Local Area Needs Assessment

Priorities Summary Report

Wide Bay Hospital and Health Service, 2024-2027

Acknowledgements

Wide Bay Hospital and Health Service respectfully acknowledges the Traditional Owners of the lands and waters on which we work and live.

We pay our respects to their Elders and leaders past, present and emerging.

The lands and waters within the WBHHS region encompass the following Traditional Custodian Groups: Butchulla, Byellee, Gooreng Gooreng, Gurang, Kabi Kabi, Taribelang Bunda, Wakka Wakka and Wulli Wulli.

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Message from the Board Chair

On behalf of the Wide Bay Hospital and Health Board, I am pleased to introduce this *Local Area Needs Assessment (LANA) Priorities Summary Report 2024-2027*. This document marks a milestone in our strategic approach to healthcare planning, aligning with the new Joint Regional Needs Assessment (JRNA) framework. Through the JRNA, Wide Bay Hospital and Health Service (WBHHS) is partnering with our Primary Health Network and community health partners to ensure that Wide Bay's needs are addressed holistically rather than in a fragmented way. This approach strengthens care integration across all levels—from primary to acute—creating a seamless, comprehensive continuum of support.

The Board is confident the JRNA will yield priorities that reflect the healthcare needs across the entire region served by our Primary Health Network, encompassing the areas of the Central Queensland, Sunshine Coast, and Wide Bay HHSs. While the final JRNA may present a consolidated framework, the insights and priorities identified in our WBHHS LANA are vital for our own service planning and delivery. Locally, we are committed to placing Wide Bay's unique needs at the forefront, focusing on the 12 identified health needs and three priority areas through our own strategies and actions. Our commitment to our region is unwavering; Wide Bay's health and wellbeing remain our top priority as we work towards a healthier future.

That is why the data, insights and priorities identified through this LANA are crucial in shaping our efforts as we look to the future. They provide data-backed affirmation of our core strategies, including our Strategic Plan, our 15-year *Health Service Plan*, and our *First Nations Health Equity Strategy*, and will guide the development of operational plans that meet both immediate and long-term goals. With this analysis as our foundation, the Board is confident that these strategies are informed by the most reliable information, making them agile and responsive to the needs of our communities and workforce.

The extensive effort invested in compiling and analysing this technical paper has been invaluable, ensuring our health service planning is informed and accountable. Through rigorous data validation we've grounded our priorities in a transparent, accurate understanding of regional health needs, reinforcing both the credibility of our planning and our commitment to evidence-based decision-making.

The Board recognises that improving community health outcomes is complex, requiring more than incremental actions. We are committed to a focused, sustainable approach that relies on intentional, evidence-based strategies and partnerships across the healthcare spectrum. This document paves the way for collaboration, resource alignment, and targeted actions to achieve meaningful, lasting improvements in health and wellbeing.

We take pride in WBHHS's dedication to innovating and expanding services to meet the needs of the Wide Bay population. The commitment to advancing infrastructure, optimising services, and adapting to community needs highlights the strength of our organisation. Our workforce—from frontline staff to operational teams—remains the backbone of this success, transforming strategic priorities into quality care every day.

I look forward to seeing our continued efforts shape a stronger, more resilient healthcare system that supports the health and wellbeing of our communities, now and into the future.

Peta Jamieson
Chair
Wide Bay Hospital and Health Board

Message from the Chief Executive

As Chief Executive of Wide Bay Hospital and Health Service (WBHHS), I am pleased to introduce this *Local Area Needs Assessment (LANA) Priorities Summary Report 2024-2027*. This LANA reaffirms our commitment to meeting the healthcare needs of our diverse and geographically dispersed community, reflecting our vision of *Care, Connection, Compassion for all*. Our organisational values of *Care, Accountability, Respect, Excellence,* and *Through Patients' Eyes* guide us in responding to each identified need with purpose and a commitment to high-quality, patient-centred care.

This LANA also marks an important milestone in the new Joint Regional Needs Assessment (JRNA) process, which enables WBHHS, the Primary Health Network, and our community partners to work collaboratively, sharing insights and strategies to address community health needs in a more unified way. Moving beyond traditional rankings, we have grouped the 12 health priorities into three meaningful categories—*Quality of life priorities*, *Continuum of care priorities*, and *Service and access priorities*—that place patients at the centre of our approach.

The *Quality of life priorities* address health needs where proactive, integrated care can extend life and improve daily wellbeing across our communities. The *Continuum of care priorities* underscore the importance of consistent, coordinated services that support people throughout all stages of their care journey, particularly for those managing complex health conditions. Lastly, our *Service and access priorities* focus on ensuring equitable, resilient healthcare that meets the needs of all community members, no matter where they live.

Meeting the health needs of a diverse and dispersed population is both a challenge and an honour. Our goal is to work progressively toward a future where every individual in Wide Bay can access timely, responsive, and high-quality healthcare. We understand that meaningful progress relies on a balance of infrastructure, partnerships, and forward-thinking solutions that can be sustained over time. No single initiative can alleviate every health burden, but our commitment to achieving positive, measurable impacts on health outcomes for Wide Bay is strong.

Our dedicated and skilled workforce is central to this mission, standing at the forefront of care to support our communities across all 12 health needs and three priority areas. Every day, their commitment and expertise bring our values to life, helping to improve health outcomes, extend quality of life, and advance the wellbeing of those we serve. Their compassionate, high-quality care is instrumental to realising our vision for a healthier, stronger Wide Bay, where patient needs are met with excellence and consistency.

Together, with our partners, we remain committed to the priorities outlined in this Summary, building a healthcare system that supports patients across every stage of life, while also empowering our workforce to deliver the highest standard of care. As we move forward, we see these priorities as both a responsibility and an opportunity—an opportunity to foster better health outcomes and a stronger, healthier future for the communities we serve.

I know I speak for our entire dedicated team – front frontline staff to operational support – when I say that we are driven by a shared commitment to making a meaningful difference. Together, we look forward to making a lasting impact on the health and quality of life of those we care for across Wide Bay.

Debbie Carroll
Chief Executive
Wide Bay Hospital and Health Service

1. Introduction

Under the Queensland Commonwealth Partnership, the Joint Regional Needs Assessment (JRNA) Framework was released in April 2024 to provide guidance to PHNs, Hospital and Health Services (HHSs) and other agencies to jointly assess health and wellbeing assets and needs across our regions.

The internally developed *Local Health Needs Assessment – Technical Paper* ensures that the specific health needs of the Wide Bay community are articulated and supported within the broader JRNA and provides a foundation for future service and system planning, both within the region and in collaboration with other organisations.

A health needs assessment identifies the health and healthcare needs of a population, considering both medical services and the broader social determinants of health such as housing, education, and employment. It highlights the mismatch between current service provision and the community's needs, guiding future health interventions and service planning.

Historically, health needs assessments in Queensland have been conducted independently by various organisations, including Primary Health Networks (PHNs), Hospital and Health Services (HHSs), and Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs). This led to duplication of efforts and fragmented care. The JRNA represents a national-first approach, streamlining these efforts into a single, cohesive process that fosters collaboration and shared priorities across all relevant agencies, including mental health and suicide prevention services.

This *Priorities Summary Report* has been developed by WBHHS to present a summary of regional priorities based on findings from the *Local Health Needs Assessment – Technical Paper.* The priorities outlined within this report will, in turn, support collaboration with other health services, the Primary Health Network and other stakeholders to develop priorities, partnerships and actions to support the health of our communities, across the spectrum of care provision.

2. Purpose of document

The purpose of this *Priorities Summary Report* is to provide a synopsis of WBHHS's key health service needs and priorities, identified throughout the development of the *Local Health Needs Assessment (LANA) – Technical Paper.* The data derived through the LANA process will also be used to validate, enhance or refine the *WBHHS Strategic Plan (2022-2026), WBHHS Health Service Plan (2022-2037), and WBHHS First Nations Health Equity Strategy (2022-2025),* and to outline the core community health needs and priority areas that will guide our efforts over the coming three years.

As part of the JRNA framework, the WBHHS LANA will inform the identification and prioritisation of health needs across the broader PHN catchment, which encompasses the areas of Central Queensland, Sunshine Coast, and Wide Bay Hospital and Health Services. These JRNA priorities will lay the foundation for advocacy, targeted interventions and support, and enhanced services, resources and infrastructure across the health care environment, encompassing primary, acute and community care. A coordinated approach to supporting the health and wellbeing of our communities will ensure a consistent, interconnected lens that improves access to the right care, in the right place, at the right time.

3. Wide Bay Hospital and Health Service vision and priorities

The WBHHS Strategic Plan (2022-2026), *Care, Connection, Compassion for All*, outlines the core strategic directions that enable WBHHS to fulfil its purpose of compassionately caring for and connecting with the Wide Bay community, while providing excellence in regional health services. Aligned with these directions, the 2024 WBHHS *Local Area Needs Assessment (LANA) – Technical paper* delivers a comprehensive analysis of health needs, service demands, and areas of opportunity across the Wide Bay region.

Through rigorous data analysis and consultation with community and health service stakeholders, the LANA provides insights that reinforce the priorities in the WBHHS *Health Service Plan (2022-2037),* our 15-year roadmap for strategic service development. This work is underscored by our organisational values of *Care, Accountability, Respect, Excellence,* and *Through Patients' Eyes*, which guide each priority area and influence the way we approach both the LANA findings and our service delivery as a whole. These values are woven into every action and decision we make, supporting our commitment to a healthier, more resilient Wide Bay community.

Figure 1. WBHHS strategic directions

Figure 2. WBHHS organisational values

4. Approach and methodology

4.1 Data analysis

The local health needs assessment has been prepared using the collection of data from the following domains:

- Population data
- Social determinants of health
- Lifestyle factors
- Preventative health
- Mortality
- Managing health conditions
- Service mapping and utilisation
- Workforce.

Additional consideration has been given to specifically assess health and service needs as they relate to the health-associated Closing the Gap targets, by 2031:

- Close the Gap in life expectancy within a generation
- increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent
- significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.

