Australian Government
Department of Health

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Primary Health Network

Needs Assessment Reporting Template

This template must be used to submit the Primary Health Network's (PHN's) Needs Assessment report to the Department of Health (the Department) by **30 March 2016** as required under Item E.5 of the PHN Core Funding Schedule under the Standard Funding Agreement with the Commonwealth. This template should include the needs assessment of primary health care after hours services.

To streamline reporting requirements, the Initial Drug and Alcohol Treatment Needs Assessment Report and Initial Mental Health and Suicide Prevention Needs Assessment Report can be included in this template as long as they are discretely identified with clear headings.

Name of Primary Health Network

Northern Sydney

When submitting this Needs Assessment Report to the Department of Health, the PHN must ensure that all internal clearances have been obtained and the Report has been endorsed by the CEO.

Section 1 – Narrative

1. Baseline Needs Assessment:

The Sydney North Health Network (SNHN) began scoping initial work on the Baseline Needs Assessment (BNA) during 2015, post the initial establishment phase of the PHN. Due to the delay in securing a suitably qualified team, a competitive tender process resulted in an external consultancy firm (Ernst and Young) working alongside the SNHN to undertake the first Baseline Needs Assessment. The Ernst and Young (EY) team began work on the BNA process in late December 2015. The SNHN successfully recruited a skilled Population Health Manager, who has overseen the remainder of the Needs Assessment work since late December 2015.

The SNHN BNA, as a document has three core areas, which includes:

1. General Health Needs Assessment analysing core public health related areas of the region.
2. Deep Dive areas of focused review: Mental Health, Urgent Care and Health of the Elderly.
3. Service Mapping Analysis to assist SNHN in understanding the region's services and health infrastructure relevant to its role within both the health system and the broader environment.

There are two separate accompanying report documents to capture the Mental Health and Drug and Alcohol Needs Assessments.

The SNHN team followed the approach to undertaking the BNA as directed by the PHN Needs Assessment Guide as outline by the Department of Health.

Initial scope:

The two previous Medicare Local-based population health profiles were scrutinised to provide potential direction for areas requiring further investigation for the SNHN BNA. The focused areas 'Deep Dives', requiring attention were identified as: Mental Health, Urgent Care and Health of the Elderly. Initial crude analysis of existing quantitative and qualitative data was presented for consideration during the consultation process, as per below section.

First consultation process:

An initial consultation process occurred with the SNHN Board and Executive teams and with the SNHN Clinical and Community Councils by EY and the SNHN Population Health team. This confirmed areas for further investigation in Mental Health, Urgent Care and Health of the Elderly.

Data Analysis:

Qualitative consultations with key stakeholders to develop a local understanding of the key issues that SNHN might need to address ensued and utilised the expertise of a range of stakeholders from Primary Care, including General Practice and Allied Health, the Local Health District and community members and the NGO space.

A search of available quantitative date to substantiate findings was included in the analysis work and including data sets from a range of sources, including:

- Australian Health Survey, 2011-13
- BEACH data, 2011-15
- Causes of Death data, 2013 and Deaths data, 2008-12
- Health workforce data, 2014
- Hospitalised injuries in Aboriginal and Torres Strait Islander children and young people, 2011-13 (AIHW)
- MBS Claims data, 2012-15
- Northern Sydney emergency department presentation data, January – June 2014
- NSW combined admitted patient epidemiology data, 2013-14

PenCAT data, February 2016
- After hours needs assessment completed by North Sydney Medicare Local
- Australian Hospital Statistics, 2013-14 (AIHW)
- Potentially preventable hospitalisations data, 2013-14 (NHPA)
- Aged Care Programmes data, 30 June 2015
- Australian Hospital Statistics, 2013-14 (AIHW)
- NSW combined admitted patient epidemiology data, 2013-14
- NSW Department of Planning and Environment population projections
- Patient experience survey, 2013-14

This data has been used to assess key issues and their potential impact on the Northern Sydney population, and to present the analysis in a readily accessible format that SNHN can continue to update and build upon as an iterative process for future need assessments.

Final consultation process:

A final consultation with the SNHN Board, Clinical and Community Councils occurred in February and provided an opportunity for constructive feedback, endorsement of findings and an identification of future areas for further research and consideration.

Prioritisation process:

Following the Consultation session, the SNHN Board, Executive and Management team members met for a prioritisation workshop in March 2016 to identify priority areas to inform the subsequent annual planning process. Robust discussion ensued whilst considering the quantitative and qualitative aspects of the Deep Dive areas. The purpose of the prioritisation workshop was to allow a decision-making process that was transparent, fair and reasonable. The findings of the analysis were grouped in to themes and populated a scoring matrix to identify the top areas for prioritisation.

2. Mental Health and Alcohol and Drugs Initial Needs Assessments

Following announcement and confirmation of funding to undertake the Initial Mental Health and Drug and Alcohol Needs Assessments, the SNHN successfully recruited a senior Mental Health Commissioning Manager in early February 2016 to work alongside the SNHN Population Health team to undertake these two key areas of work.

