - Enoggera	Enoggera Reservoir
		The Gap - Enoggera	Keperra
		The Gap - Enoggera	Mitchelton
		The Gap - Enoggera	Mount Coot-tha
		The Gap - Enoggera	The Gap
		The Gap - Enoggera	Upper Kedron - Ferny Grove

Hospital Catchment	Sub regions	SA3 name	SA2 name
TPCH catchment	Brisbane North	Bald Hills - Everton Park	Bald Hills
		Bald Hills - Everton Park	Bridgeman Downs
		Bald Hills - Everton Park	Carseldine
		Bald Hills - Everton Park	Everton Park
		Bald Hills - Everton Park	McDowall
		Chermside	Aspley
		Chermside	Chermside
		Chermside	Chermside West
		Chermside	Geebung
		Chermside	Kedron - Gordon Park
		Chermside	Stafford
		Chermside	Stafford Heights
		Chermside	Wavell Heights
		Nundah	Boondall
		Nundah	Brisbane Airport
		Nundah	Eagle Farm - Pinkenba
		Nundah	Northgate - Virginia
		Nundah	Nudgee - Banyo
		Nundah	Nundah
		Sandgate (Partial – Excludes Brighton)	Bracken Ridge
		Sandgate	Deagon
		Sandgate	Sandgate - Shorncliffe
		Sandgate	Taigum - Fitzgibbon
		Sandgate	Zillmere
	Pine Rivers	Strathpine	Bray Park
		Strathpine	Lawnton
		Strathpine	Petrie
		Strathpine	Strathpine - Brendale
		The Hills District	Albany Creek
		The Hills District	Cashmere
		The Hills District	Dayboro
		The Hills District	Eatons Hill
		The Hills District	Samford Valley
		The Hills District	The Hills District

Appendix 5 Consultation analysis methodology

Consultation analysis methodology

Consultation analysis was undertaken by using a combined method of manual thematic analysis and Artificial Intelligence (AI) assisted thematic analysis. Manual analysis provided in-depth and contextual sensitivity, while the AI tool was valuable in efficiently analysing large volumes of data and validating manual analysis findings. Manual oversight was undertaken over AI generated responses to ensure themes remained relevant and accurate.

A validation process was undertaken across insights captured from the manual thematic analysis and AI assisted thematic analysis. For example, data on eating disorders from the combined Metro North Health and PHN survey was chosen and analysed by two reviewers (1 from PHN and 1 from Metro North Health) who employed the same technique of manual and AI-assisted thematic analysis. Results were comparable with only small differences between the coders.

Responses for each topic were filtered by demographics i.e. age, gender, cultural identity, and Aboriginal and Torres Strait Islander people identity. Once filtered, responses were thematically analysed and validated with the AI tool (on specific topics and specific questions) to generate a thematic summary.

Quantitative data analysis methodology

Metro North Health and Brisbane North PHN undertook an extensive data gathering exercise drawing on a broad range of national, state, and local data sources. This data (sources detailed in appendix 7), covering indicators of health including health status, social determinants, health behaviours, service access, availability, demand and service utilisation, helped inform the key health and service needs, as well as validated the breadth of qualitative insights captured through survey and consultation.