4.2 Identification of community health needs

This LANA utilised a comprehensive approach to identifying and prioritising health needs across the Wide Bay region. The process included rigorous data analysis and consultation with key stakeholders, resulting in the identification of 12 critical health priorities. Each priority was assessed according to specific criteria to ensure alignment with community needs and healthcare system capacity.

In determining these 12 health priorities, we considered the following factors:

- **Size and severity of the problem**: We evaluated the scale of each health issue and the extent of its impact on the community, including both direct health outcomes and broader implications for quality of life.
- **Validation of need**: Each priority was validated through data analysis, reflecting both current healthcare utilisation trends and feedback gathered from community and healthcare stakeholders.
- **Risk of unmet need**: We assessed the potential consequences if each need were to remain unaddressed, including any exacerbation of health disparities, worsening outcomes, and increased demand on healthcare resources.
- **Proportion of population impacted**: The extent to which each health need affects our community was considered, with a focus on identifying needs that touch large segments of the population or vulnerable groups within Wide Bay.

Through thorough data analysis and consultation with key stakeholders, we identified 12 health priorities that reflect the most pressing needs and opportunities for our community. However, rather than ranking these priorities or reducing them to a "top five," we recognised that each identified need carries a unique impact and burden, which cannot be simplistically quantified or compared.

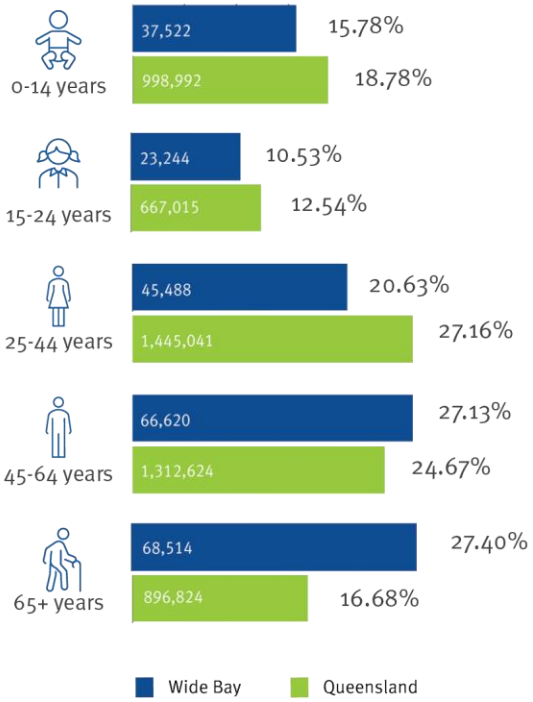
The experience and severity of each health need are profoundly shaped by individual circumstances—age, social isolation, resilience, access to services, daily disruption, health literacy, income, and responsibilities all influence how burdensome a particular health condition may feel. Moreover, what may be a high priority need for one person may differ entirely for another, underscoring the diversity and complexity of our community's health landscape. Recognising this, we moved away from traditional ranking, acknowledging that the relative importance of each health need is as diverse as the community itself.

Additionally, our ability to address each priority is influenced by factors such as the need for partnerships, resource availability, and future organisational capacity. With this document serving as a forward-looking strategy, we understand that our capacity to impact these areas may evolve, with opportunities for collaborative solutions and advancements in resources. To prematurely rank or exclude any identified need would limit our flexibility to adapt to future opportunities and challenges.

Thus, rather than imposing a hierarchy, we trust in the validity of the data and consultation processes that surfaced these 12 areas. We instead focused on how to align and group these priorities to enable targeted action, collaboration, and advocacy. This resulted in three patient-centred categories—**Quality of life priorities, Continuum of care priorities, and Service and access priorities**—that reflect a holistic, inclusive approach to health and wellbeing.

- **Quality of life priorities**: This category encompasses health needs that, when addressed, have the potential to create meaningful, lasting improvements in daily function and overall wellbeing. Health needs in this group reflect core areas with a significant impact on daily life, particularly for conditions that, with proactive, coordinated care, can improve longevity and quality of life.
- **Continuum of care priorities**: These priorities focus on ensuring continuous, well-coordinated care for those navigating complex or ongoing health conditions. By enhancing patient transitions across all stages of care—from primary to acute and community support—this category aims to reduce gaps in care that often lead to preventable hospitalisations and disrupted health journeys.
- **Service and access priorities**: This grouping addresses the infrastructure and accessibility of our healthcare services, emphasising the need for resilience and adaptability within the healthcare system. These priorities aim to bridge service gaps and enhance equity, ensuring that high-quality care is within reach for all residents, regardless of location.

5. The data



Population of **241,202** (2022)

Aboriginal and Torres Strait Islanders make up **5.05%** of the WIde Bay population (Qld =4.00%)

The average life expectancy is **80.9 years**

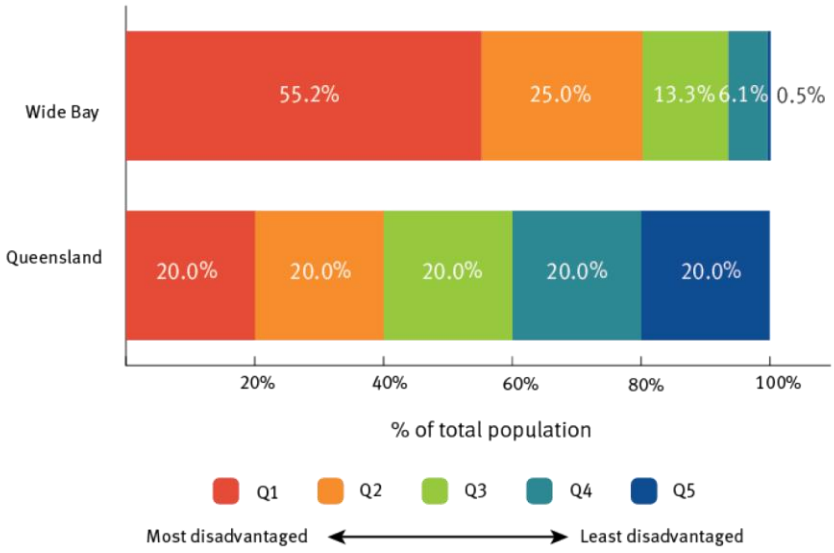
Qld = 82.8 years

- Bundaberg population - **96,342**
- Hervey Bay population - **66,032**
- Maryborough population - **49,135**
- Burnett population - **15,764**

Over **75%** of the population experiences **socio-economic disadvantage**

Median family income is **$69,667**

(Queensland = $105,248)



1 in **3** children are **developmentally vulnerable**

Approx. 1 in every 174 people experience **homelessness**

The unemployment rate is **4.7%**

Queensland = 4.1%

There are **almost double the proportion** of people living in our community with a **severe disability** than the rest of the state

Wide Bay has higher rates than Queensland of

Chronic conditions, such as COPD, cardiovascular diseases, stroke, osteoporosis, and mental and behavioural conditions

Suicide

Wide Bay has higher rates of preterm births and low birth weight babies

Cancers, such as prostate, colorectal and lung cancer

There are **562 General Practitioners** across the region

There are **13,661 NDIS participants** across the region

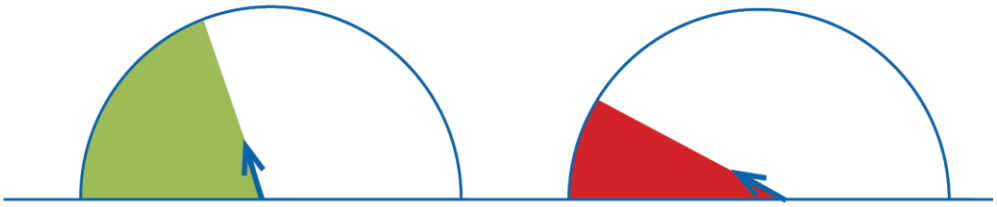
There are **2,761 Residential Aged Care places** across the region

41.1% of people are **always bulk billed** in the community

Qld = 45.1%

16.4% are **never bulk billed**

Qld = 14.5%



Wide Bay has higher rates of mental and psychological distress

Wide Bay has higher rates of potentially avoidable deaths

Wide Bay has higher rates of premature mortality

Wide Bay has higher rates of infant mortality

Emergency Department presentations continue to grow each year

Emergency Department Cat 1-3 presentations grew at some of the highest rates in Queensland

Emergency Department presentations are highest in those aged 45+ years

37.1% of the population is **obese**
(Qld = 26.0%)

53.9% of the population is **insufficiently active**
(Qld = 31.4%)

27.5% of the population are **risky drinkers**
(Qld = 22.5%)

17.9% of the population are **daily smokers**
(Qld = 11.5%)

17.6% of mothers **smoked while pregnant**
(Qld = 11.3%)

6. Community health needs

6.1 Optimising chronic disease management

Prevention, early intervention and coordinated management to reduce the burden of chronic disease and improve long-term health outcomes

6.1.1 Description of health need

Residents of Wide Bay face a substantial burden of chronic diseases, with high rates of conditions such as Chronic Obstructive Pulmonary Disease (COPD), cardiovascular disease, osteoporosis, and mental and behavioural disorders that surpass Queensland averages. This prevalence likely reflects the region's older demographic, with a significant proportion of residents aged 65 years and over, intensifying the incidence and effects of chronic conditions.

For individuals affected, chronic disease can be an enduring source of pain, reduced mobility, and isolation, often leading to challenges in maintaining independence and quality of life. These conditions place daily limitations on activities, impacting social connections, emotional wellbeing, and the ability to engage fully in family and community life. The burden of ongoing treatment, frequent health appointments, and monitoring adds further strain, not only to the individuals themselves but also to their families and caregivers, who often share the responsibilities of care.

The healthcare system faces significant challenges as it responds to this demand. Chronic conditions drive high usage of primary and specialist care services, requiring consistent follow-up and support that affects local resources and capacity. This increases the likelihood of delayed access to services and impacts continuity of care. Hospitals and emergency services are also affected by frequent acute episodes associated with these conditions, placing additional pressure on already stretched resources.

