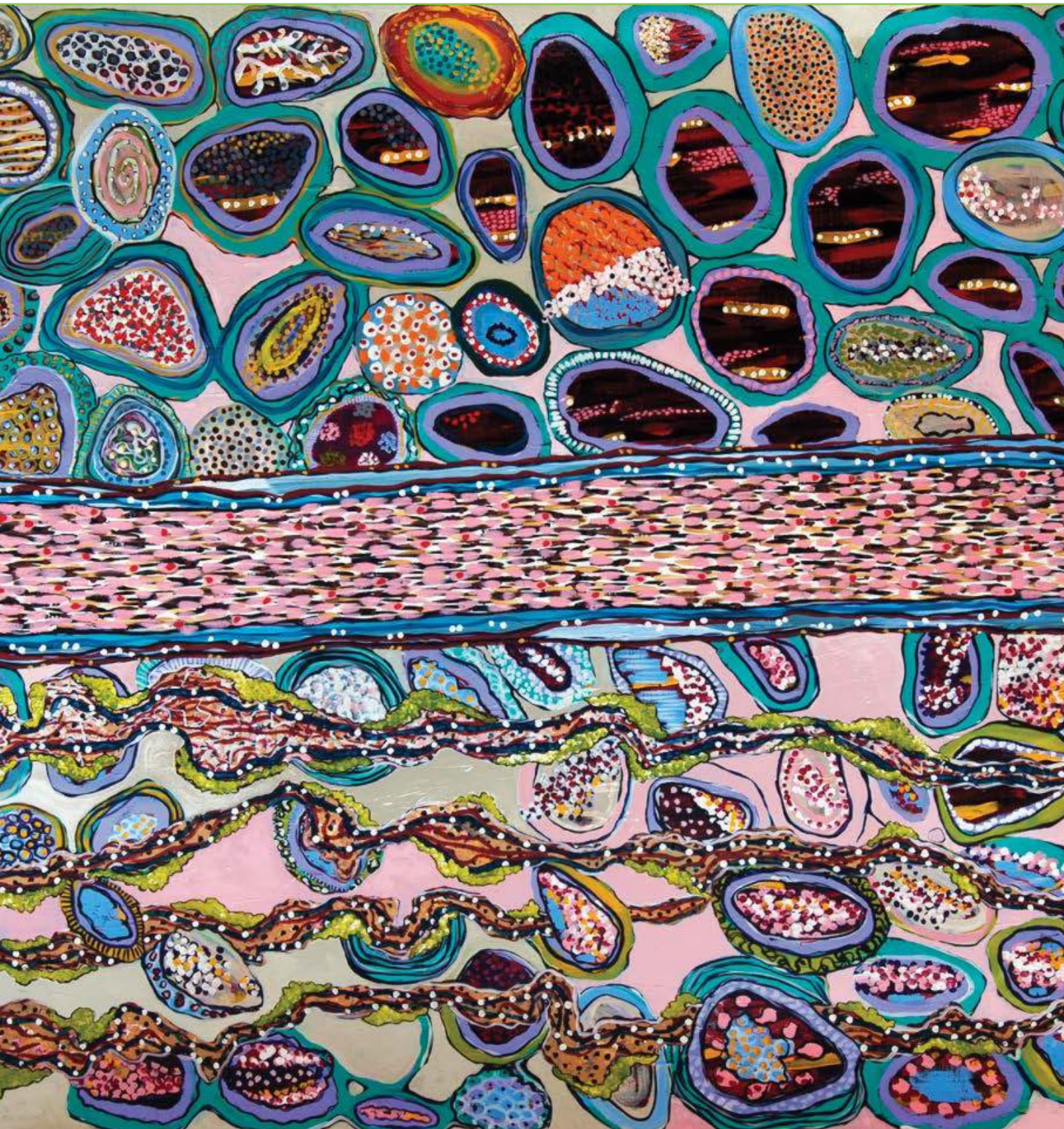


Children's Health and Wellbeing Services Plan 2018–2028

A ten-year vision for the future of our clinical services
for children and young people





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Children's Health and Wellbeing Services Plan 2018–2028: Children's Health Queensland Hospital and Health Service. Published by the State of Queensland (Queensland Health), August 2018.
An electronic version of this document is available at www.childrens.health.qld.gov.au/chq/about-us/strategies-plans



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Children's Health Queensland pays respect to the traditional custodians of the lands on which we walk, work, talk and live. We also acknowledge and pay our respect to Aboriginal and Torres Strait Islander Elders past, present and future.

Artwork pictured left: *Blue Fish 2014* | Medium: Synthetic polymer on linen | Collection: Children's Health Queensland
Artist: Claudia Moodoonuthi | Lardil/Kayardild/Wik Mungkan peoples

Claudia was born in 1995 and achieved national attention for her artwork before her 21st birthday. She lived the first seven years of her life on Bentinck and Mornington Islands in the Gulf of Carpentaria before moving to the Aurukun community. Within these remote landscapes she spent time hunting and gathering with family, which helped her develop a deep connection to country. Her exuberant and colourful painting vividly captures the movement of a school of fish through tropical waters.

A special thank you to our Queensland Children's Hospital artists for the artwork that features on the front cover and throughout: Colleen, Dakota, Ernst, Freya, Hannah, Isac, Juleila, Leah, Letitia, Lily, Linagyu, Miranda, Nanny, Nathaniel, Neta, Samuel, Shannon, Talitha and Victor. Facilitated and adapted for publication by artist Sam Cranstoun.

Message from the Chief Executive and Board Chair



Children's Health Queensland vision and values

Our vision

Leading life-changing care for children and young people – for a healthier tomorrow.

Our commitment

To offer the best: safe, expert, accessible child and family-centred care for children and young people.

Our values

Respect: teamwork, listening, support
'We listen to others'

Integrity: trust, honesty, accountability
'We do the right thing'

Care: compassion, safety, excellence
'We look after each other'

Imagination: creativity, innovation, research
'We dream big'



It is our privilege to introduce the *Children's Health and Wellbeing Services Plan 2018-2028*. The plan represents Children's Health Queensland's blueprint for meeting the changing needs of our children and young people over the next ten years.

The early years of a child's life provide the foundation for future health, development and wellbeing. Many challenges faced by adults, such as mental health issues, obesity, heart disease, criminality, and poor literacy and numeracy, can be traced back to pathways that originated in early childhood. Ensuring our children flourish as part of a healthy, vibrant society is our ethical, social and economic responsibility.

We are committed to improving the health and wellbeing of children and young people, particularly those from vulnerable communities and families. Our vision of a healthier tomorrow requires strategies that address health determinants, as well as health service delivery that is oriented around the needs of children, young people and families and is designed and delivered in partnership with them. Furthermore, we need a system that is based on coordination and collaboration across providers and decision makers, irrespective of sectorial, organisational or geographic boundaries.

The pace of change over the past ten years has led to significant reforms in health service delivery for children and young people in Queensland, including the establishment of Children's Health Queensland in 2012 and the opening of the Queensland Children's Hospital (formerly known as Lady Cilento Children's Hospital) in 2014.

As we plan for the next ten years, we need to have an appreciation for the complexity of the health system and how we can maximise our impact within it. As health systems worldwide shift to a focus on outcomes, Children's Health Queensland has an opportunity to take on a number of system roles to improve health outcomes for children and young people, including providing world-leading care, enabling other providers through effective partnering and providing advice, information, and advocacy for child and youth health statewide.

We would like to thank our staff across all clinical services for their significant input in the design of our service directions and strategies. This process was supported by the voices, stories and ideas of our consumers, carers and families, and through thorough research and analysis of our population's needs and of current and upcoming challenges and opportunities.

We also engaged with a wide range of health service providers across Queensland, as well as government agencies and other partners to ensure an integrated approach to the development of our future clinical service strategies.

Children's Health Queensland is passionate about its role as a leader within a networked system of services, and this plan is an important step towards taking a more holistic approach to children and young people's health and wellbeing to ensure they can reach their full potential.

Fionnagh Dougan
Chief Executive

David Gow
Board Chair

Children's Health Queensland
Hospital and Health Service



Introduction



The *Children’s Health and Wellbeing Services Plan 2018-2028* identifies the key health service directions and strategies needed to efficiently and effectively align Children’s Health Queensland’s services with the needs of the community over the next 10 years

The purpose of this plan is to improve the health status of children and young people in Queensland, while safeguarding the equity of health outcomes and improving service access across our population.

The *Children’s Health and Wellbeing Services Plan 2018-2028* is an extension of our vision and values into meaningful health service delivery strategies.

The plan represents the summary of a detailed and collaborative planning process underpinned by comprehensive consultation with children and families, our clinical and non-clinical services, hospital and health services across Queensland, Primary Health Networks, clinical networks and government bodies.

In addition to broad consultation, the plan has been informed by a series of technical documents including the *Children’s Health Queensland Population and Health Status Profile*,

the *Children’s Health Queensland Service Profile and Projections* and the *Children’s Health Queensland Service Planning Context*, a literature review of the macro trends in healthcare that need to be considered in the context of a 10-year planning horizon.

The plan articulates five key health service directions:


- 1. Promoting wellbeing and health equity
- 2. Improving service design and integration
- 3. Evolving service models
- 4. Delivering services closer to home
- 5. Pursuing innovation

These five strategic directions have been influenced by statewide health system priorities conveyed in documents such as *My Health, Queensland’s future: Advancing health 2026* and *A great start for our children: Statewide plan for children and young people’s health services to 2026*.

Implementation of the plan will require broad collaboration, including inter-professional teamwork, partnering across health service providers and cooperation across sectors. It is also imperative that this collaborative approach to health service delivery includes the voice of children, young people, their families and their carers.


This clinical services plan is complemented by other key Children’s Health Queensland plans and strategies including the *Financial Sustainability Plan 2017-2021*, the *Research Strategy 2018-2025* and the *Aboriginal and Torres Strait Islander Health and Wellbeing Services Plan 2018-2023*, a five-year plan aimed at enhancing health outcomes for Aboriginal and Torres Strait Islander children and young people.

Summary of development and consultation




Technical documents

- Over **500 hours** of research
- Over **140 references** and data sources




Service mapping

- **54** CHQ clinical services
- Input from over **200** clinicians and operational staff
- Over **100 hours** of workshops



External engagement

- Over **150** consumers and advisory groups
- Consultation with over **30 cross-sector organisations**





Our health services



Children’s Health Queensland Hospital and Health Service is a recognised leader in paediatric healthcare, education and research, and delivers a full range of clinical services, including tertiary care, quaternary care and health promotion programs.

Annual operating budget of approx
\$766 million



We employ more than
3,800 staff



Statewide services and programs, including
specialist outreach & telehealth services



Child and Youth Community Health Service (CYCHS)

- | | | |
|--|----------------------------|---|
| Centre for Children’s Health and Wellbeing | Deadly Ears | Hearing Loss Family Support Service |
| Child Development Program | Ellen Barron Family Centre | Primary School Nurse Health Readiness Program |
| Child Health Service | Good Start Program | School Based Youth Health Program |
| | Healthy Hearing | |

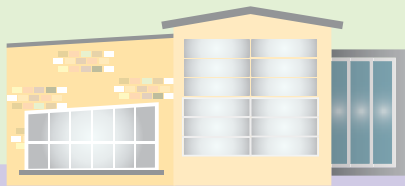
CYCHS includes the Ellen Barron Family Centre
48 bed inpatient facility



Child and Youth Mental Health Service (CYMHS)

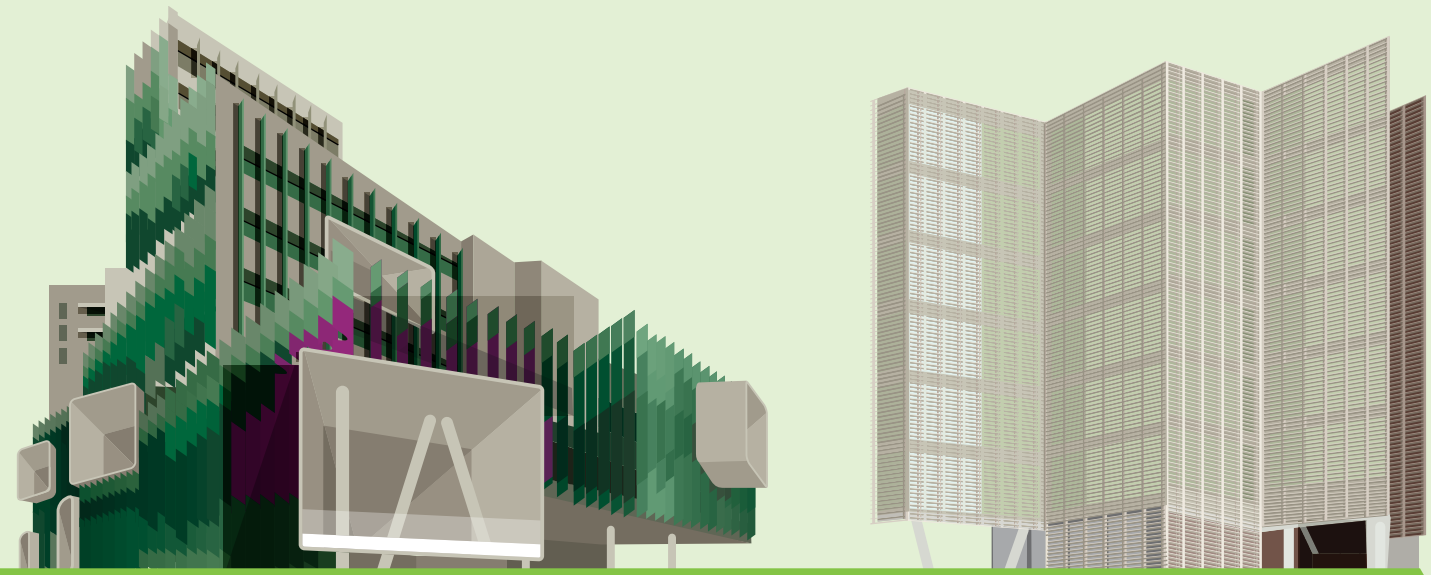
- | | |
|-----------------------|---|
| Community CYMHS Teams | Eating Disorders and Family-based Therapy |
| CYMHS Campus | Perinatal and Infant Mental Health |
| Day Programs | Specialist Programs |
| Forensic Programs | Youth Residentials |

