

Health and Service Needs Assessment

Summary of identified needs (November 2024)



Version 1.0 (January 2025)

A note about the data:

Information to inform this document, and any supporting information, has predominantly been drawn from data maintained by Queensland Health with other sources as indicated.

With regards data relating to First Nations people, the Queensland Department of Health (Queensland Health) acknowledges data was historically used to present a picture of First Nations peoples that failed to acknowledge historical and contemporary injustices, and the cultural strengths of First Nations peoples.

Both Queensland Health and South West Hospital and Health Service (HHS) are committed to the principle of Aboriginal and Torres Strait Islander data sovereignty and will further partner with First Nations peoples to ensure contemporary data, and the narrative it tells, reflects the voices and experiences of Aboriginal and Torres Strait Islander people.

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Alternatively, you can request a copy by emailing: SWHHS-EDGSP@health.qld.gov.au.

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The State of Queensland (South West Hospital and Health Service) Health and Service Needs Assessment: Summary of Identified Needs (November 2024).

Acknowledgement of Traditional Owners

South West Hospital and Health Service pays respect to the First Nations people of the land on which all our services are located – and their spirits, their ancestors, and their Elders, past and present – for their resilience, determination, cultural knowledge and wisdom.

We recognise it takes the strength and courage of current and future generations, both First Nations and non-Indigenous people, to work together for equality, recognition and holistic health advancement for First Nations people.

We reflect on the past and give hope for the future. We genuinely aspire to represent, advocate for and promote the needs of all First Nations people of South West Queensland and commit to walk together on our shared journey to health equity and create healthy communities in South West Queensland.

The lands and waters within the South West Hospital and Health Service region encompass the following Traditional Owner groups:

Location / facility	Traditional Owners
Augathella	Bidjara people (<i>Bid-jara</i>)
Bollon	Kooma people (<i>Coo-ma</i>)
Charleville	Bidjara people (<i>Bid-jara</i>)
Cunnamulla	Kunja people (<i>Koun-yah</i>) with other interests
Dirranbandi	Yuwaalaraay / Euahlayi people (<i>You-wal-a-ray / You-al-e-i</i>)
Eromanga	Boonthamurra people (<i>Boon-tha-murra</i>)
Eulo	Budjiti people (<i>Bud-ji-ti</i>)
Injune	Bidjara people (<i>Bid-jara</i>)
Mitchell	Gunggarri people (<i>Gon-gari</i>)
Morven	Bidjara people (<i>Bid-jara</i>)
Mungindi	Kamilaroi people (<i>Car-milla-roy</i>)
Quilpie	Mardigan (<i>Mar-d-gan</i>) Boonthamurra (<i>Boon-tha-murra</i>) and Wongkumara (<i>Wong-kum-ara</i>) people, with other interests
Roma	Mandandanji people (<i>Mand-an-dand-gee</i>)
St George	Kooma people (<i>Koo-ma</i>) (with Kamilaroi, Mandandanji, Bigambul and Gunggarri interests)
Surat	Mandandanji people (<i>Mand-an-dand-gee</i>)
Thargomindah	Kullilli people (<i>Cul-lil-lee</i>)
Wallumbilla	Mandandanji people (<i>Mand-an-dand-gee</i>)
Warooka	Bidjara people (<i>Bid-jara</i>)
Westhaven	Mandandanji people (<i>Mand-an-dand-gee</i>)

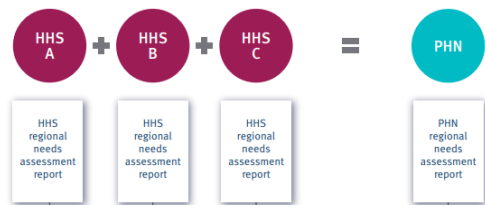
South West Hospital and Health Service deeply respects and recognises First Nations people within their respective communities have their own unique languages, beliefs, cultural practices, traditions and diversity.

We also acknowledge a range of collective terms reflect the unique identity of Aboriginal people and Torres Strait Islander peoples. The primary term used in this document is First Nations people.

