phn SOUTH EASTERN NSW

An Australian Government Initiative

Needs Assessment 2022/23-2024/25

Submitted November 2021

Needs Assessment - Main Draft

Population Health Planning & Insights

1. Narrative

Our process

The South Eastern NSW PHN (SENSWPHN) has taken a pragmatic approach to undertake this revised Needs Assessment. This body of work continues the ongoing and comprehensive population health needs analysis and service gaps assessment that the PHN has been undertaking and continuously building on since the inception of the PHN program. This needs assessment has incorporated a refreshed approach to review and incorporate the latest quantitative data from several topics and sources, alongside a more holistic thematic analysis of qualitative data collated and sourced in recent years from ongoing stakeholder consultation, community and consumer inputs, specific expert opinions and insights from the regular monitoring, review and evaluation of commissioned services and other SENSWPHN facilitated or managed programs and initiatives.

Through a dedicated team of professionals within the Strategy and Performance team; supported by the executive tier as well as the relevant governance layers of the organisation, SENSWPHN manages the ongoing and regular assessment of needs and analysis and interrogation of latest data-driven evidence as part of the continuous and ongoing assessment of needs as a routine process. The organisation has several robust mechanisms of collating and analysing a very wide range of quantitative and qualitative data, undertaken by a dedicated team comprised of very diverse and complementary skillsets including but not limited to epidemiological expertise, health planning and reporting specialists along with strategic critical thinkers that support a robust, fit-for-purpose and actionable assessment of regional needs in a structured and methodical way.

The key analytical pillar of SENSWPHN's needs assessment is the **Population Health Profile**; which is a detailed report that accurately and comprehensively quantifies several key variables that are estimated to be pivotal in understanding the relative health needs of the resident population of SENSWPHN. The detailed critical summarisation of this document remains the initial step in undertaking data-driven and evidence-based health service planning for the catchment. This **Population Health Profile** is an ongoing and continuous body of evidence which is updated with more recent information and figures, as and when sourced and adapted from various reliable sources of data and is made publicly available by SENSWPHN here.

Additionally bespoke Information Snapshots were also prepared as supplements for this needs assessment for key strategic topics including mental health including suicide prevention; alcohol and other drugs and summary insights on chronic conditions including health risk factors. These supplements include analytical information summaries such as service location and availability mapping; insights from service utilisation and outputs from PHN commissioned services and summary inferences from other national/state level data where local data was not available; among others. The summary inferences from these supplements related to mental health including suicide prevention; and alcohol and other drugs were discussed with relevant staff and teams within the organisation in 2 dedicated workshops to ensure no business-critical information gaps were left unexamined. After further refinement of the supplement snapshots based on workshop inputs, the summarised conclusions from these supplements were appended to the holistic summary insights from the Population Health Profile and other information assets to form the evidence backbone of the needs assessment (as outlined in the Health Needs and Service Needs Summary Tables in this report).

And lastly in a conceptual triangulation process, all the aforementioned quantitative information was complemented with a refreshed mechanism of collating and exploring qualitative analysis of a

wide range of consultation and/or feedback and/or expert opinion data obtained from multiple sources. This new method (of collating a **Planning Journal** report) has enabled the examination of all qualitative input into one thematically analysed and coded master list that now forms the baseline for ongoing updates making SENSWPH's population health and activity planning evidence base more robust and as comprehensive as feasible without losing any historic knowledge.

To develop a list of priorities, the Strategy and Performance team in SENSWPHN systematically worked through all of the identified needs, as well as the key issues and themes identified through the above-mentioned process. The priorities of the previous year's needs assessment were reconsidered and retained as relevant, along with the addition of new priorities based on identified needs. A strategic planning meeting was held at the executive level of SENSWPHN along with obtainment of structured inputs on the priorities from the following governance layers by utilising the regular already established engagement arrangements with: -

- Clinical Councils,
- Community Advisory Committee,
- Aboriginal Health CEOs Advisory Group (comprising CEOs of the Aboriginal Community Controlled Health Organisations in the region),
- Strategic Alliance with both Local Health Districts within the catchment, and
- NSW Rural Doctors Network.

These confirmatory stakeholder inputs discovered through day-to-day gathering of intelligence as per usual meetings and regular liaison established by the organisation were summarised; while noting that not all priorities would necessarily translate into activities within the Activity Work Plan.

The Strategy and Performance team captured all information from the above processes into the preliminary draft of this needs assessment report which were then reviewed by SENSPWHN Chief Executive Officer and Board to be then considered as the updated Needs Assessment for submission to the Department of Health (DoH).

After the submission has been concluded the Strategy and Performance team at SENSWPHN will continue the ongoing cycle of assessing latest data and information and coordinating and/or undertaking stakeholder and community consultations to ongoingly make the information and evidence base for PHN planning richer and more comprehensive. It is estimated that alongside regular updates of key information assets such as the Population Health Profile; the team will keep collating and synthesising new evidence into planning insights and continually make annual updates to the needs assessment to stay as data/evidence informed in guiding all activity planning and service commissioning decisions of the PHN.

Our key data needs and gaps

We have attempted to incorporate a large volume of health service and epidemiological quantitative data as well as qualitative evidence to determine the priorities for our catchment; however, a few key data gaps need to be mentioned and acknowledged: -

- While most of the data used in this needs assessment has been sourced from several reliable sources; for many key indicators, the data at granular geographic levels was either unavailable or not published. This is partly due to privacy and confidentiality aspects of the relevant data but the lack of data for some very useful yet hard to capture issues is also a significant contributor to this data gap. Examples of these include data on mental health

consumer perceptions and experiences, mental health outcomes data and drug and alcohol local prevalence and service activity data
- Data for Aboriginal health service outputs and outcomes at useful geographic level for critical needs and service gaps assessment is still lacking. An example of this is the nKPI and OSR data for Aboriginal Community Controlled Health Organizations (ACCHOs) where no data provision to PHNs is established and hence PHNs are unable to do a comprehensive service gaps analysis for the Aboriginal population's health needs
- Poor access to national or state minimum data sets such as Drug and Alcohol needs and service utlisation data – In the absence of a PHN accessible / mandated minimum data set PHNs find it hard and inconvenient to undertake detailed analysis of service gaps within the alcohol and other drugs sector. National minimum data sets maintained by AIHW are not made available to PHNs at granular geographic levels
- The next level of service mapping including workforce-based capacity mapping, skill/service offering-based capacity mapping and accessibility mapping remains a gap. While national evidence bases such as *healthdirect* managed service directory and DoH managed *Heads Upp* are available they still do not address the critical next steps of service gaps analysis. This needs wider national and collaborative PHN level investigation and solution finding
- The timeliness of release for key data assets such as Medicare service utilisation data and national health workforce data remains a key issue. The time lag results in PHNs using historic / a little outdated data and using that as a guiding assumption rather than work on more time relevant local data to investigate health needs and make service commissioning and program monitoring decisions.

Our comments or feedback

Through undertaking this needs assessment process, SENSWPHN has refreshed most of its evidence base for all activity planning and decision making with latest evidence but more critically has managed to get executive and organisational governance layer attention to the vastly detailed task of data collation, analysis, information synthesis and insight summarisation.

The revised approach to qualitative data collation and thematic analysis has helped the SENSWPHN staff (beyond the Strategy and Performance Team) to reflect on the already existing wide body of evidence that tells a consistent story to complement the quantitative data insights and establish consistent triangulation of health needs. It has therefore negated the need to undertake any repetitive community and/or stakeholder consultation work that would have proven analytically redundant. SENSWPHN have found this to have significant helped in working towards realistic expectations and manage needs assessments in relatively well-managed time and human resourcing.

A few key new approaches were also identified which have now been established as business-as-usual process for the planning and insights generation functions of the SENSWPHN. These approaches will continue to be made more robust and are expected to assist in making the needs assessment a regular, ongoing process to deliver a growing and continuously improving evidence base for planning and decision making at SENSWPHN.

2. Overview

The South Eastern New South Wales Primary Health Network (SENSWPHN) catchment is a large geographic area (as outlined in SENSWPHN's Population Health Profile[i]) which can be explored as following **breakdowns**

- The **catchment** – entire SENSWPHN geographic landmass
- 12 **regions** – 11 Local Government Areas (LGAs) and 1 Commonwealth Territory / Unincorporated Other Territory (OT)
- 10 substantial **areas** – 10 Statistical Area Level 3 (SA3) areas
- 2 health administrative **boundaries** – 2 Local Health Districts (LHDs)
- 62 substantial **smaller areas** – 62 Statistical Local Area Level 2 (SA2) areas
- 38 substantial health reporting smaller areas – 38 Population Health Areas (**PHAs**)

3. Health Needs Summary

Identified Need	Key Issue	Description of Evidence	Evidence Source
Aboriginal Health	Housing circumstances for Aboriginal persons	There is higher level of over-crowding within Aboriginal households within all regions of the catchment compared to non-Indigenous households	Population Health Profile[i]
Aboriginal Health	High levels socio-economic disadvantage for Aboriginal persons compared to non-Indigenous persons	The socio-economic disparity between Aboriginal and non-Indigenous persons and/or households is quite wide within the catchment. Across all indicators such as unemployment, low levels of education, low income, lack of internet in households, no motor vehicles within dwellings; and living in multiple family households; the rates for Aboriginal persons and/or households is higher than non-Indigenous rates in the catchment	Population Health Profile[i]
Aboriginal Health	Relatively poor figures for (some) maternal health indicators	Maternal and child health metrics show some gross disparities between the Aboriginal population and the non-Indigenous populations. • Lower proportion of Aboriginal mothers are reported to attend antenatal visits at the best recommended timeliness during pregnancy • Higher proportion of low birth weight babies are born to Aboriginal mothers • Higher proportion of preterm births occur within Aboriginal mothers • A very significantly high proportion of Aboriginal mothers are reported to be smoking during pregnancy	Population Health Profile[i]
Aboriginal Health	High rates of alcohol and other drug use among Aboriginal persons	Nationally in Australia the latest figures suggest that • The prevalence of smoking for Indigenous people declined from 55% in 1994 to 43% in 2018–19 • While the proportion of Indigenous Australians who consume alcohol at levels that exceed lifetime risk guidelines has decreased overall since 2008, this proportion increased from 14.7% in 2014 to 18.4% in 2018–19 • In 2019, 23% of Indigenous Australians had used an illicit drug in the last 12 months. This was 1.4 times higher than for non-Indigenous Australians (16.6%) • In 2019, 15.5% of Indigenous Australians reported recent use of cannabis and 7.7% reported recent use of pharmaceuticals for non-medical purposes	Needs Assessment Snapshot for Alcohol and Other Drugs[ii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
		• In 2011, tobacco use accounted for 12% of the burden of disease for Indigenous Australians. This accounts for 23.3% of the health gap between Indigenous and non-Indigenous Australians	
Aboriginal Health	High rates of alcohol and other drug use among Aboriginal persons	• Grief, loss, and trauma are contributing factors to problematic drug and alcohol use. • The impact of past government policies and practices has resulted in loss of land, language, culture, family and identity compounding grief, loss, and intergenerational trauma for many Aboriginal and Torres Strait Islander people. • Community members report increasing concerns with methamphetamine use amongst youth and adults and concerns about the far-reaching impacts on families and communities. • Community members report that methamphetamine is becoming easier to acquire • As a result of problematic drug use Aboriginal people are also experiencing a range of complex issues and health needs such as homelessness, family break-down, unemployment, social and emotional well-being issues, interaction with the judicial system and chronic disease. • Social exposure to triggers (i.e. family member drug use): Lack of positive role-models • High rates of dual diagnosis	Planning Journal Summary[iii]
Aboriginal Health	Significantly high rates of suicide among Aboriginal persons	Nationally in Australia the latest figures suggest that suicide is the fifth leading cause of death for Aboriginal and Torres Strait Islander people; but is the second leading cause of death for Aboriginal and Torres Strait Islander males. The suicide death rates among Aboriginal persons is more than twice the rates in the non-Indigenous population. While local catchment specific figures are not available by Aboriginality, given the relatively large Aboriginal population of the catchment the national figures are used as suggestive of similar needs in the catchment.	Suicide Snapshot[iv]
Aboriginal Health	High prevalence of chronic conditions	While SENSWPHN catchment specific data is not publicly available, using NSW state data it is noted that	Population Health Profile[i]

