Submission to the
Strategy, Policy and Planning Division
within the Queensland Department of
Health

Development of a statewide health services plan
for children’s health services

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Introduction

The Queensland Nurses’ Union (QNU) welcomes the opportunity to inform the development of the statewide health service plan for children’s health services in Queensland.

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNU is the principal health union in Queensland covering all categories of workers that make up the nursing workforce including Registered Nurses, Registered Midwives, Enrolled Nurses and Assistants in Nursing who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 53,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry-level trainees to senior management. The vast majority of nurses and midwives in Queensland are members of the QNU.

As the QNU does not provide health services, our responses to the questions posed are based on our knowledge and experience as nurses and midwives in the provision of safe, high quality healthcare across Queensland.
Health Service Direction 1: promoting wellbeing

Question 1: Based on the preliminary research available, what do you see as the key emerging and future health issues in Queensland?

The key data/facts regarding the leading health issues in Queensland provided by the Department of Health (DoH), aligns with the findings from reports conducted by the Australian Institute of Health and Welfare (AIHW) such as:

- Close the Gap: progress and priorities report 2016
- Australia’s Health 2014
- Cancer in Australia; an overview 2014
- Oral Health and Dental Care in Australia: key facts and figure trends 2014
- A Picture of Australia’s Children 2012
- Australian Burden of Disease Study; fatal burden of disease 2010

Based on this information, the QNU agrees that the key emerging and future health issues facing children and young people in Queensland include the prevention/management of chronic disease, dental decay, obesity, mental illness, sexually transmitted infections, and developmental vulnerabilities/delay.

The data provided by the DoH, projects a 48% growth in the population of 0-19 year old in South East Queensland, which is significantly more than the projected growth of this population in regional, rural and remote Queensland - the exception being the West Moreton region where expected growth in the population of children is 128%.

Hence, the QNU considers the locality of services and modes of service delivery as key issues when planning statewide health services for children, particularly in terms of equity and accessibility. Concerted effort to maintain and improve existing services across the state is required at the same time service capacity is building in high growth areas to manage the predicted increase in demand for children’s health services.

The QNU promotes making the health and wellbeing of Aboriginal and Torres Strait Islander children a major priority when developing statewide health service plans. Consideration must be given to planning services that support the generational effort required to attain health equality for Aboriginal and Torres Strait Islander
children instead of investing in short-term solutions, which provide little improvements over the long-term¹.

Question 2: What do you see as the opportunities to address or disrupt the leading health issues emerging through the data and the literature?

The AIHW states a fundamental aim of any health system is to prevent disease and reduce ill health, so that people remain as healthy as possible for as long as possible². Eliminating or reducing common risk factors such as unhealthy diet and physical inactivity that leads to ill health will make significant changes to the emerging and future health issues facing children in Queensland.

Addressing the social determinants of health is another viable way to reduce illness by devising plans that reduce the social barriers to healthy living and improve knowledge about healthy living and behaviours.

The QNU recognises the social determinants of health are mostly outside the control of the health system. Therefore, an integrated response across all sectors of government and portfolio boundaries is required to improve the health and wellbeing of children in Queensland. This is especially true for Aboriginal and Torres Strait Islander children, children living in rural and remote areas and socioeconomically disadvantaged children.

The AIHW advises that public health activities focusing on health prevention, promotion and protection rather than treatment should be prioritised, as these services are an effective and efficient way to improve the health of our population³.

Public health programs and campaigns with variable delivery methods including health education, lifestyle advice, infection control, risk factor monitoring must be considered when developing statewide plans for children’s health services. In addition, thought to the settings and modes of service delivery is also needed when trying to elicit an integrated response from all sectors of government to include children specific environments such as childcare, schools and homes.

In November 2015, the QNU provided a submission to the Health and Ambulance Services Committee (the Committee) inquiry into the establishment of a Queensland Health Promotion Commission (the Commission). In this submission, the QNU supported the establishment of the Commission on the proviso that:

¹ Australian Government, Close the Gap: progress and priorities report 2016 (p.15)
² AIHW, Australia’s Health 2014 (section 8.1)
³ AIHW, Public Health Programs in Australia 2011 (p. 1)
• the Commission operate independently of the DoH with a broad focus beyond the traditional health portfolio areas; and
• the Commission explore key social determinants of health and recommend innovative strategies for improvement across the lifespan ⁴.

