Northern Australia Health Service Delivery Situational Analysis

CRCNA
DEVELOPING NORTHERN AUSTRALIA

What is the Situational Analysis?

The Northern Australia Health Service Delivery Situational Analysis is an initiative of the Cooperative Research Centre for Developing Northern Australia (CRCNA), which was established by the Australian Government in 2017.

Who is involved?

Lead Organisation

- James Cook University

Consortium Members

- Top End Health Service, Northern Territory Government
- Rural Clinical School of Western Australia
- Cairns and Hinterland Hospital and Health Service, on behalf of the Tropical Australian Academic Health Centre

While these organisations represented the formal project partners for contractual purposes, a much broader range of northern-based organisations, groups and individuals provided ongoing input and guidance through the project.

Project stages

1. Production of a draft report (August–October 2019)
2. Circulation of the draft report and engagement with stakeholders across northern Australia to identify the key challenges and opportunities facing the northern Australian health system, refine the draft report and inform the development of a policy action plan (October–January 2020)

Aim

To identify strategic long-term development and growth opportunities for the health sector in northern Australia, towards a goal of improving the health and prosperity of northern Australian communities.

The analysis is comprised of a series of outputs: a literature review, export and demand analysis, SWOT analysis, research investment analysis, costing study and stakeholder engagement activities. The six World Health Organization Health system building blocks, plus one addition, were used to document findings:

- Service Delivery
- Leadership & Governance
- Health Workforce
- Community Engagement
- Essential Medicines & Technologies
- Health Information Systems
- Financing

Map of stakeholder workshop locations across northern Australia (over 100 attendees)

Health system facts and figures

References are available in the full report

→ **1.3 million** people live in northern Australia (5% of Australia's population)

→ **40% of northern Australians** live in rural, remote, or very remote communities and townships with fewer than 8000 people

→ **170,000 Aboriginal, and Torres Strait Islander, people live in the north** (30% of all Aboriginal and Torres Strait Islander Australians)

→ **77.1 years / 78.1 years / 81.0 years / 81.2 years** – life expectancies in the Northern Territory, Western Queensland, Country Western Australia and Northern Queensland Primary Health Network regions in 2014-16 (national average life expectancy is 82.5 years)

→ Northern populations **experience higher rates** of potentially preventable hospitalisations and avoidable deaths

→ There are multiple funding streams; service providers; and training, educational and regulatory frameworks

→ **13% of total employment in the north is in the area of healthcare and social assistance,** making it the largest employing industry

→ **Reducing the high health workforce turnover rates in rural and remote areas will lead to significant cost savings for northern Australian health services**

Key findings

Literature review

The literature review involved a synthesis of 324 papers (197 journal articles and 127 policy papers and reports) predominantly from the last 10 years, focussed on health service delivery and workforce in northern Australia.

Overall, the literature documented the benefits of comprehensive primary healthcare, exemplified by Aboriginal Community Controlled Health Services, and the need for community preferences, control and participation in health care decision-making.

A mismatch was identified between stated commitments to act on social, cultural and environmental determinants of health at a strategic planning level, and translation of this strategic intent into operational capacity and funded action.

In-person consultations with stakeholders across the north highlighted the urgency of the many health workforce attraction and retention challenges identified in the review, with high turnover rates and shortages experienced across the north especially in remote and very remote areas.

Research investment snapshot

$76 MILLION AND 2%
The amount and proportion of health and medical research funding from *major government funding bodies received by northern Australian institutions between 2015 and 2019 (these bodies spent $4.2 billion on health and medical research grants Australia-wide during this period)

$7.9 MILLION AND 11%
The amount and proportion of Australian Research Council and National Health and Medical Research Council funding for northern Australian research projects from the past five years that were health services research (the other categories with more funding and projects were biomedical, clinical and population health research)

This and other findings indicate **underinvestment in policy-focussed evaluative research on health system efficiency, effectiveness and equity.**

*Australian Research Council, National Health and Medical Research Council, and Medical Research Future Fund

Costing study – Potentially Preventable Hospitalisations in the north

45,702 hospital separations in northern Australia were documented as Potentially Preventable Hospitalisations in the 2016-17 financial year

These separations costed an estimated $241.8 million, representing 6.6 percent of national expenditure on Potentially Preventable Hospitalisations (higher than the national per person average)