SNHN has been working closely with local mental health and AOD services, clinicians and service users to capture an accurate insight as to the areas of unmet need and to enable subsequent SNHN planning meets the requirements of local communities.
Extensive consultation sessions have been held with representatives from:
- General Practice
- Psychological services
- NSLHD Mental Health Drug and Alcohol services
- NSW Family and Community Services
- NGOs: New Horizons, Mission Australia, Community Care Northern Beaches (North Shore and Northern Beaches Partners in Recovery) and Primary Care Community Services (Northern Sydney Partners in Recovery)
- Aboriginal and Torres Strait Islander health services including Bungee Bidgel and key community representatives
- Youth services including headspace, Burdekin and Ted Noffs Foundation
- AOD services including Manly Drug Education Counselling Centre (MDECC) and Kedesh
- Homelessness services
- Suicide prevention services including Lifeline H2H and OzHelp
- Peak bodies including NADA (Network of Alcohol & Other Drug Agencies) and NUAA (NSW Users & AIDS Association).

SNHN Mental Health Advisory Committee:

This newly formed advisory committee has held a first meeting and provided consultation relating to the specific tasks of the DoH Mental Health and AOD work and provided feedback and endorsement of the findings of the Mental Health and Drug and Alcohol Initial Needs Assessments but crucially for the development of the Regional Operational Plans for May.

Further development work required:

There will be a requirement to continually update the BNA as the SNHN secures more available data sets, especially from the Local Health District.

Further targeted community consultations will ensure any such commissioned services are fully informed.

Further service needs analysis is required to further inform strategic and intelligent commissioning. This is the case for most areas, but certainly for the area of Alcohol and Drugs as there is limited information available for PHN's at present.

Accessing reliable quantitative data in a timely manner has been a significant challenge in completing the SNHN Baseline Needs Assessment. Negotiations took place with the Local Health District from July 2015 through to early January 2016 relating to the access of LHD data that would contribute to the completion of the Needs Assessment. This process was raised at an Executive level and received subsequent sponsorship which aided the expedition of relevant data from the LHD to the PHN. This has included data relevant to mental health, urgent care and access and health of the elderly. This information, although useful, is still considered incomplete and there are further opportunities to acquire more detailed information, in a more timely and efficient manner that will better assist the PHN to meet strategic and DoH objectives.

There is currently also a lack of consistent and reliable quantitative data from general practice across the PHN region as a whole. Practice Software (PENCAT) has been embedded into general practices during the course of the first establishment year of the PHN and the expectation is that in the future this information source will provide more informed population level based data to further inform strategic commissioning and inform quality improvement targets and activities in general practice.

There have also been challenges accurately identifying and analysing service provision in the region, particularly relating to Alcohol and Other Drugs, which has been confounded by tight time frames. Further analysis work will ensue and will form part of the intended work of the regional Operational Mental Health and Drug and Alcohol Needs Assessments for May 2016.

The PHN portal has certainly been useful. There are two considerations for the department to consider, firstly that SA3 Level data is provided, however PHN's would also benefit from Local Government Areas level data to further inform needs assessments. Also, there is requirement to further advance some of the data sets to include more detail – the Aboriginal and Torres Strait Islander data, for example is very limited.

Completing three separate Needs Assessments for submission to the Department of health on 30th March 2016 has been a challenging and rewarding experience for SNHN. We have been able to capture detailed level information for the newly formed PHN region. The findings of the three needs assessments will inform the SNHN Annual Plan and the two *Regional Operational Plans* for Mental Health and Drug and Alcohol, for submission to DoH in May 2016.

Initial comments to observe are that it has been difficult in securing the right skill set of staff to undertake this process. The market in Population Health is scarce and competitive, but SNHN is confident that we have secured quality staff to undertake these three Needs Assessments and to further develop PHN capacity in further needs assessments.

The SNHN strongly sees these initial needs assessments as the first steps to thoroughly understanding our PHN region. We are fast becoming the experts of our region and there is further work to undertake, in the areas of assuring data availability (with opportunity to develop stronger relationships with the Local Health District) and further understanding the market that will enable SNHN to lead with confident and intelligent strategic commissioning. This is an iterative process and we are confident with the grounding of information secured during the BNA, and the two separate Mental Health and Drug and Alcohol Needs Assessments that we are in a strong position to move to the next stages of planning.

Section 2 – Outcomes of the health needs analysis

This section summarises the findings of the health needs analysis in the table below. For more information refer to Table 1 in '5. Summarising the Findings' in the Needs Assessment Guide on www.health.gov.au/PHN.

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
Population Health - General		
Aboriginal and Torres Strait Islander Health	Limited data on size and health need of SNHN Aboriginal and Torres Strait Islander population. Access to reliable data is required to understand the health need of the local Aboriginal and Torres Strait Islander population. Issues relating to stolen generation, self-identification and access to culturally appropriate services. Requirement to develop more culturally aware and appropriate primary care work force to promote access.	Qualitative: Multiple stakeholders have reported that the proportion of Aboriginal people who self-identify is significantly lower than the actual population. Identified consumers are able to access more tailored health services and supports (i.e. more extensive screening for chronic disease, increased access to chronic disease management care, case management), ongoing regional issues relating to a lack of culturally appropriate services in primary care.
Ageing population	The SNHN 65+ years population has a projected increase of 43.3% by 2031, surpassing the 0-14 population for the first time. The increasing need for aged care services will require improvements in primary and community care, better integration of care, and an increase in home support services.	Quantitative: NSW Department of Environment and Planning (2016). NSW Population, Household and Dwelling Projections, 2014.
Culturally and Linguistically Diverse communities	Health literacy and access were identified as the two main barriers to CaLD communities seeking and receiving medical help. There is a growing Tibetan refugee population within the region with significant and complex health issues.	Quantitative: Compiled by PHIDU (2014) based on the ABS Census 2011 data. Qualitative reports from across the PHN region and from Clinical and Community Councils and from primary and secondary healthcare workforce.