The QNU would be further supportive of the Commission if part of their role was to focus on improving the health outcomes of children in Queensland.

*Please note:* In June 2016, the Committee’s report based on the findings from the inquiry, recommended a Queensland Health Promotion Commission be established but could not determine under what model.

The QNU believes investment in primary health services provides the best opportunity for integration of children’s health services across public, private and non-government sectors. This is because the primary health care system sets out to provide equitable, high quality and financially sustainable services that are:

• universally available;
• delivered appropriately by suitably skilled workforce;
• offered as a first point of contact with the health care system;
• are located in/close to the community where people live;
• partner with patients and their families; and
• provide integral referral services to other health/community services⁵.

In 2015, the federal health minister outlined several initiatives to ‘rebuild’ primary care, which involves:

• providing a ‘healthier’ Medicare package;
• relaunching and re-imagining digital health;
• delivering better mental health services; and
• integrating sport into the portfolio as a way towards living a longer, healthier and productive life without avoidable medical intervention⁶.

In order to support this internal government policy work, the Minister established:

• a Primary Health Care Advisory Group to review new and existing funding models to ensure the primary health system best supports the ongoing needs of patients, particularly those with chronic illness; and

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⁴ QNU, Submission to the Health and Ambulance Services Committee re: Inquiry into the establishment of A Queensland Health Promotion Commission 2016 (p.3)
⁵ AIHW, Australia’s Health 2014 (section 8.3)
⁶ Ley, National Press Club 2015
• a Mental Health Expert Reference Group providing advice to Government on how best to implement the broad ranging recommendations of the National Mental Health Commission’s Review.

The QNU supports a collaborative framework that allows a state based Commission, with a particular focus on children’s health care needs to work with the Commonwealth in the promotion of primary health through a whole-of-government arrangement.

**Question 3:** What are your plans for continuing to achieve the Close the Gap target of halving the gap in mortality rates for Aboriginal and Torres Strait Islander children under five years?

As the QNU does not provide health services, the response to this question is based on our knowledge and experience as nurses and midwives in the provision of safe, high quality healthcare across Queensland.

The QNU has recently provided a submission to Australian Labor’s Central and North Queensland Taskforce, which focused on developing strong and healthy communities through a range of initiatives including early childhood services, and services that support indigenous disadvantage.

The QNU submission focused on accessibility to health care and the important role nurses and midwives play in delivering health services in Central and North Queensland where the majority of Queensland’s Aboriginal and Torres Strait Islander children live.

The QNU made a number of recommendations regarding improving access, sustainability and delivery of health services within regional, rural and remote communities. These recommendations are applied in general to the question above:

- commissioning of multi-disciplinary research into the health, education, community, social, economic and other aspects of rural and remote development;
- promoting Medicare as a single national insurer providing the most efficient and equitable means of sharing health care costs;
- exploring the capacity of the Commonwealth to provide federal funding models that enable graduate nursing and midwifery programs in rural and remote settings;

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7 QNU, Submission to Australian Labor’s Central and North Queensland Taskforce 2016
considering the 21 recommendations arising from the House of Representatives Standing Committee’s (2013) inquiry into the Fly-in Fly-out Drive-in Drive-out workforce and the 19 recommendations of the Infrastructure, Planning and Natural Resources Committee’s (2015) Inquiry into fly-in, fly-out and other long distance commuting work practices in regional Queensland;

• considering how nurses and midwives will interact and collaborate with the newly regulated Aboriginal and Torres Strait Islander ‘health workers’ to improve outcomes for Aboriginal and Torres Strait Islander health care;

• developing a strategy to fast-track the requisite Masters level qualification in partnership with universities and state governments by recognising prior learning and streamlining courses to meet the need for extended nursing and midwifery roles commencing with the Rural and Isolated Practice Endorsed Registered Nurses (RIPERN).

The QNU through the Australian Nursing and Midwifery Federation (ANMF) are members of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), which is the sole representative body for Aboriginal and Torres Strait Islander nurses and midwives in Australia. CATSINaM’s primary function is to implement strategies to increase the recruitment and retention of Aboriginal and Torres Strait Islander peoples into nursing and midwifery professions.