6.1.2 Evidence

Wide Bay residents experience higher rates of:

- Cardiovascular disease and stroke (over double the rate of Queensland)
- Osteoporosis (approximately 25 per cent higher than the Queensland rate)
- Potentially preventable hospitalisations for chronic angina and chronic iron deficiency.

Wide Bay residents experience comparable rates of:

- Arthritis
- COPD
- Diabetes
- Potentially preventable hospitalisations for chronic hypertension and chronic asthma.

6.1.3 Potential opportunities

Opportunities to improve chronic disease management and quality of life for those with chronic conditions and co-morbidities in Wide Bay include:

- Expanding, implementing or supporting preventive health initiatives and targeted screening programs to support early identification and management of chronic conditions, potentially reducing demand on acute services and improving long-term outcomes.
- Strengthening primary and community-based care to enable consistent, effective management of chronic diseases in non-acute settings, reducing reliance on hospitals for routine care.
- Increasing access to telehealth and remote monitoring for chronic disease management, especially in rural and remote areas, providing regular check-ins and support without the need for in-person visits.
- Enhancing partnerships with local health providers and support organisations to create a coordinated care network addressing the multifaceted needs - physical, mental, and social - of individuals with chronic conditions.
- Integrating patient education and self-management resources into care plans, empowering individuals with chronic conditions to take an active role in managing their health, improving their quality of life and reducing disease-related complications.

6.2 Healthy ageing and complex care for older people

Delivering integrated care for older persons with complex health needs, ensuring they can age with dignity and independence

6.2.1 Description of health need

Wide Bay's population is significantly older than the Queensland average, with 27.4 per cent aged 65 and over compared to 16.86 per cent statewide. This older demographic has grown by nearly 40 per cent since the last census, outpacing the state's growth rate across both the 45-64 and 65+ age groups. As people age, complex health needs often arise, requiring coordinated care that addresses multiple health issues, chronic conditions, and mobility challenges. For older residents of Wide Bay, these needs encompass a wide range of services, from general practice and hospital care to more specialised and community-based supports.

Ageing can bring conditions such as arthritis, osteoporosis, cardiovascular disease, and other chronic illnesses, many of which are prevalent in Wide Bay at higher rates than the Queensland average. Cancer screening rates in Wide Bay lag behind the state despite similar cancer incidence, possibly indicating unmet needs in preventative care and early intervention. Additionally, orthopaedics consistently ranks as one of the highest-demand outpatient specialties, reflecting the mobility issues and vulnerability that can accompany ageing and lead to decreased independence.

The need for complex and continuous care means older people in Wide Bay are at higher risk of potentially preventable hospitalisations (PPHs), particularly when gaps in primary and community-based care make regular, proactive health management difficult. These hospitalisations place a significant burden on the healthcare system and can have a lasting impact on the quality of life for older adults, who may experience extended recoveries and decreased independence as a result.

Ultimately, healthy ageing for the Wide Bay community means ensuring that older residents have access to an integrated care system that meets their diverse needs. This involves balancing health services between primary, outpatient, inpatient, and community care, with a focus on maintaining quality of life and supporting dignity and independence as people age.

6.2.2 Evidence

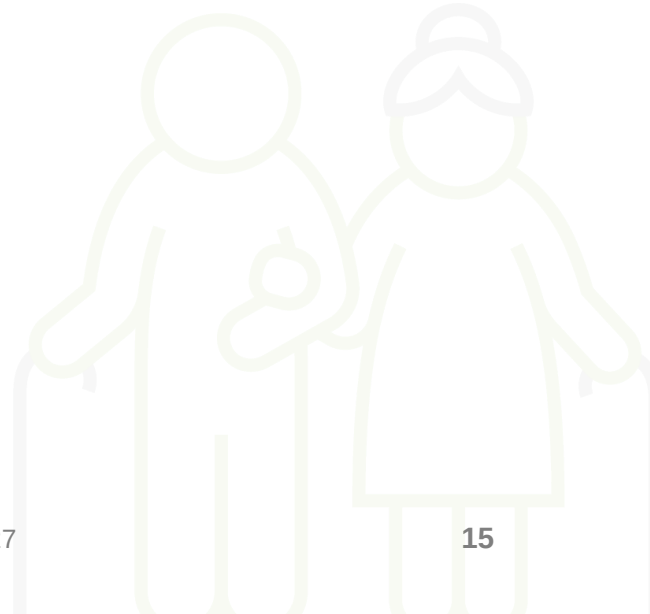
The Wide Bay population increased by 9.34 per cent between the 2016 and 2021 census, with a 39.68 per cent increase during this time in the 65+ years cohort.

In combination with this, rates of osteoporosis increased, cancer screening decreased, cancer incidence increased, potentially preventable hospitalisations are highest in the 65+ years cohort, and approximately 70 per cent of all orthopaedic specialist outpatient referrals are for people aged 65+ years.

6.2.3 Potential opportunities

Opportunities to support healthy ageing and complex care for older people in Wide Bay include:

- Enhancing community and in-home care options to reduce reliance on acute services and support ageing in place, which can promote independence and help prevent the need for hospitalisation.
- Expanding or supporting access to specialised geriatric services in outpatient settings, such as orthopaedics and oncology, to address the complex health needs of older adults and support proactive care planning.
- Increasing preventive and routine screenings specifically tailored to the needs of older adults, aiming to detect and manage age-related conditions like osteoporosis, cardiovascular disease, and cancers, thus enhancing early intervention efforts.
- Building stronger care coordination pathways between primary care, hospital services, and community-based support, ensuring seamless transitions and reducing the risk of repeated hospitalisations.
- Leveraging digital health solutions such as telehealth consultations and remote monitoring for chronic conditions, especially for those in rural areas, to make ongoing management more accessible and reduce the burden on local facilities.
- Collaboration with social services and aged care providers to integrate non-medical support, such as mobility assistance and mental health resources, which can contribute to the wellbeing and autonomy of older adults.
- Strengthening falls prevention and mobility support programs to reduce injury-related hospitalisations, especially given the high demand for orthopaedic services, allowing older adults to remain active and safely engaged in their communities.



6.3 Supporting disability and developmental health needs

Strengthening services that deliver comprehensive support for individuals with disabilities and developmental vulnerabilities, across the lifespan

6.3.1 Description of health need

Wide Bay's health landscape includes a diverse population of individuals, including those with disabilities and developmental vulnerabilities, emphasising the need for accessible, inclusive, and comprehensive support across the lifespan. Disability and developmental health needs encompass cognitive, physical, and social challenges, including those from invisible disabilities, which may not be immediately apparent but can still profoundly affect daily life. These needs call for a holistic approach to care, ensuring that services are available, easily accessible, and designed for individuals of all abilities.

The presence of a high proportion of older adults in Wide Bay also suggests a growing need for age-related disability support, while children and young people with developmental challenges need services that enable them to thrive academically, socially, and emotionally.

Early intervention, specialised therapies, social support, and accessible healthcare are key components of the required support for people living with disabilities. Additionally, services must provide advice, guidance, and resources that are understandable and actionable for people with varying cognitive and communicative abilities. For those with developmental challenges, services such as physical and occupational therapy, behavioural health support, educational assistance, and modifications to transport and housing are vital to fostering independence and community participation.

In terms of health services, those with disabilities and developmental vulnerabilities often require more frequent and diverse healthcare, placing added demand on primary care, outpatient services, and allied health. Without appropriate support, those with disabilities may face elevated rates of preventable hospitalisations, delayed preventive care, and poorer overall health outcomes. Developmental and disability-focused services are particularly crucial for reducing barriers, promoting independence, and creating a more inclusive and accessible health care system where individuals can live fully and participate in all aspects of life.

6.3.2 Evidence

Despite the proportion of the population that are children/youth across Wide Bay is less than the rest of the state, our youth experience developmental vulnerability at rates higher than Queensland.

Wide Bay children are vulnerable in one domain at a comparable rate to Queensland, but a slightly higher rate for vulnerability in two or more domains. Vulnerability in the physical (approximately 18 per cent more) and gross and fine motor (approximately 40 per cent more) domains were significantly greater across Wide Bay than the rest of the state.

Disability is also experienced at higher rates than Queensland, with nearly double the proportion of the population living with a profound or severe disability in households, and, again, double living in long-term accommodation.

6.3.3 Potential opportunities

Opportunities to strengthen disability and developmental health support in Wide Bay include:

- Expanding access to specialised diagnostic, early intervention and therapy services for children and young people with developmental challenges, which can support long-term social, academic, and emotional outcomes.
- Enhancing community-based support networks and resources for individuals of all ages with disabilities, particularly in areas that currently lack accessible services or transport, to reduce geographic and logistical barriers to care.
- Promoting integrated care models that encompass physical, cognitive, and social support for individuals with disabilities, offering a holistic approach to health that addresses complex, multifaceted needs.
- Increasing support for age-related disability services to accommodate the growing number of older adults in Wide Bay, ensuring that ageing residents have access to aids, adaptive devices, and home modifications to maintain independence.
- Leveraging telehealth and digital tools to improve access for individuals with mobility challenges or in rural areas, allowing for more consistent check-ins, consultations, and tailored health guidance.
- Providing training and resources to health professionals on inclusivity and accessibility to create a welcoming environment for patients of all abilities, particularly for those with cognitive or communicative challenges.
- Strengthening partnerships with educational institutions, disability services, and community organisations to offer comprehensive support systems that help individuals achieve greater independence, social inclusion, and participation in community life.

6.4 Supporting a healthy start to life through maternal and childhood care

Enhancing integrated and holistic care throughout pregnancy and into childhood and early youth

6.4.1 Description of health need

The early years, starting from pregnancy and continuing through early childhood, are a pivotal period for establishing lifelong health and wellbeing. Maternal and childhood care services across Wide Bay provide essential support for mothers, infants, and families, promoting the best possible foundation for each new life. A holistic, integrated approach - encompassing prenatal, perinatal, and early childhood services - ensures that the evolving needs of children and families are met from the earliest stages of life.