12 cymhs facilities within the greater Brisbane metro area



Queensland Children’s Hospital (QCH)

- | | |
|---|---|
| Critical Care
Anaesthetics; Cardiology and Cardiac Surgery; Children’s Advice and Transport Coordination Hub; Retrieval Service; Emergency; Medical Imaging and Nuclear Medicine; Paediatric Intensive Care Unit; Paediatric Persistent Pain Management; Simulation Training on Resuscitation for Kids | Surgery and Perioperative services
Gastroenterology, Hepatology and Liver; Neurosurgery; Ophthalmology; Oral Maxillofacial; Orthopaedics; Paediatric and Neonatal; Paediatric Burns Centre; Paediatric Otolaryngology Head and Neck; Plastics and Reconstructive; Transplant Service; Trauma Service; Urology |
| Medical services
Allergy and Immunology; Child Protection and Forensic Medical Services; Dermatology; Endocrinology and Diabetes; General Paediatrics; Haematology; Infectious Diseases; Metabolic Medicine; Nephrology; Neurology and Neurosciences; Oncology; Palliative Care; Rehabilitation; Respiratory and Sleep Medicine; Rheumatology | Clinical Support services
Allied health services; CHQ at Home; Pharmacy; Connected Care Program; Queensland Specialist Immunisation Service; Telehealth services |



The Queensland Children’s Hospital, forged in the proud service traditions of the former Royal and Mater children’s hospitals, is a leading academic hospital with a longstanding history and commitment to research, a tradition that has been strengthened by its co-location with the Centre for Children’s Health Research.

Centre for Children’s Health Research (CCHR)

The Centre for Children’s Health Research is a partnership between Children’s Health Queensland, The University of Queensland and the Queensland University of Technology working in collaboration with the Translational Research Institute.

The Centre is committed to finding new ways to prevent, diagnose, treat or manage childhood diseases and conditions so we can make a real and enduring difference to the care and health outcomes of all children and families.

The communities we serve

Children’s Health Queensland is a statewide hospital and health service dedicated to caring for children and young people from across Queensland and northern New South Wales.

We serve a range of different population catchments across our network of community- and hospital-based services. These various catchments can be simplified to four key areas:

Queensland Children’s Hospital local catchment

The Queensland Children’s Hospital (QCH) local catchment defines the area for which QCH is the local hospital for children requiring more general acute services. It extends from Nudgee Beach and Wynnum in the East, to Keperra in the North, to Mt Crosby and Bundamba in the West to Forest Lake and Woodridge in the South (refer to map on page 9).

Child and Youth Community Health Services catchment

The Child and Youth Community Health Service (CYCHS) catchment is made up of the Brisbane, Moreton Bay, Logan-Beaudesert and Redlands Local Government Areas (LGAs). Additional school-based services are coordinated centrally but delivered by other hospital and health services (refer to map on page 10).

Child and Youth Mental Health Services catchment

The Child and Youth Mental Health Service (CYMHS) catchment is made up of the Brisbane LGA plus the former Pine Rivers Shire Council area (refer to map on page 11).

Statewide services

For many of our clinical services across QCH, CYCHS and CYMHS, Children's Health Queensland provides highly specialised tertiary-level services to the state’s sickest and most critically injured children, including those from northern New South Wales and the Northern Territory. Some specific services such as the Child and Youth Forensic Mental Health Outreach service have separate defined catchment areas e.g. from the border of Queensland and New South Wales to south of Rockhampton.



Approximately **91% of QCH inpatients are aged 0 to 14 years** with the other 9% aged 15 to 19. Some mental health services see patients up to the age of 24 due to changes to the *Mental Health Act 2016*.



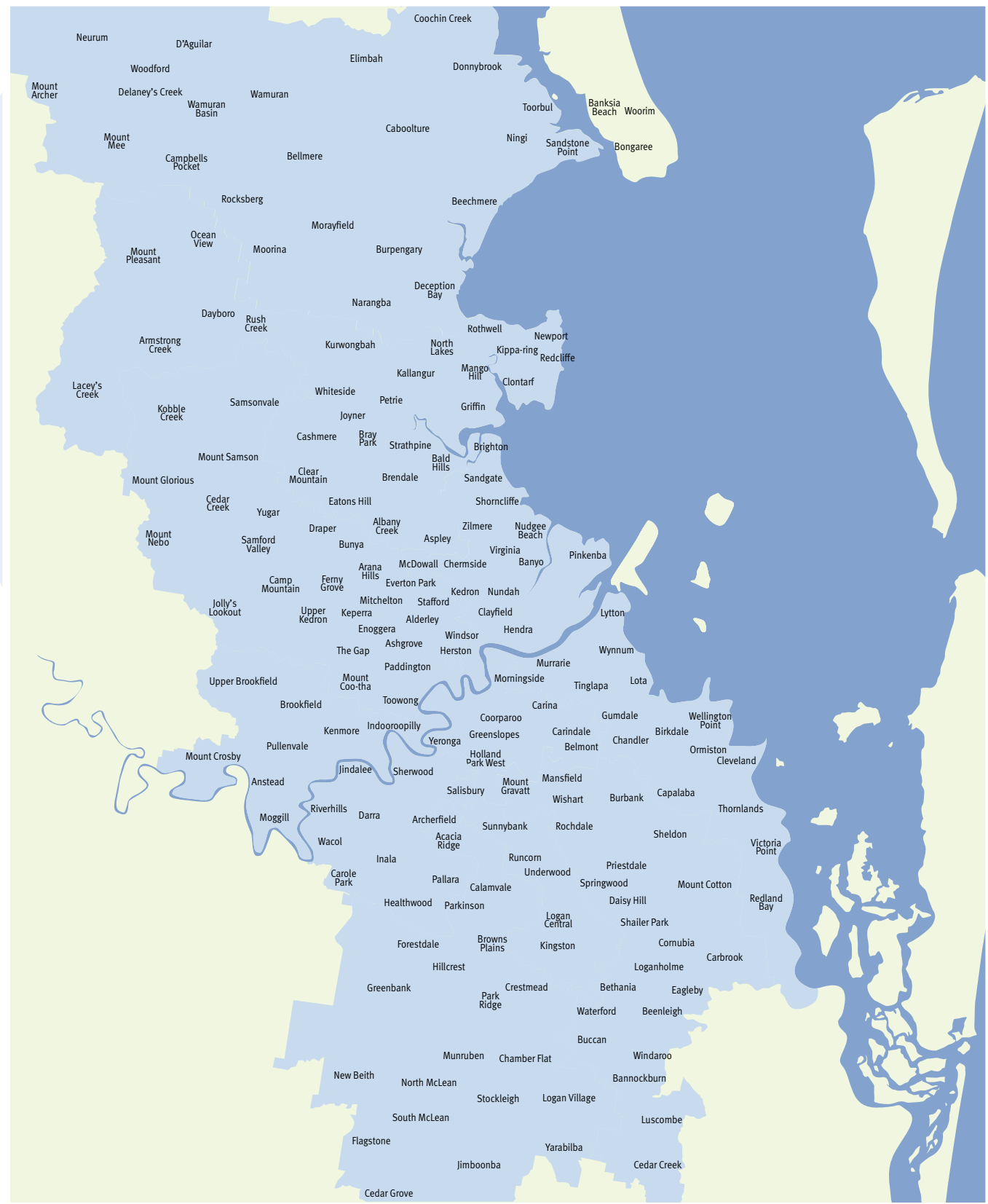
In the QCH local catchment, it is estimated that there are **228,000 people** aged 0 to 19 years which represents 24% of our catchment’s population.

Across our state, there are **1,262,000 people aged 0 to 19 years** which is approximately 26% of Queensland’s total population.

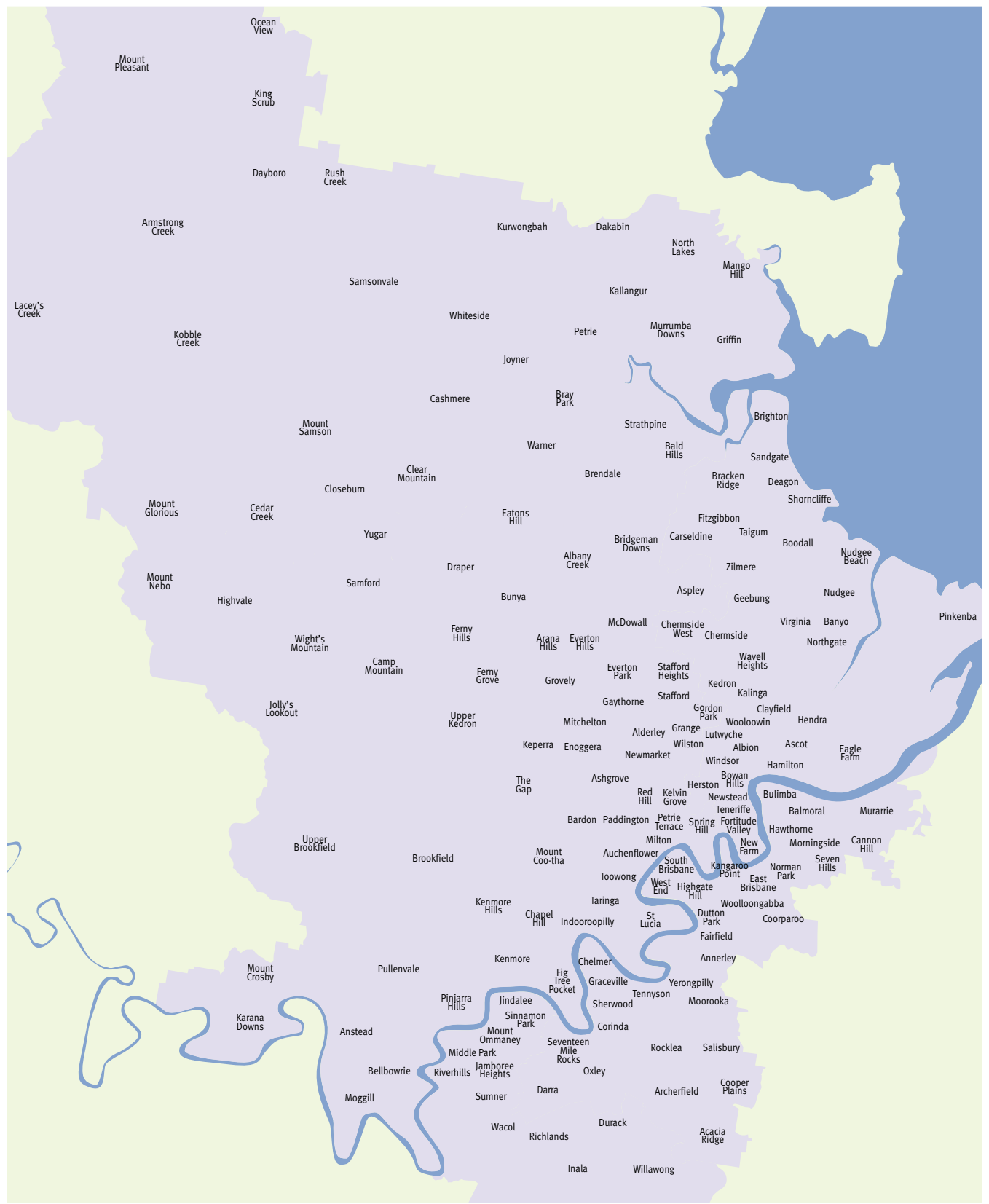
Queensland Children’s Hospital local catchment map



Child and Youth Community Health Service catchment



Child and Youth Mental Health Service catchment



Framework of factors affecting children’s health status

One of the most significant developments in health over the past three decades has been the increasing recognition of the need to broaden the response to health issues to include a more holistic approach to care.

