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Primary Health Network Program Needs Assessment

Western NSW Primary Health Network

This Needs Assessment report is for a three-year period and covers 1 July 2022 to 30 June 2025 and includes general population, mental health (including suicide prevention), alcohol and other drug treatments, and Aboriginal people's health (including chronic disease).

Contents

Section 1 – Narrative

Needs Assessment process

Western New South Wales Primary Health Network (WNSW PHN) completed an assessment of health and service needs to inform health service planning and commissioning for the three-year commissioning cycle commencing in July 2022. Under the guidance of the WNSW PHN Project Advisory Committee, a comprehensive analysis of quantitative data from a variety of sources including national, state and commissioned services databases was complemented by consultation with a broad section of health service stakeholders including community members, consumers, carers, general practitioners and other service providers.

The key stages of the needs assessment included:

1. Project planning

The PHN established a project Advisory Committee whose membership included PHN executive and management staff, representatives from the Far West Local Health District (FW LHD), the Western NSW Local Health Districts (WNSW LHD), the Sydney University's School of Rural Health, the Rural Doctors' Network and project consultants.

2. Health and health services data analyses

Priority regional and sub-regional health and service unmet needs were identified through quantitative and qualitative analyses of population, health and service data and determining variances from national, state and peer PHN averages as appropriate. An important partner for this Health Needs Assessment was the Health Intelligence Unit, Western NSW (HIU) who shared the Western NSW Health of the Population Report, 2020. Public secondary health data were obtained from the HIU and the Australian Institute of Health and Welfare. Analyses of commissioned services data, practice data and findings from evaluations of WNSW PHN commissioned services and programs were used to inform Section 3 of the needs assessment.

3. Stakeholder consultation

Stakeholder consultation was conducted to validate, contextualise and augment the quantitative data analyses. The approach taken to consult with communities, service providers, government and non-government organisations was designed to address the challenges presented by the following:

- a geographically diverse population residing in over 50 remote, rural and regional communities located in 27 local government areas (LGAs) spread over more than half the area of NSW
- the onset of the Corona Virus Disease 2019 pandemic (COVID-19).

In order to capture a representative voice of this diverse region impacted by the COVID-19 pandemic, telephone and online community surveys were undertaken with over 3,500 community members participating:

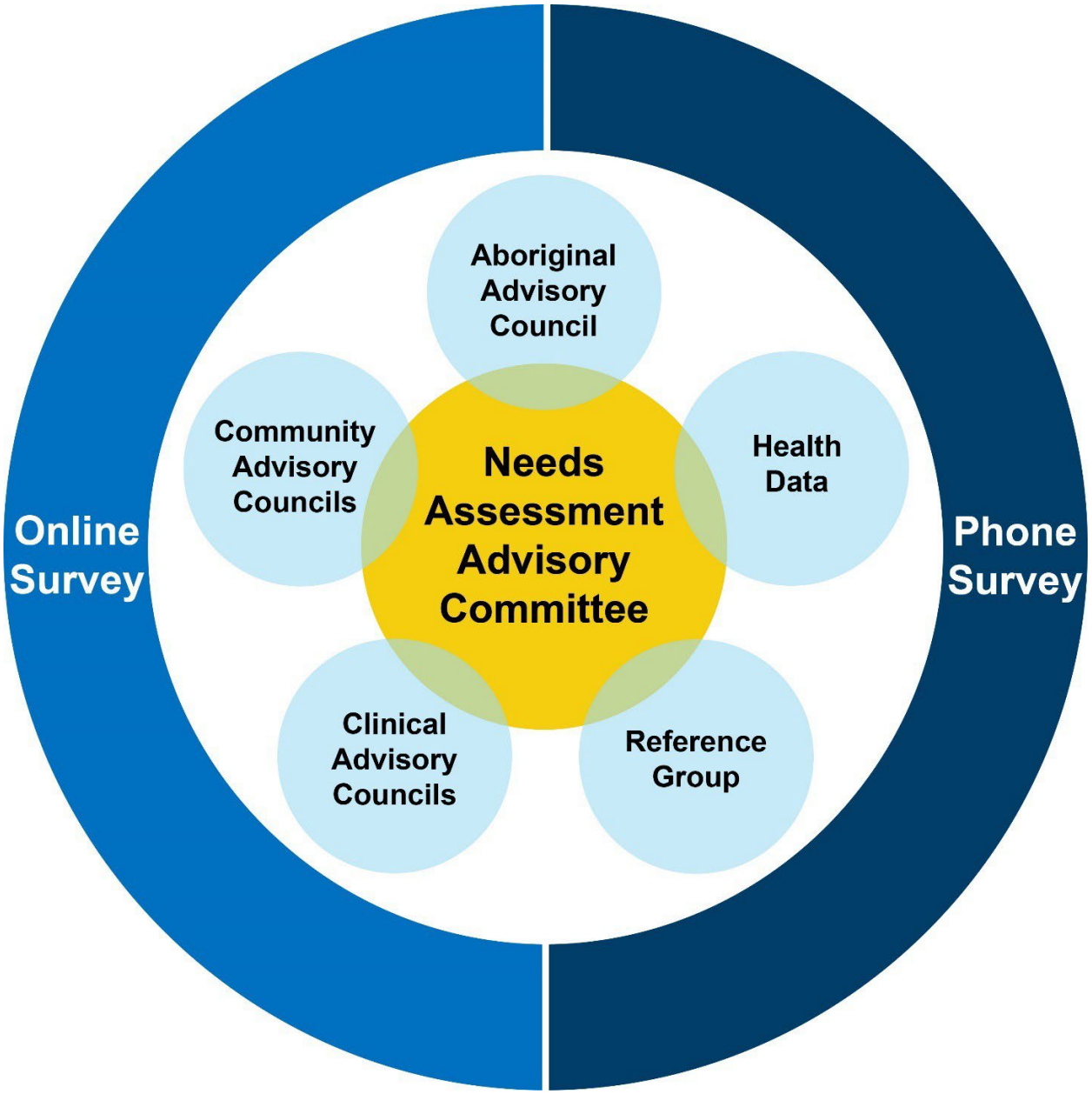
- Telephone Community Health Survey (n=3,011) of which 199 identified as being an Aboriginal person)
- Online Community Health Survey (n=364)
- Online Aboriginal Community Health Survey (n=138)

Two service provider surveys were also conducted:

- General Practice Survey (n=42)

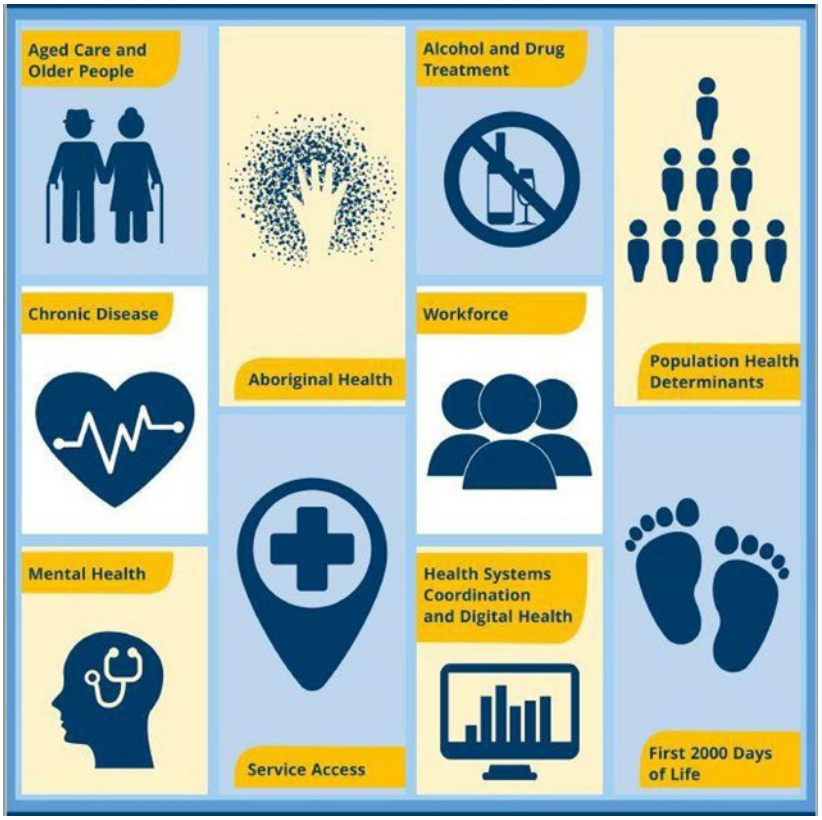
- Providers of commissioned services (n=37)

Virtual workshops were conducted with the five PHN Advisory Councils i.e., the Aboriginal Health Council, the Far West Community and Clinical Councils as well as the Western Community and Clinical Councils, and internal PHN Priority Area Portfolio Leads and Program Managers.



4. Synthesis and prioritisation

The planned methods of reviewing the priorities of important health and service needs for this latest three-year cycle of the health needs assessment was affected by the onset of the COVID-19 pandemic. Delays in acquiring data due to diversion of internal and stakeholder data teams from business as usual to working on COVID meant that a complete refresh of the prioritisation process that used the modified Hanlon method, was unable to be completed. Further, important face-to-face community and provider consultation was unable to be rolled out. Importantly, the relevance of current priorities was validated through afore mentioned phone and online surveys, Advisory Councils and internal Portfolio Leads and Program Manager consultation. As such, a decision was taken to update sections 2 and 3, where information was available but retain the ten priorities identified from the Western NSW Primary Health Network Health Needs Assessment, 2019-2022.



Importantly, however, insight gained from analyses of the updated health and service-related data and community and service provider surveys was used to focus discussions with PHN Portfolio Leads, Program Managers and Advisory Councils. This enabled a deeper understanding of the impact of gaps in services on the community as well as providing solutions to address these gaps to inform prioritising of resources to address key needs.

5. Options and opportunities

A summary of the priority health and service needs identified through the health needs assessment process are presented in section 4. Each priority has been assigned to one of seven national health priorities as well as a sub-priority category to focus the strategic direction to best address the need. To support the outcomes-based approach to commissioning for PHNs, expected outcomes of strategies and commissioned services planned to address the key need are identified to support service design and evaluation planning.

6. Approval by the Chief Executive Officer and submission to the Commonwealth for approval.

Additional Data Needs and Gaps

WNSW PHN encountered challenges in accessing data in the following areas:

- Health and service utilisation for Aboriginal people and in particular, a lack of a national minimum data set for services provided to Aboriginal people such as the integrated team care.
- Mapping of complex service provision.
- A lack of a national minimum data set for chronic disease programs
- Alcohol and drug services provided in Western NSW
- Psychosocial support services
- Hard to reach populations such as the homeless and people living in remote communities.
- Lesbian Gay Bisexual Transgender or Intersex (LGBTI) population data
- Old demographic data (2016) will be updated once the latest Australian Bureau of Statistics (ABS) Census (2021) data is released.

Section 2 – Outcomes of the health needs analysis

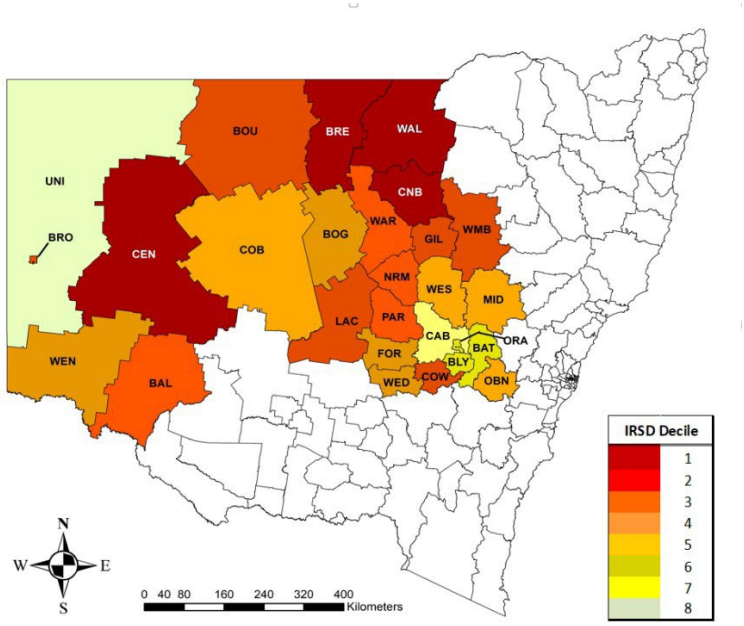
(i) General Population Health

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Population health determinants	Population profile	Low population density with majority of people living in regional centres	**Whole of PHN and sub-regional variation (LGA)** In 2016, the estimated resident population (ERP) for WNSW PHN was 309,250, representing 4% of the NSW population. The PHN's population is geographically dispersed over an area of around 55% of the total area of NSW; the largest area of any NSW PHN. Half of the population live in one of the four regional centres of Bathurst, Broken Hill, Dubbo Regional and Orange. Dubbo Regional had the largest ERP in 2016 in Western NSW, and Broken Hill for the Far West of NSW. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au Accessed: 6.11.2018.
	Gender structure	Males outnumber females	**Whole of PHN** In 2016, for every 100.0 females there were 101.1 males in WNSW PHN. Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, December 2017.
	Age Structure	Bimodal: majority of the population aged 0-14 or 50-69 years	**Whole of PHN** In 2016, more of the population occupied two main age groups (bimodal), 0-14 and 50-69 years, compared to NSW, where the largest proportion of the population occupied the 25-44 years age group. Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, December 2017.

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Population health determinants	Population average age	Older average age compared to NSW	**Whole of PHN** In 2016, the average age of a WNSW PHN resident was approximately 40 years compared to 32 years for that for NSW. Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, December 2017.
	Population projections: 2016-2036	Small population increase compared to that expected for NSW, with sub-regional variation.	**Whole of PHN and sub-regional variation (LGA)** From 2016 to 2036, the WNSW PHN population is projected to increase by 6% compared to more than 20% for NSW. At the LGA level, over the same 20-year period, a decline is predicted in the Far West LGAs of Wentworth, Balranald and Broken hill, with Broken Hill expecting the largest decline of 10%. By comparison, the populations of the Western regional and surrounding LGAs of Bathurst, Cabonne and Orange are expected to increase by at least 18%, with Bathurst showing the largest predicted increase of 30%. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au Accessed: 6.11.2018.
	Ageing population	70 years + age group expected to increase by more than 60% by 2036	**Whole of PHN** Between 2016 and 2036, the number of WNSW PHN residents aged 70 years and over are expected to increase by more than 60%, while all other age groups are predicted to remain relatively stable over the 20-year period. Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, December 2017.
	Life Expectancy	Lowest life expectancy at birth of all NSW PHNs and third lowest	**Whole of PHN:** In 2018, life expectancy at birth for WNSW PHN residents was 80.8 years, lower than the NSW average of 83.6 years and lowest of all NSW PHNs. Further, the life expectancy for WNSW PHN residents born in 2017-2019 was the third lowest nationally of any PHN. In 2018, life expectancy at birth for WNSW PHN males was 5 years less than the same for females, i.e., 78.4

		nationally. Lower life expectancy for men compared to women	compared to 83.4 years, respectively. Sources: 1. Centre for Epidemiology and Evidence, NSW Ministry of Health Available at: http://www.healthstats.nsw.gov.au Accessed: 27.08.2021. 2. Australian Institute of Health and Welfare National Mortality Data Base. Available at: https://www.aihw.gov.au/ Accessed: 10.10.2021.

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Population health determinants	Life Expectancy	Life Expectancies lower in Far West NSW	**Sub-regional variation (LHD):** In 2018, life expectancy at birth for FWLHD persons was 1 year less than the same for WNSWLHD persons, i.e., 79.8 compared to 80.9 years, respectively. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au Accessed: 27.08.2021.
	Cultural and linguistic diversity	Lower rates of people born overseas who do not speak English well, or at all	**Whole of PHN and sub-regional variation (LGA)** According to the ABS Census 2016**,** 0.3% of WNSW PHN residents were born overseas and did not speak English well, or at all, compared to 2.9% for Australian residents and 3.8% for NSW residents for the same. At the sub-regional level, the LGAs with the highest proportion of residents born overseas who did not speak English well, or at all, were Balranald (0.6%), Orange (0.6%) and Walgett (0.4%). Source: Population Health Information Development Unit (PHIDU), 2018 '*Social Health Atlas of Australia, Data by Primary Health Network'* Available at: http://www.phidu.torrens.edu.au/social-health-atlases/data (Accessed: 15.10.2018).
	Socio-economic disadvantage	High levels of socio-economic disadvantage	**Whole of PHN:** The Social Economic Index for Areas (SEIFA) Index of Relative Socio-economic Disadvantage (IRSD) for WNSW PHN is 954, lower than the Australian score of 1000. The lower the score the higher the degree of disadvantage. Source: Population Health Information Development Unit (PHIDU), 2018 '*Social Health Atlas of Australia, Data by Primary Health Network*'. Available at: http://www.phidu.torrens.edu.au/social-health-atlases/data (Accessed: 15.10.2018).

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Population Health Determinants	Socio-economic disadvantage	Higher levels of socio-economic disadvantage in Far West and Northwest NSW	**Sub-regional variation (LGA):** In 2016, 85% of WNSW PHN LGAs were ranked in the five lowest IRSD deciles (i.e. 1-5), nationally; with more than a third (37%) occupying the two lowest deciles (Figure 1).  *Figure 1: Index of Relative Socioeconomic Disadvantage (IRSD) by LGA, 2016, WNSW PHN where 1=most disadvantaged and 8=least disadvantaged.* Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, December 2017.

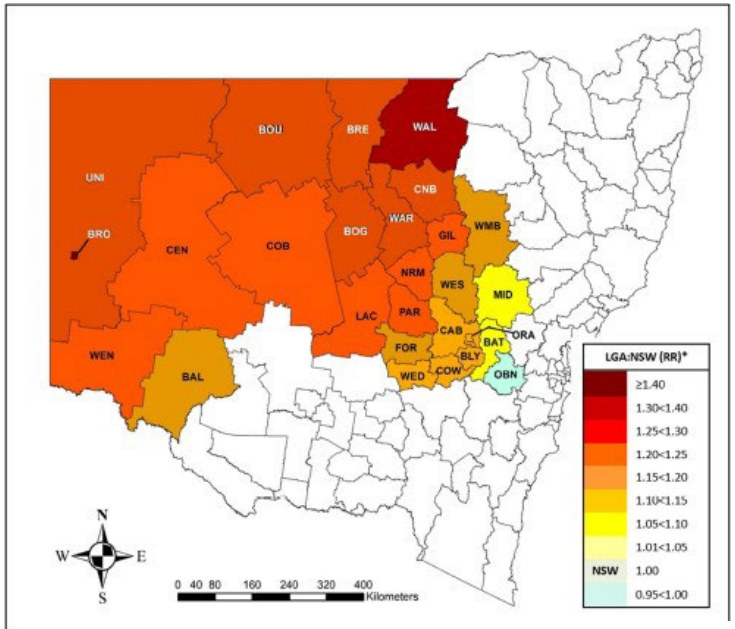
Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Population Health Determinants	Health Literacy	Lower levels of health literacy in vulnerable groups	Only about 40% of adults have the level of individual health literacy needed to be able to make informed decisions and take action about their own health.[1]From stakeholder consultation, health literacy was raised as an important factor impacting on self-care and health outcomes. There was concern that people do not realise they are unhealthy and are often not presenting until very unwell. Improving health literacy across the lifespan would empower individuals to improve, and engage with health professionals to better manage, their own health. Vulnerable groups identified through consultations with community included parents of babies and young children, Aboriginal people, Elders and older people, rural and remote communities, men, people living with chronic disease and/or disabilities and their Carers, people living with mental illness and drug and alcohol addiction and their Carers. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
	Disability	Levels of disability on par with state and national averages, with higher levels in rural and remote regions	**Whole of PHN and sub-regional variation (LGA)** In 2016, 5% of WNSW PHN residents were living with a profound or severe disability and living in the community, similar to that for NSW (5%) and Australia (5%). The majority of LGAs had levels of disability equal to or lower than the average for NSW, while those LGAs in more remote and rural areas tended to have higher levels of disability, with Weddin (8%), Broken Hill (7%) and Coonamble (7%) having the highest levels. Source: Population Health Information Development Unit (PHIDU), 2018 '*Social Health Atlas of Australia, Data by Primary Health Network*' Available at: http://www.phidu.torrens.edu.au/social-health-atlases/data (Accessed: 15.10.2018).

[1] Source: Australian Commission on Safety and Quality in Health Care, 2015. *Health Literacy: A Summary for Clinicians*

Available at: https://www.safetyandquality.gov.au Accessed: 16.10.2018

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Population Health Determinants	Aboriginal Population		**Refer to Aboriginal Health Needs Assessment tables**
	LGBTI (lesbian, gay, bisexual, transgender, or intersex) population	Identified as a vulnerable population for which little data was available. Requires further exploration.	**Australia** Due to a lack of specific data, even at a national level, reporting on the health of LGBTI people in WNSW PHN is challenging. From the AIHW's *Australia's health 2018 Report,* it is estimated that this group may comprise as high as 11% of the total population. This population is considered at high risk of mental health, drug, alcohol and sexual health issues. Source: Australian Institute of Health and Welfare 2018. Australia's health 2018. Australia's health series no. 16. AUS 221. Canberra: AIHW. Available at: https://www.aihw.gov.au Accessed: 3/11/2018.

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Population health status	Health and wellbeing perceptions	Lower rate of self-reported good health compared to national average	**Whole of PHN:** In 2016-17, 81% of surveyed WNSW PHN residents reported their health as excellent, very good or good compared to a national average of 85%. Source: Australian Institute of Health and Welfare analysis of Australian Bureau of Statistics, Patient Experience Survey, 2016-17. Available at: https://www.myhealthycommunities.gov.au/primary-health-network/phn107# Accessed: 13.10.2018.
		Low rates of self-reported good health and wellbeing with lowest rates reported in Northwest and Far West areas	**Whole of PHN and Sub-regional variation (LGA):** In 2021, 75% of participants surveyed in the WNSW PHN Telephone Community Health Survey rated their health and wellbeing as good or better, and that of their family as slightly lower than their own, 74%. Sub-regionally, more than one-third (37%) of LGAs had reported levels of good or better health and wellbeing below the WNSW PHN average of 75%. The lowest levels of health and wellbeing for survey participants were reported in Warrumbungle (60%), Bourke (66%), Brewarrina (70%), Dubbo Regional (71%), Broken Hill (72%) and Warren (72%). The highest levels were reported by survey participants living in Wentworth (81%), Parkes (80%), Forbes (80%), Central Darling (79%) and Blayney (79%). Source: *Telephone Community Health Survey for Western NSW PHN Report, 6 September 2021.*

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Population health status	Potentially avoidable deaths (PAD)	Higher rates of potentially avoidable deaths: highest in males & highest in North-West NSW	**Whole of PHN:** The annual average rate of potentially avoidable deaths for WNSW PHN residents for the five years from July 2013 to June 2018 was 49% higher than that for NSW, 154.8 compared to 103.7 per 100,000 population, respectively. Rates for the reporting period in WNSW PHN males was almost double that in WNSW PHN females, 200.8 compared to 109.1 per 100,000 population. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health Available at: http://www.healthstats.nsw.gov.au Accessed: 21.09.2021. **Sub-regional variation (LGA):**  *Figure 2: Potentially avoidable deaths (annual average standardised rate) for persons less than 75 years of age by LGA, 2012-13 to 2016-17.* *(*The ratio of LGA rate to NSW rate (RR=rate ratio))* Between July 2012 and June 2017, the average annual rates of potentially avoidable deaths were higher for all WNSW PHN LGAs than NSW, except for Oberon, which was slightly lower by 4% (Figure 2). Rates were highest in Broken Hill and Walgett by 42% and 31%, respectively. Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, 2020.

	Outcomes of the health needs analysis		
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Population health status	Potentially preventable hospitalisations (PPH)	Higher rates of acute and chronic potentially preventable hospitalisations	**Whole of PHN** Between July 2014 and June 2019, the annual average rate of all PPH in WNSW PHN was 16% higher than that for NSW, i.e., 2413.0 compared to 2073.7 per 100,000 population, respectively. A 12% increase in rates over the five-year reporting period was demonstrated, i.e., 2278.6 in 2014-15 to 2545.5 in 2018-19. The annual average rate over the reporting period in WNSW PHN females was 3% higher than those in WNSW PHN males, 2458.4 compared to 2382.0 per 100,000 per population. In 2018-19, acute type PPHs made up half (51%) of all PPHs while chronic-type PPHs contributed to just less than half (45%). In the same reporting period, the rates of acute and chronic PPHs in WNSW PHN were the second highest in NSW as well as being 30% and 15% higher, respectively, than the same for NSW. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health Available at: http://www.healthstats.nsw.gov.au Accessed: 21.09.2021.
		Higher rates of acute and chronic potentially preventable hospitalisations	**Sub-regional variation (LGA)** Between July 2017 and June 2019, the rates of PPH in 40% of WNSW PHN LGAs were significantly higher than the NSW rate. Highest rates occurred in Walgett, Broken Hill, Bourke, Dubbo Regional, Brewarrina and Central Darling and Coonamble (Figure 3). Four LGAs had rates lower than the State, i.e., Blayney, Cowra, Parkes and Cabonne.  *Figure3: PPH by LGA, NSW 2017-18 to 2018-19* *Table 1: Heat map legend* **Low rates** **Highest rates** Source: Centre for Epidemiology and Evidence, NSW Ministry of Health Available at: http://www.healthstats.nsw.gov.au Accessed: 21.09.2021.

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Population health status	Risk Factors	Higher prevalence of chronic disease risk factors	**Whole of PHN:** **Alcohol consumption (2019)** WNSW PHN adults surveyed in the NSW Adult Population Health Survey reported levels of alcohol consumption that pose a long-term risk to health, higher than that for NSW (36% vs. 33%). **Inadequate fruit and vegetable consumption (2019):** Self-reported levels of adequate fruit consumption among WNSW PHN adults was lower than that for NSW (35% vs. 41%).However, self-reported adequate vegetable consumption among WNSW PHN adults was similar to that for NSW (7% vs. 6%). **Overweight and obesity (2021)** Of those WNSW PHN active GP patients with a recorded height and weight and derived BMI: • 29.7% had a BMI indicative of being overweight (lower than the national average of 32.5%) • 49.0% had a BMI indicative of being obese (higher than the national average of 39.8%). Obesity was rated as a serious health concern by 19% of participants of the WNSW PHN Telephone Community Health Survey. **Physical Inactivity (2019)** 43.9% of WNSW PHN adults surveyed in the Adult Population Health Survey self-reported insufficient physical activity, the third highest of any NSW PHN and higher than that for NSW (38.5%). However, at the LHD level, for the same reporting year, surveyed FWLHD residents self-reported the highest levels of insufficient physical activity of any NSW LHD (53.8%). **Smoking (2021)** 19.5% of active GP patients with a recorded smoking status (70% of all patients) were recorded as being a current smoker. Greater than the national average of 14.7% and the third highest nationally of any PHN behind Western QLD (23.5%) and the Northern Territory (19.8%).

			Sources: 1. Practice Incentives Program Quality Improvement Measures: National report on the first year of data 2020-21. Accessed: 01.09.2021 https://www.aihw.gov.au/reports/primary-health-care/pipqi-measures-national-report-2020-21/contents/introduction. 2. Centre for Epidemiology and Evidence, NSW Ministry of Health Available at: http://www.healthstats.nsw.gov.au Accessed: 21.09.2021 3. *Telephone Community Health Survey for Western NSW PHN Report, 6 September 2021.*

Outcomes of the health needs analysis			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Population health status	Poor health risk factor outcomes	Increasing prevalence with rurality and remoteness; highest in the Far West of the region	**Sub-regional variation (LGA)** For the period 2017-18, LGAs with the highest rates of high blood pressure were Central Darling and Cobar, with rates 19% and 10% higher than that of NSW, respectively (Table 1). Psychological distress was highest in Central Darling and Broken Hill, with rates being 35% and 27% higher than that for NSW, respectively While rates of overweight in LGAs were not dissimilar to that for NSW, rates of obesity were highest in Central Darling, Narromine and Gilgandra, with rates being 63%, 51% and 48% higher than that for NSW, respectively. *Where: LGA=local government area; Psych.=psychological; ASR=age-standardised rate; FW=Far West Local Health District; NA=Data not available; WNSW PHN=Western NSW Primary Health Network.* *Source: Health of the Population. Western NSW Health Needs Assessment. Health Intelligence Unit, Western NSW Local Health District, 2020.*

Table 2: Self-reported biomedical risk factors by jurisdiction, 2017-18.