Contents

1. Overview	5
1.1 Purpose of this needs assessment.....	5
1.2 Building on existing consumer, community, staff and partner insights.....	5
1.3 Key data insights	6
1.4 Next steps	7
1.5 Further information	7
2. South West HHS’s identified health and service needs	8
2.1 Defining health and service needs.....	8
2.2 Underpinning principles and enabling factors.....	9
2.3 South West HHS health needs.....	10
2.4 South West HHS service needs	11
3. Further considerations	14
3.1 Other identified needs	14
3.2 The imperative of data	14

1. Overview



Queensland Primary Health Networks (PHN), and constituent Hospital and Health Services (HHS), worked together during the 2024 calendar year to prepare Joint Regional Needs Assessments (JRNA) comprising ‘local’ health and service need assessments (developed by HHSs – essentially to update prior Local Area Needs Assessments published December 2022) and a consolidated ‘regional’ assessment prepared by respective PHNs across their catchment areas.

The following summary document presents 14 health and 38 service needs identified by South West HHS for its local communities during the JRNA 2024 process.

A more detailed supporting document, prepared by South West detailing further additional information and context in relation to the JRNA process, local consultation insights and other data to inform the following health and service needs is available on request via SWHHS-EDGSP@health.qld.gov.au.

A copy of the WQPHN consolidated document is available online via: www.wqphn.com.au/.

1.1 Purpose of this needs assessment

Overall, South West HHS recognises that the wider social determinants of health – including income, education, employment, housing, and access to nutritious food – fundamentally shape individual and community health outcomes.

In addition, lifestyle choices and factors – including obesity, diet, exercise, smoking, and alcohol consumption – are major contributors to both chronic disease, mental and physical wellbeing and ultimately preventable mortality. These behaviours not only impact individual health outcomes but also place considerable burden on healthcare systems and wider communities.

Understanding the prevalence of these factors, and their role influencing health and wellbeing, is therefore essential to designing effective health promotion and disease prevention strategies that can further improve population-wide improvements to quality of life and life expectancy while also informing how best available resources could be effectively allocated in support of wider beneficial initiatives to further improve outcomes.

This is also particularly vital given the operational nature of care which include the ongoing complexities and dynamics of an ageing population, impact of chronic diseases and a legacy of historical inequities – combined with state, national and international – and rural and remote specific – challenges that define the current context of service delivery.

1.2 Building on existing consumer, community, staff and partner insights

In support of the JRNA approach, South West HHS recognises the importance of meaningful and genuine engagement with the communities it serves and will continually seek to harness the valuable insights of our communities, our local staff and teams – and wider network of valued local, statewide and national partners – in all that we do.

Therefore, in generating this inaugural assessment, an intentional approach to respectfully recognise prior contributions through previous extensive engagement and co-design activities, building on existing key foundations and co-design led bodies of work, was taken.

These sources include, but are not limited to:

- ❖ *Our Way – Together*, South West HHS’s three-year First Nations Health Equity Strategy, first published in September 2022, and supported by a subsequent implementation plan¹.
- ❖ South West HHS’s Local Area Needs Assessment (2022).
- ❖ South West HHS’s 3 Seeds Mental Health, Alcohol and Other Drugs service roadmap (2023).
- ❖ South West HHS’s Disability Strategy – progressed during JRNA development.
- ❖ Insights from regular, and ongoing, local community engagement meetings attended by the South West Executive Leadership Team and Board members.
- ❖ Staff engagement, communications and staff forum inputs, including Virtual Town Hall, *HSCE Connect* messages, facility catch up, Senior Leaders and South West Clinical Council meetings.
- ❖ Other feedback, trends and insights from a range of partners and people accessing our services.
- ❖ Key principles of the *Maranoa Accord*, between the Western Queensland PHN and constituent parties.
- ❖ Ongoing progression of broader strategic objectives and wider enabling strategies².
- ❖ Discussion at the annual Consumer Advisory Network Forum (CAN), comprising representatives of our dedicated network of 16 CANs established across the South West service area.
- ❖ A joint working group comprising representatives of the South West, Central West and North West HHSs, and the WQPHN.

1.3 Key data insights

As with any form of needs assessment, it is important to acknowledge that insights provide a snapshot in time which will further evolve in line with changes (including positive progression) of identified needs, wider health challenges where these arise and in response to future service uplift opportunities.

However, informed by available data for people living in the South West HHS, and despite recent improvements to service delivery, the health outcomes for rural and remote Queenslanders – and particularly the health disparity experienced by First Nations people – continue to remain unfavourable compared to the wider Queensland community.