Identified Need	Key Issue	Description of Evidence	Evidence Source
	and lifestyle risk factors	• Aboriginal persons were 1.2 times more likely to be overweight or obese than non-Aboriginal adults in NSW • Aboriginal persons were 1.4 times more likely to have high or very high levels of psychological distress than non-Aboriginal adults in NSW • Aboriginal persons were almost 2.1 times more likely to be current smokers than non-Aboriginal adults in NSW • Aboriginal population in NSW was estimated to have a higher prevalence of most major long-term chronic conditions such as diabetes, and asthma among several others	
Aboriginal Health	High proportion of Aboriginal population	4.2% of the catchment population identifies as Aboriginal and/or Torres Strait Islander (hereafter termed as Aboriginal) persons. For the regions of Eurobodalla and Shoalhaven this figure is over 6%. These are higher than the NSW and Australian national figures of 3.4% and 3.3% respectively	Population Health Profile[i]
Alcohol and Other Drugs	High portion of alcohol and other drug related offences	Crime rates for some selected crime types are higher than NSW state figures within some regions. From a health needs perspective higher than state rates for the crime types of - possession and/or use of cannabis; and domestic violence related assault are concerning for several regions of the catchment	Population Health Profile[i]
Alcohol and Other Drugs	High prevalence of lifestyle risk factors related to alcohol and other drugs	The catchment has worse than NSW state figures for the prevalence of several key behavioural and bio-medical health risk factors • Alcohol consumption posing short-term risk to health • Alcohol consumption posing long-term risk to health • Current smoking Risky alcohol consumption rates are very high for the regions of Bega Valley and Snowy Monaro Regional.	Population Health Profile[i]
Alcohol and Other Drugs	Key needs of certain vulnerable cohorts such as persons experiencing homelessness	While data specific to the catchment and its regions is not comprehensively available; but national data suggests that for people experiencing homelessness • There is a strong association between problematic drug and/or alcohol use and experiences of homelessness • In 2019–20, 10% of clients of specialist homelessness services (SHS) reported having problematic drug and/or alcohol use	Needs Assessment Snapshot for Alcohol and Other Drugs[ii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
		• Three-quarters (75%) of SHS clients with problematic drug and/or alcohol use were returning clients in 2019–20 • In 2019–20, 6% of SHS clients sought assistance for problematic drug use and 3% sought assistance for problematic alcohol use • In 2019–20, 44% of SHS clients with problematic drug and/or alcohol use also reported a current mental health issue	
Alcohol and Other Drugs	Key needs of certain vulnerable cohorts such as younger persons	While data specific to the catchment and its regions is not comprehensively available; but national data suggests that for younger persons • The daily smoking rate more than halved between 2001 and 2019 for both males (24.5% to 10.0%) and females (23.5% to 8.5%) aged 18 to 24 • The age of initiation increased between 2001 to 2019 for tobacco smoking (from 14.3 to 16.6) and alcohol consumption (from 14.7 to 16.2) • From 2016 to 2019, there has been an increase in the proportion of people aged 18–24 who have used e-cigarettes in their lifetime (from 19.1% to 26%) • In 2019, 41% of young adults aged 18–24 exceeded the single occasion risk guidelines by consuming on average more than 4 standard drinks on one occasion • There has been a reduction in the proportion of young adults aged 18–24 who have recently used any illicit drug (from 37% in 2001 to 31% in 2019)	Needs Assessment Snapshot for Alcohol and Other Drugs[ii]
Alcohol and Other Drugs	Key needs of certain vulnerable cohorts such as culturally and linguistically diverse (CALD) persons	While data specific to the catchment and its regions is not comprehensively available; but national data suggests that for culturally and linguistically diverse (CALD) persons • People from CALD backgrounds (84%) are more likely to report never smoking compared with those whose primary language spoken at home is English (60%) • Compared with primary English speakers, people from CALD backgrounds were more likely to abstain from alcohol (53% compared with 19.2%) and less likely to have recently used illicit drugs (6.4% compared with 18.7%) • Cannabis is the most commonly used drug among people from CALD backgrounds	Needs Assessment Snapshot for Alcohol and Other Drugs[ii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
Alcohol and Other Drugs	Key needs of certain vulnerable cohorts such as persons in the criminal justice system	While data specific to the catchment and its regions is not comprehensively available; but national data suggests that for persons within the criminal justice system • The consumption of alcohol and other drugs remains more prevalent among people in contact with the criminal justice system than the general population • Prison entrants in 2018 were more likely than the general population to be non-drinkers, however those who did drink were more likely to drink at high risk levels than people in the general community • In 2018, more than two-thirds (67%) of prison entrants smoked tobacco daily • Two-thirds (65%) of prison entrants in 2018 reported using illicit drugs in the 12 months before incarceration • In 2019, 33% of police detainees indicated that illicit drug use contributed to their offending • Over three-quarters (78%) of police detainees who provided a urine sample in 2019 tested positive for at least one drug type	Needs Assessment Snapshot for Alcohol and Other Drugs[ii]
Alcohol and Other Drugs	Key needs of certain vulnerable cohorts such as persons identifying as lesbian, gay, bisexual, transgender, intersex or queer	While data specific to the catchment and its regions is not comprehensively available; but national data suggests that for persons identifying as lesbian, gay, bisexual, transgender, intersex or queer • From 2010 to 2019, the proportion of people who identify as homosexual or bisexual who smoke daily declined from 28% to 16.0% • Risky alcohol consumption for people identifying as homosexual or bisexual declined between 2010 and 2019 • 40% of people identifying as homosexual or bisexual recently used any illicit drug in 2019. This has remained relatively stable since 2010 (36%)	Needs Assessment Snapshot for Alcohol and Other Drugs[ii]
Alcohol and Other Drugs	Key needs of certain vulnerable cohorts such as persons who inject drugs (PWID)	While data specific to the catchment and its regions is not comprehensively available; but national data suggests that for persons who inject drugs • In 2019, 1.5% of the population aged 14 and over reported injecting a drug in their lifetime	Needs Assessment Snapshot for Alcohol and Other Drugs[ii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
		• In 2019, 0.3% of the population aged 14 and over reported injecting a drug in the past year • In 2020, 46% of people who inject drugs (PWID) reported that heroin was the drug they injected most often in the last month, and 41% said they most often injected methamphetamine • People who inject drugs experience considerably poorer health outcomes than others who use drugs • Between 2015 and 2019, the prevalence of HIV among PWID remained low and stable (1.7% to 2.3%) • In 2019, 45% of PWID had been exposed to hepatitis C, a decline since 2015 when it was 57%, and the lowest level since data were collected in 1995	
Alcohol and Other Drugs	High prevalence of lifestyle risk factors in relation to alcohol and other drugs	• Provider feedback indicates multiple drug use is common and challenging to treat • Treating staff indicate that many people in the Connections program (Justice Health) use amphetamines as well as other drugs and / or alcohol, although no data was available. • Providers report alcohol use disorders are the primary presenting problem for many service providers however, many are also using other drugs problematically. • Providers indicate methamphetamine use is on the rise and has more acute consequences in the community • High rates of cannabis use, both as primary drug problem and as a secondary problem to another disorder. • Lack of regional data available • Inter-generational effects of drug and alcohol use and dependence make treatment challenging • Self-medicating with pharmaceuticals (prescription and non- prescription) and illicit drugs to help 'come-down' from amphetamine / ecstasy / cocaine high is cause for concern and contributes to poly drug use	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
Alcohol and Other Drugs	Perception that substance use issues have exacerbated following unprecedented events (the 2019/20 Bushfires)	• Across Bega Valley, Eurobodalla, Queanbeyan-Palerang, Shoalhaven and Snowy Monaro region, community consultation identified an overall belief that there is an issue with substance abuse in these regions with the recent bushfires and COVID-19 pandemic exacerbating the issue. • Alcohol, methamphetamines, and prescription medication were identified as substances of concern	Planning Journal Summary[iii]
Chronic Conditions and Health Risk Factors	High prevalence of lifestyle risk factors across the catchment	The catchment has worse than NSW state figures for the prevalence of several key behavioural and bio-medical health risk factors • Alcohol consumption posing short-term risk to health • Alcohol consumption posing long-term risk to health • Current smoking • Obese • Overweight • Adults that are either overweight or obese • High or very high psychological distress • Recommended daily consumption of vegetables • Recommended daily consumption of fruits	Population Health Profile[i]
Chronic Conditions and Health Risk Factors	Significant variation in prevalence of lifestyle chronic conditions and risk factors within smaller areas	A bespoke analytical exercise to review prevalence of chronic conditions and key risk factors was undertaken. A relative comparison with all smaller areas in the country reveals that the smaller areas of the catchment have significant variability within the areas as well as within respective metrics. It also outlines key hot-spots for respective metrics which are diverse and while somewhat consistent, they do have some level of wide variability too. Therefore interventions and service delivery options must be thoroughly planned to be regionally tailored and specific geographic areas must be targeted / prioritised for the exact condition or topic of focus.	Needs Assessment Insights Based on the Population Health Profile[v]
Chronic Conditions and Health Risk Factors	Several regions with high prevalence of chronic disease across the catchment	Granular and recent estimates of primary care data-based prevalence (age standardised rates have been examined for relative comparisons across areas) impact of chronic conditions and health risk factors for the catchment reveals the	SPDS Insight Series[vi]