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 Hospital and Health Service (HHS), state and national benchmarks, and performance targets where appropriate. Data analysis highlights those areas within the region that are of highest need.
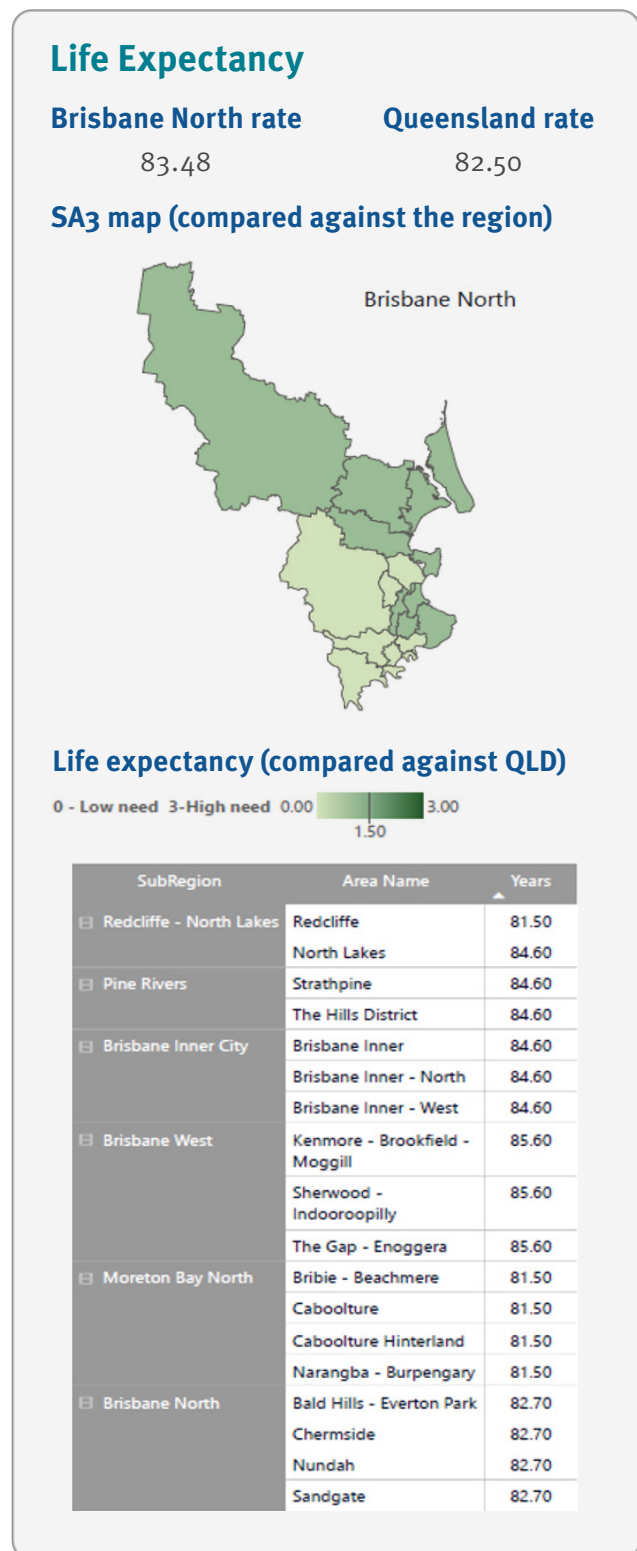
Life Expectancy

Brisbane North rate	Queensland rate
83.48	82.50

SA3 map (compared against the region)

Brisbane North

Life expectancy (compared against QLD)

0 - Low need   3 - High need   0.00 — 1.50 — 3.00

SubRegion	Area Name	Years
Redcliffe - North Lakes	Redcliffe	81.50
	North Lakes	84.60
Pine Rivers	Strathpine	84.60
	The Hills District	84.60
Brisbane Inner City	Brisbane Inner	84.60
	Brisbane Inner - North	84.60
	Brisbane Inner - West	84.60
Brisbane West	Kenmore - Brookfield - Moggill	85.60
	Sherwood - Indooroopilly	85.60
	The Gap - Enoggera	85.60
Moreton Bay North	Bribie - Beachmere	81.50
	Caboolture	81.50
	Caboolture Hinterland	81.50
	Narangba - Burpengary	81.50
Brisbane North	Bald Hills - Everton Park	82.70
	Chermside	82.70
	Nundah	82.70
	Sandgate	82.70

Figure 7: Life Expectancy in North Brisbane and Moreton Bay by SA3 region

Limitations in relation to the quantitative data analysis include:

- unavailability of detailed data enabling analysis at a broader level only.
- data was excluded if it impacted fewer than ten individuals (due to risks of being identified); this was particularly evident with minority sub-groups where other sources of information were sought to ensure that the needs of these groups were appropriately and adequately captured (e.g. people experiencing domestic and family violence in the North Brisbane and Moreton Bay region).

Appendix 6 Aboriginal and Torres Strait Islander consultation summary

DRAFT

Metro North Joint Regional Needs Analysis Aboriginal and Torres Strait Islander Consultation

Action aligned with Health Equity, KPA 2.9O and 3.8C

Survey Completion Data:

- **Community Survey:**
  153 responses

  A high majority of these surveys were completed with the direct support of the Community Engagement Officer, ensuring participants felt guided and supported throughout the process.

- **Staff Survey:**
  20 responses

- **Community Organisations:**
  26 responses

Target Cohort Identification

Census data analysed to establish survey sample size and identify focus areas (age groups, location).