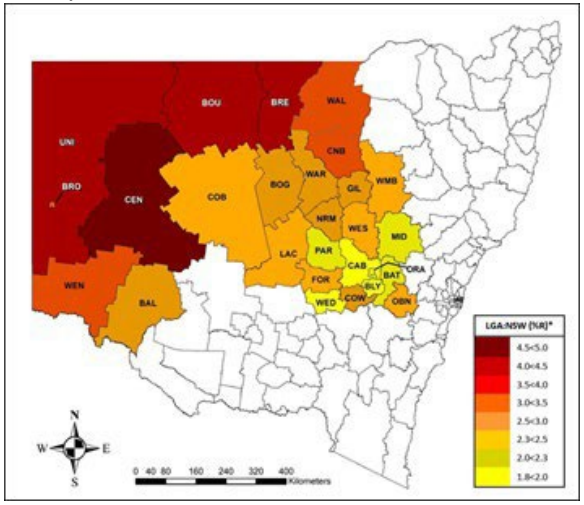
LGA	High psych. distress (ASR /100)	High blood pressure (ASR /100)	Overweight (ASR /100)	Obese (ASR /100)
Balranald (FW)	12.5	24.9	38.3	39.9
Bathurst	12.4	23.7	32.8	43.7
Blayney	11.2	23.4	33.1	42.6
Bogan	12.7	24.2	33.3	44.6
Bourke	NA	NA	NA	NA
Brewarrina	NA	NA	NA	NA
Broken Hill (FW)	15.7	23.2	34	45.4
Cabonne	11.1	22	33.4	39.1
Central Darling (FW)	15.8	27.6	37.1	50.3
Cobar	12.2	25.5	32.4	44.1
Coonamble	12.1	22.4	31.7	41.7
Cowra	12.5	23.1	33.3	41
Dubbo Regional	12.3	23.6	32.8	44
Forbes	11.2	23.2	33.8	40.9
Gilgandra	12.5	24	32.8	45.8
Lachlan	11.6	24.6	34.9	42.7
Mid-Western	12.6	23.4	31.8	41
Narromine	12.6	25.1	33.1	46.7
Oberon	11.7	23.3	32.5	43.9
Orange	12.3	24.2	33.2	40.3
Parkes	12.6	23.8	33.4	41.4
Unincorporated (FW)	NA	NA	NA	NA
Walgett	NA	NA	NA	NA
Warren	12.2	21.8	31.3	41.2
Warrumbungle	12.4	22.2	31.9	43.1
Weddin	10.7	21.8	33	37.4
Wentworth (FW)	12.5	23.2	37.6	38.5
WNSW PHN	12.5	23.8	33.2	42.5
NSW	12.4	23.1	35	30.9

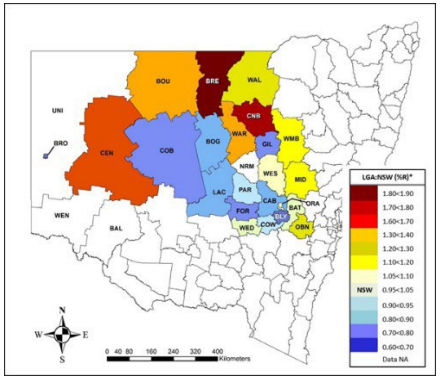
Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Population health status	Corona Virus Disease 2019 (COVID-19)	Socially disadvantaged and vulnerable populations disproportionately affected by the COVID outbreak	**Whole of PHN** Since 10th August 2021, there have been 1,912 cases in WNSW PHN, with almost two-thirds of cases (n=1,239) occurring in Aboriginal people. In the same reporting period, there have been 14 deaths due to COVID-19, 8 of whom were an Aboriginal person (57%). **Sub-regional variation (LHD)** In WNSWLHD: • Aboriginal people have been 10.9[1] times more likely to contract COVID-19 than non-Indigenous people. • The average age of an Aboriginal person contracting COVID-19 was younger than that for a non-Indigenous person, i.e., 24.2 years (range: 0-89 years) compared to 33.7 years (range: 0-96 years). In FWLHD: • Aboriginal people have been 28.9 times more likely to contract COVID-19 than non-Indigenous people. • The average age of an Aboriginal person contracting COVID-19 was younger than that for a non-Indigenous person, i.e., 24.9 years (range: 0-79 years) compared to 33.7 years (range: 1-86). Disadvantaged populations impacted by the outbreak faced significant barriers for compliance with public health orders including overcrowding, homelessness, domestic violence, mental health illness and alcohol and/or drug dependence. Extensive support services established to support the outbreak uncovered complex social and health issues in this cohort, including unmet need including: • Of the individuals requiring mental health, drug and alcohol dependency support from the Rapid Response team, 93% were Aboriginal and only 50% of consumers were known to the health service. • Of the individuals accepted into the District Health Accommodation, established to support public health order compliance, 37% were recorded as homeless (including people with no fixed address and women seeking refuge from domestic violence).

		Majority of COVID-19 cases occurred in unvaccinated individuals	**Sub-regional variation (LHD)** **FWLHD (not available)** **WNSWLHD** Since 10th August 2021, around 79.1% of people who contracted COVID-19 were unvaccinated.

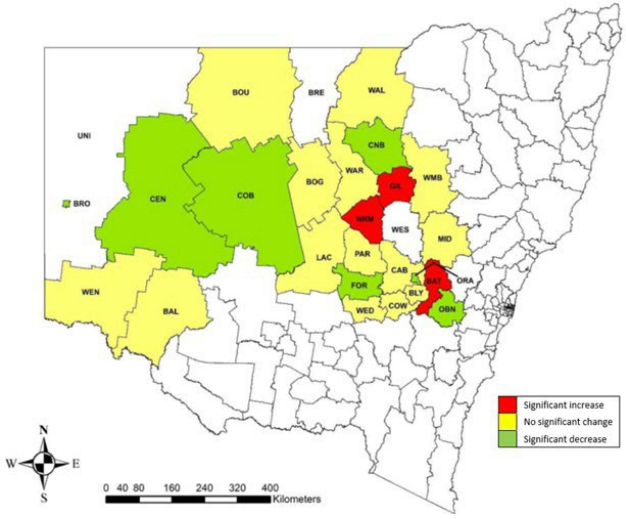
Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of the evidence**
First 2000 days of life	Children aged younger than 5 years	Higher proportion of the total population compared to NSW	**Whole of PHN and sub-regional variation (LGA)** In 2016, the total WNSW PHN ERP aged 0-4 years made up 7.0% of the total WNSW PHN ERP, 8% higher than that for NSW (6.5%). The majority (70%) of WNSW PHN LGAs had a greater proportion of their population aged under 5 years of age compared to the same for NSW. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health Available at: http://www.healthstats.nsw.gov.au Accessed: 17.10.2018.
	Fertility rates	Highest fertility rate of all NSW PHNs	**Whole of PHN** In 2019, the total fertility rate of 2.05 in WNSW PHN was the highest of any NSW PHN and 29% higher than that for NSW (1.59). Source: Centre for Epidemiology and Evidence, NSW Ministry of Health Available at: http://www.healthstats.nsw.gov.au Accessed: 08.10.2021.
	Births	A decline in the total number of births since 2001; lowest rate in Far West	**Whole of PHN and sub-regional variation (LHD)** In 2001, there were 4,136 births to WNSW PHN resident mothers, representing 5% of the total state births for that year. In 2019, there were 3,775 births to PHN resident mothers, representing 4% of total state births for that year, a 9% decline since 2001. In Far West Local Health District (FW LHD) the total number of births fell by 30% between 2001 (312) and 2019 (219). This decline is greater than that for Western NSW LHD where the total number of births fell by 8% between 2001 (3,824) and 2017 (3,524). Source: Centre for Epidemiology and Evidence, NSW Ministry of Health Available at: http://www.healthstats.nsw.gov.au Accessed: 08.10.2021.
	Teen pregnancy	Highest rate of pregnancy in young mothers of all NSW PHNs	**Whole of PHN and sub-regional variation (LHD)** In 2019, 4.4% of WNSW PHN mothers giving birth were aged under 20 years - the highest proportion of all NSW PHNs and 2.6 times that for NSW (1.7%). In 2017, 6% of FWLHD resident mothers giving birthwere aged under 20 years higher- than that for WNSW LHD (5%). Source: Centre for Epidemiology and Evidence, NSW Ministry of Health Available at: http://www.healthstats.nsw.gov.au Accessed: 08.10.2021.

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of the evidence**
First 2000 days of life	Mortality (child)	Higher rate of mortality compared to NSW average	**Whole of PHN** Between 2012 and 2017, the annual average mortality rate among 0-4-year-olds in WNSW PHN was more than 25% higher than that for NSW. The leading causes of death for the reporting period were maternal, neonatal and congenital conditions (58%). The second leading cause of death for 0–4-year-olds in WNSW PHN was injury and poisoning (11.6%). Source: Health of the Population. Western NSW Health Needs Assessment. Health Intelligence Unit, Western NSW Local Health District, 2020.
		Highest rate nationally of any PHN of congenital malformations, deformations and chromosomal abnormalities	**Whole of PHN** In 2019, the age-standardised rate of congenital malformations, deformations and chromosomal abnormalities in WNSW PHN was the highest of any PHN, nationally and almost double the national average, i.e., 4.8 and 2.6 per 100,000 population. Source: Australian Institute of Health and Welfare National Mortality Data Base. Available at: https://www.aihw.gov.au/ Accessed: 10.10.2021.
	Smoking in pregnancy	Highest rate of smoking in pregnancy of any NSW PHN, but evidence of a downward trend	**Whole of PHN** In 2019, 20.7% of mothers giving birth smoked in pregnancy, the highest of any NSW PHN. Between 2015 and 2019, the annual average rate of WNSW PHN mothers who smoked at all during pregnancy was 20.9%, 2.4 times that for NSW (8.8%). Importantly however, rates have fallen in WNSW PHN by 8% from 2015 to 2019. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health Available at: http://www.healthstats.nsw.gov.au Accessed: 08.10.2021.

	Outcomes of the health needs analysis		
Priority	**Identified Need**	**Key Issue**	**Description of the evidence**
First 2000 days of life	Smoking in pregnancy	Higher rates and increasing with rurality and remoteness	**Sub-regional variation (LGA)** Between 2012-2014 and 2016-2018, the proportion (triennial average) of mothers who smoked during pregnancy was higher in all WNSW PHN LGAs than that for NSW (Figure 4). In general, rates increased with rurality and remoteness. Central Darling reported the highest rates of smoking (five times that of NSW) followed by Bourke, Brewarrina and Unincorporated Far West, where rates were 4.0-4.5 times that of NSW. Although Blayney, Cabonne, Orange and Weddin reported the lowest rates, the proportion of mothers smoking during pregnancy was still nearly twice that of NSW.  *Figure 4: Proportion of mothers that smoked during pregnancy in WNSW PHN LGAs compared to NSW, 2012-2014 to 2016-2018. *The ratio of the LGA triennial average percentage of total mothers smoking during pregnancy to that of NSW (percentage ratio); %R=percentage ratio.* Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health, 2020 .

	Outcomes of the health needs analysis		
First 2000 days of life	Low Birth Weight	Highest rate of low birth weights of any NSW PHN	**Whole of PHN** Low birth weights (LBW) are those less than 2,500 grams. In 2019, 5.5% of babies born in WNSW PHN had an LBW, the highest of any NSW PHN. Between the years 2015 and 2019, the annual average rate of LBW in WNSW PHN was 5.3% of all births, 10% more than that in NSW (4.8%). Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au Accessed: 08.10.2021.
	Low Birth Weight	Higher proportion of low birth weights	**Sub-regional variation (LGA)** Between 2014 and 2018, nearly 50% of WNSW PHN LGAs reported annual average proportions of LBW babies higher than that in NSW (Figure 5). The highest rates were reported for Brewarrina (12%), Coonamble (11%), Central Darling (10%) and Warren (9%) compared to NSW with 6%. LGAs reporting the lowest rates included Blayney (4%), Broken Hill (4%), Cobar (5%), Forbes (5%) and Gilgandra (5%). NB: Note that due to limited resources at Broken Hill Base Hospital, women with high-risk pregnancies deliver interstate in Adelaide, with subsequent birth data not being returned to Broken Hill Hospital. Therefore, the proportion of low birth weight babies for Broken Hill may be artificially low. In addition, data for all reporting years were not available for Balranald, Unincorporated NSW and Wentworth as many expectant mothers in these LGAs deliver in Victoria.  *Figure 5: Annual average rate of low birth weight babies in WNSW PHN LGAs compared to NSW, 2014 to 2018* *(*The ratio of LGA rate to NSW rate (RR=rate ratio)).* Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, 2020.

	Outcomes of the health needs analysis		
	Developmental vulnerability	Higher levels compared to NSW	**Whole of region** In 2018, the percentage of children who were developmentally vulnerable on two or more domains was higher than that for NSW by 17%, i.e., 11.3% compared to 9.6%, respectively. Source: PHIDU, 06.05.2021.

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
First 2000 days of life	Developmental vulnerability	Mostly higher in Far West and North-West NSW.	**Sub-regional variation (LGA)** In 2018, the percentage of children who were developmentally vulnerable on two or more domains was higher than that for NSW in the majority of WNSW PHN LGAs (62%). Developmental vulnerability was highest in Walgett followed by Coonamble, Wellington (incorporated into Dubbo Regional LGA), Warrumbungle Shire and Bourke. In 2018, developmental vulnerability had significantly improved in the LGAs of Central Darling, Cobar, Coonamble, Forbes and Oberon but worsened in the LGAs of Narromine, Gilgandra, Bathurst and Dubbo Regional LGAs compared to results from 2015 (Figure 6).  *Figure 6: Change in developmental vulnerability among children on two or more domains, in 2018 compared to 2015.* Sources: 1. Australian Early Development Census. Developmental Vulnerability Western NSW Report, September 2019. 2. Health Intelligence Unit, Western NSW Local Health District.

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
First 2000 days of life	Foetal Alcohol Spectrum Disorder (FASD)	Higher incidence in remote communities	From community consultations, FASD was raised as a serious health concern particularly in remote communities. The prevalence of FASD in Australia is unknown and there are few diagnostic services for FASD.[2] Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
	Hospitalisations in children aged 0-4 years	Higher rates of respiratory disease compared to NSW	**WNSW PHN** Between 2013-14 and 2017-18, the annual average hospitalisation rate for children aged 0-4 years was slightly higher in WNSW PHN residents by 2% compared to NSW. The leading causes of hospitalisations were: (1) factors associated with health status and health service contact (e.g., chemotherapy) (35%) (2) conditions originating in the perinatal period (20%) (3) respiratory conditions (16%) (5) ill-defined or unknown causes (6%) (5) nervous and sense disorders (6%) Of note, respiratory diseases were responsible for 19% more hospitalisations than that for NSW. *Source: Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, 2020.

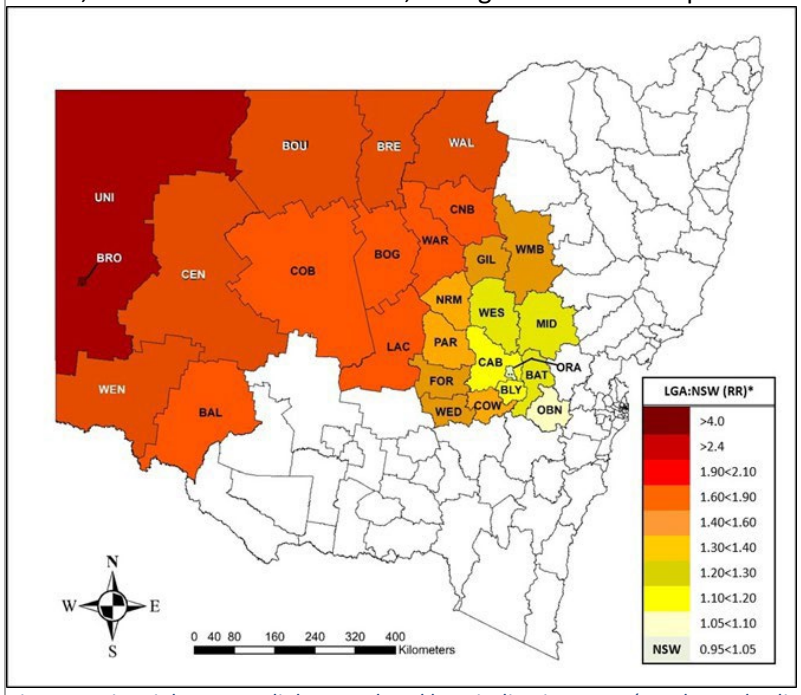
[2] (Fitzpatrick JP et al (2012). The Liliwan Project: study protocol for a population-based active case ascertainment study of the prevalence of foetal alcohol spectrum disorders (FASD) in remote Australian Aboriginal communities. BMJ Open 2012;2:e000968. doi: 10.1136/bmjopen-2012-000968))

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
First 2000 days of life	Community concern for health of mothers, babies and young children	Those most concerned were women and people aged under 50 years	In 2018, participants in the WNSW PHN Telephone Community Health Survey who were female, and adults aged under 50 years rated the health of mothers, babies and young children as an important health concern for the community more highly than males and people aged 50 years and over. Source: *Telephone Community Health Survey for Western NSW PHN Report, 28 August 2018.*
	Early intervention	A lack of a systematic approach to early intervention	From stakeholder consultation, the lack of a region-wide approach to an early intervention strategy for children aged younger than 5 years was noted as an issue that may potentially impact on the developmental vulnerability of children who reach school age. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
	Prevention – immunisation	Lower fully immunised rates among Aboriginal children in Western NSW LHD compared to those for NSW	**Whole of PHN and sub-regional variation (LHD)** • In 2020, the rates of fully immunised children aged 1 year, 2 years and 5 years old were the highest in NSW and highest in the Far West LHD, i.e., 98.6%, 95.8% and 97.2%, respectively. • However, rates of full immunisation in Aboriginal children aged 1 year, 2 years and 5 years were lower than that in non-Aboriginal children in WNSWLHD. Centre for Epidemiology and Evidence, NSW Ministry ofHealth. Available at: http://www.healthstats.nsw.gov.au Accessed: 10.10.2021.

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of the evidence**
Chronic disease management and prevention	Potentially preventable hospitalisations (PPH) for chronic conditions	One of the highest average length of stay (ALOS) nationally, with PPH rates highest in the SA3 subregions of Lachlan Valley.	**Whole of PHN and sub-regional analysis (SA3)** In 2017-18, the rate of PPH for chronic conditions for WNSW PHN residents was lower than the national average for the same, 1,227 compared to 1,233 per 100,000, respectively. However, the **ALOS** for PPH chronic conditions was 4.6 days, **the fifth highest nationally of any PHN**. In 2017-18, PPH for chronic conditions were highest in the SA3 subregions of Lachlan Valley and Orange. Source: Australian Institute of Health and Welfare analysis of the National Hospital Morbidity Database 2017-18 and Australian Bureau of Statistics, Estimated Resident Population 30June 2017. AIHW (Australian Institute of Health and Welfare) 2020. Disparities in potentially preventable hospitalisations across Australia, 2012-13 to 2017-18. Cat. No. HPF 50. Canberra: AIHW. Accessed: 23.09.2021.
	Chronic disease prevalence	Higher levels of long-term health conditions compared to national levels.	**Whole of PHN** In 2016-17, 20% more WNSW PHN residents surveyed in the ABS Patient Experience Survey self-reported a long-term health condition than that for Australia, 60% compared to 50%, respectively. Source: Australian Institute of Health and Welfare analysis of Australian Bureau of Statistics, Patient Experience Survey, 2016-17. Available at: https://www.myhealthycommunities.gov.au Accessed: 22.10.2018.
	Diabetes prevalence	Higher prevalence compared to national levels, particularly in Far West and North-West NSW	**Whole of PHN and sub-regional variation (LGA)** In June 2021, more than 20,000 WNSW PHN residents were registered with the National Diabetes Services Scheme (NDSS) representing around 6% of the total population, higher than the national average of 5%. The LGAs of Broken Hill (9%), Brewarrina (9%), Central Darling (9%), Walgett (8%), Warren (8%), Coonamble (8%), Bourke (7%) and Cowra (7%) reported the highest population proportions registered with the NDSS. Source: The National Diabetes Service Scheme (NDSS) June 2021: Australian Diabetes Map Available http://www.diabetesmap.com.au/#/ Accessed: 29.10.2021.

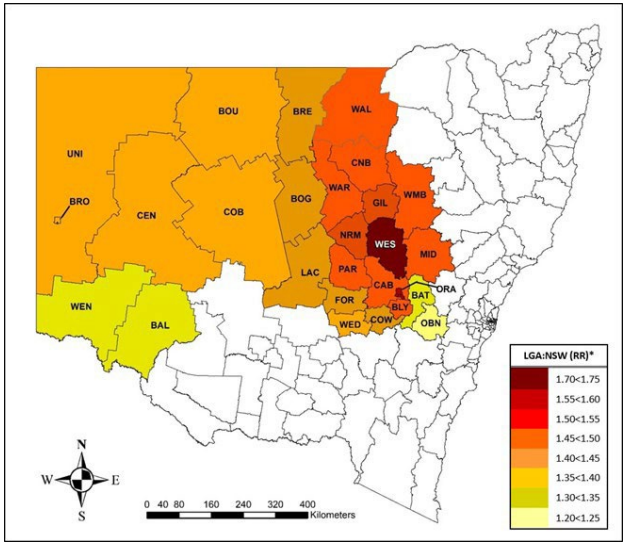
		Higher prevalence in males and higher in WNSW PHN males compared to national rates	**Whole of PHN** In June 2021, 6.3% of WNSW PHN males were registered on the NDSS compared to 5.3% of females. Nationally, 5.8% of males were registered on the NDSS compared to 5.4% of females. Source: The National Diabetes Service Scheme (NDSS) June 2021: Australian Diabetes Map Available http://www.diabetesmap.com.au/#/ Accessed: 10.11.2020.

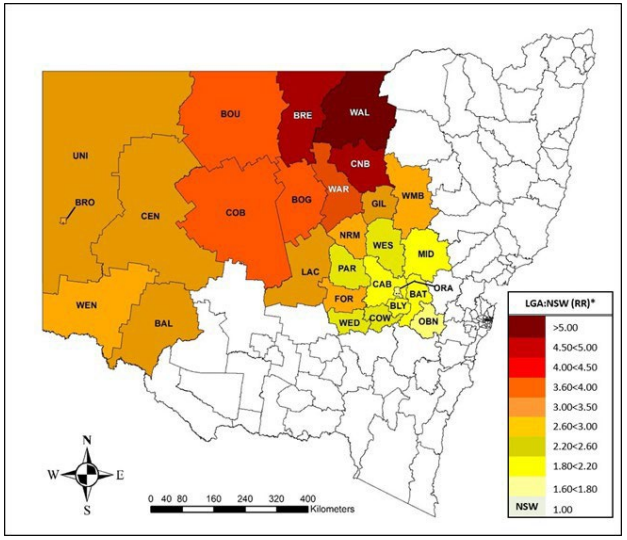
Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of the evidence**
Chronic disease management and prevention	Diabetes deaths	Higher rate compared to NSW and higher in males than females	**Whole of PHN** Between 2013 and 2017, the annual average rate of diabetes-related deaths was higher in WNSW PHN than NSW by 35%. Compared to 2013, diabetes-related deaths in 2017 were 15% higher in WNSW PHN. The annual average rate of diabetes-related deaths was substantially higher among males than females by 58% in WNSWPHN. *Source: Health of the Population. Western NSW Health Needs Assessment. Health Intelligence Unit, Western NSW Local Health District, 2020.*
		Rate in all LGAs is higher than the NSW average and highest in Broken Hill, Dubbo and Orange LGAs	**Sub-regional variation (LGA):** Between 2012-13 and 2016-17, the annual average diabetes-related mortality rates were higher in all WNSW PHN LGAs than in NSW. The LGAs of Broken Hill, Dubbo Regional and Orange had the highest mortality rates and compared to NSW were higher by 37%, 24% and 24%, respectively. *Source: Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, 2020.
	Diabetes hospitalisation	Higher rate compared to NSW	**Whole of PHN** Between 2014-15 and 2018-19, the annual average rates of diabetes-related hospitalisations (based on principal diagnosis) for WNSW PHN were higher than that for NSW by 51%. *Source: Health of the Population. Western NSW Health Needs Assessment. Health Intelligence Unit, Western NSW Local Health District, 2020.*

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of the evidence**
Chronic disease management and prevention		Increasing rates with rurality and remoteness	**Sub-regional variation (LGA):** Between 2013-15 and 2017-19, the average biennial rate of diabetes hospitalisation for all WNSW PHN LGAs were higher than that for NSW, except Orange (Figure 7). Broken Hill reported the highest average rate of hospitalisations with rates 4.7 times that of NSW. Unincorporated Far West NSW reported rates 2.5 times that of NSW while Bourke, Wentworth, Central Darling, Brewarrina and Walgett all reported rates, around twice that of NSW; Orange and Oberon reported the lowest rates.  *Figure 7: Biennial average diabetes-related hospitalisation rates (aged-standardised) by LGA compared to NSW, 2013-15 to 2017-19.* LGA=local government area; RR=rate ratio. ^Based on principal diagnosis. *The ratio of LGA annual average mortality rate to NSW annual average mortality rate (rate ratio). *Source: Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, 2020.

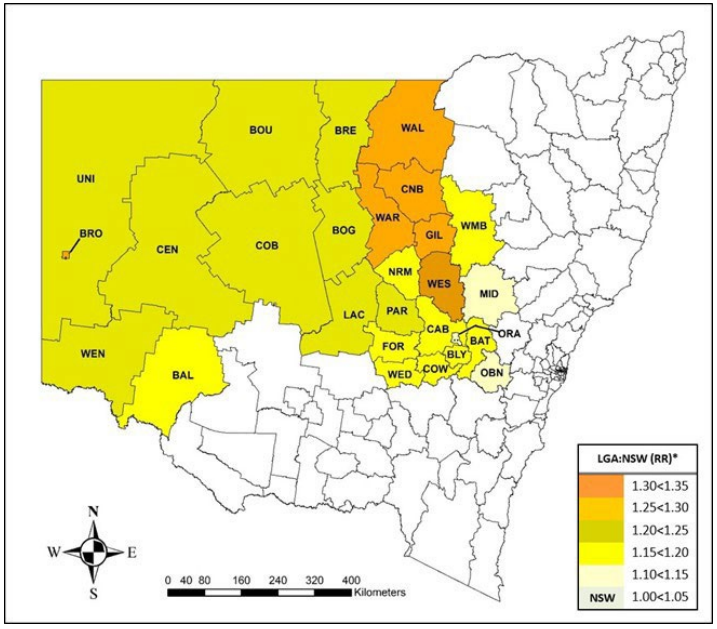
Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of the evidence**
Chronic disease management and prevention	Diabetes perceptions	An important priority health concern in the community	**Whole of PHN** In 2021, diabetes was found to be one of the most serious health concerns with 19% of people surveyed in the WNSW PHN Telephone Community Health Survey mentioning diabetes as a serious health concern facing communities. Source: *Telephone Community Health Survey for Western NSW PHN Report, 6 September 2021.*
	Kidney disease hospitalisation	Dialysis was the leading cause of hospitalisation, and was higher in males than females	**Whole of PHN** Between 2014-15 and 2018-19, the annual average rate of dialysis hospitalisations (based on principal diagnosis) for WNSW PHN residents was slightly lower (3%) than that for NSW. Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, 2020.
		Higher rates of dialysis in the Far West NSW.	**Sub-regional variation (LHD**) Between 2014-15 and 2018-19, while the annual average rate of dialysis hospitalisations (based on principal diagnosis) was 10% lower for WNSWLHD compared to NSW, the rate in FWLHD was 57% higher than that for NSW. In 2018-19, dialysis was the cause of 1 in 5 hospitalisations (20%) in FW LHD residents compared to 11% for the same in WNSW LHD residents and 13% in NSW. Sources: Health of the Population. Western NSW Health Needs Assessment. Health Intelligence Unit, Western NSW Local Health District, 2020 and Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au Accessed: 10.10.2021.
	Respiratory disease deaths	A leading cause of deaths and higher rate compared to NSW	**Whole of PHN** In 2018, respiratory diseases were the cause of 11% of deaths in WNSW PHN residents. The mortality rate for respiratory disease in WNSW PHN residents was 44% higher than that for NSW, i.e., 65.2 compared to 45.2 per 100,000 population, respectively. Source: Centre for Epidemiology and Evidence, NSW Ministry ofHealth. Available at: http://www.healthstats.nsw.gov.au Accessed: 10.10.2021.

	Respiratory disease hospitalisations	Higher rate compared to NSW	**Whole of PHN** In 2018-19, respiratory diseases were the cause of 6% of all WNSW PHN resident hospitalisations. The respiratory disease hospitalisation rate for WNSW PHN residents was 29% higher than that for NSW, i.e., 2344.0 compared to 1750.0 per 100,000 population, respectively. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health Available at: http://www.healthstats.nsw.gov.au Accessed: 10.10.2021.