Wide Bay's health landscape reveals a need to support maternal and childhood care across diverse areas, potentially including antenatal care, gestational diabetes, breastfeeding support, immunisation, and mental health services. Pre-term births, low birth weight, and the need for smoking cessation during pregnancy are a few specific areas where ongoing support can mitigate health risks. While these aspects may not all be areas of immediate concern to every pregnancy, they are critical to monitor and support to ensure healthier outcomes for both mothers and children.

Postpartum mental health and breastfeeding support contribute significantly to maternal wellbeing and the health of the entire family, and monitoring and supporting these areas can provide valuable early insights into family health trajectories. Likewise, immunisations and preventive care practices help to establish robust immunity in early childhood, reinforcing individual and community health.

Supporting the early years also means fostering a lifetime of healthier choices. Health risks and conditions present in the first years of life - such as low birth weight or limited access to preventive care - can be linked to poorer health outcomes later in life, including chronic disease and developmental challenges. By bolstering maternal and childhood care across Wide Bay, we can work to break cycles of disadvantage, promote health literacy, and empower future generations to lead healthier lives.

6.4.2 Evidence

While there has been a decrease to the proportion of the Wide Bay population who fall into the child and youth age bands, the early stages of life (including pregnancy) remain an area of health need:

In 2020:

- There were 1,900 births.
- Of these, 10.0 per cent were preterm (Queensland = 9.0 per cent)
- 8.6 per cent were of a low birth weight (Queensland = 7.5 per cent)
- 17.6 per cent of mothers smoked during pregnancy (Queensland = 11.3 per cent)
- 28.6 per cent of mothers were obese (Queensland = 22.0 per cent)
- 79.4 per cent of mothers attended 8 or more antenatal visits.

While some of these percentages are similar to the Queensland figures, these behaviours and outcomes can potentially impact long-term health, requiring complex and coordinated care across the lifespan.

6.4.3 Potential opportunities

Opportunities to support a healthy start to life for families in Wide Bay include:

- Enhancing antenatal and postnatal services to provide holistic support throughout pregnancy and early parenthood, addressing areas such as nutrition, mental health, gestational diabetes, and breastfeeding.
- Strengthening access to maternal mental health resources and postpartum care for new mothers, recognising the importance of emotional wellbeing in the early years and its impact on family health dynamics.
- Expanding smoking cessation programs specifically tailored for pregnant individuals to help reduce preterm births, low birth weight, and other risks associated with prenatal exposure to tobacco.
- Increasing immunisation support and education for parents to boost vaccination rates and build stronger immunity among young children, protecting both individual and community health.
- Promoting early childhood health literacy through accessible educational resources that support parents in making informed decisions on their child's nutrition, growth milestones, and preventive care.
- Integrating early developmental screening and intervention services within primary and community care to identify and support any challenges in childhood development, ensuring children have the best start to life.
- Leveraging digital and telehealth options for routine check-ups and guidance on maternal and childhood health for families in remote or underserved areas, making preventive and developmental care accessible.

6.5 Providing comprehensive cancer care

Enhancing community-wide access to cancer screening, early detection and treatment to improve survivorship and quality of life

6.5.1 Description of health need

Cancer care remains a critical health need in Wide Bay, where incidence rates are comparable to, and in some cases exceed, Queensland averages. Comprehensive cancer care spans screening, early detection, coordinated treatment, and supportive care, enabling quality outcomes and longevity across the entire continuum of care.

Although cancer can impact individuals of any age, the likelihood of developing it increases with age. With a notably older population in Wide Bay, accessible cancer care is essential to address the increasing needs of this demographic. This composition highlights the importance of robust screening, particularly for common cancers such as prostate, cervical and breast cancers, where screening participation may lag in some groups.

Effective cancer care depends on available services that support patients from diagnosis through treatment and survivorship. Specialist oncology care, public education on early detection, and streamlined pathways to screening are all crucial components of a responsive cancer care system. Additionally, mental health support, rehabilitation, and palliative care options are vital to maintaining quality of life for individuals and families affected by cancer.

A comprehensive approach to cancer care that promotes awareness, increases screening, and ensures timely treatment access can improve survival rates, support earlier diagnoses, and enhance overall quality of life, especially for Wide Bay's substantial ageing population.

6.5.2 Evidence

Cancer incidence in Wide Bay was generally below the Queensland average of 637.2 age-standardised rates (ASR) per 100,000 people, however:

- Fraser Coast recorded the highest rates in the region for both breast cancer and melanoma of the skin, surpassing Queensland averages.
- Prostate cancer rates were notably elevated in Fraser Coast, and were close to the Queensland average, with Bundaberg rates closely following.
- For colorectal cancer, Gladstone had the highest incidence in Wide Bay, above the Queensland average.
- Lung cancer rates were also higher across Wide Bay, with Fraser Coast leading at a rate significantly higher than the state average.

6.5.3 Potential opportunities

Opportunities to enhance comprehensive cancer care in Wide Bay include:

- Expanding and supporting cancer screening programs and increasing community outreach to improve participation rates for prostate, cervical, breast, and other common cancers, particularly among underserved groups and those with lower screening participation.
- Developing streamlined referral pathways and partnerships with local health providers to ensure timely access to diagnostic, oncology, and specialist services, reducing delays in the diagnosis-to-treatment timeline.
- Increasing awareness and education initiatives focused on the importance of early detection, preventive practices, and lifestyle factors to reduce cancer risk and promote proactive health management within the community.
- Strengthening support services for cancer patients by integrating mental health support, rehabilitation, and survivorship programs, enabling patients to navigate treatment and recovery with greater resilience.
- Enhancing palliative care and end-of-life services to provide compassionate, patient-centred support for those with advanced-stage cancers, prioritising quality of life and dignity.
- Utilising telehealth and mobile outreach options to bring oncology consultations, treatment, follow-ups, and patient education to remote and rural communities, overcoming geographic barriers and supporting ongoing care continuity.

6.6 Providing coordinated and appropriate acute mental health services

Ensuring access to services, with a focus on timely support, continuity of care and person-centred recovery

6.6.1 Description of health need

Access to comprehensive mental health services is essential not only for individual wellbeing but also for the broader health and resilience of communities. Across Wide Bay, mental health needs reflect national trends of increasing demand, but with distinct challenges. The region experiences higher rates of suicide and hospitalisations related to self-harm than other areas across Queensland, underscoring the urgency of effective mental health support and intervention. Queensland Health's commitment to a zero-suicide goal further highlights the importance of accessible, continuous, and coordinated mental health services to reduce preventable loss and foster recovery.

The impact of untreated or poorly managed mental health conditions on day-to-day life can be profound. When mental health services are insufficient or underutilised, individuals may struggle to engage in routines, maintain employment, manage physical health conditions, or stay connected within their communities. Physical and mental health are intertwined; mental health conditions often influence one's ability to adhere to treatment plans, maintain healthy behaviours, and manage chronic illnesses. This complex relationship underscores the importance of accessible, high-quality mental health services to enable both mental and physical wellness.

Coordination and continuity of care are essential to positive mental health outcomes, particularly for those requiring acute or crisis support. Person-centred, integrated care allows for a supportive environment where recovery is sustained, and individuals can re-engage with their families, workplaces, and communities more confidently. Holistic and reliable mental health services not only enhance quality of life but also strengthen community resilience and cohesion, fostering a healthier and more supportive environment for all in the Wide Bay region.

6.6.2 Evidence

The demand for coordinated and comprehensive mental health care in our regions continues to rise as the average length of stay for mental health services has increased (from 11.2 days in 2019 to 14.0 days in 2023).

In relation to inpatient care, 8.1% of mental health inpatients are readmitted within 28 days, with that number increasing to 30 per cent within 365 days.

Mental health care also impacts the emergency and acute service area, where nearly 5 per cent of all presentations are mental-health related – and 6.8 per cent of these presentations do not wait for, or complete, care.

Most significantly, the Wide Bay region experiences suicide and hospitalisation from intentional self-harm at rates significantly higher than the rest of Queensland.

By 2031-32, demand for mental health services across Wide Bay is expected to grow by approximately 12 per cent (prevention) and 15 per cent (treatment).

6.6.3 Potential opportunities

Opportunities to strengthen coordinated and appropriate acute mental health services in Wide Bay include:

- Expanding crisis intervention and early support programs to address mental health concerns at the initial stages, reducing the risk of escalation to emergency/acute levels and enabling proactive rather than reactive care.
- Enhancing community-based mental health services by integrating primary and specialist care providers, ensuring individuals can access consistent support and prevent hospitalisation or emergency presentations.
- Building stronger continuity-of-care pathways that facilitate smooth transitions between acute, outpatient, and community mental health services, helping patients maintain stability and stay engaged with support networks throughout their recovery.
- Leveraging digital and telehealth services for mental health support to overcome geographic and logistical barriers, particularly for remote and rural residents who may struggle with access to in-person care.
- Fostering partnerships with local organisations and support services to create a more comprehensive mental health network, addressing various aspects of care, from social support to crisis response.
- Increasing community awareness and suicide prevention initiatives, in alignment with Queensland Health's zero-suicide goal, to encourage early intervention and support pathways for at-risk individuals.

6.7 Embedding culturally safe and responsive care

Prioritising culturally safe care that addresses health disparities and promotes equity for Aboriginal and/or Torres Strait Islander peoples

6.7.1 Description of health need

Wide Bay's commitment to delivering culturally safe, equitable healthcare is central to addressing the health disparities faced by Aboriginal and/or Torres Strait Islander peoples. With a higher proportion of residents identifying as Aboriginal and/or Torres Strait Islander compared to the Queensland average, the need for accessible, culturally responsive care is paramount. Our geographically dispersed region presents additional barriers to access and continuity of care for this cohort, often making it more challenging to engage with health services regularly and effectively.