The World Health Organisation’s 1986 *Ottawa Charter* broadened the definition of health stating that “Health is a positive concept emphasizing social and personal resources, as well as physical capacities”. The promotion of health and wellbeing is attained through enabling individuals and communities to address the determinants of health, which enables them to reach their full potential.

A number of recognised frameworks for the health and wellbeing of children and young people exist, including:

- *The Common Approach* by the Australian Research Alliance for Children and Youth (ARACY)
- *Children’s Headline Indicators* by the Australian Institute of Health and Welfare (AIHW)
- *National Framework for Child and Family Health Services – secondary and tertiary services* by the Australian Health Ministers’ Advisory Council (AHMAC).

The Children’s Health Queensland framework incorporates various national and international evidence-based indicators and aligns strongly to *The Common Approach* domains, while focusing on children and young people aged 0 to 19.

Each of the following Children’s Health Queensland domains includes a broad set of indicators linked to health and wellbeing outcomes for children and young people:

- Living in Queensland
- Being healthy
- Using services
- Having material basics
- Learning
- Being loved and safe
- Participating.

Information on the status of Queensland’s children and young people across these domains is included in this plan.



Needs analysis



Over the next 10 years, there will be numerous challenges that Children’s Health Queensland will face in the delivery of health services, both within the Queensland Children’s Hospital and community services catchments, as well as across the state. These challenges include changes to population size and demographics, disease profiles and demand for health services, evolution in the role of Children’s Health Queensland, models of service delivery, policy frameworks and funding mechanisms as well as advances in research, technology and innovation.



Needs analysis

Population

Future population growth will disproportionately affect particular areas

Between 2017 and 2027, the Queensland population aged 0 to 19 years is expected to grow by 191,000 people, or 15 per cent. This growth is not evenly distributed across geographies and some areas are expected to see high growth in children and young people while some rural areas have negative projected growth. For example, the 0 to 19 years population in the West Moreton Hospital and Health Service (HHS) area is projected to grow by 44 per cent over the next 10 years, with other high-growth areas including the Gold Coast (22 per cent) and Sunshine Coast (17 per cent) HHS areas. In terms of the number of children and young people, the Metro South and Metro North HHS areas have the highest projected growth, with a combined expected additional 71,000 children and young people by 2027.

Poorer health outcomes are strongly linked to socio-economic disadvantage

Early life adversity and social disadvantage have been shown to have a direct impact on a child’s health and development trajectory and outcomes. Socio-economic disadvantage accounts for approximately one-fifth of the total burden of disease in Australia. One in three children and young people in Queensland live in areas classed as being in the top 40 per cent of socio-economic disadvantage.

Research shows that “it’s not your genetic code; it’s your postcode” that matters most when it comes to health and wellbeing inequalities.

(Cohen 2016)

Furthermore, a child’s health and development is influenced by the health behaviours and status of the adults in their community. When a child is exposed to adults who exhibit health risk behaviours, they too are exposed to the potential adverse consequences. For example, a child’s asthma may be exacerbated by a parent’s smoking.

“Australians living in rural and remote areas tend to have shorter lives, higher levels of disease and injury and poorer access to and use of health services compared to people living in metropolitan areas.”

– AIWH 2017



LIVING IN QUEENSLAND

Almost **1.3million** children and young people live in Queensland¹

1 in 4 Queenslanders are children and young people¹

By 2026 the Queensland population of children and young people is expected **to grow by 15%** (by over 190,000)¹



Queensland's children and youth are **51.2% male** **48.8% female**¹

7.7% (97,000) of Queensland's children and young people identify as Aboriginal and/or Torres Strait Islander

1 in 3 Queenslanders have at least one parent born overseas¹

Top non-English speaking background countries of overseas-born population **India, China, Philippines, Germany, Vietnam, Korea**¹

more than 220 languages are spoken in Queensland²



62% live in cities **35% regional** **3% remote**¹

Approximately **2,300** humanitarian **refugees** settle in Queensland per year³

¹ Australian Bureau of Statistics.

² Queensland Department of Aboriginal and Torres Strait Islander and Multicultural Affairs.

³ Queensland Government Statistician's Office.



Population

We require a targeted approach to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander people statistically bear a greater burden of ill-health and early death than non-Indigenous Queenslanders. Approximately eight per cent of children and young people in Queensland identify as Aboriginal and/or Torres Strait Islander. The Torres and Cape HHS area has the highest proportion of 0 to 19 year olds who identify as Aboriginal and/or Torres Strait Islander (82 per cent), followed by North West HHS (39 per cent), South West HHS (24 per cent) and Cairns and Hinterland HHS (22 per cent). By 2026, the number of children in Queensland aged 0 to 14 who identify as Aboriginal and/or Torres Strait Islander is projected to be between 89,000 and 98,000, up from 66,000 in 2016.

Children's Health Queensland is taking a targeted approach to the health of Aboriginal and Torres Strait Islanders through the *Children's Health Queensland Aboriginal and Torres Strait Islander Health and Wellbeing Services Plan 2018-2023*.

Culturally and linguistically diverse children and families can have specific health needs that differ from the rest of the population

Queensland is home to people who come from more than 195 countries and speak more than 220 languages. At the 2016 Census, for children aged 0 to 14, 35 per cent had at least one parent born overseas, and 18 per cent had both parents born overseas.

As a group, people born overseas can have health characteristics that are different from the rest of the population. The mortality and morbidity patterns of migrants can be influenced by both their country of origin and where they currently live, and by the process of migration itself. Migrants may also face challenges, such as language barriers and cultural norms that make it difficult to access health services. The top non-English speaking countries that make up the overseas-born population in Queensland include India, China, Philippines, Germany, Vietnam and Korea.

Children with disability are vulnerable to poor health outcomes and will be affected by the transition to the National Disability Insurance Scheme

Children with disability are typically living at home, going to school, socialising and, for those who are older, preparing to meet the challenges and opportunities of adulthood. People with disability are vulnerable to poor health outcomes and adverse health behaviours. Many of the health differences are socially determined, rather than due to the disability itself. People with disability are more likely to:

- have lower levels of education
- have lower levels of social and community participation
- experience discrimination
- have lower rates of employment and income.

According to the *2015 ABS Survey of Disability, Ageing and Carers*, 2.6 per cent of children aged 0 to 4 and 5.4 per cent of children aged 5 to 14 in Queensland have a profound or severe disability and require assistance in everyday activities, including core activities such as self-care, mobility and communication.

At present, the health and disability sectors are being impacted by the transition to the National Disability Insurance Scheme (NDIS). Engaging and collaborating with external NDIS providers will be key to ensuring access to timely health and therapy support for children with disability and their families.

There are additional population groups that we also need to prioritise and improve health outcomes for

There are a number of additional identifiable groups in the community whose health outcomes are demonstrably lower due to the conditions in which they are born, grow, live, work and age. Many of the same factors which put children at risk of poor health and wellbeing are the same factors which prevent children and their families from accessing the services that have the resources and expertise to help.

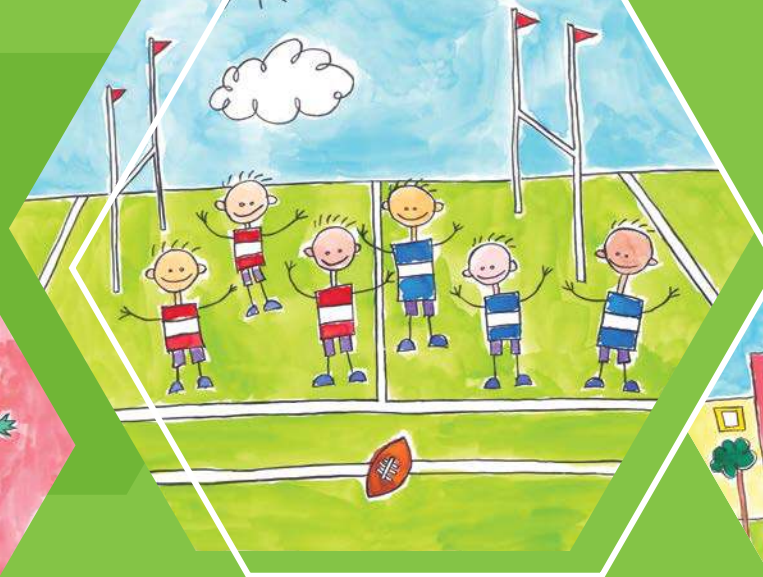
In addition to the population groups noted previously, our priority populations include children and young people who:

- are at risk of violence, abuse or neglect
- are homeless or at risk of homelessness
- are refugees or children of refugees
- are lesbian, gay, bisexual, transgender or intersex
- have parents with a mental illness or drug or alcohol dependency
- have parents or carers with unresolved trauma.

“I was a patient and an interpreter at the same time when I had to explain to my Chinese parents about my mental health condition and treatment. It was really tough.”

– CHQ Consumer Group member





What does child- and family-centred care mean to you?

That clinicians help in every possible way to ease pain, to make me feel important. – Child, aged 12

That I can have access to information, ask questions or seek help about my child's care at all hours of the day. – Parent

That every decision made is seen through the lens of the patient and that consumers are involved at every level from the bottom up, all the way through the organisation, within every project. – Parent

That I can have nice people around me, my teddy bear, a blanket and my pillow. – Child, aged 4

That there is computerised check-in at all appointment locations. It would free up administration staff to do other work, answer phone calls and assist those in the outpatient waiting areas who really need it. – Parent

That medical professionals are listening to families and patients. – Parent

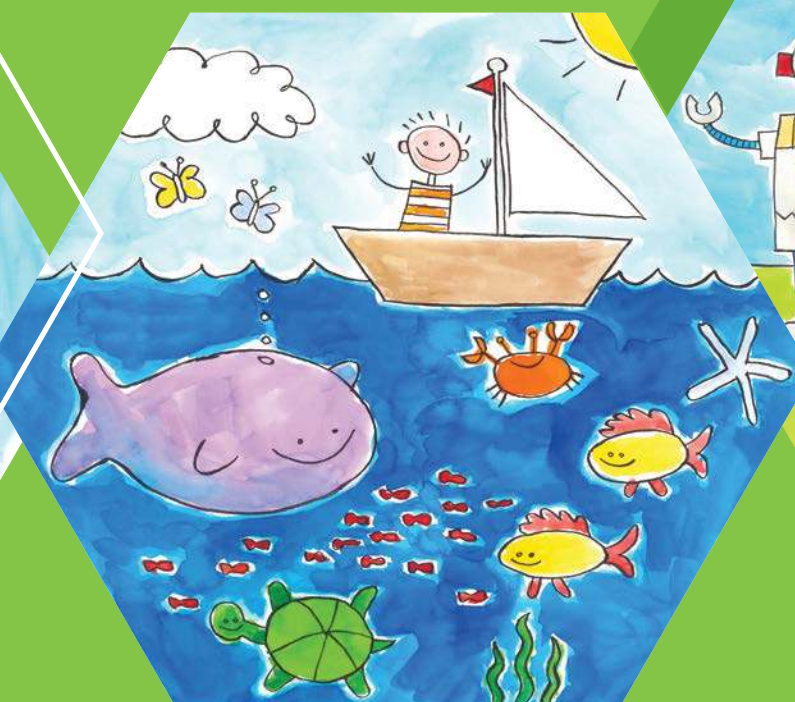
That nurses and doctors are talking me through all the things they do. – Child, aged 8

That staff have good bedside manner and see my child as part of a family with our own circumstances when decisions about her care are being made – Parent

That everyone tries their best to make it easy for us. We live in Townsville and have to travel far to get to Brisbane. It means that everyone works together between the services at home and in Brisbane. – Parent

That the health and wellbeing of the parents and siblings are also considered. – Parent

That my daughter is the priority and all of her needs are attended to, the physical and mental ones alike. The ultimate meaning is that everyone is working towards getting her better. – Parent



