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## Queensland Local Health and Hospital Networks

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## Queensland Local Health and Hospital Networks

Local Health and Hospital Networks (LHHNs) will operate and manage a network of public hospitals and health services within a defined geographic or functional area. They will have varying characteristics such as geographical size, operational budget and diversity in the range of services provided. The functions, size and geographical boundaries of the 17 LHHNs will be broadly the same as the current health service districts. LHHNs will be established by 1 July 2012, facilitated by the introduction of new legislation, the proposed *Health and Hospitals Network Bill 2011*.

In terms of indicative Annual Network Budget and population coverage, the Metro North and Metro South LHHNs are the largest, with indicative budgets over \$1.5 billion and populations over 900,000. Following this, the Gold coast and Townsville LHHNs are next in size, with budgets of \$500-750 million. In the \$200-500 million range are the networks of Cairns and Hinterland, Central Queensland, Darling Downs, Mackay, Sunshine Coast, West Moreton, and Wide Bay. The proposed state-wide Children's Health Services also fits into this budget range. In the next bracket is the North West area with a budget of \$100-200 million, and in the smallest bracket of \$40-100 million are the remaining four LHHNs; Cape York, Central West, South West and the Torres Strait and Northern Peninsular. Below is a more detailed table of the LHHNs.

### The Public Sector Health System

The public sector health system will be comprised of networks and the department. The relationship between the chief executive and the networks is governed by the service agreement between the chief executive and each network.

### The Governing Council

Each LHHN will have a skills based Governing Council that is legally responsible for the network. The council will consist of a minimum 5 appointed members, so that the Governing Council will have collective knowledge of consumer and local community issues relevant to the operations of the network. Fields that are most prominent for the governing councils include; corporate governance, clinical governance, health, business, financial and human resource management, legal, management of research or clinical education, experience and knowledge across the spectrum of acute, sub-acute, primary health and preventative health care.

Appointments will be made through a transparent, merit based process culminating in a recommendation for appointment from the Minister for Health to the Governor in Council. In recommending members for appointment, the Minister will consider the appropriate skills required running a large and complex health service organization. Each council will then appoint a CEO to manage the network, subject to the approval of the Health Minister. Expressions of Interest for the Governing Council opened Saturday 16 July 2011 and will close on the Friday 21 October 2011.

Under the proposed Bill, the Governing Council may conduct its business, including its meetings, in any way it considers appropriate, but within the terms of their service agreement. The chairperson (as chosen by the council) may decide when and where meetings are to be held, unless specifically requested in writing by the Minister. A quorum for a meeting of the governing council is one-half the number of its members. The chairperson is to preside at all meetings of the governing council at which the chairperson is present. If any

member does not attend 3 consecutive meetings, the minister has the discretion to replace that member.

## The Department

Acting as a 'system manager' for the State, there will be a Departmental Chief Executive, and a Chief Health Officer. The Departmental Chief Executive will be responsible for providing strategic leadership and direction for delivery of public sector health services, to develop state wide plans (including service plans, workforce plans and capital works plans), to manage the land buildings and assets owned by the states, to employ staff and manage State-wide industrial relations and, monitor and promote improvements in the quality of services and performance delivered by networks. The Chief Health Officer will give advice to the Departmental Chief Executive. Under the Bill, the Chief Health Officer, which is currently Dr Jeannette Young will retain the position during the transition.

## Service Agreements

Networks will be required to enter into a service agreement with the departmental chief executive. Service agreements between each network and the department will create an explicit relationship between funds allocated and services provided, strengthen managers' and Governing Council members' focus on outputs, outcomes and quality, facilitate benchmarking across like services, and provide a platform for greater public accountability. These service agreements must be for a term of no longer than three years.

The processes by which networks and the departmental chief executive agree on the Service Agreement are yet to be outlined in regulation. For the first service agreement the negotiation is to begin at the commencement of the Bill, after that, negotiations must commence 6 months prior to the expiry of the existing negotiation. Only in the instance that a Network and the chief executive cannot agree on a service agreement, the minister may decide on the terms.

Within the service agreement, a Network must develop and publish (including on the internet) two strategies; a *clinician engagement strategy* to promote consultation with health professionals working in the network; and a *consumer and community engagement strategy* to promote consultation with health consumers and members of the community about the provision of health services by the network. The requirements for these strategies will be prescribed by regulation.