Identified Need	Key Issue	Description of Evidence	Evidence Source
		areas of highest prevalence within the population accessing primary care services: - • Cardiovascular disease – Highest prevalence in the Goulburn-Mulwaree area • Diabetes - Highest prevalence in the Dapto-Port Kembla area • Mental health conditions – Highest prevalence in the Kiama-Shellharbour area • Musculoskeletal diseases - Highest prevalence in the Goulburn-Mulwaree area • Renal conditions - Highest prevalence in the Shoalhaven area • Respiratory conditions - Highest prevalence in the Kiama-Shellharbour area • Current smoking - Highest prevalence in the South Coast area • Hyperlipidaemia - Highest prevalence in the Goulburn Mulwaree area • Obesity - Highest prevalence in the Young-Yass and the Goulburn-Mulwaree area • Overweight - Highest prevalence in the Wollongong and Kiama-Shellharbour area	
Chronic Conditions and Health Risk Factors	High rates of deaths from chronic conditions including premature mortality	Chronic conditions including cancer form the top causes of death in the catchment with Coronary heart disease, Dementia including Alzheimer's disease and cerebrovascular disease, lung cancer, COPD and colorectal cancer being the top 5 causes of crude number of deaths for the catchment. The Eurobodalla region has the highest rate of premature deaths while Goulburn-Mulwaree region has the highest rates for potentially avoidable deaths within the catchment; both undoubtedly having chronic conditions as a substantial contributor	Population Health Profile[i]
Chronic Conditions and Health Risk Factors	High self-reported prevalence of chronic conditions	In community consultation, respondents reported on their health and disease status: • The highest self-report disease prevalence was identified for mental health disorders in the form of depression and anxiety disorders, followed by asthma, high cholesterol, and hypertension	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
		• Many have had experience managing both multiple health conditions and medications, with most reporting that they or someone they care for has two or three ongoing health conditions and they or someone they care for takes five or more prescription medications to manage their health	
Chronic Conditions and Health Risk Factors	Low levels of confidence for healthy lifestyle habits	• Low levels of confidence for adequate fruit and vegetable consumption was reported in some pockets of the catchment (Shellharbour LGA) • Low levels of confidence for not smoking and regular exercise was reported in some pockets of the catchment (Shoalhaven LGA including Jervis Bay Territory)	Planning Journal Summary[iii]
Chronic Conditions and Health Risk Factors	Prevalence of respiratory conditions in children	Respiratory conditions such as asthma, COPD and bronchitis were reported by respondents in community consultations to be the single largest group of health conditions to be prevalent within their children/dependent young persons.	Planning Journal Summary[iii]
Cultural and Linguistic Diversity	Cultural and linguistic barriers to accessing health care	A high proportion of the population in the regions of Queanbeyan-Palerang Regional and Wollongong respectively are estimated to be born in non-English speaking nations. In these 2 regions a high percentage of people speak a language other than English at home. This culturally and linguistically diverse population also includes a substantial number of persons identifying as having poor English language proficiency	Population Health Profile[i]
Demographic Diversity	Diversity that can pose challenges to service planning and distribution	The catchment has both very densely populated regions and some very sparsely populated regions, which creates a diversity challenge for health and service planning	Population Health Profile[i]
Disability	High prevalence of profound or severe disability	A substantial proportion of the catchment's population are identified as having severe or profound disability. The Eurobodalla and Shoalhaven regions have very high proportions of the population estimated to have significant disability. The figures are very high for the older cohort of the population with regions like Shellharbour and Wollongong having over 20% of the persons aged 65 years and over, identifying as having severe disability	Population Health Profile[i]
Disaster Preparedness and	Unprecedented events leading to new needs and/or	The bushfires of 2019-20 affected the catchment significantly with almost 2000 houses affected (damaged or destroyed) during this natural disaster. As per October 2020 estimates, the southern parts of the catchment was estimated to	Needs Assessment Snapshot for Mental

Identified Need	Key Issue	Description of Evidence	Evidence Source
Emergency Response	exacerbate existing needs	have low to moderate levels of community resilience. Additionally, it can be reasonably assumed that the bushfires will have negative effects on several other aspects of life for the resident community such as individual and family mental health and well-being as well as other social and emotional impacts that cannot yet be quantified. The long-term impacts of this natural disaster need to be acknowledged and well considered in other priorities and bodies of work too. Till end of Oct 2021, there were a total of 2,405 cases in the Illawarra Shoalhaven boundary and 424 cases in the Southern NSW boundary (including all forms of locally acquired transmission) of Covid-19 recorded within residents of the catchment. The majority of Illawarra has been regarded as part of Greater Sydney, hence has been additionally burdened by several lockdowns and restrictions based on the Jul-Sep 2021 outbreak of Covid-19 in Sydney. This is estimated to have significant social, economic and health implications and poor outcomes for residents of the catchment especially many vulnerable cohorts.	Health[vii] and STAR - Covid[viii]
End of Life care, Ageing and Frailty	Ageing population	The overall population structure is indicative of an older/ ageing population. 20.2% of the population is aged 65 years and over with the figure being over 26% in Bega Valley and Shoalhaven and well over 30% for Eurobodalla. Regions of Bega Valley and Eurobodalla have an estimated median age of over 51 years	Population Health Profile[i]
End of Life care, Ageing and Frailty	Ageing population	The population projections indicate an estimated 33% growth in persons aged 65 and over by 2026 with the projection figure being around 45% and over 65% for some regions	Population Health Profile[i]
End of Life care, Ageing and Frailty	Ageing population	Dementia including Alzheimer disease continues to be the 2nd leading cause of death for the catchment. Rates are higher than NSW state and Australian national figures but some regions have very high rates	Population Health Profile[i]
End of Life care, Ageing and Frailty	Lack of end-of-life planning among consumers	• Community surveys identified that many consumers have not discussed an advance care plan with their GP and of those who had, they said they had initiated the conversation themselves. • Many consumers have not made any formal (written) arrangements or feel uncomfortable about end-of-life conversations.	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
Mental Health and Suicide Prevention	High rates of mental and behavioural problems and psychological distress	The catchment has higher than NSW state and national rates of prevalence of some form of long term mental or behavioural problems. The catchment residents are reported to be experiencing high or very high levels of psychological distress at rates that are substantially higher than NSW state and national prevalence figures Latest figures on prevalence of long-term mental health conditions (as mentioned earlier in this table) show very high prevalence in the Kiama-Shellharbour area	Population Health Profile[i] and SPDS Insight Series[vi]
Mental Health and Suicide Prevention	Community resilience impacts from recent natural disasters	The bushfires of 2019-20 affected the catchment significantly with almost 2000 houses affected (damaged or destroyed) during this natural disaster. As per October 2020 estimates, the southern parts of the catchment was estimated to have low to moderate levels of community resilience, with smaller areas of and around Batemans Bay, Narooma-Bermagui and Eden particularly lower levels of community resilience. While the direct impacts of the bushfires are estimated to have grave impacts on mental health and well-being of the community; the low resilience and coping capacity is estimated to aggravate / complicate existing mental health problems and lead to heightened severity of what may have been moderate level concerns prior to the disaster.	Needs Assessment Snapshot for Mental Health[vii]
Mental Health and Suicide Prevention	High suicide death rates	Recent years show an increasing trend in suicide death rates for the catchment. In particular the rise in rates for the Illawarra Shoalhaven region is quite alarming with latest available 2019 rates placing the Illawarra Shoalhaven as the 3rd highest rates among all reported boundaries in NSW state. In a more granular yet longitudinal analysis, the Bega Valley region is reported to have the highest suicide death rate within the catchment. Across the catchment, over three-quarters of suicide deaths are among males. Almost 60% of suicide deaths are reported to be among persons aged 35 years and over and over 85% are within persons aged 25 years and over.	Needs Assessment Snapshot for Mental Health[vii] and Suicide Snapshot[iv]

Identified Need	Key Issue	Description of Evidence	Evidence Source
		While the data grossly shows that suicide affects every demographic group; areas of higher levels of socio-economic disadvantage within the catchment account for a relatively higher share of suicide deaths. In Australian national figures, several associated causes including psychosocial risk factors were reported in suicide deaths in Australia with mental and behavioural disorders, drug and alcohol related issues, family and personal relationship issues and symptoms and/or history of suicidal ideation and self-harm being the predominant psychosocial risk factors reported among suicide deaths.	
Mental Health and Suicide Prevention	High rates of alcohol and other drug use among persons with mental health issues	While data specific to the catchment and its regions is not entirely convincing; national data suggests • People with mental health conditions or high psychological distress were twice as likely to smoke daily as people without mental health conditions and those with low psychological distress • People with mental health conditions or high psychological distress were more likely to exceed lifetime and single occasion risk guidelines for alcohol than people without mental health conditions or with low psychological distress • Compared to people without mental health conditions, people with mental health conditions were 1.7 times as likely to have recently used any illicit drug	Needs Assessment Snapshot for Alcohol and Other Drugs[ii]
Mental Health and Suicide Prevention	High levels of co-existing chronic conditions	Experts and community-based consultations identify: • High levels of co-existing substance use within the catchment • High levels of chronic and complex physical health needs in people with complex and severe mental health needs e.g. high proportion of people who are smoking or are obese	Planning Journal Summary[iii]
Mental Health and Suicide Prevention	Rising rates of mental and behavioural problems and psychological distress in young people	• Service providers and committees in the Eurobodalla LGA have reported a rising trend of younger age groups (under 12 years of age) accessing their services • Half of Headspace (Batemans Bay) clients are young teens (12-14 years of age)	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
Mental Health and Suicide Prevention	New or exacerbated levels of distress following unprecedented (disaster) events	• Community and stakeholder consultation identified key population groups likely to experience negative mental health and wellbeing effects and social and emotional impacts following the 2019/2020 Bushfires. • Young people under the age of 12; men; Aboriginal communities; rural populations; the elderly; people living with disabilities; and people experiencing socio-economic disadvantage were all highlighted as particularly vulnerable and are likely to need additional support.	Planning Journal Summary[iii]
Mental Health and Suicide Prevention	Low-moderate levels of mental health literacy	• Lack of use and promotion of e-mental health • Some low levels of mental health literacy • Poor education for the community about MH services / MH promotion and prevention • Anecdotal evidence that there is some success triaging consumers while on waiting list to utilise web based resources for anxiety and depression • Some GP's and psychiatrists prescribing and referring to psychological interventions as first line treatment rather than knowing about and referring to services or options that meet their individual needs	Planning Journal Summary[iii]

