Moreton Bay

A collective approach needed to improve health

Background

Over the past decade, significant funding from local, state and commonwealth governments has been directed to address health inequities in the Moreton Bay local government area (LGA).

Funding bodies have recognised the high level of need in areas of Moreton Bay, coupled with social factors that lead to areas of significant socioeconomic disadvantage.

In response, public, private, and non-government providers across all sectors have increased service delivery and collaborated to improve outcomes.

Despite this, gaps and overlaps in service delivery remain, and funding has been ineffective in achieving widespread, sustainable changes.

A new approach is required.

This document makes the case for taking a collective approach to embed change at a system level. It has been endorsed by Brisbane North PHN and Metro North Health.

Where are we now?

- As the third largest LGA in Queensland, Moreton Bay is home to over **475,000 people.**
- In some areas, there is a higher portion of the population experiencing homelessness, needing assistance for disability, and showing delays in child development than in other parts of Australia[1].
- Social determinants of health – including education, safety, housing, and domestic and family violence (DFV) – have a significant impact on the health system.

*Even though these factors sit **outside** the health system, they must be taken into account for funding to be effective.*

Over the past decade, Moreton Bay has experienced significant growth in populations known to experience poorer wellbeing and health outcomes. **This includes a 120% increase in the Aboriginal and Torres Strait Islander population** and a significant increase in culturally and linguistically diverse populations in the region.

1. Moreton Bay LGA SEIFA 996, with Moreton Bay North having 50% of SA1's in the d Source: Socio-Economic Indexes for Areas (SEIFA), Australia, 2021 | Australian Bureau of Statistics (abs.gov.au)

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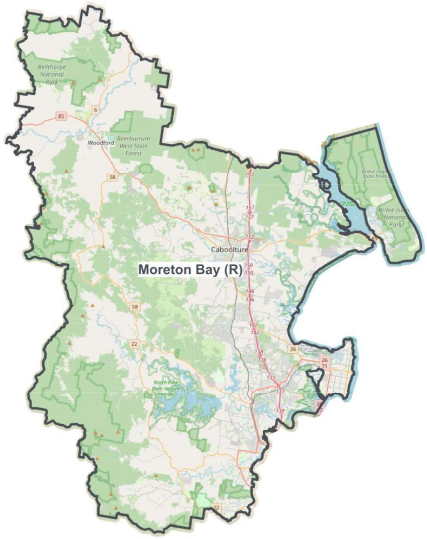
Region snapshot

There's a well-established relationship between socioeconomic disadvantage and poorer health[2]. The Caboolture region comprises a relatively high proportion of people with complex health and psychosocial needs, placing additional pressure on the health system.



Low percentage of home ownership in Caboolture East **(18.4%)**

High numbers of single-parent families in Caboolture South **(29.1%)** and Dakabin, near North Lakes **(28%)**

Higher proportion of **developmentally vulnerable children** in Burpengary, Caboolture South, Deception Bay and Morayfield East

Higher rates of people requiring help for a profound or severe disability (**7.1% in Moreton Bay** LGA compared to **5.7% Australian average**[3])

Highest rate of homelessness in Caboolture South **(136 per 10,000 people)** and Caboolture East **(125 per 10,000 people)**

Presentations to Caboolture Hospital **doubled in the last decade** (2011–2021)

Maternal mortality rate in Aboriginal and Torres Strait Islander mothers is three times that of non-Indigenous mothers

In the Moreton Bay LGA, two disparate groups co-exist – some of the lowest socioeconomic areas within Australia sit alongside high-quality cultural offerings, education, health and lifestyle opportunities.

2. Closing the Gap Queensland Closing the Gap Snapshot Report 2022 (dsdsatsip.qld.gov.au)

3. ABS (2022). Available from: https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release#:~:text=Disability%20prevalence%20was%20similar%20for,up%20from%2021.5%25%20in%202015.

What impacts community wellbeing?

From November 2022, the Health Alliance engaged yourtown to involve the local community in better understanding the complexity and urgency of issues in the region, and to identify practical opportunities to address them.

People in the region told us that the big issues mostly affect:

- single parents
- single-income families
- Aboriginal and Torres Strait Islander families, and
- culturally and linguistically diverse (CALD) families.