## Links

[Health and Hospitals Network Bill 2011](#)

[Health and Hospital Network Bill 2001 – Explanatory Notes](#)

[Health Reform Queensland](#)

## Summary Table of Local Health and Hospital Networks

LHHN	Coverage	Population	Hospitals/Services	Annual Network Budget (Indicative Range)
Cairns and Hinterland	142,000 square kilometres from Cardwell in the south to Mossman in the north and Croydon in the west	250,000 people which is forecast to increase to over 280,000 by 2021 (an increase of 13%)	<ul style="list-style-type: none"> <li>- Atherton Hospital</li> <li>- Babinda Hospital</li> <li>- Cairns Base Hospital</li> <li>- Gordonvale Memorial Hospital</li> <li>- Herberton Hospital/Aged Care Unit</li> <li>- Innisfail Hospital</li> <li>- Mareeba Hospital</li> <li>- Mossman Multi-Purpose Health Service</li> <li>- Tully Hospital</li> </ul>	\$200 – 500 million
Cape York	156,000 square kilometres extending from Wujal Wujal and Kowanyama in the south and to Mapoon in the North	13,000 people which is forecast to increase marginally by 2021	<ul style="list-style-type: none"> <li>- 2 multi-purpose facilities at Cooktown and Weipa.</li> <li>- 10 Primary Healthcare Centres at Aurukun, Coen, Hopevale, Laura, Lockhart River, Kowanyama, Mapoon, Napranum, Pormpuraaw and Wujal Wujal</li> </ul>	\$40 – 100 million
Central Queensland	114,000 square kilometres in regional Queensland, extending from Miriam Vale in the south, inland to the Central Highlands and north along the Capricorn Coast	225,000 people which is forecast to increase to more than 260,000 by 2021 (an increase of 17%)	<ul style="list-style-type: none"> <li>- Biloela Hospital</li> <li>- Capricorn Coast Hospital (Yeppoon)</li> <li>- Emerald Hospital</li> <li>- Gladstone Hospital</li> <li>- Mount Morgan Hospital</li> <li>- Moura Hospital</li> <li>- Rockhampton Hospital</li> </ul>	\$200 - 500 million
Central West	Communities of rural central west Queensland extending from Tambo in the south-east and to Boulia in the north-west	12,000 people which is forecast to increase marginally by 2021	The Network will operate hospitals at Alpha, Barcaldine, Blackall, Longreach, and Winton. Primary healthcare centres are situated at Aramac, Boulia, Isisford, Jundah, Muttaborra, Tambo and Windorah	\$40 – 100 million
Children's Health Services	Specialist state-wide LHHN	NA	<ul style="list-style-type: none"> <li>- Royal Children's Hospital</li> </ul>	\$200 - 500 million

Darling Downs	Predominantly rural area extending from the New South Wales border to Glenmorgan in the west and Taroom in the north and including the regional centre of Toowoomba	300,000 people which is forecast to increase to over 340,000 by 2021 (an increase of 15%)	The Network will operate a major referral hospital at Toowoomba, plus 3 medium sized hospitals at Dalby, Kingaroy and Warwick. In addition, a significant number of small rural hospitals, multipurpose health services, and community and primary care facilities are located in the Network's rural centres.	<b>\$200 - 500 million</b>
Gold Coast	Area extending from the New South Wales Border in the south to the Coomera region in Queensland and north to the Logan River	540,000 people which is forecast to increase to more than 680,000 by 2021 (an increase of 26%)	<ul style="list-style-type: none"> <li>- Gold Coast Hospital Southport</li> <li>- Gold Coast Hospital Robina</li> </ul>	<b>\$500 - 750 million</b>
Mackay	69,000 square kilometres in regional Queensland, extending from Sarina in the south to Clermont in the west, Bowen in the north and Collinsvale in the north-west. The Whitsunday Islands are also included in this Network	185,000 people which is forecast to increase to more than 230,000 by 2021 (an increase of 25%)	1 regional referral hospital – Mackay Base Hospital – along with a number of smaller facilities at Bowen, Sarina, Dysart, Moranbah, Clermont and Collinsville. Services will also be provided to the Whitsunday region through Proserpine Hospital and Primary Healthcare Centre and Cannonvale Primary Healthcare Centre.	<b>\$200 - 500 million</b>
Metro North	4,157 square kilometres extending from the Brisbane River to north of Kilcoy	900,000 people which is forecast to increase to over a million people by 2021 (an increase of 16%)	<ul style="list-style-type: none"> <li>- Caboolture Hospital</li> <li>- Kilcoy Hospital</li> <li>- Royal Brisbane and Women's Hospital</li> <li>- Redcliffe Hospital</li> <li>- The Prince Charles Hospital</li> </ul>	<b>over \$1.5 billion</b>
Metro South	all of Brisbane City south of the Brisbane River, Redland City, Logan City, Beaudesert City and the eastern portion of the Scenic Rim	1 million people, this will be the largest LHHN in Queensland. The population is forecast to increase to 1.2 million by 2021 (an increase of 16%)	<ul style="list-style-type: none"> <li>- Beaudesert Hospital</li> <li>- Logan Hospital</li> <li>- Princess Alexandra Hospital</li> <li>- Queen Elizabeth Jubilee (QEII) Hospital</li> <li>- Redland Hospital</li> <li>- Wynnum Hospital</li> </ul>	<b>over \$1.5 billion</b>
North West	240,000 square kilometres and will service the remote communities within north western Queensland and the Gulf of Carpentaria.	34,000 people which is forecast to decrease by 4% by 2021	<ul style="list-style-type: none"> <li>- Mt Isa Hospital - referral</li> </ul>	<b>\$100 – 200 million</b>

