

Northern Australia Health Service Delivery Situational Analysis

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Department of and Primary Industries and Regional Development

GOVERNMENT OF WESTERN AUSTRALIA



CRCNA

DEVELOPING NORTHERN AUSTRALIA





Background and overview





- Series of Situational Analyses for Northern Australia commissioned by CRCNA
- August 2019 to Feb 2020
- Partnership between JCU, CHHHS, NT Govt and the Rural Clinical School of UWA
- 3 jurisdictional **expert advisory groups** government health services, ACCHOs, PHN, universities & other workforce, training and planning bodies (NT, WA, Qld)
- Literature review database & targeted web searches with iterative expert input 324 included papers
- Export and demand analysis, research inventory, costing study, SWOT



Research overview



WHO "Building blocks" as an organising framework



- Consultation workshops 17 workshops across northern Australia (16 in person; 110 participants)
 - October-December 2019





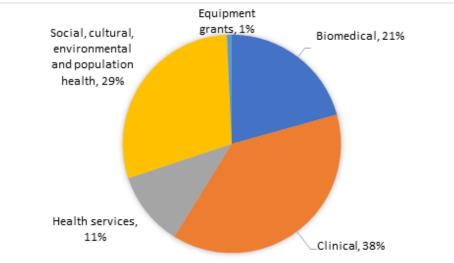
Industry-specific key findings (pan-northern)

Strengths	Weaknesses	
 Healthcare and social assistance 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 access to services 	 Failure to provide integrated optimal care across the patient journey or to involve communities in co-design Under-resourcing, particularly of critical 	
Opportunities	prevention services and supportive infrastructure Threats	
 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 	 service rather than prevention of poor health Rising costs of health care and lost productivity due to poor health Vulnerability to emerging infectious diseases and 	



Cross-sectoral key findings

- 13% of total employment in the north is in healthcare and social assistance; largest employing industry. Supporting this workforce is critical to economic development (education and training, professional development, cultural security).
- Housing, ICT, community amenities, cultural assets contribute to social, cultural, and environmental determinants of health and stability of workforce – cross-sectoral investment.
- Need more northern-led research capacity: only \$72 million, or <2%, of health research funding from major gov't funding bodies was to northern Australian institutions (should be >5%; 2015-2019); only 11% of this was health services research.
- Investment in coordinated workforce support, place-based planning and needs-based financing likely to generate more efficient, equitable and effective health service.
- Potentially preventable hospitalisations cost \$241.8m across north (2016/7) – 6.6% of all national PPH expenditure





What does this mean for prioritising future CRCNA investment decisions?

Eight Priority Actions:



1&2 – Health workforce training and support



3 – Cross-jurisdictional body



- 4 Financing review
- 5 Health-enabling infrastructure
- 6 Place-based planning





7 – Northern-led research



8 – Health as an export



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Priority actions and process map

Two-way health system strengthening with regional neighbours

. 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	PRIORITIES 1 AND 2 WORKFORCE TRAINING AND SUPPORT Action owners work with CRCNA to establish consortia	 Map workforce and gaps across north Best practices in support incl. cultural responsiveness training and workforce mobility 	responsiveness and workplace	Evidence based reform of health workforce training and support
 A contract professional support, career development and career pathways for rural health workforce across all health disciplines B. 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
 Determine need and mechanisms to finance appropriate health service delivery models for rural and remote health service delivery Improve local amenities and infrastructure across sectors to reduce 	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
 on health outcomes Undertake trials to develop and scale up place-based planning models Strengthen and grow northern-led 	PRIORITY 5 INFRASTRUCTURE CRCNA establishes cross- sectoral consortium	ldentify key infrastructure priorities	Improve local amenities and strengthen infrastructure	delivery in north Cross-sectoral action
 Explore potential areas of export opportunity that deliver value for northern Australia 	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	on social and cultural determinants of health
re and outcomes based ing social, cultural and envi- tal determinants of health	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
ectoral planning, action and ation ommunity co-design, ownership agement orkforce capacity building	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
3. 1. 5. 7. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	 rural health training pipelines Enhance professional support, career development and career pathways for rural health workforce across all health disciplines Establish a cross-jurisdictional northern Australian health system network as an independent body Determine need and mechanisms to finance appropriate health service delivery models for rural and remote health service delivery Improve local amenities and infrastructure across sectors to reduce effects of adverse social determinants on health outcomes Undertake trials to develop and scale up place-based planning models Strengthen and grow northern-led research capacity and funding Explore potential areas of export opportunity that deliver value for northern Australia ng Principles re and outcomes based ng social, cultural and envial determinants of health protonal planning, action and tion	 rural health training pipelines Enhance professional support, career development and career pathways for rural health workforce across all health disciplines Establish a cross-jurisdictional northern Australian health system network as an independent body Determine need and mechanisms to finance appropriate health service delivery models for rural and remote health outcomes Undertake trials to develop and scale up place-based planning models Strengthen and grow northern-led research capacity and funding Explore potential areas of export opportunity that deliver value for northern Australia PRIORITY 5 INFRASTRUCTURE CRCNA establishes cross-sectoral consortium PRIORITY 7 RESEARCH Action owner develops terms of reference for commissioned trials of place-based planning models PRIORITY 7 RESEARCH Action owner works with CRCNA to establish consortium PRIORITY 8. EXPORT Action owner forms consortium to explore export opportunities 	rural health training pipelinesEnhance professional support, career development and career pathways for rural health disciplinesAction owners work with CRCNA to establish consortiaInvestigate effective governance/operational model for bodyEstablish a cross-jurisdictional northern Australian health system network as an independent bodyPRORITY 3 POLICY CRCNA call tender to build building and workforce mobilityInvestigate effective governance/operational model for bodyDetermine need and mechanisms to finance appropriate health service delivery models for rural and remote health service deliveryPRIORITY 4 FINANCING Action owner convenes financing working groupArticulate principles to underpin financing modelsPRIORITY 5 INFRASTRUCTURE up place-based planning modelsPRIORITY 5 INFRASTRUCTURE CRCNA establishes cross- sectoral consortiumIdentify key infrastructure prioritiesPRIORITY 6 PLANNING northern AustraliaAction owner develops terms or ference for commissioned trais of place-based planning modelsExplore and consult about optimal models for place-based planningPRIORITY 7 RESEARCH ad determinants of health tectoral planning, action and tion momunity co-design, ownership regement rkforce capacity buildingPRIORITY 6, EXPORT Action owner forms consortiumExplore options for building research capability in the north to explore export opportunitiesPRIORITY 8, EXPORT Action owner forms consortium to explore explore opportunitiesAssessment of activity, demands and capacity	rural health training pipelines Action owners work with CRCNA to establish consortia Intercontrol consortia Strengthen cultural responsively as strengthen cultural responsively and strengthen infrastructure giver an exclusive responsively and strengthen infrastructure and reporting response local amenties and infrastructure eddely response sectors to reduce effects of adverse social determinants on health outcomes PRIORITY 5 INFRASTRUCTURE Action owner convenes financing working group Develop investment and implementation plan Improve local amenties and infrastructure across sectors to reduce effects of adverse social determinants on health outcomes PRIORITY 5 INFRASTRUCTURE Identify key infrastructure priorities Improve local amenties and infrastructure group infrastructure I