*We identified **six key themes** that affect the wellbeing of Moreton Bay children and families:*

During the consultation process, the community told us that:

- it's hard to access services **[59%]**
- early intervention would improve outcomes **[79%]**
- the region is **vulnerable to cost-of-living pressures**
- families and children feel **unsafe in the community**
- there **aren't enough** sporting venues, youth drop-in centres and culturally safe places
- they need **accessible, affordable** after-school hours activities

> ***"Families are struggling to pay rent and kids are struggling."***

> ***"Allied health waitlists are far too long."***

> ***"I am fearful to let my kids explore their neighbourhood."***

> ***"The cost of sporting activities is out of reach for a lot of families."***

Community members *recognise the need to address issues at both a service level and system level.*

However, it's challenging to achieve systemic and lasting change due to ***complex and entrenched issues.***

That's why it's vital that we work collectively to make ***changes at a system level****, not just a service level.*

Recommendations

A collective approach is required to address social complex issues, using the **collective impact** framework.

This is a relatively new (2011), structured framework developed for use when addressing very complex, place-based social issues. It relies on five key conditions.

It starts with a common agenda

With a strong backbone

It establishes shared measurement

Continuous communications

Mutually-reinforcing activities

4. FSG (2023). Collective Impact Forum. Available from: https://collectiveimpactforum.org/what-is-collective-impact/

Recommendation #1

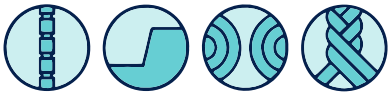
Funding needs to be better coordinated and redistributed. We recommend that local, state and commonwealth organisations take a collective approach to address complex social determinants and allocate funds where they're needed most.

Initiative	Stakeholders
Phase 1: Statement of commitment across multiple organisations **Phase 2:** Create a commonly understood roadmap for systemic change, to better coordinate and redistribute funding	• Brisbane North PHN • Metro North Health • Children's Health Queensland • Moreton Bay City Council • State and commonwealth agencies responsible for social and community services such as education, public safety, housing, and employment

Risks + considerations: Collective impact requires considerable, long-term commitment. It requires new ways of working built on relationships and trust.

Expected outcome: A collective approach will take a shared view to address local needs, recognising that one size does not fit all. Success is typically higher when initiatives focus on 'systems and policy level change',[5] so it is reasonable to expect better health outcomes than have been experienced previously.

Recommendation #2



Central community hub (or hubs) offering access to health, education and social services in a culturally safe space.

Initiative	Stakeholders
Services could include playgroups, parenting courses, child health nurse drop-in clinics, legal advice, financial counselling, access to healthy food, internet and book exchange.	• Brisbane North PHN • Metro North Health • Children's Health Queensland • Local health and social care providers

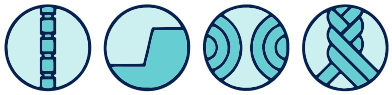
Risks + considerations: Community hubs would be co-designed and located with input from the community. They would be accessible via free child and family-friendly public transport from high-priority locations such as Caboolture, Deception Bay and North Lakes.

The success of this initiative relies on accessing ongoing funding in a tight fiscal environment.

Expected outcome: Partnering with others will help achieve system-level change. Hubs would provide a safe environment for parents, carers, and children, and provide equal access to families in low socioeconomic areas or experiencing financial and/or personal distress.

5. Tamarack Institute (2023). Compendium of collective impact resources part two: Leadership, governance and backbones. Available from: https://www.tamarackcommunity.ca/library/compendium-of-collective-impact-resources-part-two-leadership-governance-backbones

Recommendation #3



One-stop facility or drop-in space for critical healthcare services, staffed by GPs, nurses, allied health, Aboriginal health workers, and visiting specialists.

Initiative	Stakeholders
Services could include paediatrics, social work, cardiology, speech pathology, maternal health, and geriatric medicine.	• Brisbane North PHN • Metro North Health • Children's Health Queensland

Risks and considerations: As with the Southern Queensland Centre of Excellence in Inala, a clinic in North Brisbane could eventually become a teaching centre for students and the next generation of doctors, nurses, dentists and allied health professionals.

As with Recommendation #2, the success of this initiative relies on accessing ongoing funding in a tight fiscal environment.

Expected outcome: A Centre of Excellence would provide critical primary care services in a culturally safe space to promote health, wellbeing and disease prevention.

How will we measure success?

These measures are not short-term solutions and would need to be monitored over several years to see progress.

However, if these recommendations are implemented, it would be possible to measure their success by tracking the uptake of services, particularly in community hubs and the primary care drop-in centre. We would also take note of qualitative data from community members.

Over the longer term, data from the Australian Bureau of Statistics should show an improvement in key measures such as hospital admissions, child development, maternal health, and chronic diseases. This would have a profound and positive impact on community wellbeing. By providing the resources and services required for children and families to thrive, residents will enjoy better health outcomes and quality of life.

What we need from you:

We are seeking your support to proceed with a shared statement of commitment.