Joint regional needs assessment framework

A framework for Hospital and Health Services, Primary Health Networks and other agencies to jointly assess the health needs and service needs impacting regions across Queensland

QAIHC Queensland Aboriginal and Islander Health Council

phn QUEENSLAND PHNs An Australian Government Initiative

HCQ HEALTH CONSUMERS QUEENSLAND

Australian Government

Queensland Government

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Endorsement

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Contents

Introduction

Background

Health needs assessment is a process of determining the health and health care needs of any given population or sub-group in an area. It is a complex task requiring epidemiological expertise, the ability to work across organisational boundaries as well as an understanding of, and an ability to, engage with all appropriate population groups (Bani, I.A., 2008). This process enables identification of the population's health needs and how the health services are responding to these needs. Healthcare needs are those that can benefit from health care (health education, disease prevention, diagnosis, treatment, rehabilitation, terminal care), while health needs incorporate the wider social and environmental determinants of health, such as deprivation, housing, diet, education, and employment (Wright, J., Williams, R., & Wilkinson, J. R., 1998). References in this framework to "health needs" include both healthcare and health needs. This definition promotes a focus beyond the confines of the medical model, to the wider influences on health. Service needs refer to an identified mismatch between health needs and demand, as well as service capability and supply, now and into the future. In order to identify health needs and service needs, a range of information related to health, wellbeing, and service provision should be considered.

Historically, the assessment of health needs and service needs in Queensland have been prepared based on organisational requirements by Primary Health Networks (PHNs) and Hospital and Health Services (HHSs). Queensland Aboriginal and Islander Health Council (QAIHC), the peak body for Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) across Queensland, also lead and participate in needs assessment planning. Queensland Ambulance Service (QAS) and non-government organisations (NGOs) have also engaged in various levels of needs assessment and planning activities across Queensland. This results in the same population undergoing multiple assessments, duplicating effort across organisations, and potentially contributing to fragmented care across the patient journey. In contrast, joint regional needs assessments can result in collective action and shared priorities.

The transition to one overarching joint needs assessment process per region, including mental health needs assessment, conducted with relevant agencies working in partnership is a national first, noting that within mental health and suicide prevention, there has already been a shift toward joint planning.

About the framework

The commitment to co-design the joint regional needs assessment framework (the framework) is a flagship initiative of the Queensland – Commonwealth Partnership (QCP). The QCP brings together partners from across Queensland's health system, including the Commonwealth Department of Health and Aged Care (DoHAC), Queensland Department of Health, PHNs, HHSs, QAIHC, Health Consumers Queensland (HCQ) and health consumers. Partners are committed to working together to tackle health system challenges that cannot be overcome by any one organisation.

The Partnership's common vision is to work together to:

- lead a dynamic and responsive health system for all Queenslanders
- enable better integrated, patient-centred care aimed at improving people's experiences and health outcomes, and supporting equitable access to care.

Joint regional needs assessments are a key enabler to achieve the vision.

Figure 1. Four fundamental principles outlined in the Joint Statement of Queensland - Commonwealth Partnership

Using the framework

This framework will support the joint regional needs assessment process in 2024. The term "needs assessment" in the framework refers to the assessment of health needs and service needs across the care continuum, including mental health.

This framework includes:

- definitions of the terminology used in needs assessments (see Phase 2 and Appendix 1 - Glossary)
- processes for conducting the joint regional needs assessment.

Further details available in the implementation toolkit are identified within maroon boxes.

The implementation toolkit which provides additional supporting information, guidance, and examples, is intended to be read alongside the framework. Where further details are available in the implementation toolkit, this is identified within maroon text boxes.

Following implementation, the framework may evolve in response to feedback.

The role of the joint regional needs assessment in planning

All agencies seek to deliver care in line with local community needs, both now and into the future. The needs identified through the joint regional needs assessment play a key role in informing policy, planning, and funding decisions across the healthcare system. These needs can be used to guide strategic planning, optimising resources to address the most pressing needs of the community.

While the needs assessment process is separate from design and implementation of solutions to address needs, regional needs assessment reports are used to inform program and policy development, and system-wide needs, which in turn inform resource allocation and service redesign.

Some identified needs may fall outside the direct responsibility of the one agency. In such cases, cross-agency collaboration or escalation to a different statutory body may be necessary to address those needs effectively, for example adequate housing or access to clean drinking water.

There are significant opportunities through regional planning to enhance service delivery and reduce fragmentation in the system, ultimately promoting the provision of quality consumer-centred health care. By using the insights from the joint regional needs assessment, the healthcare system can align efforts, secure necessary resources, and support the delivery of health services that aim to effectively and efficiently meet the health needs of the community. This comprehensive approach improves overall health outcomes and enhances the well-being of the population.

The framework

The joint needs assessment process is part of a broader picture for the partnered agencies. The agencies collaboratively undertake the needs assessment process to develop a common joint regional needs assessment paper that outlines:

- the health and wellbeing-related and service-related information identified as part of stakeholder engagement and review of available data and existing reports and documents
- the triangulation and validation process and outcomes
- a list of health needs and service needs identified for the region.

The partnered agencies will then use this joint regional needs assessment paper as the basis for needs assessment reports developed in line with requirements of their overarching bodies. These reports will inform solution development, action plans, and any proposed funding arrangements. Following the 2024 needs assessment process, there is an intention to shift towards joint reporting of regional needs. Figure 2 outlines the needs assessment process for 2024, as shown in the teal circle, with proposed reporting structures across the partner organisations.