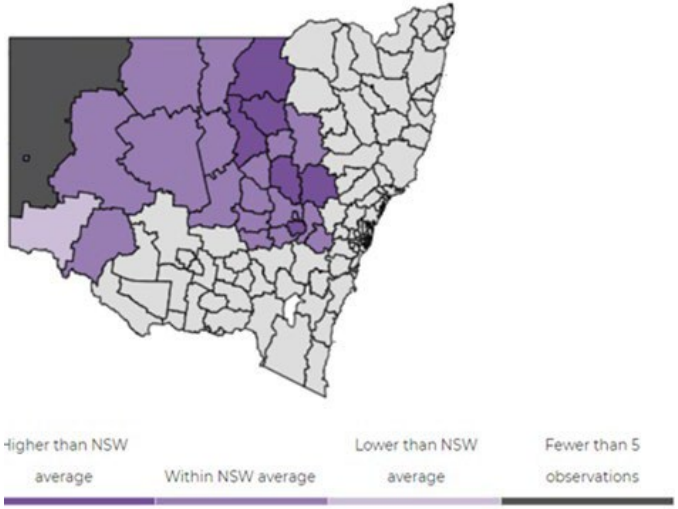
Priority	Identified Need	Key Issue	Description of the evidence
Chronic disease management and prevention	Respiratory Disease - Chronic Obstructive Pulmonary Disease (COPD)- deaths	Highest rate of COPD deaths of all NSW PHNs and higher in males than females.	**Whole of PHN** Between 2012-13 and 2016-17, the annual average mortality rate for COPD in WNSW PHN residents was the highest of any NSW PHN. The annual average death rate among males was higher than that for females by 51%. For the same period, COPD was responsible for 20% of all respiratory disease hospitalisations in WNSWPHN. Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, 2020
	Respiratory disease – COPD deaths	COPD rates higher in North-West NSW	**Sub-regional variation (LGA)** Between 2012-13 and 2016-17 the annual average COPD mortality rates for all WNSW PHN LGAs were higher than that for NSW (Figure 8). For the reporting period, Dubbo Regional LGA had the highest mortality rate, which was 71% higher than that for NSW. Orange LGA reported the second highest mortality rate being 55% higher than NSW. Although Oberon had the lowest mortality rate, its rate was still more than 20% higher than that of NSW.  *Figure 8: Annual average death rate (age- standardised) for COPD by LGA compared to NSW, 2012-13 to 2016-17* (*The ratio of LGA rate to NSW rate (RR=rate ratio) *Source: Health of the Population. Western NSW Health Needs Assessment. Health Intelligence Unit, Western NSW Local Health District, 2020*

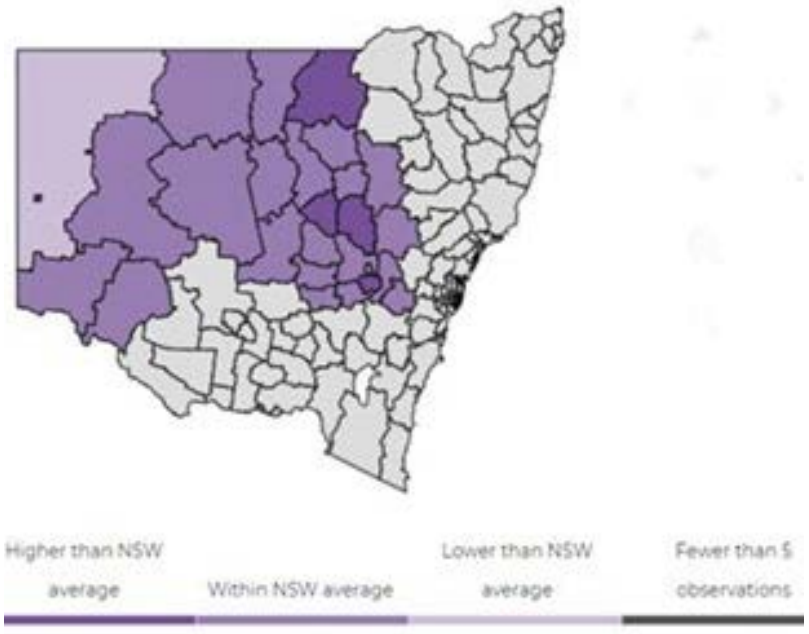
Priority	Identified Need	Key Issue	Description of the evidence
Chronic disease management and prevention	Respiratory disease - COPD hospitalisations	Higher rate compared to NSW	**Whole of PHN** Between 2014-15 and 2018-19, the annual average COPD hospitalisation rate was 57% higher than that in NSW. *Source: Health of the Population. Western NSW Health Needs Assessment. Health Intelligence Unit, Western NSW Local Health District, 2020.*
		Highest rates in Northwest	**Sub-regional variation (LGA)** Between 2013-15 and 2017-19, the average (biennial) rate of COPD hospitalisations in each WNSW PHN LGA was higher than that for NSW by at least 60% (Figure 9). Highest rates were seen in Walgett, where the rate was 5.6 times that of NSW, and Coonamble, Brewarrina and Warren, being 4.7, 4.5 and 4.1 times higher, respectively, than that for NSW.  *Figure 9: Biennial average COPD hospitalisation rates (aged-standardised) by LGA compared to NSW, 2013-15 to 2017-19.* LGA=local government area; RR=rate ratio; COPD=chronic obstructive pulmonary disease. . *The ratio of LGA biennial average mortality rate to that for NSW (rate ratio). *Source: Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, 2020.

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of the evidence**
Chronic disease management and prevention	Cardiovascular disease (CVD) deaths	Highest rate nationally of any PHN.	**Whole of PHN** In 2019, the age-standardised rate of CVD deaths in WNSW PHN was the highest nationally of any PHN and 31% higher than the national average rate, i.e., 167.6 compared to 127.5 per 100,000 population, respectively. Source: Australian Institute of Health and Welfare National Mortality Data Base. Available at: https://www.aihw.gov.au/ Accessed: 10.10.2021.
	Cardiovascular disease (CVD) deaths	Second leading cause of deaths and higher rate compared to NSW; higher in males	**Whole of PHN** In 2018, CVD was the second leading cause of deaths in WNSW PHN residents, responsible for more than a quarter (26%) of all deaths. Between 2012-13 and 2016-17, the annual average rate of CVD mortality was 22% higher than that for NSW. For the five-year reporting period, CVD mortality rates were 39% higher in WNSW PHN males than that for WNSW PHN females. Sources: 1. Centre for Epidemiology and Evidence, NSW Ministry of Health Available at: http://www.healthstats.nsw.gov.au Accessed: 10.10.2021. *2. Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, 2020.

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of the evidence**
Chronic disease management and prevention	CVD deaths	Higher rates of CVD mortality in North-West NSW	**Sub-regional variation (LGA)** Between 2012-13 and 2016-17, <u>all</u> WNSW PHN LGAs had higher CVD mortality rates than that for NSW (Figure 10). Dubbo Regional LGA had the highest death rate, which was 30% higher than that for NSW. Walgett, Coonamble and Gilgandra also had rates more than a quarter (27%, 26% and 26%, respectively) higher than that for NSW.  *Figure 10: The average annual CVD mortality rate in WNSW PHN LGAs compared to NSW, 2012-13 to 2016-17.* (*The ratio of LGA rate to NSW rate (RR=rate ratio). Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, 2020.

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of the evidence**
Chronic disease management and prevention	CVD hospitalisations	Higher rates compared to NSW; higher in males than in females. Highest rates in LGAs in the North West of the region	**Whole of PHN** Between 2014-15 and 2018-19, the annual average rate of CVD hospitalisations in WNSW PHN residents was 14% higher than that for NSW. For the reporting period, in WNSW PHN, the annual average rate of CVD hospitalisations in males was 56% higher than that in females **Sub-regional variation** (LGA) Between 2012-14 and 2016-18, the average biennial CVD hospitalisation rates for all but one LGA (Oberon) were higher than the NSW average. For Walgett, Brewarrina and Cobar, the rates were more than 50% than the NSW average. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au Accessed: 10.10.2021.
	Cancer perceptions	A leading health concern for the community.	**Whole of PHN** From community consultations, cancer was the third most serious health concern of participants in the WNSW PHN Telephone Community Health Survey with 31% of people ranking this issue in the top 5 health concerns facing their community. Source: *Telephone Community Health Survey for Western NSW PHN Report, 6 September 2021.*
	Cancer deaths (all causes combined)	Leading cause of deaths and highest rate of cancer deaths of all NSW PHNs.	**Whole of PHN** In 2018, cancer was the leading cause of deaths in WNSW PHN residents, causing 28% of deaths. In 2019, the age-standardised rate of cancer deaths in WNSW PHN was the sixth highest nationally and 15% greater than the national average, i.e., 182.0 and 158.2 per 100,000, respectively. Sources: 1. Centre for Epidemiology and Evidence, NSW Ministry of Health Available at: http://www.healthstats.nsw.gov.au Accessed: 19.10.2018 .2. NSW Cancer Institute. Available at: https://www.cancer.nsw.gov.au Accessed: February 2018.

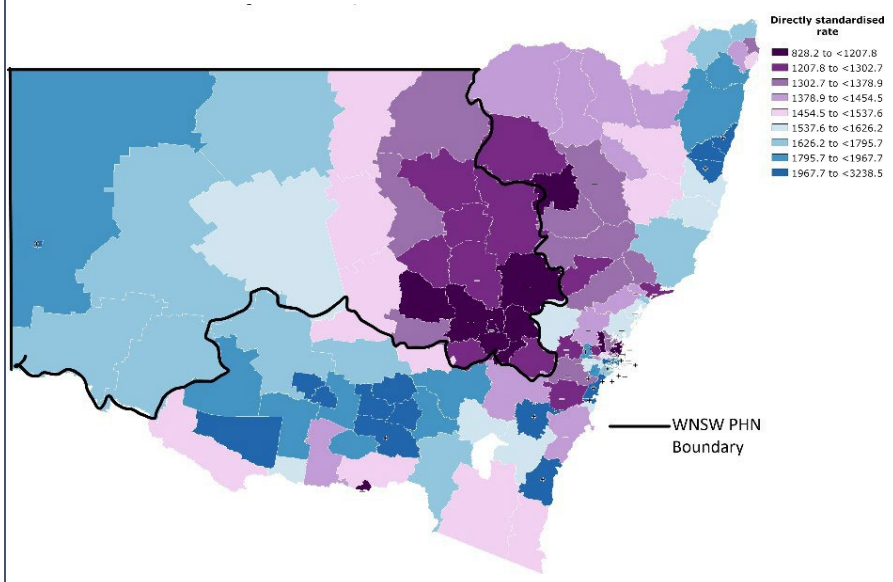
Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of the evidence**
Chronic disease management and prevention	Cancer deaths (all causes combined)	Variation in sub-regional cancer mortality rates	**Sub-regional variation (LGA)** Between 2013 and 2017, the majority of WNSW PHN LGAs had cancer mortality rates not significantly different to that for NSW (Figure 11). However, the LGAs of Walgett, Warren, Mid-Western Regional, Coonamble, Dubbo Regional and Blayney had significantly higher mortality rates of cancer than that for NSW. Source: NSW Cancer Institute Available at: https://www.cancer.nsw.gov.au Accessed: 10.10.2021.  *Figure 11: Standardised mortality ratio of all cancers WNSW PHN LGAs, NSW, 2013-2017.*
	Cancer incidence (all causes combined)	Incidence of cancer higher than the NSW average	**Whole of PHN** Between 2013 and 2017 the annual average incidence rate of cancer in WNSW PHN residents was statistically significantly higher than that for NSW, i.e., 524.5 compared to 494.5 per 100,000. Source: NSW Cancer Institute. Available at: https://www.cancer.nsw.gov.au Accessed:10.10.2021.

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of the evidence**
Chronic disease management and prevention	Cancer incidence (all causes combined)	Variation in sub-regional cancer incidence rates	**Sub-regional variation (LGA)** Between 2013 and 2017, the incidence of cancer in the majority of WNSW PHN LGAs was not significantly different to that of NSW (Figure 12). However, the LGAs of Broken Hill, Walgett, Dubbo Regional and Narromine had significantly higher incidence rates of cancer than that for NSW.  *Figure 12: Standardised incidence ratio of all cancers, WNSW PHN LGAs, NSW, 2013 and 2017.* Source: NSW Cancer Institute. Available at: https://www.cancer.nsw.gov.au Accessed: 10.10.2021.

Priority	Identified Need	Key Issue	Description of the evidence
Chronic disease management and prevention	Prevention – cancer screening	Low screening rates for cervical and bowel cancer	**Whole of PHN** In 2015-16, WNSW PHN had one of the lowest participation rates of any PHN nationally, with 53% of eligible women participating in the cervical screening program compared to 55% nationally. Similarly, for the same reporting period, rates of bowel cancer screening participation for eligible persons were lower than the national average, i.e., 38% compared to 41%, respectively. Breast screening rates for eligible WNSW PHN females were equal to the national average (55%). Source: Australian Institute of Health and Welfare, 2014 Australian Cancer Database (ACD) Available at: https://www.myhealthycommunities.gov.au Accessed: 22.10.2018
	Chronic disease prevention and health promotion	Unhealthy lifestyles a leading concern for the community	**Whole of PHN** From stakeholder consultations, unhealthy lifestyle was ranked as the second highest serious health concern by participants in the WNSW PHN Online Community Health Survey, with 49% of people ranking this issue in their top 5 health concerns. This issue was not ranked as highly by participants in the WNSW PHN Telephone Community Health Survey, with 13% of people mentioning this as a serious health concern. Sources: *1. Online Community Health Survey for Western NSW PHN Report, 6th September 2021 2. Telephone Community Health Survey for Western NSW PHN Report, 28 August 2018.*
	Oral health	Highest rate for dental caries hospitalisation of any NSW PHN	**Whole of PHN** In 2016-17, the rate for removal and restoration of teeth for dental caries for all ages in WNSW PHN residents was the highest of all NSW PHNs, and 29% higher than that for NSW, i.e., 157.8 compared to 122.6 per 100,000 population, respectively. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health Available at: http://www.healthstats.nsw.gov.au Accessed: 19.10.2018
	Prevention	Strategies for healthy lifestyles supported by health literacy	From stakeholder consultations, a need for preventative strategies aimed at promoting healthy lifestyles across all life stages was highlighted as a priority. Further, increasing health literacy levels in vulnerable populations, empowering individuals to improve their own health and enable them to engage more effectively with health professionals, particularly in rural and remote areas, would improve health outcomes. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report*

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of the evidence**
Aged care and older people	65 years plus population profile	Older people represent a higher proportion of the total population compared to NSW	**Whole of PHN and sub-regional variation (LGA)** In 2016, people aged 65 years and over made up 18% of the total WNSW PHN ERP. This is 15% more than that for NSW (16%). The majority (74%) of WNSW PHN LGAs have a greater proportion of their population aged 65 years and over compared to that for NSW. Source: Population Health Information Development Unit (PHIDU), 2018 '*Social Health Atlas of Australia, Data by Primary Health Network'* Available at: http://www.phidu.torrens.edu.au/social-health-atlases/data Accessed: 15.10.2018
	Ageing population	More than a quarter of the population will be aged 65 years or older by 2036	**Whole of PHN** Population projections predict that by 2036, a quarter (25%) of the WNSW PHN resident population will be aged 65 years and over. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health Available at: http://www.healthstats.nsw.gov.au Accessed: 17.10.2018
	Life expectancy	Second lowest life expectancy at 65 years of all NSW PHNs	**Whole of PHN:** In 2018, life expectancy at 65 years for WNSW PHN residents was 85.4 years, lower than the NSW average of 86.9 years and second lowest of all NSW PHNs. The WNSW PHN male life expectancy at 65 years in 2018 was lower than females, 83.6 years compared to 87.2 years, respectively. Source: Centre for Epidemiology and Evidence, NSW Ministry ofHealth Available at: http://www.healthstats.nsw.gov.au Accessed: 30.08.2021
	Community health priority perceptions	Mental health problems and cancer	**Whole of PHN:** In 2021 for participants aged 65 years and over in the WNSW PHN Telephone Community Health Survey, the equally most important health concerns were mental health problems (35%) and cancer (35%) . Source: *Telephone Community Health Survey for Western NSW PHN Report, 6 September 2021.*

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of the evidence**
Aged care and older people	Health Status perceptions	Lower rates of good or better health	**Whole of PHN:** In 2021, 67% of participants aged 65 years and over in the WNSW PHN Telephone Community Health Survey reported their health and wellbeing as good or better, lower than the total survey average (73%). Source: *Telephone Community Health Survey for Western NSW PHN Report, 6 September 2021.*
	Prevalence of falls in older people	Highest rate of all NSW PHNs	**Whole of PHN:** In 2015, more than a quarter (29%) of WNSW PHN residents aged 65 years and over surveyed in the NSW Adult Population Health Survey reported experiencing a fall in the previous year, the highest of all NSW PHNs and greater than that reported for NSW (23%). Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au Accessed: 17.10.2018.
	Hospitalisations due to falls in older people	Lowest rate of any NSW PHN; higher rate in females than males	**Whole of PHN:** In 2018-19, the rate of overnight hospitalisations due to a fall-related injury for WNSW PHN residents aged 65 years or over was the lowest rate of any NSW PHN, i.e., 1944.6 compared to 2477.7 per 100,000 population (NSW average). For the same reporting period, the rate of overnight hospitalisations due to a fall-related injury for WNSW PHN females was 31% more than that for WNSW PHN males, i.e., 2183.4 compared to 1660.0 per 100,000 population. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au Accessed: 15.10.2021.
	Falls prevention	Lack of health promotion to prevent falls in elderly	Concern for falls in elderly in the community were raised in stakeholder consultations and a need for greater investment in falls prevention programs was emphasised. Locally developed resources that are culturally appropriate for older Aboriginal people, and accommodate low literacy, was highlighted in the yarning sessions with the community: '*My 89-year old Mum can't read, but can understand pictures*' Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

Priority	Identified Need	Key Issue	Description of the evidence
Aged care and older people	Dementia hospitalisations	Low rate compared to NSW, but increasing with rurality and remoteness	**Whole of PHN and sub-regional variation (LGA)** From July 2012 to June 2017 the annual average rate of dementia hospitalisations in WNSW PHN residents aged 65 years and over was 40% lower than that for NSW, i.e., 1215.5 compared to 2009.0 per 100,000 population, respectively. For the 2 years from July 2015 to June 2017 only the Broken Hill LGA had rates of dementia hospitalisations in people aged 65 years and over that were significantly higher than that for NSW. Rates were significantly less than NSW in the 3 regional LGAs of Bathurst, Orange and Dubbo Regional. As demonstrated in Figure 13, rates tended to increase with rurality and remoteness. *Figure 13: Dementia as a principal diagnosis or comorbidity hospitalisations, NSW, 2015-16 to 2016-17*  Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au Accessed: 19.10.2018.

Outcomes of the health needs analysis -general population			
Priority	**Identified Need**	**Key Issue**	**Description of the evidence**
Aged care and older people	Dementia screening	Education of clinicians in dementia screening	From stakeholder consultations, community members and clinicians highlighted the need for improved dementia screening, follow-up services and education resources for health professionals and carers. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
	Social isolation Impacts on mental and physical health of older people	Higher proportion of people aged 65 years and over living alone	In 2016, 27.0% of people aged 65 years or over lived alone, higher than that for NSW of 23.7%. Source: ABS Census 2016. Available at: https://www.gen-agedcaredata.gov.au/My-aged-care-region.
	Social isolation Impacts on mental and physical health of older people	Older people feel forgotten	Elders, older people and carers participating in community consultations expressed a sense of being overlooked and their willingness to share life experiences for younger people to learn from was being ignored: '*Young people won't listen to older people*' Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
		Poor health literacy	Elders, older people and Carers participating in community consultations reported a lack of awareness and understanding of how '*to improve awareness of their own health'.* Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report*
		Poor computer literacy	From stakeholder consultations, low computer literacy amongst those aged 65 years and over was highlighted as a barrier for telehealth service uptake and health literacy, a particular concern, as so much information is now available online and in 'apps'. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

(ii) Primary Mental Health Care (including Suicide Prevention)

Outcomes of the health needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Mental health and services	Socio-economic factors	High levels of socio-economic disadvantage	**Refer to population health determinants** **Refer to WNSW PHN Mental Health and Suicide Prevention Needs Assessment 2017**
	Health and wellbeing perception	Low levels of good health status	**Refer to population health determinants**
	Biomedical risk factors	Increasing trend for high or very high psychological distress	**Whole of PHN** In 2019, 14% of WNSW PHN adults surveyed in the NSW Adult Population Health Survey reported high or very high psychological distress in the past month, lower than that for NSW (18%) but 30% higher than that in 2015 (11%). Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au Accessed: 14.10.2021.
	Mental health perceptions	The single most important health concern for the community	**Whole of PHN** In 2021, mental health was the most common identified health concern in the three community health surveys undertaken by the WNSW PHN, i.e.: • 75% of participants in the Aboriginal Community Health Survey. • 54% of all participants and 61% of participants identifying as Aboriginal in the Community Telephone Health Survey participants • 40% of participants in the Online Community Health Surveys. Sources: 1. *Online Aboriginal Community Health Survey for WNSW PHN Report, 17th September 2021.* *2. Online Community Health Survey for Western NSW PHN Report, 6th September 2021.* *3. Telephone Community Health Survey for Western NSW PHN Report, 6th September 2021.*

Outcomes of the health needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Mental health and services	Prevalence of Mental Health Conditions in the general practice population	One in five active GP patients diagnosed with at least one mental health condition, with increasing trends evident	**Whole of PHN** From 2017-18 to 2019-20, the proportion of the total active GP patients with a recorded mental health condition in the WNSW PHN region increased from 17% to 20%, respectively. Source: General Practice PEN CS, WNSWPHN. Data extracted: 16.04.2021.
	Common mental health conditions	Depression and anxiety are the leading conditions diagnosed among active GP patients	**Whole of PHN** Between 2017-18 and 2019-20, the most commonly recorded mental health conditions among active GP patients in the WNSW PHN region are: • Depression (70%) • Anxiety (47%) • Bipolar disorders (5%) • Schizophrenia (4%) Additionally, 3% of female active GP patients had a recorded post-natal depressive condition. Source: General Practice PEN CS, WNSWPHN. Data extracted: 16.04.2021.

Outcomes of the health needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Mental health and services	Mental Health Treatment Plans	Increasing trend in the proportion of active GP patients with a diagnosed MH condition and a MH Treatment Plan	**Whole of PHN** From 2017-18 to 2019-20, the proportion of the GP active patient population with a recorded mental health condition and a Mental Health Treatment Plan increased from just over one-third to almost one-half, i .e., 39% to 49%, respectively. Source: General Practice PEN CS, WNSWPHN. Data extracted: 16.04.2021.
	Mental health co-morbidity	High prevalence of chronic disease and risk factors among GP patients with a recorded mental health condition	**Whole of PHN** Between 2017-18 and 2019-20, 41% of GP active patients with a recorded mental health condition also had one or more chronic diseases recorded. For the same reporting period, the was a high prevalence of chronic disease risk factors among active GP patients with a recorded mental health condition, including: • 50% with a high body mass index • 46% identifying as smoking • 43% with high blood pressure. Source: General Practice PEN CS, WNSWPHN. Data extracted: 16.04.2021.

Outcomes of the health needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Mental health and services	Emergency Department Presentations	High rate of mental health-related presentations, compared to the national average, with decreasing trends. Highest rates and increasing trends seen in Broken Hill & Far West	**Whole of PHN and sub-regional variation (SA3)** In 2019-20, the age-standardised rate of mental health-related ED presentations was the fifth highest of any PHN, nationally, i.e., 164.7 compared to the national average for the same of 121.6 per 10,000 population. However, compared to 2015-16, the rates of mental health-related ED presentations amongst WNSW PHN residents for 2019-20 have fallen by 56%, i.e., 164.7 and 372.7 per 10,000 population, respectively. In 2019-20,of the SA3 regions with WNSW PHN concordances, Broken Hill & Far West and Bourke-Cobar-Coonamble had the highest age-standardised rates for mental health-related ED presentations, i.e., 251.9 and 251.5 per 10,000 population, respectively. While Broken Hill & Far West and Lower Murray demonstrated increasing trends in rates from 2015-16 to 2019-20 (15% and 42%, respectively), the five remaining SA3 regions demonstrated falling trends, with the largest declines seen in the Lachlan Valley and Bourke-Cobar-Coonamble regions (i.e., -87% and –61%, respectively). Source: National Non-admitted Patient Emergency Department Care Database (2019-20). Available at: https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/emergency-department-mental-health-services. Accessed: 15.10.2021.
		Anxiety the leading cause of ED presentations, followed by non-specified mental health problems and suicidal thoughts.	**Whole of PHN** Between 2015-16 and 2018-19, the most common causes of ED presentations due to a mental health problem were: • Anxiety (finding) 19% • Non-specified mental health problem (finding) 15% • Suicidal thoughts (finding) 11% • Depressive disorder (8%) • Unspecified mental disorder (4%) Source: NSW Emergency Department Records for Epidemiology (SAPHaRI), Health Intelligence Unit Western NSW, 2020.

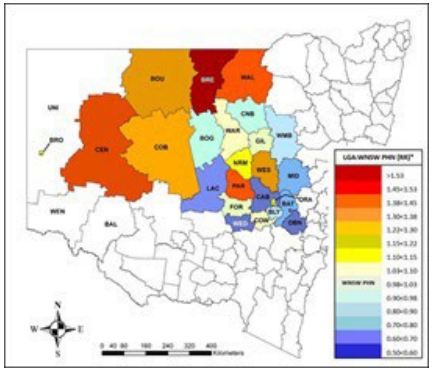
Outcomes of the health needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Mental health and services	Hospitalisations	Decreasing trends in mental illness hospitalisations	**Whole of PHN** Between 2015-16 and 2018-19 the annual average age-standardised rate of hospitalisations for mental illness decreased by 10%, i.e. from 1,446.9 to 1,229.4 per 100,000 population. Source: NSW Combined Admitted Patient Epidemiology Data and ABS population estimates (SAPHaRI) Health Intelligence Unit Western NSW, 2020.
		Similar rates of mental illness hospitalisations in males and females Mood disorders and anxiety the most common principal diagnoses for mental illness	**Whole of PHN – demographic profile and common causes** For the four-year reporting period from July 2015 to June 2019, of all mental illness-related hospitalisations in WNSW PHN residents: • 51% were males and 49% females. • 19% were for patients who identified as Aboriginal. • 49% were aged from 30-54 years. For the same reporting period, the most common mental illness hospitalisations were: • Mood (affective) disorders (27%) • Anxiety and other non-psychotic mental disorders (26%) • Disorders due to psychoactive substance use (17%) • Schizophrenia and other non-mood psychotic disorders (15%) • Mental disorders due to known psychological conditions (8%) Source: NSW Combined Admitted Patient Epidemiology Data and ABS population estimates (SAPHaRI) Health Intelligence Unit Western NSW, 2020.
		Higher rates of mental illness hospitalisations in LGAs located in the Far West and North West of the region.	**Sub-regional variation (LGA)** For the four-year reporting period from July 2015 to June 2019, of all mental illness-related hospitalisations in WNSW PHN, residents in the LGAs located in the Far West and North-West of the region including Bourke, Balranald, Central Darling, Brewarrina and Walgett had the highest rates of mental disorder hospitalisations. Source: NSW Combined Admitted Patient Epidemiology Data and ABS population estimates (SAPHaRI) Health Intelligence Unit Western NSW, 2020.

Outcomes of the health needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Mental health and services	Vulnerable groups	Men, particularly those in rural and remote areas	From stakeholder consultations, men were identified as at-risk of mental health issues, particularly in relation to: • depression, for farmers, associated with drought • drug and alcohol addiction • trauma. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
		Aboriginal people	**Refer to Health of Aboriginal people**
		LGBTI	**Australia** Evidence suggests that LGBTI Australians, reported to make up 11% of the population nationally, are at a higher risk of mental health issues and substance abuse. The incidence of anxiety disorders in homosexual/bisexual people aged 16 years and over in Australia in the previous 12 months was estimated to be as high as 1 in 3. **WNSWPHN** From stakeholder consultation, the lack of understanding of the specific LGBTI physical and mental health profiles and needs is due to a lack of systematic identification in current health databases. Participants emphasised a need to reduce stigma and discrimination experienced by people with mental illness in vulnerable groups, such as Aboriginal people who identify as LGBTI. Source: Australian Institute of Health and Welfare 2018. Australia's health 2018. Australia's health series no. 16. AUS 221. Canberra: AIHW. Available at: https://www.aihw.gov.au Accessed: 3/11/2018
		Children and adolescents	**NSW and rural and regional LHDs' variation** (data at PHN level is unavailable) Just over one third (34%) of students residing in rural and regional LHDs reported being unhappy, sad or depressed, levels similar to other LHDs. These rates were similar to all of NSW amongst students aged 12-17 years with 33% feeling of unhappy, sad or depressed in the last six months which were worse than usual, quite bad or almost more than "I could take". Source: WNSW PHN Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment, November 2017.

Outcomes of the health needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Mental health and services	Suicide	An important health concern for the community	**Whole of PHN** In 2021, 22% of surveyed residents identified suicide prevention services as an important need. *Source: Telephone Community Health Survey for Western NSW PHN Report, 6th September 2021.*
		More than 50% higher than the national rate with increasing trends.	**Whole of PHN** In 2020, the age-standardised rate of suicide in WNSW PHN was 53% higher than the national rate for the same, i.e., 18.5 and 12.1 per 100,000 population, respectively. Between 2016 and 2020, the rate of suicide in WNSW PHN has increased by 37%, I.e., 13.5 to 18.5 per 100,000 population, respectively. *Source: Australian Institute of Health and Welfare National Mortality Data Base. Available at: https://www.aihw.gov.au/ Accessed: 10.10.2021.*
		Highest rates in Far West NSW	**Sub-regional variation (SA3)** Between 2016 and 2020, the age-standardised rate of suicide in the Far West was more than twice the national average for the same, 26.0 and 12.5 per 100,000 population, respectively. *Source: Australian Institute of Health and Welfare National Mortality Data Base. Available at: https://www.aihw.gov.au/ Accessed: 10.10.2021.*
	Suicide risk factors	Alcohol and drug use, unemployment, family and relationship breakdowns	Stakeholder consultations in WNSW PHN identified alcohol and drug use, unemployment and family and relationship breakdowns as factors contributing to suicide attempts. *Source: WNSW PHN Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment, November 2017.*
	Suicide - vulnerable groups	Young people aged 12-25 years	From stakeholder consultations, young people aged 12-25 years and males aged 25-45 years were identified as vulnerable groups. Factors associated with suicide attempts included bullying, social media, family and relationship breakdowns, study pressures, adolescent developmental stages and risk-taking. *Source: WNSW PHN Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment, November 2017.*

Outcomes of the health needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Mental health and services	Suicide - vulnerable groups	Socially and geographically isolated	From consultations with stakeholder groups, people who were socially or geographically isolated were perceived to be at increased risk of suicide. Factors associated with suicide attempts include alcohol and drug use, family breakdown and living in isolated areas such as farms, particularly those affected by drought, were also considered at higher risk. Source: WNSW PHN Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment, November 2017.
	Intentional self-harm hospitalisations	Higher rates in females than males (all ages)	**Whole of PHN** In 2019-20, the age-standardised rate of self-harm hospitalisations (all ages) was 60% higher in females than in males in WNSW PHN, i.e., 126.7 compared to 78.8 per 100,000 population, respectively. Source: AIHW National Hospital Morbidity Database. Available at: https://www.aihw.gov.au/suicide-self-harm-monitoring/data/geography/intentional-self-harm-hospitalisations-by-phn-area Accessed: 15.10.2021
		Higher rates in males than females aged 25-44 years with rates in males for this age highest of any NSW PHN	**Whole of PHN** In 2019-20, the age-specific rate of self-harm hospitalisation for males aged 25-44 years in WNSW PHN was 34% higher than that in females, i.e., 161.9 compared to 120.8 per 100,000, respectively. The rate in WNSW PHN males aged 25-44 years was the highest for that male age group for any NSW PHN. Source: AIHW National Hospital Morbidity Database. Available at: https://www.aihw.gov.au/suicide-self-harm-monitoring/data/geography/intentional-self-harm-hospitalisations-by-phn-area Accessed: 15.10.2021
	Mental health overnight hospitalisations	Decreasing trends with higher rates compared to national levels	**Whole of PHN** Rates of mental health overnight hospitalisations for WNSW PHN residents fell by 7% from 2012-13 to 2015-16, i.e., from 121 to 113 per 10,000 population. However, in 2015-16 the rate for WNSW PHN residents was 11% higher than the national average, i.e., 113 compared to 102 per 10,000 people, respectively. Source: Australian Institute of Health and Welfare analysis of the National Hospital Morbidity Database 2015-16 Available at: https://www.myhealthycommunities.gov.au Accessed: 23/10/2018.