Aboriginal and/or Torres Strait Islander peoples in Wide Bay experience various health disparities, with higher rates of chronic conditions, potentially preventable hospitalisations, and poorer health outcomes in some areas. This ongoing health inequity underscores the importance of a tailored approach to healthcare that acknowledges cultural beliefs, fosters trust, and removes barriers to access. In response, Queensland Health has made it a priority to close the life expectancy gap, a commitment that is mirrored in our *WBHHS First Nations Health Equity Strategy*.

By embedding culturally safe and responsive care, we can support Aboriginal and/or Torres Strait Islander residents more effectively, ensuring they receive care that not only meets their health needs but also aligns with their cultural values and experiences. This approach strengthens relationships between healthcare providers and the community, promoting trust and encouraging engagement with health services. Our focus on health equity and closing the life expectancy gap reflects both our regional priorities and our shared responsibility to uphold the broader goals of Queensland Health, fostering a healthcare environment where all individuals receive culturally appropriate care that recognises, honours, and values their identities and traditions.

6.7.2 Evidence

Aboriginal and/or Torres Strait Islander peoples face inequities in accessing and engaging with health care services across Wide Bay.

They have lower levels of completed schooling, live in crowded dwellings, and access rental assistance and social housing at higher rates than non-Aboriginal and/or Torres Strait Islander peoples.

They have a lower life expectancy, increased burden of disease, and engage in risky behaviours (e.g. smoking during pregnancy) at higher rates.

6.7.3 Potential opportunities

Opportunities to embed culturally safe and responsive care in Wide Bay include:

- Expanding culturally competent training and development for healthcare providers to enhance understanding of Aboriginal and/or Torres Strait Islander traditions, values, and health perspectives, which fosters respectful and effective communication.
- Strengthening partnerships with local Aboriginal and/or Torres Strait Islander organisations and Elders to ensure that health initiatives are community-driven, aligned with local needs, and respectful of cultural nuances.
- Improving and supporting outreach and continuity of care for residents in remote or rural areas through areas that may include transport services, mobile clinics, and telehealth options that overcome physical and logistical barriers to healthcare.
- Enhancing support for traditional healing practices and integrating them where appropriate alongside conventional treatments, offering a holistic approach that resonates with cultural beliefs and practices.
- Creating culturally safe physical spaces within healthcare facilities that offer a welcoming, comfortable environment and respect the cultural preferences of Aboriginal and/or Torres Strait Islander patients.
- Embedding community feedback mechanisms that empower Aboriginal and/or Torres Strait Islander residents to voice their needs, experiences, and suggestions for healthcare improvements, ensuring their perspectives shape future service delivery.

6.8 Strengthening trauma and acute care pathways

Enhancing the capability and responsiveness of acute and emergency care services to deliver timely, effective responses to trauma and urgent health needs

6.8.1 Description of health need

Strengthening trauma and acute care pathways in Wide Bay is crucial to providing prompt and effective care for individuals facing serious injury or life-threatening conditions. The region's population has unique needs that heighten the demand for trauma and acute services, including a significant proportion of older residents prone to falls, rural and farming communities exposed to workplace accidents, and towns situated along major highways where road accidents are more frequent. These factors, compounded by a generally socio-economically disadvantaged population with variable access to healthcare, result in a high incidence of unplanned and emergency presentations for trauma and acute conditions.

Trauma and acute care cases range from acute medical conditions and road traffic accidents to farm-related incidents and critical injuries that require rapid, intensive intervention. The demand for these services often places a strain on emergency departments, outpatient clinics, and specialist services, with longer wait times potentially compromising timely care for those in need. For individuals and families, delays or barriers to acute care can lead to more severe health complications, longer recovery times, and an increased risk of long-term disability, all of which can reduce quality of life and impact economic stability for households.

These patients are prioritised for care as their lives and quality of life often depend on timely and effective responses; however, prioritising urgent cases can affect capacity for patients with less urgent needs, causing delays in lower-acuity care. Building trauma and acute care capacity to manage these urgent cases allows Wide Bay to respond efficiently to the complex, immediate needs of its population while helping to balance care accessibility across all acuity levels, enhancing overall healthcare system responsiveness and resilience.

6.8.2 Evidence

WBHHS has one of the highest rates in Queensland for presentations of trauma and injury, and for growth in presentations across financial years.

Emergency Departments and Intensive Care Units are seeing increased activity, and wait times and patient flow are impacted as a result.

6.8.3 Potential opportunities

Opportunities to strengthen trauma and acute care pathways in Wide Bay include:

- Expanding or supporting dedicated trauma and emergency response training for healthcare professionals across the region, particularly in rural and remote settings, to increase preparedness and ensure timely, competent responses to serious injuries and acute medical conditions.
- Enhancing trauma care services, infrastructure and specialised equipment in key facilities to support the effective treatment of high-acuity cases, such as critical injuries, urgent surgical presentations, and orthopaedic presentations associated with a growing and ageing population.
- Strengthening partnerships with local emergency services and first responders, including Queensland Ambulance Service and rural fire brigades, to improve coordination and communication in trauma care pathways, particularly for remote and isolated communities.
- Increasing or supporting the availability of telehealth consultations for remote or rural clinicians to quickly consult with trauma specialists, improving response times and care quality for serious cases in geographically dispersed areas.
- Developing or supporting community-based preventive initiatives that address safety in high-risk environments, such as farms, older adult residences, and areas prone to road traffic accidents, to reduce trauma incidence and improve population health outcomes.
- Implementing streamlined pathways from acute and emergency care to rehabilitation services, allowing patients to transition smoothly to recovery-focused care and potentially reducing hospital stays and readmissions.

6.9 Reducing potentially preventable hospitalisations and avoidable representations

Implementing targeted strategies and supports to reduce avoidable admission and improve care transitions for those at risk, ensuring they receive the right care, in the right place, at the right time

6.9.1 Description of health need

Reducing potentially preventable hospitalisations (PPHs) and avoidable representations is essential in addressing the underlying health needs that lead to hospital admissions and Emergency Department visits. While this area might initially appear as a service need, it directly reflects health concerns that impact individuals, families, and the healthcare system. In Wide Bay, preventable hospitalisations are often associated with chronic conditions such as diabetes, respiratory disease, and cardiovascular disease, with the 65+ age group showing the highest rates of PPHs, surpassing Queensland figures. This pattern highlights the challenges of an ageing population and the complexity of managing chronic health needs in this demographic.

Contributing factors such as limited primary care access, increased acuity in health conditions, and insufficient Residential Aged Care Facility (RACF) placements add to the frequency of avoidable hospital admissions. Additionally, health literacy levels and gaps in early intervention services mean that some residents may not understand or receive the support they need to manage chronic health conditions, resulting in preventable health crises. For older adults and people with complex health needs, gaps in community-based services and care transitions after hospital discharge increase the risk of repeated Emergency Department visits and readmissions, creating a cycle that impacts both patient wellbeing and healthcare resources. Without ready access to comprehensive primary and community care networks for these populations, health outcomes can worsen, placing additional pressure on emergency and inpatient services.

Enhanced preventive care, primary care access, management of both acute and non-acute conditions, and better support for care transitions can greatly reduce these avoidable admissions. Focusing on these factors allows residents to receive the right care, in the right place, at the right time, ultimately reducing strain on hospital resources and improving the quality of life across the region.

6.9.2 Evidence

From 2019-2020 to 2020-2021, Wide Bay's Potentially Preventable Hospitalisations (PPH) totalled 10,969, equating to 10.69 per cent of all hospitalisations. This new rate of 10.69 per cent is higher than the Queensland average of 8.73 per cent.

In Bundaberg, PPH reached 3,166, representing 10.69 per cent of total hospitalisations, showing an increase from the previous period. The Fraser Coast also recorded an increase, with 4,371 PPH, accounting for 11.39 per cent of total hospitalisations.

North Burnett's PPH rate remained relatively stable at 10.63 per cent from a total of 379 PPH, indicating consistency compared to the overall upward trends in the region.

6.9.3 Potential opportunities

Opportunities to reduce potentially preventable hospitalisations and avoidable representations in Wide Bay include:

- Expanding or supporting preventive and chronic care management programs within primary and community care settings, aimed at supporting those with chronic conditions like diabetes, respiratory disease, and cardiovascular disease. These programs can help manage symptoms and reduce acute exacerbations that lead to hospitalisation.
- Strengthening early intervention and outreach services to improve health literacy, empower patients to manage their conditions proactively, and prevent escalation of manageable health issues.
- Enhancing care coordination and discharge planning, particularly for older adults and individuals with complex health needs, to facilitate smoother transitions from hospital to home or other care settings, minimising the risk of readmissions.
- Advocating for increased access to residential aged care placements and community-based support services to provide an appropriate level of care for the ageing population, thereby alleviating the need for hospital care in cases that could be managed in less intensive settings.
- Implementing or supporting telehealth and virtual care options for chronic disease check-ups and follow-ups, especially for remote or isolated populations, to reduce travel barriers and support continuity of care.
- Establishing partnerships with local health providers and community organisations to develop shared pathways and initiatives that promote wellness and preventive health, targeting populations at high risk of hospital admissions.

6.10 Supporting preventative health and population wellness

Implementing education, support and initiatives to address lifestyle-related risk factors and reduce the incidence of disease

6.10.1 Description of health need

Supporting preventative health and promoting population wellness are vital in Wide Bay, where lifestyle-related risk factors such as obesity, poor nutrition, physical inactivity, smoking, alcohol consumption, and illicit drug use contribute significantly to health outcomes. As an acute and chronic care provider, WBHHS acknowledges the need for proactive approaches to address these risk factors; when left unsupported, these risk factors have profound effects on quality of life, limiting day-to-day function, and potentially reducing lifespan for individuals. For those living with obesity or inactivity, simple activities may become difficult, limiting independence and impacting mental health, while high smoking rates elevate the risk of respiratory illnesses, lung cancer, and cardiovascular disease, which diminish physical resilience and can lead to premature mortality.