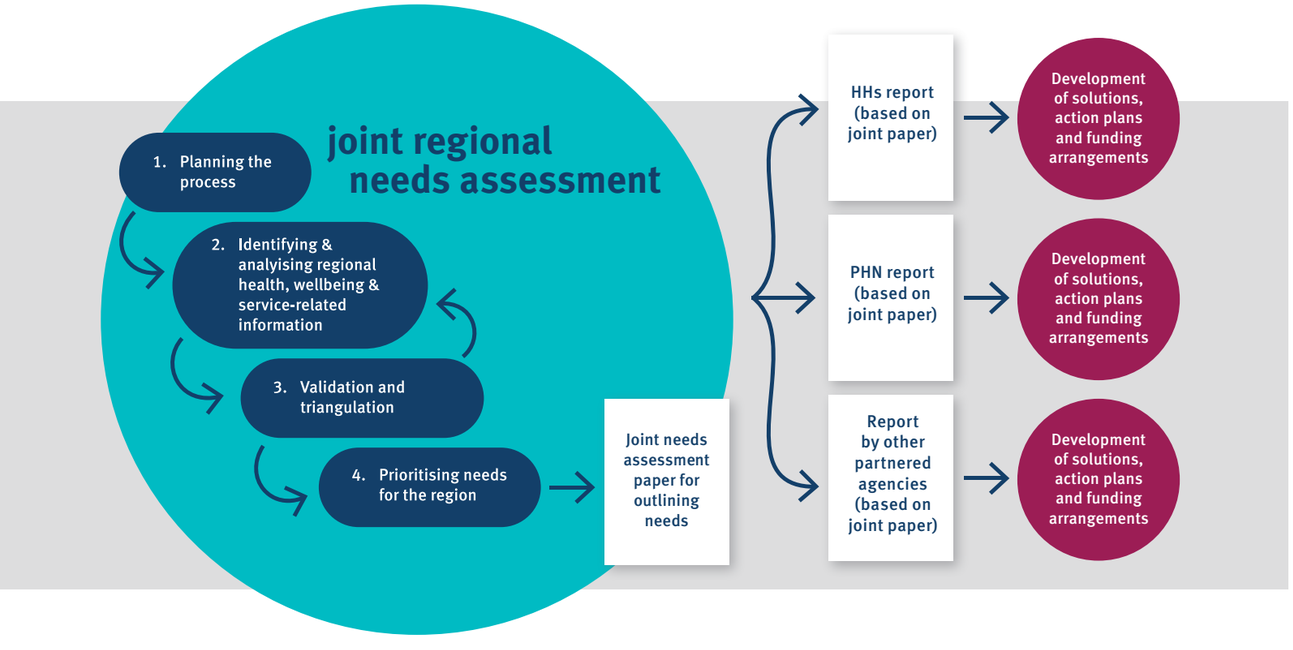

Figure 2. Needs assessment process as part of an overarching approach to needs assessment reporting

While the process of undertaking a joint regional needs assessment may vary by geographic region, there are some common phases. Figure 3 outlines the common phases of needs assessments noting that the engagement of stakeholders underpins the process, as shown by the blue bar underneath the phases. In Phase 1 - Planning the process, it is ideal to engage with relevant stakeholders whereas in Phases 2, 3, and 4, stakeholder engagement is a critical component of the joint regional needs assessment process.

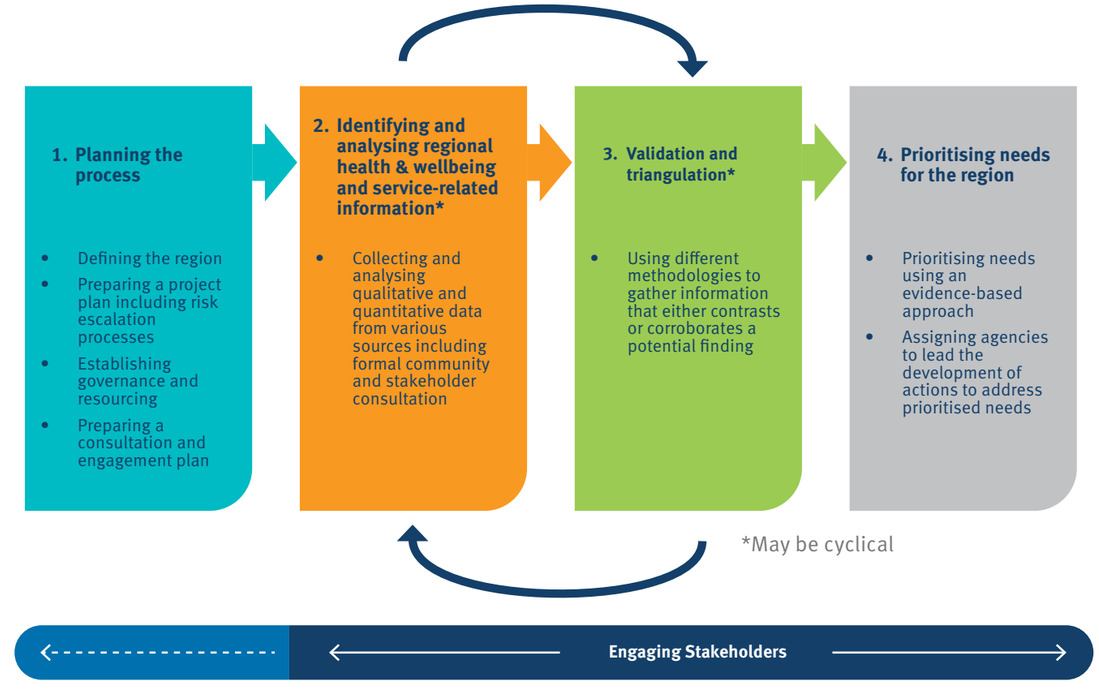

Figure 3. Needs assessment phases

Phase 1: Planning the process

Conducting joint regional needs assessments requires partnership and collaboration, a whole of system approach, and a clear plan to conduct the process. The region must be defined for which the needs assessment applies in order to determine the relevant partnered agencies and other stakeholders. Agencies that may be part of the partnership may include but are not limited to PHNs, HHS, ATSICCHOs, QAS, NGOs, HCQ and/or consumer/s. Governance and resourcing across agencies must be clearly articulated prior to commencement of the needs assessment.