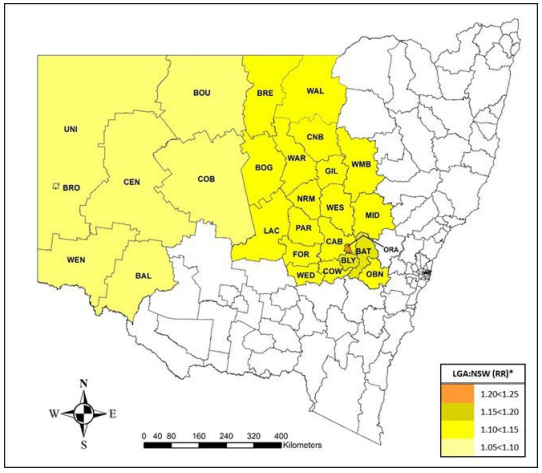
Outcomes of the health needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Mental health and services	Leading causes of mental health hospitalisations	Mood and stress disorders, psychoactive substance abuse and delusional disorders	**Whole of PHN** Between 2010-11 and 2014-15, the leading causes of hospitalisation due to mental/behavioural disorders among WNSW PHN residents were disorders related to mood, stress and psychoactive substance use. Mood and stress disorders accounted for more than half of all mental disorder hospitalisations, while psychoactive substance use accounted for nearly 20%. Delusional disorders, such as schizophrenia accounted for nearly 15%. Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, December 2017.
	Anxiety and stress disorders and depressive episodes overnight hospitalisations	Higher rates compared to Australian average	**Whole of PHN** In 2015-16 the rates of overnight hospitalisations for anxiety and stress disorders was almost 80% higher than the national average, i.e., 25 compared to 14 per 10,000 population, respectively. Similarly, the rate of overnight hospitalisations for depressive episodes was 42% higher than the national average, i.e., 17 compared to 12 per 10,000 population, respectively. Source: Australian Institute of Health and Welfare analysis of the National Hospital Morbidity Database 2015-16 Available at: https://www.myhealthycommunities.gov.au Accessed: 23.10.2018.

	Outcomes of the health needs analysis		
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Mental health and services	Emergency department presentations for mental health problems	Increasing rates with sub-regional rates highest in North-West of the region	**Whole of PHN and sub-regional variation (LGA)** Between 2014-15 and 2018-19, the annual average mental-behavioural ED presentation rates (age-standardised) increased by 19%. Sub-regionally, LGA rates are compared to the PHN average, as a state comparator is not available. For the five years between 2014-15 and 2018-19, the highest annual average rate of ED presentations for mental/behavioural disorders occurred in Brewarrina and Central Darling, with rates more than 50% above the PHN average for the same, followed by Parkes and Walgett, where rates for both were 41% higher than the PHN average (Figure 14).  *Figure 14: Annual average emergency presentation crude rate for mental and behavioural disorders for WNSW PHN LGAs compared to the WNSW PHN average, 2014-15 to 2018-19* *(*The ratio of LGA rate to PHN rate (RR=rate ratio)).* Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, 2020. .

Outcomes of the health needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Mental health and services	Psychosocial support	Relatively small cohort estimates with impacts of geography, social and economic disadvantage to be explored further	Psychosocial disability is the term used to describe some of the disabilities and participation restrictions that may arise for people because of having a mental health illness. The restrictions may include a loss of ability to think clearly, manage completion of day-to-day tasks such as cooking and cleaning and interact socially with others. The National Psychosocial Support measure (NSPM) has been funded by the federal government to provide support services to assist people with severe (but not complex) illness causing psychosocial disability, who are not eligible for assistance through the National Disability Insurance Scheme (NDIS). The NPSM is being implemented through purpose specific funding to PHNs to commission these new services and complementary to State funded psychosocial support. **Whole of PHN** From analysis of the National Mental Health Service Planning Framework (NMHSPF) undertaken by the University of Queensland, the total estimated cohort eligible for the NPSM is 2,834 or: • 2,216 individuals with severe (but not complex) mental illness aged 18-64 years • 618 individuals with severe (but not complex) mental illness aged 65 years and over. **Sub-regional analysis** Sub-regional estimates have been prepared. However, as noted above, WNSW PHN service provision is impacted by low population density, significant socio-economic disadvantage, rurality and remoteness and a higher proportion of Aboriginal population compared to NSW and national levels. These factors have as yet not been considered in the current estimates. An update to the modelling to incorporate health determinants is currently being undertaken, but updated estimates were unavailable in time for the current needs assessment. Source: Mental Health Policy and Epidemiology Group, The University of Queensland *Mental health psychosocial support service needs from the National Mental Health Service Planning Framework (NMHSPF), 2018.*

(iii) Alcohol and Other Drug Treatment Needs

Outcomes of the health needs analysis-alcohol and other drug treatments			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Alcohol and drug abuse	Alcohol and drug abuse	An important health concern for the community	**Whole of PHN** In 2021, alcohol and drug abuse was rated as the second most important health concern facing communities. For the WNSW PHN Telephone Community Health Survey, 39% of participants rated alcohol and drug abuse as a serious health concern while 53% of Aboriginal participants rated it as an important health concern. Among the WNSW PHN Online Community Health Survey participants, 27% rated it as a serious health concern while 39% of Aboriginal participants rated it as an important health concern Sources:*1. Online Community Health Survey for Western NSW PHN Report,6 September 2021. 2. Telephone Community Health Survey for Western NSW PHN Report,6 September 2021. 3. Aboriginal Online Community Health Survey 17 September 2021.*
	Determinants	High levels of socio-economic disadvantage including higher unemployment	**For further detail, please refer to WNSW PHN Drug and Alcohol Needs Assessment 2017**
	Risk factors	Smoking rates & alcohol consumption posing a long-term health risk	**For further detail, please refer to risk factors in general population health**
	Alcohol attributed deaths	Higher rate compared to NSW with increasing trends and rates higher in males than females.	**Whole of PHN** Between 2011-12 and 2015-16, the annual average alcohol-attributable mortality rate l in WNSW PHN residents was 28% higher than that for NSW. Compared to 2011-12, rates in 2015-16 were 7% higher in WNSW PHN while rates in NSW declined by 4% for the same period. For the same reporting period, the rate of alcohol-attributable mortality in WNSW PHN males was 91% higher than the same in females. Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, 2020.

Outcomes of the health needs analysis-alcohol and other drug treatments			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Alcohol and drug abuse	Alcohol attributed deaths	Highest rates in in the Central Western LGAs	Sub-regional variation (LGA) Between 2011-12 and 2015-16, average annual alcohol-attributable mortality rates in all Western NSW LGAs were higher than that in NSW. Rates were highest in the Central West LGAs of Orange, Bathurst and Blayney, where rates were 23%, 15% and 15% higher respectively (Figure 15). Rates were lowest in Balranald and Wentworth where rates were only 6% higher than that in NSW.  *Figure 15: Annual average alcohol-attributed mortality rate in WNSW PHN LGAs compared to NSW, 2011-12 to 2015-16* *(*The ratio of LGA rate to NSW rate (RR=rate ratio)). Source: Health of the Population. Western NSW Health Needs Assessment. Health Intelligence Unit, Western NSW Local Health District, 2020.*
	Emergency department presentations for alcohol-related problems	Higher rates of ED presentation compared to NSW, increasing trends for PHN	**Whole of PHN** Between 2013-14 and 2017-18, the annual average rate of alcohol-related ED presentations within WNSW PHN was 8% higher than that for NSW. Compared to 2013-14, rates in 2017-18 were higher by 32% compared to a slight increase of 5% for the same in NSW. Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District 2020.

Outcomes of the health needs analysis			
Priority	Identified Need	Key Issue	Description of Evidence
Alcohol and drug abuse	Emergency department presentations for alcohol-related problems	Higher rate of ED presentations for males except for the 15-19-year age group	**Whole of PHN** Alcohol presentations to EDs varied by both age and gender. Between 2015-16 and 2017-18, the annual average rate of alcohol presentations to EDs amongst males in WNSW PHN was 64% higher than that for females. However, for the 15-24-year age group, presentations were higher among females by 23%. Male presentations were highest for the 40-49-year age groups which were 2.6 times higher than that for females of the same age group in WNSW PHN. Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health, 2020.
		Lower rates of ED presentation in majority of LGAs compared to NSW	**Sub-regional variation (LGAs)** Between 2015-16 and 2017-18, the majority of WNSW PHN LGAs had ED alcohol-related presentation rates lower than that for NSW (Figure 16). Central Darling, Walgett and Brewarrina had the highest presentation rates at 6.1, 4.4 and 3.7 times greater than that for NSW, respectively. Bourke, Bogan, Balranald and Warren had presentation rates more than twice that for NSW. Limited data availability for Wentworth and Unincorporated Far West may reflect cross-border use of emergency services. LGA=local government area; NA=not available; RR=rate ratio. *The ratio of LGA annual average age-standardised presentation rate to that of NSW (rate ratio). *Source: Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health, 2020.

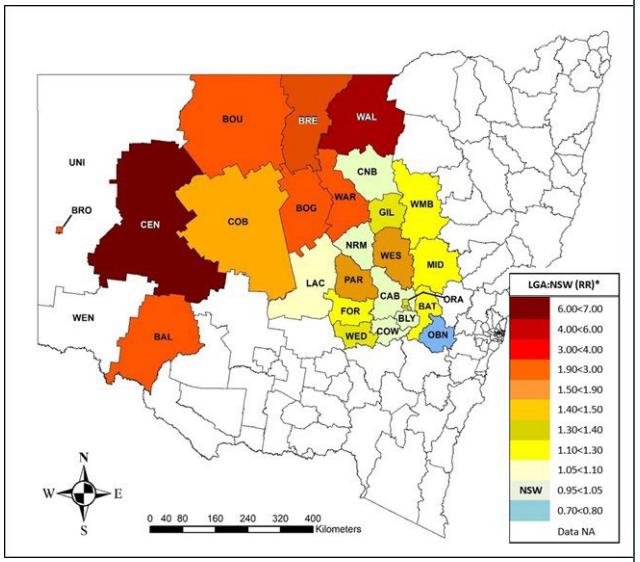
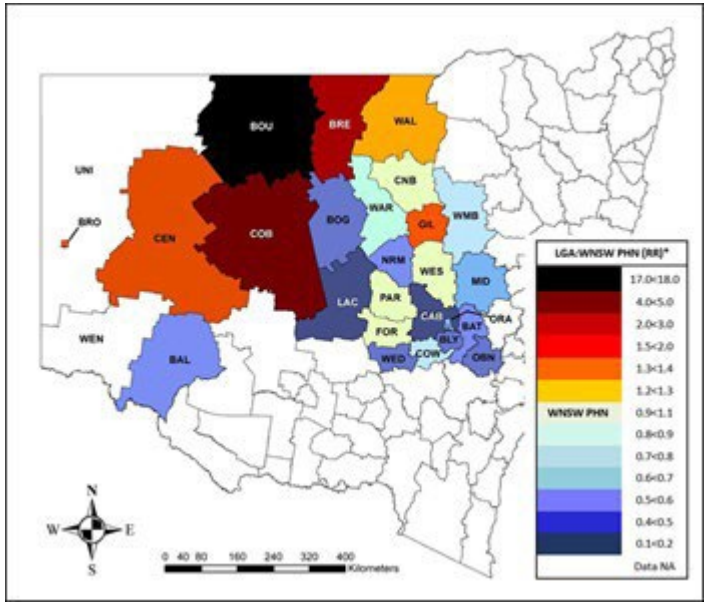
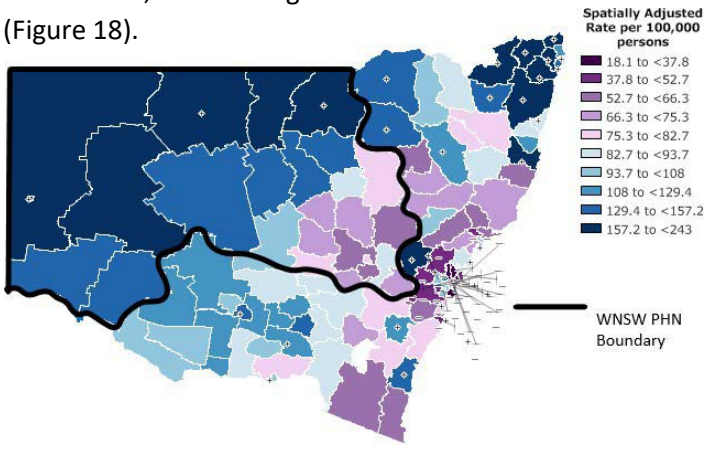


Figure 16: Annual average rate (age-standardised) of alcohol-attributable emergency department presentations by local government area compared to NSW, 2015-16 to 2017-18.

Outcomes of the health needs analysis-alcohol and other drug treatments			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Alcohol and drug abuse	Emergency presentations for Illicit substances	Rates of illicit substance-related ED presentations increasing in the Far West and higher in males	**Whole of PHN** Between 2015-16 and 2017-18, the annual average rate of ED presentations attributed to illicit substances in WNSW PHN decreased by around 50%. However, in the FWLHD, rates for the same increased by 46%. For the same reporting period, illicit substance presentations to EDs in WNSW PHN varied by both sex and age. The annual average rate among males in WNSW PHN was 22% higher than in females. Both male and female presentations peaked for the 25–29-year age group, however female presentations for this age group were higher than that of males by 15%. Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, 2020
		Highest rates of illicit substance-related ED presentations in Cowra, Parkes and Broken Hill	**Sub-regional variation (LGAs)** Between 2015-16 and 2017-18, the annual average rates of illicit substance presentations to ED in WNSW PHN were highest in Bourke, Cobar and Brewarrina (Figure 17). A lack of data for Wentworth and Unincorporated Far West may reflect cross-border use of Victorian emergency services, not available via NSW data collections. Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, 2020.  *Figure 17: Age-standardised rates of ED presentations due to illicit substances, WNSW PHN LGAs compared to WNSW PHN average, 2011-2015*

Outcomes of the health needs analysis-alcohol and other drug treatments			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Alcohol and drug abuse	Emergency presentations for Illicit substances	Opioids the most common cause	**Whole of PHN** Between 2011 and 2015, the most common illicit substances responsible for ED presentations in WNSW PHN that could be identified were opioids (61%), amphetamines (27%), cannabis (10%) and cocaine (3%). Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, December 2017.
	Opioid prescription	Higher rates of opioid prescriptions compared to NSW rates	**Whole of PHN** In 2013-14, the average rate of opioid prescriptions for WNSW PHN residents was 44% higher than that for NSW, 71,888.6 compare to 49,967.0 per 100,000 population, respectively. Source: The First Australian Atlas of Healthcare Variation, 2015. Available at: https://www.safetyandquality.gov.au/atlas
		Sub-regional variation with rates highest in rural and remote regions	**Sub-regional variation (Statistical Area 3 (SA3))** In 2013-14, the rates of opioid prescriptions were highest in the North-West and Far West NSW, with the age-standardised rate in Bourke-Cobar-Coonamble SA3s 68% higher than that for NSW. Source: The First Australian Atlas of Healthcare Variation, 2015. Available at: https://www.safetyandquality.gov.au/atlas
	Meth-Amphetamines-related hospitalisations	Lower rate compared to NSW, but a 6-fold increase over 5-year period	**Whole of PHN** Between July 2012 and June 2017, the annual average rate of methamphetamine-related hospitalisations in persons aged 16 years and over in WNSW PHN was 20% lower than that in NSW, 68.4 compared to 85.4 per 100,000 population, respectively. However, the rate in 2016-17 for WNSW PHN is 6.6 times that in 2012-13, 94.5 compared to 14.3 per 100,000 population, respectively. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au Accessed: 22.10.2018.

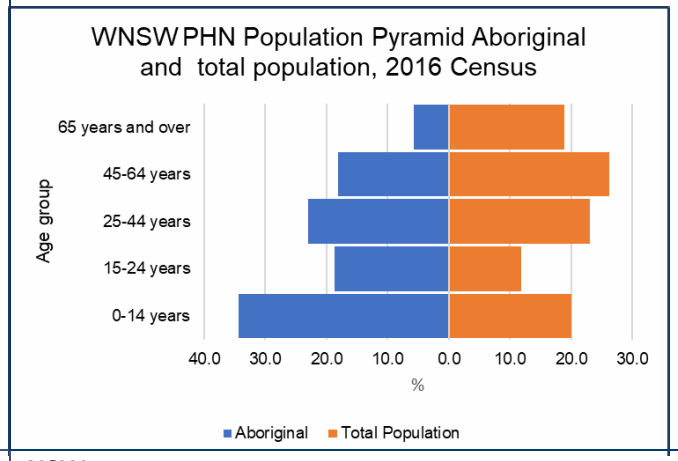
Outcomes of the health needs analysis-alcohol and other drug treatments			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Alcohol and drug abuse	Other indicators of alcohol and drug abuse – Hepatitis C infection	Highest rate of Hepatitis C notifications of any NSW PHN and higher rates in males	**Whole of PHN** In 2015, WNSW PHN had the highest rate of Hepatitis C notifications of any PHN in NSW, and 82% higher than that for NSW, i.e., 86.4 compared to 47.6 per 100,000 population, respectively. For the reporting period, rates in males were 63% higher than that for females, i.e., 107.2 compared to 65.6 per 100,000 population, respectively. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au (Accessed: 4.11.2018).
	Other indicators of alcohol and drug abuse – interpersonal violence-related hospitalisations	Higher rates compared to NSW rate with highest rate for females of any NSW PHN	**Whole of PHN** In 2016-17, the rate of interpersonal violence-related hospitalisations in WNSW PHN residents was 40% higher than that in NSW, i.e., 109.5 compared to 78.1 per 100,000 population, respectively. For the reporting period, rates in WNSW PHN males were 21% higher than rates for the same in NSW. However, the rate of interpersonal violence-related hospitalisations in WNSW PHN females was the highest of any NSW PHN, and almost double that for NSW, i.e., 84.1 compared to 44.7 per 100,000, respectively. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au (Accessed: 4.11.2018).

Outcomes of the health needs analysis-alcohol and other drug treatments			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Alcohol and drug abuse	Other indicators of alcohol and drug abuse – interpersonal violence-related hospitalisations	Highest rates in Far West and North West NSW	**Sub-regional variation (LGA)** Between July 2015 and June 2017, rates of interpersonal violence-related hospitalisations increased with remoteness, with the highest rates in those LGAs located in the Far West and North West of the State (Figure 18).  *Figure 18: Interpersonal violence-related hospitalisations by LGA, NSW, 2015-16 to 2016-17* Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au (Accessed: 4.11.2018).
	Other indicators of alcohol and drug abuse - trauma	Trauma, a link to drug & alcohol abuse issues	From stakeholder consultation, the issue of trauma, including intergenerational trauma, trauma due to domestic violence, and disconnection from family and community were seen as significant contributors to ill health. In particular, these issues were highlighted for people with drug and alcohol issues and mental illness. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

Outcomes of the health needs analysis-alcohol and other drug treatments			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Alcohol and drug abuse	Alcohol and drug abuse high-risk groups perceptions	Males, young people and Aboriginal people	From stakeholder consultations, vulnerable populations in the region identified were: • Young people aged 12 to 25 years • Males aged 25 to 45 years • Aboriginal people Source: WNSW PHN Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment, November 2017.
	Prevention	Lack of preventative strategies and health promotion	From stakeholder consultations, a need for education and health promotion programs focusing on drug and alcohol use, in coordination with those supporting better mental health and healthy lifestyles for school-aged children and men, was raised consistently. Suggestions include the use of art and sport to engage children and their families in culturally safe approaches. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

(iv) Aboriginal Health (including chronic disease)

Outcomes of the health needs analysis- Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Population health determinants	Aboriginal population	High Aboriginal population	**Whole of PHN** In 2016, 31,455 people (usual resident population) living in the footprint of the WNSW PHN region, identified as Aboriginal in the ABS Census. This was the fifth highest of all PHNs, nationally. Source: Population Health Information Development Unit (PHIDU), 2018 '*Social Health Atlas of Australia, Data by Primary Health Network*' Available at: http://www.phidu.torrens.edu.au/social-health-atlases/data Accessed: 15.10.2018.
	Population distribution	Majority of Aboriginal people live in the regional centres	**Sub-regional variation (LGA)** In 2016, just under half (45%) of the WNSW PHN Aboriginal population lived in the four regional centres of Dubbo Regional, Orange, Bathurst and Broken Hill. However, the remote LGA of Walgett, located in north-west NSW has the fourth highest Aboriginal population for the PHN. Source: Population Health Information Development Unit (PHIDU), 2018 '*Social Health Atlas of Australia, Data by Primary Health Network*' Available at: http://www.phidu.torrens.edu.au/social-health-atlases/data Accessed: 15.10.2018
		Represent the highest proportion of the total population all NSW PHNs	**Whole of PHN** In 2016, 11% of the WNSW PHN usual resident population (URP) identified as Aboriginal in the ABS Census, the highest of all NSW PHNs and the third highest nationally. Source: Population Health Information Development Unit (PHIDU), 2018 '*Social Health Atlas of Australia, Data by Primary Health Network*'. Available at: http://www.phidu.torrens.edu.au/social-health-atlases/data Accessed: 15.10.2018.
		Remote LGAs have higher proportions of Aboriginal people	**Sub-regional variation (LGA)** In 2016, LGAs with the highest proportion of Aboriginal people included Brewarrina (61%), Central Darling (40%), Bourke (32%), Coonamble (30%) and Walgett (29%). Source: Population Health Information Development Unit (PHIDU), 2018 '*Social Health Atlas of Australia, Data by Primary Health Network*' .Available at: http://www.phidu.torrens.edu.au/social-health-atlases/data Accessed: 15.10.2018.

Outcomes of the health needs analysis- Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Population health determinants	Age profile	Younger age profile compared to non-Aboriginal population	**Whole of PHN** In 2016, the WNSW PHN Aboriginal population had a younger age profile compared to the total PHN population, with 53% of the Aboriginal population aged under 25 years compared to 33% of all people in the region (Figure 19).  *Figure 19* Source: Population Health Information Development Unit (PHIDU), 2018 '*Social Health Atlas of Australia, Data by Primary Health Network'* Available at: http://www.phidu.torrens.edu.au/social-health-atlases/data Accessed: 15.10.2018.
	Life Expectancy	Lower life expectancy than non-Aboriginal population and lowest in Aboriginal males	**NSW** (data at PHN level unavailable) NSW Aboriginal males born between 2015 and 2017 have a life expectancy 12% lower than that for non-Aboriginal males, i.e., 70.9 compared to 80.2 years. Similarly, NSW Aboriginal females born between 2015 and 2017 have life expectancy 9% less than that for non-Aboriginal females, 75.9 compared to 83.5 years. Life expectancy of NSW Aboriginal males born between 2015 and 2017 is 7% lower than that for NSW Aboriginal females. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au Accessed: 30.08.2021.

Outcomes of the health needs analysis- Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Population health determinants	Cultural and language diversity	Many language groups and nations	**Whole of PHN** The Aboriginal nations within our region include Barindji, Barkandji/Paakantji, Barranbinya, Barundji, Gunu, Kamilaroi, Muruwari, Muthi Muthi, Ngemba, Nyamba, Wailwan, Wilyakali, Wiradjuri and Wongaibon Sources: WNSW LHD Aboriginal nations. Available at: https://wnswlhd.health.nsw.gov.au/our-organisation/our-initiatives/improving-aboriginal-health Accessed: 24.10.2018. Far West Local Health District Planning Unit.
	Socio-economic disadvantage	High levels of Aboriginal socio-economic disadvantage	**Whole of PHN and Sub-regional variation (Indigenous Area)** The Indigenous Relative Socioeconomic Outcomes (IRSEO) index is a specific indicator calculated for the Aboriginal population in each Indigenous Region and Indigenous Area. In 2016, compared to NSW (Index Score 36) and Australia (Index Score 43), the majority (83%) of Indigenous areas within the WNSW PHN footprint have scores indicating significant disadvantage. Walgett and Brewarrina have the greatest levels of socio-economic disadvantage and only four of the Indigenous areas have scores equal to or lower than that for NSW. Source: Population Health Information Development Unit (PHIDU), 2018 *'Social Health Atlas of Australia, Data by Primary Health Network'.* Available at: http://www.phidu.torrens.edu.au/social-health-atlases/data Accessed: 15.10.2018.
	Health literacy	Low levels of health literacy impact on self-care and disease prevention across all life stages	From community yarning sessions, concerns of low literacy levels were raised, particularly in older Aboriginal people. Participants discussed problems understanding what is being talked about in hospital, and in accessing enough information to self-care at home. Low health literacy levels impact on Aboriginal people's awareness of the risk factors and preventable diseases. Participants identified a 'shame in not knowing' and therefore there is a need for more health professionals to be able to yarn with their Aboriginal patients in a culturally safe way. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Repor.t*

Outcomes of the health needs analysis- Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Population Health Determinants	Risk factors	Higher levels of chronic disease risk factors	**NSW** (data at PHN level unavailable) The following statistics are drawn from the **2017 NSW Adult Population Health Survey** **Alcohol consumption** Aboriginal people in NSW were equally likely to abstain from drinking alcohol as non-Aboriginal people. However, for those who self-reported drinking alcohol, the rate of consumption was higher among Aboriginal people (41%) than among non-Aboriginal people (31%), thereby increasing the long-term risk of harm among Aboriginal people. **Smoking** A higher proportion of Aboriginal people self-reported smoking daily or occasionally than non-Aboriginal people, i.e. **29%** compared to **15%**. **Fruit and vegetable consumption** A greater proportion of Aboriginal people self-reported consuming the recommended daily vegetable intake than non-Aboriginal people, i.e., **8%** compared to **7%.** Nonetheless, this still represents a very low rate of daily vegetable consumption. By contrast, a lower proportion of Aboriginal people self-reported consuming the recommended daily fruit intake than non-Aboriginal people, i.e. **41.0**% vs **47%.** **Physical inactivity** Similar rates of insufficient physical activity were reported among Aboriginal and non-Aboriginal people, i.e. **42.0%** compared to **41.7%.** **Overweight and obesity** A greater proportion of Aboriginal people self-reported being overweight or obese than non-Aboriginal people, i.e. **61%** compared to **52%**. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au Accessed: 25.10.2018.

Outcomes of the health needs analysis- Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Population health status	Health and wellbeing perceptions	Low rates of self-reported good health and wellbeing	**Whole of PHN** In 2021, 67% of Aboriginal participants* in the WNSW PHN Telephone Community Health Survey rated their own health and wellbeing as good or better, 12% lower than that the total survey average for the same (75%). 64% of Aboriginal participants rated their family's health and wellbeing as good or better, 16% lower than that the total survey for the same (75%). Sources: *Telephone Community Health Survey for Western NSW PHN Report, 6th September 2021* *Aboriginal people were under-represented in the survey with only 7% of participants who identified as Aboriginal In 2021, less than half of participants* (43%) in the WNSW PHN Online Aboriginal Community Health Survey rated their own health and wellbeing as good or better while 49% rated that of their family as good or better. Sources: *Online Aboriginal Community Health Survey for Western NSW PHN Report, 17th September 2021.* *Aboriginal men were under-represented in the survey with only 14% of participants being men.
	Health of Aboriginal people	An important health concern in the community	**Whole of PHN** In 2021, the health of Aboriginal people was ranked as an important health concern facing communities by 15% of all participants and 19% of Far West participants for the WNSW PHN Telephone Community Health Survey and by 71% of participants for online Aboriginal Community Health Survey. Sources: 1. *Telephone Community Health Survey for Western NSW PHN Report, 6th September 2021.* *2. Online Aboriginal Community Health Survey for Western NSW PHN Report, 17th September 2021.*
	Potentially avoidable deaths	Higher rate compared to non-Aboriginal rate and highest among Aboriginal males	**NSW** (data at PHN level unavailable) In NSW, between 2014 and 2018, the rate of potentially avoidable deaths in Aboriginal people was more than twice that in non-Aboriginal people, i.e., 212.7 compared to 99.2 per 100,000, respectively. The highest rate of potentially avoidable deaths during the reporting period was in Aboriginal males, i.e., 259.6 compared to 169.1 per 100,000 in Aboriginal females. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au. Accessed 21.09.2021.