Mental Health and Suicide Prevention	High levels of vulnerability for people with severe mental illness	• Consultation with external stakeholders across the region has acknowledged that people with severe mental illness often have comorbidities and needs based on many social indicators:
		  ○ Lack of wellbeing (Co-morbidities)
		  ○ Poor Dental Care
		  ○ Homelessness and housing
		  ○ Barriers around employment due to nature of mental health issues
			Planning Journal Summary[iii]

Social Determinants of Health	High levels of socio-economic disadvantage	The catchment has the 18th highest level of socio-economic disadvantage amongst all 31 national PHN catchments. Some regions of the catchment rank amongst the top 250 regions (out of over 900 in Australia) in terms of socio-economic disadvantage. Smaller areas of Berkeley-Lake-Heights-Cringila; Port Kembla-Warrawong; Windang-Primbee; Warilla; Albion Park Rail; St Georges Basin-Erowal Bay; Jervis Bay; Sussex Inlet-Berrara; Batemans Bay and Eden; fall within the top 2 national deciles of being socio-economically disadvantaged	Population Health Profile[i]

Identified Need	Key Issue	Description of Evidence	Evidence Source
Social Determinants of Health	Growing migrant and refugee population with complex needs	The Wollongong region receives significant numbers of newly arrived population including refugee and humanitarian entrants. The health and social service needs of this cohort are extremely complex and need significant social-emotion and wider psychological support	Population Health Profile[i]
Social Determinants of Health	Geographic remoteness as a barrier to access to health care	A substantial proportion of the catchment's geography is classified as Outer Regional in terms of remoteness.	Population Health Profile[i]
Social Determinants of Health	High unemployment rates	Recent unemployment rates for some regions such as Shellharbour and Shoalhaven have been very high compared to NSW state and Australian national rates	Population Health Profile[i]
Social Determinants of Health	High levels of financial vulnerability	Substantially higher than NSW state and national proportions of resident populations of the catchment are Centrelink income support recipients. The proportions are significantly high for the Eurobodalla region. In particular, the benefits payment for long-term unemployment and youth unemployment are suggestive of significant needs in the region	Population Health Profile[i]
Social Determinants of Health	High levels of vulnerability with living arrangements	The Eurobodalla, Shellharbour and Shoalhaven regions have a high proportion of low-income households living with financial stress from rent or mortgage	Population Health Profile[i]
Social Determinants of Health	High levels of vulnerability with living arrangements	The Eurobodalla and Shoalhaven regions have a high proportion of households that rely on rent assistance from the Australian government	Population Health Profile[i]
Social Determinants of Health	Pockets of homelessness	At the latest available estimate some regions of the catchment had some concerning numbers of persons identified as homeless	Population Health Profile[i]
Social Determinants of Health	Social isolation	Many regions of the catchment have high proportion of persons living alone therefore estimated to be at risk of social isolation. The Bega Valley and Eurobodalla regions have quite high proportions. This figure is even more concerning within the older population with regions of Goulburn-Mulwaree and Snowy Monaro Regional have over 24% of the population aged 65 and over at risk of social isolation	Population Health Profile[i]

Identified Need	Key Issue	Description of Evidence	Evidence Source
Social Determinants of Health	Developmental vulnerability among children	A substantial proportion of children in the catchment are estimated to have developmental vulnerability on one or more domains of physical health and wellbeing; social competence; emotional maturity; language and cognitive skills; and communication skills. In particular, the Eurobodalla region was identified to have the highest proportion of children with developmental vulnerability on one or more domains	Population Health Profile[i]
Social Determinants of Health	High levels of financial vulnerability	The Eurobodalla and Shoalhaven region have very high families with children that have vulnerable circumstances such as being single parent families and/or being families where no parent is employed	Population Health Profile[i]
Social Determinants of Health	Potential impacts on community resilience for selected groups	The employment profile of the catchment is quite diverse. People in paid employment belong to very diverse industries across the catchment. While Upper Lachlan Shire has very high proportion of persons within primary industry; regions like Snowy Monaro Regional, Bega Valley and Eurobodalla have quite a high proportion of persons within the Accommodation and Food Services industry. A substantial proportion of persons across multiple regions are involved in the Construction industry. Overall, for the catchment the Health and Social assistance industry continues to have the highest proportions. These can have significant implications in times of natural disasters and emergencies such as droughts, followed by bushfires and then subsequently affected by the Covid-19 global pandemic	Population Health Profile[i]
Social Determinants of Health	Pockets of significant Socio-economic disadvantage	Median weekly income figures for households, families and individuals are lower than NSW state and Australian national figures for several regions of the catchment but most importantly for Eurobodalla, Shoalhaven and Bega Valley. Of note is the fact that these figures are lower for Aboriginal households and/or Aboriginal persons in many regions especially Eurobodalla and Bega Valley compared to non-Indigenous households or persons within those regions	Population Health Profile[i]
Social Determinants of Health	Housing circumstances	There is higher level of over-crowding within Aboriginal households within all regions of the catchment compared to non-Indigenous households	Population Health Profile[i]
Social Determinants of Health	Demand for alcohol and other drugs services often influenced by socio-	Providers report challenges and a lack of resources as many drug and alcohol clients have a range of complex needs including: • Homelessness • Trauma	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
	economic factors and complex needs of vulnerable cohorts	• Family breakdown • Anxiety and depression or other MH issues • Homelessness / or risk of • Recent release from prison • Chronic disease • Interactions with other medications • Increasing impact of aging clients and long-term drug and alcohol use and poor health • Women experiencing DV are identified as a highly vulnerable and difficult to access group	

4. Service Needs Summary

Identified Need	Key Issue	Description of Evidence	Evidence Source
Aboriginal Health	High rates of intentional self-harm related activity within hospital settings	While intentional self-harm hospitalisation figures by Aboriginality are not available for the catchment or its specific regions, at the NSW state level the latest figures suggest that intentional self-harm hospitalisation rates are over 3 times higher amongst Aboriginal persons compared to non-Indigenous persons with this ethnicity-based disparity being higher within males. However overall rates even within Aboriginal persons continue to be higher in females than males Almost 13% of the suicide-related ED presentations are amongst Aboriginal persons	Suicide Snapshot[iv]
Aboriginal Health	High rates of alcohol and other drug related service utilisation among Aboriginal persons	Nationally in Australia the latest figures suggest that in 2019–20, 17% of clients seeking alcohol and other drug treatment services aged 10 and over were Indigenous Australians. While local catchment specific figures are not available by Aboriginality, given the relatively large Aboriginal population of the catchment the national figures are used as suggestive of similar needs in the catchment.	Needs Assessment Snapshot for Alcohol and Other Drugs[ii]
Aboriginal Health	Low utilisation rates of preventive annual health checks	The proportion of the Aboriginal and Torres Strait Islander people receiving an annual health check funded through Medicare aimed at early detection and treatment of common chronic conditions is substantially lower for the catchment compared to NSW state and Australian national proportions. Rates were particularly low in the regions of Goulburn-Mulwaree and Snowy Mountains.	Population Health Profile[i]
Aboriginal Health	Health services need to be culturally appropriate	• Consultation identified inconsistencies across LGAs and health services around community transport, cultural appropriateness of these services and willingness / logistics for these services to fit in with health appointment times and locations • Some providers indicate that some community members have found the local hospital services to be culturally inappropriate and Aboriginal people describe some services as culturally ‘unsafe’	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
		• There is a need for more drug and alcohol programs to be delivered by Aboriginal people for Aboriginal people in a culturally appropriate setting, with a focus on healing intergenerational trauma. Treatment and ongoing support should be holistic and also target the family and community. • Some providers indicate at home detox supported by GP does not work well particularly for Aboriginal and Torres Strait Islander people • Men report not being comfortable or willing to access health service providers	
Aboriginal Health	Barriers to access for Alcohol and Other Drugs services	• Lack of culturally appropriate drug and alcohol services with only one Aboriginal and Torres strait Islander specific service in Nowra, for men only • Lack of flexibility at residential facilities for Aboriginal people to leave to attend Sorry Business and other family and cultural commitments • Lack of service options for young people, specifically young women, and women with children • Issues with travel and wait times of several weeks to access existing facilities • Service access: lack of Transport; No Community based rehab; Lack of treatment options	Planning Journal Summary[iii]
Aboriginal Health	Barriers to access for mental health services	• Existing services are overburdened with large pockets of the community not accessing services • Long wait times and potentially not exiting existing patients • Providers not offering a culturally responsive service and not employing Aboriginal people • Aboriginal health workers report difficulty in assisting Aboriginal people seeking appropriate mental health services especially with current lack of mainstream providers funded or assisted in servicing Aboriginal populations • A lack of after-hours options especially identified for the Aboriginal population in the Shoalhaven and Eurobodalla regions	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
Aboriginal Health	Recruitment and retention issues within the Aboriginal workforce and unequal distribution of services across the catchment	• Very high needs for the Aboriginal population of the catchment needing very close working partnerships of all entities of the wider service and support services with local Aboriginal Community Controlled Health Organisations • Difference in programs across LGAs with Eurobodalla seeming to have the most services • A need to increase the capacity of the Aboriginal community and workforce to identify and respond to mental health issues of their consumers and the community in general • Limited funding and restrictive criteria around mental health credentialing leads to issues with employing Aboriginal people • Shortage of female Aboriginal Health Education Officers (AHEOs) • Reduction in workforce and changes to registration rules around Aboriginal Health Workers have reduced services' capacity to undertake health assessments (MBS item 715) without RN oversight • Capacity / resource / process issues around follow up and general practitioner (GP) sign-off • Programs are only targeting those who already have a chronic disease • Funding changes mean Koori Bootcamp (intensive gender and culturally specific exercise program) will no longer exist and become a service gap • Men's specific funding (Deadly Dads program) ceased in 2014	Planning Journal Summary[iii]
Aboriginal Health	Lack of culturally appropriate services for End-of-Life care	Consultations suggested that many Aboriginal people do not access support from health services during the palliative stage, often presenting to services 'just before death.' Key reasons being: • Lack of trust in health (and other government) services: historic factors contribute to this distrust • Lack of acceptance of death and dying (Death is a taboo topic not really spoken about in Aboriginal culture)	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
		• Perceived lack of need to access health services if quality of life is sufficient • Lack of Transport and access to health services • Perceived stigma within health services: prejudice from some health workers towards Aboriginal people	
Aboriginal Health	Challenges in delivering Aboriginal specific health services in primary care	Consultation identified the following issues: • referral mechanisms to various services are not standardised • Providers describe difficulty in understanding eligibility criteria around various packages and options, and identifying access point in a timely manner • Clinical staff unable to spend adequate time on self-management strategies due to high caseloads • PHN priorities are disease-specific whereas Aboriginal health services work in a holistic, person/family centred model	Planning Journal Summary[iii]
Alcohol and Other Drugs	Key needs of specific cohorts around utilisation of alcohol and other drugs related services	***For younger people -*** Where treatment was for their own drug use, 61% of clients aged 10–19 sought treatment for cannabis as their principal drug of concern ***For person who inject drugs -*** 18% of clients who sought assistance from both specialist homelessness services and alcohol and other drug treatment services sought treatment for multiple drugs	Needs Assessment Snapshot for Alcohol and Other Drugs[ii]
Alcohol and Other Drugs	Hospital and tertiary care related service needs	While as catchment, the SENSWPHN has lower than NSW state rates for alcohol attributable hospitalisations, there are some concerning trends for some regions with Eurobodalla region having very high rates that were estimated to be statistically significantly higher compared to NSW state averages Methamphetamine related hospitalisation rates are comparable to NSW state figures, but latest figures indicate a sharp rise in rates for the Southern NSW boundary Hepatitis C notifications for the catchment remain lower than NSW state figures, with a slight rise in the latest year for the Southern NSW boundary	Population Health Profile[i] and Needs Assessment Snapshot for Alcohol and Other Drugs[ii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
Alcohol and Other Drugs	Community based service needs	In 2019-20 service provision was undertaken by 41 agencies that included 24 government and 17 non-government agencies. Insights from the service utilisation figures are below which highlight some service needs and demands for specific groups or service attributes: - • Alcohol continued to be the predominant primary drug of concern • Counselling and case management were the top 2 treatment types delivered • Non-residential treatment facilities continue to be the significantly highest setting type for service delivery • Almost 50% of episodes were self-referrals by the clients themselves • A substantial proportion of clients (17.4%) were identified as Aboriginal and/or Torres Strait Islander persons • Majority of clients (63.4%) were males	Needs Assessment Snapshot for Alcohol and Other Drugs[ii]
Alcohol and Other Drugs	Demand and supply mismatches in health service delivery and uptake of alcohol and other drug services	For PHN commissioned services current reach for residents of regions such as Yass Valley and Upper Lachlan Shire remains very low with some scope of improvement for the Goulburn Mulwaree region too. Additionally, the very high reach in certain pockets of the catchment seem to indicate a bit of over-serving as well. These need to be reviewed from a holistic all of system view and re-align service volumes to meet actual community need rather than based on available supply. Poor supply may also be an issue, which is mentioned elsewhere as a workforce, recruitment and retention need	Needs Assessment Snapshot for Alcohol and Other Drugs[ii]
Alcohol and Other Drugs	Service availability gaps and inequitable distribution	A desktop service mapping exercise[1] has identified significant gaps in service availability across the catchment but more importantly a gross lack in the availability of at least one service offering under each service type within each region of the catchment. Therefore, it can be inferred that there is a lack of comprehensive local availability of services that can cater to all aspects of mental health service needs within every region of the catchment.	Needs Assessment Snapshot for Alcohol and Other Drugs[ii]

