Northern Queensland Primary Health Network

Health Needs Assessment 2019

Brief update

phn NORTHERN QUEENSLAND

An Australian Government Initiative

Australian Government
Department of Health

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Northern Queensland Primary Health Network Health Needs Assessment 2019 Brief update

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Disclaimer

Northern Queensland Primary Health Network acknowledges the Traditional Custodians of the lands and seas on which we live and work, and pay our respects to Elders past and present.

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Introduction

Northern Queensland Primary Health Network (NQPHN) has completed its Health Needs Assessment (HNA) covering the period 2019–2022. The purpose of this continuous HNA is to inform discussion about the health needs of the population within the NQPHN region.

This assessment incorporates the needs of consumers and the health workforce as they are essential to the delivery of health services to consumers. By combining consumer need and service need, the HNA identifies the key priority areas specific to NQPHN. The identification of these key priority areas informs the strategic plan for the entire organisation.

The HNA is not an exhaustive list of all services and consumer needs, rather, it is an essential process in identifying key areas specific to our community. Within each key area, various strategies may then be applied, with a variety of measurable outcomes.

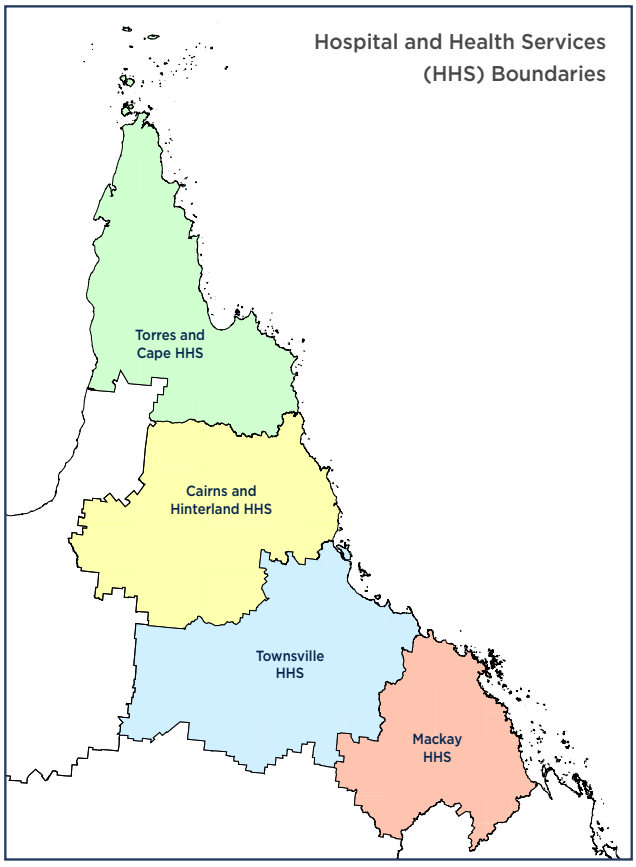
Needs assessment process

The HNA has been developed in line with Commonwealth guidelines using primary data sources obtained from the Australian Bureau of Statistics (ABS), Australian Institute of Health and Welfare (AIHW), Public Health Information Development Unit (PHIDU), and the Department of Health (DoH), in addition to specific data provided by Queensland Health (QH).

The HNA process is largely based on the review of secondary data detailed within the mental health and suicide, alcohol and other drugs, and core HNA in 2017–18, as well as community/ stakeholder engagements.

Input from community representatives, Hospital and Health Services (HHS), service providers, and other community-based organisations was extracted from ongoing engagements through service visits, project reports, group meetings, and NQPHN commissioned health care service reviews in the NQPHN region from 2016–18.

It is intended that there is a continuous update and documentation of health needs in the NQPHN region, thus all feedback on health needs, data availability and service delivery improvements is welcome.



Health Needs Assessment Process

1

Quantitative data

- Review of primary and secondary data (ABS, QLD health data, Core HNA, MH and AOD HNA)
- Rapid review of priority health needs

2

Qualitative data (community and stakeholders)

- Review of service mapping reports
- Informal discussions
- Clinical council members engagment
- Ongoing stakeholder engagement

3

Analysis and prioritisation of needs

General key findings

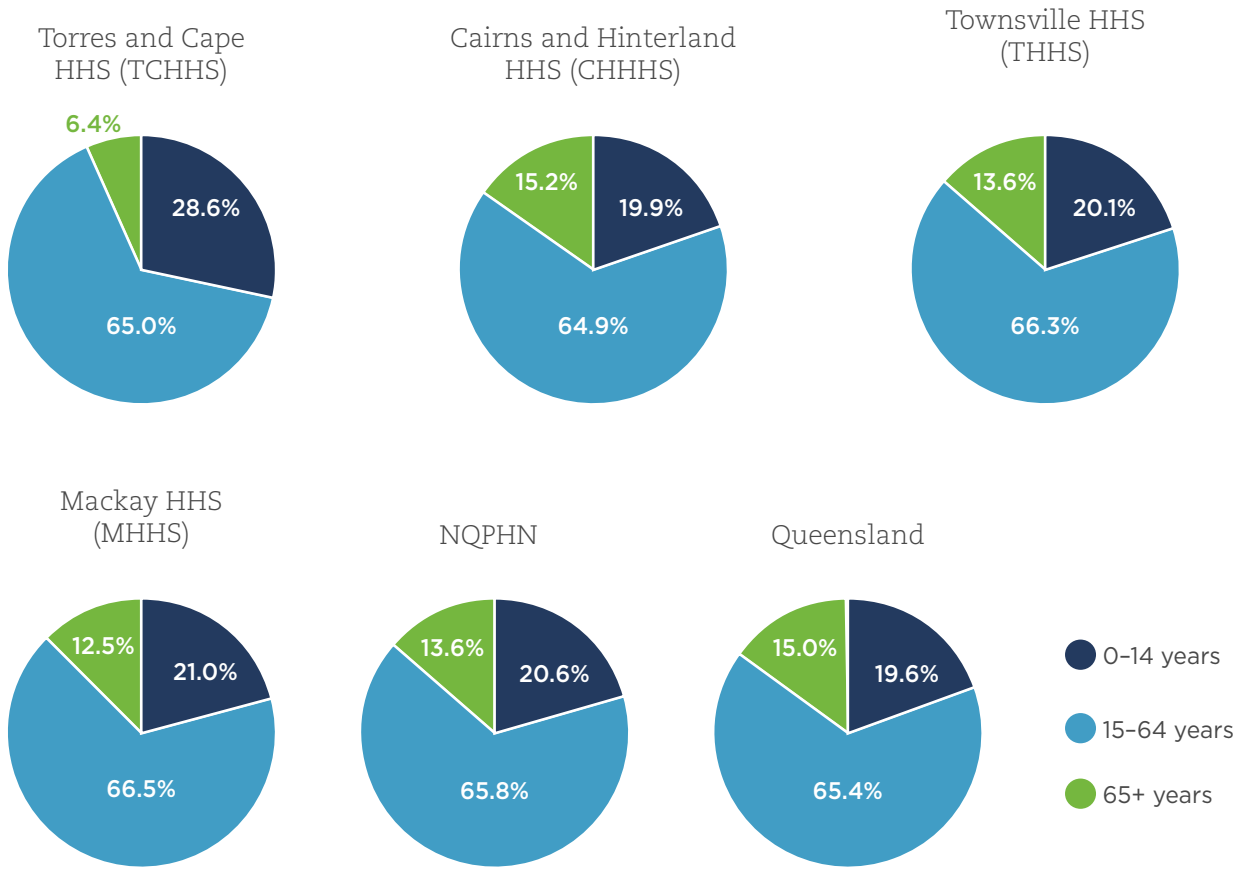
General population health needs

NQPHN population

The overall estimated residential population of the Northern Queensland Primary Health Network (NQPHN) region as of June 2017 was 694,455. The proportion of NQPHN population aged 0–64 years was 1.2 per cent above the Queensland state (86.4 per cent vs 85.2 per cent), while the proportion of persons aged 65+ (13.6 per cent) was slightly lower than the state (15.0 per cent). Forecasts of aged population demonstrate a growth from the ABS recorded figure of 91,272 in 2016 to a prediction of 160,572 in 2036 for people aged 65+.

Population profile of NQPHN by region

Sources: ABS, Regional profile-QLD—ERP census data 2018



How the NQPHN population rate their health

In 2015–16, an estimated

85.8% of NQPHN residents aged 15+ self-rated their health as:

- Excellent
- Very good or
- Good

compared to

87.0% nationally.

(Australian Institute of Health and Welfare, 2018).

Socioeconomic determinants of health

Proportion of people in the most disadvantaged quintile:

26.6%
NQPHN region

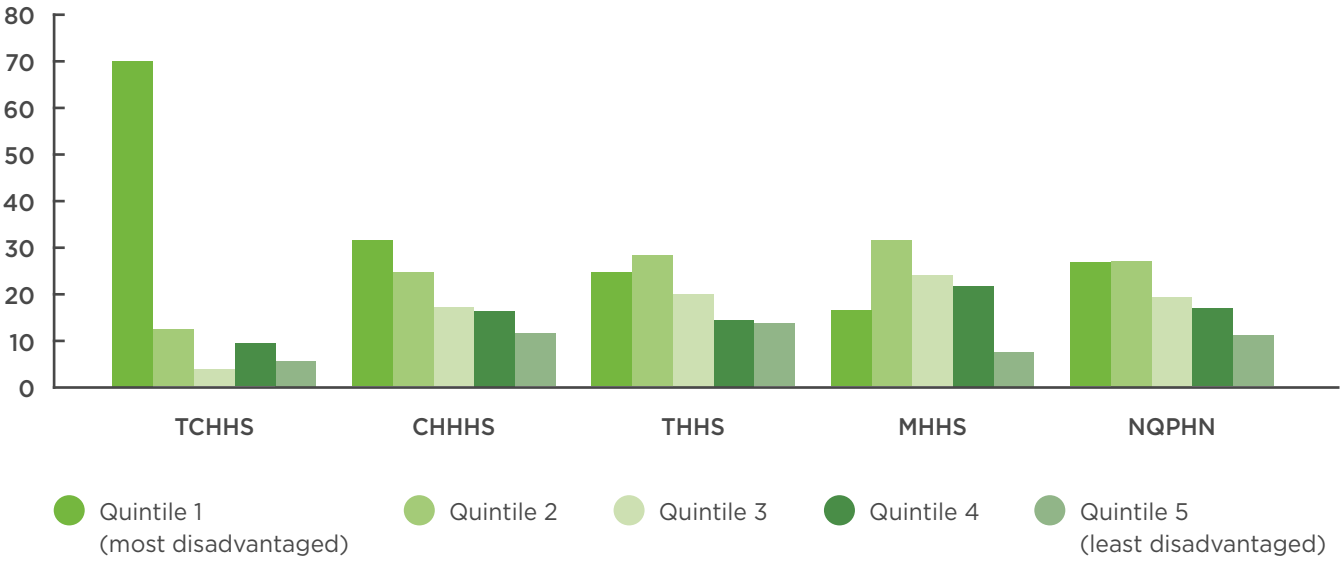
20.0%
Queensland

69.8%
the **TCHHS area** had the largest percentage across the NQPHN region

This data indicates pockets of high proportions of social disadvantage in the region. These indicators include low income, low educational attainment, high unemployment, jobs in relatively unskilled occupations, and dwellings without motor vehicles. Studies have indicated that unemployment and poor quality employment (low wage, no or short-term contract, control at work) are significantly associated with mental disorders (Allen, Balfour, Bell, & Marmot, 2014; World Health Organization, 2014).

Index of relative socioeconomic disadvantage, 2016

Source: ABS data, 2018



Drought declaration

Within the region, Flinders and Richmond LGA areas have been drought declared since the 2017–18 HNA.