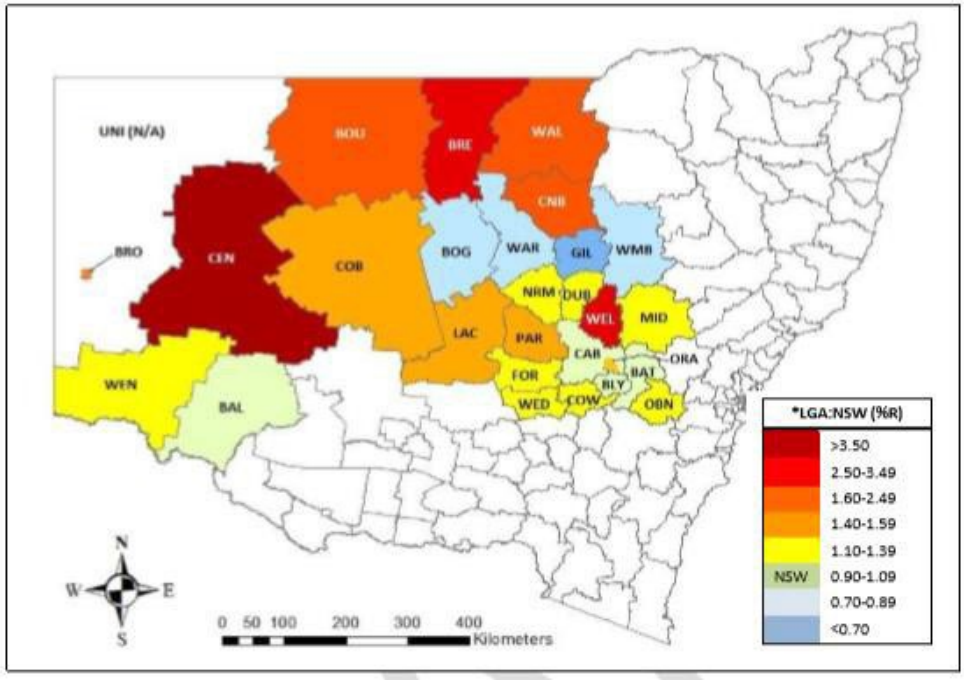
	Potentially preventable hospitalisations (PPH)	Higher PPH rate compared to non-Aboriginal rate	**Whole of PHN** In WNSW PHN, between July 2016 and June 2017, the annual average rate of PPH in Aboriginal residents was twice that for non-Aboriginal residents, i.e., 5100.4 compared to 2154.9 per 100,000 population, respectively. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au. Accessed 6.10.2021.

Outcomes of the health needs analysis- Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
First 2000 days of life	0-4-year-old population profile	Report the highest proportion of this age cohort of any NSW PHN	**Whole of PHN** In 2016, of all WNSW PHN residents aged 0-4 years of age, almost one in five children (19%) were identified as Aboriginal, the highest proportion of all NSW PHNs for the 0-4-year cohort and more than 3.5 times that for NSW (5%). Source: Population Health Information Development Unit (PHIDU), 2018 '*Social Health Atlas of Australia, Data by Primary Health Network'.* Available at: http://www.phidu.torrens.edu.au/social-health-atlases/data (Accessed: 15.10.2018).
		Higher proportions in rural and remote LGAs	**Sub-regional variation (LGA)** In 2016, Aboriginal children aged 0-4 years living in remote and very remote communities made up a high proportion of the total cohort in each community. The LGAs with the highest proportions included Brewarrina (69%), Coonamble (52%), Central Darling (49%), Walgett (44%) and Narromine (39%). Source: Population Health Information Development Unit (PHIDU), 2018 '*Social Health Atlas of Australia, Data by Primary Health Network'.* Available at: http://www.phidu.torrens.edu.au/social-health-atlases/data (Accessed: 15.10.2018).

Outcomes of the health needs analysis- Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
First 2000 days of life	Total fertility rate	Higher rate of fertility in Aboriginal mothers	**NSW** (Data at a PHN level is unavailable) In 2019, the fertility rate for Aboriginal women was 28% higher than that for non-Aboriginal women i.e., **2.07** compared to **1.62**. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health .Available at: http://www.healthstats.nsw.gov.au Accessed: 20.10.2021.
	Births	Higher proportion of babies born to Aboriginal mothers than for NSW	**Whole of PHN** In 2019, more than a quarter (26.4%) of babies born to WNSW PHN resident mothers were born to mothers identifying as Aboriginal, more than 4 times that for NSW (6.6%). Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au Accessed: 20.10.2021.
	0-4-year mortality	Higher rate compared to non-Aboriginal rate and highest in the Far West	**Whole of PHN and sub-regional (LHD)** In WNSW PHN, between 2013 and 2018, perinatal deaths (still births and deaths occurring within the first four weeks of life) among Aboriginal newborns were 60% higher than that for non-Aboriginal newborns. For the same period, perinatal deaths among Aboriginal newborns in the FWLHD were 93% higher and in the WNSWLHD 58% than that for non-Aboriginal newborns. Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health District, 2020.
	Low birth weight (LBW)	Twice the percentage of LBW babies compared to non-Aboriginal percentages	**Whole of PHN** In 2019, the percentage of LBW babies born to Aboriginal mothers in WNSW PHN was double that for non-Aboriginal mothers, i.e., 9.3% compared to 4.6%. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health Available at: http://www.healthstats.nsw.gov.au Accessed: 20.10.2021.

Outcomes of the health needs analysis- Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
First 2000 days of life	Smoking in pregnancy	More than half of Aboriginal mothers smoked during pregnancy	**Whole of PHN** In 2019, more than half (51.0%) of Aboriginal mothers in WNSW PHN smoked during pregnancy, almost 4 times that for non-Aboriginal mothers (13.6%). Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au Accessed: 20.10.2021.
	Foetal Alcohol Spectrum Disorder (FASD)	Increase awareness of FASD	From community yarning sessions, FASD was raised as a serious health concern particularly in remote communities within the WNSW PHN region. The prevalence of FASD in Australia is unknown and there are few diagnostic services for FASD.[3] Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Repor.t*
	Family	Encourage fathers' involvement in family life	From community yarning sessions, the important role that fathers can play in the family was acknowledged. Men should be better supported and encouraged to be more involved in their children's lives. Community members highlighted a need for education for new fathers to feel more confident to support their families and that the phrase 'mums and bubs', leaves out dads. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
		Support parents in providing a healthy lifestyle for children	From community yarning sessions, a need to support parents to help their children grow up healthy in their family and community, was emphasised. Further, a need for education services for parents of children with chronic conditions such as diabetes, or special needs, was raised by the community. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Repor.t*

[3] (Fitzpatrick JP et al (2012). The Liliwan Project: study protocol for a population-based active case ascertainment study of the prevalence of fetal alcohol spectrum disorders (FASD) in remote Australian Aboriginal communities. BMJ Open 2012;2:e000968. doi: 10.1136/bmjopen-2012-000968

Outcomes of the health needs analysis- Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
First 2000 days of life	Developmental vulnerability	Highest levels of developmental vulnerability in remote communities, where at least 20% of the under 5-year age cohort are Aboriginal	**Sub-regional variation (LGA)** While data for Aboriginal children at a subregional level is unavailable, for the years 2009, 2012 and 2015, the LGAs with the highest average proportion of children with developmentally vulnerability on two or more domains included Central Darling, Brewarrina, Wellington (now part of Dubbo (Western) Regional), Bourke, Coonamble and Walgett where the 3-year average percentage was more than twice that of NSW (Figure 20). As noted under the population profile, at least one-in-five children under the age of five are Aboriginal.  *Figure 20: Average percentage (2009,2012,2015) of children commencing full-time school that are developmentally vulnerable on two or more domains by LGA compared to NSW.* (*The ratio of LGA % to NSW% %R=percentage ratio) Source: *Health of the Population. Western NSW Health Needs Assessment*. Health Intelligence Unit, Western NSW Local Health, 2020.

Outcomes of the health needs analysis- Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Aged care and older people	Social isolation Impacts on mental and physical health of older people	Young people not respecting their elders	From the community yarning sessions, elders and older people expressed a sense of being overlooked. They thought their willingness to share life experiences as an opportunity for younger people to learn from was being ignored: '*Young people won't listen to older people'*. A lack of respect from young people was highlighted: '*Whenever an elder comes into the room we are known as 'Aunty'; but that has been forgotten'.* Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
		Poor health literacy	From the community yarning sessions and consultation workshops, family and carers of elders and older people reported a lack of knowledge of how '*to improve awareness of their own health and support services'.* There was a need for health literacy resources to be developed and that these include pictures and photos of the local community as a means of engaging older people and assisting those with low literacy levels: '*My 89-year old Mum can't read but can understand pictures'* Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
		Lack of computer literacy limits access to telehealth and aged care services	From community yarning sessions and consultation workshops, low computer literacy amongst older Aboriginal people was highlighted as an issue for accessing MyAgedCare and telehealth services. '*Need to get access to computers or internet before (you) can apply'* Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
	Health promotion and preventative programs	Lack of health promotion programs targeting older Aboriginal people	From community yarning sessions a need for health promotion and health education programs to reduce the rate of preventable conditions in older people such as falls and assist with self-care and medication management was identified. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

Outcomes of the health needs analysis- Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Chronic disease prevention and management	Potentially Preventable Hospitalisations – chronic conditions	Three times the PPH rate in non-Aboriginal people	**Whole of PHN** In WNSW PHN, between July 2016 and June 2017, the rate of PPH-chronic conditions in Aboriginal people was 3 times that in non-Aboriginal people, i.e., 2581.6 compared to 892.2 per 100,000, respectively. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au Accessed: 05.10.2021.
	Dialysis hospitalisations	Leading cause of hospitalisation in Aboriginal people with rates 7 times the non-Aboriginal rate	**Whole of PHN** In WNSW PHN, for 2016-17, dialysis was the leading cause of hospitalisations in Aboriginal people, the rate of which was more than 7 times higher than that in non-Aboriginal people, i.e., 21,638.6 compared to 2,981.2 per 100,000, respectively. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au Accessed: 25.10.2018.
	Respiratory diseases hospitalisations	Higher rate compared to non-Aboriginal rate	**Whole of PHN** In WNSW PHN, for 2016, the rate of respiratory diseases in Aboriginal people was more than double that in non-Aboriginal people, i.e., 4932.6 compared to 2198.1 per 100,000, respectively. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au Accessed: 25.10.2018.
	Cancer	An important health concern for Aboriginal people in the community	**Whole of PHN** In 2018, 32% of Aboriginal people surveyed in the WNSW PHN Telephone Community Health Survey rated cancer as an important health concern facing communities in the region. Source: *Telephone Community Health Survey for Western NSW PHN Report, 28 August 2018.*

Outcomes of the health needs analysis- Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Chronic disease prevention and management	Cancer	Higher rate compared to non-Aboriginal people	**Whole of PHN** In WNSW PHN, for 2016-17, the rate of malignant neoplasm hospitalisations in Aboriginal people was 14% higher than that in non-Aboriginal people, i.e., 1318.8 compared to 1155.3 per 100,000, respectively. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health Available at: http://www.healthstats.nsw.gov.au Accessed: 25.10.2018.
	Diabetes	An important concern for Aboriginal people in the community	**Whole of PHN** In 2018, 24% of Aboriginal people surveyed in the WNSW PHN Telephone Community Health Survey rated diabetes as an important health concern, the fifth highest for Aboriginal participants. Source: *Telephone Community Health Survey for Western NSW PHN Report, 28 August 2018.*
		Low NDSS registration compared to national levels for Aboriginal people	**Whole of PHN** Prevalence data for diabetes in WNSW PHN Aboriginal people is unavailable. However, as of September 2018, 3.5% of WNSW PHN population were registered with the National Diabetes Services Scheme, lower than both the national average of 3.9% for Aboriginal people and lower than the WNSW PHN total population average of 6.0%. Source: The National Diabetes Service Scheme (NDSS) March 2018: Australian Diabetes Map. Available http://www.diabetesmap.com.au/#/ Accessed: 26.10.2018.

Outcomes of the health needs analysis- Aboriginal health (including chronic disease)			
Priority	**Identified Needs**	**Key Issue**	**Description of Evidence**
Mental health and services	Mental health	Top concern for Aboriginal community	In 2018, more than half (51%) of Aboriginal people surveyed in the WNSW PHN Telephone Community Health Survey reported mental health as an important health concern, second only to alcohol and drug use. Mental health was also highlighted as a serious concern in community yarning sessions. Source: *Telephone Community Health Survey for Western NSW PHN Report, 28 August 2018.*
	Risk factors	Higher prevalence of high or very high psychological distress	**NSW** (data unavailable at PHN level) In 2017, rates of high or very high psychological distress among Aboriginal people in NSW were 78% higher than that for non-Aboriginal people, i.e., 19% compared to 11%. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au (Accessed: 26.10.2018).
	Trauma	Trauma contributor to mental illness	From community yarning sessions, trauma, as a result of domestic violence, disconnection from family, community and country, and intergenerational trauma were seen as significant contributors for people suffering mental illness. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
	Hospitalisations	Higher rate compared to non-Aboriginal rate	**Whole of PHN** In WNSW PHN, for 2016-17, the rate of hospitalisations due to mental disorders in Aboriginal people was 86% higher than non-Aboriginal people, i.e., 2434.1 compared to 1,306.7 per 100,000, respectively. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au (Accessed: 26.10.2018).

Outcomes of the health needs analysis- Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issues**	**Description of Evidence**
Mental health and services	Justice health	Higher rates of mental illness in Aboriginal inmates compared to non-Aboriginal inmates	**NSW** (data unavailable at PHN level) In 2015, 80% of Aboriginal women and 66% of Aboriginal men who participated in the 2015 Network Patient Health Survey reported a diagnosis of mental illness by a clinician. In comparison, 61% of non-Aboriginal men and 76% of non-Aboriginal women survey participants reported a diagnosis of mental illness by a clinician. Source: Justice Health & Forensic Mental Health Network Patient Health Survey – Aboriginal People's Health Report, 2015 Available at: http://www.justicehealth.nsw.gov.au/publications/2015NPHSReportAboriginalPeoplesHealthReport.pdf Accessed: 31.10.2018.
	Prevention programs	Mental health promotion especially for men	From community yarning sessions and whole of community consultations a need for mental health promotion and education programs, particularly targeting men and school-age children to increase mental health literacy were highlighted. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
Alcohol and drug abuse	Alcohol and drug use	The leading health concern for the Aboriginal community	**Whole of PHN** In 2018, 56% of Aboriginal people surveyed in the WNSW PHN Telephone Community Health Survey reported alcohol and drug use as an important health concern, the top priority for Aboriginal participants. Similarly, this issue was highlighted in community yarning sessions as a major concern facing the Aboriginal community. Source: *Telephone Community Health Survey for Western NSW PHN Report, 28 August 2018.* *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
	Alcohol attributable hospitalisations	Higher rate compared to non-Aboriginal rate	**NSW** (data unavailable at PHN level) In 2014-15, the rate of alcohol attributable hospitalisations in Aboriginal people was more than double that for non-Aboriginal people, i.e., 1390.1 compared to 639.4 per 100,000. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health Available at: http://www.healthstats.nsw.gov.au Accessed: 26.10.2018.

Outcomes of the health needs analysis- Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issues**	**Description of Evidence**
Alcohol and drug abuse	Interpersonal violence hospitalisations	Higher rates compared to non-Aboriginal rates	**NSW** (data unavailable at PHN level) In 2016-17, the rate of interpersonal violence-related hospitalisations in Aboriginal people was 6 times that in non-Aboriginal people, i.e., 413.9 compared to 67.7 per 100,000, respectively. The rate in Aboriginal males was higher than that in Aboriginal females, i.e, 513.0 compared to 318.1 per 100,000. However, the rate in Aboriginal females was almost nine times that in non-Aboriginal females. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au Accessed: 26.10.2018.
	Trauma	Raised by community as contributing to drug and alcohol abuse	From community consultations, trauma including intergenerational trauma, as a result of domestic violence, and disconnection from family, community and country were seen as significant contributors to those with drug and alcohol issues, especially for people who have been in prison. *Source: Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
	Justice Health	High rate of Aboriginal people with drug and alcohol	In 2015, Aboriginal participants in the 2015 Network Patient Health Survey were more likely to report using alcohol at hazardous levels compared to non-Aboriginal participants. Source: Justice Health & Forensic Mental Health Network '*Network Patient Health Survey-Aboriginal People's Health Report*' Available at: http://www.justicehealth.nsw.gov.au Accessed: 26.10.2018.

Section 3 – Outcomes of the service needs analysis

(i) General Population Health

Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service access	Providing services to geographically dispersed population	Challenges providing, or facilitating access to, a wide range of primary and community health services to over 60 towns and communities	Using the ABS Postcode (2017) to Remoteness Area (RA_2016) correspondences, the >80 WNSW PHN postcodes can be classified as the following: • 14% Inner Regional • 53% Outer Regional • 23% Remote • 10% Very Remote Thus, a third of the PHN area is classified as remote or very remote. However, one quarter of its postcodes have at least 2 different RA_2016 classifications; these postcodes were classified according to where the majority of the population resides. Source: Australian Bureau of Statistics, *Correspondence Postcode 2017 to Remoteness Area 2016* Available at: http://www.abs.gov.au/ Accessed 26.10.2018.
	Population serviced by many Federal, State and Local Government Services	Challenging and complex to engage with, collaborate and coordinate the vast number of stakeholders involved in planning and delivering health services to people living within the many communities of the PHN.	The population of WNSW PHN is serviced by: • 2 local health districts • 27 local government areas • 2 Regional Assemblies • 15 Aboriginal Community Controlled Health Organisation Services • Many private health organisations and non-government organisations.

Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service access	Cross-border flows and access to services in adjacent regions	Complex array of cross-border flow arrangements between three states, multiple PHNs and several local health district partners.	The WNSW PHN borders three states: Queensland, South Australia and Victoria. The PHN shares boundaries with eight other PHNs in all and five NSW Local Health Districts.
		Cross border issues	Challenging to support an integrated provision of services with border communities such as the Dareton/Balranald/Wentworth areas. Dareton, Wentworth, and Balranald due to their proximity to state and PHN borders, tend to be overlooked and hence underserviced. In these communities some agreements are in place for access to services through Mildura and Robinvale, but these vary depending on service. The opportunity for co- commissioning has the potential to improve access in these areas. Source: *Western NSW Needs Assessment Priorities, Options and Opportunities PHN Councils and Staff Survey, 2018.*
			Wentworth and Balranald LGAs have close connections across the Victorian border, with many community members recognising Mildura as the closest regional centre. From stakeholder consultations, it was raised that people living in Wentworth access health services in Mildura. Broken Hill's main centre for subspecialist and tertiary care is Adelaide. From the Telephone Community Health Survey, one participant explained that they need to '*travel to Adelaide for kids treatment and most surgeries as well*'. Sources: 1. *Western NSW Needs Assessment Priorities, Options and Opportunities PHN Councils and Staff Survey, 2018.* *2. Telephone Community Health Survey for Western NSW PHN Report, 6th September 2021.*

Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service access	Cross-border flows and access to services in adjacent regions	Need for improved communication and collaboration across PHN boundaries to ensure patient access to services close to home	In 2018, participants in the WNSW PHN Telephone Community Health Survey identified the issue of having to travel to Mildura or Adelaide or even Bendigo and Melbourne for services that are either not available locally as '*they only do the basic stuff here'* or to avoid long waiting times, '*I had to go to Adelaide to have cataracts done – other than that it would have been a two-year wait*'. Source: *Telephone Community Health Survey for Western NSW PHN Report, 6th September 2021.*
		Complex network of transfers and referrals for patients across the region to access higher levels of care and specialist services in larger centres.	The WNSW LHD is organised into southern and northern network systems. Referral networks, both informal and formal, that exist for intra-district and tertiary services for WNSW LHD consequently follow the southern and northern network system. These are based on usual flows from smaller towns to larger towns and cities for generalist and specialist services. Flow patterns for certain speciality services i.e. acute coronary syndrome, stroke and severe trauma are influenced at a state level according to state-wide pathways. Funding arrangements and lack of collaborative planning can be a barrier to effective and efficient service distribution and cross-border working. Source: WNSW LHD The Clinical Services Framework 2020.
	Access to specialist services	Leading gap in services for WNSW PHN community, with long specialist waiting times, affordability and travel distance posing significant barriers to specialist service access.	In 2021, access to specialist services was one of the most commonly mentioned service gap in the WNSW PHN Telephone Community Health Survey, with 30% of participants identifying this as a shortcoming of existing health services. Better access to specialists was identified by 24% of participants in the WNSW PHN Online Community Health Survey. Service access barriers included: long waiting times, high fees a barrier for young families and pensioners; need for more publicly funded specialist services, lack of transport and long travel distances. Sources: *Telephone Community Health Survey for Western NSW PHN Report, 6th September 2021. Online Community Health Survey for Western NSW PHN Report, 6th September 2021. Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service access	Access to specialist services	Lower specialist attendance rate compared to national average, with lowest rates in Lachlan Valley and Bourke-Cobar-Coonamble sub-regional areas.	**Whole of PHN and sub-regional variation (SA3)** In 2016-17, the age-standardised rate of specialist attendances for WNSW PHN residents was lower than the national average rate, i.e., 0.82 compared to 0.89 per person, respectively. Per person, the specialist attendance rates were higher or equal to the national rate in the SA3s of Lower Murray (0.90) and Dubbo, but lower for Orange (0.87), Bathurst (0.83), Broken Hill& Far West (0.82) Lithgow-Mudgee (0.77), Lachlan Valley (0.74); Bourke-Cobar- Coonamble (0.73) was 18.0% lower than the national rate. Source: Australian Institute of Health and Welfare analysis of Department of Health Medicare Benefits claims data 2016–17 and Australian Bureau of Statistics, Estimated Resident Population 30 June 2016. Available at: https://www.myhealthycommunities.gov.au Accessed: 28.10.2018.
		Most commonly identified types of specialist service gaps were: general specialists, oncology, cardiology, orthopaedic, paediatrics and ophthalmology	In 2021, WNSW PHN Telephone Community Health Survey respondents who mentioned medical specialists as a priority health service gap highlighted a need for a range of specialist services with the leading specialities being: 1. General Specialists 2. Cancer specialists, oncology and cancer services 3. Cardiology 4. Paediatrics 5. Orthopaedic, bone specialists and surgeons 6. Neurologists 7. Dermatologists 8. Ophthalmology and eye specialists 9. Endocrinologist 10. Ear, nose and throat specialists Source: *Telephone Community Health Survey for Western NSW PHN Report, 6 September 2021.*

Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service access	Access to allied health services	Lack of locally available allied health services, particularly in rural and remote centres, long waiting times and lack of access to affordable services in all areas.	From the consultation workshops, a lack of locally available and awareness of allied health services in rural and remote centres was raised as an issue. This was supported by the Western NSW HIU analysis of allied health service provision (including public, private and outreach) which found that any type of occupation therapy services was unavailable across 11 LGAs and no physiotherapy services available in 4 LGAs. Consultations also highlighted a lack speech therapy services. For rural and remote patients requiring allied health services, distance and travel costs to access regional services were raised as an issue. Long waiting times and affordable services were issues in remote, rural and regional areas. The Rural Doctors Network also identified inconsistent and/or missing data of allied health professionals at a regional and system level as a key challenge to workforce planning Sources: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report* Primary Health Workforce Needs Assessment, NSW Rural Doctors Network (2021).
	Outreach and visiting services	Heavy reliance on outreach and visiting services creates confusion for health professionals when referring patients and public awareness of service availability	There are 13 different organisations administering 367 approved outreach services within the WNSW PHN boundaries.[1] These organisations include LHDs, ACCHOSs' and Marathon Health with 335 operational services, 18 with an identified provider in readiness to commence clinics; and 14 are not operational. The results of stakeholder consultations indicated that although outreach and visiting are services are vital services which support the community accessing necessary care, they are perceived as service-centred as opposed to client-centred. For example, participants in the 2021 Telephone Community Health Survey suggested: *'More control at the local health service level. Remove control from the district health service. Stop worrying about numbers and start worrying about patients'*

			and, '*More incentive to come out and help the community. The frequency of doctors and service to come out, they only come out once a month'* The community perceives outreach services as devoting more time travelling than delivering services and visits are irregular. Furthermore, the community have to wait to access support when the health service next visits the town, rather than the community having service access when needed. Source: [1]NSW RDN, 2018. *Western NSW PHN Advisory Council Consultations, October 2021.* *Telephone Community Health Survey for Western NSW PHN Report, September 2021.*
	National Disability Insurance Scheme (NDIS)	Emerging issues relating to long wait times for assessments, reduced availability of allied health services and lack of health service integration.	From stakeholder consultations, the complexity of the NDIS assessment process for potential clients, their families and carers, diminishes access to NDIS-related services. Issues with the impersonal nature of phone-based service were raised by community members, and GPs felt the systems and interactions were frustrating and not intuitive. Lack of integration with other health services, including GPs, was an issue raised by families of NDIS participants. Sources: National Disability Insurance Agency *Update from the National Disability Insurance Agency, 2018* *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.* *Western NSW PHN Advisory Council Consultations, October 2021.*

Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service access	Hospital services- Emergency Department (ED) presentations	Highest rates of in-hours AND out- of-hours low acuity ED attendances of any PHN nationally.	In 2018-19, WNSW PHN had the highest rates of in-hours and out-of-hours ED attendances of any PHN nationally, i.e., 188 and 145 per 1,000 people, respectively. This equates to almost 3 times the Australian figures (62 and 58, respectively) Source: Bureau of Statistics Estimated Resident Population 30 June 2018. Available at: https://www.aihw.gov.au/reports/primary-health-care/use-of-ed-for-lower-urgency-care-2018-19/contents/lower-urgency-care/geographic-variation Accessed: 20.10.2021.
	Hospital services – low acuity ED time of day	Around a third of all low acuity ED presentations occur between the hours of 9 am and 1 pm	**Whole of PHN** For the three years between July 2015 and June 2018, on average, almost one third (30%) of ED presentations categorised as low acuity triage(i.e., 4 or 5) occurred between 9am -1 pm. Between July 2017 and June 2020, there was a 10% reduction in low acuity ED presentations in Far West LHD, whereas presentations in Western LHD have remained consistent. Source: Health Intelligence Unit, *ED data request, 2018.* Health Intelligence Unit, *ED data request, 2021.*
	Hospital services- After-hours ED presentations	A third of low acuity ED presentations occur on weekends and around a quarter of low acuity presentations occur between the hours of 5 and 10pm	Between July 2015 and June 2018, on average, 32% of low acuity presentations to FWLHD or WNSW LHD EDs occurred on the weekend. For the same reporting period, 23% of low acuity presentations in WNSW PHN occurred between the hours of 5pm and 10pm. Source: Health Intelligence Unit, *ED data request, 2018.*

Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service access	Primary Health Care-General Practitioner (GP) access	A need for more GPs and local access to doctors	In 2018, 'GP access/local access to doctors/more GPs' was a top health priority for 27% of the WNSW PHN Telephone Survey participants and 22% of Online Survey participants. In 2021, 'GP access/local access to doctors/more GPs' continued to present as the leading priority for the community with 36% of participants identifying this as key priority for their community. In addition, 26% of participants identified that 'More GPs or better-quality GPs' as the first improvement they would like to see in their health system. Sources: 1. *Telephone Community Health Survey for Western NSW PHN Report, 6th September 2021.* *2. Online Community Health Survey for Western NSW PHN Report, 6th September 2021.*

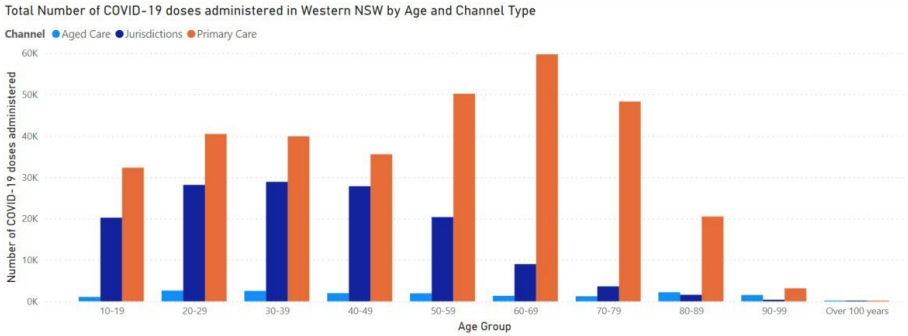
Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service Access	Primary Health Care- GP access	Lower GP attendance rate compared to national rate	**Whole of PHN and sub-regional variation (SA3)** In 2018-19, the number of GP attendances per person, age-standardised, was 9% lower than the national rate for the same, 5.8 compared to 6.3, respectively. Except for Broken Hill and Far West, the remaining 7 SA3 areas within the PHN region had lower GP attendances per person than national averages with the SA3s of Lower Murray and Lithgow-Mudgee having the lowest (5.3 per person). Source: Australian Institute of Health and Welfare analysis of Department of Health Medicare Benefits claims data 2018–19 and Australian Bureau of Statistics, Estimated Resident Population 30 June 2016. Available at: https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-health-local-areas-2019/data Accessed: 21.10.2021.
		After-hours GP clinic coverage in regional centres not reflective of actual need	A disparity exists between after-hours clinic coverage in the main town centres and the volume and timing of low acuity presentations to EDs. Town centres have more after-hours clinic coverage than regional and remote towns. Additionally, towns with low after-hours clinic coverage tend to have higher number of people presenting to Emergency Departments for lower acuity presentations in the sociable after-hours period (6pm-11pm weeknights) Source: After Hours Serviced Audit Western NSW Primary Health Network Carramar, 2017.

Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service Access	Primary Health Care- GP access	The second lowest afterhours GP attendance rate of any PHN nationally.	**Whole of PHN and sub-regional variation (SA3)** In 2018-19, the number of after-hours GP attendances per 100 people, age-standardised was almost 3 times lower that for Australia, 17 compared to 49, respectively. This was the lowest of any PHN nationally. Sub-regionally, attendance rates were lowest in Orange (9), Bathurst (10) and Lachlan Valley (5 per 100 people). Source: Australian Institute of Health and Welfare analysis of Department of Health Medicare Benefits claims data 2018–19 and Australian Bureau of Statistics, Estimated Resident Population 30 June 2016. Available at: https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-health-local-areas-2019/data Accessed: 21.10.2021.

Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service Access	Primary Health Care- GP access	Lack of afterhours GP coverage in rural and remote areas and communities with high proportions of shift workers	After-hours GP clinics and GP phone services need to be considered for rural and remote areas, and areas with specific employment issues e.g. mine shift work. In small townships, there is a financial disincentive for practitioners to offer separate after-hours clinics in their surgeries, as they will earn more by providing the service through the hospital system. Sources: 1. *Western NSW Needs Assessment Consultation Workshops 2018 Fina.l* 2. After Hours Serviced Audit Western NSW Primary Health Network Carramar, 2017.
	Health service access	Lack of engagement with health services by men for their own health	There is a tendency for men to not engage with health services in Western NSW for prevention and/screening activities or during the early stages of a health condition. As a result, men typically present to services with more severe and acute conditions. Approaches to improve the engagement of men with health services may include: ● The use of the Men's shed movement to engage men with their health. Talks delivered to members are a good option to promote screening. ● A 'Beer n BBQ' event as a means of engaging rural men in a non-threatening way. ● Lions and Rotary Clubs are organising a night with the farmers, where Mental Health professionals mingle with the crowd to see how people are going. ● 'Mr Perfect BBQs' events in Orange, led by a local MP. ● Men's health checks run by local government councils ● Make the health service look less like a health service. ● Provide video conference or phone consult (telehealth) options which have proven popular with men as they don't need to leave work and can access the service while sitting in a truck or tractor. *Source: Western NSW PHN Advisory Council Consultations , October 2021.*

Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service Access	Impact of COVID-19 on health services	COVID-19 will have impacts on service delivery and capacity of the local health system to manage demand of all health conditions	The COVID-19 outbreak in Western NSW has required a whole of region response across multiplies agencies, supported by local emergency management committees. The public health system has adapted and responded to the demand for care for patients with COVID; in the community, through remote monitoring, inpatient care through dedicated COVID wards and intensive care beds, mobile and rapid response testing, as well as a substantial social and cultural response for vulnerable people and families, including Aboriginal people. A significant focus on vaccination coverage throughout the entire network (primary care, pharmacy, LHD with the assistance of the Australian Defence Force) has reduced, and is expected to continue to reduce, the demand on the hospital system. A continued focus on vaccination coverage, particularly in Aboriginal residents, is important in managing the risk to vulnerable communities. Continuing to ensure access to booster doses for the Western NSW population will be important in managing the impact of the pandemic. A decline in emergency department presentations and hospital admissions was observed during the first wave of the virus in 2020 (March – June 2020). This decrease in emergency department presentations was not observed during the 2021 outbreak. While there was a decrease in hospital admissions during the second wave of the pandemic in Western NSW (August, September, October 2021), this may be mostly attributed to the deferral of non-urgent elective surgery. There will be ongoing challenges associated with the deferral of some activity to manage the COVID outbreak, such as screening and non-urgent elective surgery, and the unknown impact of people delaying care or consultations with health practitioners. This will need to be closely monitored and addressed over the coming months and years by all health agencies. Mental health impacts will also require specific attention by health services over the coming months and years. Interestingly, in the Western NSW PHN Telephone Community Health survey, only

			a very small percentage of people surveyed mentioned COVID-19, COVID clinics or COVID vaccines. Only 1% of people surveyed mentioned COVID when asked about health priorities and first improvements to health services. Furthermore, only 6% of people surveyed mentioned COVID as a serious health concern. This may be due to the survey being conducted in May and June 2021, whereas the first time Western NSW residents were first directly affected by the COVID-19 Delta Variant in August 2021. COVID-19 has also significantly increased the utilisation of telehealth and telephone consultation in rural and remote NSW. The increase in telehealth utilisation, may have longer impacts on the health system for consumers and health professionals such as opportunities and challenges associated with telehealth. Sources: 1. Australian Institute of Health and Welfare. Impacts of COVID-19 on Medicare Benefits Scheme and Pharmaceutical Benefits Scheme: quarterly data. https://www.aihw.gov.au/reports/health-care-quality-performance/impacts-of-covid19-mbs-pbs-quarterly-data/contents/impact-on-mbs-service-utilisation Accessed 22.10.2021. 2. Health Intelligence Unit, ED and hospital admission data request, 2021.

Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service Access	COVID-19 Vaccinations	Primary care played a significant role in the roll out of COVID Vaccinations	During the COVID-19 pandemic, Primary care providers (including GPs and Practice Nurses) across Western NSW administered double the number of COVID vaccines than both LHDs and residential aged care services combined (67.8% compared to 28.8% and 3.4%, respectively). Furthermore, Primary Care services administered the largest number of doses than any other Channel (service type) in each age group in Western NSW (Figure 21). Primary care providers will likely play a significant role in administering COVID 19 vaccine boosters in 2022.  *Figure 21: COVID-19 Vaccine doses by provider type and age group, WNSWPHN, 2021.* *Source: Commonwealth Health Data Portal, November 2021.*
	Transport	Transport or the travel distance to, medical services was a leading priority in the community	In 2021, 17% of people surveyed in the WNSW PHN Telephone Community Health Survey, identified transport as a top priority for health service access. This issue was ranked higher among people aged 50 years and over and Aboriginal people. Similarly, 15% of the online survey participants included transport, or travel distances to medical services in their top three most important gaps in health services. *Sources:* *1. Telephone Community Health Survey for Western NSW PHN Report, September 2021.* *2. Online Community Health Survey for Western NSW PHN Report, 6th September 2021.*

Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service Access	Transport	Major gaps in transport for out-of-town hospital discharge, particularly after- hours and transport costs home.	From stakeholder consultations, transport issues were raised at all stakeholder workshops, particularly for people needing to be sent out of town for medical services. In particular, patients discharged after-hours requires better support to return patients home, especially when cost of barrier for transport home. Suggested solutions included discounted taxi services and/or the provision of local bus services. One suggestion was for a discharge integration service to be developed that incorporated transport home and follow-up outreach services, including options for people living out of town. Sources: 1. *Western NSW Needs Assessment Consultation Workshops 2018 Final Repor.t* *2. Western NSW PHN Advisory Council Consultations , October 2021.*

Outcomes of the service needs analysis-general population health			
Priority Area	**Identified Need**	**Key Issue**	**Description of Evidence**
First 2000 days of life	Emergency Department Presentations	Two thirds of all 0-4-year age cohort attendances were of low acuity with Aboriginal children over-represented	**Whole of PHN** Between July 2015 and June 2018, around two-thirds of all ED presentations among children aged 0-4 years were of low acuity (triage 4 or 5). Aboriginal children represented more than one-quarter (28%) of all low acuity presentations of children aged 0-4 years in WNSW PHN. Source: Health Intelligence Unit, *ED Data Request Report*, 2018.
	Immunisation	Immunisation uptake was lower among one and two-year-olds in some rural and remote communities.	**Refer to description in needs analysis table (page 29)**
	Access to allied health and specialist services	Lack of early intervention screening and follow-up services in rural and remote areas, and limited access to regional centres due to high costs	Stakeholders reported a lack of early intervention screening and follow-up services, for pre-school aged children in rural and remote areas, with waiting times for these services being as long as 3 years. Stakeholders also reported long waiting lists in regional centres and although early intervention screening and follow-up services were available privately, the costs were prohibitive. Source*: Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
	Chronic diseases	Health literacy and education to support parents of children living with chronic disease and special needs.	Given the higher rates of asthma hospitalisations in WNSW PHN children aged 2-15 years, better health literacy and support programs for parents of children with asthma to improve disease management could reduce unplanned hospital admissions. From stakeholder consultations, a need for diabetes management education programs for parents of children suffering this chronic disease was identified. Source*: Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

Outcomes of the service needs analysis-general population health			
Priority Area	**Identified Need**	**Key Issue**	**Description of Evidence**
Aged care and older people	Dementia	Lack of dementia screening, follow-up and support services in the acute and primary care setting.	From stakeholder consultations, community members and clinicians identified a need for improved dementia screening and follow-up services. Education for families and carers, and health professionals was recommended as a solution. Indeed, lower than average dementia hospitalisations in WNSW PHN may be indicative of a need to improve diagnosis and management of dementia at hospital admission Sources: 1. *Western NSW Needs Assessment Consultation Workshops 2018 Final Report* *2. Alzheimers Australia, 2014 'Dementia Care in the Acute Hospital Setting: Issues and Strategies. Available at:* *https://www.dementia.org.au/files/Alzheimers_Australia_Numbered_Publication_40.PDF* *Accessed 29.10.2018.*
	Aged care admissions	Higher than national average rate of admissions into permanent residential aged care and lower rates for home care package access. Rates were higher in females than males.	**Whole of PHN** In 2016-17, of the total target WNSW PHN population (all people aged 65 years and over and Aboriginal people aged 50 to 64 years), the rate of admissions to **permanent residential care** was higher than that for Australia, 20.2 compared to 18.8 per 1,000 target population. Rates were higher in females than males, 11.9 compared to 8.3 per 1,000 population. For the reporting period, access to **home care packages** was lower in the PHN target population than for Australia, 10.7 compared to 10.9 per 1,000. As at 30 June 2020, 65% of people using aged care services in Western NSW were in residential care services and 35% were using home aged care services. Source:https://www.gen-agedcaredata.gov.au/Topics/Admissions-into-aged-care/Explore-admissions-into-aged-care Accessed: 02.11.2018. https://www.gen-agedcaredata.gov.au/My-aged-care-region Accessed 20.10.2021.

Aged care and older people	Aged care admissions	Sub-regional variation in residential aged care with access decreasing for more rural and remote centres.	**Sub-regional variation (LGA)** As at June 2016, the national target for people aged 70 years and over was 113 per 1,000 target population. Rates in WNSW PHN LGAs were higher for the most part, in the larger regional centres of Bathurst, Broken Hill, Orange, Dubbo Regional and surrounding LGAs with significantly lower rates in Central Darling, Cobar, Narromine, Walgett and Weddin. Source: *HIU Market & Service Analysis Western NSW Health Needs Assessment, 2017.*
	Residential aged care facility (RACF) primary health care access	MBS funded GP attendance services to RACF residents has increased in the region, however a more detailed analysis is required.	**Whole of PHN** Between July 2014 and June 2017, the number of MBS funded GP attendances to RACF increased by 15% from 38,158 in 2014-15 to 44,042 in 2016-17. However, from stakeholder consultations, it was reported that the incentives were inadequate for GPs and pharmacists to provide primary health care in RACFs. Sources: Department of Health Data *Medical Benefits Schedule data* Available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-MBS_Data Accessed: 31.10.2018. *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
	Residential Aged Care Telehealth	Need telehealth services available region wide for residential aged care facilities.	From stakeholder consultations, the success of Aged Care Residential Facility telehealth services in Far West should encourage expanding this service region wide. WNSW PHN currently provides a Telehealth in Residential Aged Care Facilities Program in Broken Hill and Dubbo in partnership with NSW Rural Doctors Network, to increase residents' access to GPs and specialists. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
	Allied health and medication management RACF	Lack of allied health and medication management in residential care.	From stakeholder consultations, a lack of allied health services. In particular, physiotherapy, often not available outside of hospitals, was identified as an issue for RACFs as well. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
	Ageing population living well into the future	A need for health promotion and health literacy programs encouraging a healthy lifestyle and disease prevention.	From stakeholder consultation, health promotion and disease prevention enabling older people living at home, and those in residential care, to live well was raised as an important gap. Sources: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.* *Telephone Community Health Survey for Western NSW PHN Report, September 2021.*

Outcomes of the service needs analysis-general population health			
Priority Area	**Identified Need**	**Key Issue**	**Description of Evidence**
Aged care and older people	Ageing population living well into the future	Need to enable healthy ageing to prevent over demand on health servicesas the population ages.	By 2036, around a quarter of the population will be aged 65 years and over. Demand for aged care services will increase steadily over the next 10-20 years. Disease prevention and health promotion programs across the life spans can help reduce potential pressure on health services. Better management of chronic conditions to prevent overdemand for health services in the future. Sources: Centre for Epidemiology and Evidence, NSW Ministry of Health Available at: http://www.healthstats.nsw.gov.au (Accessed: 22.10.2018) Australian Institute of Health and Welfare, 2018 'Older Australia at a glance' Available at: https://www.aihw.gov.au Accessed: 29.10.2018. *Telephone Community Health Survey for Western NSW PHN Report, September 2021.*
	Transport	Lack of transport for aged people in rural and remote areas.	From stakeholder consultation, better transport for older people living in rural and remote communities to access health services is required. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
	Palliative care services	Lack of palliative care services in rural and remote areas.	From stakeholder consultations, a lack of palliative care home care services was noted as issues in rural and remote areas. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

the service needs analysis-general population health			
Priority Area	**Identified Need**	**Key Issue**	**Description of Evidence**
Chronic disease management and prevention	Potentially preventable hospitalisations (PPH) for chronic conditions	Higher average length of stay (ALOS) compared to national rates .	**Whole of PHN** In 2017-18, the rate of PPH for chronic conditions for WNSW PHN residents was lower than the national average for the same, 1,227 compared to 1,233 per 100,000, respectively. However, the **ALOS** for PPH chronic conditions was 4.6 days, **the fifth highest nationally of any PHN**. Source: Australian Institute of Health and Welfare analysis of the National Hospital Morbidity Database 2017-18 and Australian Bureau of Statistics, Estimated Resident Population 30 June 2017. AIHW (Australian Institute of Health and Welfare) 2020. Disparities in potentially preventable hospitalisations across Australia, 2012-13 to 2017-18. Cat. No. HPF 50. Canberra: AIHW. Accessed: 23.09.2021.
	Primary care setting – chronic disease care plans and team care service utilisation	There has been an increase in the number of MBS funded services for chronic disease care management plan preparation & reviews, and chronic disease team care arrangement coordination and reviews.	**Whole of PHN** In the three years between 2014-15 and 2016-17: • MBS funded chronic disease care management plan services by GPs have increased by 12% from 34,345 in 2014-15 to 38,565 in 2016-17. • MBS funded coordination of chronic disease team care arrangements services by GPs have increased by 15% from 27,642 in 2014-15 to 31,847 in 2016-17. • MBS funded services for reviews by GPs of chronic disease care management plans or team care arrangements have increased by 5% from 52,058 in 2014-15 to 54,745 in 2016-17. • MBS funded multidisciplinary chronic disease care plan preparation or review services have increased by 19% from 64 in 2014-15 to 76 in 2015-16 for non-residential aged care residents. However, the number of these services provided to residents of RACFs was much greater, 894 in 2014-15 rising by 12% to 1,001 in 2016-17. In 2018-19, Western NSW PHN had one of the highest rates of GP Chronic disease management plans compared to all other PHNs, nationally (43.8 services per 100 people).

			Source: Department of Health Data *Medical Benefits Schedule data* Available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-MBS_Data Accessed: 31.10.2018. Australian Institute of Health and Welfare analysis of Department of Health Medicare Benefits claims data 2018–19 and Australian Bureau of Statistics, Estimated Resident Population 30 June 2016. Available at: https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-health-local-areas-2019/data Accessed: 21.10.2021.

Outcomes of the service needs analysis-general population health			
Priority Area	**Identified Need**	**Key Issue**	**Description of Evidence**
Chronic disease management and prevention	Integrated Care and Chronic Disease Management	Considerable resources focused on a small number of high need patients.	From clinical stakeholder consultations, concern was raised that only a small number of patients are eligible for the Integrated Care Program, with ineligible patients reporting service access issues, such as long waiting times for non-program services. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
		Lack of medication management review services impacting on treatment and health outcomes.	From clinical stakeholder consultations, medication management, particularly for patients with co-morbidities and suffering from chronic pain, requiring multiple service interactions, lacks coordination. This has the potential to risk serious harm if not death. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
	Chronic disease early intervention	While there has been a decline in the number of MBS funded chronic disease health assessments of eligible people for non-Aboriginal targeted services, that for Aboriginal targeted people have increased.	**Whole of PHN** In the three years between 2014-15 and 2016-17: • MBS funded health assessments for eligible people at risk of chronic disease services have declined by 11% from 11,530 in 2014-15 to 10,245 in 2016-17. • MBS funded health assessments for eligible Aboriginal people at risk of chronic disease services have increased by 15% from 12,885 in 2014-15 to 14,838 in 2016-17. Source: Department of Health Data *Medical Benefits Schedule data* Available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-MBS_Data Accessed: 31.10.2018.

the service needs analysis-general population health			
Chronic disease management and prevention	Chronic disease health literacy and patient self-care	Lack of health literacy which impacts on chronic disease self-management and healthy lifestyle.	From stakeholder consultations, improving health literacy across the lifespan was raised as a priority need. Areas of focus included: • Parents of young children with chronic diseases or disabilities • School-aged children • Men • Older people living at home and their carers. Source*: Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Health systems and coordination	Care integration and coordination	Lack of health system integration and integrated referral pathways is a key barrier to an efficient and effective health care system impacting on patient experience and outcomes.	From stakeholder consultations, a need for better coordination of the many services, '*there are so many',* were raised as an area impacting on referral pathways and patient care. Issues included: • lack of awareness of locally available specialist, allied health and support services providers; • long waiting times, or difficulties determining extent thereof; • difficulty coordinating multiple care and treatment needs impacting on continuity of care. There is a need to develop a coordinated, effective approach to sharing service information and referrals within communities and in existing clinical networks. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report* *Western NSW PHN Advisory Council Consultations, October 2021.*
	Communication of changes to existing health services and programs	A lack of change management when health services and programs cease or are delivered under a new model of care.	From stakeholder consultations, health organisations need to better manage changes to health services and programs, particularly when services cease. Examples were cited of program changes where clinical and community stakeholders were not consulted, resulting in disruption to patient care and loss of trust in health services. Program evaluations need to be conducted and communicated to stakeholders to demonstrate evidence-informed decisions. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.* *Western NSW PHN Advisory Council Consultations, October 2021.*

Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Digital health	Health systems communication	A need to improve health information systems to better facilitate sharing of patient care planning and coordination.	From stakeholder engagement, improved patient health record information was raised as an important need. Participants suggested that sharing may be facilitated through the development of a regional platform that is compatible with multiple practice software and health information systems for specific purposes e.g. chronic disease and/or management plans. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
		Secure Messaging is still not widely interoperable.	Reliable, secure provider-to-provider communication is a key component of integration and coordinated care. Secure messaging is a core capability required to enable interoperability and safe sharing of confidential records between health care providers and consumers. Currently there is a lack of a consistent approach to secure messaging and information. The Australian Digital Health Agency is currently working with Secure Messaging providers to fast track interoperability and meaningful use of the Secure Messaging products. Source: Australian Digital Health Agency https://www.digitalhealth.gov.au/get-started-with-digital-health/what-is-digital-health/secure-messaging Accessed: 7.11.2018.

Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Digital health	**My Health Record**	Only part of the solution to sharing patient health information- key health information summary level only.	**My Health Record** contributes to improving patient care continuity by providing a summary of the key health information of individuals. In its current format, it does not include more detailed interaction with health services such as treatment or care plans. Therefore, it is not a single point for patient health information sharing systems. From stakeholder consultation, improvements were recommended to encourage uptake for both patients and providers. Source: *Western NSW Needs Assessment Priorities, Options and Opportunities PHN Councils and Staff Survey, 2018.*
	Telehealth service utilisation	Variable telehealth service uptake with increases in specialist consultant physician and patient-end nurse practitioner telehealth services but declines in specialist geriatric telehealth services.	**Whole of PHN** In the three years between 2014-15 and 2016-17: • MBS funded specialist geriatric telehealth services decreased by 25% from 163 in 2014-15 to 123 in 2016-17. • MBS specialist consultant physician telehealth services more than doubled between 2014-15 and 2016-17, 434 compared to 957. • MBS patient-end medical practitioner telehealth services (patient-end practitioners provide clinical support during video consultations) have remained relatively steady with 2,193 in 2014-15 and 2,188 in 2016-17 • MBS patient-end nurse practitioners telehealth services increased the most with services in 2016-17 29% higher than those in 2014-15, 1,009 compared to 785. Source: Department of Health Data *MBS Mental Health Data* Available at:http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Health_Data Accessed: 31.10.2018.

Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Digital health	Commissioned telehealth services	Need for increased telehealth GP and specialist services in Residential Aged Care Facilities - currently only in Broken Hill and Dubbo	From stakeholder consultation, telehealth has been found to improve health service access in aged care settings where patients have low-mobility and co-morbidities requiring specialist services. Geographic isolation and qualified workforce can be challenging in rural and remote communities. WNSW PHN has successfully implemented a **Telehealth in Residential Aged Care** program with NSW RDN in Broken Hill and Dubbo. Lack of GP and specialist service incentives has limited health care access to RACF, and recommendations from consultations are to expand this service across the region. Sources: *Western NSW Needs Assessment Priorities, Options and Opportunities PHN Councils and Staff Survey, 2018.* *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
	Telehealth service access	Lowest internet connectivity of any PHN nationally with sub-regional rates lowest in the Far West and North West of the State.	**Whole of PHN and sub-regional variation (LGA)** Telehealth is a solution to providing health consultation services in rural and remote areas and other hard to reach populations. However, in 2016, home internet connectivity in WNSW PHN on average was the lowest of any PHN nationally, and 12% lower than the national average, 73% compared to 83%, respectively. Home internet connectivity showed wide sub-regional variation with the lowest rates occurring in the LGAs of Central Darling (54%), Brewarrina (55%), Walgett (58%), Coonamble (61%) and Bourke (63%), while the highest rates tended to be in the central west regional centres of Dubbo Regional (76%), Orange (77%) and Bathurst (79%). The unincorporated Far West was an outlier, reporting internet connectivity of 81%. NSW RDN 2020/21 Workforce Needs Assessment demonstrated: • 58% of practices reported an internet issue in the last 6 months in the WPHN, compared to 63%across rural NSW in 2020. • 32% of practices reported technology or connectivity issues outside the

			practice for practice staff, compared to 63% across rural NSW in 2020. "*We are a paperless practice so when we are unable to access email in the afternoons (occurs on a regular basis) the time taken to print and fax information has an impacted staff and patients alike. Patients/ outside organisations become frustrated because they've sent us an email but we have not received it at our end.*" Practice Manager WPHN Sources: 1. Population Health Information Development Unit (PHIDU), 2018 '*Social Health Atlas of Australia, Data by Primary Health Network'* Available at: http://www.phidu.torrens.edu.au/social-health-atlases/data Accessed: 15.10.2018. 2. NSW RDN 2020/21 Workforce Needs Assessment, Practice Manager Survey 2020/21.

Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Digital health	Telehealth service uptake	More care navigators and cultural safety needed to increase uptake for Aboriginal people and older people.	From stakeholder consultations, poor telehealth uptake by Aboriginal people and older people was reported by clinicians. For Aboriginal people, time to develop a rapport and trust with a health service/professional as well as cultural safety is important. Similarly, low computer and health literacy were reported as limiting access to telehealth services, which can be assisted through care navigators. Computer technology, internet and smart phone costs were raised as prohibitive factors for low socio-economic populations and older people. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.* Western NSW PHN Advisory Council Consultations, October 2021.
	Telehealth service uptake	Improve patient-end interactions to encourage better uptake.	From stakeholder consultations, it was suggested that improving patient portals and telehealth software may increase availability and uptake of the telehealth services. Encourage use of Zoom, Microsoft Teams and GoToMeeting to increase telehealth accessibility which are relatively simple and accessible. Source: *Western NSW Needs Assessment Priorities, Options and Opportunities PHN Councils and Staff Survey, 2018.*
	Telehealth service uptake	Reluctance of young people to engage with telehealth.	Stakeholder consultations identified many young people don't like to talk over zoom or phone telehealth, particularly for mental health problems. Young people. Young people are happy to self-manage with tools available online, however often preferred face to face delivery for consultations. One key challenge identified is the lack of confidentiality of discussions in their own home and not comfortable to discuss their challenges due to fears of being overheard by other family members in the household - "*This*

			house has got thin walls". Source: Western NSW PHN Advisory Council Consultations, October 2021.
	Telehealth education and promotion	Improve education of staff at remote sites in telehealth	From stakeholder consultation, staff at remote sites need to be better supported to build confidence in telehealth use and better support patients. Source: *Western NSW Needs Assessment Priorities, Options and Opportunities PHN Councils and Staff Survey, 2018.*

Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Digital health	Telehealth education and promotion	Telehealth not appropriate for all health service consultations or vulnerable groups.	From stakeholder consultations, telehealth was noted as appropriate for some services, but not for all. Use of telehealth within service delivery models should be investigated on a service-by-service basis as there is a wide variety of satisfaction with this delivery method. Older people still require support with telehealth due to a lack of confidence with the technology and internet connectivity issues. There are reports of young people preferring face to face due to privacy concerns at home, being overheard. Source: *Western NSW PHN Advisory Council Consultations, October 2021.*
	Telehealth service funding models limitations	Lack of Medicare Benefits Scheme (MBS) rebates for many consultations amenable to telehealth.	From stakeholder consultation, it was identified that not all funding models support service delivery via telehealth. The lack of MBS rebates for many consultations amenable to telehealth was noted as a significant limitation. It was recommended that block funding is required for telehealth to be a fully utilised service with alternative suggestions recommending mixed funding models. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report* *Western NSW PHN Advisory Council Consultations, October 2021.*

Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Health Workforce	Distribution of GP workforce	Lower GP full-time equivalent (FTE) with maldistribution of GPs through the region.	In 2017, the GP FTE for WNSW PHN was lower than that for NSW and Australia, 7.4 compared to 8.1 and 7.8 per 10,000 population, respectively Source: *State of General Practice in Western NSW PHN, 2017.*
		GP District Workforce Shortage (DWS).	All SA2 areas of WNSW PHN are defined as DWS except for the townships of Broken Hill, Parkes, Orange and Dubbo. Source: Australian Government Department of Health DoctorConnect. Available at: http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/locator Accessed: 28.10.2018.
		Interstate staff supporting local communities.	Some communities, particularly in the Far West, are supported by specialists and health professionals by neighbouring border states. COVID-19 exacerbated this issue when borders were closed and travel between locations was prohibited. This significantly impacted on staffing of Western NSW health services and highlighted the challenging reliance Western NSW has on other regions for our health workforce. Source: Western NSW PHN Advisory Council Consultations, October 2021.
	GP Workforce Sustainability	Ageing GP workforce.	In 2020/21, a quarter (25%) of the GP workforce in WNSW PHN are aged older than 55 years, indicating a need for collaborative succession planning with clinical networks and supportive organisations such as the NSW Rural Doctors Network. Source: NSW Rural Doctors Network Western NSW Regional Workforce Needs Assessment, 2021.

		Higher proportion of GPs are International Medical Graduates (IMG).	In 2020/21, 45% of the GP workforce in WNSW PHN are IMGs. Stakeholder consultations highlighted that a high proportion of international medical graduates contributes to the high turnover of staff and the community frustration of lack of continuity and inability to build a relationship with the health professional. Source: NSW Rural Doctors Network *Western NSW Regional Workforce Needs Assessment, 2021.* Western NSW PHN Advisory Council Consultations, October 2021.
		Lower proportion of the GP workforce are engaged in visiting medical officer work (VMO) in local hospitals.	The proportion of WNSW PHN GP workforce engaged in VMO work is 28%, lower than that for neighbouring PHNs Hunter New England & Central Coast (39%) and Murrumbidgee (44%). Source: NSW Rural Doctors Network *Western NSW Regional Workforce Needs Assessment, 2017.*

Outcomes of the service needs analysis-general population health			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Health Workforce	GP Workforce Sustainability	High GP turnover in rural and remote communities	From community consultations, the issue of a high turnover of Doctors in rural and remote areas was highlighted, and that constantly having to retell one's medical history was often the point at which patients became disengaged. Source: *Telephone Community Health Survey for Western NSW PHN Report, September 2021.* *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
	Recruitment and sustainability	Sustainability of GPs in rural and remote areas & recruitment and sustainability of all health professionals esp. mental health and allied health professionals.	From community consultations, recruitment and sustainability of health workforce was identified as a priority in workshops held in rural and remote areas. Mental health and allied health professionals were areas of concern. Professional development pathways for Aboriginal health professionals was highlighted in the yarning sessions. Stakeholder consultations identified the following key factors contributing to instability of health professionals in remote communities: - Health professionals feel professionally isolated, which then leads to feeling overworked - High stress - On call at all hours - Lack of time to contribute to their continued professional development (CPD) Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.* Western NSW PHN Advisory Council Consultations, October 2021.
		Need for local workforce training and development of career pathways.	From community consultations, a need to develop a local workforce with connections to the community and pathways for career development were suggested solutions to solve the health workforce shortages in rural and remote communities. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.* Western NSW PHN Advisory Council Consultations, October 2021.

Health Workforce	Recruitment and sustainability	Development of an innovative, centralised and incentivised recruitment and retention strategy.	Consultation workshops with clinical stakeholders, identified the issue of recruitment and retaining health professionals in rural and remote communities. Suggested solutions included development of a centralised recruitment strategy to improve efficiency and effectiveness and provides incentives to encourage retention. Comparisons with education and emergency services in rural communities suggested that providing housing, longer annual leave entitlements and options for career development were successful strategies. Consultations further identified recruitment and retention strategies should consider the opportunities for the family of the health professional, not just the individual. These may include employment for the partner, schools and community connections. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.* Western NSW PHN Advisory Council Consultations, October 2021.
	Professional development	Continuing education and quality improvement.	From the NSW RDN Western NSW Workforce Needs Assessment and clinical stakeholder's consultation workshops, requests for upskilling from health professionals include: • chronic disease management, especially diabetes, • mental health management, including preparing mental health plans • aged care and associated conditions, especially dementia screening and follow up • culturally safe practices and practitioners • coordinated team care • patient health literacy and self-management Source: NSW Rural Doctors Network *Western NSW Regional Workforce Needs Assessment, 2017.* *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

Key Population Health Issues Summary

- Strategic planning for local workforce – Workforce development and models of funding / care to support the resources and skills existing in Western NSW PHN. Consider training opportunities, political and advocacy roles in workforce development to support a sustainable recruitment and retention of Primary Care workforce.
- Increased early intervention, screening and improved chronic disease management of COPD, CVD, type 2 diabetes, CKD and cancer. Particular concerns in men in LGAs of Walgett, Bourke, Dubbo and Broken Hill. Consider overarching strategies which engage men in the management and importance of their own health and improve health literacy.
- There is a significant need from health professionals to increase the connection between the variety of health services available in Western NSW. Consider improving referral pathways and improve coordination and integration of health services, which may involve digital health and interoperable data solutions.
- There are limited maternal services for mothers which is impacting on ill-health outcomes for child health in the first 2000 days of life. Consider improving access to antenatal and post-natal care services (such as antenatal shared care) and services to support maternal and early childhood health literacy. Such services should consider focus on preventative health programs for vulnerable mothers and families.
- The longer-term impacts of COVID-19 are yet to be known. The increased waiting lists, decrease in hospital presentations, deferring of health care and the added complexities of managing COVID-19 cases in unvaccinated community members presents an unprecedented test for the local health system. Consider development and implementation of a strategic integrated approach to support the community and provide access to the right services, in the right place, at the right time. This may include management of chronic and complex conditions, implementation of vaccine booster information and services, and primary care support managing people with COVID in the community.
- Improve access to primary and allied health care in residential aged care services. Models need to overcome the financial, cultural and logistical challenges currently limiting access.