Starting from a base year population (2022/2023) of 24,173 people³, population projections currently forecast a potentially declining total population, particularly within the 15 to 64 age cohorts, which may result in a relatively older population in the years ahead.

South West Queensland is also home to significantly higher numbers of First Nations people, equating to 16.3 percent of the overall population, compared to 4.75 percent for the whole of Queensland and approximately 3.2 percent nationally.

Overall, our more dispersed population is also served by lower Clinical Service Capability Framework (CSCF) level facilities than the wider Queensland population. This necessitates extensive travel, and resultant disruption to wider family life and other commitments, for people to access services that may be more readily available in other areas.

Acknowledging significant service challenges over recent years, it is pleasing to note that – generally – people who access South West HHS’s services are highly satisfied with the quality of care received in existing primary and specialist care settings.

However, without further addressing the relatively high prevalence of adult and child risk factors and trends, it is anticipated that South West communities will continue to exhibit lower life expectancy, increased co-morbidity and – most notably – preventable hospitalisations and premature deaths compared to the rest of Queensland.

¹ www.southwest.health.qld.gov.au/about-us/publications-and-reporting/health-equity-strategy

² Maintained via: www.southwest.health.qld.gov.au/about-us/publications-and-reporting

³ [Queensland Geographic Need Index](#), System Planning Branch, Queensland Health

Although the South West HHS's 'core business' is the provision of public sector health services, in recognition of its unique position in terms of wider primary, community and residential aged care provision the HHS also recognises its responsibility towards:

1. Ensuring a more coordinated and better integrated health service across wider sector providers which optimises our relative strengths to ensure the best outcomes for the communities we collectively serve.
2. Promoting a seamless transition and responsiveness for the needs of people accessing any part of the wider health service sector – ultimately there should be 'no wrong door' for people who need to access services across the South West, regardless of provider.
3. The compelling imperative, and ongoing commitment, to work with our key partners to Close the Gap and improve health and wellbeing outcomes for First Nations people and communities across the South West.

All of this indicates a need to focus on ensuring appropriate services are in place to meet current and expected needs for the future, while also maintaining the balance of clinically safe, responsive and sustainable services required by our residents, future generations and also visitors to our region and wider communities.

1.4 Next steps

Innovative and sustainable healthcare services, ideally provided in community, are highly valued by South West residents and clinically safe and sustainable care will always be South West HHS's main priority.

Although the health system across the South West will further evolve in alignment with wider statewide and national directions, we are also realistic that, potentially may not result in significant increases to current capacity, or available resources to progress identified needs.

Therefore, as we continue to harness vital local knowledge and insights regarding community needs – and engage in cross agency opportunities that optimise integrated care services – enhanced coordination and better integration of services across the care continuum and evidence based advocacy for the needs of our rural and remote communities will be key to our future successes.

From a foundational perspective, and contingent on wider enabling factors which will influence the scale and pace of change, the majority of identified needs are therefore grounded in service level requirements required to be put in place to further support local communities by minimising travel, optimising service integration and supporting more equitable access to clinically safe and sustainable care.

As a circular approach, the outputs – and further review and refinement – of this inaugural assessment will further inform future iterations of South West HHS's Strategic Plan and other planning and enabling strategies through ever wider engagement, co-design, partnership working and evaluation opportunities.

In addition, through further broader local, statewide and national initiatives and commitments, wider opportunities to actively share data and undertake further joint planning exercises will be actively pursued to support more meaningful and genuine collaboration.

1.5 Further information

To supplement this overview, a more detailed supporting document – providing additional information, wider data and consultation insights in relation to the JRNA process – is available on request to further inform a detailed understanding of the rationale behind the following identified needs.

For any further information in relation to this document please contact: SWHHS-EDGSP@health.qld.gov.au.

2. South West HHS’s identified health and service needs

2.1 Defining health and service needs

For the purposes of this exercise, the supporting JRNA Framework⁴ defines ‘needs’ as follows:



Health / healthcare needs are those that can benefit from health care (health education, disease prevention, diagnosis, treatment, rehabilitation, terminal care) and incorporate the wider social and environmental determinants of health, such as deprivation, housing, diet, education, employment. This wider definition enables inclusion of the wider influences on health beyond the confines of the medical model based on health services.



Service needs articulate the identified mismatch between health needs and demand, and the service capability and supply, now and into the future.