- **Target Cohorts (KPA 2.9O):**
  o Youth
  o Men's Health
  o Disability
  o Mental Health
  o LGBTIQ+
  o Aged Care
  o Neonatal & Paediatric

- **Target Locations:**
  o Caboolture
  o Morayfield
  o Zillmere

Methodology

- **Yarning:** One-on-one engagements to assist with survey completion.

  Why it mattered: Engaging through yarning ensured culturally safe spaces where participants can feel comfortable sharing their thoughts without pressure. This approach helped build trust and allowed for meaningful insights into community needs.

- **Storytelling:** Using scenarios to promote thought and aid survey completion.

  Why it mattered: Storytelling connected with specific scenarios and further explanation of the survey question, making the survey more relatable and meaningful. This helped participants reflect on their own experiences and consider broader community issues.

- **Survey Distribution:** Email and paper-based delivery.

  Why it mattered: Providing multiple formats and personal support helped overcome barriers to participation, especially for those less familiar with technology or uncomfortable with standard survey methods.

Tools Used

- **Adapted PHN survey to meet specific cohort needs.**
  o 1. Survey for Community
  o 2. Survey for Community Organisations
  o 3. Survey for Internal Staff

  Why it mattered: Adapting the survey ensured that it was easy to understand and accessible to our Aboriginal and Torres Strait Islander community members, including those with specific health and social and emotional wellbeing needs. Tailored questions allowed for more accurate data collection on the unique challenges faced by each cohort.

- **Community-specific flyers and fact sheets.**

  Why it mattered: Culturally tailored materials made the process more inclusive and easier for participants to understand, reducing confusion and increasing engagement.

Promotion

Internal Channels:

- Aboriginal and Torres Strait Islander Staff Gathering
- Leadership Meetings
- **Community Engagement Officers:**
  o Aboriginal and Torres Strait Islander Leadership Team
  o Kallangur & Caboolture Satellite Hospitals
- **Elders Yarns:** Aboriginal and Torres Strait Islander Leadership Team
- Community and Oral Health Elders

External Channels:

- Facebook, Instagram – Better Together - Our Health, Our Way
- Kurbingui Community Day
- Murri Network Meeting (Deception Bay)
- MATSICHS (Morayfield & Margate)
- Community Grapevine (Network Emails)
- Brisbane Northside Elders
- Caboolture State High
- Representatives from Department of Education

Key Themes

- Increased availability, early intervention of mental health services and knowledge around where to access help for mental health
- Reduce barriers to access to services
- Clinically responsive home visiting services
- Family centred care models
- Geriatric specialist services
- Palliative and end of life care
- Climate change, economic stability, housing, education, intergenerational disadvantage (financial disadvantage)
- Digital literacy
- Other specific health conditions: cardiovascular, COPD (respiratory diseases), musculoskeletal disorders (eg: Back Pain, Arthritis) chronic kidney disease, oral health, sexual health
- Enhanced prevention and early intervention cancer screening through collaboration

phn BRISBANE NORTH
An Australian Government Initiative

Queensland Government
Metro North Health

This is a joint initiative between Brisbane North PHN and Metro North Hospital and Health Service.

Appendix 7 Data collection sources

Key information sources (quantitative and quantitative) utilised to support the JRNA include:

- Consultation and engagement with key stakeholders from the PHN and Metro North utilising
    - Engagement platform called 'EngagementHQ' to conduct surveys to gather Metro North and PHN community and staff input
    - Engagement with peak bodies
    - Engagement with Executives, Metro North clinical councils, key clinicians and staff
    - Focus groups to gather input from communities across North Brisbane and Moreton Bay region (refer to Figure 4)
- Planning consultations for targeted population groups including Health Equity Strategy and crisis reform strategy work in Metro North Health
- Comprehensive literature review undertaken for all targeted population groups to further verify and validate needs
- PHN commissioned service map
- Previous Local Area Needs Assessment (LANA) and Health Needs Assessment (HNA) service profile gaps updated to 2024
- 13HEALTH statistics
- Australian Bureau of Statistics (ABS)
- Australian Early Development Census (AEDC)
- Australian Immunisation Register (AIR)
- Australian Institute of Health and Welfare (AIHW)
- Brisbane North PHN
- Department of Health and Aged Care
- 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).

Appendix 8 Prioritisation methodology

The prioritisation criteria for the JRNA 2024 focuses on six key areas, each with weighting applied. These areas include validation of need through stakeholder endorsement, target/benchmark analysis to identify health disparities, magnitude and severity of need, service profile analysis to find service provision gaps, and the value proposition or urgency of addressing the issue. Each criterion is scored from 0 to 3, with a maximum total score of 24.