CATSINaM promotes, supports and advocates for Aboriginal and Torres Strait Islander nurses and midwives and to close the gap in health for Aboriginal and Torres Strait Islander peoples, including:

• developing strategies to increase the number of practising Aboriginal and Torres Strait Islander nurses and midwives;

• developing strategies to support Aboriginal and Torres Strait Islander nurses and midwives throughout their nursing career to keep them in the profession;

• encouraging Aboriginal and Torres Strait Islander Peoples to consider and select nursing and midwifery as a career;

• working with governments and universities on workforce planning and ensuring Aboriginal and Torres Strait Islander Peoples can become nurses and midwives;

• ensuring Aboriginal and Torres Strait Islander nursing and midwifery students have targeted support and assistance to give everyone the opportunity to realise their potential;
• helping universities and educational institutions that teach nursing and midwifery understand the issues that impact on Aboriginal and Torres Strait Islander health;
• ensuring that all nurses and midwives learn about Aboriginal and Torres Strait Islander health, history and culture, including cultural safety, in all courses leading to enrolment, registration or endorsement as a nurse or midwife;
• working with other health organisations to make sure our Peoples stand alongside doctors, pharmacists, physiotherapists and other allied health professionals to improve Aboriginal and Torres Strait Islander health outcomes;
• explaining and advocating against racism – one key way is to provide cultural safety training to the leaders and decision makers in an across the health sector;
• listening to our members’ aspirations and concerns and advocate on their behalf;
• working with the Aboriginal and Torres Strait Islander Health Leadership to positively impact on Government policy and it’s effect on the health and wellbeing of Aboriginal and Torres Strait Islander People; and
• advancing the health and economic stability of Aboriginal and Torres Strait Islander People through the recruitment and retention of our People into the Australian health and education system and advocating to government on behalf of our membership.

CATSINaM has provided submissions to the federal DoH, for examples; Closing the Gap 2014, and the Draft National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families 2015.

In terms of specifically addressing the issues of halving mortality rates in Aboriginal and Torres Strait Islander children under five, the QNU recommends referring to the strategic directions provided on the Closing the Gap Prime Minister Report 2016.

While Indigenous infant and child mortality rates have declined, acceleration of effort is required to maintain momentum on reducing the unacceptable disparity between Indigenous and non-Indigenous mortality rates. Preventing these deaths is a universal responsibility that demands commitment from all governments.

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9 Australian Government, Closing the Gap Prime Minister Report 2016 (chapter 1)
Improvements are still required to be progressed in the key factors influencing the health of Aboriginal and Torres Strait Islander children, which include:

- access to antenatal care;
- rates of smoking during pregnancy; and
- child immunisation.

Accelerating progress in closing the gap relating to Indigenous child mortality rates will require further investment and an integrated approach to supporting children and their families in the early years. Any statewide service plan for children’s health services in Queensland will need to incorporate already established and expanding programs such as New Directions: Mothers and Babies Services, the Australian Nurse-Family Partnership Program, Stronger Communities for Children, Children and Parenting Support and Communities for Children Facilitating Partners.

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10 Australian Government, Closing the Gap Prime Minister Report 2016 (chapter 1)
Question 4: Based on the preliminary research available, what do you see as the key emerging and future service issues facing the delivery of children’s health service by Queensland?

The key emerging and future service issues facing the delivery of children’s health services are the same as those impacting the health system as a whole:

- increase demand for health services;
- rising costs of providing health services;
- changing health profiles/impact of chronic disease;
- clinical workforce planning;
- geographical location;
- cultural diversity; and
- differences in socioeconomic status\(^\text{11}\).

Question 5: To address the emerging and future issues facing children’s health services, what do you use as the opportunities to address these health service issues?

The QNU considers nurses and midwives are integral in addressing the emerging and future issues facing children’s health services in Queensland.

Nurses and midwives are appropriately regulated, educated and competent to lead and participate in the delivery of health care and are known to be proficient in providing holistic health services that directly meets the core principles of primary health care including:

- patient/family/carer advocacy;
- individual process of care;
- educating, enabling and supporting self-management;
- leading and coordinating multidisciplinary care; and
- leading and participating in quality improvement and clinical innovation\(^\text{12, 13}\).