Defining a geographical region

While some PHN boundaries are aligned with HHS boundaries, others PHNs contain many HHSs. As HHSs are required to submit a report to inform state system level priorities and investment decisions, the needs assessment must be prepared based on HHS geographical boundaries. Where the boundaries of one PHN catchment include multiple HHS geographies, the PHN can utilise the needs assessments prepared based on HHS geographical boundaries and aggregate to the PHN level.

Some regions have established partnership models in place between the PHN and HHS/s and these models should be leveraged where possible and appropriate. It is acknowledged that many ATSICCHO boundaries are inconsistent with HHS boundaries, which may impact on funding arrangements and upon local ATSICCHOs. This challenge will require further troubleshooting and will be considered in future iterations of this framework.

Regions or populations may also be defined by Statistical Areas Level 2 (SA2) and Statistical Areas Level 3 (SA3) level. SA2s define the social and economic structure of the community and were designed for the Australian Statistical Geography Standard (ASGS) using multiple criteria. SA2s are the primary output for census and non-census data (Australian Bureau of Statistics, 2021). When extracting and reviewing quantitative data, the use of SA2 / SA3 is discussed further in Phase 2.

Establishing governance and resourcing

The process of joint regional needs assessments must be supported by strong governance arrangements, clear parameters, and allocation of appropriate resources for coordination, technical support, plan preparation, consultation, and evaluation. Approval processes should also be determined, including senior responsible officers for escalation of risks and issues. It is considered best practice for each region to collaboratively establish a dedicated steering committee with representation from partnered agencies, thereby ensuring effective and efficient assessment processes in these diverse regions.

The steering committee provides leadership and oversight of the joint needs assessment processes within each region. They provide guidance, direction, and accountability throughout the assessment, ensuring that it is conducted thoroughly and in alignment with the specific needs and characteristics of the local community. The steering committee are not responsible for providing content expertise specifically related to the needs assessment process. The role and membership of the steering committee should be clearly documented in their terms of reference. The steering committee should be guided by the four fundamental Queensland – Commonwealth Partnership guiding principles outlined in this framework, including:

Further information on establishing governance structures is available in the implementation toolkit.

- First Nations First
- People Focused
- One Health System
- Commitment to Partnership.

In addition to the members of the steering committee and project teams, agencies such as Children's Health Queensland and Health and Wellbeing Queensland should be considered as partner agencies and their specific expertise should be utilised as part of the needs assessment process.

Preparing for consultation

Engagement, collaboration, and analysis of qualitative findings must be meaningful, undertaken purposefully, and approached with a high level of quality and rigor. It should be supported by a detailed **joint stakeholder engagement and collaboration plan**, with stakeholder mapping thoughtfully undertaken to suit the regional context. The project team should work collaboratively to develop the joint stakeholder engagement and collaboration plan which will guide the consultation component of Phase 2.

Phase 2: Identifying and analysing regional health and wellbeing-related and service-related information

In order to identify health needs and service needs a range of information related to health, wellbeing, and service provision should be considered, noting that the review of available data and consultation with stakeholders is not linear and may involve multiple rounds of data extraction and stakeholder consultation.

Definitions

Several key terms, defined below, are used as part of the framework, including health and wellbeing-related and service-related information, health needs, and service needs. Figure 4 shows the relationship between these needs.

Figure 4. Relationship between health and wellbeing-related and service-related information, and health needs and service needs

Health and wellbeing-related information includes information collected across population and epidemiological data as well as other quantitative data related to health status and other factors affecting health and wellbeing. Health and wellbeing-related information also includes feedback from stakeholders as part of the consultation process. Key reports, clinical guidelines and other literature also contributes to health and wellbeing-related information. The triangulation and validation process will utilise the health and wellbeing-related information to identify a health and/or service need.

Service-related information includes information collected about health services including services provided, location, access, and service utilisation data. Service-related information also includes feedback from stakeholders as part of the consultation process. Through triangulation and validation, service-related information may result in the identification of a health and/or service need.

Health needs are identified following the triangulation and validation process. Within the framework, health needs incorporates both healthcare needs and health needs. Healthcare needs are those that can benefit from health care (health education, disease prevention, diagnosis, treatment, rehabilitation, terminal care), while health needs incorporate the wider social and environmental determinants of health, such as deprivation, housing, diet, education, and employment (Wright, J., Williams, R., & Wilkinson, J. R., 1998). This wider definition enables inclusion of the wider influences on health beyond the confines of the medical model based on health services.

Service needs are identified following the triangulation and validation process. They refer to the identified mismatch or gap between health needs and demand, and the service capability and supply, both now and into the future.

Further information on understanding the difference between these elements is available in the implementation toolkit.