The below LGAs have also been drought declared. (Approximate figures).

90%
Isaac LGA

90%
Whitsunday LGA

46%
Charters Towers LGA

Refugee population

The NQPHN region has two sites for the resettlement of refugees, Cairns and Townsville. Year to date intakes for refugee (June 2018) were:

90 Cairns region & 140 Townsville region

Most refugees were settled in the second quarter of 2018. The health status of these people is not yet understood. Further research will be required.

Health behaviours

The following lifestyle factors have contributed to the increasing health problems for NQPHN residents.

Daily smoking and drinking

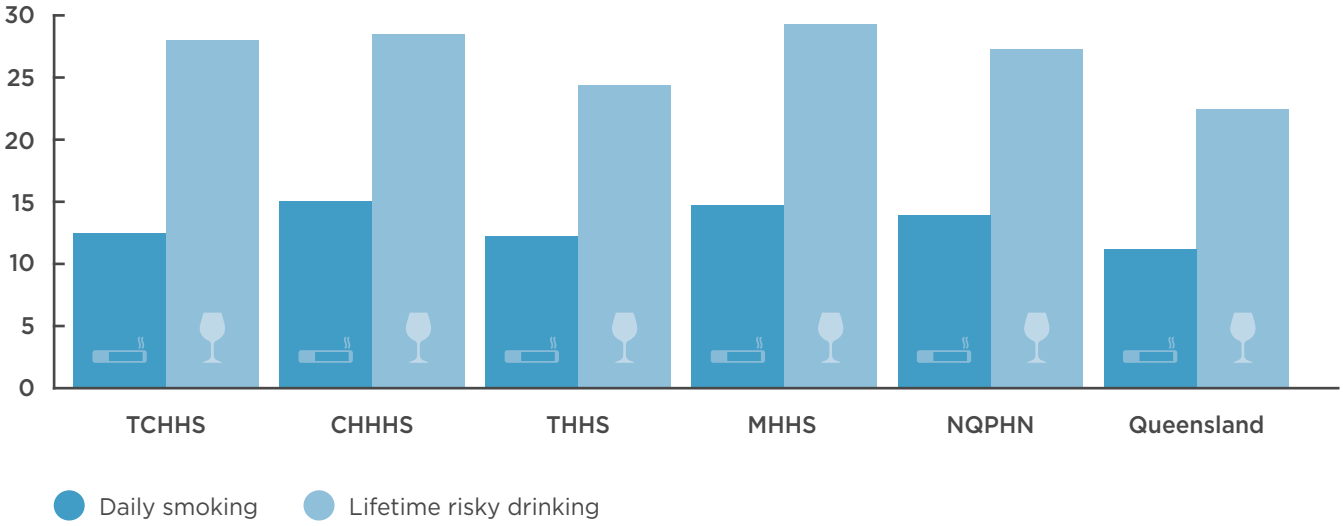
NQPHN residents reported higher rates compared to Queensland of smoking daily and drinking in 2018.

NQPHN 13.8% **Queensland** 11.1%

NQPHN 27.1% **Queensland** 22.3%

Proportion of adults smoking and lifetime risky drinking

Source: Chief Health Officer data, 2018



Nutrition and physical activity

The proportion of residents reportedly being sufficiently **physically active**:

NQPHN 60.7%

Queensland 60.0%

The proportion of residents reportedly eating the recommended daily intake of **fruit**:

NQPHN 52.8%

Queensland 54.0%

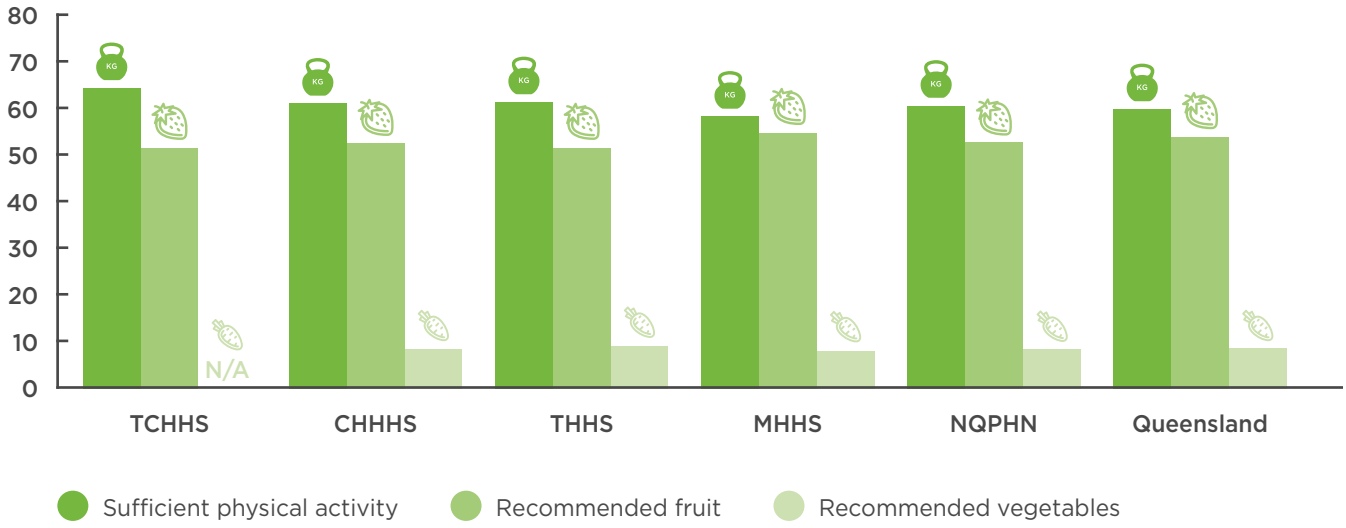
The proportion of residents reportedly eating the recommended daily intake of **vegetables**:

NQPHN 8.5%

Queensland 8.7%

Proportion of adults eating recommended fruits and vegetables, and doing sufficient physical activity

Source: Chief Health Officer data, 2018



Overweight and obesity

The proportion of **overweight and obese adults**:

NQPHN 61.6%

Queensland 59.0%

The proportion of **overweight and obese children**:

NQPHN 26.9%

Queensland 26.9%

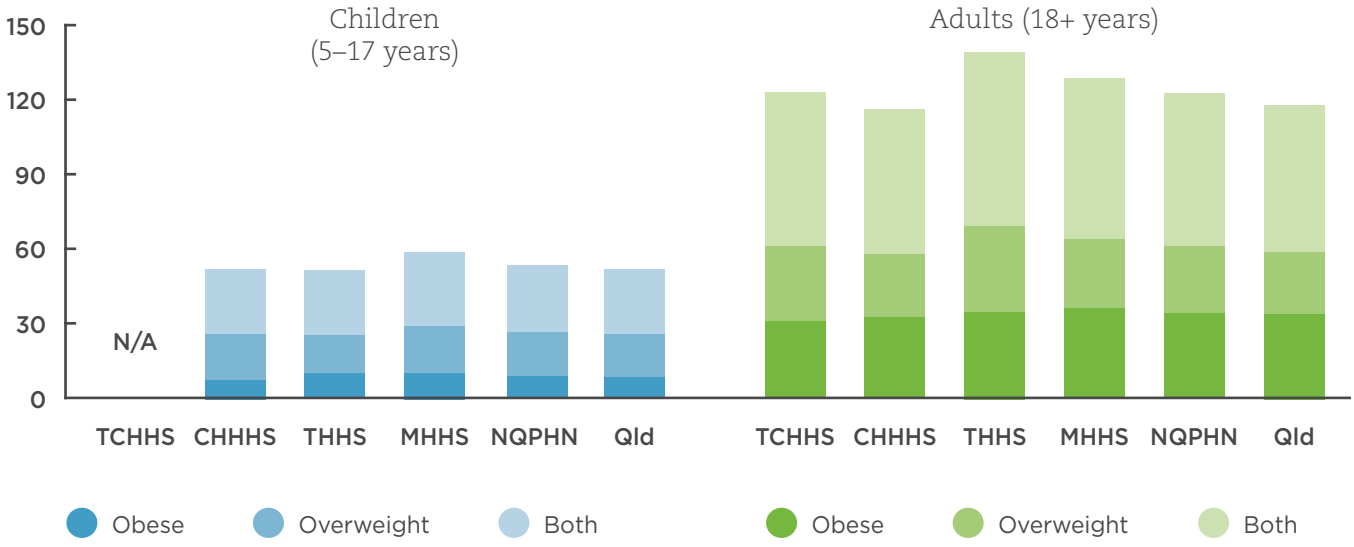
The proportion of **obese residents**:

NQPHN 27.0%

Queensland 25.0%

Percentage of overweight and obesity by HHS

Source: Chief Health Officer data, 2018



Premature mortality

Preventable premature death is an important consideration for the health of a community. Premature mortality refers to deaths which occur at a younger age than expected and can be measured by potential years of life lost.

Premature death rate (Queensland Health, 2016):

266/100,000
NQPHN

228/100,000
Queensland average

Leading causes of the burden of disease and injury in the NQPHN region

100,453

years of healthy life lost due to premature deaths or disability in the NQPHN region based on the 2011 reference data

48.8%

Cancer, **cardiovascular disease**, and **mental disorders** caused almost half of the loss of healthy life in the region

The estimated **burden of disease cost** in the region was **$17.2 billion** in 2011.

Diabetes, **mental disorders**, and **cardiovascular disease** were the top three causes of loss of healthy life in the **Cairns and Hinterland HHS** and **Mackay HHS** areas

Mental disorders, **cardiovascular disease**, and **chronic respiratory disease** were the top three causes of loss of healthy life in the **Torres and Cape HHS** area

Cancer, **cardiovascular disease**, and **mental disorders** were the top three causes of loss of healthy life in the **Townsville HHS** area

Figures for leading causes of the burden and injuries in NQPHN region for Aboriginal and Torres Strait Islander population are provided later in the document on page 23.

Distribution of burden of disease for all causes in the NQPHN region by HHS areas

Source: Queensland Health, 2017

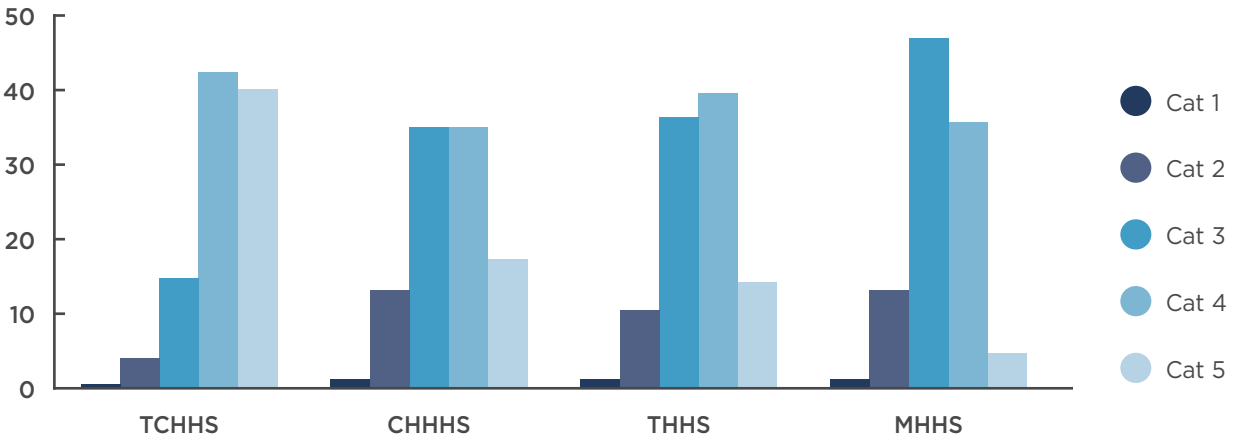
	NQPHN (%)	TCHHS (%)	CHHHS (%)	THHS (%)	MHHS (%)
Disability life years (DALYs) all causes (#)	100,452	4,917	38,228	33,948	23,359
Mental disorders	13.0	10.3	12.8	13.4	13.4
Cardiovascular disease	15.4	15.7	16.0	15.5	14.5
Diabetes mellitus	7.0	14.4	6.8	6.5	6.5
Malignant neoplasms	20.4	12.4	21.1	20.6	20.7
Chronic respiratory disease	6.3	8.1	6.4	6.2	5.9
Intentional injuries	2.5	5.7	2.3	2.3	2.2
Unintentional injuries	5.7	5.9	5.4	5.7	6.1
Nervous system and sense organ disorders	11.4	_	11.4	11.8	12.0
Neonatal causes	1.9	3.8	1.7	1.9	2.0
Other	16.4	20.4	16.0	16.2	16.7

Emergency presentations

The counts of emergency department (ED) presentations presented below indicates many patients are presenting with non-emergency cases (categories 4 and 5) in the NQPHN region. These lower acuity presentations could be treated within the community by GPs, community nurse practitioners, or allied health professionals, thereby reducing pressure on the emergency departments across the region.