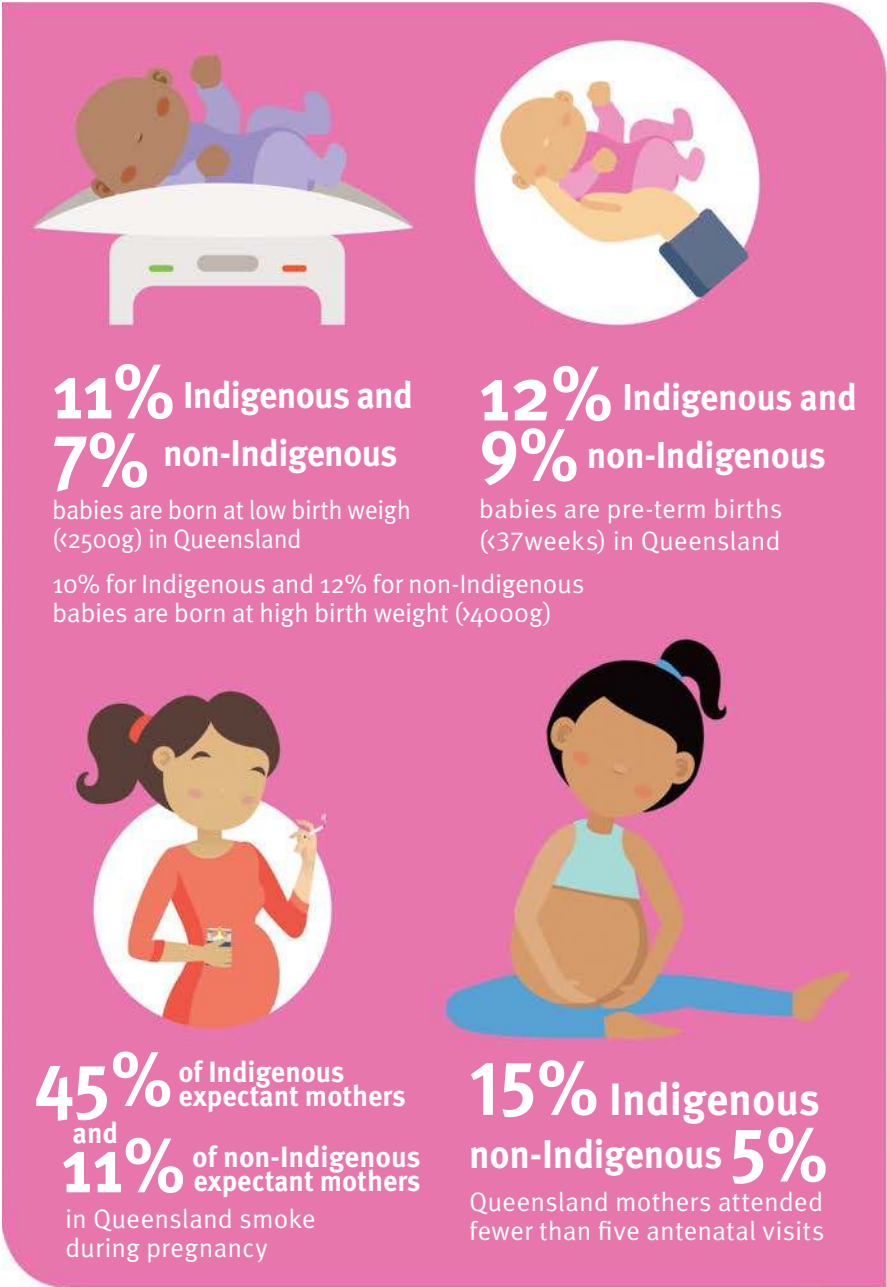
Needs analysis



Health status

Perinatal outcomes vary significantly across different population groups

The perinatal period commences at 22 completed weeks (154 days) of gestation and ends seven completed days after birth. Perinatal health is closely linked to maternal death, perinatal death, and congenital anomalies. Babies of low birth weight or shorter gestation have an increased risk of perinatal death and antenatal smoking and lack of antenatal care have been linked to increased risk of low birth weight and prematurity. Although indicators for non-Indigenous Queenslanders are in line with national averages, there is an undeniable disparity in perinatal outcomes between Indigenous and non-Indigenous women in Queensland. Babies born to Indigenous women are more likely to be of lower birthweight and/or shorter gestation compared with babies born to non-Indigenous women, while antenatal smoking and fewer antenatal care visits are more common among Indigenous women.



Source: The Health of Queenslanders: Report of the Chief Health Officer Queensland, 2016

Children and young people exhibit many of the behavioural risk factors that lead to poor health outcomes

Adolescence and young adulthood is a significant period of transition in a person's life. Many modifiable behavioural risk factors that can affect current and future health and wellbeing either emerge or accelerate during this time. The association between healthy eating behaviours, sufficient physical activity and health are well documented. Currently, children and young people in Queensland are exposed to many of the behavioural risk factors that can negatively affect their future health outcomes. Addressing health concerns and choices early can improve the immediate quality of life for young people and is socially and economically more effective than dealing with enduring problems in adulthood.



Source: The Health of Queenslanders: Report of the Chief Health Officer Queensland, 2016



Health status

The burden of disease in children and young people is shifting towards more complex and chronic conditions

Most Queensland children have a healthy start in life, but not all. Those who do not are more likely to be from socio-economically disadvantaged backgrounds or born to Indigenous mothers or teenage mothers. Our approach to children and young people’s health is changing due to an evolving understanding of the interplay between them and the economy, their cultural norms, environment, community, family and peers. Health issues are becoming more complex and shifting towards new patterns, including higher prevalence of chronic disease, trauma, obesity and mental health.

In 2011, infant and congenital conditions, mental and substance-abuse disorders, injuries and respiratory diseases were the leading causes of burden of disease for children aged 0 to 14.

We need to respond to the increasing prevalence of mental health conditions for children and young people

It is estimated that in 2012, approximately 138,000 children aged zero to 14 in Queensland experienced a mental disorder. Attention-deficit/hyperactivity disorder (ADHD), anxiety disorders, major depressive disorders and conduct disorder were the most common mental disorders in children. The prevalence of major depressive disorders is higher in adolescents than children.

The leading cause of death for people aged 15 to 24 in Australia from 2012 to 2014 was suicide.

The Royal Australian and New Zealand College of Psychiatrists reports that autism spectrum disorders, childhood and developmental trauma, infant mental health, disordered eating and gender dysphoria are also becoming more prevalent and require a targeted response, including prevention and early intervention programs, greater integration of care and cross-sector collaboration to identify high-risk children.

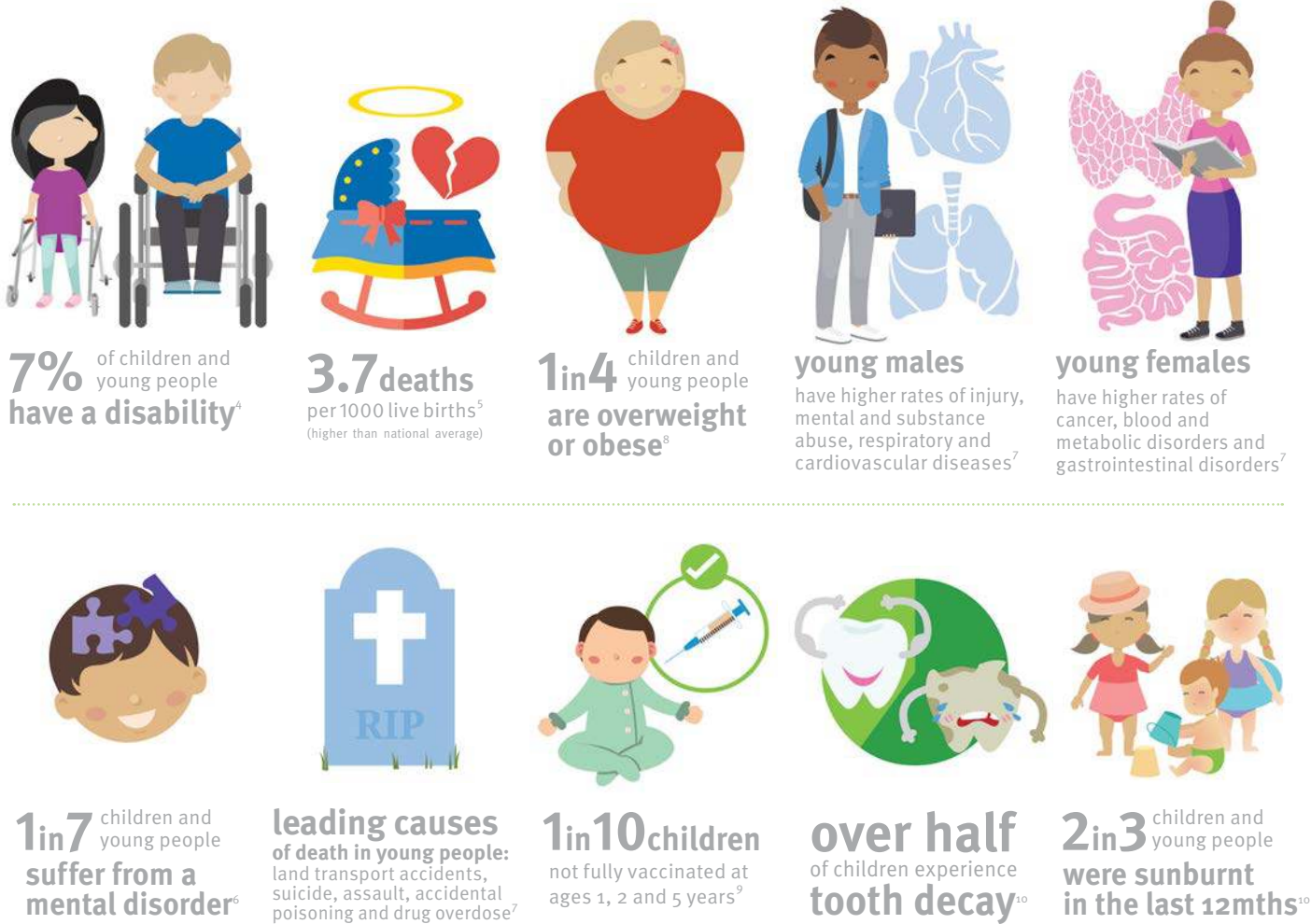
According to the AIHW, the top five specific causes of burden of disease and injury for children aged 0 to 14 in 2011 were pre-term birth and low weight complications, asthma, sudden infant death syndrome (SIDS), other disorders of infancy and birth trauma and asphyxia.

Infant mortality rates in Queensland are higher than the average for Australian States and Territories

According to the *Queensland Family and Child Commission Annual Report 2015-16*, infant mortality in Queensland was 3.7 deaths per 1,000 live births, down from 4.5 deaths per 1,000 in 2014-15. However, AIHW data shows that infant mortality in Queensland is still higher than the average for states and territories in Australia with available data, both in terms of Indigenous and non-Indigenous rates.

For the period 2012-2014, the leading causes of death for children under 12 months were conditions originating in the perinatal period, congenital malformations, deformations and chromosomal abnormalities. For children aged one to 14, the most common causes of death were land transport accidents and accidental drowning.

BEING HEALTHY



4 Australian Bureau of Statistics
5 Queensland Family and Child Commission
6 Federal Department of Health - The Mental Health of Children and Adolescents Report on the second Australian child and adolescent survey of mental health and wellbeing 2015
7 The Australian Institute of Health and Welfare
8 Queensland preventive health survey 2015-2016
9 Queensland immunisation program data
10 The Health of Queenslanders: Report of the Chief Health Officer Queensland, 2016



Health service demand

Aside from population growth, demand for health services is rising due to increased complexity, survivorship and expectation of sub-specialist advice

The rates of children with chronic or comorbid diseases are on the rise. In particular, asthma, allergic rhinitis and type 1 diabetes are contributing to the increasing complexity of patients requiring medical treatment. As treatments improve and new treatments are developed, the number of children and young people who require ongoing care or management increases too. If we don't change the way we deliver services, the projected rate of growth over the next ten years is likely to be unsustainable.

“One of the main challenges we have to address is the significantly increased service demand. We need models of service delivery that are scalable and sustainable, particularly for regional areas.”
– Regional HHS



USING SERVICES

In 2016-17, Queenslanders aged 0-17

Over **180,000** hospitalisations of children and young people in Queensland
95% public 5% private¹¹

Over **1 in 4** hospitalisations were for children aged 0 to 2¹¹

Rural and remote areas had higher hospitalisation rates than metro and regional areas¹¹



Leading causes of hospitalisation
13% ear, nose and throat¹¹
12% respiratory¹¹
10% paediatric general surgery¹¹



1 in 6 hospitalisations were potentially preventable (PPH) representing **46,000 bed days**¹²
Of these PPHs
25% ear, nose and throat
19% dental, **10%** asthma



1 in 4 emergency presentations were for children aged 0 to 2¹²
Leading causes of ED presentation were **upper respiratory infection, croup viral infection and superficial injury**¹²



Over **39%** of ED presentations could potentially have been seen by a GP¹²
On average, children aged 0 to 4 visited a GP **6.5 times per year**¹³

¹¹ Queensland Hospital Admitted Patient Data Collection, Statistical Services Branch, Queensland Department of Health
¹² Emergency Data Collection, Healthcare Improvement Unit, Queensland Department of Health
¹³ Medicare Australia Statistics, Department of Human Services

Needs analysis

Health service demand

Hospital-based care

- Key challenges currently facing Children’s Health Queensland’s hospital-based services include:
- Projected demand for services is higher than planned infrastructure growth.
 - The increasing complexity of patients is lengthening hospital stays, particularly in high-acuity areas such as the Paediatric Intensive Care Unit.
 - An expanding scope of service to deliver specialist advice and consultation to primary and secondary care providers is impacting on local service capacity.
 - Internal consultation-based activity and external support and education is difficult to quantify and largely unfunded.
 - Additional demand from the provision of secondary-level services for patients outside of the QCH local catchment due to a number of factors, including a lack of clearly defined referral pathways, clinical guidelines and system capacity and capability.
 - A high level of emergency presentations that are classed as ‘potentially avoidable GP presentations’.