Collecting and analysing information

The joint regional needs assessment must be informed by an appropriate mix of evidence, both qualitative and quantitative. This information may include quantitative data from various sources, qualitative information from engaging with stakeholders, previous needs assessment reports, and other relevant existing documentation. When collecting and analysing First Nations peoples' data, partnered agencies must incorporate a consideration for the principles of Indigenous Data Sovereignty and Indigenous Data Governance. Further guidance regarding Indigenous Data Sovereignty and Indigenous Data Governance is being developed by the Queensland – Commonwealth Partnership Joint Data and Analytics Working Group. The implementation toolkit will be updated with further guidance as this work progresses. Processes regarding quantitative data collection and analysis and stakeholder engagement and collaboration are further described below.

Quantitative data

The joint regional needs assessments will be prepared using the collection of data from the following domains:

- population data
- social determinants of health
- lifestyle factors
- preventative health
- mortality
- managing health conditions
- service mapping and utilisation
- workforce

Additional consideration should be made to specifically assess health and service needs as they relate to the health-associated Closing the Gap targets:

- Close the Gap in life expectancy within a generation, by 2031
- by 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent
- significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.

Regions are expected at a minimum to obtain relevant and reliable data, undertake data analysis using appropriate techniques and statistical methods, and appropriately cite all statistics and claims. The use of projections across all domains to supplement the most recent available measurements is encouraged, given future health, well-being, and service-related factors will impact future needs. Joint regional needs assessments should share existing data across all relevant agencies working in partnership, ensuring compliance with confidentiality provisions of relevant legislation and supported by robust data governance. This will enhance transparency and a shared understanding of needs and avoid duplicating effort. Information from the monitoring and evaluation processes of commissioned activities should also be used where appropriate. A list of example quantitative data items and associated recommended sources is available in Appendix 2.

Where feasible and useful the most granular level of data (SA2) should be used for demographic analysis as part of the needs assessment; however, using SA2s for data analysis may have limitations, especially for smaller areas. Some regions regularly use different geographical structures in their local planning and analysis. It is important to investigate and identify issues and agree with relevant stakeholders as to which level will be used as part of the joint regional needs assessment, noting that this should be clearly communicated in the report.

Further information on the elements that may be considered when assessing health needs is available in the implementation toolkit.

Stakeholder engagement and collaboration

Engagement and collaboration is an essential step in the joint regional needs assessment process, ensuring consumers, carers, and partnered agencies work together to develop a complete understanding of the health and wellbeing-related and service-related information about the community. Stakeholder engagement allows for a qualitative assessment of regional health needs and service provision within a community.

Adequate preparation and **realistic expectations** should be provided to stakeholders ahead of all engagement activities. It is also integral that the approach incorporates a commitment to **'closing the loop'**, ensuring that communities and stakeholders are aware of how their feedback is being considered as part of wider service planning. Stakeholders should also be provided an opportunity to offer further comment as part of the validation and prioritisation process. It is also important to manage stakeholder expectations regarding needs assessment outcomes, as every stakeholder group and individual has different priorities and biases.

Further information on the process for joint needs assessment stakeholder engagement and collaboration is outlined in the implementation toolkit.

Engagement principles

Joint regional needs assessment stakeholder engagement should be approached with quality, transparency, and equity, enabling the empowerment of stakeholders in regional health planning and decision-making. Joint needs assessment engagement and collaboration should be undertaken with consideration for the engagement principles outlined in Figure 5. This list of engagement principles is not exhaustive and additional principles should be considered when engaging vulnerable, isolated, or disadvantaged groups.

Purposeful	Meaningful	Inclusive	Respectful	Transparent
Undertake coordinated and considered engagement with a clear aim, communicating engagement boundaries, and providing stakeholders with the tools they need to meaningfully engage.	Facilitate engagement that is timely, relevant and allows for respectful and robust conversations that could inform positive change.	Include stakeholders who are representative of the local setting, ensuring that engagement methods are inclusive of their language, culture, age, or mobility.	Ensure stakeholders' expertise, experiences, perspectives and needs are valued and acknowledged with a focus on building meaningful and ongoing relationships.	Maintain honesty and openness with stakeholders, setting clear expectations and ensuring they are well-informed about how their input has been considered and applied; ensure all engagement is followed up and followed through.

Figure 5. Engagement principles to guide consultation as part of joint regional needs assessments.

Community consultation

An essential component of the needs assessment is an understanding of the community's perception of their regional health and wellbeing-related and service-related information, particularly those in which they place the most value. Community consultation provides the community with a voice to express their views relating to assessment of needs. Consumers, parents, families, and carers should be **consulted during all phases of the joint needs assessment process,** including multiple engagement activities where appropriate. Furthermore, utilising the expertise and connections possessed by these community members on the joint needs assessment steering committee or project team may further support meaningful community engagement and ongoing collaboration.

The value of engagement

- Provides robust local intelligence.
- Identifies and fills the gaps in the quantitative data.
- Builds a richer picture of the local environment.

Joint needs assessments should be performed with specific consideration to populations or groups within a community or region that have specific or complex needs, for example First Nations peoples, people from culturally and linguistically diverse backgrounds, and people living with disability. These can be vulnerable, isolated, or disadvantaged groups that may require tailored approaches to engagement and collaboration. It is important for partnered agencies to pragmatically engage with representatives of these groups, such as peak bodies, NGOs, and advocacy groups. A list of example groups has been provided in the *implementation toolkit*. The list provided is not exhaustive and partnered agencies must be guided by their population and burden of disease data to identify groups or communities within the population who experience poorer health outcomes. Also, note that there can be as much "in-group" diversity amongst communities as there are differences across groups and cultures.

Other stakeholders

In addition to community consultation, other stakeholders such as clinicians and healthcare workers across the care continuum, Children's Health Queensland, Health and Wellbeing Queensland, local and system-level public health units, relevant government agencies, and NGOs should also be engaged and invited to share their views relating to health and wellbeing-related and service-related information within the region.

