



# A great start for our children

## *Statewide plan for children and young people's health services to 2026*

More than any other group in society, the people, places and systems that children interact with can contribute to their health status. Improving access to health services and ensuring services are family-friendly will improve children and young people's health into adulthood.

### Our vision

**Queensland children and young people will be among the healthiest in the world**

### Our focus

Five service directions for public sector children's health services in Queensland have been developed:

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



**Queensland  
Government**



# A profile of Queensland's children



In 2016 there were almost  
**1 million** children in Queensland  
 = **20%** of the population

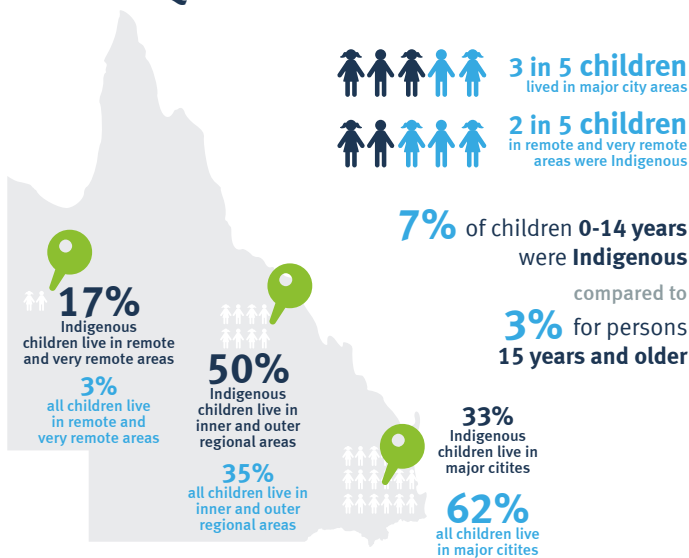
By 2026 there will be an additional  
**117,000** Queensland children  
 43,000 outside the South-East corner  
 74,000 in the South-East corner



In 2017-18 there were over  
**199,000** child admissions to hospital

By 2026 there will be an additional  
**13,000** outside the South-East corner  
**38,000** in the South-East corner  
**21%** growth  
**28%** growth

## Where Queensland children live



## Avoidable risk factors appearing in young people



Queensland children are **generally healthy**, but **many** are exposed to factors that put their current and future **health at risk**

## Better access to and use of primary care services may help reduce the demand on the hospital system

**1 in 7** hospital admissions were potentially preventable in 2015-16

Of these:

**Ear nose & throat infections**  
**27%**

**Dental**  
**23%**

**Asthma**  
**12%**

Notes: [Population] & [Projections] Refers to children and young people aged 0-14 years unless otherwise noted. Indigenous refers to Aboriginal and/or Torres Strait Islander children and young people residing in Queensland. [Risk factors] Refers to children and young people aged 5-17 years unless otherwise noted. [Hospital] Data is for 2016-17 unless otherwise noted.  
 Sources: [Population] Australian Bureau of Statistics Estimated Resident Population 2016 [Projections] Queensland Government Population Projections 2018 using Australian Bureau of Statistics Australian Demographic Statistics 2017. [Immunisation] Queensland Government Chief Health Officer Report 2018 using Queensland Immunisation Program Data 2017. [Risk Factors] Queensland Government Chief Health Officer Report 2018 using Queensland Preventive Health Survey 2017-18. [Hospital] Department of Health Queensland Hospital Admitted Patient Data Collection 2016-17.