Inpatient care

Children’s Health Queensland 2016-17 actual

Overall inpatient activity 40,766 inpatient separations, 102,228 bed days 45% of inpatients aged 0 to 4 9,562 potentially preventable hospitalisations, representing 11,099 bed days Approximately 2,900 patients are waiting for elective surgery Top five service related groups (SRGs) by volume were respiratory medicine; ear nose and throat (ENT); orthopaedics; general surgery; chemotherapy and radiotherapy. Accounting for over 45% of inpatient separations High demand and high growth specialties include ENT, general surgery, orthopaedic surgery and ophthalmology High volumes of chemotherapy and gastrointestinal endoscopy patients	Subacute inpatients 772 inpatient separations 4,996 bed days
	Mental health inpatients 972 inpatient separations 7,061 bed days
	Procedural inpatients 4,185 inpatient separations 4,996 bed days

Department of Health (DoH) 2026-27 projections

Acute medical and surgical 34% growth in separations 24% increase in acute medical and surgical bed demand High growth rates for medical services are projected in: general paediatrics, renal medicine, neurology High growth rates in surgical services are projected for: head/neck surgery, orthopaedics, ENT, urology	Subacute inpatients 48% growth in inpatient separations. Highest growth in same-day rehabilitation
	Mental health inpatients 410% growth in bed days
	Procedural inpatients High growth in interventional cardiology and chemotherapy

“ With current trends, the Queensland Children’s Hospital would need an additional **110 beds** by 2026-2027. ”

– Department of Health activity projections



Outpatient care

CHQ 2016-17 actual

226,342 occasions of service
32% of outpatients were aged 0 to 4
Top five services by volume: orthopaedics, physiotherapy, ophthalmology, ENT and medical oncology
Just over **10,000** people waiting for a specialist outpatient appointment. Approximately **1,000** waiting longer than clinically recommended
Services with most long waits: cardiology, ophthalmology, general paediatrics, rheumatology, neurology

DoH 2026-27 projections

27% growth in occasions of service
Highest growth expected in rheumatology, nephrology, orthopaedics, neurology and ENT

Emergency care

CHQ 2016-17 actual

66,720 QCH emergency presentations
52% of these were aged 0 to 4
41% classed as potentially avoidable GP presentations
Top five reasons for emergency department presentation: viral infection, upper respiratory tract infection, minor head injury, croup, reactive airway disease
Emergency length of stay in April 2018, **75.8%** a decline from 84.2% in July 2016 and against a target of 80% or above

DoH 2026-27 projections

32% growth in emergency department presentations
40% increase in emergency department bed demand
Highest growth expected in triage category 2 and 3



Needs analysis



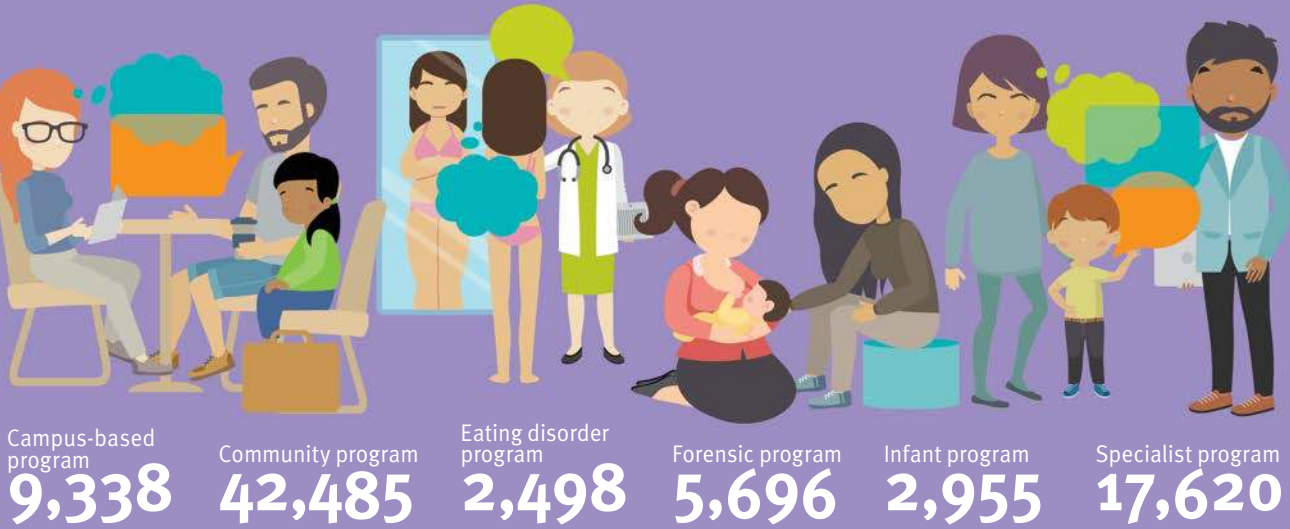
Health service demand

In 2016-17, Children’s Health Queensland delivered almost 200,000 occasions of service across all community-based services, including CYCHS and CYMHS

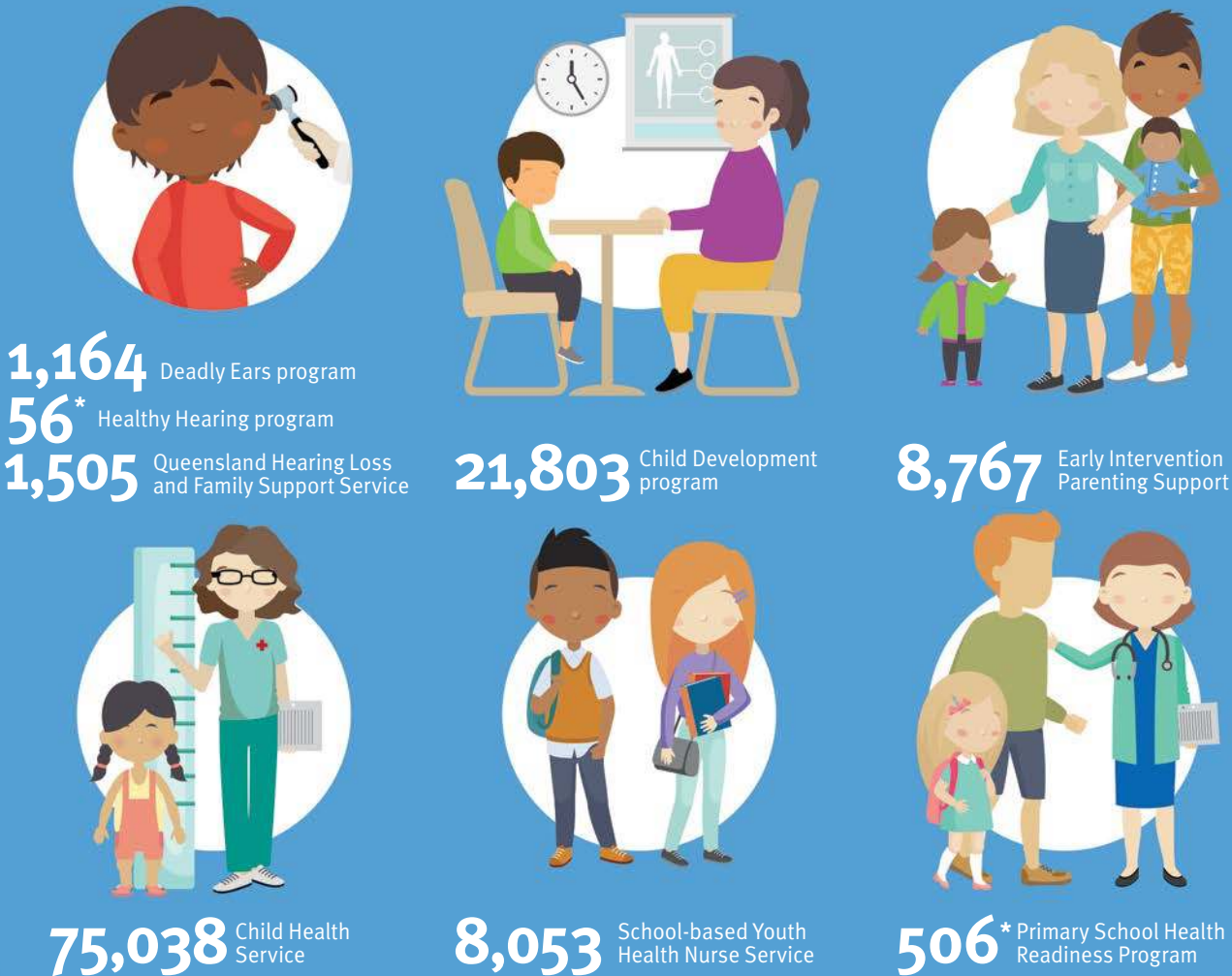
Community-based care

- Key challenges currently facing our community-based services include:
- A large unmet demand for services in the community, as well as growth in population and complexity of patients, including chronic disease, dual diagnosis and complex needs patients.
 - An increasing expectation to deliver high-quality outcomes in non-hospital settings.
 - A need to better align available resources to population need, including the use of proportionate universalism as a principle for alignment.
 - Limited oversight of centrally managed services that are provided by other hospital and health services.
 - A lack of detailed activity data and population need, including prevalence and outcomes data.

Child and Youth Mental Health Service occasions of service 2016-17



Child and Youth Community Health Service occasions of service 2016-17



* Does not include screening activity. In 2016-17, the Healthy Hearing program screened 59,925 newborns and the Primary School Health Readiness program screened 12,992 children across Queensland.

Unsustainable growth in demand for acute services is driving the need for the transformation of the proactive and preventative community-based services such as the Child Health Service.

Needs analysis

Health service directions

National and State policy frameworks articulate the environment in which we operate

My health, Queensland's future: Advancing health 2026

My health, Queensland's future: Advancing health 2026 was developed to guide long-term Queensland Government investment into health and to reorient our system to be flexible and innovative in taking advantage of new technologies, while improving health outcomes for the Queensland population at large. The plan focuses on four key service directions:

- Promoting wellbeing
- Delivering healthcare
- Connecting healthcare
- Pursuing innovation.

A great start for our children: Statewide plan for children and young people's health services to 2026

The Department of Health's statewide plan for children and young people's health services sets out short, medium and long-term strategies to improve health outcomes for children and young people across Queensland. It seeks to bring together government agencies, service providers and the community to cooperate and offer children and young people the best start in life. The plan was developed collaboratively with stakeholders including Children's Health Queensland and focuses on five service directions for public sector children's health services in Queensland:

- Promoting wellbeing
- Improving service design and coordination
- Evolving service models
- Delivering services closer to home
- Pursuing innovation.

National Disability Insurance Scheme (NDIS)

The NDIS is the new way of providing support for Australians with disability, their families and carers. It was introduced in Queensland in 2016, with a three-year rollout plan. This significant reform of disability services supports interfaces with mainstream service providers including health, bringing change to established roles, responsibilities and internal and external clinical practices and pathways.

Mental Health Act 2016

Implementation of the new *Mental Health Act 2016* began in 2017. The purpose of the Act is to provide mental health care in a way that:

- safeguards the rights of consumers
- affects a person's rights and liberties only to the extent necessary
- promotes consumer recovery.

The new Act provides special protections for young people to access treatment and care, such as the right to be treated in their own home or in their own community unless they need to be in hospital.



HAVING MATERIAL BASICS

1 in 7 single parents with dependent children are unemployed¹⁴

1 in 8 young people are unemployed¹⁵

in remote areas 3 in 5 young people are unemployed¹⁴



Over 4,500 children are homeless or live in marginal housing¹⁴



Over 80,000 people receive income support payments for parenting¹⁶



1 in 3 fathers and 2 in 3 mothers use special work arrangements (part-time, flexible hours)¹⁴



1 in 4 children live with a current smoker¹⁷
Children growing up in a home with a smoker are 4 times more likely to become a daily smoker¹⁷



1 in 3 children live in the most disadvantaged areas of Queensland¹⁴
the burden of disease is 50% higher in socio-economically disadvantaged areas¹⁸

¹⁴ Australian Bureau of Statistics
¹⁵ Queensland Government Statistician's Office
¹⁶ Australian Government – data.gov.au
¹⁷ The Health of Queenslanders: Report of the Chief Health Officer Queensland, 2016
¹⁸ Queensland Health – Burden of Disease and Injury – November 2017





Health service directions

The role of Children's Health Queensland in a networked system is evolving

Our role is beyond that of a service provider for a local catchment population – it extends to system enablement, advice and advocacy for improved outcomes.

We need to strike the right balance of service delivery for the QCH local catchment population, our community services, the statewide services we provide and the desire to build capability and capacity in paediatric healthcare across the system. We will also strive to increase the reliability and consistency of care for children and young people across the state, regardless of geography or service provider.

Our capacity to broker and mature relationships with other organisations involved in the designing, commissioning or provision of children's services across all sectors is key to enabling improved health outcomes for our population.