Emergency department presentations by triage, 2016–17

Source: HAAT, 2018



After hours access

In 2015-16

149,382 patients accessed afterhours/ emergency attendance services

In 2016-17, a

4.8% decrease had been experienced

The decrease may be attributable to the lower GP and allied health care after hours workforce currently experienced in the NQPHN region as well as recent legislative changes to the funding model for after hours GP services (Department of Health, 2018; KP Health, 2017).

Immunisation

Immunisation is highly effective in reducing morbidity and mortality caused by vaccine-preventable diseases.

The immunisation rate for the first quarter of 2018 was:

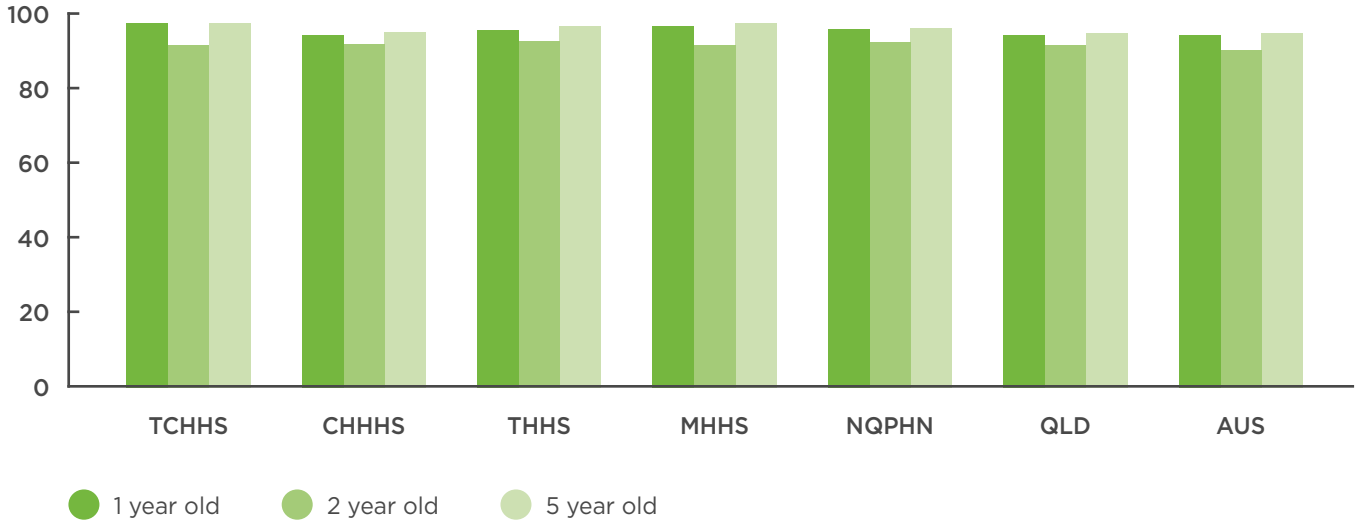
NQPHN
94.4%

Queensland
93.0%

The immunisation rates for two year olds in Cairns and Hinterland HHS and Torres and Cape HHS areas are slightly lower than other HHS areas in the region but remain higher than the Australian average. This can be attributed to lower rates of immunisation in two year olds in Indigenous populations.

Immunisation rates, March 2018

Source: Australian immunisation coverage report, June 2018



Challenges and opportunities

Source: The health of Queenslanders 2018. Report of the Chief Health Officer Queensland

Some of the biggest challenges facing Queensland's immunisation program include:

- the gap in coverage rates for Indigenous Queenslander children aged one to two years, placing them at a higher risk of contracting vaccine preventable disease
- sub-optimal uptake of adolescent vaccination in the School Immunisation Program, placing many adolescents at risk of contracting vaccine preventable disease
- misinformation about immunisation circulating in the community, creating unnecessary confusion and concern about proven, effective, and safe public health intervention.

Cancer screening

Cancer screening participation rates are positive indicators of good health behaviours.

Overall **breast cancer screening** participation rate (in 2015–16):

NQPHN 61.5%

Queensland 54.6%

Overall **cervical cancer screening** participation rate (in 2015–16):

NQPHN 54.7%

Queensland 53.9%

Overall **bowel cancer screening** participation rate (in 2015–16):

NQPHN 39.3%

Queensland 40.2%

National cancer screening participation, NQPHN region 2015–16

SA3 name	Cervical (%)	Breast (%)	Bowel (%)
Cairns–North	58.1	59.2	40.1
Cairns–South	56.7	59.2	37.7
Innisfail–Cassowary Coast	52.9	58.9	43.5
Port Douglas–Daintree	53.9	52.1	38.5
Tablelands (East)–Kuranda	60.5	58.8	44.0
Bowen Basin–North	45.7	61.0	39.1
Mackay	57.3	63.1	44.8
Whitsunday	54.3	59.1	41.4
Far North	49.9	44.8	26.5
Outback–North	49.4	59.8	25.8
Charters Towers–Ayr–Ingham	53.4	68.0	36.6
Townsville	53.0	65.9	35.7
Northern Queensland	54.7	61.5	39.3
Queensland	53.9	54.6	40.2
Australia	55.4	55.1	40.9

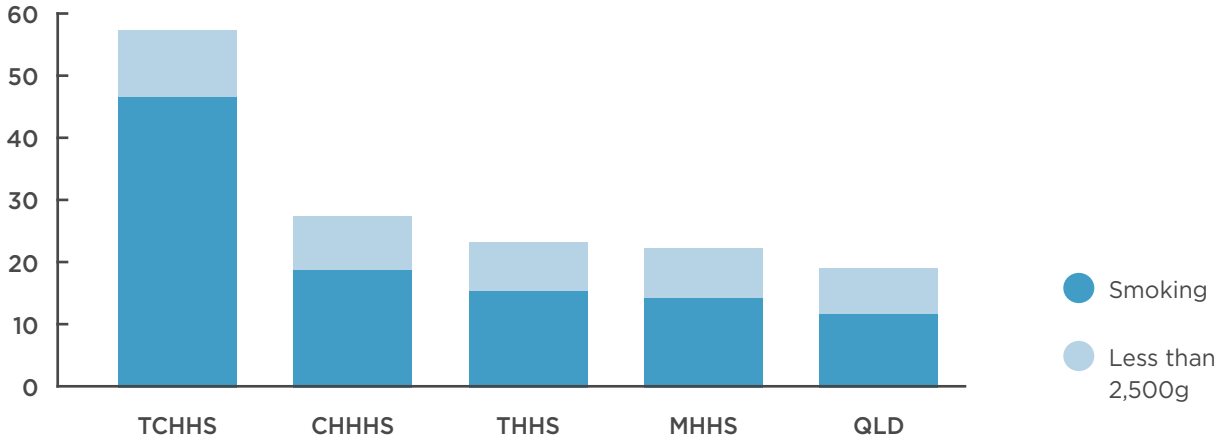
Maternal child health

The 2017 data on low birth weight and mothers smoking during pregnancy in the NQPHN region remained high compared to the state average. There are higher proportions of Aboriginal and/or Torres Strait Islander women smoking compared to non-Aboriginal and/or Torres Strait Islander (Department of Health Queensland, 2017).

Figures from the Australian early development census 2016 conducted by the ABS identify that the rate of developmentally vulnerable children 0–3 years is twice the Australian average, in the Cairns and Hinterland HHS area (16.4% vs 8.4%).

Proportion low birth weight and mothers smoking in 2017

Source: Queensland Health Perinatal Data Collection, Statistical Services Branch



Usage and access to primary health care services

Primary health care providers deliver front-line services to community members.

almost

8 in 10

residents aged 15+ years saw a general practitioner (GP) in 2016.

NQPHN average:

11.2%

of residents aged 15+ needed to see a GP but did not.

National average:

14.2%

of residents aged 15+ needed to see a GP but did not.

For further detail on this information, please access document:
Australian Institute of Health and Welfare, 2018 at www.myhealthycommunities.gov.au/primary-health-network/phn307#_

Digital health

Digital health is a key driver to the delivery of primary health care services in achieving better health outcomes for patients in Queensland and the NQPHN region (The State of Queensland (Queensland Health), 2017). There is a need to support and co-design with consumers, services providers, and communities about the importance of digital health. My Health Record, telehealth, and healthcare identifiers services are digital initiatives currently promoted in the region (Northern Queensland Primary Health Network, 2017). NQPHN is supporting general practices to improve quality primary health care and enhance the use of digital health reforms.

Workforce and service gaps

NQPHN is committed to the continuing support of workforce development of primary health care in the region.

Workforce and service mean gap in the NQPHN region, 2017

	Townsville area	Cairns area	Mackay area	Cape area	Coastal area	Inland
General Practice	–	–	–	51.1	–	–
Aboriginal and Torres Strait Islander Health Worker	–	–	54.1	70.2	–	–
Audiology	–	–	–	61.7	–	–
Dentistry	–	–	–	63.6	–	50.8
Diabetes education	–	–	–	61	–	–
Nursing	–	56.8	–	–	–	–
Nutrition	–	51.3	–	54	54	–
Optometry	–	–	–	65.5	–	–
Palliative care	–	50.3	62.4	54.7	–	56.8
Pharmacy	–	–	–	–	–	–
Physiotherapy	–	–	–	–	–	–
Podiatry	–	–	–	–	–	–
Radiology	–	–	–	57.2	–	51.3
Speech pathology	–	54.5	52.6	52.6	–	–
Exercise physiology	–	–	–	79.1	–	–
Psychology	–	–	57.6	67.9	–	–
Social work	–	51.3	65.7	69.2	–	–
Occupational therapy	–	53.3	54.7	70.3	–	–
Aged care	–	60.7	54.5	–	–	58
ATODS	50.4	70.2	60.6	–	–	–
Child health	–	49.9	–	–	56.3	–
Disability	–	64.6	61.3	–	–	55.8
Health promotion	–	56.9	50.9	60.1	–	–
Mental health	50.0	66.5	69.1	–	–	59.6
Refugee and immigration health	50.4	55.5	64	–	55.9	–
Maternal health	–	–	–	–	–	–

Source: Health Workforce Queensland, 2018

Low workforce and service mean gap (<50)

Medium workforce and service mean gap (50–69)

High workforce and service mean gap (70–100)

Workforce and service mean gap in the NQPHN region, 2017 (continued)