SWOT analysis (strength, weaknesses, opportunities, threats)

Strengths

- Healthcare and social assistance is the largest employing industry
- Education and training expertise in producing 'fit-for-purpose' health workforce
- Increasing adoption of e-health technologies to facilitate and enhance planning, information-sharing and patients' access to services

Weaknesses

- Ongoing health workforce shortages and high turnover
- Siloed systems of governance, finance and planning
- Failure of health services to provide integrated and optimal care across stages of the patient journey or to involve communities in co-design
- Under-resourcing, particularly of critical prevention services

Opportunities

- Improving recruitment and retention of health workforce in areas of workforce need
- Reviewing financing mechanisms
- Supporting locally led needs-based planning
- Developing more culturally responsive and community-engaged service delivery and workforce

Threats

- Financing models that reward occasions of service rather than prevention or quality of outcomes
- Rising costs of health care and lost productivity due to poor health
- Vulnerability to emerging infectious diseases and natural disasters

An **export and demand analysis** also identified opportunities to grow and develop partnerships with neighbouring countries to Australia's north, focussed on two-way sharing of health-related expertise and educational opportunities.

Key opportunities were consolidated into **eight Priority Actions,** shown in the Process Map below, which involve establishment, planning, action and implementation components.

Authors and acknowledgements

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NORTHERN TERRITORY GOVERNMENT

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Business
Cooperative Research
Centres Program

Priority actions and process map

Broader implementation and sharing learnings (2024+)

Stronger, more effective, equitable, efficient health systems in the north delivering better outcomes

Priority Actions	Establishment (2020)	Planning (2021)	Action (2022–23)	Broader implementation and sharing learnings (2024+)
1. Support and enhance formal education and training of a fit-for-purpose health workforce across all health disciplines and elements of rural health training pipelines 2. Enhance professional support, career development and career pathways for rural health workforce across all health disciplines	**PRIORITIES 1 AND 2 WORKFORCE TRAINING AND SUPPORT** Action owners work with CRCNA to establish consortia	1. Map workforce and gaps across north 2. Best practices in support incl. cultural responsiveness training and workforce mobility	Work to address identified training and workforce gaps Strengthen cultural responsiveness and workplace attractiveness	Evidence based reform of health workforce training and support
3. Establish a cross-jurisdictional northern Australian health system network as an independent body	**PRIORITY 3 POLICY** CRCNA call tender to build business case for cross-jurisdictional body	Investigate effective governance/operational model for body	Cross-jurisdictional body investigating and reporting areas of shared interest	Harmonised processes and strengthened local planning across the north
4. Determine need and mechanisms to finance appropriate health service delivery models for rural and remote health service delivery	**PRIORITY 4 FINANCING** Action owner convenes financing working group	Articulate principles to underpin financing models	Develop investment and implementation plan	Range of equitable and efficient funding and service models for health care delivery in north
5. Improve local amenities and infrastructure across sectors to reduce effects of adverse social determinants on health outcomes	**PRIORITY 5 INFRASTRUCTURE** CRCNA establishes cross-sectoral consortium	Identify key infrastructure priorities	Improve local amenities and strengthen infrastructure	
6. Undertake trials to develop and scale up place-based planning models	**PRIORITY 6 PLANNING** Action owner develops terms of reference for commissioned trials of place-based planning models	Explore and consult about optimal models for place-based planning	Implement trials with strong monitoring and evaluation	Cross-sectoral action on social and cultural determinants of health
7. Strengthen and grow northern-led research capacity and funding	**PRIORITY 7 RESEARCH** Action owner works with CRCNA to establish consortium	Explore options for building research capability in the north	Commissioned work to develop and support local hubs of service, research and training activity	Activated learning health systems
8. Explore potential areas of export opportunity that deliver value for northern Australia	**PRIORITY 8. EXPORT** Action owner forms consortium to explore export opportunities	Assessment of activity, demands and capacity	Market capabilities and skills	Stronger regional health sector and relationships

Priority Actions presented at ministerial forum, mid-2020

Guiding Principles

- Equal care and outcomes based on need
- Addressing social, cultural and environmental determinants of health
- Cross-sectoral planning, action and coordination
- Strong community co-design, ownership and engagement
- Local workforce capacity building
- Innovation in health service delivery and workforce to respond to need
- Two-way health system strengthening with regional neighbours