Outcomes of the health needs analysis		
Socio-economic disadvantage	Pockets of socio-economic disadvantage within SNHN region. Further investigation required to determine groups affected by disadvantage and level of health need.	Quantitative: ABS - 2011 Index of Relative Socio-Economic Disadvantage Qualitative: Stakeholder consultation identified a need to understand the socio-economic position of people within the SNHN region, and the impact of that on accessing healthcare. Are people 'asset rich but income poor'?
Population risk factor – alcohol	High rate of alcohol attributable hospitalisations for SNHN residents compared to NSW. Alcohol attributable hospitalisations significantly higher for Manly, Mosman and Lane Cove LGAs.	Quantitative: Centre for Epidemiology and Evidence, NSW Ministry of Health - alcohol attributable hospitalisations, 2013-14. Qualitative: Community consultations identified binge drinking as a major issue in young people, with a significant impact on young adolescents.
Population risk factor – smoking	Whilst population prevalence is low, there are still an estimated 67,000 adults in the SNHN region smoking on a daily basis.	Quantitative: Compiled by PHIDU (2014) based on modelled estimates from the 2011–13 Australian Health Survey.
Population risk factor – obesity	Over 40% of the SNHN population aged 16+ is estimated to be overweight or obese.	Quantitative: NSW Population Health Survey (SAPHaRI), 2013-14. Centre for Epidemiology and Evidence, NSW Ministry of Health.
Population risk factor – physical activity in children	More than seven in ten children in SNHN are not getting enough exercise.	Quantitative: NSW Population Health Survey (SAPHaRI), 2013-14. Centre for Epidemiology and Evidence, NSW Ministry of Health.
At risk children	11,707 children in the SNHN region were living in low income, welfare-dependent families in 2014.	Quantitative: Compiled by PHIDU based on data from the Department of Social Services, June 2014; and the ABS Census 2011.
Disability status	More than 27,000 people in the SNHN region have a severe or profound disability.	Quantitative: Compiled by PHIDU based on the ABS Census 2011 data.
Diabetes status	Approximately 25,000 people in the SNHN region are registered as having type 2 diabetes.	Quantitative: National Diabetes Services Scheme (NDSS), December 2015.
Urgent Care/ After Hours		
Potentially Preventable Hospitalisations	Cellulitis, kidney and UTIs, and dental conditions accounted for 40% of PPHs.	Quantitative: National Health Performance Authority, 2013-14

Outcomes of the health needs analysis		
Emergency department admissions	From July 2010 to June 2014, the majority (58%) of emergency department (ED) attendances in SNHN public hospitals occurred after-hours. In the SNHN region, while absolute numbers were low, most age groups within the Aboriginal-identified population had a higher ED attendance rate than their non-Aboriginal identified counterparts. People in age groups 0 to 4 and 80+ had the highest rate of ED attendance of all age groups.	Quantitative: Northern Sydney 2010-14 ED attendances. Qualitative: Stakeholder consultation highlighted that while cost will be an issue for some patients, others seem to have difficulty in finding out how to access GP services out of hours, so simply go to the hospital ED.
Emergency department admissions	A high number of ED presentations are in categories four and five (approximately 60%). Unable to determine from available data whether categories four and five presentations are appropriate for ED or could be attended to in primary care.	Quantitative: Northern Sydney 2010-14 ED attendances. Qualitative: Stakeholder consultation indicated a high number of emergency department presentations in less urgent triage categories.
Discharge planning from hospital	Concerns around consistency in discharge planning (private hospitals, effective discharge summaries, effective clinical handover models).	Qualitative: Stakeholders reported lack of effective discharge summaries from private hospitals.
Health of the elderly		
Multiple comorbidities	57% of people aged 65+ have three or more chronic conditions. It is projected that there will be an additional 17,000 SNHN residents with three or more chronic conditions by 2025.	Quantitative: Bettering the Evaluation of Care and Health (BEACH), 2014-15
Access to complex aged care system	82% of residents aged 75+ did not receive a health assessment. Successful navigation and access to aged care system critical for SNHN 65+ years population.	Quantitative: MBS services data compiled by PHIDU based on data from the Department of Health and Ageing, 2009/10. Qualitative: Stakeholder consultation highlighted complexities of 65+ years SNHN population navigating and accessing aged care services, particular within a changing system.