Leveraging existing qualitative data

Partnered agencies should consider the use of existing qualitative datasets and engagement outputs when planning to engage. Where recent and relevant, partnered agencies should incorporate outcomes from previous stakeholder engagements to support a more informed and efficient qualitative data analysis. Leveraging existing data avoids redundancy and reduces duplication of effort, mitigating the risk of over-consultation. It further promotes inclusivity by demonstrating that the perspectives and inputs gathered from stakeholders in previous engagements are valued and utilised. This supports building trust and lasting stakeholder relationships. When leveraging existing consultation data, it is crucial that a quality-control step is applied, confirming and validating the legitimacy of any existing data used.

Identification of health and wellbeing-related and service-related information

Identifying health and wellbeing-related information

Each region will undertake a process to identify and analyse its population's health to understand information relating to the health of individuals and communities within their region. This process makes use of a range of demographic, epidemiological, and consultative data sources. The focus of the process moves progressively from the overall community health status, including characteristics of specific populations or conditions, and narrows towards an identification of specific areas of concern for the region. The elements that may be included are further described in the implementation toolkit.

Identifying service-related information

Identification and analysis of service issues promotes understanding of a region's existing services and health infrastructure across the care continuum, with a focus on efficiency, effectiveness, and coordination. This process includes the distribution of the workforce and services across the region, characteristics of specific locations and service types, and can narrow in on specific locations, service types, or relationships between services that are likely to be important for the region. The elements that may be included should be identified using a mixed methods approach and are further described in the implementation toolkit.

Further information on the elements that may be considered when identifying health and wellbeing-related and service-related information is available in the implementation toolkit.

Phase 3: Validation and triangulation

Validation and triangulation

As part of the joint regional needs assessment process, information from stakeholder consultations, quantitative analyses, and existing documentation should be triangulated to better understand the issues impacting on a region. Triangulation enables validation through cross verification from more three or more sources to test the consistency of findings. Triangulation should include checking these issues against those identified in previous needs assessment processes undertaken locally. As part of the validation process, identified health and wellbeing-related and service-related information that has been corroborated through a triangulation process will enable the identification of health needs and service needs.

Further information on validation and triangulation including worked examples is available in the implementation toolkit.

Phase 4: Prioritising needs for the region

Following the identification of regional health needs and service needs, the steering committee and project team should, collectively, develop a list of prioritised needs for the region, where possible. While the project team provide subject matter and process expertise, the steering committee provide governance and decision making over the assessment and prioritisation of need.

To ensure fairness and credibility, the process of prioritisation must be based on transparent criteria, grounded in evidence, informed by strategic priorities (e.g. health equity), comprehensible, and available for everyone to see. There should be a diverse group of people from across stakeholder groups making these decisions, so everyone's voice is heard, noting it is essential to be aware of any potential biases that might influence the decision-making process and mitigate these where possible.

The process of prioritising needs should be discussed and supported by the steering committee as they are ultimately responsible for the prioritisation of needs. Using a criteria-based scoring process to assess needs will promote a robust approach. The steering committee will use the scores, along with strategic alignment and health equity principles to determine the final list of prioritised needs.

Note that decisions about actions and potential funding to address needs is a separate process for which this steering committee are not generally responsible.

Further information on prioritising needs including a criteria-based prioritisation matrix is available in the implementation toolkit.

Preparing and submitting the joint regional needs assessment paper and report

Describing needs for the region

Once the health needs and service needs have undergone prioritisation, an overarching list of needs should be prepared for the region. This list should include health needs and service needs for the region, noting that needs may be addressed by different partner organisation separately or jointly. Needs that may need to be referred to other organisations or government departments (for example needs related to access to housing, clean water or public transport), should also be included.

Describing needs in detail

Needs should be described in a level of detail that is meaningful and enables actions to be considered. For example, a health need that is simply described as “developmental delay” is less meaningful than one described as “developmental delay in children under the age of 5 from culturally and linguistically diverse backgrounds”.

Priority of needs

The steering committee will use the priority scores for each need to inform decision making about the priority order for the needs for the region. The higher the score, the higher the need. The number of needs that a region elects to include in the prioritise need lists is a local decision.

Theming needs

Following the validation process, there may be a lengthy list of diverse regional health needs and service needs. To enhance manageability and comprehension, the project team should consider arranging the regional needs into overarching themes, noting that it is the individual needs that are prioritised and reported, with themes supporting the identification of shared patterns and interconnections between the needs. This streamlines information and enables a more targeted focus on effectively addressing significant areas of concern.

Themes may relate to geographical areas, population demographics and age-groups, health conditions, cultural diversity, or other emerging themes. Themes may also relate to existing national and state priority areas.

The *Joint regional needs assessment paper* will include:

1. a summary of the health and wellbeing-related and service-related information raised as part of stakeholder engagement and review of available data and existing reports and documents
2. the triangulation and validation process and outcomes
3. a list of health needs and service needs identified for the region.

Determining lead agencies for identified areas

The agency best placed to consider the development of any specific actions to address the prioritised needs should be identified and agreed upon by the steering committee. Agreeing upon an agency, or agencies, to lead any proposed action for an identified need does not presume that funding will be available or specific action will follow. It simply ensures that each need is accounted for within the separate agency reports. It also supports planning for joint or complimentary action between agencies. Needs that are not within the scope of the partnered agencies can be referred onto the appropriate government department or organisation.

Preparing the joint regional needs assessment paper

One regional needs assessment paper should be prepared

One shared joint regional needs assessment paper is required. In cases where there are multiple HHSs within one PHN, one joint regional needs assessment paper for each HHS is required. In the latter case, the PHN will use multiple joint regional needs assessment papers as part of their overarching report, as shown in Figure 6.