[1] There are several caveats to the desktop service mapping; so care should be exercised in interpreting this need. Discussions with SENSWPHN's Planning team is strongly advised

Identified Need	Key Issue	Description of Evidence	Evidence Source
		The lack of service availability is grossly significant for inland regions and the more remote parts of the catchment; with a very high level of supply in more metropolitan locations in the northern parts of the catchment.	
Alcohol and Other Drugs	Key needs of specific cohorts around utilisation of alcohol and other drugs related services	• Lack of rehabilitation services inside correctional centres and long wait times to access treatment on the outside was identified as a service gap • People leaving custody often faced with complex issues such as issues relating to social and emotional wellbeing, homeless, unemployment, lack transport, finances and relevant documentation required to access health services • Barriers around women with children seeking treatment for drug and alcohol issues due to concerns about DoCS intervening and perceived stigma • Inadequate and inappropriate facilities for children at residential facilities • Parents may not have adequate support structures to have someone to care for their children while they are in a residential facility • Women experiencing domestic violence are particularly vulnerable and a difficult to access group • Services gaps in AOD providers ability to address complex patient needs including dual diagnosis, physical health needs, trauma counselling, poly drug use, domestic violence	Planning Journal Summary[iii]
Alcohol and Other Drugs	Lack of provision of withdrawal management and residential rehabilitation services as a barrier to accessing treatment	• Low numbers or low access to rehabilitation beds in Southern NSW as perceived by community / stakeholders. Concentration of services around urban centres such as Wollongong, Shellharbour, Nowra and Queanbeyan and clients on the far south coast are generally referred to the ACT to detox. • There are long wait lists for rehabilitation services out of area • Disadvantage for Aboriginal people having to travel 'off country' for treatment	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
		• There are not enough detox beds in public hospitals and a bed will only be made available if someone presents with other acute health concerns and that will often be a medical bed or a mental health bed • Restrictive intake criteria can be a barrier to access for rehabilitation services: e.g., no entry for certain past criminal behaviour (conducted while under the influence of drugs or alcohol prevents entry), no smoking	
Alcohol and Other Drugs	Barriers to access for overall Alcohol and Other Drugs services	• Limited services in priority areas • Inconsistencies with community transport options offered across LGAs • Accommodation issues when entering rehabilitation or leaving custody, • Long waiting lists for services • Lack of access to non -residential treatment services, in particular day programs and community based/home detox • Hurdles for people living in regional areas such as accessing public transport, housing, and other support services	Planning Journal Summary[iii]
Alcohol and Other Drugs	Service availability gaps not meeting key community needs	• Need for greater availability of specialised drug and alcohol counsellors trained in trauma recovery interventions (especially following the bushfires and COVID-19 Pandemic) • Access to General Practitioners with extensive drug and alcohol experience. • Lack of awareness of services and referral pathways • Integrating mental health support with primary care is needed to make services easier to access for consumers • Prevention programs and harm minimisation services are also required • Lack of service options for young people • Need for holistic outreach services that address both social and emotional issues • Greater support for carers and a need for education campaigns	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
Alcohol and Other Drugs	Lack of services for dual diagnosis	• High unmanaged risks for mental health consumers who use drugs and/or alcohol • Specialist services often don't co-assess • In-patient, co-morbidity services were identified to be in short supply and community health and hospitals should be utilised for assessment, detox, and treatment in hospital with appropriate access to acute treatment and services. • Lack of adequate resources to work with complex clients who may also have a range of other issues such as homelessness, unemployment, and interaction with the criminal justice system	Planning Journal Summary[iii]
Alcohol and Other Drugs	Gaps in care coordination by providers and challenges with service navigation	• There are multiple providers with various funding sources undertaking a variety of interventions • A lack of providers resourced to deliver the whole spectrum of services from detox to ongoing follow up and support after rehabilitation making navigating care complex for consumers and service providers • Some providers indicated confusion around the capacity, intake, and function of local hospitals in relation to detox • Perception of lower levels of participation rates amongst GPs in relation to home detox and pharmacotherapy options • Some providers indicate challenges referring patients to some GPs for assisted withdrawal • Private primary care providers such as community pharmacists and general practices can be uncomfortable in treating addiction • Hospitals have been described by some providers as a challenging environment for some drug users • Time, confidence, lack of support and training, and patient complexity were main barriers identified by GPs in the catchment to providing AOD care in primary care	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
Alcohol and Other Drugs	Lack of experienced AOD workers and a need to increase knowledge and experience in primary care	• Lack of drug and alcohol workers especially for young people and for Aboriginal people • Lack of opioid replacement therapy dosing points for clients who were engaging in this type of treatment • Workforce recruitment and retention issues. Campaigns are needed to attract skilled workers to the area. • Funding issues impact on capacity building. 12-month funding contracts make it difficult for planning and sustainability of services • Greater nursing support is needed for General Practice to increase prescribing for withdrawal management • Need for upskilling GPs on methadone and buprenorphine as well as opioid de-prescribing	Planning Journal Summary[iii]
Alcohol and Other Drugs	Systems issues and service integration gaps prevents taking a holistic approach to treatment	• Lack of clear diagnosis during acute phase of disorders hampers treatment planning • Lack of assessment skills differentiating diagnostic options in general practice can lead to frustration in effective referral pathways. • Lack of integration of services especially around clients with co-morbidity issues (e.g. Relationships between acute services and drug and alcohol services need to be improved so that if someone is in rehab and they are suicidal, they can access the acute unit without the stigma of being a drug and alcohol client.) • Flawed referral pathways and policies. E.g. the pathway from corrective services is flawed and the confusion around referral pathways in general, limits continuity and transitional care, creating a revolving door and high levels of recidivism • Little awareness among GPs, non-drug and alcohol services and the broader community around what addiction looks like, the issues it creates, and how to access help and treatment • Other health, community, or social support organisations e.g., housing, employment services, family support etc. not having the	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
		information, tools, or training to work with people experiencing drugs and alcohol issues or having a specialist worker in this area.	
Chronic Conditions and Health Risk Factors	Low participation in cancer screening programs	Prevention initiatives such as cancer screening rates are lower than optimal with some areas such as Dapto-Port Kembla having very low rates of screening for bowel cancer and breast cancer. Cervical cancer screening rates also have substantial room for improvement with very low rates for Goulburn-Mulwaree area	Population Health Profile[i]
Chronic Conditions and Health Risk Factors	Several regions with high service burden impact on primary care due to chronic disease across the catchment	Granular and recent estimates of primary care data-based prevalence (crude rates have been used to better understand actual service burden being faced by primary care practitioners within areas) impact of chronic conditions and health risk factors for the catchment reveals the areas of highest health service burden within the population accessing primary care services: - • Cardiovascular diseases - Highest service burden in the South Coast area • Respiratory conditions - Highest service burden in the Shoalhaven area • Diabetes - Highest service burden in the Shoalhaven area • Mental health conditions - Highest service burden in the Kiama - Shellharbour area • Musculoskeletal diseases - Highest service burden in the South Coast area • Renal conditions - Highest service burden in the Shoalhaven area • Obesity - Highest service burden in the Young - Yass area • Overweight - Highest service burden in the South Coast area • Current Smoking - Highest service burden in the Dapto - Port Kembla area • Hyperlipidaemia - Highest service burden in the Goulburn - Mulwaree area	SPDS Insight Series[vi]