	Atherton	Ayr	Ingham	Innisfail	Mareeba	Proserpine
General Practice	–	56.8	–	60.3	–	59.2
Aboriginal and Torres Strait Islander Health Worker	–	52.8	–	–	52.1	–
Audiology	–	–	–	–	50	74.5
Dentistry	52.3	–	–	–	–	62.4
Diabetes education	–	–	–	–	57.2	–
Nursing	–	54.2	69	–	56.9	72.2
Nutrition	–	70.5	53.6	–	61.6	80.8
Optometry	–	–	–	–	–	–
Palliative care	–	58	–	67.3	65.4	74.4
Pharmacy	–	–	–	–	–	–
Physiotherapy	–	–	–	50.7	–	–
Podiatry	–	–	65	–	–	73.5
Radiology	–	–	–	–	–	–
Speech pathology	52.6	61.4	68.5	55	63.5	60
Exercise physiology	–	–	–	–	–	–
Psychology	–	50.5	76.6	58	–	71.5
Social work	–	53.8	60	50.3	54.8	74.6
Occupational therapy	–	56	–	–	59.3	89
Aged care	–	–	–	–	58.1	56.8
ATODS	63.5	63.8	58.3	50	59.2	74
Child health	–	–	–	–	–	67.3
Disability	51	–	–	64.3	62.3	71.4
Health promotion	–	–	–	–	62.4	85.7
Mental health	54.6	60.5	61.8	65.3	58.2	77.8
Refugee and immigration health	54.5	–	56	–	–	81
Maternal health	–	–	–	–	–	–

Source: Health Workforce Queensland, 2018

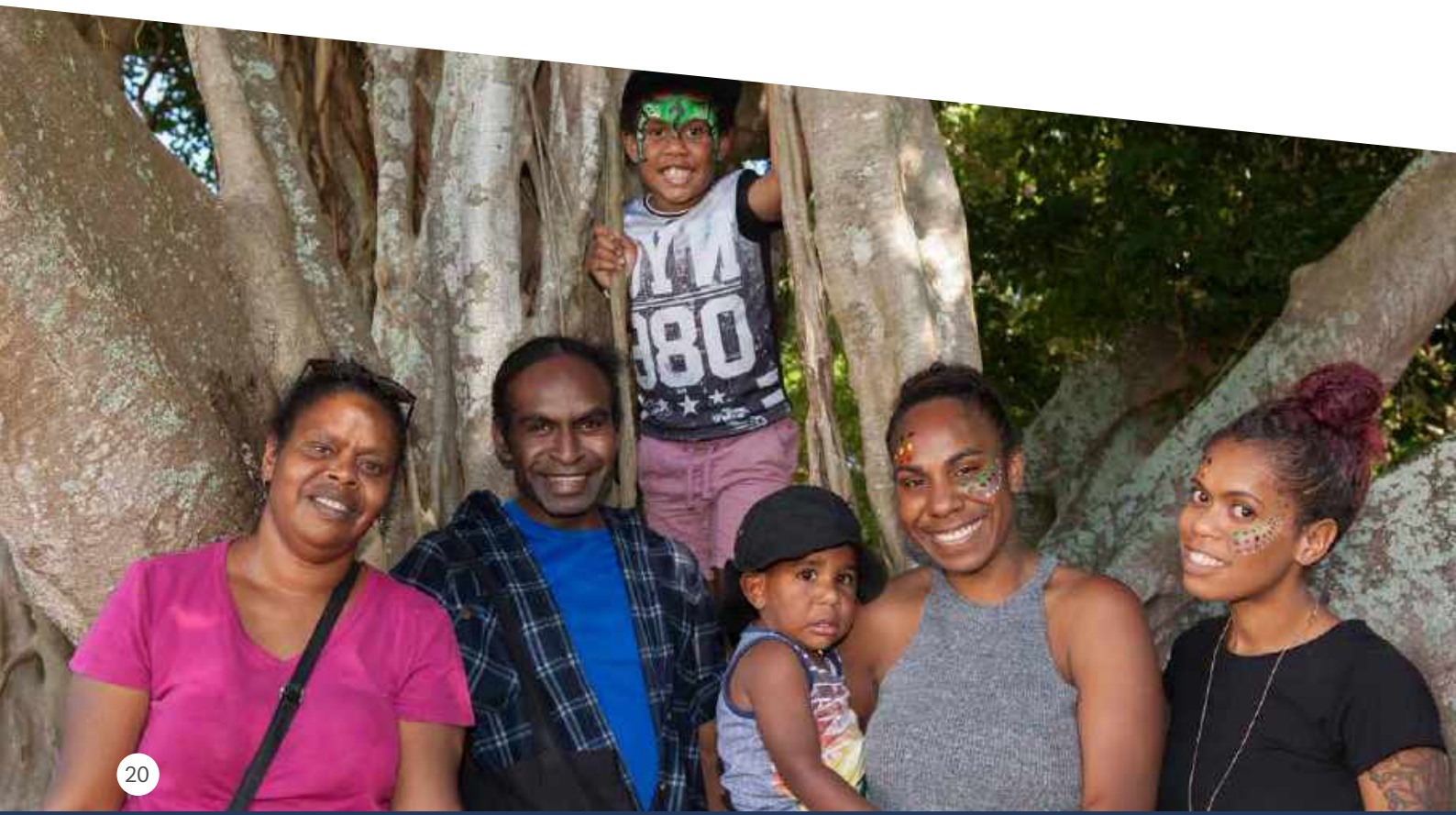
Low workforce and service mean gap (<50)

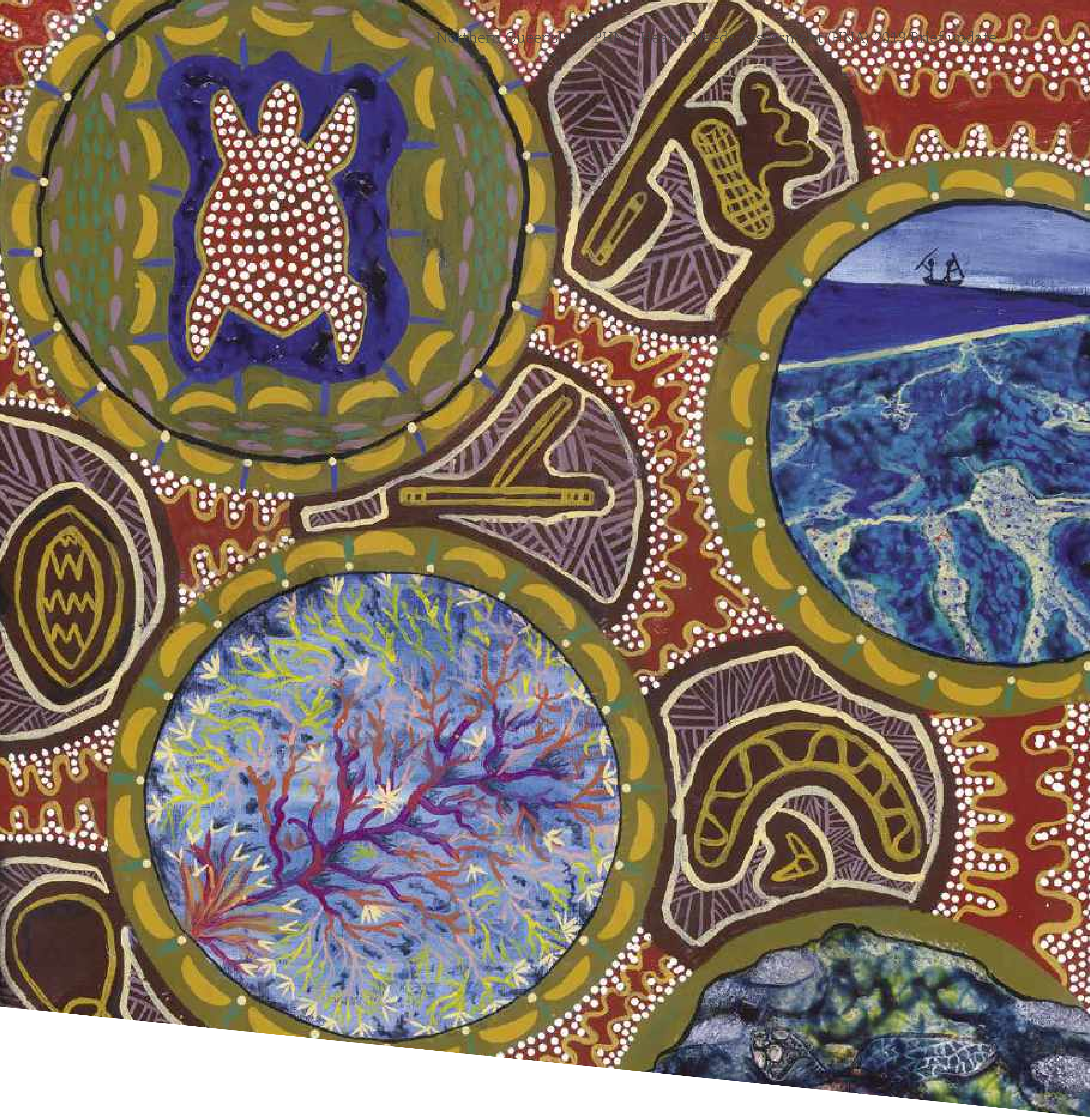
Medium workforce and service mean gap (50–69)

High workforce and service mean gap (70–100)

The common themes raised by stakeholders/community organisations and members in relation to access and primary health care workforce:

- Limited uptake of preventative services.
- Difficulties in physically accessing care due to lack of personal transportation.
- Lack of specialist medical doctors.
- Lack of nurses.
- People using the accident and emergency units in the hospitals when their condition is not an emergency.
- Lack of mental health and AOD services.
- People from vulnerable communities (Aboriginal and Torres Strait Islander peoples, CALD, LGBTIQ, homeless, and victims of domestic violence) do not have equal access to health services.
- Inadequate access to dental services.
- Difficulty navigating the referral systems.
- Lack of communication between hospital, general practices, and allied health services.
- Understanding the cultural approaches to health care among services to Aboriginal and Torres Strait Islander communities.





Indigenous health needs (including Indigenous chronic disease)

The health and wellbeing of Aboriginal and Torres Strait Islanders remains a significant issue for the region.

Aboriginal and Torres Strait Islander population

2016 estimate of residents who **identify as Aboriginal and/or Torres Strait Islander**:

NQPHN 10.1%

Queensland 4.0%

The age gap in health adjusted life expectancy between the Aboriginal and Torres Strait Islander population and the total Queensland population is:

TCHHS 15 yrs

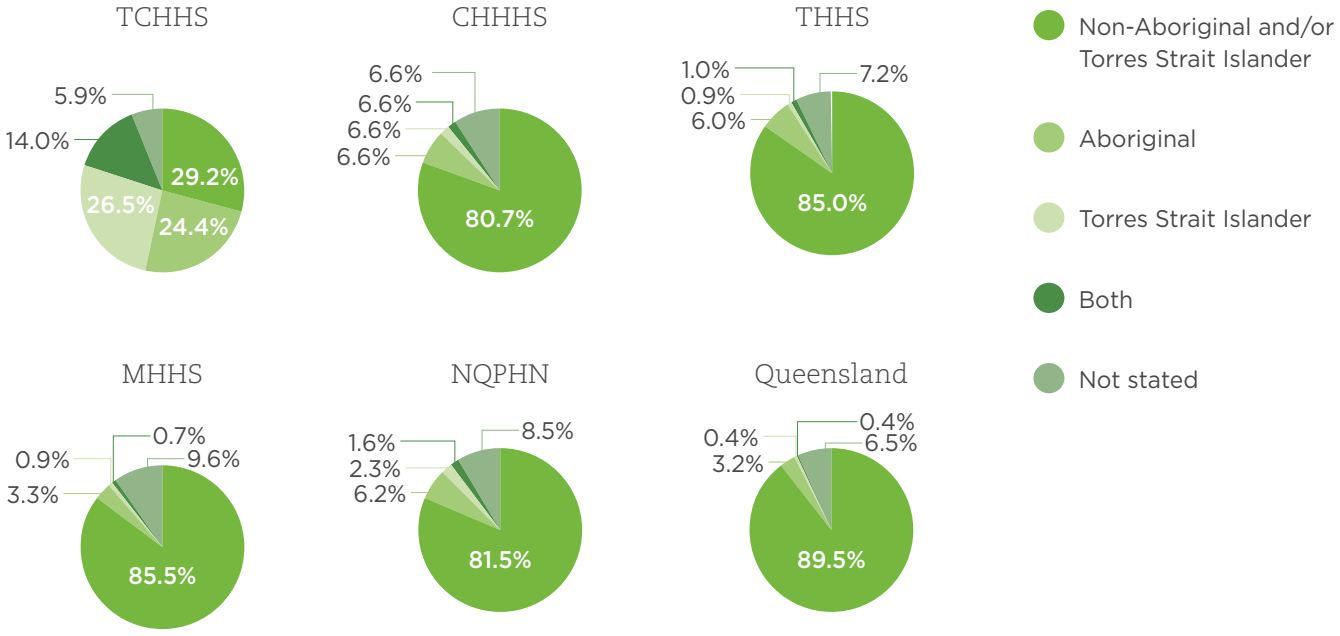
CHHHS 11.8 yrs

THHS 12.3 yrs

MHHS 11.8 yrs

Percentage of Aboriginal and Torres Strait Islander population

Source: ABS census 2016.