(ii) Primary Mental Health Care (including Suicide Prevention)

Outcomes of the service needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
	Access to mental health professionals and services	The most Important priority for the community.	In 2021, 54% of participants in the WNSW PHN Telephone Community Health Survey identified mental health problems as the most serious health concern facing their community. Stakeholders recognised and acknowledged the increased availability of mental health services in recent years, however mental health maintained as a growing area of need. This supports findings from data analysis of ED presentations in WNSW PHN, showing a five-year increasing trend in areas such as Far West and Broken Hill, and Lower Murray. Source: *Telephone Community Health Survey for Western NSW PHN Report, September 2021.* *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.* *Western NSW PHN Advisory Council Consultations, October 2021.*

		Concentration of mental health professionals in regional centres	The majority of mental health services are located in Orange, Bathurst, Dubbo and Broken Hill. In the Far West of the region, 85% of services, including residential services, are located within Broken Hill. Outreach services to rural and remote areas are mostly provided by the Royal Flying Doctor Service (RFDS) and non-government organisations. Access to psychiatrists and clinical psychologists is limited and some communities have no access to acute or specialised services when needed. In the Far West, people may travel from three to five and a half hours to reach residential services in Broken Hill. Similarly, in the north-west, like Bourke, people have to travel from four hours to reach Dubbo, or Orange for inpatient and residential mental health services. Source: WNSW PHN Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment, November 2017. *Western NSW PHN Advisory Council Consultations, October 2021.*

Outcomes of the service needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service access	Acute services	Decline in mental health hospital overnight hospitalisations compared to national increases with the highest rates in Far West and North West NSW; and, lowest in Dubbo and the Lower Murray.	**Whole of PHN and sub-regional variation (SA3)** The rate of mental health overnight hospitalisations in WNSW PHN residents has declined by 7% from 2013-14 to 2015-16, 121 compared to 113 per 10,000 people, respectively. Yet, there has been a 13% increase in that for Australia from 91 compared to 102 per 10,000 people. At the sub-regional level, the highest rate in 2015-16 was in the Broken Hill and Far West and Bourke-Cobar-Coonamble SA3 regions with rates around 40% or more higher than the national average. Source: Australian Institute of Health and Welfare analysis of the National Hospital Morbidity Database 2015–16 and Australian Bureau of Statistics, Estimated Resident Population 30 June 2015. Available at: https://www.myhealthycommunities.gov.au Accessed: 31.10.2018.
		Higher mental health hospital bed days compared to national average and highest in the Far West and Orange sub-regions.	**Whole of PHN and sub-regional variation (SA3)** In 2015-16 the bed day rate across the WNSW PHN was 26% higher than the national average rate for the same, 1,761 compared to 1,401 per 10,000 population. Sub-regional analysis revealed the highest rate of bed days occurred in the SA3s of Broken Hill & Far West and Orange, 2,444 and 2,354 per 10,000 population, respectively. The lowest occurred in Dubbo and Lower Murray, 1,519 and 1,200 per 10,000 population, respectively. Source: Australian Institute of Health and Welfare analysis of the National Hospital Morbidity Database 2015–16 and Australian Bureau of Statistics, Estimated Resident Population 30 June 2015. Available at: https://www.myhealthycommunities.gov.au Accessed: 31.10.2018.

Outcomes of the service needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service access	Acute services	High rate of mental health-related presentations, nationally, with decreasing trends. Highest rates and increasing trends seen in Broken Hill & Far West.	**Please see Mental health needs analysis outcomes (page 51)**
	Primary mental health care	Increase in MBS funded mental health related services for face to face psychiatrists, clinical psychologists, general practitioners but a decline in allied health and telehealth psychiatry services.	**Whole of PHN and sub-regional variation (LGA)** For WNSW PHN, excepting MBS funded Mental Health Allied Health and telehealth psychiatry services, the number of other MBS funded mental health services increased over the five years from July 2015 to June 2020: • Psychiatrists – 31% increase in MBS funded services from 2015-16 to 2019-20, with 13,417 compared to 17,609, respectively. • Clinical psychologists – 45% increase in MBS funded services from 2015-16 to 2019-20, 11,294 compared to 16,367, respectively. • General practitioners – 7% increase in MBS funded services from 2015-16 to 2019-20, 33,435 compared to 35,638, respectively. • Other Allied mental health – 62% decrease in MBS funded services from 2015-16 to 2019-20, 2,665 compared to 4,329, respectively. NB: this data only captures MBS funded services and not LHD and PHN funded services, data for which was unavailable. Source: Australian Institute of Health and Welfare, Mental Health services in Australia. https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/medicare-subsidised-services accessed 25.10.2021.

Outcomes of the service needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
	Primary mental health care	(see above)	From 1 November 2017 telehealth psychology became a MBS item for registered practitioners. Eligible GPs in rural and remote (MMM 4-7) regions can deliver Focused Psychological Strategy consultations via telehealth (videoconferencing). Six new MBS items will be available to enable practitioners in these areas to provide general mental health and wellbeing support via telehealth. Eligible patients are not required to have a diagnosed mental illness or Mental Health Treatment Plan to access these services. Sources: Department of Health Data *MBS Mental Health Data* Available at:http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Health_Data Accessed: 31.10.2018. Department of Health Website, Better Access Telehealth Services for People in rural and remote areas at: http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-ba-telehealth Accessed: 12.11.2018.

Outcomes of the service needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service Access	Primary mental health care	Increasing utilisation of psychological therapy for mild-moderate mental illness.	**Whole of PHN** Since 2017, WNSW PHN commissioned the 'Strong Minds Western NSW' program to provide psychological therapy services for under-serviced groups. This program delivers free referral-based psychological services face-to-face or via telehealth across the whole region. Although there was an initial drop in service provision at the commencement of the new program Strong Minds has demonstrated a steady year on year increase in service numbers. Source: Western NSW PHN Primary Mental Health Care Minimum Dataset (PMHC MDS) (Unpublished).

Outcomes of the service needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service Access	Primary mental health care	Increased utilisation of Low intensity mental health services.	**Whole of PHN** Since 2018, Western NSW PHN commissioned the "NewAccess" low intensity mental health support service. NewAccess is a free coaching program, designed to provide accessible, quality services for anyone finding it hard to manage life stress. The program uses Low-intensity Cognitive Behavioural Therapy practices and aims to help people break the cycle of negative or unhelpful thoughts. More than 300 people accessed NewAccess in Western NSW in 2020-21. Source: Western NSW PHN Primary Mental Health Care Minimum Dataset (PMHC MDS) (Unpublished).
		Consumers and service providers are seeking or referring access to a 24 hours mental health emergency care line for primary mental health care support services, indicative of either a lack of primary mental health care services in the region, or a lack of understanding in the community about the difference between primary, secondary and tertiary services, or both.	The western **NSW Mental Health Emergency Care Rural Access Program** (MHEC RAP) is a WNSW LHD program that supports access to secondary and tertiary mental health services and including emergency mental health care, emergency triage and video assessments via telehealth technologies. It is not a primary mental health care service. Consultation indicates a need to integrate primary care services with this service as many calls to the MHEC RAP central number are not appropriate. Sources: WNSW PHN Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment Report, November 2017. Western NSW PHN Councils and Staff consultation, 2021.

Outcomes of the service needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service Access	Child and adolescent mental health services	Complex array of specialist children services.	In the WNSW PHN region there are multiple teams providing services targeting children and adolescents, provided by the health sector including LHD and NGOs. The Bathurst and Dubbo Special Programs Teams provide specialised staff for both older adults and children in the blended team approach. This is also the case for the blended community mental health and drug and alcohol service teams at Mudgee, Orange, Bourke, Lightening Ridge, Cowra, Parkes, Forbes and Condobolin. There are also many generalist mental health teams that provide services to children and adults, including the Royal Flying Doctors Clinics and Mental Health Emergency Care (MHEC-REC). Source: WNSW PHN Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment, November 2017.
		Lack of inpatient mental health services for children and adolescents (younger than 18 years of age).	Stakeholder consultation identified the lack of mental health inpatient services for children and young adults (<18 years) as the only beds available region wide are at the Orange-Bloomfield Health Facility. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report*
		headspace concentrated in larger regional centres with a need for this service in rural and remote areas.	The **headspace** program provides early intervention mental health services to 12-25-year old adolescents young peoples' mainly in the large regional centres including Broken Hill, Bathurst, Orange and Dubbo. Over 1400 young people were supported through Western NSW headspace centres in 2020-21. Source: Western NSW PHN Primary Mental Health Care Minimum Dataset (PMHC MDS) (Unpublished), 2021.

Outcomes of the service needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service access	Child and adolescent mental health services	Dissatisfaction at medical model of **headspace** – only providing mild to moderate services and referrals for high moderate to severe illness.	From stakeholder consultations, although providing referrals to psychiatry specialist services, headspace provides services for those with mild to moderate mental health problems, not for people with high moderate to severe mental illness. This conflicts with expectations of community members with misconceptions commonly expressed that specialist services were part of the model. Source: WNSW PHN Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment, November 2017.
	Suicide	Lack of evidence informed suicide prevention models in communities.	Some communities had established suicide prevention committees. For those working in the area of community-based suicide prevention there were concerns that these approaches lacked an evidentiary base. Source: WNSW PHN Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment, November 2017.
		Lack of management of patients at risk of suicide including follow up care from previous attempt/s.	From stakeholder consultations, capacity of acute and primary care services to manage patients at risk of suicide or follow-up after a suicide attempt were identified as a concern. Opinions were expressed that some GPs lacked appropriate skills or time to identify a young patient, especially, at risk of suicide, ignoring risk factors. Source: WNSW PHN Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment, November 2017.
	Chronic mental health	Lack of services for chronic mental health.	Clinicians participating in the consultations reported that in many cases, they were only able to address symptoms rather than the underlying cause of mental illness. Unfortunately, this unsustainable and not supportive of good outcomes for patients. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

Outcomes of the service needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
	Primary care mental health management	Increase in MBS funded GP mental health management services.	**Whole of PHN** In the five years from July 2015 to June 2020, the number of MBS funded GP services to undertake early intervention, assessment and management of patients with mental disorders have increased by 9.4%, from 87,975 in 2015-16 to 96,209 in 2019-20. Source: Department of Health Data *Medical Benefits Schedule data* Available at: https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/medicare-subsidised-mental-health-specific-services Accessed: 20.10.2021.
	Stepped Care Model	Need for further investment in a more coordinated Stepped Care Model with clear referral pathways that includes more publicly funded services.	From stakeholder consultation, service providers, clients, carers and community members have recognised there has been an improved stepped care approach to mental health services in Western NSW. There has been particular improvement in the availability of low to moderate services, however there still remains unclear linkages between steps, long wait times for some services, complex referral pathways and lack of awareness of existing services. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report* WNSW PHN Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment, November 2017. Western NSW PHN Advisory Council Consultations, October 2021.

Outcomes of the service needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service Access	Publicly funded mental health services	Lack of public health services in some areas or long waiting times and prohibitive costs limit access.	From stakeholder consultations, there was a recognised and appreciated increased in access to publicly funded mental health services. However, where publicly funded services are not accessible or there are long waiting times, cost of private psychiatry and mental health allied specialists were prohibitive for many people. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report Western NSW PHN Advisory Council Consultations, October 2021.*
		Lack of mental health services for older people living in residential aged care services.	Stakeholder consultations raised a gap in mental health services for older people living in residential aged care services. Stakeholders identified challenges and reported supporting residents with mental health in aged care facilities was much harder, but services were easier to access for people living in the community. People living in residential aged care services also feel very isolated, particularly those facing end of life challenges. *Source: Western NSW PHN Advisory Council Consultations, October 2021.*
	Psychosocial support service access	Not all people with a severe and complex mental illness will apply for NDIS and people with 'moderate' mental illness may be ineligible for NDIS.	**Whole of PHN** From analysis of the National Mental Health Service Planning Framework (NMHSPF) undertaken by the University of Queensland, a number of people with a 'moderate' mental illness also requires psychosocial support. Source: Mental Health Policy and Epidemiology Group, The University of Queensland *Mental health psychosocial support service needs from the National Mental Health Service Planning Framework (NMHSPF), 2018.*

		Currently most services concentrated in Bathurst, Orange and Dubbo with lack of services in majority of other rural and remote areas, including Broken Hill.	**Whole of PHN and sub-regional analysis (LGA)** From stakeholder consultation, it was identified that many local government areas were either receiving no services or there was only one provider covering very large rural and/or remote regions. The highest concentrations of providers were in the main regional centres of Bathurst, Orange and Dubbo. Source: *Psychosocial support needs in the Western NSW Primary Network region survey, 2018.*

Outcomes of the service needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service Access	Psychosocial support service access	Poor level of services to meet the most needed psychosocial supports of family, education and social skills.	Participants in the WNSW PHN survey were asked to rate the current availability and accessibility of services to meet the three most important type of psychosocial support needs, family, education and social skills training; 69% of respondents ranked them in the range of "fair" to "very poor." Source: *Psychosocial support needs in the Western NSW Primary Network region survey, 2018.*
	NDIS ineligibility	Uncertainty and difficulty in accessing the NDIS.	Case studies from two separate providers of psychosocial supports services indicate that only a small percentage of current clients are being assessed as eligible for NDIS support. A provider of Personal Helpers and Mentors (PhaMs) in one rural local government area has advised that of 30 clients who have submitted applications, 7 (23%) were eligible, 18 (60%) were ineligible and 5 (17%) were still awaiting a decision. Of the 7 who were eligible, many had experienced significant problems in finding local providers of supports and this had resulted in unspent funds and no services being obtained. A Partners In Recovery (PIR) provider in Western NSW reports that only 29% (12 participants) in their program were deemed eligible for the NDIS. A common theme in provider feedback is that current clients and their carers require considerable support to go through the application process and there is a need for much more training for GP's to understand all requirements when completing forms. Collectively, these findings suggest there could be a higher than expected number of people with severe (not complex) mental illness who choose not to pursue an NDIS application and/or who are deemed ineligible. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

Outcomes of the service needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service Access	Prevention	Lack of systematic, evidence-based approach to mental health promotion and mental health literacy vulnerable groups.	Stakeholder consultations highlighted the need for mental health promotion across all life-stages but particularly for school-aged children, men and older people. There are some approaches to mental health promotion in the WNSW PHN region as demonstrated through school link coordinators and staff in the Rural Adversity Mental Health Program (RAMHP). However, a need for a systematic approach to mental health promotion which is aligned to evidence-based frameworks, was highlighted, rather than relying on delivery of training programs across different settings such as schools, workplaces and sporting groups. Source: WNSW PHN Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment, November 2017. *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
Health Workforce	Mental health workforce	Barriers to mental health access experienced across the region due to lack of locally available services in rural and remote areas and lack of coordinated and affordable services in regional areas.	From stakeholder consultations, lack of mental health nurses and other mental health professionals was identified as an issue, particularly in rural and remote areas. Difficulties recruiting and retaining mental health workforce was highlighted Many mental health services in Western NSW have vacancies for MH roles, clinical and non-clinical, however find it difficult to recruit and retain staff. This is having a significant impact on mental health service delivery, referral pathways and client satisfaction of services. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.* *Western NSW PHN Advisory Council Consultations, October 2021.*

		Recruitment and retainment	Difficulties recruiting and retaining mental health workforce was highlighted with a need to develop attractive schemes to fill vacancies. Access to psychologists was identified as one of the highest priorities from GPs in Western NSW. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report. Western NSW PHN GP Survey, September 2021.*
		Funding limitations create challenges to mental health service delivery.	Stakeholder consultations identified significant issues with existing funding structures which makes it difficult to make a sustainable business model for mental health in Western NSW. Strategies to upskill nurses in mental health to improve the mental health workforce met barriers when MH Nurses could access the relevant psychology MBS items necessary to enable a sustainable business model. Stakeholders identified collaborative funding models were needed in Western NSW. Stakeholders suggested pooling of resources as a solution, to break down silos so services can provide more to the community and improve connection between health programs. *Source: Western NSW PHN Advisory Council Consultations, October 2021.*

Outcomes of the service needs analysis-primary mental health care (including suicide prevention)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Health Workforce	Psychosocial Support Service Workforce	Clarifying psychosocial workforce shortages and challenges.	**Whole of PHN** From University of Queensland estimates, 35FTE staff will be required to meet the psychosocial support needs of people with a severe (not complex) mental illness in our region. Further workforce data is required to better understand what the current EFT is and/or will be during and after the transition period/establishment phase. Anecdotal information from current federal psychosocial support service providers such as PHaMs and PIR indicates that over the past few years during the NDIS transitioning period, there has been reductions in their program funding and this has led to the loss of local staff (6 workers in one program covering a large local government area). Both the University of Queensland report and local providers identify a range of additional challenges related to rural and remote mental health service delivery including. These include: travel time and higher costs required to support individuals spread over large distances; and difficulties recruiting staff and private organisations to service clients in remote locations/small population areas. Several providers expressed concerns about whether it is financially viable for them to continue delivering any psychosocial support programs under either the NDIS or NPSM because of the high operational costs and comparatively low funding. Sources: Mental Health Policy and Epidemiology Group, The University of Queensland *Mental health psychosocial support service needs from the National Mental Health Service Planning Framework (NMHSPF), 2018.* *Psychosocial support needs in the Western NSW Primary Network region survey, 2018.*

Key Mental Health and Suicide Prevention Issues Summary

- Access to mental health services is improving in the community, however mental health problems and access to mental health services remains the highest priority for the community and health professionals in Western NSW PHN
- Support is needed for community and health professionals navigating the stepped care model. Consider improved integration/coordination of services within the stepped care model and/or implementation of centralised intake to support navigation.
- Workforce development and models of funding / care to support the resources and skills existing in Western NSW PHN, including strategies for recruitment and retention for mental health workforce and up-skilling local workforce and community members.
- Largest gap in mental health service provision exists in remote and smaller towns. Consider development of service models which address challenges of existing outreach and visiting services which are not meeting the needs of the community.
- Focusing on place-based suicide prevention approaches in priority communities of need in the Far West (particularly younger adult men aged 25-44.)
- Improve access to mental health services for residents of residential aged care services. Particular needs for dementia screening and mild-to moderate mental illness.

(iii) Alcohol and Other Drug Treatment Needs

Outcomes of the service needs analysis-alcohol and other drug treatment needs			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service Access	Improvement of services	Improvement of drug and alcohol services was ranked the fifth most needed service improvement in the region.	In 2021, participants in the WNSW PHN Telephone Community Health Survey ranked drug and alcohol services as the fifth most needed improvement in the region. Sub-groups of participants rating this more highly than the survey average included: those aged 18 to 34 years, Aboriginal people, and FW LHD residents. *Telephone Community Health Survey for Western NSW PHN Report, September 2021.*
	General substance dependence	Access to local rehabilitation services and stigma related to seeking help for substance issues.	In rural areas, the major issue is access and community stigma to seeking help for substance issues, however lack of data relating to local demand for services makes estimating the need difficult. Source: Ritter, A, Chalmers, J. & Sunderland, M (2013) *Planning for drug treatment services: estimating population need and demand for treatment.* Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW.
	AOD service utilisation	Alcohol and Amphetamines are the leading principal drugs of concern in primary care AOD services.	The top 4 principal drugs of concern for people in Western NSW accessing AOD services that reported to the AODTS NMDS 2019-20 were: - 34.6% Alcohol - 29.3% Amphetamines - 18.3% Cannabis - 5.4% Heroin The principal drugs of concern for Western NSW clients where WNSW PHN is among the top 10 PHNs in Australia in 2019-20 include: - Methadone (0.6%)

- Oxycodone (1.3%)
- Other Opioids (1.2%)
- Other analgesics (1.1%)

Source: Australian institute of Health and Welfare (AIHW) Alcohol and Other Drugs Treatment Services National Minimum Dataset (AODTS NMDS) 2019-20. Accessed via https://www.aihw.gov.au/reports-data/health-welfare-services/alcohol-other-drug-treatment-services/data

Non- residential treatment facilities are the most common treatment delivery setting in Western NSW.

In 2019-20, there were 3,641 episodes of treatment closed in Western NSW.

Treatment delivery setting	**Number of closed treatment episodes (2019-20)**
Non-residential treatment facility	2,735
Residential treatment facility	470
Home	103
Outreach setting	302
Other	30
Total	3,641

In these treatment delivery settings, the most common treatment type was counselling, followed by AOD assessments.

Main Treatment type	**Number of closed treatment episodes (2019-20)**
Counselling	1,716
Withdrawal management	113
Assessment only	955
Support and case management	260
Rehabilitation	320
Pharmacotherapy	51

			Information and education	29
			Other	196
			Total	3,641
			Source: Australian institute of Health and Welfare (AIHW) Alcohol and Other Drugs Treatment Services National Minimum Dataset (AODTS NMDS) 2019-20. Accessed via https://www.aihw.gov.au/reports-data/health-welfare-services/alcohol-other-drug-treatment-services/data	
	Data deficiencies	Difficulty in planning without a good picture of what Government, NGOs and private services already exist.	D&A service provision in Western NSW is provide by a range of government and NGO organisations. In 2019-20, there were 57 agencies contributing to the AODTS NMDS in the Western NSW PHN region. This suggests there are at least 57 government publicly funded AOD services in the region, however there is a lack of detailed information of these services publicly available. Further mapping of these services is required to truly understand what is being provided. WNSW PHN Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment Report, November 2017. *Source: Australian institute of Health and Welfare (AIHW) Alcohol and Other Drugs Treatment Services National Minimum Dataset (AODTS NMDS) 2019-20. Accessed via https://www.aihw.gov.au/reports-data/health-welfare-services/alcohol-other-drug-treatment-services/data*	

Outcomes of the service needs analysis-alcohol and other drug treatment needs			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service Access	Accessing health care	Access to specialist drug and alcohol services.	There was a perception that few communities had access to specialist drug and alcohol services for those people experiencing problems. Where these did exist they often operated on a FIFO or DIDO basis with access limited. Source: WNSW PHN Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment, November 2017.
		Access to addiction medical specialists.	Few addiction medical specialists, operating in a limited number of communities, were able to be identified. Where these did exist, they operated usually on a FIFO or DIDO basis with access limited. Source: Hopkins, J., Salvador-Carulla, L., Stretton, A., Bell, T., McLoughlin, L., Mendoza, J. & Salinas-Perez, J. A. (2017). The Integrated Mental Health Atlas of Western NSW – Version for public comments. The Menzies Centre for Health Policy, University of Sydney and ConNetica. Western NSW PHN Advisory Council Consultations October 2021.
	Coordination between, and integration of, services	Need for improved integration and coordination for drug and alcohol services reflected in regional plans.	From stakeholder consultation, a need for integration between primary care and specialist services to ensure effective drug and alcohol services, was highlighted. Improved referral pathways, coordination of treatment and care information is needed to improve patient outcomes. Source: Western NSW PHN Advisory Council Consultations October 2021.

Outcomes of the service needs analysis-alcohol and other drug treatment needs			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service Access	Specific service challenges and gaps for high need populations	Gaps in substance abuse services for rehabilitation, increasing with remoteness.	The need for specialist drug and alcohol rehabilitation services, with locally accessible options, was raised in most communities as a high priority need. Currently there are 3-4 rehabilitation facilities located in Western NSW - most in regional towns, for instance, Lyndon Community. That service gets an estimated 60-70 calls a week where assessments cannot be completed as there is no capacity. The Lyndon Community provide Commonwealth-funded detoxification, residential rehabilitation and community outreach services. Lyndon detox's 800 people a year, with people coming from all over NSW. In 2021, stakeholder consultations in the Far West raised the need for residential rehabilitation facility in the region as the nearest facility is in Orange. A new AOD rehabilitation service is planned for Dubbo, provided by Federal, State and Local Government funding, however this will not meet the needs of Far West. The key care needs identified for Far West include: - Travelling for rehabilitation in other towns breaks up families and isolates the client from much needed support - Aboriginal clients would benefit significantly from recovery and rehabilitation on country, maintaining their connection to family and culture. - Support is needed for people who live with someone who has alcohol or other drug dependencies Source: WNSW PHN Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment, November 2017. Western NSW PHN Advisory Council Consultations, October 2021.

		Need for multi-purpose rehabilitation services that are inclusive of consumers with a history of mental illness	From stakeholder consultation, an important gap in drug and alcohol rehabilitation services that is inclusive of clients with a history of mental illness. Access to rehab for this vulnerable population was reported to often occur through justice health, as committing crimes were a common outcome. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report*
		Lack of detoxification services across the region, with demand outstripping supply	Options for drug and alcohol detoxification were very limited across the region and identified as a high need through stakeholder consultation. Few drug and alcohol detoxification beds; with demand outstripping supply. While there was general support for home-based detoxification this was rarely available. The skills, capacity and attitudes of GPs to provide home-based detoxification was perceived as limiting more home-based detoxification. Where home-based detoxification was provided it was dependent on skilled and committed nurses with drug and alcohol training to support the GP and the patient. Source: WNSW PHN Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment, November 2017.

Outcomes of the service needs analysis-alcohol and other drug treatment needs			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
	Specific service challenges and gaps for moderate & low need populations	Capacity of GPs to address drug and alcohol problems of patients.	From stakeholder consultations, support for early intervention approaches was widespread with GPs seen as playing a key role. However, their capacity to provide early intervention was perceived to be limited by time, skills and attitudes. Potential opportunities to train local community member in remote communities to provide brief support while clients are waiting for additional and higher level support. Source: Western NSW PHN Advisory Council Consultations October 2021.
			Referral options for GPs to provide additional support for those people experiencing drug and alcohol problems were limited because of so few drug and alcohol services. Source: Western NSW PHN Advisory Council Consultations October 2021.
		Capacity of AMS to address drug and alcohol problems of patients.	From stakeholder consultations, support for early intervention approaches was widespread with AMS's seen as playing a key role. However, their capacity to provide early intervention was perceived to be limited. Source: Western NSW PHN Advisory Council Consultations October 2021.

	Family and Carer Support	Support for families and carers of people living with drug and alcohol problems	The impact of a family members drug and alcohol use was significant, affecting relationships, employment and often contributing to family breakdown. Support for family members of someone with a drug and alcohol problem was raised as a priority need. Source: WNSW PHN Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment, November 2017.

Outcomes of the service needs analysis-alcohol and other drug treatment needs			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Population health	Health promotion and prevention	Largely focused on Aboriginal women who are pregnant.	Services currently delivered from a variety of sources and uncoordinated. Some of the noted preventive health efforts: • support smoking cessation in Aboriginal women through the Giving Up Smoking (GUS) program • support the use of the IRIS D&A Screening tool for pregnant Aboriginal women • support midwives to use brief interventions for women with substance use issues, in particular alcohol and tobacco Source: WNSW PHN Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment, November 2017.
	Health promotion and prevention	Lack of coordinated, strategic approach to drug and alcohol abuse prevention.	There are a range of evidence-based approaches to reduce at risk alcohol consumption in the community. However, there was a perception that there was no coordinated strategic approach to addressing alcohol use through comprehensive prevention and promotion strategies. Source: WNSW PHN Mental Health, Suicide Prevention and Drug and Alcohol Needs Assessment, November 2017.

Key Alcohol and Other Drugs Issues Summary

- A high need for an alcohol and other drug residential rehabilitation facility which supports recovery near family and social supports in Far West NSW. Proposed to be located in Broken Hill. Challenges may still exist with workforce recruitment and retention for such a facility and needs to consider a model to support remote and smaller towns.
- Low levels of positive client satisfaction and experience of existing AOD services in the region. Consider evaluation and/or minor redesign of services to support client-centred and trauma-informed care approach.

(iv) Aboriginal Health (including chronic disease)

Outcomes of the service needs analysis-Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service access	Hospitalisations	For Aboriginal people is around double that of non-Aboriginal people.	**Whole of PHN** In WNSW PHN, between July 2012 and June 2017, the annual average rate of all hospitalisations in Aboriginal residents was almost twice that for non-Aboriginal people, 62,303.7 compared to 33,339.6 per 100,000 population, respectively. Source: Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: http://www.healthstats.nsw.gov.au Accessed: 5.11.2018.
	Emergency presentations	Over-representation of Aboriginal people presenting to Emergency needs further analysis.	At stakeholder yarning workshops, the over-representation of Aboriginal people presenting to EDs and being hospitalised was highlighted in the Western NSW HIU data presentations in all communities where workshops were held. *Source: Western NSW Needs Assessment Consultation Workshops 2018 Final Report Western NSW PHN Advisory Council Consultations, October 2021.*
		A need for local hospital services to work more closely with Aboriginal Medical and Health Services to reduce low acuity ED presentations.	Local Aboriginal Medical Services expressed a willingness to work more closely with hospitals to support Aboriginal patients presenting to EDs and to consider adjustments to opening times to reduce the burden on hospital ED services caused by low acuity presentations. *Source: Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
	Identification of Aboriginal patients	Undercount of Aboriginal people due to inconsistent identification procedures.	From stakeholder yarning workshops, an apparent under count of the Aboriginal population in some areas, such as Orange, emphasised the importance of health services providing an opportunity for all patients to identify and not those who '*look Aboriginal*'. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report. Western NSW PHN Advisory Council Consultations, October 2021.*

Outcomes of the service needs analysis-Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service access	Primary health care	More GPs or quality of GP service was the most important first service improvement needed for Aboriginal people in the Community.	**Whole of PHN** In 2021, 44% of Aboriginal participants of the WNSW Telephone Community Health Survey rated more GPs or better-quality GP services as the highest health service priority in their community. Source: *Telephone Community Health Survey for Western NSW PHN Report, September 2021. Western NSW PHN Advisory Council Consultations, October 2021.*
	Primary health care service utilisations	Increase in MBS funded GP Health Assessments services for Aboriginal Patients.	**Whole of PHN** Between July 2014 to June 2017, the number of MBS funded GP Health Assessments for WNSW PHN Aboriginal residents has increased by 15%, from 12,885 in 2014-15 to 14,838 in 2016-17. Source: Department of Health Data *Medical Benefits Schedule data* Available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-MBS_Data Accessed: 31.10.2018.
		Increase in the MBS funded follow-up services for Aboriginal patients following a Health Assessment by a Practice Nurse/Aboriginal Health Worker.	**Whole of PHN** In WNSW PHN, between July 2014 and June 2017, the number of MBS funded Health Assessment follow-up services provided to Aboriginal patients by a Practice Nurse or Aboriginal Health Worker has increased by almost a quarter, from 37,845 in 2014-15 to 46,407 in 2016-17. Source: Department of Health Data *Medical Benefits Schedule data* Available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-MBS_Data Accessed: 31.10.2018.
	Aboriginal Community Controlled Health Services	Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Medical Services (AMSs).	**Whole of PHN** Within the PHN, the Bila Muuji Consortium, 15 ACCHOs and 3 AMS provide primary health care for Aboriginal people and their families who may or may not identify as Aboriginal.