Outcomes of the health needs analysis		
Polypharmacy	Antipsychotic prescribing in patients aged 65+ appears high. Further investigation into polypharmacy and prescribing of antipsychotics in people aged 65+.	Quantitative: Australian Atlas of Healthcare Variation - Pharmaceutical Benefits Scheme, 2013-14 Qualitative: Stakeholder consultation highlighted concern over polypharmacy in 65+ population.
Perceived elder abuse	Concerns have been raised on level of elder abuse within the region, however level of abuse is unknown.	Qualitative: Stakeholder consultation and multi-agency advocacy for further investigation to determine level of elder abuse.
Mental Health and Suicide Prevention		
Children & Young People	Concerning rates of high risk behavior, including self-harm, suicidal behaviour and risky alcohol consumption in young people aged 15-24.	Quantitative: Emergency Department presentation data. Qualitative: Stakeholder feedback from youth health and mental health services.
Children & Young People	High prevalence of stress, anxiety and depression in young people in the region.	Quantitative: 15-24 year olds in SNHN have higher use of MBS mental health services compared to NSW and Metro 1 averages. Qualitative: Feedback from community consultations identified academic performance, body image issues, relationship issues and bullying as key sources of stress, anxiety and depression in young people in the region.
Children & Young People	Use of mental health medications amongst young people aged 0-24 is higher than in equivalent metropolitan regions. Of particular note are the high rates of psychostimulant usage in region.	Quantitative: The rate of psychostimulant usage in SNHN is 50% higher than NSW average and more than twice the Metro 1 average. This raises questions of overmedication or lack of alternate sources of treatment. Qualitative: Stakeholder feedback noted concerns around possible over-prescription and over-reliance on medication in addressing ADHD and behavior issues in young people in the region.
Children & Young People	Eating disorders and body image issues.	Key informants noted that young people in the SNHN region have a high rate of body image issues, including body dysmorphia and disordered eating. The prevalence is higher in female youth, however there have been increased observations of muscle dysmorphia in male youth, which correlates with increased observations of steroid use. Disordered eating behaviours are often symptoms of or coping mechanisms for

Outcomes of the health needs analysis		
		stress, depression and anxiety.
Older people	Antipsychotic prescribing rates in people aged 65 and over are high and there is variation across the region.	Quantitative: According to Atlas of Health Variation data, 25% of people aged 65 and over in the region are prescribed antipsychotic medication. In some suburbs this rises to over 32%. Qualitative: Polypharmacy and poorly coordinated medication prescribing was raised as a concern in community consultations – has the potential to contribute to falls and other poor health outcomes.
People with Severe Mental Illness & Complex Needs	People with severe mental illness experience higher rates of poor health.	People with severe mental illness have higher mortality and rates of metabolic syndrome, chronic obstructive pulmonary disease, higher rates of smoking, alcohol and drug use and poorer preventative health behaviour. (National data identified through National Health Survey: Mental Health and co-existing physical health conditions, Australia, 2014-15). Community consultations identified the poor physical health of people with severe mental illness as a key impact on quality of life and barrier to effective recovery and full participation in community life.
Aboriginal and Torres Strait Islander People	Higher rates of psychological distress, psychotic illnesses and higher acuity amongst Aboriginal & Torres Strait Islander people who experience mental illness.	Consultations with Aboriginal health staff indicate that the intergenerational impacts of the Stolen Generations, poor access to preventative health care and higher rates of social disadvantage impact rates of psychological distress amongst the Aboriginal and Torres Strait Islander community. Sporadic treatment as well as alcohol and other drug misuse can exacerbate psychotic symptoms.
Aboriginal and Torres Strait Islander People	Aboriginality is poorly captured by local services.	Multiple stakeholders have reported that the proportion of Aboriginal people who self-identify at health services is significantly lower than the actual population. This is impactful as identified consumers are able to access more tailored health services and supports, including psychological services.
At risk and hard to reach populations	Higher rates of mental health issues including post-traumatic stress disorder, depression, anxiety and stress in CALD population, particularly in humanitarian entrants.	Consultations with staff from multicultural health services highlight mental health issues related to adjusting to a new culture and living situation and grief and loss are reported to impact CALD populations (humanitarian entrants in particular) at a higher rate.
At risk and hard to reach populations	Health literacy and cultural perceptions of mental illness impact help seeking in CALD population.	Consultation with key stakeholders revealed that understandings and perceptions of mental health issues are influenced by culture. Lack of awareness of services,

Outcomes of the health needs analysis		
		shame and fear of discrimination can also act as barriers to help-seeking.
At risk and hard to reach populations	Higher rates of domestic violence reported in families from CALD backgrounds.	Consultations with service providers highlighted hidden alcohol and gambling-fueled domestic violence in families from CaLD backgrounds, not specific to new migrants and refugees. This issue is exacerbated by isolation, poverty, poor awareness of services and limited health literacy.
Suicide prevention	Intentional self-harm is the leading cause of death for young people aged 15-24 in NSW.	Quantitative: Suicidal ideation and self-harm are the leading reasons for mental health-related presentations to SNHN Emergency Departments in people aged 15-24. On average, 1.6 15-19 year olds present to an ED in SNHN every day with self-harm or suicidal thoughts or attempts.
At risk and hard to reach populations	Poor health, untreated mental health issues and high rates of AOD misuse in homeless population.	Consultations with local service providers highlighted the needs of people sleeping rough in the rock caves of Brooklyn. This group of mostly middle-aged men have poorly managed physical health and mental health conditions and many have long standing AOD misuse disorders.
Alcohol and Other Drug Use		
Alcohol consumption	High rates of risky alcohol consumption.	SNHN has a higher rate of alcohol attributable hospitalisations compared to the NSW average. The rate has increased over the past decade. Males in the region have a higher rate of hospitalisations, however, the rates for females are increasing at a more rapid rate.
Alcohol consumption	Binge drinking in young people	Community consultations identified binge drinking as a major issue in young people, with a significant impact on young adolescents. High levels of alcohol consumption amongst young males is viewed as a particular issue on the North Shore and Northern Beaches, with Manly hospital seeing a recent spike in alcohol-related ED presentations. Accessibility, the lack of cost barriers and a culture of permissiveness amongst parents was seen to exacerbate the issue of youth binge drinking.
Steroid use – young people	Steroid use amongst young males	Stakeholder consultations indicate that there is an increasing trend in steroid use amongst body-conscious young males in the region. Reports have indicated that steroids are often used in conjunction with amphetamines and other substances, leading to increasing mental health and behavioural issues.

