## Queensland

### **Public Health Review**

Roadmap for action 2023-2032

Dr Tarun Weeramanthri



# Executive Summary

This review was commissioned at the mid-point of a 20-year process that started with the system-wide reforms of 2012 and will end with the Brisbane 2032 Paralympic and Olympic Games. It was conducted three years after the beginning of the COVID-19 pandemic and at the point where the health system was transitioning out of emergency settings and into a new way of working, including a newly established Queensland Public Health and Scientific Services (QPHaSS) Division. The outcomes of the review will be maximised if the review itself is seen as one part of a bigger change process, and if the review is read as a whole, rather than simply as a series of specific recommendations.

Over time, the public health system has become fragmented. The good news is there is strong support for making the current decentralised system work better, and much can be done in the short-term by returning to fundamental principles of sound system management. A decentralised system needs strong central coordination, but not over-zealous control.

This roadmap provides a timeline to develop a state-of-the-art public health system. The sequencing of the change process will be critical. The recommendations set out an ambitious vision to drive systemic improvement across the sector. Achieving this vision will require strong leadership and a supportive culture to build on established technical capacity and critical partnerships, particularly between the Department of Health, Hospital and Health Services (HHS) and Public Health Units (PHU).

### Public Health Roadmap 2023-2032

**Purpose:** This roadmap and the associated public health review set out an ambitious vision and series of actions to develop a world class public health system for Queensland by 2032.



#### Definition

Public health functions:

- promote health
- prevent disease
- manage risk

### High level indicators of success

Success is achieved over a long timeframe, but some key indicators will be visible as reform progresses.

We will know we have achieved our objectives when:

- the public health system is effectively governed, coordinated and led
- planning and investment is aligned to mitigate system risks
- accountability is increased and performance can be measured
- system enablers are embedded to support public health functions
- public health works to the top of its scope to mitigate broader health system risks
- public health services are empowered and enabled to engage, and mobilise partners to drive better public health.

#### Services

All Queensland Health services can contribute to better public health. The roadmap is primarily applicable to prevention and population health services including:

- branches in the QPHaSS Division
- PHUs
- sexual health services
- cancer screening services
- tuberculosis services.

### Challenges

There are considerable strengths and opportunities, and some gaps and weaknesses, in the Queensland public health system. Over time, the system has become fragmented. To achieve the scope of reforms envisioned within this roadmap, the system foundations must be strengthened first. The initial emphasis in the roadmap is on clarity of relationships, support for operations and changes in key systems and processes. Bigger picture strategic reform is recommended slightly later, as it will need a stronger base than exists currently, to be sustained and successful.

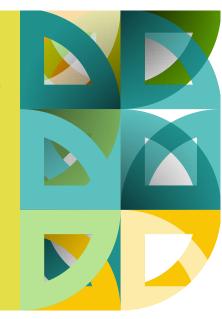
### Drivers of public health risk

There are many drivers of public health risk. If these risks are realised, they pose a threat to the whole health system. In a state as diverse as Queensland there are a range of risks that must be factored into the design and planning of a future focussed and sustainable public health system.

Some of the most pressing risks across Queensland include:

- accidents and injuries
- climate change
- food borne disease
- globalisation
- industry and mining
- lifestyle risk factors
- migration and people movement
- mosquito borne disease

- novel and resistant pathogens
- population growth
- radiological hazards
- shipping and trade
- tourism and airports
- urban encroachment
- vaccine hesitancy
- zoonotic disease.



### **About the roadmap**

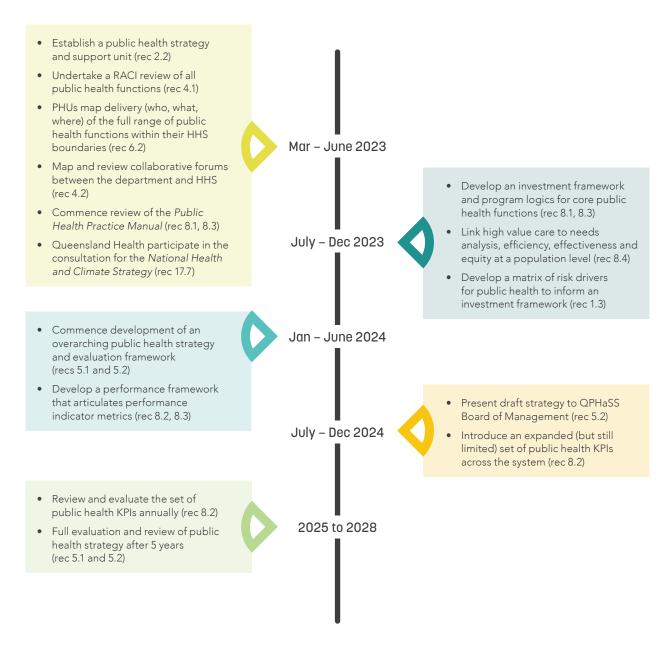
The Public Health Review Report that accompanies this roadmap sets out a vision for the Queensland public health system based around core functions, sub functions and system enablers.