Outcomes of the service needs analysis-Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service Access	Outreach primary care services	Provided to regional, rural and remote communities.	As of September 2018, Aboriginal Health Professional outreach services were provided to 16 communities in the WNSW PHN footprint by 4 Health services, 3 of which are Aboriginal Community Controlled Health Organisations (ACCHOs). These include: • Aboriginal Education Officers services provided in Broken Hill, Ivanhoe, Menindee and Wilcannia • Aboriginal Health Practitioner services provided in Bourke, Broken Hill, Forbes and Wilcannia • Aboriginal Health Worker, audiometry services provided in Coonamble, Dubbo, Dunedoo, Gilgandra, Narromine, Nyngan, Peak Hill, Trangie,Warren and Wellington. Source: NSW Rural Doctors Network Outreach Services, 2018. Available at: https://www.nswrdn.com.au Accessed: 5.11.2018.
	Integration of cultural safety into all health services	Improve health professional yarning practices to better engage Aboriginal patients that are inclusive of family.	From stakeholder yarning workshops, a need to teach more health professionals about culture and yarning practices was highlighted as a better way to engage with their Aboriginal patients and their families, to improve health outcomes. Group yarns between community and health services were encouraged. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report. Western NSW PHN Advisory Council Consultations, October 202.1*
		A need for co-designed health services which are community led and centred, with active involvement from the local Aboriginal community.	From stakeholder yarning workshops, it was identified that service uptake by Aboriginal people may be improved through authentically co-designed services. Community members explained that early consultation would ensure service planning would improve cultural safety and increase uptake of services when delivered locally. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

		A need for gender-appropriate primary health services is required.	Stakeholder consultations identified the requirement of gender-appropriate services. - Elder women will not go to the doctor because they can't relate to them, not comfortable if they have 'Women's Business' - Young men don't want to see female doctors. They will not get treated for STIs until they get to a hub, which may result in a delay of up to a month. *Source: Western NSW PHN Advisory Council Consultations, October 2021.*

Outcomes of the service needs analysis-Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Service Access	Integration of cultural safety into all health services	A need to acknowledge Elders and cultural advisors to provide traditional insight when developing programs.	From stakeholder yarning workshops, the importance of acknowledging Elders as cultural advisors who provide traditional insight and authentically involving Elders early on when developing programs could improve uptake of services in communities. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
	Transport and affordability	A need for 'one-stop' health care services to avoid missed appointments and improve continuity of care.	From stakeholder yarning workshops, anecdotal reports of community members being denied services because they had missed previous appointments. Health leaders present noted that there are many missed appointments because people are being referred onto other services, while community members suggested that lack of transport and high costs were sometimes the reason for 'not turning up'. It was noted that denying people services because they have missed some appointments does not address fundamental issue about why consumers are not able to access services. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

Outcomes of the service needs analysis-Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Health systems and coordination	Integration of Aboriginal health information systems	Data access issues due to lack of integration of health information systems for Aboriginal people's health information.	Many clinical information management systems commonly used by Aboriginal Community Controlled Health Organisations (ACCHOs) and AMSs incompatible with integration of other health information systems. This creates challenges gaining an understanding of the health and service needs of Aboriginal people in primary care or places additional reporting requirements and stress on service providers.
Chronic disease management	Chronic disease Management – commissioned services	An increase in Integrated Team Care (ITC) services.	**Whole of PHN** The WNSW PHN ITC is a brokerage service for complex care for Aboriginal people with a diagnosed chronic condition. Since commencement in 2016-17, the service has grown significantly. In 2020-21, there were over 5 times the services provided for ITC than in 2016-17, 26,164 compared to 5,451, respectively.
		Chronic Disease Management and Prevention Program.	**Whole of PHN** General practice-based services including chronic disease practice nurses, Aboriginal Health Workers and visiting allied health workers. It targets Aboriginal people aged 15 years and over living with, or at high risk of developing, two or more chronic diseases.
		Transport Coordination Service.	**Whole of PHN** This is a whole of region phone and online transport information service enabling access to health appointments.
		A need for coordinated medication management reviews to improve patient Outcomes.	From stakeholder consultation workshops, clinicians identified a need to improve medication management for those Aboriginal patients with a multi-health service interaction experience. *Source: Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

Outcomes of the service needs analysis-Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Chronic disease management and prevention	Chronic Disease Prevention and health promotion	Lack of culturally safe healthy lifestyle programs, particularly in remote communities.	From stakeholder yarning workshops, community members highlighted a priority need for chronic disease prevention programs across all life stages, that are: • culturally safe • co-designed • evidence-based • community led • delivered in community. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report. Western NSW PHN Advisory Council Consultations, October 2021.*
		Health literacy impacts on patients' self-care and management of their health.	From stakeholder yarning workshops, health professionals need to consider the health literacy levels of their Aboriginal patients who may feel 'shame at not knowing', and therefore not ask questions or seek advice. To assist patients and their carers to better manage their own health, strategies to address low health literacy are critical to improving health outcomes, including group yarning. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

Outcomes of the service needs analysis-Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
First 2000 days of life	Maternity services	Improved support services for Aboriginal mothers and partners or family who are birthing off country.	From stakeholder yarning workshops, it was noted that birthing facilities are only available in the 4 regional hospitals and 5 procedural hospitals; mothers living in smaller rural and remote communities must travel to one of the 9 birthing facilities. While acknowledging that the LHDs' Aboriginal Maternal and Infant Health Services (AMIHS) support expectant mothers with transport to the birthing facility, the community expressed a lack of support for the partners and families, meaning many mothers were alone and off country when giving birth. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
	Parenting support	Need for parenting education programs to support new parents to help their children to grow up healthy which are inclusive of fathers.	From stakeholder yarning workshops, programs to help encourage strong families, particularly supporting parents to help their children grow up healthy in their family and community, were identified gaps. A need for education services for parents with children with diabetes was noted and suggestions for education initiatives based on intervention in early childhood services were put forward. Communities expressed the need for education for new fathers to feel more confident to support their families and that the phrase 'Mums and Bubs' leaves Dads out. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

Outcomes of the service needs analysis-Aboriginal health (including chronic disease)			
Priority	**Early intervention**	**Key Issue**	**Description of Evidence**
First 2000 days of life	Prevention-immunisation	Rates of immunisation in Aboriginal children were higher than national levels.	**Whole of PHN** • In 2020-21, the proportion of 1-year old WNSW PHN resident Aboriginal children fully immunised was more than that for Australia, 95.4% compared to 94.9.2%, respectively. • In 2020-21, the proportion of 2-year old WNSW PHN resident Aboriginal children fully immunised was higher than that for Australia, 93.1% and 92.6%. • In 2020-21, the proportion of 5-year old WNSW PHN resident Aboriginal children fully immunised was higher than that for Australia, 97.5% compared to 95.2%; and higher than the rate for all WNSW PHN resident 5-year old children fully immunised. Source: Australian Institute of Health and Welfare analysis of Department of Human Services, Australian Immunisation Register statistics 2020–21. Available at: https://www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage/immunisation-coverage-rates-for-all-children and https://www.health.gov.au/resources/publications/phn-childhood-immunisation-coverage-data Accessed: 26.10.2021.
	Prevention-healthy start to life	Smoking cessation programs for pregnant mothers.	From stakeholder yarning workshops, a need for increased access to smoking cessation programs delivered by local AHS was needed to reduce the high proportion of pregnant mothers who smoke. *Source: Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*
	Early intervention	Lack of FASD screening and support services.	From stakeholder yarning workshops, anecdotal reports of Aboriginal mothers consuming alcohol during pregnancy had the potential to increase the prevalence of FASD, particularly in rural and remote communities. A systematic approach to FASD screening and support service provision was highlighted as a need to reduce developmental vulnerability in young Aboriginal children. *Source: Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

Outcomes of the service needs analysis-Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Aged care and older people	Access to aged home care packages	Higher than national average rate of admissions into permanent residential aged care and lower rates for home care package access. Rates were higher in females than males.	**Whole of PHN** In 2016-17, of the target WNSW PHN population (all people aged 65 years and over and Aboriginal people aged 50 to 64 years), the rate of admissions to **permanent residential care** who identified as Aboriginal was 0.5 per 1,000 target population. Rates were higher for Aboriginal males, than Aboriginal females, 0.3 compared to 0.2 per 1,000 population, respectively. For the reporting period, rates of access to home care was higher than that for permanent residential care for the WNSW PHN target population who identified as Aboriginal, 0.7 per 1,000 target population and higher for Aboriginal females than Aboriginal males, 0.5 compared to 0.2 per 1,000 target population, respectively. As at 30 June 2020, 62% of Aboriginal people accessing aged care services in Western NSW were using home care services. This equates to 10.2% of all Western NSW residents accessing home aged care services identified as Aboriginal and/or Torres Strait Islander. (Note: Indigenous status was not stated for 39% of clients accessing home care services) Source: https://www.gen-agedcaredata.gov.au/Topics/Admissions-into-aged-care/Explore-admissions-into-aged-care Accessed: 2.11.2018.
		Improved education and support in accessing and assessment for MyAgedCare for older Aboriginal people.	From stakeholder yarning workshops, better awareness of, and access to, the MyAgedCare home care packages was highlighted to support older Aboriginal people who want to be cared for in the home. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

		Improved support services that are culturally safe for older Aboriginal people to stay at home.	From stakeholder yarning workshops, the significance of the connection to country for all Aboriginal people, but especially older Aboriginal people was emphasised. Further that older Aboriginal people wish to be cared for at home in their own community in a culturally safe environment, and people they know. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

Outcomes of the service needs analysis-Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Mental health and services	Mental health services	Lack of affordable and accessible mental health services impacting on continuity of care and mental health outcomes.	From stakeholder yarning workshops, a lack of access to acute and primary care mental health services in rural and remote communities was noted as a priority issue. The perception that a lack of culturally safe, locally available and publicly funded mental health services was impacting negatively on mental health outcomes in the local Aboriginal community. People in small communities are continuously falling through the gaps. Mental health services in ACCHOs are inadequate to support the need in their community. Staff at Aboriginal Medical Services are impacted by community "constantly wanting to yarn and download – it is a drain on them, but they feel responsible for their mob". AMSs are short-staffed and part-time, and don't have the resources or level of support to take on responsibility for the intensive mental health services of the community. Mental Health crisis can happen at any time of the day, so Mental health services needs to be 24 hours and in the community. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report. Western NSW PHN Advisory Council Consultations, October 2021.*
	Sorry business: loss and grieving	A need for culturally appropriated loss and grief spaces in hospitals.	From stakeholder yarning workshops, it is important that health service acknowledge the significance that sorry business, loss and grieving, is to the Aboriginal community and the need that local hospital services continue to prioritise the provision of culturally safe spaces and support services when planning new facilities. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

		Low uptake of mental telehealth services due to a lack of cultural safety.	From stakeholder yarning workshops, clinicians explained that when clients are speaking with treating mental health professionals, they are often sharing very personally traumatic experiences. They did not feel the sterile atmosphere of a telehealth service was private and personal enough. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

Outcomes of the service needs analysis-Aboriginal health (including chronic disease)			
Priority	**Identified Need**	**Key Issue**	**Description of Evidence**
Alcohol and drug abuse	Drug and alcohol services	Lack of local detox and rehab services and a need for multipurpose models that are inclusive of a mental illness history.	From stakeholder yarning workshops, a need for locally accessible detoxification and rehabilitation services, on country, and inclusive of people with a history of mental illness was a very high priority for the Aboriginal community. These need to be co-designed with the community, led and mentored by local Aboriginal people with a lived experience of these issues. In 2021, stakeholder consultations in the Far West raised the need for residential rehabilitation facility in the region as the nearest facility is in Orange. Community raised Aboriginal clients would benefit significantly from recovery and rehabilitation on country, maintaining their connection to family and culture. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report. Western NSW PHN Advisory Council Consultations, October 2021.*
		Liaise with justice health to support newly released inmates in the community to address drug and alcohol addictions.	From stakeholder yarning workshops, Aboriginal people who are exiting prison expressed a strong need for support on country for drug and alcohol addictions. There is a strong desire to avoid reverting to drug and alcohol addictions, and willingness from local Aboriginal services to support a co-design of strategies and services. Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report.*

Health workforce	Aboriginal health professional workforce	Support and encourage local aboriginal health workforce with career development options in the community.	From stakeholder yarning workshops, the locally developed Aboriginal health workforce increases engagement with, and uptake of, health services by Aboriginal people. A need to support AHW to develop their career through education and advancement options was emphasised Source: *Western NSW Needs Assessment Consultation Workshops 2018 Final Report. Western NSW PHN Advisory Council Consultations, October 2021.*
	Cultural appropriateness of services for Aboriginal community	A lack of cultural appropriate services for Aboriginal community members to access.	There is a lack of cultural appropriate services for Aboriginal community members to access across Western NSW, particularly in smaller towns. The key themes raised through stakeholder consultations include: - Health professionals that visit small communities need to be supported so they can be integrated appropriately - Many International Medical Graduates have limited understanding of Aboriginal Health issues and underlying determinants of health affecting Aboriginal people. This leads to frustration from community members and lack of service utilisation - High turnover of GPs – As GPs rotate regularly, community can't build relationships, and clients need to tell their story multiple times. IN some cases, this results in people re-living through past trauma. - High volume of visiting health services and part-time, which makes it challenging to build relationships and feel a part of the community. *Source: Western NSW PHN Advisory Council Consultations, October 2021.*

Key Aboriginal Health Issues Summary

- Need to improve cultural safety for all service types (GP, MH and AOD) for Aboriginal people.
- Design services to support smaller towns and remote communities currently slipping through the gaps.
- Co-design of Aboriginal-specific mental health and suicide prevention services that offer place-based solutions, led by the Community.

Section 4 – Opportunities and priorities

This section summarises the priorities arising from the Needs Assessment, their coding, and the opportunities for how they will be addressed. This could include priorities that:

- *may be considered in the development of the Activity Work Plan, and supported by PHN flexible funding*
- *may be undertaken using program-specific funding, or*
- *may be led or undertaken by another agency.*

Opportunities and priorities				
Priority	Priority area	Priority sub-category	Expected Outcome	Potential lead agency and/or opportunities for collaboration and partnership
Access to low intensity, tailored psychological intervention services for those with, or at risk of, mild mental illness.	*Mental Health*	*Early intervention and prevention*	Improved management of demand for services. Access to right care and the right time in the right place. Reduced waiting times.	Western NSW Primary Health Network (PHN)
Improved access to appropriate services for severe and complex mental illness.	*Mental Health*	*Access*	Access to right care, at the right time in the right place. Reduced mental-health related emergency department presentations and hospitalisations and unplanned readmissions.	PHN, Western NSW Local Health District and Far West Local Health Districts (LHDs)
Better access to, and navigation through, mental health services across the stepped care model and lifespan with particular focus on vulnerable groups such as., 12-24 years, males, Aboriginal people, Lesbian Gay Bisexual Transgender Queer or Intersex	*Mental Health*	*Continuity of care*	Improved access to mental health services in community for vulnerable populations. Access to right care, at the right time in the right place.	PHN in collaboration with Aboriginal Community Controlled Health Organisations (ACCHOs), General Practices (GPs) and LHDs

Opportunities and priorities				
Priority	Priority area	Priority sub-category	Expected Outcome	Potential lead agency and/or opportunities for collaboration and partnership
(LGBTQI), older people and drug and alcohol clients.			Improved patient and family experiences. Reduced mental-health related emergency department presentations and hospitalisations and unplanned readmissions.	
Access to psychological services for Residents of Aged Care Facilities.	*Mental Health*	*Aged care*	Improved mental health outcomes for residents of Residential Aged Care Facilities. Reduced mental-health related emergency department presentations and hospitalisations for residents of Residential Aged Care Facilities.	PHN
Awareness of and/or access to consultation and liaison psychiatry services for general practitioners treating patients with mental illness.	*Mental Health*	*Workforce*	Increased uptake of GP Psychiatry Services by General Practitioners. Improved provider experience. Improved access to specialist mental health care services. Improved patient experience and health outcomes.	PHN
Referrals to mental health services from primary care.	*Mental Health*	*HealthPathways*	Improved referral pathway to mental health services and support programs for GPs and patients and carers. Improved patient and provider experience. Improved continuity of care.	PHN

Opportunities and priorities				
Priority	Priority area	Priority sub-category	Expected Outcome	Potential lead agency and/or opportunities for collaboration and partnership
Mental health service system integration.	*Mental Health*	*System integration*	Improved navigation for patients, families and service providers through mental health stepped care.	PHN in collaboration with LHDs and other key health partners
Mental health workforce recruitment and retention.	*Mental Health*	*Workforce*	Reduced mental health professional and mental health nurse vacancies. Innovative models to support increased mental health workforce including Credentialed Mental Health Nurses. Upskilling of practice nurses Reduced waiting times for mental health services.	PHN in collaboration with LHDs and NSW Rural Doctors Network (RDN)
A systematic and inclusive approach to social and emotional wellbeing and mental illness prevention.	*Mental Health*	*Aboriginal and Torres Strait Islander Health*	Improved access to culturally appropriate social and emotional wellbeing services at the right time and in the right place. Improved social and emotional wellbeing of Aboriginal people. Reduced mental-health related emergency department presentations and hospitalisations and unplanned readmissions.	PHN in collaboration with ACCHOS, GPs and LHDs
Integrated community-based suicide prevention services for those at-risk of suicide as well as follow-up and support following a suicide attempt.	*Mental Health*	*Aboriginal and Torres Strait Islander Health*	Suicide prevention included in health partner organisations' mental health plans as a priority.	PHN, ACCHOS and LHDs

Opportunities and priorities				
Priority	Priority area	Priority sub-category	Expected Outcome	Potential lead agency and/or opportunities for collaboration and partnership
			Ensure mainstream suicide prevention service providers prioritise Aboriginal people. Improved patient and carer support after suicide attempt.	
Build capacity in rural and remote areas for community-based suicide prevention services.	*Mental Health*	*Workforce*	Increased primary care and community workforce knowledge and skills in recognising and supporting suicidal individuals in rural and remote communities.	PHN, LHDs and ACCHOS
Improved access to psychosocial support services.	*Mental Health*	*Access*	Improved access to psychosocial support services. Improved navigation and coordination of psychosocial support services.	PHN
Drug and alcohol detoxification and rehabilitation services and community-based programs that are locally available and tailored for vulnerable populations.	*Alcohol and Other Drugs*	*Access*	Reduced waiting lists. Services accessed locally, particularly for under-served rural and remote communities Families and carers are supported as part of treatment programs. Improved patient experience. Reduced rates of alcohol and/or drug-related emergency department presentations.	PHN advocating and supporting collaboration between government and health agencies as well as justice health.

Opportunities and priorities				
Priority	Priority area	Priority sub-category	Expected Outcome	Potential lead agency and/or opportunities for collaboration and partnership
Capacity building in primary care for alcohol and drug abuse screening and treatment.	*Alcohol and Other Drugs*	*Early intervention and prevention*	Increased numbers of practices with practice nurses with D&A training. Increased numbers of GPs trained in evidence-based guidelines for early intervention in D&A screening and treatment. Increased access to addiction specialist services.	PHN in collaboration with LHDs
Improve access to culturally appropriate services supporting the first 2000 days of life.	*Aboriginal and Torres Strait Islander Health*	*Early intervention and prevention*	Improved access to culturally appropriate antenatal care services. Reduced levels of developmental vulnerability. Increased access to culturally appropriate health literacy and health care education for parents and families. Improved childhood immunisation rates in hard to reach communities and vulnerable populations.	PHN together with LHDs to lead, with ACCHOS and GPs
Improve access to services supporting the first 2000 days of life.	*Population Health*	*Early intervention and prevention*	Improved access to antenatal care services. Reduced levels of developmental vulnerability.	PHN together with LHDs to lead, with ACCHOS and GPs

Opportunities and priorities				
Priority	Priority area	Priority sub-category	Expected Outcome	Potential lead agency and/or opportunities for collaboration and partnership
			Increased access to health literacy and health care education for parents and families.	
Improved early intervention and management of cardiovascular disease, cancer, diabetes, chronic kidney disease and chronic obstructive respiratory disease.	*Population Health*	*Chronic conditions*	Increased access to healthy lifestyle programs across the lifespan. Increased screening rates. Increased health literacy of patients, families and carers. Improved management and access to services for chronic conditions' risk factors.	PHN, GPs and LHD
Improved early intervention and management of cardiovascular disease, cancer, diabetes, chronic kidney disease and chronic obstructive respiratory disease.	*Aboriginal and Torres Strait Islander Health*	*Chronic conditions*	Increased access to healthy lifestyle programs across the lifespan. Increased screening rates. Increased health literacy of patients and families. Improved cultural understanding among mainstream health service providers. Improved management and access to services for chronic conditions' risk factors.	PHN, LHDs, ACCHOs and GPs
Improved integration of and access to chronic and complex care programs	*Population Health*	*System integration*	HealthPathways. Improved care coordination.	PHN, LHD, NSW Ministry of Health and other key health partners

Opportunities and priorities				
Priority	Priority area	Priority sub-category	Expected Outcome	Potential lead agency and/or opportunities for collaboration and partnership
through innovation and collaborative funding.			Improved secure referral pathways. Improved sharing of clinical information between care providers. Increased health literacy of patients, families and carers. Increased uptake and acceptance of telehealth remote in-home monitoring. Improved chronic conditions management patient experience. Improved service provider experience. Reduction in duplication of unnecessary diagnostics and service provision. Co-commissioning arrangements. Improved chronic conditions outcomes, especially in rural and remote communities. Improved efficiency and effectiveness of service provision.	

Improved integration of and access to chronic and complex care programs through innovation and collaborative funding.	*Aboriginal and Torres Strait Islander Health*	*System integration*	HealthPathways. Improved care coordination. Improved secure referral pathways. Improved sharing of clinical information between care providers. Improved health literacy of Aboriginal patients and families. Increased uptake and acceptance of telehealth remote in-home monitoring Increased health literacy of Aboriginal patients, families and carers. Improved cultural understanding among mainstream health service providers including ability to yarn with Aboriginal patients and their carers. Improved chronic conditions management patient experience. Improved service provider experience. Reduction in duplication of unnecessary diagnostics and service provision. Improved chronic conditions outcomes, especially in rural and remote communities. Improved efficiency and effectiveness of service provision.	PHN, LHD, RDN, NSW Ministry of Health, ACCHOs and other key health partners

Improved access to, and experience with, aged care assessment and age care services.	*Aged Care*	*Access*	Improved MyAgedCare assessment application experience for clients, families, carers and general practitioners, including the use of e-referrals. Improved health literacy around aged care services for clients, families and carers. Improved supports enabling people to live independently at home. Increased dementia screening in primary care and Residential Aged Care Facilities and referral to follow-up and dementia support services.	PHN, MyAgedCare, Residential Aged Care Facilities (RACF), Australian Digital Health Agency
Improved access to, and experience with, culturally appropriate aged care assessment and age care services in community.	*Aboriginal and Torres Strait Islander Health*	*Aged care*	Improved access to tailored aged care assessment for aged care clients and families, including the use of e-referrals. Improved health literacy around aged care services for clients, families and carers. Improved culturally appropriate MyAgedCare assessment application experience for clients, families and general practitioners. Increased dementia screening in primary care and Residential Aged Care Facilities and referral to follow-up and dementia support services.	PHN, MyAgedCare, ACCHOs, RACF, Australian Digital Health Agency

Development of primary and secondary preventive strategies to support healthy ageing.	*Aged Care*	*Early intervention and prevention*	Increased referrals (HealthPathways) of older people to health promotion programs by GPs, pharmacists and allied health professionals. Increased health literacy around healthy ageing for clients and families. Increased access to healthy lifestyle education and physical activity programs in rural and remote communities.	PHN, GPs and LHDs
Improved access to palliative care services and end of life care	*Aged Care*	*Palliative care / End of life care*	Increased number of advanced care plans. Improved health literacy around palliative care/end of life care for clients and families. Improved access to palliative/end of life care in rural and remote communities. Improved access to culturally appropriate palliative/end of life care.	PHN and LHDs
Health workforce disparity in rural and remote areas.	*Health Workforce*	*Access*	Innovative strategies that maintain existing health workforce. Innovation to improve recruitment and retention of health workforce to rural and remote areas. Developing and upskilling local health workers.	PHN, RDN and LHDs

Health workforce disparity in rural and remote areas.	*Aboriginal and Torres Strait Islander Health*	*Workforce*	Increased access to training opportunities and mentoring of community-based local health workers. Increased community-based and locally trained Aboriginal Health Practitioners, Aboriginal Health Workers and Aboriginal Community Workers.	PHN, RDN and LHDs
Access to integrated and sustained primary care and allied health services.	*Health Workforce*	*Access*	Improved access to local primary care and allied health services. Improved patient and service provider experience. Reduced low acuity presentations to emergency departments. Staged implementation of the Primary Health Care Reforms (PHCRs) recommendations.	PHN,RDN and LHDs
Improved referral pathways and coordination of health services.	*Population Health*	*HealthPathways*	Development and implementation of HealthPathways for Western NSW. Improved knowledge of appropriate care pathways to ensure continuity of care. Development and implementation of electronic referrals for both NSW Health services and private healthcare providers. Improved provider and patient experience. Improved health care service efficiency.	PHN and LHD

Improved and sustained access to primary care and allied services for Aboriginal people.	*Aboriginal and Torres Strait Islander Health*	*Access*	Improved understanding and responsiveness to cultural needs of Aboriginal patients and their families among mainstream health service providers. Aboriginal care coordinators to assist access to mainstream health services. Improved transport opportunities for Aboriginal patients to access both local and out-of-town health services. Improved patient experience.	PHN, LHDs and ACCHOs
Transport	*Population Health*	*Access*	Increased access to transport support services related to health service utilisation. Promotion of and increased access to transport through the Commonwealth Home Support Program (Aged Care).	Transport NSW supported by PHN
Responding to impacts of health care seeking behaviours during COVID	*Population Health*	*System integration*	Access to the right care at the right time in the right place. Engagement of the population with health services. Primary health care supported to respond to the expected surge in health service demand. COVID care provided in the Community through primary health care for low to moderate COVID positive patients. Primary, secondary and tertiary health care services delivering coordinated, efficient and effective care to respond to expected surge in demand.	PHN, LHD, GPs and ACCHOs

			Person-centred and culturally appropriate strategies developed to support hard to reach and vulnerable populations. Improved patient and provider experience.	
Expansion of telehealth services	*Digital Health*	*Access*	Innovation and multisectoral collaboration to improve agility and reliability of telehealth services. Improved utilisation of telehealth by GP, Specialists and Allied Health Professionals. Remote Telehealth Monitoring Software program expanded to encompass a broad range of remote telemonitoring of specialist services, in-home care and Residential Aged Care Facility primary care. Increased uptake of telehealth services by Aboriginal patients supported by end-care navigators.	PHN, GPs, ACCHOs, Allied Health, MyAgedCare, RACFS, Australian Digital Health Agency and LHDs

Improved uptake by clinicians and patients of systems that support the integration of medical and clinical records the My Health Record.	*Digital Health*	*System integration*	GP and other health care providers supported to utilise My Health Record . Continual quality improvement in the use of secure messaging as a means to share identified clinical information. Improvement in software to link RACF to My Health Record. Improved uptake of My Health Record, particularly among the Aboriginal Community. Improved uptake of My Health Record at a community level , particularly among vulnerable communities with a high incidence of chronic and complex care needs. Improved uptake by clinicians of systems to integrate and share clinical records.	PHN and Australian Digital Health Agency
Access to after-hours services in rural and remote communities.	*Health Workforce*	*After hours*	Collaborative and innovative strategies working with funders and health partners to improve access to after-hours care. Reduced low acuity presentations to Emergency Departments.	PHN

Section 5 - Checklist

This self-assessment checklist can be used to confirm that the key elements of the NA process have been undertaken. PHNs must be prepared, if required by the Department, to provide further details regarding any of the requirements listed below. Refer to the PHN Needs Assessment Policy Guide and the PHN Needs Assessment Completion Guide for further information.

Requirement	✓
Provide a brief description of the PHN's Needs Assessment development process and the key issues discovered.	√
Outline the process for utilising techniques for service mapping, triangulation and prioritisation.	√
Provide specific details on stakeholder consultation processes.	√
Provide an outline of the mechanisms used for evaluating the Needs Assessment process.	√
Provide a summary of the PHN region's health needs.	√
Provide a summary of the PHN region's service needs.	√
Summarise the priorities arising from Needs Assessment analysis and opportunities for how they will be addressed.	√
Appropriately cite all statistics and claims using the Australian Government Style Manual author-date system.	√
Include a comprehensive reference list using the Australian Government Style Manual.	√
Use terminology that is clearly defined and consistent with broader use.	√
Ensure that development of the Needs Assessment aligns with information included in the PHN Needs Assessment Policy Guide.	√

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