The PHN may prepare an overarching cross HHS geographic catchment assessment to consolidate findings to the primary health network boundaries.

The joint regional needs assessment paper will be endorsed at a local level by the steering committee.

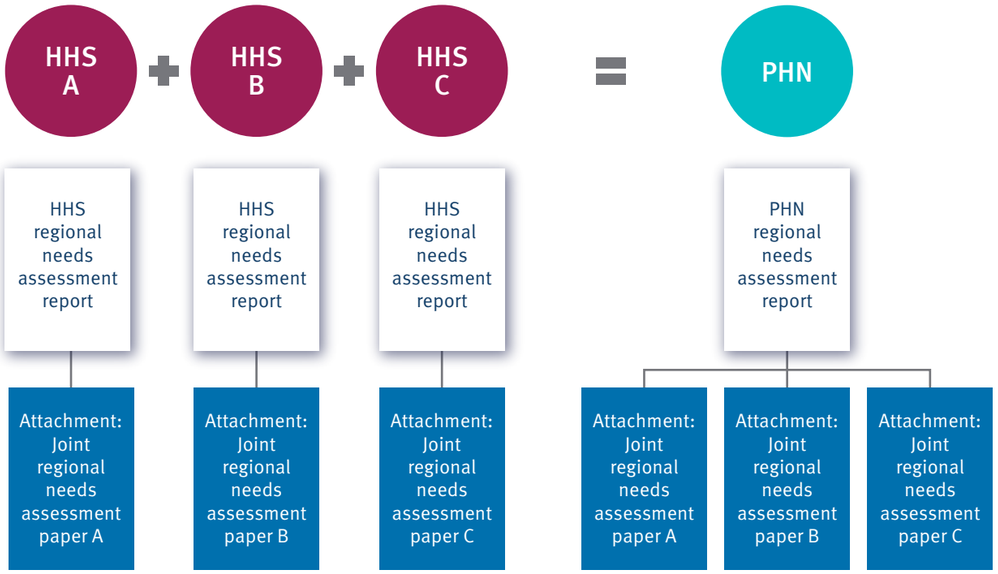

Figure 6. Preparing joint regional needs assessment papers and reports

Preparing and submitting the report

As outlined in Figure 6, each partnered agency is responsible for preparing and submitting a report in alignment with their agency's requirements. PHNs are required to submit their report to the Commonwealth Department of Health and Aged Care and HHSs are required to submit their report to the Queensland Department of Health. Other agencies may also have requirements for submission of reports to their overarching bodies.

Preparing the report

Agencies should work together to prepare a single joint report. Where this is not possible, the report for each agency should be based on the joint regional needs assessment paper. Following the completion of the joint regional needs assessment report, each agency should follow their defined process for submission to their overarching body.

A range of other reports informed by the joint regional needs assessment are likely to be developed to advance discussion regarding priority health needs. The reports should be written in language that is easy for everyone to understand, with consideration for consumers with health literacy levels similar to or below grade eight (8) readability (Ayre et al. 2023). This approach aligns with the National Safety and Quality Health Service Partnering with Consumers Standard, ensuring that information is clear and understandable for all (Australian Commission on Safety and Quality in Health Care, 2023).

Needs identified as part of the joint regional needs assessment process are to be made publicly available for consumers and stakeholders. This aligns with:

- Action 2.11, Partnering with Consumers Standard, National Safety and Quality Health Service Standards (2023)
- guiding principles in Section 13 of the Hospital and Health Boards Act 2011 (Qld)
- accountability and transparency values in Section 9 of the Public Sector Ethics Act 1994 (Qld).

Any sensitive information should be deidentified as per the Information Privacy Act 2009 (Qld).

Submitting the report

Needs assessments are conducted in three-year cycles with the transition to joint regional needs assessments to occur from 2024, marking the commencement of a three-year cycle. In the first year of the three-year cycle, a joint regional needs assessment paper should be developed to support the preparation of a report for each partnered agency. In the following two years, regions must confirm that the needs assessment is current, or upload a single updated document if there are significant changes (e.g. emerging needs as indicated by new data or stakeholder consultation, major changes to patient demographics or to the health system in the region). Throughout the year, regions must continue to undertake population health planning activities, including monitoring the health needs of their region.

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Appendix 1 - Glossary

Terminology plays a critical role in successful partnerships. Having a shared understanding of language and concepts promotes alignment and integration, thereby enhancing the effectiveness of needs assessment and its outcomes.

Term	Definition
Access	(To healthcare) The opportunity to reach and obtain timely, appropriate healthcare services in situations of perceived need for care, to achieve the best health outcomes.
Agency	An organisation providing a particular service on behalf of another business, person, or group (such as HHS or PHN).
Analyse	(Data) the process of inspecting, cleansing, transforming, and modeling data with the goal of discovering useful information to inform conclusions.
Assess	To evaluate or estimate the nature, ability, or quality.
Collaborate	To work together cooperatively to contribute to a shared objective or outcome.
Commissioning	The process by which health and care services are planned, purchased, and monitored.
Consultation	The process of seeking information or advice from a person, especially an expert or someone with lived experience.
Consumer	A person who has used, or may potentially use, health or social services, or is a carer for a person using health or social services.
Coordination	Bringing the different parts of an activity into a harmonious or efficient relationship.
Demand (for healthcare)	Where the perceived benefit of accessing healthcare is equal to the cost of accessing the care. The demand for healthcare derives from a demand for health.
Domain	A specified sphere of activity or knowledge.
Effective	Successful in producing a desired or intended result.