The JRNA Working Group and Project Steering Committee (PSC) considered the proposed criteria and principles in line with the criteria outlined in the JRNA Framework and Toolkit. Consultation and engagement was undertaken on the prioritisation criteria with the stakeholders (e.g. community partners IUIH, Metro North and Brisbane North PHN Executive groups and consumer groups) and endorsed by the PSC.

Prioritisation criteria for JRNA 2024 and weighting

Application of the criteria gives a maximum score of 24 and enables the identified needs/service gaps to be ranked from highest priority to lowest. Prioritisation was undertaken by multiple stakeholders to ensure validation and inter-rater reliability.

Validation of need/stakeholder endorsement

This criterion aims to validate that the issue is genuinely an issue through the subjective endorsement (or dis-endorsement), based on community consultation, professional expertise and feedback of participants in the prioritisation process. There will be limitations in the data and information that is available on any issue.

For this reason, validating each issue using the

subjective opinion of informed and knowledgeable stakeholders against the triangulated findings is reasonable.

SCORING

Community and consumer - (25% weighting)

0 = not raised at all

1 = raised/validated by ‹10% of responses

2 = raised/validated by ‹50% responses

3 = raised/validated by ›50% responses

Clinician consultation – (6.25% weighting)

0 = not raised at all

1 = raised/validated by ‹10% of responses

2 = raised/validated by ‹50% responses

3 = raised/validated by ›50% responses

Service provider consultation – (6.25% weighting)

0 = not raised at all

1 = raised/validated by ‹10% of responses

2 = raised/validated by ‹50% responses

3 = raised/validated by ›50% responses

Target/benchmark analysis (12.5% weighting)

This criterion aims to identify which needs or issues can be observed in the community through the observation of incidence or prevalence rates across the population of interest. Does a measure or need have a health outcome that rates higher/lower than a target or benchmark such as the State average or are there pockets of communities, SA2s or specific population groups that rate higher/lower than the target or benchmark?

SCORING

0 = in line with target/benchmark, outcome are generally positive.

1 = ‹1 standard deviation (SD) from target/benchmark (within 25th to 75th percentile)

2 = 1-2 SD from target/benchmark or in 75th-95th percentile

3 = ›2 SD from target/benchmark or above 95th percentile or results

(12.5% weighting)

This criterion aims to understand the scale and magnitude of the issue. How many people does this issue affect?

How widespread is the issue? Are specific groups disproportionately affected. How equitably (or not) the impact is felt or experienced across the population, particularly when considering portions of the community experiencing greater levels of vulnerability. How much of an impact does this issue have?

Does the issue have an inequitable impact on more vulnerable groups in the community?

SCORING

0 = ‹50 people or affects less than 20% of specified population

1 = 51-1000 people or affects 20-50% of specified population

2 = 1001- 10,000 people or affects more than 50-70% of specified population

3 = ›10,000 people or affects more than 70% of specified population

Severity of need/Impact (12.5% weighting)

This criterion aims to understand the size and nature of the impact that the issue has on people affected by it. This can be thought of as the potential implications, costs or risks of inaction.

SCORING

0 = no cost no loss of life

1 = low - low cost, low loss of life

2 = medium - moderate cost, increased loss of life, higher length of stay/frequency of intervention, moderate to high disability adjusted life years (DALYs) lost

3 = high - high cost, high loss of life, high length of stay/frequency of intervention, high DALYs lost

Magnitude of need number of people affected

Service profile analysis (12.5% weighting)

For a service need, what gaps are there that may impact on the ability of the service system to effectively respond to the health needs of the population. Does the issue have an inequitable impact on more vulnerable groups in the community? This helps to identify issues that are lower relative priorities if there are adequate existing resources and responses.

SCORING

0 = no gap identified

1 = identified gap in 1-3 location at Statistical Area level 2 (SA2) or specific cohorts

2 = identified gap in 4-8 locations at SA2 or specific cohorts

3 = identified gap in ›8 locations at SA2 or specific cohorts

Value Proposition/Urgency (12.5% weighting)

This criterion may be related to the rate of growth in demand or the need for immediate action.

SCORING

0= no value

1 = low – little action required to occur immediately

2 = medium – action/inaction will affect patient outcomes in the short to medium term

3 = high – action/inaction will have an immediate effect on patient outcomes

. . . .

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