Identified Need	Key Issue	Description of Evidence	Evidence Source
Chronic Conditions and Health Risk Factors	Concerning projected growth in some long-term and debilitating conditions	The projected growth for a couple of major chronic conditions namely dementia and chronic pain reveal a concerning trend. In the next 30 odd years a very substantial growth in the number of dementia sufferers and persons experiencing chronic pain is expected for residents of the catchment. This is expected to have a very high burden on the health and social service needs for the affected persons.	Population Health Profile[i]
Chronic Conditions and Health Risk Factors	Perceived gaps in service provision for management of chronic conditions	Various consultations identified the following in relation to chronic condition management in the catchment: • Poor coordination of care and lack of associated affordable timely services to refer onto • A lack of affordable prevention programs targeting risk factors for chronic conditions • A lack of understanding among GPs • Need for specialists and allied health professionals around the high health literacy needs of people with chronic conditions • Issues with medication management contributing to preventable hospitalisations • Limited cancer management services available in rural locations	Planning Journal Summary[iii]
Chronic Conditions and Health Risk Factors	Perceived barriers to managing chronic conditions	The following barriers for management of chronic conditions in the catchment were highlighted in consultations: • Poor coordination of care and lack of associated affordable timely services to refer onto • A lack of affordable prevention programs targeting risk factors for chronic conditions • A lack of understanding amongst GPs and allied health professionals around the high health literacy needs of people with chronic conditions • Issues with medication management contributing to preventable hospitalisations • Limited cancer management services available in rural locations	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
		• Appropriateness of self-managed care plans - they need to be person centred and collaborative	
Digital Health Adoption	Barriers to access	• Poor internet service was identified as a barrier in remote and rural areas • There was concern that telehealth was compromised in those situations where individuals did not have the needed technical skills to use the relevant technology/ or equipment/ reliable internet connections were not available. • There was an assertion that providing telehealth in the home setting required additional social support (e.g., family members) to ensure patients correctly understood diagnosis, care plans and misinterpretations were corrected. • Access to interpreters in the home was especially important to those from CALD backgrounds.	Planning Journal Summary[iii]
Digital Health Adoption	Enablers to improve access	• Consultation identified high levels of satisfaction with telehealth services among consumers especially its increased convenience and financial savings. • For those in rural locations with those with less access to services, virtual care models of care are appropriate and therefore likely to reduce number of presentations to Emergency Departments.	Planning Journal Summary[iii]
Digital Health Adoption	Enhance continuity of care by use of virtual models of care for patients (with chronic conditions)	Adaptation and acceptance of Virtual Care Clinic (VCC) models was perceived as high in consultation with GPs in the Shoalhaven as a way of providing additional supports to patients with chronic conditions: • Benefits of the model include a level of ongoing monitoring that GPs are not always able to provide; better access (in terms of expanded hours and access to a clinician); keeps a person engaged in managing their own health • Use of such models may help to recognise exacerbation early and keep patients out of hospital or unnecessary calls to an ambulance	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
Disability	Needs of carers and informal care givers	A substantial proportion of the population cares / provides support / offers unpaid assistance to a person with a disability. Multiple regions have over 13% of the population that can be assessed as being carers to disabled person/s. The service needs of this cohort such as respite care options need investigation and this cohort needs to be ably supported for both their contribution to the caring tasks as well as their own mental well-being and physical health.	Population Health Profile[i]
Disaster Preparedness and Emergency Response	Improving workforce resilience for impacts from natural disasters	• Consultation with GPs highlighted that strengthening communication was critical for improving resilience for future natural disasters. Including: ○ Establishing disaster preparedness manuals/plans to assist GPs with understanding critical roles and responsibilities of emergency response organisations ○ Multidisciplinary approaches – pharmacists were seen as a key service provider during disasters ○ Communication plans to better coordinate with other General Practices, LHDs and emergency response organisations • Telecommunications support: Investing in satellites phones or two-way radios for practices and pharmacies would facilitate communication (especially between Ambulance and Hospital services) • Infrastructure support: Investment in on-site generators	Planning Journal Summary[iii]
End of Life care, Ageing and Frailty	Increasing need for Residential Aged Care facilities	Residential aged care places for the catchment have been declining and current rates are the lowest in the recent past years. Rates are substantially lower than the NSW state and Australian national rate. With a very ageing population this declining trend highlights a concerning mismatch between demand and supply	Population Health Profile[i]

Identified Need	Key Issue	Description of Evidence	Evidence Source
End of Life care, Ageing and Frailty	Access to suitable primary care	There is low primary care/general practitioner service reach to residential aged care facility residents for the catchment with latest figures being some of the lowest among all PHN regions and substantially lower than the Australian national average rate of service utilisation	Population Health Profile[i]
End of Life care, Ageing and Frailty	Frailty among older people in the community	Latest estimates show people aged 65 years and over accounted for over 60% of all fall-related hospitalisations in the catchment. These primarily include injury related (Injury as principal diagnosis) and the rest were cases of fall being an associated/secondary diagnosis. While rates for the catchment's boundaries are lower than other boundaries in NSW; the Wollongong region still has quite high rates and is significantly higher than NSW state levels	Population Health Profile[i]
End of Life care, Ageing and Frailty	Lack of availability of services in the after-hours for palliative care and in RACFs	• Perception of a lack of community supports in the after-hours period, e.g., supervision of new medication, respite care • Consultation identified after-hours access to palliative care support is not consistent across Southern NSW including lack of available afterhours nursing support and hospice-type care • Difficulty finding GPs to cover residential aged care facilities (RACFs) including in normal business hours and during the after-hours period	Planning Journal Summary[iii]
End of Life care, Ageing and Frailty	Limited access to suitable primary care	• Limitations in public transport options for older people in the catchment: ○ Particular problem for dementia patients; this issue is exacerbated by geographic isolation and/or poor service availability ○ RACF residents; some rely heavily on NSW Ambulance for transfers to medical investigations and appointments such as scans, renal and oncology • Lack of allocated primary health resources to further identify and address aged care issues • Poor succession planning for GP access in aged care and there is a heavy reliance on ED to provide medical care	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
End of Life care, Ageing and Frailty	Primary care services need to focus on 'Healthy Ageing'	Aged care planning needs more solutions than just aged-care places and beds and timely implementation to meet the quickly progressive ageing demography and have 'healthy ageing' as a priority in all planning and policies	Planning Journal Summary[iii]
End of Life care, Ageing and Frailty	Need to build workforce capacity to meet increased community demand for palliative care services	Consultation with local expert advisory groups in the catchment identified: • Variations in care delivery, often dependent on levels of engagement of a patient's GP (including to support home visits) • Growing demand for community palliative care services; will need to integrate with inpatient palliative care and related services • Inconsistent training/interest of palliative care among primary health nurses; no dedicated palliative care primary health nurses • GPs need greater support with delivery of care to RACFs and in their role with advanced care planning.	Planning Journal Summary[iii]
End of Life care, Ageing and Frailty	Lack of succession planning within the workforce and difficulties with staff retention affecting continuity of care	Consultation suggested: • Patients with dementia are not being managed well: • Limited appropriately mental health skilled and qualified staff working in RACF's • Lack of specialist clinicians with skills to work with older people living in RACF's • Shortage of registered nurses (RNs) in RACFs • There are opportunities for further skill development including continued geriatric clinics, practice nurse training	Planning Journal Summary[iii]
End of Life care, Ageing and Frailty	Better access to Palliative Care services and quality of treatment	Low service reach to patients at palliative and end-of-life stages in the catchment was identified by past focus groups as a barrier to access. Specifically: • The need to travel significant distances to access treatment was a common experience • Delays in transfer of patient and treatment information when care was being delivered across different health services • The capacity of RACFs to effectively meet the palliative and end of life care needs of residents was seen as insufficient	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
		• Better care coordination and great support for Carers through access to resources for practical and emotional support services	
End of Life care, Ageing and Frailty	Lack of mental health services for older persons	• Inequity in older persons mental health service availability with majority of services catering to younger population. Very low mean ages of current service utilisation suggest issues with either accessibility of availability or ability of current services to cater to older persons who have very high needs and are clinically very vulnerable to multi-morbidity • Limited access to psychosocial and clinical services and support for older people both living in the community and in Residential Aged Care Facilities.	Planning Journal Summary[iii]
Mental Health and Suicide Prevention	High rates of intentional self-harm related activity within hospital settings	Relatively high rates of intentional self-harm within the catchment compared to all 10 PHNs in NSW with rates amongst females being almost 2 times higher than males and persons aged 15-24 years accounting for 36% of intentional self-harm hospitalisations Almost 65.3% intentional self-harm hospitalisations were among females Rates are substantially high for the Southern NSW boundary At a regional level, the Goulburn-Mulwaree region was reported to have very high rates and along with Eurobodalla, Bega Valley and Wollongong regions, 4 catchment regions were estimated to have statistically significantly higher rates of intentional self-harm hospitalisation compared to NSW state averages for the latest available data SENSWPHN's novel methodology of identifying self-harm related ED presentations to assess self-harm / suicide attempts reveals, high rates of suicide-related ED presentations for the catchment. Trends of this also show annual rises each year in the last few years Unlike suicide death figures, the age group of under 25 years accounts for over 40% of the suicide-related ED presentations	Suicide Snapshot[iv]

Identified Need	Key Issue	Description of Evidence	Evidence Source
		Based on latest annual figures, the trends for suicide-related ED presentations show a rise across all age groups but the most substantial year on year rise is observed in the younger / adolescent age groups across both health administrative boundaries	
Mental Health and Suicide Prevention	High demand for mental health services and supports	It needs to be acknowledged that apart from self-harm related hospitalisations; other mental health disorders also account for the overall tertiary care service burden. In recent years the rates for hospitalisations for mental disorders is showing an increasing trend for the catchment	Needs Assessment Snapshot for Mental Health[vii]
Mental Health and Suicide Prevention	High demand for youth mental health services commissioned by PHN	The catchment has expanded its *headspace* service footprint in recent years to cover new regions which were deemed as critical service gaps in previous needs assessments. However, the high waiting times for clients to access appropriate care in a timely manner continues to be high need.	Headspace Reporting[ix]
Mental Health and Suicide Prevention	Scope of improvements for PHN commissioned services	Ongoing performance monitoring and outcomes-based service review of existing PHN commissioned services reveals: - • Inequitable distribution and utilisation (by need as well as geography) of several PHN commissioned service activity domains • There is a clear need to promote more holistic outcomes and measurable outputs in clinical service provision to be able to have any attributable impact in the mental health and well-being of health service consumers • Need to improve population coverage of some service activity domains specifically for some pockets of the catchment. • Increase proportion of consumers reached through alternative and lower intensity options under an effective stepped-care model of service delivery • Need to improve the reach and availability of culturally appropriate services to all parts of the catchment	Mental Health Service Monitoring Snapshot[x]