Nurse or midwife-led models deliver safe, high quality, accessible and cost-effective care that is evidence-based. The potential benefits of expanding these models

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\(^{11}\) AIHW, Australia’s Health 2014 (section 6.9)

\(^{12}\) Queensland Health, Strengthening Health Services through Optimising Nursing Strategy and Action Plan 2013-2016

\(^{13}\) Nurse and Midwifery Board of Australia Standards for Practice 2016
through the health care system are significant, especially in relation to providing health services for children across Queensland.

The positive impact nurses and midwives have in providing children’s health services, include:

- Nurse and midwives are the largest group of health professionals in the state – harnessing their full capacity to deliver high, quality health service across the continuum of care offers one of the best opportunities in maintaining an effective and efficient health care system.
- Nurse and midwives who are enabled to work to their full scope will accelerate health service innovation and deliver better quality patient focussed care.
- Nursing and midwifery interventions promote a cost-effective health care system that is responsive to the evolving needs of the children across the state.
- Nurse or midwife-led models of care optimising health outcomes, improve access to care, reduce adverse events and are cost-effective.
- Nurse or midwife-led health programs enable patients with complex conditions to be effectively and appropriately cared for across the continuum of care.
- Chronic conditions can be effectively managed though nurse-led primary health care services.
- Primary care nursing or midwifery services provide screening programs, education, preventative care, clinical support, case management and navigation to reduce patient risk and/or help patients better manage chronic conditions.
- Nurses and midwives utilise a range of evidence-based practice guidelines and techniques to engage patients and families e.g. coaching and motivational interviewing.
- Nursing and midwifery have the capacity to extend their reach to populations of greatest risk such as Aboriginal and Torres Strait Islander children.

The QNU also supports the use of eHealth solutions such as online referrals, electronic prescribing, sharing of electronic health records, information databases, knowledge resources and decision support tools to improve service delivery and patient outcomes.

E-health solutions will help consumers to receive safer, more accessible and better-coordinated care especially in rural and remote locations. With better access to accurate consumer health information, providers will be able to make decisions that
are more informed on treatment care options. E-health has the potential to improve health outcomes in all health delivery modes from prevention services, to speciality and acute care services through to services provided in the home.

The QNU welcomes a move toward providing consumers and health professionals with up to date personal health information through Personally-Controlled Electronic Health Records (PCEHR) - although we urge caution in relying on technology without proper control procedures around implementation.

At its core, the PCEHR should maximise value for patients and parents of children accessing health services by achieving the best outcomes at the lowest costs. The PCEHR provides an opportunity to bring together the current fragmented system of record keeping into a cohesive means of monitoring and sustaining patient care.

The success of the PCEHR relies heavily on improving access to and quality of internet services in regional, rural and remote areas through the National Broadband Network (NBN).

A high speed NBN will also benefit the further development and provision of children’s telehealth services for regional, rural and remote areas, and non-Government Organisations such as general practices that currently do not have access to Queensland Health telehealth networks.

Queensland has one of the largest managed telehealth networks in Australia in which over 1,000 systems in over 200 hospitals and community facilities support more than 40 clinical specialities and sub-specialities to provide telehealth services across the state.\(^\text{14}\)

Expansion of the current telehealth arrangement will give rural and remote communities timely access to specialists, assist with education, training and support for rural and remote healthcare workers and provide support and access to children’s health services only available in the major cities and capital of Queensland.

\(^\text{14}\) Queensland Rural and Remote Health Service Framework Consultation Draft 2013
Health Service Direction 3: connecting healthcare

Question 6: What are your service or HHS plans for the future in delivering services to improve children’s health outcomes?

Not applicable – QNU is not a Hospital and Health Service.

Question 7: How would you ensure the plans are aligned with the principle of a system wide single provider of CSCF Level 6 services, which is supported by a network of HHS, and other providers providing services at different CSCF levels?

The QNU recommends incorporating a statewide governance structure and critical success factors of the ‘hub and spoke’ model into the statewide health service plan for children’s health services in Queensland. This action will support the process of decision-making, the process by which decisions are implemented and ultimately evaluated in terms of balancing service supply with consumer demand.

Question 8: What can be done to enhance the connection between service providers across community based primary health care and HHS to improve children’s health outcomes?