Outcomes of the health needs analysis		
Ice and polysubstance use	Increasing rates of ice use and polysubstance use in young people.	While alcohol and cannabis remain the key substances of concern for young people in the region, stakeholders report concerns around increasing rates of ice use and polysubstance use.
Alcohol consumption	Concerning rates of risky alcohol consumption in older people.	Consultations with stakeholders revealed concerns around unaddressed rates of risky alcohol consumption in the older population.
Hepatitis C	High rates of Hepatitis C in injecting drug users	Injecting drug users have much higher rates of Hepatitis C than the general population. Untreated Hepatitis C can lead to liver disease. The introduction of new drugs on the PBS has increased the capacity for people to access Hepatitis C treatment through primary care.
Alcohol – At risk and hard to reach groups	Hidden drinking in CALD communities	Community consultations raised concerns about high rates of risky alcohol consumption in SNHN CALD populations. People from CALD backgrounds are less likely to access AOD services or address issues with GPs and health care providers due to shame, limited health literacy and service accessibility.
Physical health and brain damage	Physical health complications and co-occurring brain injury/cognitive impairment associated with AOD misuse.	Long term users of alcohol and other drugs experience higher rates of physical health issues and brain injury/cognitive impairment. This can lead to premature ageing and the need for earlier and more specialised aged care/dementia support.

Section 3 – Outcomes of the service needs analysis

This section summarises the findings of the service needs analysis in the table below. For more information refer to Table 2 in '5. Summarising the Findings' in the Needs Assessment Guide on www.health.gov.au/PHN.

Outcomes of the service needs analysis		
Identified Need	Key Issue	Description of Evidence
Aboriginal and Torres Strait Islander People	Lack of Aboriginal-specific programs, services, facilities in the region and difficulty accessing services.	Qualitative reports from across the PHN region and from Clinical and Community Council and from primary and secondary care healthcare workforce.
Chronic and complex conditions	Difficulty accessing services and managing waitlists for individuals with chronic and complex illness.	Qualitative reports from across the PHN region and from Clinical and Community Council and from primary and secondary care healthcare workforce.
Culturally and Linguistically Diverse populations	Lack of CaLD-specific programs, services, facilities in the region difficulty accessing services.	Qualitative reports from across the PHN region and from Clinical and Community Council and from primary and secondary care healthcare workforce.
Urgent care/ After Hours		
After hours	From July 2010 to June 2014, the majority (58%) of ED attendances in SNHN public hospitals occurred after-hours.	Quantitative: Northern Sydney 2010-14 ED attendances.
Discharge planning from hospital	Concerns around consistency in discharge planning (private hospitals, effective discharge summaries, effective clinical handover models).	Qualitative: Stakeholders reported lack of effective discharge summaries from private hospitals.
Triggers for emergency department admissions	A high number of Emergency Department (ED) presentations are in categories four and five (approx. 60%). Unable to determine from available data whether categories four and five presentations are appropriate for ED or could be attended to in primary care.	Quantitative: Northern Sydney 2010-14 ED attendances. Qualitative: Stakeholder consultation highlighted a high number of emergency department presentations in less urgent triage categories.

Outcomes of the service needs analysis		
Barriers to after hours services	SNHN had the highest average fee charged per service for after-hours GP services across both NSW and Metro 1. The relatively high cost of after-hours GP services in the SNHN region may result in lower utilisation of after-hours GP services.	Medicare Benefits Schedule (MBS) claims 2012/13 to 2014/15.
Health literacy	Health literacy regarding ED usage and alternatives - focus on (CALD, vulnerable populations, populations with poor health outcomes) Long term patterns of high use of ED for low acuity care. Potential issues around knowledge of after-hours services and how to access	Quantitative: Northern Sydney 2010-14 ED attendances. Qualitative: Stakeholder consultation highlighted that while cost will be an issue for some patients, others seem to have difficulty in finding out how to access GP services out of hours, so simply go to the hospital Emergency Department.
Transport access	Significant issues relating to accessible transport across the region. Aboriginal population without cars living in the Northern Beaches and Hornsby area; many need to access specialist services and attend ongoing appointments which are a long distance away but have no means to get there. General population is ageing and not as mobile; elderly people who have lost their driver's license find transport problematic. Lack of adequate and safe bicycle lanes in region. No railway service provided to the Northern Beaches areas.	Reported extensively throughout qualitative consultations with Clinical and Community Councils and with primary and secondary health workforce.
Health of the elderly		
Mental health of the elderly	Further investigation into polypharmacy and prescribing of antipsychotics in people aged 65+ years required.	Quantitative: Australian Atlas of Healthcare Variation - Pharmaceutical Benefits Scheme, 2013-14 Qualitative: Stakeholder consultation highlighted concern over polypharmacy in 65+ populations.
Ageing in the home	Lack of high care services to keep people healthier at home, longer, to prevent premature entry to residential care	Reported extensively throughout qualitative consultations with Clinical and Community Councils and with primary and secondary health workforce.
End of life planning	Insufficient focus on primary care based palliative care services.	Qualitative consultations report: A lot of palliative care work is done by GPs and nurses, not the specialist units. An area currently being explored is palliative care