This roadmap is purposefully structured around the system enablers to maximise the success of reform and sets out a sequential implementation plan to build the foundations of the Queensland public health system.

Core functions	Sub-functions	System enablers
Promote health	Public awareness campaigns	Vision and strategy
	Community engagement and participation	
	Focus on health and wellbeing	<ul> <li>Effective governance         (planning, finance,         establish standards,         manage)</li> <li>Leadership and         accountability</li> <li>Legislation, regulation</li> </ul>
	Promote health equity	
	Address wider determinants of health (social, economic, commercial) via intersectoral action	
	Create supportive environments	
Prevent disease	Early detection, including screening	
	Immunisation	
	Secondary and tertiary prevention (in association with clinical providers following diagnosis)	<ul> <li>Data and intelligence         (including population         level epidemiology,         surveillance and         monitoring)</li> </ul>
	Chronic disease and cancer prevention (and links to tobacco, alcohol, nutrition and physical activity)	
	Sexual health and blood borne viruses	
Manage risk	Communicable disease threats (including outbreak response and pandemic planning)	• Communication
	Environmental and occupational hazards	<ul> <li>Performance monitoring, evaluation, evidence and research</li> </ul>
	Food safety	
	Air and water quality	Workforce capacity
	Chemical and radiation hazards	(numbers, skills and distribution)
	Emergency management, including major events	
	Climate adaptation	

### Vision and strategy

### **Actions**



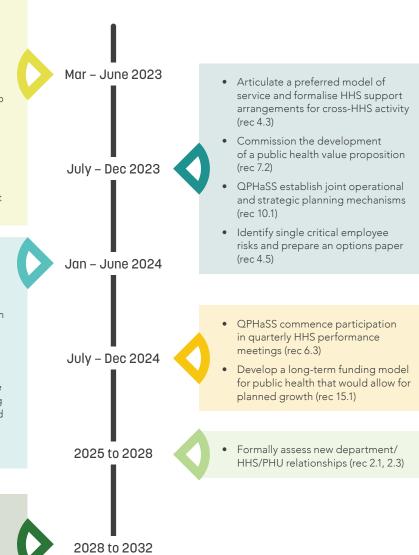
- A public health system that is strategically oriented and risk driven can be established.
- Trust between the system manager and the operational elements is strengthened.
- Strategy, tactics and outcomes closely inform each other.
- Risk management becomes embedded as a driver of public health value.
- Investment and effort is calibrated around risk.
- Public health will have a clear direction and imprimatur.
- Program expectations can be clarified.
- The department has a basis to monitor program performance and oversight program delivery.