# Our strategic direction



## Promoting wellbeing

Systems are primarily aimed at keeping children and young people well, with a focus on reducing health inequities

### Objectives

- Investment in priority prevention, promotion and protection initiatives to support healthy development of children and young people
- An appropriate range of public sector services are available and accessible to all children and young people
- Integration of planning across the public health system and other sectors to optimise health outcomes

### Strategies

- Implement universal and targeted prevention, promotion and protection strategies and action plans
- Collaborate with Queensland and Commonwealth Government agencies to develop complementary funding models
- Investigate community based services that Queensland Health can provide in partnership with other government agencies, Primary Healthcare Networks or providers
- Consider the range of public sector services when investing in community based primary healthcare services
- Work collaboratively with other agencies and community health bodies to reduce disadvantage as a result of social determinants of health

### Success indicators

- Improvements over time in the national children's headline indicators that are health-specific:
  - » an increase in the percentage of children who are fully immunised at 12 months and 60 months of age
  - » an increase in the proportion of children who are a healthy weight
  - » a reduction in the child mortality rate for Aboriginal and Torres Strait Islander children in Queensland
- Reduced readmission rates of children and young people within 28 days
- Reduction in proportion of total overnight separations that are potentially preventable hospitalisations



## Improving service design and coordination

Services are designed, delivered and coordinated in a way that is easy to navigate

### Objectives

- Patients with life-long conditions can easily transition between paediatric, adolescent and adult services
- Strong governance and role clarity exists for services at all levels of the system
- Improved consistency, and access to, the provision of health information and healthcare

### Strategies

- Develop standardised guidelines for the transition of adolescents and young people with chronic or complex conditions to adult services
- Review statewide services and ensure roles and responsibilities for services and related policy are clarified
- Develop service specifications for Children's Health Queensland's (CHQ) statewide role in providing clinical leadership
- Consider system wide or major policy and planning initiatives to enhance coordination and collaboration
- Develop statewide clinical pathways for health issues of significance to improve consistency and seamlessness in provision of care
- Develop key performance indicators and incorporate them into the performance framework and service agreements

### Success indicators

- The governance, role and responsibilities for statewide services are outlined in the CHQ Service Agreement
- Reporting of standardised and consistent non-admitted patient data
- Performance review meetings between Queensland Health and Hospital and Health Services (HHSs) include discussion on key children's performance indicators



## Evolving service models

Services evolve in line with the ever-changing and often increasingly complex health needs of children and young people

### Objectives

- Innovative and evidence based models of care are used to reduce hospital admissions and reduce prolonged hospital stays
- An active research agenda is in place that addresses gaps in service knowledge

### Strategies

- Increase the use of the clinical prioritisation criteria when referring into the Queensland public hospital system
- Progress the Health Pathways initiative across Queensland
- Conduct policy analysis to explore how primary health care services can best be configured to meet children's health care needs without hospitalisation
- Prepare for NDIS implementation through a range of 'readiness' activities
- Develop a system wide research agenda with focus on translating research into system level improvements

### Success indicators

- Increasing number of approved research applications for paediatrics to drive healthcare and health service improvements
- Increase in the uptake of Hospital in the Home activity
- Decrease in the rate of readmission of children and young people within 28 days



## Delivering services closer to home

Wherever safe and feasible, services are delivered closer to home

### Objectives

- Services are more capable and can respond to local needs

### Strategies

- Model proposed changes/increases in clinical service capability and self-sufficiency for HHSs to inform system service planning
- Develop and expand shared specialist clinical staff positions between CHQ and other HHS services to support whole system capability and access
- Support the development of Clinical Service Capability Framework level 1 to 4 services, including increased local paediatric workforce capability
- Define catchment for the Queensland Children's Hospital

### Success indicators

- Increased service capability at regional facilities where this is safe and feasible
- Appropriate reduction in patient flow to the Queensland Children's Hospital from outside its immediate catchment area



## Pursuing innovation

Services incorporate existing and new technology to improve patient outcomes and service efficiency

### Objectives

- Current and emerging evidence-based technologies are trialled and implemented where appropriate

### Strategies

- Increase use of tele/video health as an alternative to patient travel
- Increase the availability of online health information for families and young people to easily access information and to enhance health system literacy

### Success indicators

- Increasing numbers of children accessing telehealth services
- Queenslanders can access information about existing public health services for children and young people, including their availability and location

<sup>1</sup> Health kiosk are an interactive device that can provide patients with access to health system information in public locations

<sup>2</sup> Home-based monitoring is an emerging field that can include the use of wearable medical technology for remote patient monitoring, telehealth, telemonitoring and transferring data from patients to healthcare providers

# How we will make it work

To ensure successful implementation of the Plan, clear roles and responsibilities are essential for the four key organisational structures that support the public sector children's health system.