Environmental health

It is well established that social and environmental determinants of health have larger impact on health outcomes than health care (Page-Reeves et al., 2016). Geographical isolation of communities, household overcrowding, poor housing, occupational exposure, poor water quality, and climate seasonality are environmental factors influencing the spread of communicable diseases in rural and remote communities in Australia (Quinn, Massey, & Speare, 2015).

Remoteness and inappropriate infrastructure has impeded the provision of safe drinking water supplies in some Indigenous communities in northern Queensland (Queensland Health, 2018).

People living in **remote and very remote** areas *(Queensland Government Statistician's Office, 2018)*:

NQPHN	Queensland
7.8%	2.6%

Burden of chronic disease

The following mental disorders and chronic diseases were amongst the top five contributors to the overall burden of disease in Aboriginal and Torres Islander populations (see table below) in the NQPHN region (Queensland Health, 2017).

The burden of chronic conditions including cardiovascular diseases and diabetes, and mental disorders including anxiety and depression, continued to produce most health loss in ATSI population in NQPHN region. The burden of disease is concentrated among the aged population, Aboriginal and Torres Strait Islander, socio-economic disadvantaged and in remote and very remote communities (KP Health., 2017; Queensland Health, 2017)

Proportion of broad causes of burden of disease in Aboriginal and Torres Strait Islander population

Source: Queensland Health, 2017, Reference data 2011 published in 2017

	NQPHN (%)	TCHHS (%)	CHHHS (%)	THHS (%)	MHHS (%)
Disability life years (DALYs) all causes (#)	12,395	3,504	4,673	2,938	1,280
Mental disorders	17.3	9.5	20.4	20.2	20.9
Cardiovascular disease	15.0	17.6	14.0	13.9	13.9
Diabetes mellitus	11.4	15.4	9.6	10.4	9.4
Malignant neoplasms	9.1	8.6	9.6	8.6	9.7
Chronic respiratory disease	8.4	8.9	8.2	8.2	8.2
Intentional injuries	5.7	6.8	4.9	5.7	5.3
Unintentional injuries	5.4	5.7	5.1	5.5	5.3
Neonatal causes	4.4	4.4	4.5	4.3	4.0
Other	18.9	19.5	18.6	18.7	18.2

Infectious diseases

The rate of notifications for infectious syphilis in Aboriginal and Torres Strait Islander peoples in the NQPHN region has increased since the syphilis outbreak was declared in 2013. The following are observed across the HHS areas in the region:

- The Cairns and Hinterland HHS area has **increased** from 9.8/100,000 population in 2013 to 427.2/100,000 population per year in 2017–18.
- The Townsville HHS area was 40.5/100,000 population per year at the beginning of the outbreak in January 2013, **increasing** to 391.9/100,000 population per year in 2016–17, before **decreasing** to 291.5/100,000 population per year in 2017–18.
- The Torres and Cape HHS area has **increased** from 71.1/100,000 population per year at the beginning of the outbreak in December 2012, to 215.7/100,000 population per year in 2017–18.
- Notification rates are not shown for Mackay HHS because of small numbers.
- About 53% of all infectious syphilis were in males compared to 47% in females.
- An estimated 67% of infections were in people aged 15–29 years (Health Surveillance Tropical Public Health Services Cairns, 2018; The Department of Health, 2018).

HIV notifications

In recent years the proportion of newly diagnosed HIV notifications among Aboriginal and Torres Strait Islander peoples has been higher in Far North Queensland compared to Aboriginal and Torres Strait Islander peoples across the rest of the state.

The notification rate of newly diagnosed HIV in 2016 was:

TCHHS	CHHHS	THHS	MHHS
N/A	10.7/100,000	1.7/100,000	3.5/100,000

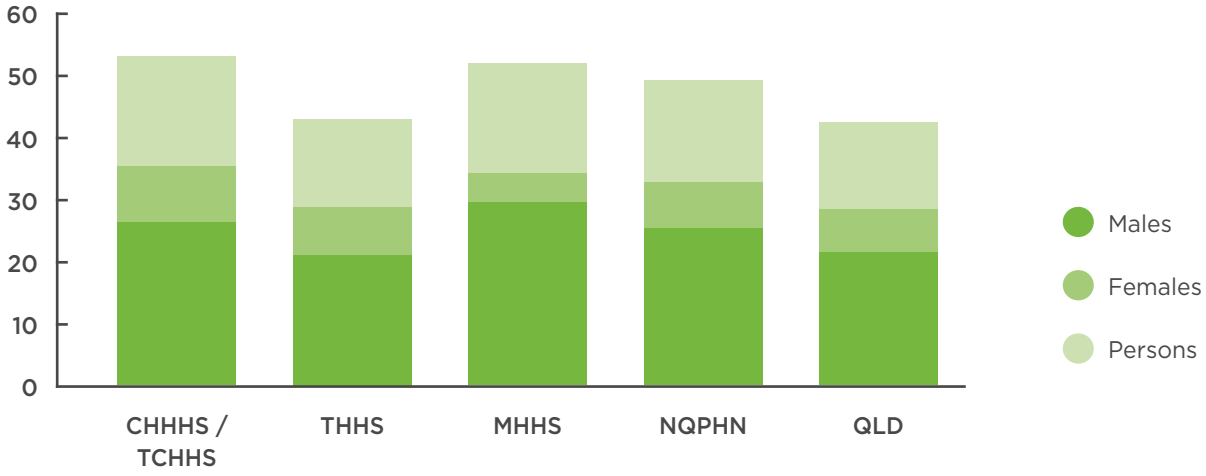
Source: Queensland Government (Queensland Health), 2017

Primary mental health care needs

The mental health care needs highlighted significant socio-economic, cultural, and geographical factors that influencing the mental health and wellbeing of people in NQPHN region. Furthermore, qualitative and quantitative data indicated that children and young people, elderly, Aboriginal and Torres Strait Islander peoples, people from Culturally and Linguistically Diverse Backgrounds (CALD), Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTIQ), and women in perinatal and/or who experience violence are more likely to experience mental health, suicidal/self-harm ideation and behaviours and have difficulty accessing mental health services in the NQPHN region.

Mental health and suicide

Age-standardised suicide rate by gender by HHS areas



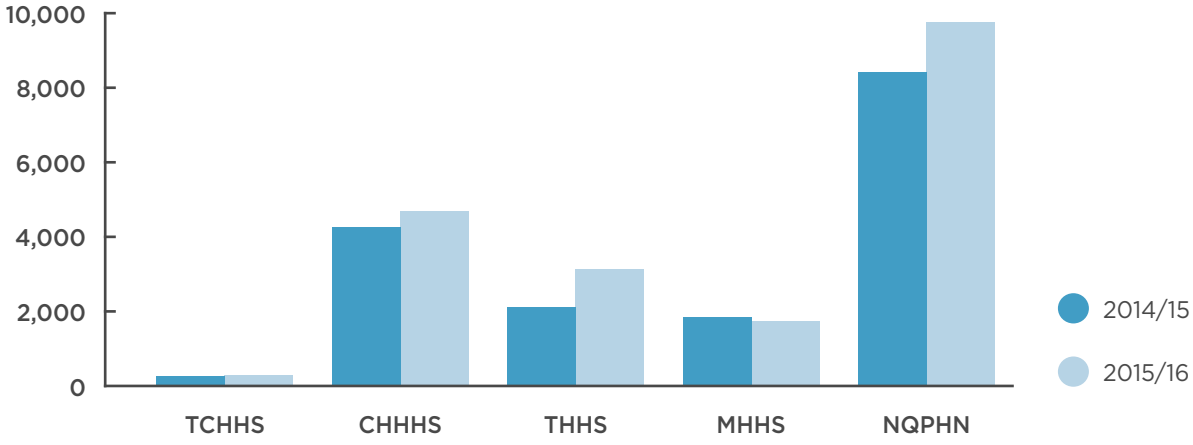
The overall age-standardised rate for suicide in the **NQPHN region** (16.4/100,000) was higher than the **state** (14.0/100,000) and **national** (10.9/100,000) in 2013, (Potts, Kõlves, O'Gorman, & De Leo, 2016).

Current risk: Suicide cluster

- 3 youth suicides in the Atherton Tablelands (1 in Mareeba, 2 in Ravenshoe) from September to November 2018.
- This has potential to have knock-on effects with the youth population in the region.

Admitted patient episodes of care (mental and behavioural disorders)

Source: Queensland Hospital Admitted Patient Data Collection (QHAPDC), Statistical Services Branch, Department of Health, Queensland



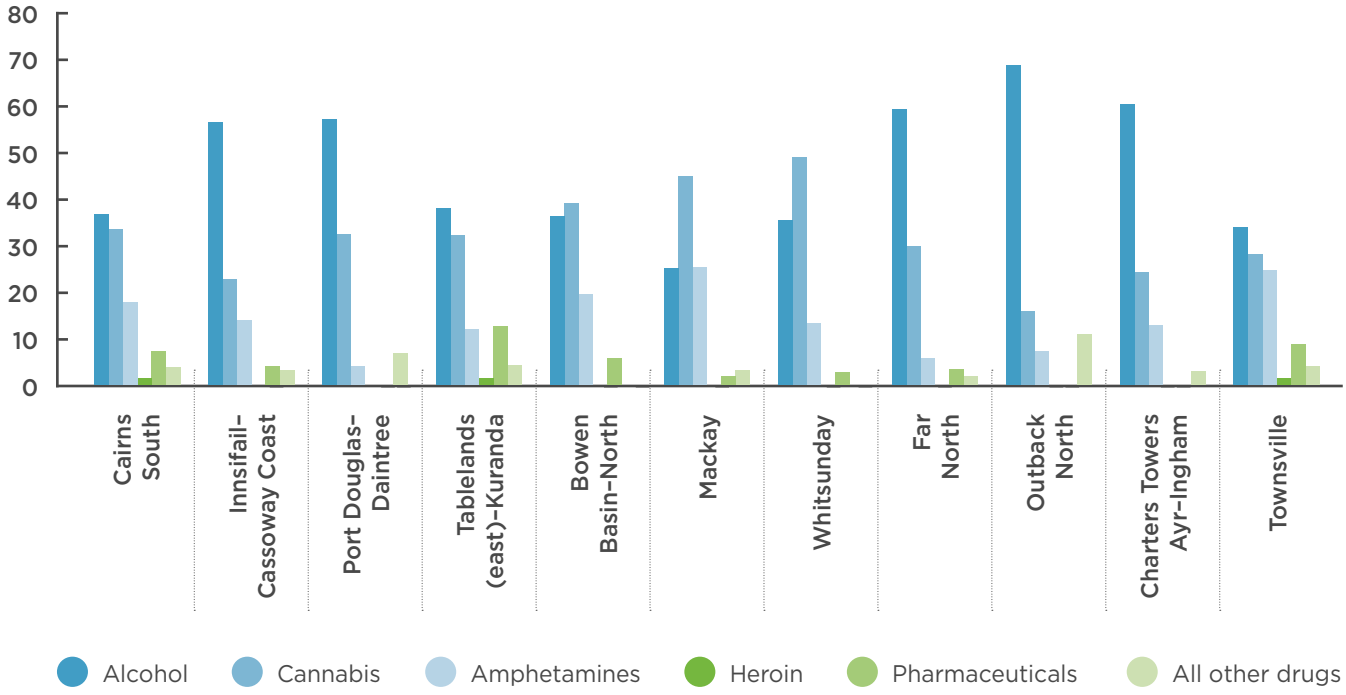
The number of potentially preventable hospitalisations due to mental and behavioural disorders continues to increase across NQPHN.

