# Health Service Plan 2024-2028

#### About this plan

The Health Service Plan 2024–2028 is the foundation plan for MSH to meet the increasing demand for health services. Based on analysis of changing service and workforce configuration and capabilities, infrastructure investment, and the changing demographics and needs of our community, the MSH Health Service Plan outlines how we aim to improve the health outcomes of our community through reconfiguring and optimising service models and service delivery, collaborating with our partners, educating, empowering and partnering with our consumers and community, and increasing the use of beneficial technology.

Using the guiding principles of the Health Service Strategy Statement (Figure 1), the Health Service Plan outlines a four-year roadmap to:

- Meeting the needs of our growing community, while continuing to provide critical statewide specialist services
- Review and implement models of care that are contemporary, evidence-based and support interprofessional collaborative practice
- Align our health services with the needs of the community
- Optimise the use of the additional infrastructure as demand grows across our region
- Identify the service priorities for commissioning of new infrastructure which will be delivered across MSH over the time period of the Plan.

We look forward to working together with our valued team, consumers and partners to implement this exciting Plan for the future of health services in Metro South Health. Thank you for everything you do to make a difference.

#### **Closing the Gap** We ensure equity of access for First Nations peoples by aligning with the action plans and strategies set out in the MSH First Nations Health Equity m**Equity of access** We provide inclusive care to address the health needs of our vulnerable and at-risk communities by identifying and removing the barriers they face to accessing services. MSH consumers and community are at the centre of everything we do.

Data driven and

and leading research.

evidence informed

Decision making is patient-centred,

based on best available evidence

**Engaged people** 

We create an environment which enables our people to deliver world-class health services and ensures they are valued. respected and supported to achieve their

#### **Metro South together**

Working together as "one Metro South" to make integrated service planning decisions which deliver high-quality care, at the right place, at the right time and by the most appropriate practitioner.

Collaboration across the health system and social care system

We form trusted and valued partnerships outside of MSH to deliver

connected services for consumers across the broader health and social care system.

Figure 1: Health Service Planning Statement guiding principles.



#### How the plan was developed

The Plan was developed through a structured planning approach which included detailed analysis of:

- population and burden of disease data,
- historical and future projected activity trends (based on the Department of Health's standard activity projection models and adjusted to the MSH environment).
- the policy and strategic context,
- current MSH clinical service provision, and
- infrastructure commitments.

**Continuous improvement** 

encouraged to evolve our ways of working

Our people are supported and

iteratively and sustainably within a

culture of continuous improvement.

An inclusive and extensive consultation and engagement process also shaped the development of the Health Service Plan including:

- Surveys
- Consumer focus group
- Whole of HHS forums
- Facility/service forums
- **Executive committees**
- Divisional meetings
- 1:1

### Challenges

- A population with diverse characteristics and needs
- A rapidly changing environment
- Demands on our workforce
- Care not so close to home.

#### Opportunities

- Infrastructure Investment
- Innovation
- Integration and Partnerships
- Workforce.

#### Our response

To address our challenges and opportunities, four Service Directions were identified to guide our future health service delivery. These were selected in consideration of:

- the health needs and issues identified for the MSH community,
- the pressures experienced in our services by both our workforce and our consumers,
- kev trends in future service delivery identified through projections analysis, clinical engagement and consultation, and
- the opportunity that comes with the extensive capital expansion program to consider how and where we provide services across MSH.

Each Service Direction comprises a set of strategies that aim to address the challenges and opportunities we face.

**Our MSH** 



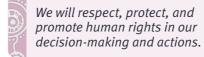
















Metro South Health recognises and pays respect to the traditional custodians of the land and waters—the Yugambeh, Quandamooka, Jaggera, Ugarapul, Turrbal and Mununiali peoples—and to Elders, past, present and emerging.



## **Health Service Plan** 2024–2028

#### Service directions

Address the diverse health service needs of people in our community

# Our strategies

- 1.1 Implement the MSH First Nations Health Equity Strategy 2022-2025.
- 1.2 Implement the MSH Disability Service Plan 2023-2026.
- 1.3 Implement the Pasifika and Maori Health and Wellbeing Framework and Action Plan for Brisbane South 2020-2025.
- 1.4 Consider the needs of diverse people in the MSH community in our future health service planning and model of care development.
- 1.5 Strengthen our collaboration with the South East Queensland (SEQ) Health Equity Collaborative to identify and implement opportunities to integrate service provision for First Nations people.
- 1.6 Continue to strengthen and expand our partnership with the Brisbane South Primary Health Network (PHN) to develop and implement joint service models that address needs of our diverse MSH communities.
- 1.7 Proactively engage in the development of the Statewide Children's Health Services Plan and the First 2000 Days Initiative, to ensure the needs of MSH children and families are considered and our future development plans incorporated.