Identified Need	Key Issue	Description of Evidence	Evidence Source
Mental Health and Suicide Prevention	Demand and supply mismatches in mental health service delivery and uptake	The service utilisation figures of Medicare subsidised/ funded mental health services remains somewhat misaligned to the actual prevalence-based estimations of service utilisation. The more regional parts of the catchment such as areas of Goulburn-Mulwaree, Snowy Mountains and Young-Yass (along with Queanbeyan to some extent) seem to have low utilisation figures for all service types subsidised/ funded through Medicare. For PHN commissioned services current reach for residents of regions such as Kiama, Shellharbour and Yass Valley remains very low. In reviewing reach alongside Medicare figures, the reach in Queanbeyan and Snowy Monaro seem very low too. Additionally, the very high reach in certain pockets of the catchment seem to indicate a bit of over-servicing as well. These need to be reviewed from a holistic all of system view and re-align service volumes to meet actual community need rather than based on available supply. Poor supply may also be an issue, which needs is mentioned elsewhere as a workforce, recruitment and retention need	Needs Assessment Snapshot for Mental Health[vii]
Mental Health and Suicide Prevention	Need for service delivery to be inclusive, representative and reach to all target socio-demographic groups	Certain socio-demographic groups are under represented in current mental health service delivery especially within PHN commissioned services such as • non-English speaking / culturally linguistically diverse populations • males • gender diverse groups • older aged persons • disabled persons (NDIS participants) • kids and young children below 12 years of age	Needs Assessment Snapshot for Mental Health[vii] and Mental Health Service Monitoring Snapshot[x]

Identified Need	Key Issue	Description of Evidence	Evidence Source
Mental Health and Suicide Prevention	Service availability gaps and inequitable distribution	A desktop service mapping exercise[2] has identified significant gaps in service availability across the catchment but more importantly a gross lack in the availability of at least one service offering under each service type within each region of the catchment. Therefore, it can be inferred that there is a lack of comprehensive local availability of services that can cater to all aspects of mental health service needs within every region of the catchment. The lack of service availability is grossly significant for inland regions and the more remote parts of the catchment; with a very high level of supply in more metropolitan locations in the northern parts of the catchment.	Needs Assessment Snapshot for Mental Health[vii]
Mental Health and Suicide Prevention	Barriers to access for youth mental health services	Numerous consultations with the community and stakeholders have identified barriers to access for mental health services for young people in the catchment: • Lack of availability of appropriate services. There is a gap in moderate intensity face-face services for young people. • Reported long waiting lists for existing services. • Need for greater access to counsellors and school counsellors and increased capability in suicide prevention and postvention support in schools (Mental Health First Aid, QPR, YAM) • Barriers of cost and travel (need to travel long distances to access services)	Planning Journal Summary[iii]
Mental Health and Suicide Prevention	Barriers to access for overall mental health services	Key barriers include: • Lack of understanding of services available and poor knowledge dissemination of commissioned services • Perceived cost barriers to access supports and services (especially psychiatry)	Planning Journal Summary[iii]

[2] There are several caveats to the desktop service mapping; so care should be exercised in interpreting this need. Discussions with SENSWPHN's Planning team is strongly advised

Identified Need	Key Issue	Description of Evidence	Evidence Source
		• Transport - Large regional area, limited access to affordable public transport options and travel (need to travel long distances to access services), especially in Eden • Issues with access for psychiatry – lack of timeliness for first consult and cost often prohibitive for many in the private sector and eligibility for LHD too high. • Access to psychology services appear to be much better than previously, an increase in bulk billing options has helped	
Mental Health and Suicide Prevention	Barriers to access for vulnerable populations	• Limited access to services and supports (for reasons stated above) for special populations such as drought affected farming communities and people from Culturally and Linguistically Diverse populations as well as the LGBTI community • In rural areas, building capacity of current providers, utilising farmgate counselling services and mapping out clear referral systems are suggestions for improving access to supports.	Planning Journal Summary[iii]
Mental Health and Suicide Prevention	Gaps in availability of psychosocial services and support for people with severe mental illness	• Lack of programs for complex mental health needs such as borderline personality disorder and eating disorders, particularly in Southern NSW • Poor service coverage to some extent in lower end of Shoalhaven but grossly in the Southern region • There is a disconnect between primary and tertiary care when consumers are discharged from hospital. • In the Justice System there is no mental health support in the court system or when exiting • Eligibility barriers when connecting into different services • Identified need for greater access to social/interest groups to reduce isolation and improve social skills.	Planning Journal Summary[iii]
Mental Health and Suicide Prevention	Need for better care coordination functions and continuity of care fostered by greater	• Referral coordination is needed including navigation function for consumers and carers • Multiple intake systems currently exist but they are fragmented and program specific	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
	interagency collaboration	• Gaps in pathways: a significant need for fostering stronger connections with non-clinical /social services and LHD services • Remains scope to improve the provision of integrated services and communication between services to overcome the existing provision of "siloed services • Need for the adoption and implementation of evidence based and data-driven strategies in the roll-out of existing after-care pathways for suicide and self-harm prevention, especially within the Southern NSW region to enable good population coverage referral numbers • GPs to some extents have limited confidence in headspace with the perception that GPs are contacted by headspace to just obtain a GP care plan that could then enable billing of psychologist services and not really for integrated and collaborative service delivery	
Mental Health and Suicide Prevention	Lack of availability of early intervention and prevention services for young people	Consultations highlighted: • A perceived view that in order for a young person to be admitted to hospital for mental health treatment they need to be extremely unwell to gain admission • Intermediary "step up and step down" services are required to better cater for the level of need and minimise service acuity needs due to lack of earlier intervention services • More psychological, drug and alcohol, paediatric care and early intervention services are needed • Time delays - difficulties in accessing GPs as their books may be closed, or access to professional services (e.g., there are not enough local psychologists) • lack of resourcing to deliver evidence-based group programs in schools and wider community • lack of trauma informed care work taking place	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
Mental Health and Suicide Prevention	Difficulties navigating service options and a lack of low-intensity services to address prevention and early intervention	• Need to build community capacity around early identification and support for mental health consumers especially during early and/or mild stages of distress/ disorders along with having resources to enable initial interventions • Consumers find it difficult to navigate and find out about what service options are available in the current system • Consistent theme of ensuring all services focus on targeted recovery-oriented interventions • Need for interventions and service models to be based on consumer's unique and individual needs and circumstances with the availability of a degree of flexibility to suit the consumer • A current low level of availability as well as uptake of online therapies and low intensity service options that enable self-help and self-management • Poor availability of data on coverage and utilisation of nationally funded low intensity online support site Head to Health	Planning Journal Summary[iii]
Mental Health and Suicide Prevention	Need to boost capacity of the mental health workforce to respond to new needs or exacerbated needs following disaster events	• Peer workers/ more staff needed on the ground and innovative ways to attract them. Enough locally trained staff are needed to meet the increase in mental health demand and early intervention. • More drug and alcohol support workers required • Greater utilisation of front-line services such as pharmacies • Greater paediatric supports • Greater collaboration and shared case management of clients between mental health services and (bushfire) recovery services	Planning Journal Summary[iii]
Mental Health and Suicide Prevention	Need to strengthen mental health services to respond to new needs or exacerbated needs following disaster events	• Lack of early intervention services and support services with a disconnect between schools, families, and primary health providers • Demand for additional counselling services with ease of access and timely, flexible appointments • Bolster existing local services to cope with the increased demand for services including drug and alcohol, family, and relationship counselling	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
		• Need for commissioned services to provide outreach to rural and remote communities to assist with practical needs/life issues and link people into counselling • Need to increase proportion of consumers reached through alternative models, such as recovery-based group sessions • Need to improve alignment of session numbers to population as well as individual consumer-based need • Low uptake/utilisation of electronic and low intensity services which could be enhanced in specific regions • There are limited services or poor uptake of existing services across the Southern NSW region raising needs of collaborative system level communication and referral – it should be noted some evidence-based strategies of suicide prevention are currently underway in terms of being implemented	
Mental Health and Suicide Prevention	A consistent gap in a lack of availability of psychosocial service and supports outside of business hours	Extensive consultations with consumers and stakeholders across the catchment identified: • Need to provide opening hours that extend beyond 5pm • Provide regular services over weekends and during the evening • These services need to be complemented by access to 24 x 7 online information, Apps, and self-help material • Offer after hours phone counselling/crisis services	Planning Journal Summary[iii]
Mental Health and Suicide Prevention	Inconsistencies in coordination of care between GPs and MH inpatient services	• GP feedback includes - obscure and time-consuming pathways to secondary and tertiary care; under-funded and under-resourced community mental health services; a lack of bulk billing psychiatrists • Inequitable follow up and options for mental health consumers who are discharged compared to those discharged for other conditions, increased nonclinical support is needed • Clinicians report ineffective triaging with some GPs over prescribing psychotropic medications and over referring to psychology and psychiatry services especially in parts of Southern NSW such as Goulburn-Yass region	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
		• Lack of feedback between GP's and LHD MH services • Lack of early intervention services; and services providing case management • Intake processes can be a barrier for consumers and providers such as providers not funded to provide the intensive case management	
Mental Health and Suicide Prevention	Gaps in workforce capacity affecting availability of psychosocial services and support available for people	• Wait lists and majority of MH services at capacity and a lack of clinicians in the region: impacting Cooma, Braidwood, Narooma, Bombala, and Eden particularly • Lack of appropriately resourced and trained domestic violence and sexual assault counsellors • Limited access for consumers and their families and carers to peer workers • Recruitment and retention difficulties in Shoalhaven and Southern NSW regions for psychiatrists and allied health clinicians • Lack of equitable distribution of mental health nurses and allied mental health professionals creating gross gaps in some areas such as pockets of Southern NSW • Limited access for consumers and their families and carers to consumer/carer advocacy. • Limited family counselling services across the region • Limited access to psychosocial supports and services across the lifespan • Lack of appropriate training and support in region for peer worker	Planning Journal Summary[iii]
Population Health	Lack of availability of Primary care and specialist services	• Barriers to accessing the right health specialist services with obstetrician and gynaecologists, psychiatrists, and paediatricians particularly in various consultations • Long waiting times including long waiting periods for specialist appointments, waiting times for GP appointments, and waiting periods for elective surgery • Geographical isolation /distance to was identified as barrier to access to health care	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
Population Health	Financial constraints and transport issues in accessing health care services	• Cost and affordability of healthcare services was expressed across several consultations as a barrier to accessing the right healthcare. Suggestions include a need to promote awareness of bulk billing arrangements • Consultations have continually highlighted transport as an issue. Poor public transport and costly alternatives exacerbated by long distances needing to be travelled due to geographic isolation and/or poor service availability (e.g. for specialist services)	Planning Journal Summary[iii]
Population Health	Lack of availability of services outside business hours and long wait times for GP availability	• General practices need to be encouraged to consider having more availability/flexibility in terms of opening hours • Consultation with residents from the Illawarra Shoalhaven LHD indicated a perception of limited opening hours and difficulty gaining appointments when needed. • Books closed - general practices not accepting new patients was reported as a barrier and was most mentioned by Shoalhaven LGA (including Jervis Bay Territory) and Kiama LGA respondents	Planning Journal Summary[iii]
Population Health	Fragmented communication and linkages in coordinating care across state-border services	• High volume of NSW residents seeking health care in ACT • Lack of NSW services driving cross border flows • Providers reporting poor linkages back into the NSW primary care system • Large commuter population accessing ACT services for convenience • Fragmented regional planning - LHD, local government/shire councils and PHN are urged to all undertake planning activities on a regular basis covering all or portions of the same population opportunity for collaboration	Planning Journal Summary[iii]
Population Health	Poor service knowledge dissemination and lack of service awareness.	Past Stakeholder forums and community surveys identified limitations in community awareness of services and associated information on availability, location, and eligibility: • Available options in the after-hours period with clarity around access eligibility, and access points	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
		• Promotion of services and relevant information to vulnerable or disadvantaged communities was identified as a need by service providers • Consumers report not knowing where to go and complexity in the system	
Population Health	Key needs of certain vulnerable cohorts requiring appropriate care and tailored services to meet their needs	• Stakeholders across various forums have identified a need for holistic models of health and social care for Aboriginal and/or Torres Strait Islander populations; Culturally and Linguistically Diverse (CALD) populations; ageing population; disadvantaged youth; socio-economically disadvantaged persons; and those experiencing geographic isolation. • Navigation and coordination especially for more socio-economically and/or complex health needs clients is identified as a major concern in all stakeholder and community consultations	Planning Journal Summary[iii]
Population Health	Need for culturally appropriate services for chronic conditions management	• Services need to be culturally appropriate to address the complex and multiple needs experienced by people from CALD backgrounds (many who have come to Australia as refugees), issues such as limited English, lack of understanding of the health and social services systems, finances, social networks, and experiences of poor mental and physical health need to be considered • There is a lack of and poor utilisation of services for culturally and linguistically diverse populations – reported by respondents of the Wollongong LGA, this theme included the poor access to interpreter services and the unavailability of culturally tailored services such as bilingual doctors, female GPs, and poor utilisation of language interpreter services by GPs.	Planning Journal Summary[iii]
Population Health	Poor self-management of conditions leading to avoidable hospitalisations and re-admissions	• Lack of timely and regular medication reviews and issues with appropriate discharge medication advice • Lack of communication between the tertiary system and primary care around medications prescribed on discharge from hospital,	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
		leading to medication repetitions and adverse clinical or service outcomes.	
Potentially Preventable Hospitalisations	Potentially avoidable extra demands on existing services	While overall rates of potentially preventable hospitalisation (PPH) for the catchment have been on the lower side, there are some significant pockets of the catchment that have very high rates for specific conditions within the wider PPH categories. • The Dapto-Port Kembla area has very high rates of PPH for the acute as well as the vaccine-preventable category of conditions • The Goulburn-Mulwaree area has very high rates of PPH for chronic category of conditions • Pneumonia and influenza (vaccine preventable); COPD; congestive cardiac failure; cellulitis and diabetes related complications continue to be the top 5 conditions in terms of total bed days consumed for PPH for the catchment • The overall PPH rates are showing a concerningly rising trend for the Goulburn-Mulwaree region	Population Health Profile[i]
Social Determinants of Health	Implications on service access	A higher than NSW state and Australian national proportion of persons are estimated to be Health Care Card Holders, Pensioner Card Holders and Seniors Health Card Holders. But given the very high ageing population figures for the catchment and some of its regions; these figures may not be sufficient	Population Health Profile[i]
Social Determinants of Health	Barriers to service access	Regions of Goulburn-Mulwaree, Jervis Bay and Wollongong have over 7% and over 9% of the dwellings respectively with no motor vehicles	Population Health Profile[i]
Social Determinants of Health	Barriers to service access	A very high proportion of dwellings especially in regions of Upper Lachlan Shire, Goulburn-Mulwaree and Jervis Bay are estimated to have no internet access	Population Health Profile[i]
Social Determinants of Health	Barriers to service access	For the catchment, a relatively low percentage of adults reported they were covered by private health insurance in the preceding 12 months when compared to other PHN catchments in the country as well as lower than Australian national estimate	Brief Patient Experiences Snapshot[xi]