Alcohol and other drugs treatment needs

The Alcohol and Other Drugs (AOD) needs highlighted increased consumption of alcohol and other drugs in the remote and rural communities, high risky alcohol consumption, and alcohol/drugs misuse among deprived/ marginalised communities (Culturally Diverse and Linguistic Communities and Aboriginal and Torres Strait Islander). There are also strong indications of significant associations between homelessness, unemployment, offending, family breakdown, and AOD use. The figures indicate a need for early prevention and early intervention to promote and reduce the number of people becoming AOD dependent within the NQPHN region.

Proportion of closed treatments of common AOD, NQPHN region-2017

Source: AIHW data, 2018



There was a 10.4% **decrease** in AOD treatment episodes in the NQPHN region from 9,264 closed treatment episodes in 2015–16 to 8,298 in 2016–17. However, alcohol, cannabis, and amphetamines remained the principal drugs of concern in 2017 across NQPHN.

Cairns South (36.7%), **Mackay** (13.5%) and **Townsville** (35.0%) SA3 areas recorded the highest rates of people treated for amphetamine use.

- More than three-quarters (77.1%) of persons treated for amphetamines in 2016–17 were aged 20–39 years.
- Young people aged 10–29 years recorded the largest proportion (40.5%) of all AOD treatment episodes in 2016–17 across the NQPHN region. Cannabis was the most commonly reported closed treatment episodes (63.0%), followed by amphetamines (41.8%), and alcohol (23.3%).
- More young people in Mackay (45.9%), Cairns South (43.4%), Townsville (42.1%), and Tablelands (East)-Kuranda (40.3%) SA3 areas were treated for amphetamines.
- Tablelands (East)–Kuranda (65.0%), Townsville (67.4%), and Whitsunday (67.0%) SA3 areas recorded higher cannabis treatment episodes compared to other SA3 areas in the NQPHN region.
- Charters Towers–Ayr–Ingham (45.0%), Bowens Basin–North (34.6%), Far North (28.6%), and Tablelands (East)–Kuranda (28.6%) reported higher alcohol treatment episodes in young people aged 10–19 years in 2016–17 compared to other SA3 areas.

Summary of identified priority health needs

Population health

Priority area

- Support preventative measures including screening and immunisation and promoting healthy behaviour.
- Improve health service delivery for children and pregnant mothers.
- Increase access to health care in remote and very remote areas.
- Provide access to after hours health services.
- Maximise the outcomes of health consumers burdened with chronic disease, by transitioning chronic disease management to community level care.
- Improve pathways regarding access to specialist care.
- Value our elderly and support their care by community providers.
- Promote the importance of using the My Health Record (MHR), and telehealth tools across the region.
- Develop and promote health-related websites, apps, and tools.

Areas of opportunity for targeted activities identified through the HNA process:

- Support not-for-profit, voluntary, and community agencies to plan, implement, and evaluate smoking cessation programs focusing on high risk groups such as: blue collar workers, Aboriginal and Torres Strait Islander peoples, pregnant mothers, and socially disadvantaged people in the rural and remote areas.
- Support general practices and primary health services to take a wider role in the prevention and management of chronic diseases.
- Commission and co-design activities around quality initiatives that focus on integration and coordination of after hours care.
- Explore opportunities to work with RACGP on Generalist Medical Training (GMT) and training of GP registrars and/or International Medical Graduates (IMG) regarding obtaining qualifications.
- Explore opportunities to increase numbers of allied health workers in the region using the principles of the 'Grow Your Own' workforce model.
- Explore opportunities to increase the number of nurses and midwives working in rural and remote areas.
- Build the capacity of the local allied health generalist providers to deliver continuity of allied health care and integrate visiting allied health professional services.
- Lobby for change in the MBS item numbers to enable GPs to claim a rebate for a patient consultation within an approved telehealth eligible area.
- Allied health stepped care.

Emerging issues: tuberculosis, polio, and rheumatic heart disease

- In November 2018, TCHHS confirmed a patient from the Torres Strait Island region was being treated for tuberculosis.
- In June 2018 a polio outbreak was reported in PNG with 10 confirmed cases.
- The incidence and prevalence of acute rheumatic fever (ARF) and rheumatic heart disease (RHD) remain high especially in Aboriginal and Torres Strait communities in remote and very remote areas in the NQPHN region.

Aboriginal and Torres Strait Islander health

Priority area

- Improve Aboriginal and Torres Strait Islander health by closing the gap.

Areas of opportunity for targeted activities identified through the HNA process:

- Interventions targeting the higher proportion of socio-economic factors and other health related behavioural factors in Aboriginal and Torres Strait Islander populations.
- Collaborate with local community service providers to provide/explore the feasibility of mobile clinics and the use of digital solutions in rural and remote areas.
- Increase support to GPs and Aboriginal Community Controlled Health Organisations (ACCHOs) to coordinate chronic disease management, develop and deliver support mechanisms to improve consumer self–management, and improve access to specialist referrals in rural and remote areas.
- Work with key stakeholders to develop capacity of service providers (mental health specialists) and Aboriginal and Torres Islander health care workers using the principles of the 'Grow Your Own' workforce model.
- Invest in Aboriginal and Torres Strait Islander health practitioners.
- Promote GP, nursing, and allied health placements to remote areas with culturally appropriate orientation for a sustainable workforce.
- Facilitate NQPHN staff to acquire cultural awareness competencies.
- Coordinate and support antenatal, postnatal, and child health services from both general practice, ACCHOs, and HHSs through a shared collaborative model of care.
- Continue to work in partnership with state funded public health services in the management of infectious disease outbreaks such as syphilis and other sexually transmitted infections.

Mental health

Priority area

- Recognise the importance of improving access to mental health services.

Identified needs

- Equitable access for people from rural and remote populations to low intensity services.
- Equitable access to treatment and support services for individuals with severe illness and complex needs.
- Equitable access for individuals with psychological distress (mild-moderate illness).
- Equitable access for Aboriginal and Torres Strait Islanders to low intensity services.
- Effective suicide prevention programs using a regional approach.
- Increase access and support for Australian Defence Force (ADF) personnel and veterans.
- Increase access service availability for children and families.
- Improve access to perinatal and infant mental health services in primary health care.
- Increase service capacity for Mental Health Promotion Program and Early Intervention (MHPP&EI) programs.

Areas of opportunity for targeted activities identified through the HNA process:

- Develop culturally appropriate care co-ordination for psychological therapies similar to “Closing the Gap”.
- Build capacity of local leaders, communities, families, and individuals to support family members through education, advocacy, psycho-social supports and stigma reductions.
- Develop evidence-based intervention—stepped care, online and self-help, MHFA/community engagement, community capacity (schools non-clinical orgs).
- Develop systematic referral pathways, care co-ordination, case management, clinical data sharing, and evaluation across services in the region.
- Promote behaviour change through support of evidence-based programs that promote the prevention of mental disorders.
- Support and expand mental health services for vulnerable communities (ADF, refugee population, LBGTIQ, CALD and Aboriginal and Torres Strait Islander peoples) in the region.
- Collaborate with service providers who support young people with AOD issues.
- Partner with community organisations to raise awareness of the impact of mental disorders in infants and children.

Alcohol and other drugs

Priority area

- Provide and enable improved substance misuse support services in the communities of greatest need.

Identified needs

- Improve coordination between sectors to address co-existing AOD misuse and mental health issues (dual diagnosis issues).
- Increase capacity of the primary health care workforce and other sectors to support AOD needs.
- Increase access to AOD services for young people (inclduing Cairns South).
- Increase availability of local withdrawal management and support services.
- Increase supply of health promotion, early intervention, and prevention programs.
- Improve support and expand appropriate services to Aboriginal and Torres Strait Islander people in the region.
- Develop programs to support transitional pre and post prison release services for people with AOD issues.
- Raise awareness of the impact of AOD on infants and children—fetal alcohol spectrum disorder (FASD).

Areas of opportunity for targeted activities identified through the HNA process:

- Collaborate service providers to address dual diagnosis issues.
- Provide support to increase capacity of primary health workers and other social service providers to support AOD issues.
- Support service providers to increase access to AOD services for young people.
- Promote behaviour change through support of evidence-based programs that promote early intervention and prevention.
- Support and expand AOD services for Aboriginal and Torres Strait Islander peoples in the region.
- Collaborate with services who support transitional pre and post prison people with AOD issues.
- Partner with community organisation to raise awareness of the impact of AOD upon infants, children, and families.

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Appendix 1: Health snapshots by HHS area

Current health snapshots have been updated to reflect *The health of Queenslanders 2018 Report of the Chief Health Officer Queensland*.

Torres and Cape Hospital and Health Service (TCHHS) Area

» HEALTH SNAPSHOT

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POPULATION

Estimated population (June 2017) **26,753**

Increase from 2011 to 2017 ↗ **8.7%**

Projected population from 2016 to 2036 **26,399** ⇨ **30,168**

AGE

0-14 yrs old	15-24 yrs old	25-44 yrs old	45-64 yrs old	65+ yrs old
28.6%	14.8%	28.6%	21.6%	6.4%

ETHNICITY

64.8% identified as Aboriginal and/or Torres Strait Islander

29.2% identified as non-Aboriginal and/or Torres Strait Islander

6.0% not stated

SOCIO-ECONOMIC DETERMINANTS OF HEALTH

TCHHS

69.8% in the most disadvantage on the index of relative socio-economic disadvantage quintiles.

NQPHN	QLD
26.6%	20.0%

UNEMPLOYMENT

TCHHS

18.3% % of people are unemployed. *As of June 2018.*

NQPHN	QLD
6.8%	6.0%

EDUCATION

TCHHS

48.9% % completed year 11 or 12 education.

NQPHN	QLD
53.0%	58.9%

LOW INCOME EARNERS

TCHHS

36.4% % earned income less than $20,800 annually.

NQPHN	QLD
27.3%	28.4%

Sources (1) Australian Bureau of Statistics (ABS), database, Canberra., viewed 16/11/2018, www.abs.gov.au **(2)** Department Health. Queensland Survey Analytics System (QSAS Regional Detailed Data, Queensland Government. Brisbane, 2018. Viewed 16/11/2018, http://www.health.qld.gov.au/phsurvey **(3)** Queensland Health. The health of Queenslanders 2016 & 2018-data. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2018. **(4)** Queensland Government Statistician's Office. Queensland Treasury, Brisbane, 2018. Viewed 21/09/17. http://www.qgso.qld.gov.au **(5)** Potts, B., Kõlves, K., O'Gorman, J., & De Leo, D. (2016). Suicide in Queensland, 2011–2013: Mortality Rates and Related Data. **(6)** PenCat Data

Current as at November 2018. | For more information, visit **nqphn.com.au**

Health risk factors » TCHHS AREA

DAILY SMOKERS

TCHHS	NQPHN
13.4%	13.8%

OVERWEIGHT AND OBESE

TCHHS	NQPHN
61.7%	61.6%

ALCOHOL CONSUMPTION

Aged 18+, life time risky drinking.