Research undertaken in the United Kingdom has found certain health service design features are more likely to deliver successful care coordination outcomes between primary health and hospital services, these include\(^\text{15}\):

- A shared focused that supports patients and carers to become more functional, independent, and resilient is preferable to a purely clinical focus on managing or treating symptoms.
- Building community awareness of and trust in co-ordination programs promotes legitimacy and engagement.
- Effective communication based on good working relationships between members of the multidisciplinary team is essential - shared electronic health records can support the process.
- Care co-ordination programs should be localised so they address the priorities of specific communities – leadership and commitment from commissioners and providers alike is vital to establish a shared vision and challenge silo-based working.
- Integrated health and social care commissioning can support longer-term strategies and provide greater stability.

\(^{15}\) The King’s Fund, Co-ordinated care for people with complex chronic conditions 2013
The policy implications of this research for health services trying to enhance the interface between primary health and hospital and health services include:

- Great efforts must be made to measure, evaluate, compare and reflect on the performance of care co-ordination programs.
- Care co-ordination innovations can take some years to mature and to build legitimacy and acceptance.
- Successful approaches are very context-specific; care models cannot be transported ‘en bloc’ from one setting to another.
- Care co-ordination should primarily be a quality improvement strategy rather than one aimed at reducing costs.
- Models of care co-ordination are likely to be more effective when operating as ‘fully-integrated’ provider teams with some operational autonomy.

Currently, there are examples within Children’s Health Queensland services of nursing services that are connecting and/or navigating patient and their carers to health services, such as:

- Connected Care Program; and
- Nurse Navigators.

These teams are leading successful programs of work by improving communication and linkages between health care providers to ensure a child’s care is managed seamlessly across acute, community and primary healthcare sectors.

The QNU believes these services exemplify the fundamentals of connecting services across the health continuum and opportunities exist to improve and expand these services throughout Queensland to benefit the health outcomes of children and their families.
Health Service Direction 4: pursuing innovation

Question 9: What is being done well that impacts the wellness/health of children and young people?

The aspects of children’s health services that are impacting positively on the wellness/health of children and young people in Queensland include:

- Statewide programs (e.g. Children’s Advice and Transport Coordination Hub, Connected Care and Nurse Navigator Programs, Deadly Ears Program, Ellen Barron Family Centre, Good Start Program, Healthy Hearing Program, Primary School Nurse Health Readiness Program, Queensland Poisons Information Centre, Queensland Paediatric Rehabilitation Services, Queensland Specialist Immunisation Service);
- Child and Youth Mental Health Service;
- Child and Youth Community Health Service; and
- Access to acute services (e.g. Lady Cilento Children’s Hospital and services provided HHS).

In addition, the Logan Together: best start for every child is another community-based program that is positively influencing the wellness/health of a number of children in Queensland.

This program is described as a long-term whole-of-community campaign to create the best start for every child in Logan. The goal of this program is to close the gap in rates of healthy development for children living in Logan within 10 years. The program uses a collective impact model with involve a backbone broad community organisation that has shared goals, shared measurements of progress and accountability, remains in constant communication and realigns activities to meet goals.

The QNU is an active foundation member of Queensland Community Alliance, our members in the Logan area show great interest in contributing to the design of community based solutions for 0-8 year olds. Pilot programmes such as this can act as a model for similar initiatives elsewhere in the state.

More information about this program can be sourced from [http://logantogether.org.au/](http://logantogether.org.au/).
Question 10: Can you provide any other opportunities for innovation with evidence based health outcomes?

As mentioned, nurse or midwife-led models deliver safe, high quality, accessible and cost-effective care that is evidence-based. The potential benefits of expanding these models within Children’s Health Queensland services are significant, especially in relation to patient health and family outcomes.

The Office of the Chief Nursing and Midwifery Officer in Queensland recommends health care services be strengthened by achieving key strategies to optimise nursing, which include:

- enabling nurses to work to their full scope of practice across all settings;
- expanding the delivery of nursing services in a range of settings to increase service capacity and consumer choice;
- optimising the influence of nursing, improving quality and value for money health care services;
- supporting high-performing nursing services through continual learning and evidence-based practice; and
- supporting nursing services to enhance patient care through information systems and decision-making tools16.

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