Term	Definition
Efficient	Preventing the wasteful use of resources by working using processes in a well-organised and competent way.
Equity	The quality of being fair, just and impartial.
Evaluation	Planned steps to assess a process (and outcomes) to arrive at a judgement of its value.
Framework	The structure underlying a concept.
Goal	An aim or desired result.
Health- and wellbeing-related information	Health and wellbeing-related information includes information collected across population and epidemiological data as well as other quantitative data about health status and other factors affecting health and wellbeing. Health and wellbeing-related information also includes feedback from stakeholders as part of the consultation process. The triangulation and validation process will utilise the health and wellbeing-related information to identify a health and/or service need.
Health needs	Within the framework, health needs refer to both healthcare needs and health needs. Healthcare needs are those that can benefit from health care (health education, disease prevention, diagnosis, treatment, rehabilitation, terminal care), while health needs incorporate the wider social and environmental determinants of health, such as deprivation, housing, diet, education, employment (Wright, J., Williams, R., & Wilkinson, J. R., 1998). This wider definition enables inclusion of the wider influences on health beyond the confines of the medical model based on health services.
Implementation	The process of putting recommendations into practice and requires thoughtful strategising, planning, consultation and partnership early and throughout the guideline development process.
Input	Funds, material, effort, ideas, opinions etc. put into a project or process; investment.
Need	The gap between the current and desired outcome.
Output	A product, or the amount of something produced.
Partnership	An arrangement where parties agree to cooperate to advance their mutual interests.

Term	Definition
Planning	A process used to determine a desired future direction within a specific timeframe. It outlines the development of a roadmap using known resourcing and limitations, to achieve goals.
Policy	A statement of intent in relation to providing a service, managing an operational or governance issue or addressing a problem.
Population	Any complete group with at least one characteristic in common.
Principle	A basic idea or rule that explains or controls how something happens or works.
Priority	Something regarded or treated as more important than others, usually due to a disadvantage or a lack of advocacy or inclusion.
Resources	Funding, staff (to deliver a service).
Service	An activity that provides medical care or aims to improve health.
Service-related information	Service-related information includes information collected about health services including services provided, location, access, and service utilisation data. Service-related information also includes feedback from stakeholders as part of the consultation process. Through triangulation and validation, service-related information may result in the identification of a health and/or service need.
Service needs	The identified mismatch between health needs and demand, and the service capability and supply, now and into the future.
Triangulation	A process that enables validation of data through cross verification from more than two sources to test the consistency of findings.
Validation	(Data) checking the accuracy and quality of source data before using, importing or otherwise processing data. Validation is a form of data cleansing.
Vulnerable	(Person) in need of special care, support, or protection because of age, disability, or risk of abuse or neglect.

Appendix 2 - Reference data sources

This framework outlines critical data domains to be included when undertaking joint regional needs assessments. The purpose of this approach is to support consistency and rigor when undertaking data identification and analysis as part of the needs assessment process. Data domains include:

- population data
- social determinants of health
- lifestyle factors
- preventative health
- mortality
- managing health conditions
- service mapping and utilisation
- workforce

Additional consideration should be made to specifically assess health and service needs as they relate to the health-associated Closing the Gap targets:

- Close the Gap in life expectancy within a generation, by 2031.
- By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent.
- Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.

A list of example quantitative data items to inform each domain are provided within this appendix. An associated data source for each item has also been recommended and should be considered its source of truth when including an item within your analysis. The list of data items is not exhaustive, nor is it a minimum dataset. Rather, data sources have been recommended to support statewide consistency and transparency in the collection and analysis of data. Data sources for each item have been selected with consideration for trustworthiness, reliability, contemporariness, and granularity. Furthermore, having a prevailing source of truth for population-level data provides a baseline for the amalgamating of needs assessments across geographical and jurisdictional boundaries. Additional local data may be considered for collection and analysis by partnered agencies to inform a richer local picture; with the inclusion of qualitative data, this will inform a robust understanding of a region's health needs and service needs.

The approach of this framework provides a scaffold that supports the in-depth collection, analysis, and triangulation of data to inform the prioritisation of local health needs and service needs. By adequately collecting data for each domain prescribed within this framework, partnered agencies may undertake analysis through a wide range of lenses. For example, by applying a life-stage lens to the data, partnered agencies may analyse regional health needs and service needs as they pertain to the first 2000 days of life. Moreover, by taking this consistent statewide approach to data collection, it will support the future objective to have a centralised, shared data portal, with needs assessment data presented and accessible to all partnered agencies within Queensland.

Example data sources

Source	Link
Australian Bureau of Statistics (ABS)	https://www.abs.gov.au/
Australian Institute of Health and Welfare (AIHW) data collections	https://www.aihw.gov.au/about-our-data/our-data-collections
Queensland Health Planning Portal	https://qheps.health.qld.gov.au/cpss/spb/html/planning_portal
Public Health Information Development Unit (PHIDU)	https://phidu.torrens.edu.au
Queensland Government Statistician's Office (QGSO)	https://www.qgso.qld.gov.au/
Australian Early Development Census	https://www.aedc.gov.au/resources/detail/public-table-by-statistical-area-level-(sa3)-2009-2021
GEN aged care	https://www.gen-agedcaredata.gov.au/www_aihwgen/media/Home_care_report/Home-Care-Data-Report-3rd-Qtr-2021-22.pdf
Heads Upp	https://hwd.health.gov.au/headsupp/
Other population health data and statistics	https://www.health.qld.gov.au/research-reports/population-health
NDIS registrants	https://data.ndis.gov.au/datasets/participant-datasets