“CHQ should also have a role in ensuring that guidelines and resources are developed for the whole state. It's important for CHQ to have a strong voice in supporting the development of specialist services across Queensland.”

– Regional health professional

Our models of service delivery should reflect a holistic view of children's health and wellbeing

Not all of our existing service models are meeting the constantly evolving needs of children and young people in the communities we serve. With this evolution comes a need to change our approach to a more holistic view of children's health and wellbeing. We need to move towards an understanding of care delivery in the broadest sense – including physical, psychological and social aspects.

In order to cope with rising demand with limited resources, a whole-of-system approach should be undertaken to shift from a reactive tendency to treat people's health problems to maintaining people's health in their communities.

The foundation for future health, development and wellbeing is established in the early years of a child's life. The earliest stage of human development – the period from conception to the end of a child's second year – has become known as the first 1,000 days. Evidence suggests that many of the 'wicked problems' in healthcare are preventable, and through targeting vulnerable communities with early interventions in the first 1,000 days that improve health literacy, reduce risky behaviours and ensure the availability of material basics, outcomes for children and young people can be greatly improved.

Our vision of a healthier tomorrow requires strategies that address health determinants, as well as health service delivery that is oriented around the needs of children, young people and families, and is designed and delivered in partnership with them. Furthermore, we need a system that is based on coordination and collaboration across providers and decision makers, irrespective of sectorial, organisational or geographic boundaries.

Funding models must adapt to align resources to need and address population health outcomes

Queensland Health's funding structure is complex and designed to incentivise high throughput and low cost. Partnership models within Children's Health Queensland and across providers are becoming increasingly necessary to tackle growing resource pressures and to fundamentally improve outcomes for children and young people.

Future funding models will require a cultural change among purchasers, providers and consumers. They should support the health system to shift its priorities, moving from treatment to prevention and wellness, and moving from individuals to a holistic population health approach that aligns resources to where they are needed most. Investing in preventative initiatives has positive long-term effects for individual provider budgets, and subsequently for whole-of-system budgets.

Improving the continuity of care across services is important and funding models that incentivise integration are essential. By using a values-based approach to funding that focuses on continuity of care and outcomes, rather than episodes of care, consumers will increasingly experience seamless transitions between providers and services, resulting in improved health outcomes.

Needs analysis

Health service directions

Technology advances and innovation are driving change and providing new opportunities to improve outcomes for children and young people

There are many drivers for health services to introduce technology advances, including consumer expectations, patient safety, care integration, quality improvement and efficiency. Personalised medicine based on genetic sequences, surgical robots that improve precision, nano-robots that deliver targeted medications and wearable or implantable biosensors are already changing the way we deliver services.

Data generated by the newly introduced integrated electronic medical record (ieMR) allows us to better understand quality and efficiency, changing how performance and outcomes are measured, while at the same time improving patient outcomes, journeys and experiences.

Artificial intelligence (AI), predictive analytics and machine learning will increasingly be used to support staff and consumers through advanced clinical decision support, smart bots and messaging services and creating breakthroughs in research, such as combining the power of AI and genomic tumour sequencing to enhance cancer treatment solutions.

Through the collection and analysis of population health data, Children’s Health Queensland can better understand the characteristics, trends and needs of the populations we serve. This enables more informed health service planning, as well as targeted prevention, promotion and protection strategies towards vulnerable and at-risk communities.

Online health portals, information and learning material can support families and increase the level of engagement between consumers and their service providers. The *National Digital Health Strategy* states that children should be educated in the classroom about digital health literacy, and that digital tools can help educate children on their health and wellbeing.

There is no doubt that new technology solutions will significantly disrupt the world of healthcare, however it is important to note that human interaction between families and our health workforce is important, and its impact should not be underestimated. We should embrace new technologies to enhance care, the child and family experience and service efficiency through a measured approach that addresses the concerns around data privacy and system interoperability while supporting and enabling our workforce to deliver world-leading outcomes for children and young people.



LEARNING



3 in 4 Queensland children play music, sing, dance or do other musical activities with their parents¹⁹



3 in 5 Queensland parents tell stories or read to their children every day²⁰



84% of children attend a pre-school¹⁹
(lower than the national average)
Over 90% of children attended school²⁰
of these children, 9 out of 10 went on to attend years 11 and 12²¹

1 in 4 Queensland children are developmentally vulnerable¹⁹

1 in 6 Queensland children were identified as having special needs or requiring further assessment¹⁹

less than 50% of students with ADHD or other conduct disorders have results above the national minimum standard for some test domains and year levels²³



Compared nationally, NAPLAN results for Queensland years 3 and 5 are above average but decrease for 7 and 9²²
Compared to New South Wales and Victoria, the writing skills of Queensland year 9 students are below average¹⁹

“An online chat option with an artificial intelligence bot for common questions would be really useful.”

– Parent



¹⁹ Australian Early Development Census
²⁰ Department of Education Queensland
²¹ Australian Bureau of Statistics
²² National Assessment Program: State Relativities
²³ Child and Adolescent Mental Health and Educational Outcomes, December 2017

Needs analysis

Health service directions

We should lead the way in supporting statewide workforce capacity and capability

The undersupply of healthcare workers is not just a challenge across Australia but is being felt globally. The lack of healthcare staff in rural and remote areas is particularly detrimental, as the population in those areas often have worse health outcomes than in more urban pockets of Queensland.

With ongoing statewide initiatives moving care closer to home as well as out of hospitals and into the community where it is safe and sustainable to do so, it is important that appropriate workforce capability is available to support this shift. We should undertake a leadership role in the system planning of paediatric services, and support specialist service capacity, capability and access by supporting paediatric health leaders, providing formal training and education programs and implementing flexible models of capacity building such as role substitutions, mentoring programs, rotational appointments and secondments across hospital and health services.

Australia's health workforce is also ageing, retiring and being replenished by younger generations. Queensland Health estimates that by 2026, "nearly half of the Queensland Health nursing workforce and three-quarters of our medical staff will be Generation Y and Z" (Queensland Health, 2016). Succession planning, responsive employment and education policies and robust knowledge management systems will be important for maintaining an experienced and capable workforce.

Innovative models of service delivery and maximising scope of practice are vital to magnify the impact of our workforce and maintain patient safety. Furthermore, an expansion of postgraduate education and training would support a growing number of qualified health staff entering the child and youth health workforce.

“Our main challenge is to build and sustain the skilled paediatric workforce needed to meet the evolving needs and increased complexity of our patients.”

– CHQ health professional

Future research will be responsive to contemporary needs and provide the evidence base for positive change

New research has the ability to radically change and shape our future health landscape, further impact the design of patient pathways and improve patient outcomes. However, not all research undertaken is aligned to population need and not all services are evaluated with a common outcomes framework, taking into account clinical outcomes and long-term economic benefit. There can also be long lead times translating research into practice, with studies showing that it takes an average of 17 years for Level 1 evidence to become common practice in healthcare (Balas et al, 2000).

Queensland Health aims to have established “a strong innovation and research culture across the health system” by 2026, with the goal of having “20 per cent of National Health and Medical Research Council grants awarded to Queensland researchers” (Queensland Health, 2016).

Future research agendas should strive to keep children and young people healthy through prevention and early detection, improve the health outcomes and reduce the burden of disease for children and young people through better treatments and standardise the way health services and systems research is conducted to inform changes to models of service delivery.

PARTICIPATING BEING LOVED AND SAFE



Of households with children under 15 years, **97%** have access to internet³⁰
4 in 5 Queensland teenagers use email³²



1 in 4 young people volunteer³¹



7 in 10 Queensland children participate in organised sport³⁰



1 in 5 Queensland children attend a playgroup²⁹



Among young Queenslanders, suicide is the leading **cause of death**²⁷



Almost **9,000 children** are in out-of-home care²⁸ (e.g. foster care)



More than **one-quarter** of all Australian children under youth justice supervision are Queenslanders (over 1,400 children)²⁹



5 in 1,000 Queensland children are victims of child abuse²⁹

²⁷ Australian Institute of Health and Welfare

²⁸ Department of Communities, Child Safety and Disability Services

²⁹ Australian Bureau of Statistics

³⁰ The Health of Queenslanders: Report of the Chief Health Officer Queensland, 2016

³¹ Volunteering Australia, Key facts and statistics about volunteering in Australia April 2015

³² Australian Communications and Media Authority

Service directions and strategies



Our service directions build on the directions established in the Department of Health’s *A great start for our children: Statewide plan for children and young people’s health services to 2026*.

They represent the key areas of focus for Children’s Health Queensland as we address the future health priorities of the communities we serve over the next ten years and strongly align to our vision, values and strategic objectives.

Examples of work Children’s Health Queensland is progressing or plans to progress are provided under the relevant strategies on pages 42 to 51, but should not be viewed as an exhaustive or prioritised list of activities.

Strategies specific to the Aboriginal and Torres Strait Islander communities we serve can be found in the *Children’s Health Queensland Aboriginal and Torres Strait Islander Health and Wellbeing Services Plan 2018-2023*.

Our service directions		Example measures of success
1	Promoting wellbeing and health equity Children’s Health Queensland takes a population health approach to service planning, with a particular focus on reducing health inequalities and identifying vulnerable communities that require targeted services.	<ul style="list-style-type: none">• Reduced variation in outcomes across population groups.• More children developmentally on track at 3 years of age.• Increase in school readiness for children.• Reduction in possible preventable hospitalisations (PPHs).• Reduced GP-type presentations to Emergency.• Children’s Health Queensland has access to a standardised suite of population-based indicators.• Increased levels of health literacy among families.
2	Improving health service design and integration Health services are designed, delivered and integrated in a way that is inclusive, easy to navigate, child- and family-friendly and maintains the continuity of care across service providers and settings.	<ul style="list-style-type: none">• Improved access for elective surgery.• Increased uptake of criteria-led discharge.• Paediatric clinical prioritisation criteria (CPC) and HealthPathways implemented.• Completed NDIS service transition.• More young people successfully transitioned to adult services.• Child and family community hub/s established.• Improved access for the Child Development Service.
3	Evolving service models Services evolve in line with the ever-changing and often increasingly complex health needs of children and young people, and reflect the need for consistent approaches to child and youth health statewide.	<ul style="list-style-type: none">• Guidelines for paediatric care are endorsed by relevant clinical networks and implemented statewide.• New evidence-based models of service delivery, including expanded scope-of-practice models are implemented to improve access.• Longitudinal outcomes for prioritised patient groups are able to be measured.• Clinically-based key performance indicators are introduced to balance out access and financial indicators.• The <i>Children’s Health Queensland Research Strategy 2018–2025</i> is implemented.
4	Delivering services closer to home System enablement supports improved outcomes and safe, sustainable services closer to home through capacity building, outreach and shared care arrangements and technology-enabled models of service delivery.	<ul style="list-style-type: none">• Increased telehealth utilisation.• Increased hospital and health service self-sufficiency.• Children’s Health Queensland has a formal advisory and advocacy role in statewide planning for paediatric services.• Queensland Children’s Hospital has a defined secondary-level catchment that maximises clinical and financial sustainability.• Increased uptake of hospital-in-the-home models (HITH).• Increased shared care and outreach models in high-need areas.
5	Pursuing innovation Cross-sector partnerships drive improved outcomes and services incorporate existing and new technology to improve the patient and family experience, clinical outcomes and efficiency.	<ul style="list-style-type: none">• Achieved Planetree person-centred care gold certification.• Systematic child and family engagement processes are formalised.• All infrastructure is child- and family-friendly.• Cross-sector partnerships are formalised and embedded to enable joint action on improving outcomes for targeted populations.• All workflows are optimised by the use of available technologies.

1 Promoting wellbeing and health equity

1.1 Enhance access to population health data repositories to assess need as well as the impact of different policies and interventions, including leveraging existing data sets to focus cross-sector agencies on shared outcomes and target communities with high needs.

1.2 Improve the detection of emerging child and family problems by aligning resources with population need through a proportionate universalism approach to screening and surveillance.

Examples include:

- Increasing the percentage of children who access their 2 ½ and 4-year health and development check by facilitating partnerships between Early Childhood Education and Care and Children's Health Queensland to establish performance measures and shared indicators using the *Results-Based Accountability Framework*.
- Supporting digital enhancement and system alignment of QCHILD as a platform for childhood hearing and vision screening to provide improved support for partnerships and visibility at a statewide level.

1.3 Enhance health system literacy by increasing the availability of online and offline health information for families and young people.

Examples include:

- Developing internet-based self-help resources.
- Making paediatric medicines information available for families at home, as well as for Queensland Health staff statewide.
- Evaluating the oncology and neurology family handbooks and developing similar resources for other targeted specialties.

1.4 Respond to the existing and emerging clinical and developmental needs of Aboriginal and Torres Strait Islander peoples.

For example:

- Implementing the service directions and strategies articulated in the *Children's Health Queensland Aboriginal and Torres Strait Islander Health and Wellbeing Services Plan 2018-2023*.

1.5 Prioritise the wellbeing areas of childhood obesity, nutrition, mental health, oral health, child safety, immunisation, disabilities and developmental delay.