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Priority Actions 1 and 2 - Health Workforce Training and Support



- . Support and enhance formal education and training of a fit-for-purpose health workforce
 - All disciplines
 - All elements of the rural health training pipeline
 - "From, in, with, for" underserved communities in the region
 - Holding ourselves responsible for outcomes
- 2. Enhance **professional support, career development and career pathways** for rural and regional health workforce across health disciplines
 - Support Aboriginal and/or Torres Strait Islander Health Workers and participation in all health workforce
 - Support retention reducing staff turnover could save northern Australian health services up to \$50 per consultation
- Postgraduate generalist training options in the regions Evidence-based reform of health workforce training and support



Priority actions 3 and 4 - Cross-jurisdictional Body and Financing Review



- 3. Establish a **cross-jurisdictional northern Australian health system network** as an independent body
- To share knowledge
 - Aim for data interoperability
 - Joined up credentialing
 - Cross-border service provision/shared clinical practice guidelines

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

- Funding based on need
- Rewarding quality of care and outcomes
- Distributed locally
- Increased efficiency and equity

Range of equitable and efficient funding and service models for health service delivery in the north



Priority actions 5 and 6 - Health-enabling Infrastructure and Place-Based Planning



- 5. **Improve local amenities and infrastructure** across sectors to reduce effects of adverse social and cultural determinants on health outcomes (and increase HW retention)
 - Housing and transport
 - ICT
 - Water/WASH
 - Land ownership/self-determination
 - Food security

Cross-sectoral action on social and cultural determinants of health



6. **Develop and scale-up place-based planning models** and strengthen local comprehensive PHC

- Trials needed to enhance implementation knowledge
- Use telehealth to supplement existing services
- Improved health equity and efficiency
- Investing \$1.00 in PHC in remote communities could realise saving b/w \$4 \$12 in public health expenses, over and above health and social benefits for patients



Priority actions 7 and 8 - Northern-led Research and Health as an export



7. Strengthen and grow northern-led research capacity and funding

- Return on Investment (ROI) of \$3.90 for every \$1.00 invested in health research
- 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
- Partner Austrade
- Particularly education and training expertise
- Market capabilities and skills

Stronger regional health sector and relationships

Northern Australia health service delivery situational analysis

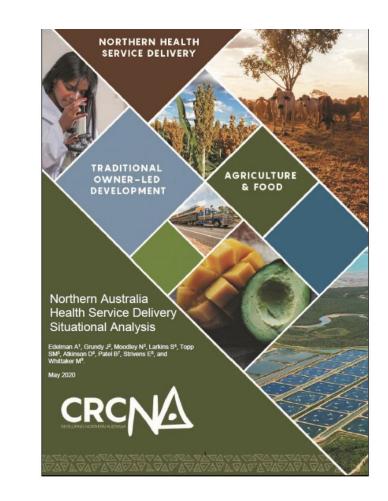
https://crcna.com.au/resources/publications



Northern Australia health service delivery situational analysis report

PDF

Northern Australian health service delivery situational analysis – summary



Thank you!

Questions?



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