Outcomes of the service needs analysis		
		for cardiac failure and respiratory problems. Since referral to palliative care requires a GP, it would be beneficial to look at the primary care/GP level for palliative care and referral options.
Care Coordination	A need for consumers/carers to better understand how to access and best to utilise services appropriately.	Reported extensively throughout qualitative consultations with Clinical and Community Councils and with primary and secondary health workforce.
Transition Care	There is only one Transition Care provider and no providers of National Aboriginal and Torres Islander Aged Care or Multi-Purpose Services, representing a potential area for further investigation.	Quantitative: Aged Care Program data, 2015
Mental Health and Suicide Prevention		
Children & Young People Early intervention	Barriers to help seeking behavior.	Young people indicate a preference for informal sources of support when addressing mental health issues, including speaking to friends and family rather than a health practitioner. A proportion of young people, especially young men, prefer to speak to no one about mental health concerns. Health promotion activities in the region are delivered in a fragmented fashion and are not equally distributed across all areas. Promotion and early intervention strategies should be co-designed with young people and delivered in environments where they feel safe and free from judgment.
Children & Young People Access - availability	Lack of services for young people with moderate to severe mental health issues.	Multiple stakeholders report difficulties in obtaining services for young people whose mental health issues are too severe or complex for headspace but do not have a level of acuity that would make them eligible for the LHD Child and Youth Mental Health Services (CYMHS). The ability to provide outreach or in-place, rather than centre-based, support to young people is seen as a key service need.
Children & Young People Early intervention & Service Coordination	Support services for young people are fragmented and poorly coordinated.	The mental health and wellbeing of young people is recognised as a key concern in SNHN. While there are a number of services in the space working to support young people, health promotion activities and mental health interventions appear to be fragmented and unequally distributed across the region. Working with the Department of Education & Training, youth health services and primary care services to coordinate and plan efforts will be essential to promote efficient use of resources.

Outcomes of the service needs analysis		
Children & Young People Access – availability	Limited access to low cost family counselling services.	Engaging parents and the family network is seen as key when supporting children and young people with mental health issues. The availability of low cost family counselling support in Northern Sydney is limited. headspace and Relationships Australia provide some support but their resources are limited. Family counselling is not adequately addressed by ATAPS or Better Access schemes.
Older People Access – availability	Lack of psychological services for older people.	SNHN has an aging population. Older people have distinct needs in terms of psychological support. Life transitions, grief and loss, changing living situations and increasing social isolation are all specific issues that impact people more as they age. Stakeholder feedback has identified having psychologists with special interest and skills in providing services to older people as a key need in addressing the mental health needs of our older population.
Aboriginal & Torres Strait Islander People Access – availability	Lack of Aboriginal-specific programs, services and facilities in the region.	Community consultations indicate that service providers in the region are poor at capturing the Indigenous status of service users. Underreporting of Aboriginal status has translated into lack of identified mental health and community services for Aboriginal and Torres Strait Islander residents of Northern Sydney. There is one Aboriginal-specific GP clinic in the region which operates one day per week and a small team dedicated to Aboriginal Health within NSLHD. Unlike many other regions, NSLHD do not have identified Social and Emotional Wellbeing workers attached to community mental health teams. Many residents choose to travel out of area to access the services of Redfern Aboriginal Medical Service.
Aboriginal & Torres Strait Islander People Access – availability	Insufficient support for Aboriginal young people entering the region for school and university.	Community consultations have indicated a need for young Aboriginal people entering the SNHN region from other parts of the state and country. For many of these young people it's the first time they've lived away from their family and community. Many experience feelings of isolation as well as anxiety and depression related to academic pressure and the stresses of adjusting to a new environment and culture. Some also experience bullying. For some students this has led to self-harm and suicidal behaviour. Schools and boarding houses in the region have struggled to adequately address the mental needs of these young people.
People with Severe Mental Illness & Complex Needs Access - availability	Limited access to psychological services.	Psychological distress is consistently reported as an unmet need by people with severe mental illness. Limited awareness of eligibility for programs like ATAPS acts as a barrier for some people with severe mental illness. The limited number of sessions offered through ATAPS can also be difficult for this cohort. People with