Example data items

Data item	Recommended data source
Australian Bureau of Statistics (ABS)	
Geographic area	QGSO
Remoteness score	QGSO
Total population ERP	QGSO
Community/sub regions population	QGSO
Population growth previous 5 years and next 5 years	QGSO
Population projections	QGSO
Population by age – child, youth, adult, older	QGSO
Populations by sex	QGSO
Indigenous population % and number	QGSO
Language other than English at home	QGSO
Country of birth	QGSO
Resident in Australia for five years or more and born in NES countries	PHIDU
Annual births	ABS
NDIS registrants	NDIS
Fertility rate	QGSO
Social determinants of health	
Reported offences	PHIDU
SEIFA score	ABS
Education – highest level of schooling	ABS
Total family income	QGSO
Unemployment rates	ABS/ Jobs and Skills Australia, Small Area Labour Markets (QGSO)
Financial hardship	PHIDU
Access to housing	QGSO
Overcrowding	PHIDU
Household composition	QGSO
% children developmentally vulnerable	PHIDU
Percentage of population living in need of assistance with a profound or severe disability	QGSO
Non-medicare card holders	AIHW
Lifestyle factors	
Obesity rates (adult)	QPHS
Adult adequate fruit intake	QPHS
Adult adequate vegetable intake	QPHS
Physical activity (adult)	QPHS
Smoking rates (adult)	QPHS
Alcohol consumption (adult)	QPHS
Average unhealthy days (adult)	QPHS
Self-assessed health	PHIDU
Obese mothers	Perinatal data collection
Smoking during pregnancy	Perinatal data collection
Preventative health	
Premature births	Perinatal data collection

Data item	Recommended data source
Low birthweight	Perinatal data collection
Cancer screening rates: breast bowel cervical	AIHW
Immunisation rates	PHIDU
Vaccine preventable diseases	Commonwealth Department of Health
Mortality	
Life expectancy	PHIDU
Years of life lost	PHIDU
Premature mortality rates	PHIDU
Infant mortality rate	PHIDU
Leading causes of death	QLD Death Registry
Avoidable deaths	QLD Death Registry
Managing health conditions	
Incidence/prevalence rates of selected diseases and conditions	ABS / AIHW / QGSO
Chronic disease plans (MBS, 2013–14 to 2018–19)	AIHW
Mental and psychological distress	PHIDU
Rates of suicide	PHIDU
Service mapping and utilisation	
Service mapping - capacity of supply to meet demand, incl market analysis	HHS, Health Contact Centre, PHN
QAS – Health Contact Centre activity	Health Contct Centre
Mental health care plans (MBS, 2013–14 to 2018–19)	AIHW
Aboriginal and Torres Strait Islander health checks (MBS item 715 and 228, 2018-19)	AIHW

Data item	Recommended data source
Number of Aboriginal Community Controlled Health Services	NACCHO
Average number of GP attendances per person	AIHW
Services delivered by GPs (MBS, 2013–14 to 2018–19)	AIHW
Services delivered by allied health professionals (MBS, 2013–14 to 2018–19)	AIHW
Barriers accessing healthcare	Medicare / AIHW
Bulk billing rates	AIHW
Frequent GP attenders	AIHW
After hours GP usage rates	AIHW
GP attendances to residential aged care	AIHW
Percentage of population that did not see a GP	AIHW
NDIS participants	NDIS
Lowest service-related groups by total relative utilisation	QHAPDC
Activity by GPOHS clinic	Office of Chief Dental Officer
Activity by CAOHS	Office of Chief Dental Officer
Residential aged care places	ABS / QGSO
Number of antenatal visits	Perinatal data collection
Oral Health activity - OOS by service provision catchment versus patient resident catchment	Office of Chief Dental Officer
Potentially preventable hospitalisations	QHAPDC
Aged standardised rates of PPH	QHAPDC
Total admitted separations for PPH dental related conditions (primary diagnosis)	DSS
Average number of attendances per person	Medicare

Data item	Recommended data source
Hospitalisations - total admitted patient hospital episodes for all conditions and overnight and same day	QHAPDC
Relative utilisation of private and public hospital services	QHAPDC
Mental health hospitalisations per 100,000 people	AIHW / QH
Local hospital self-sufficiency rates – secondary & tertiary	QHAPDC
ED presentations	EDIS
Emergency department statistics - arrival by ambulance - admission rate	SPR, EDIS
Potentially unnecessary ED presentations	EDIS
Estimates of unmet need for assistance for 1-4 activities	ABS & Department of Social Services
Hospital beds per capita	AIHW
Elective surgery wait times	SPR
Elective procedure wait times	SPR
Outpatient wait times	SPR
Number of outpatient service events	QHNAPDC
Service events	QHNAPDC
Virtual bed separations	QH
Service performance analysis - capability of supply to meet demand (efficiency (cost), effectiveness (outcomes), integration)	HHS
Workforce	
Number of GP clinics by sub region and hospital catchment	PHN
Registered health workforce by profession	Commonwealth Department of Health
Workforce FTE per 1000 population by profession	AIHW
GP FTE per 1000 people	AIHW
Medical FTE per 1000	AIHW
Nursing FTE per 1000	AIHW
Allied health FTE per 1000	AIHW
Indigenous health workers FTE per 1000 population	AIHW
Mental health practitioners per 1000 population	AIHW
District of workforce shortage for GPs	Doctor Connect website, Commonwealth
Percentage of workforce identifying as First Nations	Commonwealth Department of Health
Workforce mapping - capacity and capability of supply to meet demand	HHS and PHN

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