The region's high rates of chronic disease and associated health burdens underscore the critical role of preventative care, as the impacts of poor preventative health measures extend beyond individual quality of life, straining the healthcare system and community resources as well. Conditions that could be managed or prevented early on can potentially progress to chronic states, requiring ongoing medical support and intervention. Smokers, for instance, are at greater risk of respiratory diseases that can lead to frequent healthcare visits and hospitalisations, while those affected by excessive alcohol use may face liver disease and mental health issues, which in turn affect family stability, employment, and social wellbeing. Similarly, inadequate physical activity and poor nutrition contribute to obesity and diabetes, conditions that reduce mobility, independence, and overall life satisfaction, especially for Wide Bay's large elderly population.

Education and support initiatives aimed at improving nutrition, encouraging physical activity, reducing smoking and alcohol consumption, and promoting healthy behaviours have the potential to break cycles of poor health and address deeply rooted health disparities across the region, while simultaneously alleviating pressure on health care services.

6.10.2 Evidence

Despite the median household income increasing, and unemployment rates decreasing, the Wide Bay population remains exposed to or engaged in modifiable risk factors.

In comparison to the rest of Queensland, Wide Bay adults are at increased risk of chronic disease and other conditions due to obesity (nearly 40 per cent of the population), insufficient physical activity (nearly double the Queensland rate), daily smoking, and risky lifetime drinking.

This may be due to a lack of understanding (health literacy) or the increased pace of life experienced in modern society, particularly as more of the population is engaged in employment and may feel time-poor, fatigued etc.

6.10.3 Potential opportunities

Opportunities to support preventative health and promote population wellness in Wide Bay include:

- Developing or supporting comprehensive public health education campaigns tailored to the region's specific needs, focusing on nutrition, physical activity, smoking cessation, and reducing alcohol consumption. These campaigns can help individuals make informed decisions about their health and address lifestyle factors that contribute to chronic disease.
- Implementing or supporting targeted community-based wellness programs, such as exercise groups, nutrition workshops, and smoking cessation support, to engage residents of all ages in accessible, preventive activities and foster healthier habits.
- Collaborating with local schools and workplaces to promote wellness programs and build healthy habits, providing students and employees with resources on nutrition, exercise, and mental health support.
- Expanding access to preventive screenings for conditions such as diabetes, cardiovascular disease, and respiratory conditions, allowing for early detection and management before progression to more severe states.
- Integrating preventive health into primary care and community services to create a seamless approach that combines acute care with long-term wellness goals, reducing the need for costly interventions in the future.
- Increasing visibility at community events, offering education and preventive screenings as appropriate, to provide direct outreach and engage with community members about health and wellness.

6.11 Delivering high-quality care closer to home

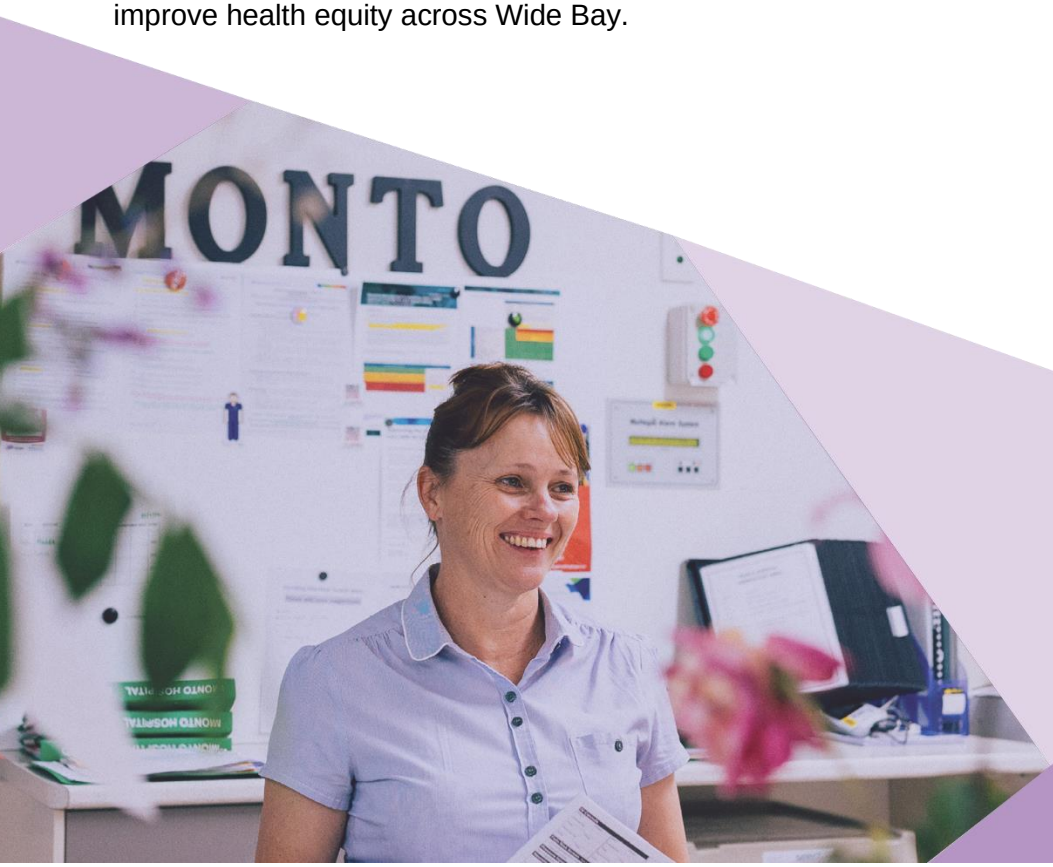
Addressing service gaps and ensuring equitable access to healthcare services, particularly for rural and underserved populations

6.11.1 Description of health need

Delivering high-quality care closer to home is essential in Wide Bay, where geographic isolation can impact access to healthcare services and contribute to significant health disparities. Wide Bay's rural and geographically dispersed communities face unique challenges, with some individuals needing to travel considerable distances to access both primary and acute healthcare services. Unlike metropolitan areas with densely populated regions and readily available health services, the communities in Wide Bay can lack nearby facilities or specialists, or choice of these, which can delay diagnosis and treatment, increase stress, and heighten the overall health burden. People in rural or underserved areas may experience challenges in attending critical appointments, face long wait times for specific services, or experience worsened health outcomes due to these physical and logistical barriers.

This inequity affects every aspect of care. For those with chronic illnesses, infrequent access to specialist and primary care can hinder effective management, potentially leading to worse health outcomes, unnecessary hospitalisations or complications. For emergency cases, the time taken to reach an appropriate care setting can make a significant difference in outcomes, especially for time-sensitive conditions such as trauma, stroke, or heart attacks. Rural isolation also affects preventive care access, leaving individuals without nearby facilities for routine screenings, vaccinations, or wellness visits—services that are critical in reducing long-term health issues that may be underutilised due to travel and accommodation barriers.

Telehealth and technological advancements provide opportunities to bridge geographic and access gaps by providing equitable access to care, regardless of a patient's location. Through telehealth, individuals can access specialised consultations, mental health services, and follow-up appointments without the burden of travel, bringing essential care closer to home. However, delivering high-quality, accessible care also requires ongoing efforts to adapt services to meet community needs, both physically and virtually. Ensuring that all individuals, whether in rural towns or remote areas, receive the care they need remains a priority, leveraging innovation and resourceful solutions to overcome geographic barriers and improve health equity across Wide Bay.



6.11.2 Evidence

The WBHHS catchment area covers a geographically dispersed demographic, with Bundaberg Hospital supporting a large portion of our community who need to travel for acute and specialist services.

Residents of the North Burnett region:

- Have the highest proportion of residents in Quintile 1 of the SEIFA scale (a scale of socioeconomic disadvantage) than other geographical areas.
  *Quintile 1 = most disadvantaged, Quintile 5 = least disadvantaged.
- Have the lowest median family income (apart from Cooloola-Gympie).
- Have the lowest rates of Year 11 and 12 high school completion.
- Have the highest percentage of children who are developmentally vulnerable.

In combination with this, telehealth occasions of service have grown across WBHHS – rising from 6,911 (2019-2020) to 8,497 (2023-2024).

Across WBHHS, Hospital in the Home (HiTH) also experienced increased activity, with 2.66 per cent of separations (2023-2024) attributed to HiTH.

6.11.3 Potential opportunities

Opportunities to deliver high-quality care closer to home in Wide Bay include:

- Expanding or supporting mobile and outreach services to bring essential healthcare directly to underserved communities, such as rotating specialist clinics or mobile units for routine screenings, vaccinations, and preventive care.
- Building partnerships with community organisations and local councils to establish healthcare access points in rural and remote areas, providing closer-to-home services and reducing travel for individuals needing regular care.
- Increasing or strengthening access to telehealth and virtual care options, particularly for specialist consultations, mental health services, and follow-up appointments, to minimise the need for travel while ensuring timely access to needed care.
- Utilising community events and outreach programs to provide screening, wellness education, and preventive care opportunities directly within local communities, fostering engagement and awareness.
- Enhancing collaboration between primary and acute care providers to streamline care transitions and reduce barriers, ensuring that patients in rural areas have clear pathways and support for both urgent and routine needs.
- Advocating for improved transport and accommodation support for individuals who need to access care outside their local area, especially for those requiring intensive or specialised treatments.

6.12 Optimising patient flow and care experiences

Improving service delivery and patient journeys to enhance access, support care coordination, reduce wait times, and improve overall care experiences

6.12.1 Description of health need

Optimising patient flow and care experiences is a critical focus to ensure that individuals in Wide Bay receive timely, coordinated, and supportive healthcare that meets their needs and expectations. Challenges such as long wait times, missed appointments, and delayed transitions from acute care to discharge can strain the system and impact both patients and providers. A smooth patient journey - from the first point of contact, through to discharge and community follow-up - plays an essential role in fostering positive health experiences, building patient trust, and ultimately enhancing health outcomes.

Extended wait times and appointment rebooking can lead to patient disengagement, with individuals often postponing care until their conditions reach a more urgent level. When this happens, they may present to Emergency Departments with exacerbated health issues, have higher rates of admissions with longer lengths of stay, that could have been managed through earlier intervention. For individuals with chronic conditions, disengagement from follow-up care and community-based services can increase the risk of complications, rehospitalisations, and preventable deterioration. Patients who feel supported and confident in their care pathways are more likely to engage proactively with health services, leading to better management of health issues over time.