Outcomes of the service needs analysis		
		severe mental illness are more likely to be unemployed or earning a low income so access to private psychological services is often unaffordable. Psychological support often gets prioritized lower than other forms of intervention for this population.
People with Severe Mental Illness & Complex Needs Access - availability	Limited access to bulk billing and affordable medical services.	SNHN has a high supply of GPs and medical practitioners. Compared to other regions, however, there are lower rates of bulk billing medical services and practitioners charge higher gap fees in Northern Sydney. This can act as a barrier to timely and effective physical health care for people with severe mental illness living in the region.
People with Severe Mental Illness & Complex Needs Access - availability	Access to secure and affordable housing.	The supply of public housing in the SNHN region is insufficient. Private housing is too expensive for many people experiencing severe mental illness and complex needs. The lack of available affordable housing acts a key barrier to flow through of community based support services like HASI (Housing and Accommodation Support Initiative). This is becoming an increasingly urgent service gap as the service landscape in the region changes, including the move to transition long-stay inpatients out of Macquarie Hospital through the Pathways to Community Living Project.
At risk and hard to reach populations People who are homeless/in insecure housing	Access to health care services.	People who are experiencing primary or secondary homelessness face additional barriers to accessing physical and mental health care services. Often public mental health services require a fixed address before support services can be allocated. Health care and mental health services that can outreach to this population are seen as a key need.
Suicide Prevention Access - availability	Lack of postvention services for people who have attempted suicide.	People who have attempted suicide in the past are at a high risk of further suicidal behavior and dying by suicide. Services in the region that provide follow up and support for people following a suicide attempt are limited to the services of the public mental health system and phone support offered by Lifeline. Feedback from stakeholders has indicated that this is inadequate to appropriately address the issue of suicide in the region.
Suicide Prevention Early Intervention	Varied understanding of suicide risk factors and effective interventions.	Understanding of the risk factors for suicide and knowledge of effective interventions varies amongst GPs and frontline workers. This translates into people not always getting the right support at the right time. Increasing understanding of suicide risks and prevention strategies will improve the confidence of health care providers in addressing suicide and will improve pathways to effective treatment

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		and care.
People with Severe Mental Illness & Complex Needs Access - availability	Services for people with a diagnosis of borderline personality disorder.	People with a diagnosis of borderline personality disorder are often high service users and tend to use services in a state of crisis. Due to chaotic service use, providers can struggle to provide effective and coordinated support. ATAPS is not always appropriate for this cohort as people with a diagnosis of borderline personality disorder often require longer term and more frequent support. Dialectical Behaviour Therapy (DBT) groups and follow up support were identified as key service needs.
People with Severe Mental Illness & Complex Needs Access – availability; Service coordination	Services for people affected by eating disorders	Services for people in SNHN affected by eating disorders are largely provided by the private sector. Consultations with local service providers identified gaps in service provision and difficulties in information flow between private services, public mental health services and primary care practitioners. NSLHD have recently recruited to an Eating Disorders Liaison position to support health pathways, however this is only one FTE for the whole region.
Low Intensity Services Access – availability	Lack of awareness and understanding of low intensity services.	GP and allied health providers' awareness and understanding of the available low intensity mental health services, including e-mental health solutions, is limited. Some practitioners are aware of programs but use is ad-hoc.
People with severe mental illness and complex needs Access – availability	Limited access to free/low cost therapeutic group support for people outside of public mental health system.	For people in the region who do not receive services through the public mental health services, access to therapeutic groups such as Dialectical Behaviour Therapy (DBT) or Hearing Voices groups is very limited. At present there is only one group support program funded through ATAPS – a parenting support group for new mothers.
People with severe mental illness and complex needs Access – availability	Access to peer and social support.	Social isolation is a commonly experienced unmet need for people living with severe mental illness. Mental health consumers in the region identify access to peer and informal social support as a key service need. Services in the region such as Pioneer Clubhouse provide opportunities for peer and social support, however this is not equally available across the region.
People with severe mental illness and complex needs Access – availability	Lack of bulk-billing private psychiatrists	Short-term programs such as ATAPS cannot always meet the needs of people with severe and persistent mental illness. People in this cohort who are not clients of public mental health services have difficulty accessing affordable and appropriate psychiatric support. While Northern Sydney has a relatively high supply of

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		psychiatrists, many of them do not bulk bill and charge higher than average gap payments.
People with severe mental illness and complex needs Access – availability	Access to employment, education and training	People with severe mental illness and complex needs can have great difficulty accessing training and employment. Disability Employment Services (DES) providers vary in their ability to effectively service this cohort and the way in which DES providers are funded can often act as a disincentive to service people with more complex needs.
People with severe mental illness and complex needs Access – availability	Limited sub-acute mental health services	Sub-acute services, able to provide step-up/step-down support were identified as a key service gap in the region. Having services that could divert people from entering acute in-patient care and provide a graduated step down from acute care to the community could help to improve bed flow in the public mental health system and properly target acute service to those in most need.
People with severe mental illness and complex needs Access – availability	Limited flow-through in psychosocial support services including Personal Helpers and Mentors (PHaMs) and Housing and Accommodation Support Initiative (HASI).	There are funded PHaMs and HASI services in the region, providing essential psychosocial support services, however their capacity is limited. Community consultations report long wait lists and poor flow through.
People with severe mental illness and complex needs/At risk & hard to reach groups Access – availability; Service coordination	Well informed, connected and welcoming primary care and allied health services.	People with severe mental illness have different support needs than the general population. People with severe mental illness have poorer health outcomes due to lifestyle and the impacts of psychotropic medication. Many people in this cohort experience barriers to accessing care including; long waiting times, GPs' ability to provide longer appointments and GP attitudes to and understanding of severe mental illness. GPs and allied health professionals having limited awareness of appropriate support services and programs in the region can also act as a barrier to effective coordination of support.
People with severe mental illness and complex needs Access - availability	Insufficient availability of services to address hoarding and squalor.	While there are some services in the region that provide support for hoarding and squalor issues, demand for this support outstrips supply. Hoarding and squalor are issues which impact people with severe mental illness at a disproportionate rate. Effective support requires cooperation from housing services, health services, psychological support services and agencies able to provide physical intervention (i.e. clean ups).
People with severe mental illness and complex needs	Difficulty using Mental Health Line	Both consumers and service providers report difficulties using the Mental Health Line to access timely support. Long hold times and the lack of capacity to provide