Identified Need	Key Issue	Description of Evidence	Evidence Source
Social Determinants of Health	High seasonal service demands	The catchment attracts a lot of local as well as international tourists, which can add to the population demand for health and social services especially during holiday periods/seasons	Population Health Profile[i]
Timely access to appropriate care	Potentially avoidable Emergency Department (ED) presentations	The catchment has a higher than Australian national rate for low urgency care presentations to the emergency departments (ED) with rates being very high for the South Coast area residents	Population Health Profile[i]
Timely access to appropriate care	After-hours access to primary care	A substantial share of the low urgency ED presentations occur during the after-hours period, with the share being highest for the Dapto-Port Kembla area within the catchment. The overall catchment figures are higher than Australian national estimates.	Population Health Profile[i]
Timely access to appropriate care	Demand and supply mismatches in after-hours availability of primary care	The utilisation of Medicare funded/subsidised GP After-Hours services is very high for the Dapto-Port Kembla area. Somewhat high rates are seen for Goulburn-Mulwaree area too in the non-urgent category. On the contrary very low figures are observed for the South Coast area residents	Population Health Profile[i]

Timely access to appropriate care	Substantial variations in service utilisation across service types	Comparing service utilisation figures for the catchment with other PHN catchments in the country reveals
		• Relatively high utilisation of some services
		  ○ adults who saw a GP in the preceding 12 months
		  ○ adults who saw a GP 12 or more times in the preceding 12 months
		  ○ adults who saw a medical specialist in the preceding 12 months
		  ○ adults who saw three or more health professionals for the same condition in the preceding 12 months
		  ○ adults who went to any hospital emergency department for their own health in the preceding 12 months
		  ○ adults who were admitted to any hospital in the preceding 12 months
		• Relatively low utilisation of some services
		  ○ adults who saw a GP after hours in the preceding 12 months
		  ○ adults who saw a GP for urgent medical care in the preceding 12 months
			Brief Patient Experiences Snapshot[xi]

Identified Need	Key Issue	Description of Evidence	Evidence Source
Timely access to appropriate care	Relatively poor patient experience on some key indicators	Comparing service experience figures for the catchment with other PHN catchments in the country reveals there are relatively poorer patient experience with the scores for the catchment being worse than Australian national averages for some service provision metrics such as • High percentage of adults who could not access their preferred GP in the preceding 12 months • High percentage of adults who did not see or delayed seeing a GP due to cost in the preceding 12 months • High percentage of adults who felt they waited longer than acceptable to get an appointment with a GP • High percentage of adults who needed to see a GP but did not in the preceding 12 months • High percentage of adults referred to a medical specialist who waited longer than they felt acceptable to get an appointment in the preceding 12 months • High percentage of adults who delayed or avoided filling a prescription due to cost in the preceding 12 months • High percentage of adults who did not see or delayed seeing a dentist, hygienist or dental specialist due to cost in the preceding 12 months	Brief Patient Experiences Snapshot[xi]
Timely access to appropriate care	Scope of improvements in key primary care service quality and patient care metrics	Through the Sentinel Practices Data Sourcing project (incorporating Quality Improvement Practice Incentive Program), it is evident that a substantial scope of improvement exists on several key measures and quality improvement domains. While primary care service provision and patient care metrics have improved significantly in the past few years for the overall catchment, some measures still warrant continuous effort and holistic support, training and advocacy to general practitioners and other primary care staff to get to ideal levels of data-driven clinical service quality.	Sentinel Practices' Quarterly Data Quality Snapshot[xii]
Workforce	Service delivery capacity and sustainability issues for primary care services	The latest available figures for key primary and community care workforce shows a relative gap in the catchment with some very concerning shortages within some regions. An assessment of FTE as a rate of the residential population in relative region based comparisons shows: -	Population Health Profile[i]

Identified Need	Key Issue	Description of Evidence	Evidence Source
		• Very low general practitioner (GP) workforce figures for the Queanbeyan-Palerang Regional and Shellharbour regions • Very low primary care nurse workforce figures for the Goulburn-Mulwaree, Yass Valley and Shellharbour regions	
Workforce	Service delivery capacity and sustainability issues for mental health and other allied health services	The latest available figures for key primary and community care workforce shows a relative gap in the catchment with some very concerning shortages within some regions. An assessment of FTE as a rate of the residential population in relative region based comparisons shows: - • Low psychologist workforce figures for several regions of the catchment but very low for the Snowy Monaro Regional and Queanbeyan-Palerang Regional and somewhat low for Yass Valley and Eurobodalla regions Other key workforce gaps that were assessed at a catchment level but could not be broken down to regional levels also showed low figures for the catchment when compared to NSW state and Australian national figures. These include low figures for FTE as a rate of the residential population for psychiatrists (specialist), occupational therapists and podiatrists; among others.	Population Health Profile[i] and NHWDS[xiii]
Workforce	Service delivery capacity and sustainability issues for selected specialist services	The predominant areas of the catchment are considered as Districts of Workforce Shortage for several specialist professions such as cardiology; anaesthetics; diagnostic radiology; and obstetrics and gynaecology. In addition, almost all regions of the Southern NSW LHD boundary are also considered as Districts of Workforce Shortage for specialist professions such as ophthalmology, medical oncology and psychiatry. Parts of the Shoalhaven region and predominant areas within the Southern NSW boundary are also classified as Distribution Priority Areas indicating shortages of GP workforce.	Health Workforce Locator[xiv]
Workforce	Service delivery capacity and sustainability issues for PHN commissioned services	Ongoing performance monitoring and review of PHN commissioned services indicates a significant issue with recruitment and retention of good health service practitioners within mental health services and Aboriginal health.	Planning Journal Summary[iii]

Identified Need	Key Issue	Description of Evidence	Evidence Source
Workforce	Service delivery capacity and sustainability issues in Primary care	Consultation identified the importance of strengthening the capacity of the primary health care sector. Specifically: • General Practitioners (GPs) and specialist recruitment and retention to the local regional workforce is essential • There are longer waiting lists and lack of affordable services (lack of bulkbilling) especially in the Southern NSW LGAs • Mental health concerns need holistic approaches with inputs from GPs. Solutions need to avoid ‘medicalisation’ and foster supportive environments while eliminating service duplication • All healthcare services need to be culturally appropriate	Planning Journal Summary[iii]
Workforce	Service delivery capacity and sustainability issues for selected specialist services	• Perception of issues with retention and recruitment of clinicians, allied health professionals, support workers and administrative staff in the primary health sector and NGO services especially in mental health and alcohol and other drugs programs. This is sometimes due to short 12-month funding contracts or due to recruitment issues in regional / rural parts of the catchment in general.	Planning Journal Summary[iii]

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