A total of 14 health and 38 service needs were ultimately identified for the South West community which were then further categorised into a relative hierarchy of three tiers.

With further detail regarding collation, triangulation and relative prioritisation of identified needs provided in a supporting supplementary information report, the following high-level hierarchy, which is a modified version to descriptors adopted by WQPHN for its service wide approach, was applied to inform this assessment:

Tier	South West HHS’s description	Intended actions
1	<p>These needs emerged as top tiered needs following prioritisation and / or:</p> <ul style="list-style-type: none"> align with existing priorities – resources are available to support activities to address the need, and activity is expected to occur within the next 12 months are considered priority issues for further business case and / or other planning considerations and advocacy via applicable agencies. <p>In some cases, existing activities to address the need may already be underway, acknowledging some may require minor tailoring to best address the need.</p>	<p>Ensure these key needs are incorporated into relevant workplans for 2025 and beyond.</p>
2	<p>These needs emerged in-between the top and lower tiered needs following prioritisation.</p> <p>These issues might not be fully aligned with existing activities / priorities and are unlikely to be fully addressed within current resources.</p> <p>However, these are noted as having a negative impact on the current health outcomes of the population and require further attention.</p> <p>Engagement with partnering agencies will continue to progress existing measures and / or inform further advocacy for required resources / support to address these unmet community needs.</p>	<p>With ongoing advocacy, actions to address these needs could be included in relevant workplans for delivery within 2-3 years.</p>
3	<p>These needs emerged as the lower tier needs, relative to other identified needs, however provide opportunities for closer partnership working with other relevant agencies to address identified community needs.</p>	<p>With ongoing advocacy, work to initiate / address these needs could be included in relevant workplans for longer term delivery (4+ years).</p>

⁴ www.health.qld.gov.au/_data/assets/pdf_file/0028/1351549/Joint-Regional-Needs-Assessment-Framework.pdf

2.2 Underpinning principles and enabling factors

Within a wider state / national context, South West HHS recognises further progression of identified health and service needs remains contingent on available resources and other wider key considerations – including but not restricted to:

- The availability of specialist workforce, including First Nations, clinical (medical, nursing and midwifery, allied health) and supporting administrative and operational services that recognise the wider context of need and demand on staff living in isolated rural and remote locations.
- Recruitment, retention and capability of a suitably trained and culturally appropriate clinical workforce.
- The wider availability of community / NGO based service providers to provide supplementary, place based support services in community settings.
- Proactive and streamlined supports for patients required to travel to access services – including an efficient and effective patient travel system – that recognises the needs of rural and remote communities and minimises out of pocket expenses.
- Hospital waiting times, including for local residents who are required to travel out of catchment to access required services or are reliant on timely access visiting services for treatment.
- Contemporary and fit for purpose infrastructure – including digital functionality.
- Sufficient budget to deliver sustainable and clinically safe services.
- The importance of food security and affordable healthy options and alternatives for rural and remote communities as a key driver of supporting healthier choices.
- Partnership working across all levels of service provision, informed and driven by identified needs of the communities we collectively serve to progress any actions identified within the following needs.

It is also acknowledged that the respective insights and priorities of individual populations will change over time – including in response to where local improvements to identified needs are successfully progressed – and that local communities and external partners are also freely able to advocate for additional items and / or seek to accelerate progress against identified needs independent from South West HHS and our partners.

In relation to the following tables, while certain identified needs may potentially be seen to rate 'higher' than others, it should be noted that these are not presented in any form of intentional overall ranking of highest importance.



South West HHS health needs (November 2024)