In addition to reducing wait times, optimising care experiences includes strengthening communication, minimising discharge delays, and providing robust follow-up support in the community. Effective coordination between primary and acute care teams, and timely access to necessary services, creates a more integrated and positive patient journey, reducing the likelihood of avoidable hospitalisations and emergency presentations. By improving these aspects of patient flow, Wide Bay health service providers can enhance patient engagement, minimise unnecessary strain on the health system, and ensure that people receive the right care, in the right place, at the right time, for the right cost.

6.12.2 Evidence

Patients presenting to WBHHS hospitals are (generally) sicker and more complex. Several factors contribute to this, including a growing and ageing population, socioeconomic disadvantage, low health literacy, reduced primary care capacity etc. The issue is also compounded by their experiences at WBHHS – people are waiting longer, navigating complex care pathways, travelling between facilities etc. – resulting in waiting to present until acuity is higher, representing, missed opportunities to treat, and having to be 'booked/rebooked' for care.

As at 30 June 2024:

- 67.4 per cent of patients were off a stretcher within 30 minutes (target = 90 per cent).
- 58.9 per cent of presentations left the Emergency Department within four hours (2.2 per cent increase on same time last year).
- There were 21,843 emergency representations (within 28 days).
- Specialist outpatient seen in time rates: Cat 1 = 91 per cent (target = 90 per cent), Cat 2 = 56 per cent (target = 85 per cent), Cat 3 = 55 per cent (target = 85 per cent). There were 3,395 long waits at this time, too.
- Specialist outpatient fail to attend rate = 38,204 or 5.8 per cent (target = 5 per cent), and cancellations = 174,225 or 20.93 per cent (target = 25 per cent).

Provision of low acuity care has increased in some instances; care that was previously or could potentially be provided by primary care clinicians. e.g., 1,548 episodes of iron infusion.

6.12.3 Potential opportunities

Opportunities to optimise patient flow and care experiences in Wide Bay include:

- Implementing streamlined scheduling and appointment management systems to reduce wait times, improve attendance rates and efficiency, and help prevent patient disengagement by making it easier for individuals to access timely care.
- Enhancing discharge planning and follow-up protocols to ensure smooth transitions from hospital to home or community care, which can reduce readmissions and promote continuity of care.
- Expanding or supporting community-based follow-up programs for chronic disease management and post-acute care, allowing patients to stay connected to necessary services and minimising their need to re-engage with acute care unnecessarily.
- Integrating digital solutions for patient tracking and reminders to help patients stay on top of appointments, medications, and follow-up activities, improving their ability to manage health needs independently.
- Strengthening communication and coordination between primary and acute care providers to create seamless care transitions and support patients' journeys across different points of care.
- Supporting patient navigation services and health literacy initiatives to empower patients with a better understanding of their care pathways, ultimately increasing their engagement and confidence in managing their health.

7. Priority areas

Recognising that all 12 identified health needs are vital to the wellbeing of our community, WBHHS has moved away from a ranked prioritisation system to a patient-centred, grouped approach. This approach places the needs and experiences of the Wide Bay community at the core, grouping the health needs into three categories that reflect the impacts and burdens from a patient perspective, while also supporting the resilience and effectiveness of our health system.

The three groupings—**Quality of life priorities**, **Continuum of care priorities**, and **Service and access priorities**—illustrate the importance of integrated, collaborative efforts in addressing these health needs. While WBHHS is committed to actively supporting, improving, or alleviating these needs, we recognise that some areas will require engagement and partnership with external organisations. Community health need is larger than any one provider, and our efforts will extend to working alongside partners to address these complex health challenges.

WBHHS commits to advancing these priorities over the coming years, strengthening our services and the overall health system to meet the unique and diverse needs of our region's residents.

Figure 3. WBHHS prioritised community health needs

7.1 Quality of life priorities

Focus: These health needs offer significant potential for improving daily life and longevity, focusing on long-term outcomes and individual quality of life. Addressing these areas fosters community health, reduces preventable burdens on healthcare, and enhances wellbeing for those impacted.

Rationale: This group supports areas that have a lasting impact on quality of life and service burden. Chronic disease, early life care, and support for disabilities are among the areas where comprehensive, preventative approaches can yield improved health outcomes and daily functioning.

Assigned health needs:

Optimising chronic disease management

Chronic diseases, highly prevalent in Wide Bay, affect daily life and health outcomes. Supporting better disease management reduces complications, prevents hospitalisations, and enhances quality of life for affected individuals.

Supporting a healthy start to life through maternal and childhood care

Early life health, from pregnancy through childhood, forms the foundation for lifelong wellbeing. Improved maternal and child services can reduce health risks, promote development, and positively influence health trajectories.

Providing comprehensive cancer care

With an ageing population and higher cancer incidence, comprehensive cancer care—including early detection, treatment, and survivorship support—improves both quality and length of life, particularly for rural patients with limited access.

Supporting disability and developmental health needs

People with disabilities or developmental needs face unique health challenges. Improved access to specialised services promotes independence, supports daily functioning, and helps to prevent avoidable health complications.

7.2 Continuum of care priorities

Focus: Health needs in this category emphasise coordinated, continuous care that responds to complex, ongoing needs and prioritises smooth care transitions across different care settings.

Rationale: Effective care coordination ensures individuals receive consistent support, particularly for complex or chronic conditions. These needs reflect the importance of integrated care pathways, reducing preventable disruptions and promoting person-centred recovery.

Assigned health needs:

Healthy ageing and complex care for older people

Wide Bay's older demographic often requires multi-faceted, continuous support. Coordinated care enables them to age with dignity and independence, while reducing preventable hospitalisations and enhancing overall quality of life.

Providing coordinated and appropriate acute mental health services

Mental health needs require timely, integrated services. Coordinated care pathways foster recovery, reduce crisis episodes, and strengthen community resilience, supporting individuals' broader wellbeing.

Reducing potentially preventable hospitalisations and representations

Many hospital admissions are potentially preventable with stronger primary and community care. Enhancing these services lowers hospital demand and helps patients manage conditions before escalation.

Embedding culturally safe and responsive care

For Aboriginal and Torres Strait Islander communities, culturally responsive care reduces disparities and promotes health equity, fostering trust and engagement within the healthcare system.

7.3 Service and access priorities

Focus: This group addresses the need for equitable and accessible healthcare services across Wide Bay, particularly for underserved and rural populations. Improving access ensures timely care and strengthens overall system resilience.

Rationale: Enhancing access to high-quality, accessible services supports health equity across rural and urban areas. Expanding service availability, optimising patient flow, and strengthening preventative care initiatives helps alleviate pressure on acute services and improves healthcare experiences.

Assigned health needs:

Delivering high-quality care closer to home

Geographical barriers in Wide Bay impact timely access to care. Providing services locally reduces travel burdens, improves outcomes for rural residents, and ensures health equity.

Strengthening trauma and acute care pathways

Wide Bay's rural landscape and major highways increase trauma and acute care demand. Strengthening these pathways supports prompt, effective responses to emergencies, saving lives and reducing long-term complications.

Optimising patient flow and care experiences

Efficient patient flow minimises wait times and supports timely access to services. By streamlining processes, we enhance care quality, reduce delays, and improve overall patient satisfaction.

Supporting preventative health and population wellness

Preventative health addresses lifestyle-related risks that drive chronic illness. Initiatives promoting wellness and reducing risk behaviours alleviate future healthcare demand and encourage healthier communities.

8. Next steps

The identified health needs and priority areas within this LANA will serve as a foundation for Wide Bay's contribution to the Joint Regional Needs Assessment (JRNA). This collaborative process, involving our Primary Health Network and neighbouring health services, including Central Queensland and Sunshine Coast HHSs, will integrate the unique needs of each region to establish overarching priorities for the broader area. The finalised JRNA will serve as a shared platform for advocacy and strategic focus, creating pathways for coordinated development of services, infrastructure, and support systems that meet regional needs. While the JRNA is expected to be completed in the coming months, its influence will shape a comprehensive and unified approach to community health across the wider region.

Locally, we are dedicated to integrating the insights and priorities from the LANA into our strategies and operational plans, as well as leveraging the priorities identified in the shared JRNA. While the JRNA will provide a unified vision for regional health priorities, WBHHS remains focused on advancing initiatives and resource allocation that directly address the distinct needs of our Wide Bay communities. By strategically utilising our resources and adapting our efforts as needed, we are positioned to create targeted impacts that meaningfully enhance the health and wellbeing of our region.

As we progress, we will prioritise a structured approach to implementation efforts by carefully assessing what is within our scope to influence and identifying the partnerships, resources, and pathways needed to achieve valuable outcomes. This includes developing specific supports, initiatives, and services that respond to the identified needs while avoiding duplication of efforts and anticipating potential barriers. We are also committed to establishing clear mechanisms for monitoring and evaluating the efficacy of our actions, ensuring that our strategies remain adaptable, efficient, and impactful. The data and analysis from the LANA give us a firm foundation, and we are now planning for efficiency and maximised benefits to address these priorities thoughtfully and effectively.