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Access – availability		effective brief interventions are cited as key issues.
People with severe mental illness and complex needs	Transitions between primary care and acute care	Effective collaboration and information sharing between primary care services and acute hospital care services was cited by a number of stakeholders as a barrier to effective treatment for people with severe mental illness and complex needs. The provision of timely and accurate discharge summaries, in particular, was identified as a key gap.
Low Intensity Services Older people	Lack of early intervention programs for older people.	Community consultations indicated that while there are group programs and initiatives focused on preventing illness and injury in older people (e.g. Stepping On programs to reduce falls risk), there are few devoted to improving the mental health and wellbeing of older people in the region. Group programs focused on staying mentally healthy, coping with life transitions, building resilience and reducing social isolation would fill an identified gap and potentially prevent the need for more intensive services.
Alcohol and Other Drug Use		
Access – availability	Undersupply of detox beds relative to need.	SNHN has access to 11 voluntary and four involuntary detox beds, operated by NSLHD. These are statewide services and frequently operate at capacity. Many residential rehabilitation program require people to detox before they can access.
Access - availability	Increased capacity needed for home and ambulatory detox services.	Given the paucity of detox beds in the region, community stakeholders have identified the need to increase the capacity of GPs and LHD services to provide home and ambulatory detox services. Currently there are few GPs in the region adequately trained and willing to provide home detox support.
Access – availability	Undersupply of residential rehabilitation beds.	Kedesh Rehabilitation Services provide 10 residential rehabilitation beds for people aged 18 years and over. This is the entirety of the supply in the SNHN region. Demand for placement outstrips supply and people seeking residential rehabilitation either face long wait times or travel out of area to access support. This acts as a barrier to people obtaining support for AOD misuse disorders. Across NSW, it is estimated that there are 700 fewer rehabilitation beds than required.

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Access – availability	No youth-specific residential rehabilitation services.	There are no residential rehabilitation facilities servicing people under the age of 18 in SNHN. Young people seeking residential rehabilitation face travelling out of area, away from family, friends and regular health care providers and long waiting times for support.
Access – availability	Services have limited capacity to provide AOD support outside of business hours.	Owing to funding constraints, most non-residential AOD services in the region only provide service during business hours. This makes access to specialist support difficult for people who attend work or education and for the families of people receiving AOD treatment.
Access – availability	No Aboriginal and Torres Strait Islander-specific drug and alcohol services.	There are no services for people seeking Aboriginal-specific support in SNHN region. People seeking Aboriginal-specific AOD support are required to travel out of area. There is a small Aboriginal Health Team within Northern Sydney LHD, however their capacity is limited. People seeking Aboriginal-specific residential rehabilitation services are required to travel to the Central Coast or South Coast of NSW.
Access – availability; Service coordination	Poor coordination between detox and availability of residential rehabilitation.	The mismatch in availability of detox and residential rehabilitation beds complicates service access. People seeking to access residential rehabilitation are often required to go through detox first. This creates delays in accessing treatment and can serve to diminish peoples' willingness to pursue rehabilitation.
Access – availability; Service coordination	Poor access to physical health services for people with AOD misuse disorders.	People who are longtime users of alcohol or other drugs often have poor physical health. Stakeholders report difficulties in accessing primary health care for people with AOD misuse disorders.
Access – availability; Service coordination	Lack of services skilled in addressing co-occurring AOD and mental health issues.	There is a high rate of co-occurrence between AOD disorders and mental health issues. While the AOD services in the region receiving state funding are required to service people with co-occurring AOD and mental health issues, stakeholder reports highlighted the need for the wider service sector to respond better to people with co-morbid conditions. Many services address one issue to the exclusion of the other.
Access – availability; Service coordination	Residential Aged Care Facilities poorly equipped to meet needs of older people with AOD misuse issues.	People with long term AOD misuse disorders often present with more chronic health conditions and earlier onset of cognitive decline. Stakeholder feedback highlighted that few RACFs are adequately equipped to meet the needs of older people with AOD misuse issues.
Access - availability	Lack of sub-acute or transitional rehabilitation services.	Availability of residential facilities that could support stepped or graduated transition out of rehabilitation and into the community was a service gap cited by

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		numerous stakeholders. Service models like the Bourke Street Project in South Eastern Sydney which provides longer term accommodation and living skills support were highlighted as ideal models.
Service coordination	Hepatitis C management training for GPs	With the introduction of new drugs available under the PBS, the capacity for GP treatment of Hepatitis C has increased greatly. Stakeholders have indicated that more information, training and support is required for Northern Sydney GPs to increase their skills and confidence in managing Hepatitis C.
Access - availability	Limited number of methadone-prescribing GPs in the region	The limited number of methadone prescribing GPs in SNHN was identified by stakeholders as a barrier to treatment for people with opioid dependence disorders. The only other option for people in the region seeking opioid treatment is to access one of the two Opioid Treatment clinics operated by the LHD. These are located in Manly and St Leonards and are not accessible for everyone in the region.