TCHHS	NQPHN
27.8%	27.1%

PHYSICAL ACTIVITY

Those who do sufficient physical activity at least five days a week.

TCHHS	NQPHN
64.5%	60.7%

HEALTHY EATING

People eating sufficient fruits.

TCHHS	NQPHN
51.7%	52.8%

People eating sufficient vegetables.

TCHHS	NQPHN
N/A	8.5%

MENTAL HEALTH AND SUICIDE – TORRES AND CAPE HHS AREA 2016-17

257 / 100,000

persons report mental and behavioural disorders in 2016

Suicide rates (per 100,000):

CHHHS / TCHHS	NQPHN	Qld	Australia
17.6	16.4	14.0	12.4

TOP 10 POTENTIALLY PREVENTABLE HOSPITALISATION (PPH) - TCHHS AREA 2016-17

27.2%	Cellulitis	6.7%	Urinary tract infections
16.8%	Diabetes complications	6.2%	Convulsion and epilepsy
9.1%	Dental conditions	3.6%	Angina
7.5%	Ear, nose, and throat infections	3.3%	Iron deficiency
6.9%	Chronic Obstructive Pulmonary Disease	2.5%	Congestive cardiac failure

Total PPH: 1,567

CHILD IMMUNISATION*

95.0% immunisation national target

1YR OLDS THHS	2YR OLDS THHS	5YR OLDS THHS
93.9%	91.6%	94.8%

PERSONS WITH SEVERE DISABILITY

TCHHS	NQPHN	QLD
4.8%	4.6%	5.2%

Cairns and Hinterland Hospital and Health Service (CHHHS) Area

» HEALTH SNAPSHOT

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POPULATION

Estimated population (June 2017) **257,111**

Increase from 2011 to 2017 ↗ **7.2%**

Projected population from 2016 to 2036 **255,135** ⇨ **328,358**

AGE

0-14 yrs old	15-24 yrs old	25-44 yrs old	45-64 yrs old	65+ yrs old
19.9%	11.7%	26.1%	27.2%	15.2%

ETHNICITY

10.1% identified as Aboriginal and/or Torres Strait Islander

80.8% identified as non-Aboriginal and/or Torres Strait Islander

9.1% not stated

SOCIO-ECONOMIC DETERMINANTS OF HEALTH

CHHHS **31.2%** in the most disadvantage on the index of relative socio-economic disadvantage quintiles.

NQPHN	QLD
26.6%	20.0%

UNEMPLOYMENT

CHHHS **6.5%** % of people are unemployed. *As of June 2018.*

NQPHN	QLD
6.8%	6.0%

EDUCATION

CHHHS **54.1%** % completed year 11 or 12 education.

NQPHN	QLD
53.0%	58.9%

LOW INCOME EARNERS

CHHHS **27.0%** % earned income less than $20,800 annually.

NQPHN	QLD
27.3%	28.4%

Sources (1) Australian Bureau of Statistics (ABS), database, Canberra., viewed 16/11/2018, www.abs.gov.au **(2)** Department Health. Queensland Survey Analytics System (QSAS Regional Detailed Data, Queensland Government. Brisbane, 2018. Viewed 16/11/2018, http://www.health.qld.gov.au/phsurvey **(3)** Queensland Health. The health of Queenslanders 2016 & 2018-data. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2018. **(4)** Queensland Government Statistician's Office. Queensland Treasury, Brisbane, 2016. Viewed 21/09/17. http://www.qgso.qld.gov.au **(5)** Potts, B., Kõlves, K., O'Gorman, J., & De Leo, D. (2016). Suicide in Queensland, 2011–2013: Mortality Rates and Related Data.

Current as at November 2018. | For more information, visit **nqphn.com.au**

Health risk factors » CHHHS AREA

DAILY SMOKERS

CHHHS	NQPHN
14.9%	13.8%

OVERWEIGHT AND OBESE

CHHHS	NQPHN
58.4%	61.6%

ALCOHOL CONSUMPTION

Aged 18+, life time risky drinking.

CHHHS	NQPHN
28.3%	27.1%

PHYSICAL ACTIVITY

Those who do sufficient physical activity at least five days a week.

CHHHS	NQPHN
61.2%	60.7%

HEALTHY EATING

People eating sufficient fruits.

CHHHS	NQPHN
52.6%	52.8%

People eating sufficient vegetables.

CHHHS	NQPHN
8.5%	8.5%

MENTAL HEALTH AND SUICIDE – CAIRNS AND HINTERLAND HHS AREA 2016-17

4,663 / 100,000

persons report mental and behavioural disorders in 2016

Suicide rates (per 100,000):

17.6	16.4	14.0	12.4
CHHHS / TCHHS	NQPHN	Qld	Australia

TOP 10 POTENTIALLY PREVENTABLE HOSPITALISATION (PPH) - CHHHS AREA 2016-17

20.3%	Diabetes complications	6.6%	Dental conditions
15.7%	Cellulitis	6.6%	Ear, nose, and throat infections
10.5%	Urinary tract infections	5.5%	Convulsion and epilepsy
9.1%	Chronic Obstructive Pulmonary Disease	4.1%	Iron deficiency
6.8%	Congestive cardiac failure	3.5%	Angina

Total PPH: 10,624

CHILD IMMUNISATION*

95.0% immunisation national target

1YR OLDS CHHHS	2YR OLDS CHHHS	5YR OLDS CHHHS
93.9%	91.6%	94.8%

PERSONS WITH SEVERE DISABILITY

CHHHS	NQPHN	QLD
4.8%	4.6%	5.2%

Townsville Hospital and Health Service (THHS) Area

» HEALTH SNAPSHOT

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POPULATION

Estimated population (June 2017) **238,004**

Increase from 2011 to 2017 ↗ **4.7%**

Projected population from 2016 to 2036 **237,406** ⇨ **306,296**

AGE

0-14 yrs old	15-24 yrs old	25-44 yrs old	45-64 yrs old	65+ yrs old
20.1%	15.1%	27.0%	24.3%	13.6%

ETHNICITY

7.8% identified as Aboriginal and/or Torres Strait Islander

85.0% identified as non-Aboriginal and/or Torres Strait Islander

7.2% not stated

SOCIO-ECONOMIC DETERMINANTS OF HEALTH

THHS **24.4%** in the most disadvantage on the index of relative socio-economic disadvantage quintiles.

NQPHN	QLD
26.6%	20.0%

UNEMPLOYMENT

THHS **9.0%** % of people are unemployed. *As of June 2018.*

NQPHN	QLD
6.8%	6.0%

EDUCATION

THHS **55.1%** % completed year 11 or 12 education.

NQPHN	QLD
53.0%	58.9%

LOW INCOME EARNERS

THHS **27.9%** % earned income less than $20,800 annually.

NQPHN	QLD
27.3%	28.4%

Sources (1) Australian Bureau of Statistics (ABS), database, Canberra., viewed 16/11/2018, www.abs.gov.au **(2)** Department Health. Queensland Survey Analytics System (QSAS Regional Detailed Data, Queensland Government. Brisbane, 2018. Viewed 16/11/2018, http://www.health.qld.gov.au/phsurvey **(3)** Queensland Health. The health of Queenslanders 2016 & 2018-data. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2018. **(4)** Queensland Government Statistician's Office. Queensland Treasury, Brisbane, 2018. Viewed 21/09/17. http://www.qgso.qld.gov.au **(5)** Potts, B., Kõlves, K., O'Gorman, J., & De Leo, D. (2016). Suicide in Queensland, 2011–2013: Mortality Rates and Related Data.

Health risk factors » THHS AREA

DAILY SMOKERS

THHS	NQPHN
12.1%	13.8%

OVERWEIGHT AND OBESE

THHS	NQPHN
62.8%	61.6%

ALCOHOL CONSUMPTION

Aged 18+, life time risky drinking.

THHS	NQPHN
24.2%	27.1%

PHYSICAL ACTIVITY

Those who do sufficient physical activity at least five days a week.

THHS	NQPHN
61.5%	60.7%

HEALTHY EATING

People eating sufficient fruits.

THHS	NQPHN
51.7%	52.8%

People eating sufficient vegetables.

THHS	NQPHN
9.2%	8.5%

MENTAL HEALTH AND SUICIDE – TOWNSVILLE HHS AREA 2016-17

3,100 / 100,000

persons report mental and behavioural disorders in 2016

Suicide rates (per 100,000):

THHS	NQPHN	Qld	Australia
14.3	16.4	14.0	12.4

TOP 10 POTENTIALLY PREVENTABLE HOSPITALISATION (PPH) - THHS AREA 2016-17

29.0%	Diabetes complications	5.1%	Congestive cardiac failure
10.9%	Cellulitis	5.1%	Iron deficiency
9.2%	Urinary tract infections	4.9%	Convulsion and epilepsy
8.7%	Chronic Obstructive Pulmonary Disease	4.4%	Ear, nose, and throat infections
7.9%	Dental conditions	3.4%	Angina

Total PPH: 9,297

CHILD IMMUNISATION*

95.0% immunisation national target

1YR OLDS THHS	2YR OLDS THHS	5YR OLDS THHS
93.3%	93.0%	96.2%

PERSONS WITH SEVERE DISABILITY

THHS	NQPHN	QLD
5.1%	4.6%	5.2%

Mackay Hospital and Health Service (MHHS) Area

» HEALTH SNAPSHOT

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POPULATION

Estimated population (June 2017) **172,587**

Increase from 2011 to 2017 ↗ **0.6%**

Projected population from 2016 to 2036 **173,892** ⇨ **215,906**

AGE

0-14 yrs old	15-24 yrs old	25-44 yrs old	45-64 yrs old	65+ yrs old
21.0%	11.8%	28.3%	26.4%	12.5%

ETHNICITY

4.9% identified as Aboriginal and/or Torres Strait Islander

85.5% identified as non-Aboriginal and/or Torres Strait Islander

9.6% not stated

SOCIO-ECONOMIC DETERMINANTS OF HEALTH

MACKAY HHS

16.3% in the most disadvantage on the index of relative socio-economic disadvantage quintiles.

NQPHN	QLD
26.6%	20.0%

UNEMPLOYMENT

MACKAY HHS

3.4% % of people are unemployed. *As of June 2018.*

NQPHN	QLD
6.8%	6.0%

EDUCATION

MACKAY HHS

49.1% % completed year 11 or 12 education.

NQPHN	QLD
53.0%	58.9%

LOW INCOME EARNERS

MACKAY HHS

25.8% % earned income less than $20,800 annually.

NQPHN	QLD
27.3%	28.4%

Sources (1) Australian Bureau of Statistics (ABS), database, Canberra., viewed 16/11/2018, www.abs.gov.au **(2)** Department Health. Queensland Survey Analytics System (QSAS Regional Detailed Data, Queensland Government. Brisbane, 2018. Viewed 16/11/2018, http://www.health.qld.gov.au/phsurvey **(3)** Queensland Health. The health of Queenslanders 2016 & 2018-data. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2018. **(4)** Queensland Government Statistician's Office. Queensland Treasury, Brisbane, 2018. Viewed 21/09/17. http://www.qgso.qld.gov.au **(5)** Potts, B., Kõlves, K., O'Gorman, J., & De Leo, D. (2016). Suicide in Queensland, 2011–2013: Mortality Rates and Related Data.

Health risk factors » MHHS AREA

DAILY SMOKERS

MHHS	NQPHN
14.6%	13.8%

OVERWEIGHT AND OBESE

MHHS	NQPHN
64.4%	61.6%

ALCOHOL CONSUMPTION

Aged 18+, life time risky drinking.