1.6 Implement targeted prevention, promotion and protection strategies to reduce health inequalities between groups of children and reduce possible preventable hospitalisations.

Examples include:

- Advancing the *Priority Access Framework* across Children's Health Queensland and supporting the ongoing operationalisation of the framework for children and young people in out-of-home care.
- Progressing the implementation of the *Barrett Adolescent Centre Commission of Inquiry* recommendations in collaboration with the Mental Health, Alcohol and Other Drugs Branch of the Department of Health.
- Supporting the planning and implementation of the Navigate Your Health trial initiative.
- Partnering with Emerging Minds to support and expand the reach of Children of Parents with a Mental Illness (COPMI) services.
- Developing the children and young people in out-of-home care HealthPathway.
- Launching an ECHO series supporting refugee children and young people.
- Leading evidence-based and co-designed initiatives through the Centre for Children's Health and Wellbeing and the Children's Health Research Alliance.

1.7 Optimise the implementation of the NDIS to safeguard timely health and therapy support for children with disabilities and their families.



2 Improving health service design and integration

2.1 Maximise the capacity of the Queensland Children's Hospital through increased efficiency, patient flow and alignment of infrastructure and resources to demand.

Examples include:

- Aligning the theatre matrix to current and projected demand for services.
- Maximising outpatient department room utilisation.
- Enhancing strategic patient flow management supported by business intelligence and a coordination hub function.
- Expanding and supporting aligned models of service delivery to ensure patients are seen within clinically recommended timeframes.
- Trialling and evaluating step-up/step-down models for high-acuity care to ensure patients receive the appropriate levels of care.

2.2 Improve communication with, and support for, culturally and linguistically diverse children and families.

Examples include:

- Encouraging the involvement of Indigenous and culturally and linguistically diverse community members in the development of culturally and linguistically appropriate and responsive child and youth health policy.
- Creating a universal interpreter services booking system.
- Expanding the number of patient and family self-help materials and handbooks available in other languages.

2.3 Improve the planning for young people transitioning to adult services.

Examples include:

- Developing and coordinating the implementation of standardised guidelines for patients with chronic or complex conditions to transition to adult services.
- Reviewing the transition of young people to adult mental health services, including opportunities to extend the age range of young people receiving Child and Youth Community Mental Health Service support.
- Building and maintaining relationships with adult tertiary health services to implement successful transition pathways.
- Exploring flexible models of service delivery around age cut-offs where mental, social and other factors may determine whether paediatric or adult care is most appropriate.

2.4 Improve our interfaces with primary care including referral and discharge management, and support primary care clinicians to plan patient journeys through primary, community and secondary healthcare systems.

Examples include:

- Leading the statewide roll out of the Smart Referrals platform.
- Leading the development of statewide paediatric Clinical Prioritisation Criteria and HealthPathways.
- Supporting the statewide Electronic Discharge Summary improvement project.

2.5 Enhance the capability of primary care providers in the delivery of child and youth health services.

For example:

- Leading the implementation of Project ECHO (Extension for Community Healthcare Outcomes) and expanding the curriculum to address current and emerging health needs.

2.6 Improve the communication between and continuity across community and hospital services, as well as other service providers, including implementing shared governance and data-sharing arrangements where possible.

Examples include:

- Progressing the Information Sharing Project between Children's Health Queensland and Mater Health Services.
- Implementing the recommendations from the Together In Care Project.
- Implementing the National Digital Health Record project.
- Increasing the use of the Connected Care and Nurse Navigator programs to support children with complex and chronic conditions.
- Progressing cross-sector data sharing arrangements.
- Implementing the *Children's Health Queensland Integrated Care Strategy 2018-2022*.

2.7 Lead the development of evidence for place-based services that are co-located where appropriate and address local community needs, while undertaking an advocacy and advice role in the co-design of new services.

Examples include:

- Partnering with external organisations to deliver integrated child, family and community hub/s for 0 to 4 year olds.
- Scoping the potential for children's services to be provided through existing services/hubs, e.g. to be integrated into the new community maternal and child hubs, and through a new community hub in Yarrabilba.



3 Evolving service models

3.1 Trial and implement new evidence-based models of clinical service delivery, prioritising high demand and high growth areas to deliver sustainable solutions.

Examples include:

- Reviewing the current model of service delivery for Queensland Paediatric Rehabilitation Service (QPRS) inpatients transitioning home.
- Continuing to standardise the Choice and Partnership Approach (CAPA) model across CYMHS.
- Developing a model of service delivery to provide equitable Queensland Specialist Immunisation Service (QSIG) clinic delivery across different medical at risk/complex care families and needle-phobic children.
- Implementing and evaluating the Connecting Care to Recovery project to expand mental health services.

3.2 Undertake a leadership and advocacy role in the championing of children and young people's health services to increase the reliability of care and reduce variation in clinical practice for children and young people across the system to achieve more equitable outcomes, regardless of geography or service provider.

Examples include:

- Developing paediatric clinical guidelines with endorsement by clinical networks for statewide implementation e.g. the *Statewide Emergency Department Paediatric Guidelines*.
- Developing statewide pathways of care e.g. the *Paediatric Critical Care Pathway*.
- Developing, implementing and reviewing the Paediatric Sepsis Project.
- Supporting sustainable clinical advisory, advocacy and advice functions for statewide paediatric services.
- Utilising clinical networks to strengthen partnerships and co-design networked service models across the state.

3.3 Maximise the scope of practice for nursing and allied health staff to support earlier interventions, and to improve service access and outcomes for children and young people.

Examples include:

- Supporting advanced allied health assistant models e.g. The AHA Targeted Screening in Community project.
- Increasing the utilisation of early intervention clinicians for vulnerable communities.

3.4 Develop a system-wide research agenda with focus on translating research into system level improvements.

Examples include:

- Implementing the *Children's Health Queensland Research Strategy 2018–2025*.
- Standardising service evaluation methods with a common outcomes framework, including clinical outcomes and long-term economic benefit.

3.5 Enable clinical services to establish and sustain contemporary, evidence-based and world-class care through reliable and relevant national and international benchmarking.

For example:

- Progressing benchmarking of mental health services with national and international partners via entities such as Children's Health Australasia and National Health Roundtable, International Initiative for Mental Health Leadership, Emerging Minds and other peak professional bodies.

3.6 Enable longitudinal data collection and analysis to consistently measure patient outcomes.

3.7 Increase the reliability of care and drive an outcomes-focused culture through the development and implementation of clinically-based performance measures to supplement activity and access-based KPIs.



4 Delivering services closer to home

4.1 Take a leadership role in system-wide planning processes to support the development of paediatric services statewide.

Examples include:

- Advocating for changes to service provision to meet children's health service needs across the state.
- Working in partnership with the Department of Health and hospital and health services to build capacity and capability for Clinical Services Capability Framework (CSCF) level one to four services delivery and development.
- Supporting other hospital and health services in increasing self-sufficiency to optimal levels for their CSCF score.

4.2 Develop and formalise a suite of service delivery models, support processes and workforce models to expand specialist service capacity with other hospital and health services and support whole-system capability and access.

Examples include:

- Increasing the use of tele/video health as an alternative to patient travel.
- Developing and expanding shared specialist clinical staff positions between Children's Health Queensland and other hospital and health services.
- Ensuring capacity and capability building are included in all outreach models.
- Implementing workforce rotation models that promote and support knowledge and skills development e.g. the Strength With Immersion Model.
- Supporting paediatric workforce capability building through formalised statewide training and education e.g. Simulation Training on Resuscitation for Kids.

4.3 Redefine the role of QCH to balance local secondary-level service provision and statewide support and leadership service provision to ensure sustainability in a networked environment.

Examples include:

- Confirming the primary catchment area for QCH for delivering secondary-level services to ensure workforce and financial sustainability.
- Actively identifying secondary-level patient cohorts currently being treated at QCH and working with their hospital and health service of residence to inform and support local service development.

4.4 Enable and expand the provision of community-based and out-of-hospital services to enhance child- and family-centred care delivery.

Examples include:

- Expanding the use of remote health monitoring technologies to achieve improved health outcomes, particularly for children with chronic disease.
- Expanding hospital-in-the-home, hospital-avoidance and emergency department-avoidance models.
- Refining processes and mechanisms for monitoring the physical health of consumers, with emphasis on medication and metabolic monitoring.
- Exploring the opportunity for digital monitoring of antimicrobial use with real-time feedback.
- Improving the mobility of information and communication systems to support alternative service delivery models.



5 Pursuing innovation

5.1 Ensure the child and family experience is at the centre of service and infrastructure design.

Examples include:

- Achieving Planetree person-centred care gold certification.
- Standardising and formalising the systems and processes by which children and families input into quality improvement initiatives.
- Implementing the Integrated Patient Portal.
- Co-designing with consumers, parents, carers and families to develop safe, effective and efficient models of service delivery and clinical pathways for consumers receiving specialised mental health services.
- Establishing a peer support workforce in partnership with Health Consumers Queensland.
- Expanding the use of distraction techniques and complementary therapies e.g. social prescribing.
- Ensuring all patient areas are child- and family-friendly.
- Improving the consumer interface through technology e.g. utilising health kiosks, bedside entertainment, social platforms and healthcare apps.

5.2 Lead cross-sector partnerships to drive innovation and advance activities targeting child and youth wellbeing, underpinned by the social determinants of health.

Examples include:

- Creating a foundation for collaboration through aligning shared value, purpose, governance and implementation arrangements with key partners.
- Developing links and partnerships across government and non-government agencies to enable the development of policies, early identification procedures and programs to address the health and developmental needs of children and youth coming into contact with service providers from other sectors.
- Advancing the collaboration with cross-sector partners through the Our Children and Communities Matter (OCCM) program.
- Working collaboratively with the Queensland Mental Health Commission, Mental Health Alcohol and Other Drugs Branch, Primary Health Networks and other sector agencies to lead, influence and advocate for co-ordinated child and youth mental health service planning.
- Strengthening interagency collaboration in the area of child protection e.g. implementing the Navigate Your Health initiative for children in out-of-home care.

5.3 Drive the advocacy for funding mechanisms which best address population health outcomes for children and young people.

Examples include:

- Exploring alternative and complementary funding models such as population and value-based funding.
- Advocating for greater financial incentive for contemporary models of service delivery e.g. internal and external specialist consultation, expanded scope of practice models and multi-disciplinary team models.

5.4 Invest in advanced technology solutions and support clinicians to utilise new clinical techniques and technologies to improve service efficiency and outcomes for children and young people.

Examples include:

- Leveraging the benefits of the Our Digital Future program through redesigning service delivery models and improving efficiency.
- Enabling advanced clinical decision support e.g. utilising artificial intelligence, the internet of medical things and biosensors.
- Improving care delivery and drug development e.g. utilising robotics, genomics, 3D printing, companion diagnostics and virtual reality.
- Advancing training e.g. utilising virtual reality and simulation training.



Clinical service enablers

In order for our clinical services to successfully deliver the service directions and strategies articulated in this plan, long-term support and enablement must be provided by Children’s Health Queensland’s non-clinical services. An overview of the key strategic directions for our clinical service enablers is provided over the following pages.



Digital

- Children’s Health Queensland is transforming the way we deliver health services through:
- Providing strategic advice regarding the opportunities and threats of an increasingly digital world and ensuring that the organisation’s strategy and response is optimal, given current and emerging digital capabilities and consumer expectations e.g. artificial intelligence, integrated wearables, robotics and data-driven health care from advancements in genomics.
 - Ensuring that the development and delivery of digital products, service delivery channels and digital consumer experience provides strategic value and supports the delivery of the organisation’s vision and values e.g. consumer and provider portals, digitally enabled service integration and telemedicine.
 - Advocating for the use of digital and information capabilities across all aspects of the organisation with a focus on enabling reliable and sustainable clinical and corporate service delivery, as well as providing contemporary healthcare information and digital services in line with the organisation’s operational and strategic needs. This includes the delivery of world-class health intelligence, clinical intelligence and business intelligence services e.g. integrated imaging solution, modernisation of ERP (finance, human resources, facility and project management capabilities) and PAS functions, and shifting to predictive and prescriptive analytics to support a culture of high performance.
 - Building a digitally savvy workforce that embraces our digital health platform to deliver children’s health services and innovate for better health outcomes for children and young people. This will be achieved through partnering to ensure staff are digitally ready, education and training, innovation, research and business intelligence.



Finance

- Our financial sustainability is key to delivering services that meet the needs of children and young people. Children’s Health Queensland is determined to achieve this through:
- Collaborating with the Department of Health to design and implement effective funding and investment models that incentivise contemporary health service delivery that is:
 - patient- and family-centred
 - health outcome-focused
 - integrated across sectors
 - resource efficient and sustainable.
 - Adopting a strategic approach to prioritising services and interventions in order to maximise health gain for our community by:
 - incorporating concepts of efficiency and sustainability, value-based care and investment in growth services in a dynamic budget environment
 - reducing demand for high-cost/acute services through providing the right care (evidence based and sustainable) at the right time (as early as possible) in the right place (as close to home as possible).