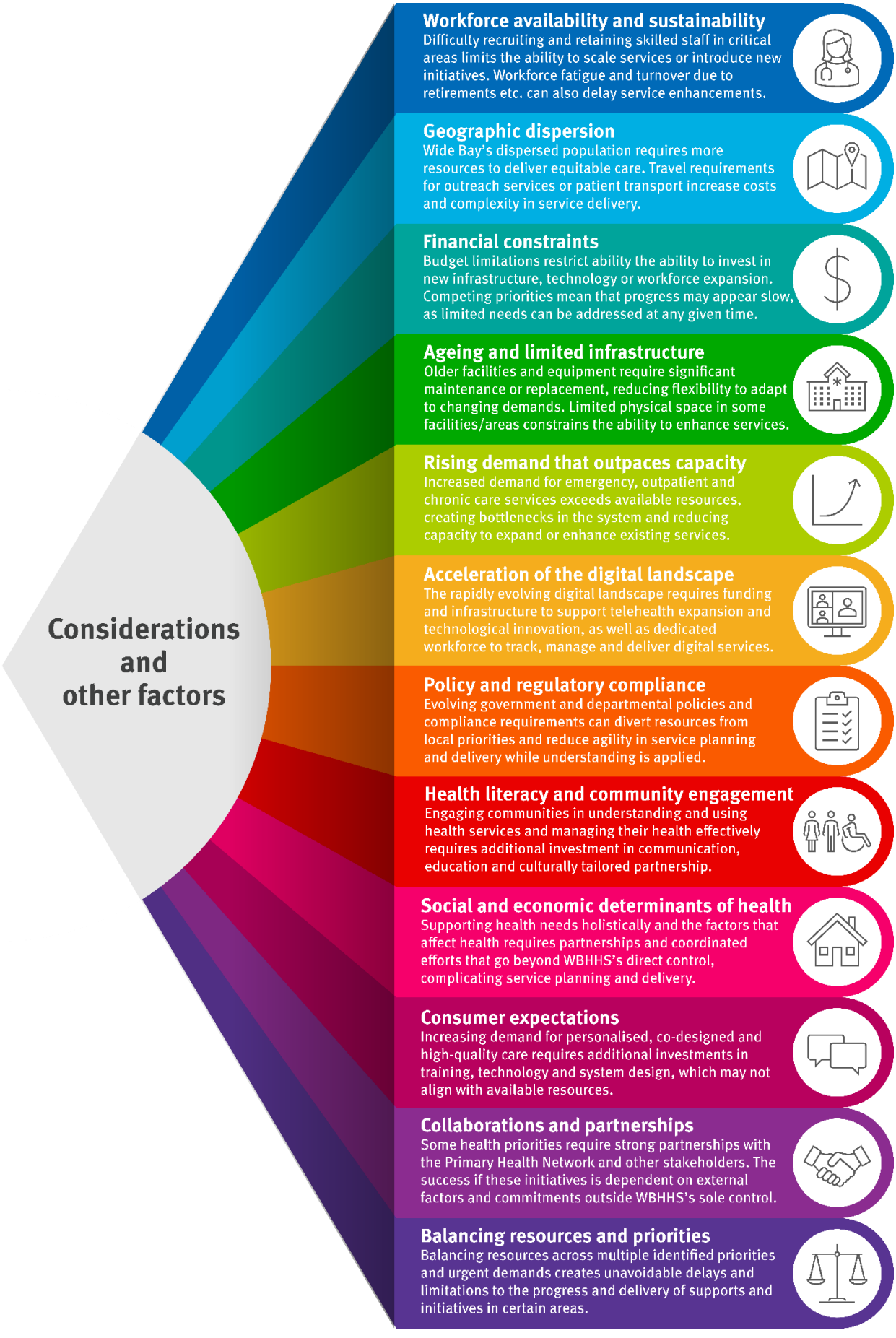
In both regional collaboration and local action, our commitment to improving health outcomes across Wide Bay remains steadfast. This LANA will guide us in prioritising community health needs, informing our resource allocation and planning as we continue our mission to provide quality, accessible, and compassionate healthcare to all. Through our continued focus and partnerships, we aim to ensure that every individual in our region has access to the services and support they need for a healthier future.

8.1 Interdependencies, considerations and influencing factors

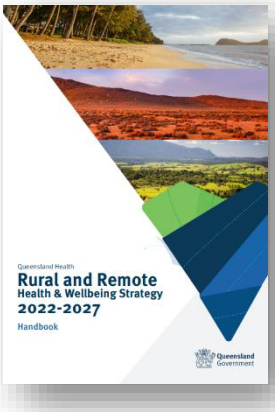
WBHHS is dedicated to improving the health and wellbeing of our communities by focusing on the 12 identified health needs and three priority areas. Achieving meaningful progress in these areas requires careful consideration of the broader factors that shape how healthcare services are delivered and enhanced. These factors provide opportunities to strengthen our focus, maximise resources, and ensure that the health system evolves in a way that is both sustainable and responsive.

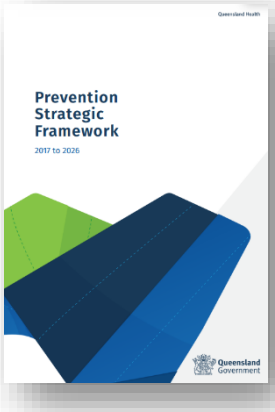
The following infographic outlines key considerations that may influence how we work to improve health outcomes. By recognising these factors, we can refine our approaches, foster collaboration, and continue building a resilient healthcare system that supports the needs of our communities now and into the future.

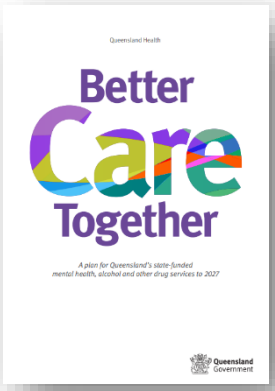
Figure 4. Influencing factors and other considerations to supporting the 12 identified health needs

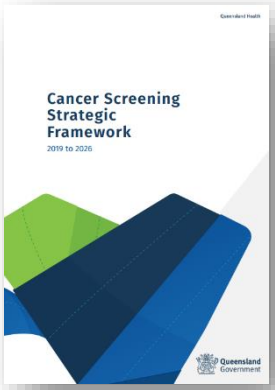


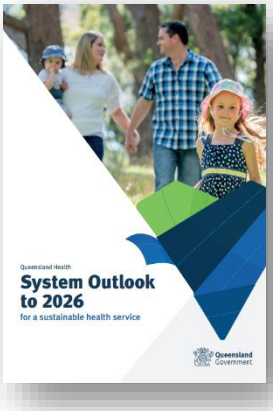
9. System and strategy alignment

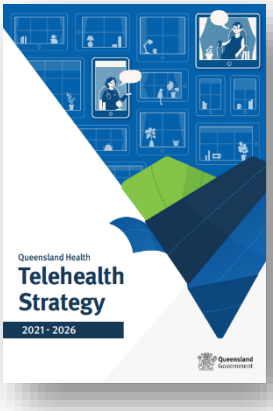


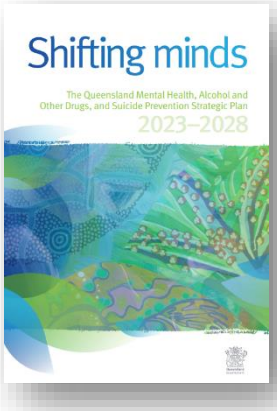




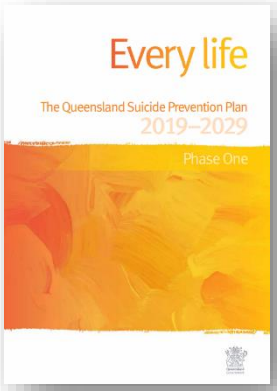


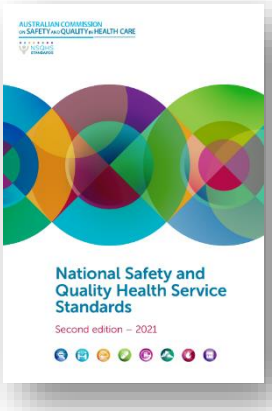


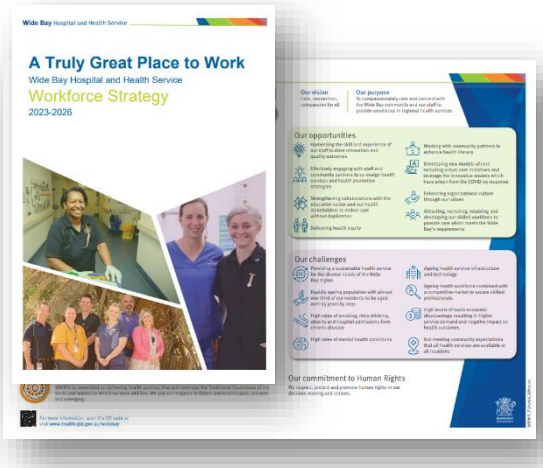



Shifting minds
The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan
2023–2028


Achieving balance
The Queensland Alcohol and Other Drugs Plan
2022–2027

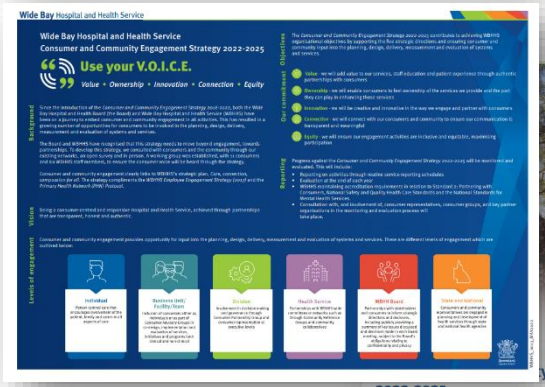

Every life
The Queensland Suicide Prevention Plan
2019–2029
Phase One


National Safety and Quality Health Service Standards
Second edition – 2021


A Truly Great Place to Work
Wide Bay Hospital and Health Service
Workforce Strategy
2023-2026
Our opportunities
Our challenges
Our commitment to Human Rights


Health Service Plan


Wide Bay Hospital and Health Service
Wide Bay Hospital and Health Service
Digital Health Strategic Plan
2023 – 2029
Digital Health Strategic Plan including Implementation and Investment Roadmap
12 October 2023 | Version 2


Wide Bay Hospital and Health Service
Consumer and Community Engagement Strategy 2022-2025
Use your V.O.I.C.E.
Value • Ownership • Innovation • Connection • Equity

Strategy
2022-2025


Wide Bay Hospital and Health Service
Disability Plan
2024–2027

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Local Area Needs Assessment
Priorities Summary Report
2024-2027