## Effective governance, leadership and accountability

### **Actions**

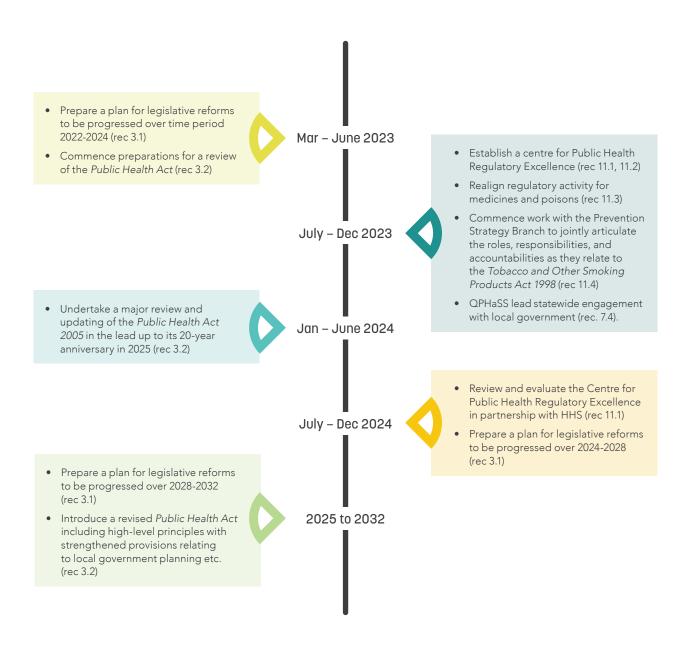


- Implement a functional realignment of QPHaSS to align and consolidate like functions (recs 7.3, 10.2, 10.4 and 10.5)
- Public health staff in both the department and PHUs to continue to engage with Aboriginal and Torres Strait Islander organisations across key program areas (rec 12.6)
- Accelerate action to close the gap around access to safe and healthy drinking water and the reduction of vaccine preventable diseases in First Nations communities (rec 12.2)
- Engage with the Health Service Chief Executive forum to reduce barriers to cross-HHS support (rec 4.4)
- Develop a specific trigger mechanism or protocol to respond to new and emerging public health issues that involve more than one HHS (rec 4.6)
- QPHaSS work with Healthcare
  Purchasing and System Performance
  Division to optimise existing funding
  and commissioning mechanisms and
  calibrate public health investment
  around system
  risk and demand (rec 15.2)
- Commission options paper for integrated governance of public health across all of Queensland, comprising Queensland Health entities and all external partners (rec 2.1)



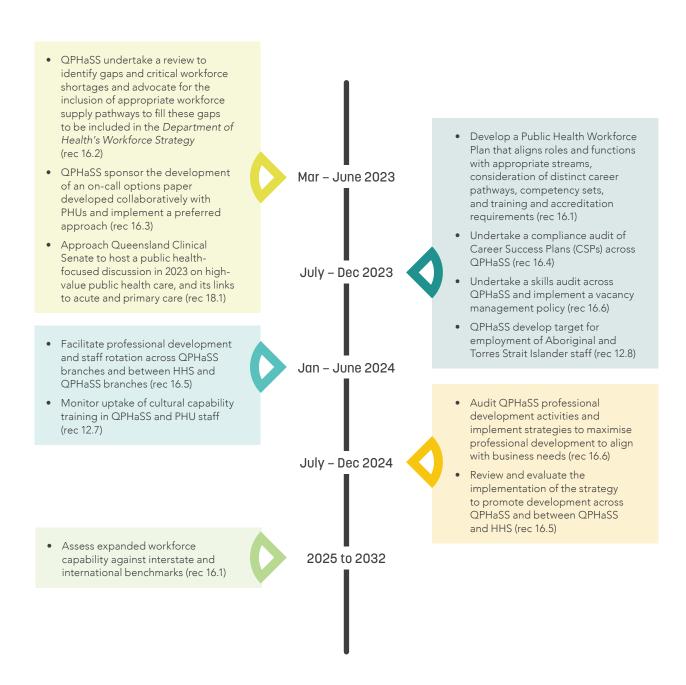
- Roles and responsibilities will be clearly identified and communicated.
- There will be an uplift in the standard of governance for collaborative networks.
- The purchaser/provider relationship between the department and HHS is harnessed to drive outcomes.
- The department can adopt a more proactive system manager role.
- Executive accountability for public health activity is increased.
- Oversight for investment is increased and contractual levers can be used to drive performance and accountability.
- QPHaSS delivers coordinated cross-portfolio advice.

### Legislation, regulation and compliance



- Contemporary legislation is enacted to position Queensland to best respond to emerging public health risks.
- An appropriate head of power exists to drive systemic reform.
- Public health legislation and public health reform is vertically aligned.
- Legislative reform is anticipated, planned for and managed across the public health system.
- Regulatory experience from differing approaches is harnessed to build excellence.

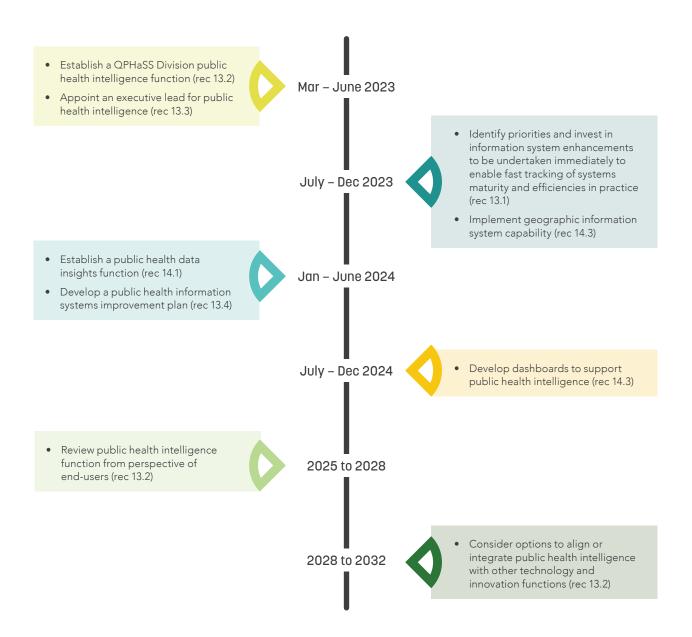
### **Workforce capability**



- Knowledge and skills across the state are enhanced and staff are exposed to experiences in variable settings e.g. rural versus metro
- Connectedness and trust is built between the system manager and operational elements of the system.
- The public health system becomes more resilient and more responsive to emerging issues.