- Queensland Department of Health
- Hospital and Health Services
- Children's Health Queensland
- Queensland Child and Youth Clinical Network

## Guiding principles

All entities in the public sector children's health service system commit to the following principles to improve health outcomes for children and young people:

- children, young people and their families and carers will be at the centre of health service delivery
- initiatives will have a clear purpose, be evidence based and coordinated
- all parties will work collaboratively to redesign the system and deliver the required change
- early engagement and empowerment of families with young children and communities will be central to all service planning and design
- system monitoring will focus on outcomes and continual improvement



## Coordination of services and functions

- A whole-of-system, population health approach to planning and delivering healthcare services for children and young people is essential to achieve a sustainable health system.
- All sectors across the health continuum should collaborate, and focus on opportunities to influence and implement initiatives to reduce health inequities and improve health outcomes.
- Building upon current good practice in service integration and collaboration occurring in Queensland will further improve outcomes.
- Clear leadership and governance functions is required to support the networking of services to provide a continuum of care.

## System leadership and advocacy

- Strong leadership and advocacy is required at all levels of the health system to drive successful transformation.
- The current system is in a good position to establish and lead greater cross-sector collaboration at all levels of service delivery and operation.
- Governance, coordination and regulation of the health system should be the joint responsibility of all key entities within the system, with the planning and delivery of services being shared.
- All parties in the system should be able to actively promote the children and young people's health agenda within their own departments, to influence policy and funding mechanisms and address social determinants of health.

# How we will do it

## Responsibilities for implementation

### Queensland Health responsibilities

The Department will perform the following steps to achieve successful implementation of the Statewide plan for children and young people's health services (the Plan):

1. Communicate the outcomes of the planning activity to all stakeholders, including planning recommendations and the next steps in the process.
2. Conduct additional planning to support implementation at a statewide level.
3. Support HHSs in implementing the directions established in the Plan, by using the numerous system and service enablers functions of the Department.
4. Lead the implementation for elements of the Plan where the Department has lead responsibility.
5. Undertake the monitoring and review components of the planning cycle, including formal reviews of the Plan.

A governance structure will be established to oversee the implementation process with the Departmental Policy and Planning Executive Committee as the overseeing body.

### Hospital and Health Service responsibilities

The responsibility to undertake further service planning that aligns with Statewide Plans rests with all HHSs. Consideration should be given to the following steps to achieve successful local implementation of the Plan:

1. Develop a local health service plan that aligns with this (statewide) Plan, with due consideration given to the local health issues requiring priority action and appropriate risk management compliance.
2. Ensure the local planning efforts are adequately informed by consumer voices and from other non-government service providers.
3. Examine the resource implications of the local plan, and consider re-aligning/re-purposing existing resources to support implementation rather than seeking additional resources.



## Monitoring, review and evaluation

### Monitoring

From the commencement of implementation, monitoring will ensure the Plan is operationalised as intended, with risks identified, remedial actions set and expected timeframes met. Reporting will include child health headline indicators, annual progress against each service action, performance measures for each service direction and major issue reporting.

### Review and evaluation

The Department will undertake a formal review of the Plan in line with the Department planning cycle. Based on the outcomes of the review, a full or partial revision of the Plan may be justified.

Evaluation of the Plan at eight years (the end of the Plan's timeframe) will help inform future activities. Specifically, it will evaluate whether the original vision, directions, objectives and success factors have been achieved and if further population projection is required.



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