#	Identified health needs	Tier
H1	<ul style="list-style-type: none"> There is an ageing population in the South West, which requires the expansion of appropriate health and aged care services to manage long-term care and health impacts of chronic disease. 	1
H2	<ul style="list-style-type: none"> To maintain dignity and independence, there is a need for greater access to packages of care that support ageing in place for older people in the South West, including expansion of Commonwealth Home Support Program (CHSP). 	1
H3	<ul style="list-style-type: none"> Families in the South West require improved access to child development services, including community paediatrics. 	1
H4	<ul style="list-style-type: none"> People across the South West require increased access to all cancer screening and diagnostic services and treatments, closer to home. 	1
H5	<ul style="list-style-type: none"> People across the South West require increased access to education and preventive programs targeted to reduce cancer incidence. 	2
H6	<ul style="list-style-type: none"> South West HHS is committed to delivering equity of access, improved health outcomes and increased life expectancy of First Nations' peoples. 	1
H7	<ul style="list-style-type: none"> To better manage health and wellness, our First Nations communities require better access to and follow-up from health checks. 	1
H8	<ul style="list-style-type: none"> South West communities require increased access to community led education and physical activity programs to address modifiable risk factors and decrease rates of obesity for adults and children. 	1
H9	<ul style="list-style-type: none"> South West communities need improved access to preventative health initiatives that address key risky health behaviours like obesity, smoking, high alcohol intake. 	1
H10	<ul style="list-style-type: none"> Young people in the South West currently experience a higher rate of admissions for accident or injury, compared with the State average. 	3
H11	<ul style="list-style-type: none"> People experiencing mental illness and psychological distress in the South West require enhanced and more consistent access to quality community-based mental health support that is tailored to their particular needs, including early access, addressing suicidality and substance use issues. 	1
H12	<ul style="list-style-type: none"> South West communities require increased access to audiology services. 	2
H13	<ul style="list-style-type: none"> South West communities require increased access to optometry services. 	2
H14	<ul style="list-style-type: none"> Residents of the South West HHS need access to transport services, supporting attendance at health related appointments. 	2



South West HHS service needs (November 2024)

#	Identified service needs	Tier
S1	<ul style="list-style-type: none">To drive safe and high-quality care, increased access to Computed Tomography (CT) scanners and Diagnostic Ultrasound is required.	1
S2	<ul style="list-style-type: none">People in the South West require increased access to specialist services, helping address the inequity of access that currently exists.	1
S3	<ul style="list-style-type: none">People in the South West require increased access to physical rehabilitation and occupational therapy services to address current service inequity.	2
S4	<ul style="list-style-type: none">Our ageing population require increased access to respite care services.	3
S5	<ul style="list-style-type: none">People within the South West require greater access to stroke services.	3
S6	<ul style="list-style-type: none">People within the South West require enhanced access to screening, treatment and services to support ongoing management of:<ul style="list-style-type: none">cardiovascular disease	1
S7	<ul style="list-style-type: none">kidney disease	1
S8	<ul style="list-style-type: none">respiratory diseasediabetes	1
S9	- including consideration of partnership arrangements to better address these needs.	1
S10	<ul style="list-style-type: none">People across the South West require increased access to cancer treatment services, including chemotherapy.	2
S11	<ul style="list-style-type: none">People across the South West require improved access to skin checks and dermatology services.	1
S12	<ul style="list-style-type: none">People across the South West require improved health literacy, prevention and promotion programs to improve health and wellbeing.	1
S13	<ul style="list-style-type: none">South West communities require access to sustainable and consistent primary and community care services, including after hours service models where appropriate.	1
S14	<ul style="list-style-type: none">Enhanced access to culturally safe, rapid response, domestic and family violence supports are needed in South West communities.	2
S15	<ul style="list-style-type: none">Access to culturally appropriate women's and sexual health services.	3
S16	<ul style="list-style-type: none">Services in the South West need to improve collaboration and coordination between service providers to deliver seamless healthcare for the communities we serve.	1

#	Identified service needs	Tier
S17	<ul style="list-style-type: none"> • People in the South West require improved access to screening and follow-up care across community, primary, secondary, tertiary, specialist, and allied health services, including oral health care. 	1
S18	<ul style="list-style-type: none"> • South West communities require better support to navigate the health system, particularly people with chronic conditions and multiple morbidities. 	1
S19	<ul style="list-style-type: none"> • Establishment of position(s) to communicate (outreach and eligibility) visiting services of the HHS and NGO providers are required to support local communities, and raise wider awareness of services. 	1
S20	<ul style="list-style-type: none"> • There is a need for greater co-ordination, awareness of, and access to, scheduled outreach services provided by the HHS / other NGO for smaller communities. 	1
S21	<ul style="list-style-type: none"> • Upon return to home, people in the South West require improved coordination of follow-up and step-down care after receiving treatment away from home. 	1
S22	<ul style="list-style-type: none"> • There is a need for enhanced access and support for digital technologies to enable delivery of care closer to home. 	2
S23	<ul style="list-style-type: none"> • There is a need for seamless information transfer between service providers to ensure optimal care for all consumers, in addition to maturing data analytics. 	2
S24	<ul style="list-style-type: none"> • People in the South West receiving care out of catchment require better care coordination to improve the patient experience and compliance with care away from home. 	1
S25	<ul style="list-style-type: none"> • To enhance service sustainability and access, a needs based approach to delivering independent practitioner services is required. 	2
S26	<ul style="list-style-type: none"> • Access to culturally appropriate child and maternal health services, including antenatal support, screening, health promotion and early intervention services. 	1
S27	<ul style="list-style-type: none"> • People in South West experiencing alcohol and substance use issues require increased education and access to support, treatment, detox and rehabilitation services. 	1
S28	<ul style="list-style-type: none"> • Communities within the South West require enhanced and timely access to early intervention mental health services and supports to improve outcomes. 	2