### Public health intelligence

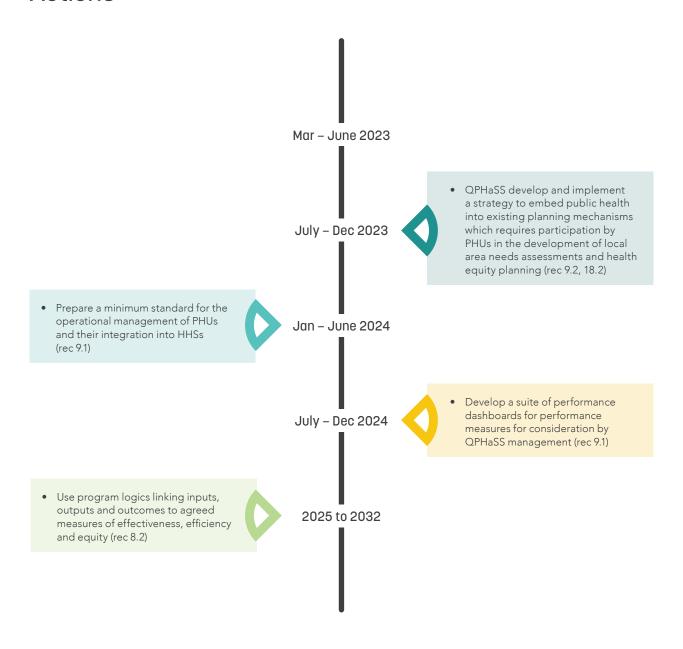
### **Actions**



- Public health information systems are strategically aligned, inter-operable and fit-for-purpose.
- Staff working in public health intelligence have better opportunities for professional development and career progression.
- Business continuity risks are mitigated.
- Information systems are designed, developed and enhanced to meet corporate functions and meet the needs of end users.
- The department is better placed to harness new and emerging technologies.
- Systems design and functionality align to support the development of data insights, research, evaluation and quality improvement.

### Performance, monitoring and evaluation

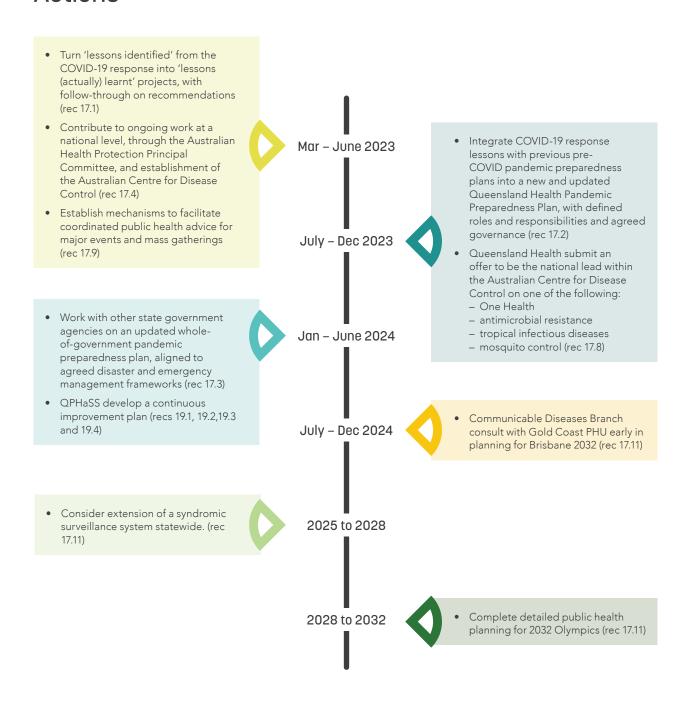
### **Actions**



- Public health is integrated into local planning mechanisms.
- Accountability and transparency for funding public health is built and minimal service levels can be established.
- The system manager can incentivise innovation and collaboration through existing commissioning mechanisms.
- Innovation in public health can be tried, tested and harnessed to strengthen the health system.
- Gaps and system risks are reduced.

### Future and preparedness

### **Actions**



- The health system has an evidence-based plan and is prepared for future pandemics.
- Partner agencies have defined and agreed roles and responsibilities.
- Queensland is actively contributing to the national disaster and emergency response planning and action.
- Queensland draws on its definite advantages with respect to geography, skills mix, disease challenges, health system capacity and academic institutions which can contribute to national priorities.
- Consideration of communicable disease and environmental health threats will be factored into the planning of mass gatherings and major events.

### Future public health eco-system