South West	319,000 square kilometres in rural south west Queensland.	26,000 people which is forecast to increase marginally by 2021	<ul style="list-style-type: none"> <li>- 6 hospitals (in Charleville, Cunnamulla, Injune, Roma, St George, and Surat)</li> <li>- 5 multipurpose health centres (Augathella, Dirranbandi, Mitchell, Mungindi and Quilpie) and 3 outpatient clinics (at Morgan, Thargomindah and Wallumbilla).</li> </ul>	<b>\$40 – 100 million</b>
Sunshine Coast	extend through coastal and hinterland areas from Caloundra in the south to Gympie in the north	390,000 people which is forecast to increase to around 480,000 by 2021 (an increase of 23%).	<ul style="list-style-type: none"> <li>- Caloundra Hospital</li> <li>- Gympie Hospital</li> <li>- Maleny Memorial Hospital</li> <li>- Nambour Hospital</li> </ul>	<b>\$200 - 500 million</b>
Torres Strait-Northern Peninsula	expands to the five communities on the Northern Peninsula Area	11,000 people which is forecast to increase marginally by 2021	<ul style="list-style-type: none"> <li>- Thursday Island Hospital (36 Beds)</li> <li>- Bamaga Hospital (10 Beds)</li> </ul>	<b>\$40 – 100 million</b>
Townsville	Townsville area and districts	240,000 people which is forecast to increase to around 290,000 by 2021 (an increase of 21%)	<ul style="list-style-type: none"> <li>- Ayr Hospital</li> <li>- Charters Towers Hospital</li> <li>- Charters Towers Rehabilitation Unit</li> <li>- Home Hill Hospital</li> <li>- Hughenden Hospital</li> <li>- Ingham Hospital</li> <li>- Joyce Palmer Health Service</li> <li>- Kirwan Mental Health Rehabilitation Unit</li> <li>- Magnetic Island Health Service Centre</li> <li>- Richmond Hospital</li> <li>- The Townsville Hospital</li> </ul>	<b>\$500 - 750 million</b>
West Moreton	west of Brisbane and will extend from Ipswich in the east, to Boonah in the south, north to Esk and west to Gatton	220,000 people which is forecast to increase to over 330,000 by 2021 (an increase of 55%)	have one major referral hospital (Ipswich Hospital 341 beds) and 4 small hospitals (Boonah Hospital 23 beds, Esk Hospital 26 beds, Gatton Hospital 22 beds and Laidley Hospital 15 beds)	<b>\$200 - 500 million</b>
Wide Bay	Maryborough to Miriam Vale in the east and Mundubbera to Monto in the west.	220,000 people which is forecast to increase to around 260,000 by 2021 (an increase of 19%)	The Network will have inpatient facilities and health services at Bundaberg, Hervey Bay and Maryborough Hospitals. Smaller facilities are located at Biggenden, Childers, Eidsvold, Gayndah, Gin Gin, and Mundubbera Hospitals	<b>\$200 - 500 million</b>