#	Identified service needs	Tier
S29	<ul style="list-style-type: none"> • South West residents require access to appropriate Mental Health services, including inpatient services, closer to home. 	2
S30	<ul style="list-style-type: none"> • Services in the South West need to collaboratively develop community wellbeing and resilience measures that support and are responsive to mental health needs of local communities and population groups. 	2
S31	<ul style="list-style-type: none"> • People experiencing higher acuity mental illness in the South West require appropriate step-down care services closer to home. 	2
S32	<ul style="list-style-type: none"> • People in the South West require improved access to specialised eating disorder services. 	3
S33	<ul style="list-style-type: none"> • People in the South West require a palliative care system, and wider end of life supports that ensures seamless integration of services to achieve person-centred end-of-life care. 	1
S34	<ul style="list-style-type: none"> • Currently, there is a lack of disability support services in the South West, including general supports, allied health services and accommodation services that meet the needs of rural and remote residents. 	2
S35	<ul style="list-style-type: none"> • First Nations communities in the South West require co-designed services to ensure meaningful client engagement and culturally appropriate care. 	1
S36	<ul style="list-style-type: none"> • There is currently a lack of First Nations culturally appropriate mental health services available across the South West. 	1
S37	<ul style="list-style-type: none"> • The South West HHS requires increased representation of First Nations' peoples within its health workforce to ensure care delivery is culturally appropriate. 	2
S38	<ul style="list-style-type: none"> • There is currently a lack of co-ordinated support between partners for people experiencing homelessness in the South West region. 	3

3. Further considerations

3.1 Other identified needs

South West HHS's overall purpose is to provide safe, effective, responsible and sustainable rural and remote health services that people trust and value, in true partnership with our local providers. During this exercise, a range of additional needs were also noted which, while considered significant in terms of overall impact, were ultimately not directly included in the presented tiered needs.

However, these are acknowledged as significant points of focus for the current assessment cycle and will be kept under review when progressing future exercises.

With further rationale included in the supplementary commentary paper, including in some instances duplication with other included needs, these items encompass:

- Food security
- Provision of housing, transport and childcare services to sustain local workforce
- Limited availability of aged care facilities, particularly home care services
- Uptake of influenza vaccines for people with chronic obstructive pulmonary disease (COPD)
- Holistic models of care that recognise physical, psychological, social and spiritual aspects of wellbeing
- Service connection and integration to support for patients at the end of life
- Medicare Benefits Schedule billing restrictions
- 'Growing our Own' across all grades and professions in a sustainable manner to address challenges in attracting, recruiting and retaining health professionals.

3.2 The imperative of data

Through the work of the South West Queensland Primary Care Alliance, ongoing commitments with our Aboriginal Community Controlled Health Organisation partners to satisfy *Our Way – Together* commitments and through wider collaborative opportunities, South West HHS is committed to harnessing vital local knowledge and insights regarding community needs.

The unique realities of care provision in rural and remote settings, to best inform future approaches and cross agency opportunities that optimise co-designed integrated care service provision in true and genuine partnership, are also essential.

Measurable progression across the range of identified areas of need requires a more proactive approach, more attuned towards local priorities, including potential resourcing and partnership opportunities, during the next three years of the JHNA cycle.

This includes identifying and further streamlining legislative arrangements to support more effective data sharing between partners and undertaking future joint planning exercises in the spirit of more meaningful and genuine collaboration to collectively advocate for equitable supports for the communities we are privileged serve.