MHHS	NQPHN
29.1%	27.1%

PHYSICAL ACTIVITY

Those who do sufficient physical activity at least five days a week.

MHHS	NQPHN
58.4%	60.7%

HEALTHY EATING

People eating sufficient fruits.

MHHS	NQPHN
54.9%	52.8%

People eating sufficient vegetables.

MHHS	NQPHN
8.1%	8.5%

MENTAL HEALTH AND SUICIDE - MACKAY HHS AREA 2016-17

1,703 / 100,000

persons report mental and behavioural disorders in 2016

Suicide rates (per 100,000):

MHHS	NQPHN	Qld	Australia
17.4	16.4	14.0	12.4

TOP 10 POTENTIALLY PREVENTABLE HOSPITALISATION (PPH) - MACKAY HHS AREA 2016-17

22.8%	Diabetes complications	7.1%	Ear, nose, and throat infections
12.3%	Cellulitis	6.9%	Asthma
11.1%	Chronic Obstructive Pulmonary Disease	6.1%	Congestive cardiac failure
8.9%	Iron deficiency	5.7%	Dental conditions
8.7%	Urinary tract infections	4.1%	Convulsion and epilepsy

Total PPH: 6,667

CHILD IMMUNISATION*

95.0% immunisation national target

1YR OLDS	2YR OLDS	5YR OLDS
MHHS 96.5%	MHHS 91.3%	MHHS 96.1%

PERSONS WITH SEVERE DISABILITY

MHHS	NQPHN	QLD
4.1%	4.6%	5.2%

Appendix 2: List of consultative mechanisms

NQPHN participation in community structures and engagements (i.e. forums, committees, and other groups).

Cairns, Cape and Torres

Title	Timing	# of participants	State / HHS involved?	PHN Priority Area	PHN Program Objective	NQPHN Priority Area
Tablelands Interagency Group	Bi monthly	28	✓		Integration and coordination	Rural and remote
Douglas Community Agency Network	Bi monthly	16	×		Integration and coordination	Rural and remote
Douglas Shire Allied Health Taskforce	As needed	10	×		Integration and coordination	Rural and remote
Cairns South Collective Impact	As needed	40	×		Integration and coordination	Maternal and child health Youth health
North Queensland Alcohol and other Drug Reference Group	Quarterly	8	✓		Integration and coordination	Alcohol and other drugs
FNQ Mental Health Alliance	Bi monthly	8	×		Integration and coordination	
Connect to Wellbeing	Bi monthly	8	×		Integration and coordination	
Gindaja—Ngoonbi partnership meeting	Quarterly	13	×		Integration and coordination	Alcohol and other drugs
Refugee Health Network	Monthly	12	✓		Integration and coordination	Refugee health
Community Advisory Network	Monthly	8	×		Integration and coordination	Rural and remote
My Health 4 Life CoP	Monthly	7	×		Integration and coordination Efficiency and effectiveness	Access to health services
Rural and Remote Training Project (RRTP)—Reference Committee Meeting	Bi monthly	12	✓		Integration and coordination Efficiency and effectiveness	Rural and remote
CHHHS Statewide End Of Life Care strategy working group	Monthly	24	✓		Efficiency and effectiveness	Access to health services
Connecting End of Life Care (CELC)	Quarterly	8	✓		Efficiency and effectiveness	Access to health services
Office of Advance Care Planning - Clinical Advisory Group for Statement of Choices	Monthly	30	✓			Access to health services
FNQ HIV Outbreak Response Group	2-4 weeks	23	✓		Integration and coordination Efficiency and effectiveness	Sexual health and blood borne viruses Maternal and child health
Community Advisory Group (CAG)	Quarterly	8	✓			Access to health services

Mental health
Aboriginal and Torres Strait Islander Health
Population health
Workforce development
Digital health
Aged care
Alcohol and other drugs
Holistic/all

Title	Timing	# of participants	State / HHS involved?	PHN Priority Area	PHN Program Objective	NQPHN Priority Area
FNQ Regional Managers Coordination Network	Bi monthly	43	✓		Integration and coordination	Access to health services
Tablelands Interagency Group—Suicide Prevention	Monthly	35	✓		Integration and coordination	Rural and remote Suicide prevention
Far North Queensland Regional Child and Family Service Committee	As needed	26	✓			Maternal and child health Youth health
Save the Mareeba Hospital Services Action Group (hosted by Mareeba Chamber of Commerce)	Quarterly	12	✓			Rural and remote
Collaborating for Inclusive Outcomes in Mareeba	Quarterly	20	✓		Integration and coordination	Rural and remote
Tablelands Maturing the Infrastratucture Pipeleine prorject (MIPP) steering group	Monthly	10	×			Rural and remote
Regional Health Partners Health Intelligence Group	Monthly	11	×			
Health Pathways Reference Group for Mental Health and Alcohol and Other Drugs Services	Six weekly	8	✓		Integration and coordination	Alcohol and other drugs
MH&ATODS Review Implementation Steering Committee	Monthly	20	✓			Alcohol and other drugs
CHHHS NQ A&TSI STI Action Group	Monthly	15	✓		Efficiency and effectiveness	Sexual health and blood borne viruses
FNQ PIR Governance Advisory Panel	Bi monthly	19			Efficiency and effectiveness	
NDIS Inter-agency monthly committee meeting	Monthly	20	✓		Integration and coordination	Disabilities
NQPHN Clinical Council—Cairns, Cape and Torres	Quarterly	10	✓			

Mental health
Aboriginal and Torres Strait Islander Health
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Townsville

Title	Timing	# of participants	State / HHS involved?	PHN Priority Area	PHN Program Objective	NQPHN Priority Area
Townsville City Council—Inclusive Community Advisory Committee	Bi monthly	30	×		Integration and coordination	
Ed-LinQ Coordinator Reference Group	Bi monthly	14	×			Health promotion, prevention, and early intervention Youth health
StandBy—Support After Suicide NQ—Advisory Group	Quarterly	9	✓		Integration and coordination	Suicide prevention
Severe & Complex Stakeholder Engagement Breakfasts	Quarterly	15	×		Efficiency and effectiveness	Suicide prevention
QNADA (Qld Network of Alcohol and Other Drug Agencies) North Queensland Alcohol and other Drug Reference Group	Quarterly	10	×			Alcohol and other drugs
NQPHN Commissioned Mental Health and Suicide Prevention Programs Collaborative Meeting	Quarterly	20	×		Integration and coordination	Suicide prevention
THHS STI Action Group	Bi monthly	23	✓			Sexual health and blood borne viruses
Local Area Collaboration	Quarterly	30	✓			Refugee health
PHN Immunisation Support Program (ISP) Clinical Working Group	Quarterly	10	×			Health promotion, prevention, and early intervention Maternal and child health
Refugee Health Partnership Advisory Group Queensland	Quarterly	60	×			Refugee health
Healthy Kids ECEC Professional Development Network	Quarterly	60	×		Integration and coordination	Maternal and child health Youth health
Townsville Indigenous Health Network	Monthly	30	×			
National ITC Teleconference Group	Monthly	6	×			
Operation Compass Steering Committee	Monthly	18	×			Suicide prevention Veterans health
Operation Compass Advisory Committee	Bi monthly	12	×			Suicide prevention Veterans health
Operation Compass Implementation Team Meeting	Weekly	10	×			Suicide prevention Veterans health

Mental health · Aboriginal and Torres Strait Islander Health · Population health · Workforce development · Digital health · Aged care · Alcohol and other drugs · Holistic/all

Title	Timing	# of participants	State / HHS involved?	PHN Priority Area	PHN Program Objective	NQPHN Priority Area
Black Dog Institute and DOH	Monthly	19	×			Suicide prevention Veterans health
General Network Meeting TSPN	Monthly	15	×			Suicide prevention Veterans health
Townsville Defence Community Reference Group	Monthly	12	×			Suicide prevention Veterans health
Neurocognitive Health Program Steering Committee Meeting	As required	12	×			Suicide prevention Veterans health
Townsville Active Healthy Kids Network	Quarterly	60	✓		Integration and coordination	Maternal and child health Youth health
Townsville Health Promotion Network	Monthly	30	✓		Integration and coordination	Health promotion, prevention, and early intervention
Local Government Engagement in Chronic Disease Prevention Working Group	Bi monthly	12	×		Integration and coordination	Health promotion, prevention, and early intervention Chronic disease
Burdekin Mental Health Network	Bi monthly	17	×			Domestic and family violence (or should this be social determinants of health?) Rural and remote
Charters Towers Community Advisory Network	Monthly	15	✓		Integration and coordination	
Hughenden Community Advisory Network	Monthly	20	✓		Integration and coordination	
Emergency Department Representation Meetings	Monthly	8	✓		Integration and coordination	
Connecting End of Life Care Steering Committee	Bi monthly	10	✓		Integration and coordination	
'Learn to Fish' Steering Committee	Monthly	25	×			
Leveraging Effective Ambulatory Practices (Leap) project Steering Committee	Monthly	12	×		Integration and coordination Efficiency and effectiveness	
AAPM Practice Managers Network group	Bi monthly	12	×			
Herbert NDIS Reference Group	Quarterly	14	×			
THHS Committee Care at the End of Life	Bi monthly	17	✓			
NQPHN Clinical Council—Townsville	Quarterly	10	×			

Mackay

Title	Timing	# of participants	State / HHS involved?	PHN Priority Area	PHN Program Objective	NQPHN Priority Area
Mackay Health and Hospital Service (MHHS) Integration Network	Monthly	15	✓		Integration and coordination	
Mackay Health and Hospital Service (MHHS) Consumer Advisory Partnership	Bi Monthly	15–20	✓			
Queensland Health Sexually Transmitted Illness (STI) Action Group	Quarterly	15	✓			Sexual health
Clinical Council – Mackay	Quarterly	8	✓			
Workforce Development Program	Monthly	Varies dependent on events	Not specifically			
Allied Health Network	2-4 time per annum	25	×			
Mackay Binbi Tok Olgeta (Indigenous service provider network)	Quarterly	30	×			
Mackay Regional Mental Health Network	Monthly	30	×			
Child Safety and Services Meeting	Quarterly	10	×		Integration and coordination	
Interagency Network - Mackay Region	Bi monthly	10	×		Integration and coordination	
Mackay Health and Hospital Service (MHHS) Mackay Innovation Research Institute Partnership (MIRI)	Quarterly	15	✓		Efficiency and effectiveness	
Nurse Collaborative Network	Quarterly	20	✓			
Practice Managers Network	Quarterly	20	×			

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Whole of region

Title	Timing	# of participants	State / HHS involved?	PHN Priority Area	PHN Program Objective	NQPHN Priority Area
Connect to Wellbeing Research Reference Group	Bi monthly	8	×		Efficiency and effectiveness	
Rheumatic Heart Disease Register and Control Program Advisory Committee	Six monthly	12	✓		Efficiency and effectiveness	Rheumatic heart disease
North Queensland Mental Health Clinical Cluster	Monthly	20	✓		Integration and coordination	Alcohol and other drugs
Regional ITC Advisory Group Working Meeting	Monthly	9	×			
NQ STI Action Plan Chief Executive Steering Committee	Quarterly	20	✓			Sexual health and blood borne viruses
Regional Health Partners Chief Executive Meeting	Monthly	6	✓			
James Cook University Strategic Leadership Council	Six monthly	25	×			
Northern Collaborative	Monthly	12	✓		Integration and coordination	
Health Workforce Queensland Stakeholder Group Meeting	Six monthly	9	×			

Mental health | Aboriginal and Torres Strait Islander Health | Population health | Workforce development | Digital health | Aged care | Alcohol and other drugs | Holistic/all

Torres and Cape | Cairns | Townsville | Mackay

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