# Innovate and collaborate to optimise service delivery

- **2.1** Support clinical improvement and innovation across MSH services.
- 2.2 Build capability and identify opportunities to embed Artificial Intelligence (AI)/machine learning/data analytics to improve service delivery and future models of care.
- 2.3 Implement a program of work to review, update and/or document consistent models of care for all specialties across MSH as part of moving to a more integrated, coordinated network of services that supports interprofessional collaborative practice.
- 2.4 Implement or expand access to day, community and home-based models of care.
- 2.5 Use a co-design approach to work with partners across the health and social care system to improve access and discharge to other services outside of the hospital (e.g. HiTH, primary care, the Community Controlled sector, community services, Residential Aged Care Facilities).
- **2.6** Deliver connected services for consumers outside of MSH.

# Configure services and our workforce to maximise outcomes

- **3.1** Establish Logan Hospital as a second Cancer Services hub within MSH by 2026/27.
- **3.2** Establish Interventional Cardiology services at Logan Hospital by 2026/27.
- **3.3** Establish Logan Hospital as a specialist centre for Women's and Children's health within MSH.
- **3.4** Establish a MSH elective surgery centre at QEII from 2026/27.
- 3.5 Consider the establishment of an Eye Centre of Excellence at QEII Hospital from 2026/27.
- 3.6 Establish a Sexual Assault Response service hub at QEII Hospital.
- **3.7** Support the delivery of services from the Redlands and Eight Mile Plains Satellite hospitals.
- 3.8 Support MSH Mental Health, Alcohol and Other Drugs services in line with Better Care Together: a plan for Queensland's state-funded mental health alcohol and other drug services to 2027.
- **3.9** Establish clinical networks to support a networked, integrated service system.
- 3.10 Develop an Ambulatory Care Plan.
- **3.11** Establish dedicated beds for key specialties as part of the implementation of networked service model by 2026/27.
- **3.12** Develop detailed clinical service plans for key services to inform future service development. Initial plans to be considered for development include *Anaesthetics*, *Cancer*, *Cardiology*, *Child and Adolescent Services*, *Diabetes and Endocrinology*, *Gastroenterology*, *Oral Health*, *Respiratory*, *Surgical Services and Urology*.
- 3.13 Develop plans and progress business cases for the medium- to long-term service and infrastructure needs (with infrastructure being co-designed and considered in relation to the needs of the population) across MSH including: *Yarrabilba, Jimboomba and Flagstone regions, Redland Hospital capacity, Radiation oncology, Emergency Department capacity, Endoscopy, Mental Health, Alcohol and Other Drugs, Interventional Cardiology.*
- 3.14 In line with the MSH People Strategy (under development), configure our workforce to support delivery of networked services and our expanded service capacity.

# Embed research and implementation science

- 4.1 Develop a Research and Innovation Strategy that will identify focus areas for the next five years.
- **4.2** Strengthen and embed world-class research as a core function of MSH.
- **4.3** Translate research into better health outcomes for our community.
- **4.4** Expand partnerships that support research and innovation that benefit our community.

#### Our measures

- » Increased representation of diverse members of our community in health service planning processes
- » Number of new/expanded models of care, co-designed with diverse community groups to respond to their needs
- » Monitor progress towards implementation of the First Nations Health Equity Implementation Plan, Disability Plan and M ori & Pasifika Plan.
- » Innovation framework developed; and supporting function stood up
- » Improved rates of discharges to primary care, and community services
- Reduced bed days for patients awaiting placement in community services (e.g. RACF, NDIS)
- » Increased rate of HiTH utilisation.

- » Detailed clinical service plans, models of care, and implementation plans developed for identified services by 2026/27
- » Increased proportion of MSH residents treated at QEII for elective surgery (within planned specialties for the Elective Surgery Centre)
- » Increased proportion of MSH residents treated at QEII for ophthalmology
- » Completed Ambulatory Care Plan
- Improved rates of virtual ambulatory care services
- » Improved rates of community and/or home-based ambulatory care services
- » Completed South-West High Growth Corridor plan, and future service ontions
- » Governance structures and supporting functions reviewed and amended to enable a more networked service system.
- » Improved recruitment and retention rates across the health service.

- » Completed MSH Research and Innovation Strategy
- » Monitor progress towards implementation of the MSH Research and Innovation strategy
- » Number of active research projects (reported on census date each year)
- » Number of new research projects authorised to commence in MSH facilities and services (i.e. Site Specific Assessment authorisations)
- » Number of publications in calendar year
- » Direct research expenditure reported in financial year
- » Percentage of partnership health reported as being 'on track'.