Infrastructure

The need to maintain the Children’s Health Queensland buildings portfolio to ensure appropriate service delivery support is critical. We continue to progress capital infrastructure planning and building asset maintenance strategies that ensure that our facilities and buildings are maintained in an appropriate state to support contemporary clinical service delivery.

The forecast increased service demand will apply pressure to Children’s Health Queensland’s infrastructure and assets, many of which are already at high levels of utilisation.

Children’s Health Queensland has undertaken detailed infrastructure utilisation analysis and is embracing contemporary health service delivery models to further optimise the use of existing infrastructure, including extended service operating hours, an increased focus on preventative and early intervention, increased integrated community and home-based service provision and increased use of telehealth.



- We will ensure our clinical services are child- and family- centred through:
- Engaging leaders to drive the transformation of the health care system to enable patient and family-centric care.
 - Equipping, enabling and supporting children and young people to co-design services and systems within healthcare.
 - Enlisting children, young people and their families as partners in their healthcare delivery.
 - Emphasising patient and family engagement in all that we do: at an individual level, service level and system level.



Clinical service enablers



Safety and quality

The *Children’s Health Queensland Patient Safety and Quality Strategic Plan* sets our direction to achieve excellence in performance through the development of a culture of safety and reliability. The plan recognises that the safety of Children’s Health Queensland is dependent on its people and their responsiveness to the needs of children, young people and families. The vision is that Children’s Health Queensland is a community where patient safety is an expected and valued behaviour. Our commitment is to exceed the expectations of patients and families; develop safe, reliable systems and processes; and empower families and staff to speak up and keep each other safe. Strategies include:

- Creating opportunities for the voice of children, families and staff to be heard and work collaboratively to impact change.
- Building partnerships with staff, children, families and the community which optimise the experience of children and families and increase safety through engagement of families in care.
- Empowerment of Children’s Health Queensland staff to speak up and promote an ethos where it is welcomed and expected that we keep each other safe.
- Driving continuous improvement through measurement, analysis and meaningful reporting.



Workforce

Our people are our greatest determinant of successfully delivering life-changing care for children and young people for a healthier tomorrow. The *Children’s Health Queensland People Plan 2016-2020* sets our direction to create an inspirational workplace where our people are engaged and empowered to achieve excellence through:

- Building and developing a value-centric organisational culture that is recognised by all as a great place to work.
- Enabling value-driven leaders to shape our culture, develop high-performing teams and inspire staff to dream big.
- Building capability with the right people, in the right roles with the right skills to make a valued contribution.
- Creating a culture that cares for the health and the wellbeing of our workforce.
- Developing integrated systems that support inter-professional education and practice to improve the family experience and patient outcomes.



Research

Children’s Health Queensland is committed to leading a research agenda which is informed by the clinical needs of Queensland children and their families. By focusing research on preventative health, better treatments and improving health service delivery, while supporting research leaders, we will improve the health outcomes of children and young people. We plan to inform the development of a statewide, sustainable children’s healthcare system that is responsive to contemporary need and driven by research, evidence and innovation to positively change the trajectory of the life of every Queensland child.

Our current research strengths include:

- Burns and trauma
- Cardiology and cardiac surgery
- Cerebral Palsy and rehabilitation
- Child health
- Diabetes and endocrinology
- Emergency medicine
- Infectious diseases
- Intensive care
- Mental health
- Neurology and neurodevelopment
- Paediatrics
- Obesity and metabolism
- Oncology
- Respiratory medicine

With our research partners, we will deliver this through three main research themes:

1. Prevention and early detection
2. Treatment
3. Health services research



Governance, implementation, monitoring and reporting

Governance and implementation

The *Children’s Health and Wellbeing Services Plan 2018-2028* is a core part of *CHQ’s Integrated Planning Framework*, which ensures that all planning activities occurring across the organisation is aligned both vertically and horizontally, and is directed towards delivering on Children’s Health Queensland’s strategic priorities.

Overarching responsibility for the plan will sit with the Executive Leadership Team (ELT).

The plan will guide the health service priorities of all clinical services and will be integrated into their annual operational plans. Furthermore, the plan will be an integral part of all future staff inductions. Implementation of this plan will be led by the Strategy, Planning and Improvement team, in a staged process to allow ongoing refinement over the next ten years.

The plan will also assist Children’s Health Queensland to establish a platform for discussion and negotiation with the Department of Health and other agencies around particular issues. Children’s Health Queensland commits to working in partnership with paediatric service providers across Queensland, Australia and internationally to support and strengthen sustainable solutions that respond to the needs of Queensland’s children and families.

Risks to successful implementation

The success of the plan relies on each responsible party determining an approach to implementing the objectives and actions aligned with the service directions. The key risks of not achieving these actions include:

- Equitable access to care for children and young people is impacted by the alignment of infrastructure and workforce resources to meet health service demand.
- Planning for service enablers e.g. people and culture, infrastructure, digital and finance is impacted by our ability to align clinical service delivery to population need.
- Financial sustainability is impacted by funding policies and principles, affecting our ability to address the health and wellbeing needs of the population.

Resource implications

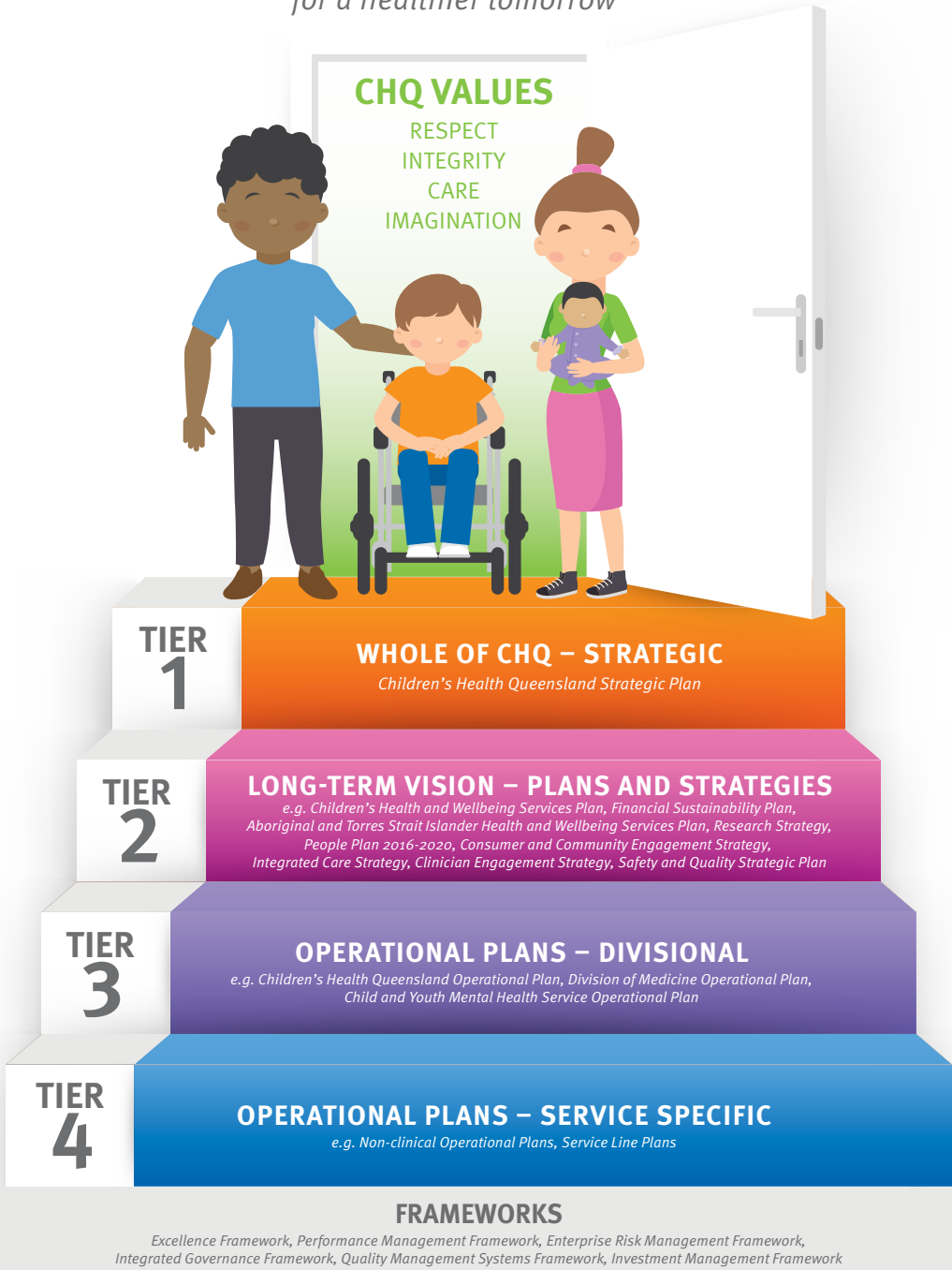
The development process considered the resource implications of this plan. Strategies were prioritised based on available information regarding Children’s Health Queensland’s ability to resource or negotiate for resources for strategies and prioritised service needs. Service development will require resourcing over time through organisational budgetary processes and negotiations with the Department of Health.

Monitoring and reporting

While the monitoring of implementation and achievements should be undertaken constantly, progress of the plan will be reported on every two years at a minimum, through predefined ELT and Board processes. These gateway reviews will allow changes in direction during the implementation of the plan to ensure ongoing relevance and provide information upon which future service planning may be based.

Integrated Planning Framework

Leading life-changing care for children and young people for a healthier tomorrow



Glossary



ABS	Australian Bureau of Statistics
AHA	Allied Health Assistant: Members of the multidisciplinary team who work under the supervision and delegation of allied health professionals. They contribute to service delivery through supporting the provision of allied healthcare delivered to either individuals or through group sessions
AHMAC	Australian Health Minister’s Advisory Council
AIHW	Australian Institute of Health and Welfare
ARACY	Australian Research Alliance for Children and Youth
CAPA	Choice and Partnership Approach: A model of engagement and clinical assessment principally used in Child and Adolescent psychiatry services. It aims to use collaborative ways of working with consumers to enhance the effectiveness of services and user satisfaction with services
CCHW	Centre for Children’s Health and Wellbeing
CHQ	Children’s Health Queensland Hospital and Health Service
CSCF	Clinical Services Capability Framework: Minimum service requirements for health services, support services, staffing and safety standards in public and licensed private health facilities in Queensland
CYCHS	Child and Youth Community Health Service
CYMHS	Child and Youth Mental Health Service
DoH	Queensland Department of Health
ELOS	Emergency Length of Stay: The percentage of patients who departed an emergency department whose length of stay in the emergency department or service was within four hours
ELT	Executive Leadership Team
ERP	Enterprise Resource Planning: Business process management software that allows an organization to use a system of integrated applications to manage the business and automate many back-office functions related to technology, services and human resources
GP	General Practitioner
HHS	Hospital and Health Service
HITH	Hospital-in-the-home: A program that provides short home based acute care as a substitute for people who would otherwise need to be in hospital
ieMR	Integrated Electronic Medical Record: Allows healthcare professionals to document and access medical information on computers instead of using paper files

QCH	Queensland Children’s Hospital
MAC	Monthly Activity Collection: A collection of aggregate (or summary level) data on ‘admitted’ and ‘non-admitted’ patient activity and ‘Bed Availability’
Model of service delivery	Broadly defines the way health services are delivered. It outlines best-practice care and services for a person or population group as they progress through the stages of a condition, injury or event
NAPLAN	National Assessment Program – Literacy and Numeracy
NDIS	National Disability Insurance Scheme
NHMRC	National Health and Medical Research Council
OOS	Occasions of Service: Any examination, consultation, treatment or other service provided to a patient
PAS	Patient Administration System: A system to capture and manage both admitted and non-admitted patient, clinical and administrative data
PPH	Potentially Preventable Hospitalisation: Admissions to hospital that potentially could have been prevented through the provision of appropriate non-hospital health services
Primary healthcare providers	Primary healthcare services are delivered by various health professionals, including general practitioners, nurses, child health nurses, nurse practitioners, school based youth health nurses, allied health professionals, midwives, pharmacists, dentists, and Aboriginal and Torres Strait Islander health workers
Proportionate universalism	An approach that balances targeted and universal population health perspectives through action relative to needs and levels of disadvantage in a population
QCHILD	A relationship management system with secure access to data for all users in every hospital that births babies in the Queensland Health system
QPRS	Queensland Paediatric Rehabilitation Service
QSYS	Queensland Specialist Immunisation Service
SEIFA	Socio-Economic Indexes for Areas: A product developed by the ABS that ranks areas in Australia according to relative socio-economic advantage and disadvantage
Separation	The process by which an episode of care for an admitted patient ceases
Social determinants of health	The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems
SRG	Service Related Group: A classification based on Australian Refined Diagnostic Related Group (AR-DRG) aggregations for categorising admitted patient episodes into groups representing clinical divisions of hospital activity



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