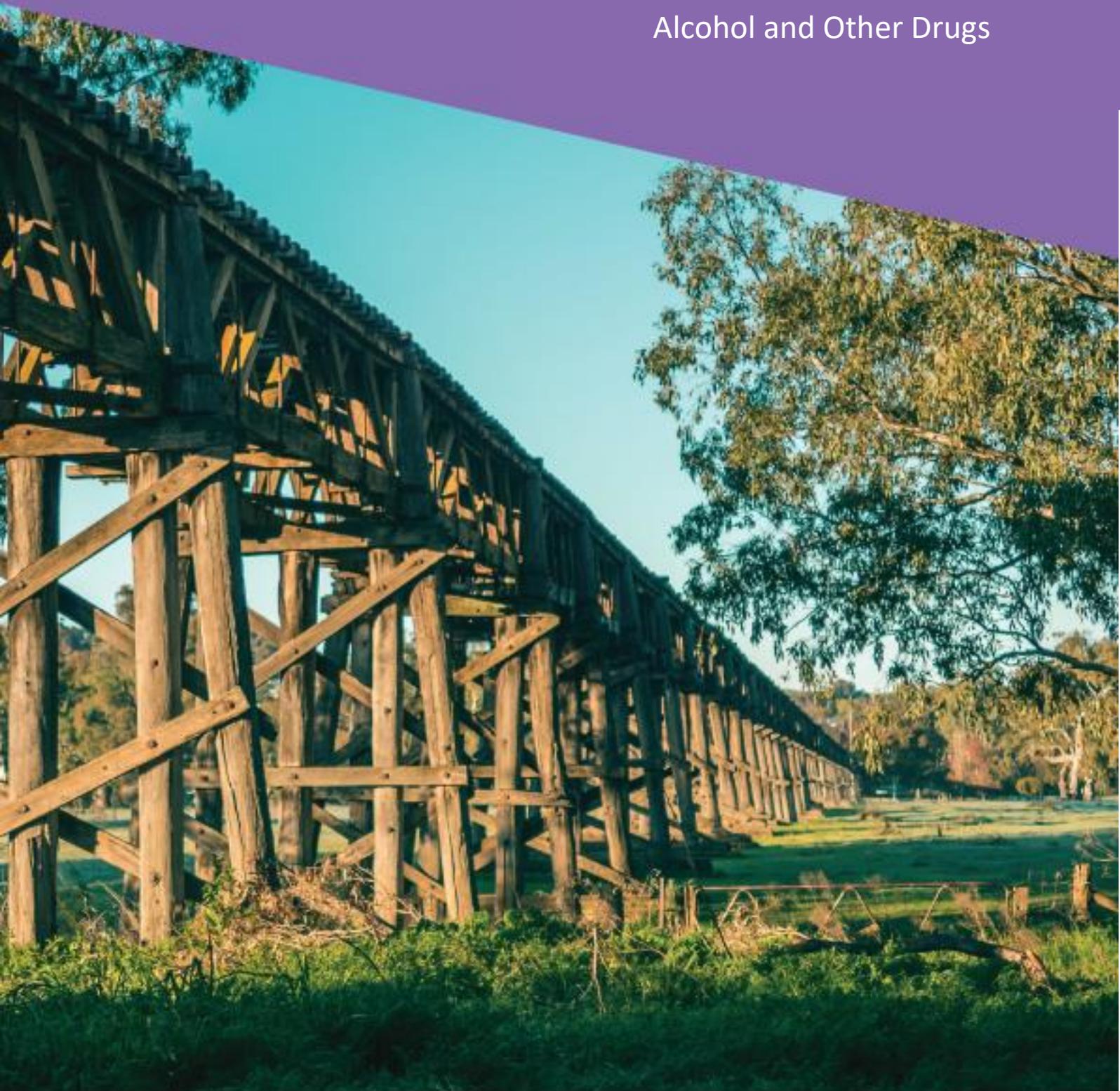


# Health Needs Assessment 2017

Alcohol and Other Drugs



Health  
Murrumbidgee  
Local Health District

phn  
MURRUMBIDGEE

An Australian Government Initiative



**Australian Government**

**Department of Health**

**phn**

An Australian Government Initiative

# **Primary Health Network Needs Assessment Report**

## **Alcohol and Other Drugs**

*Murrumbidgee Primary Health Network*

# Section 1 – Narrative

## *Needs Assessment process and issues*

In 2017-18 Murrumbidgee Primary Health Network (MPHN) partnered with Murrumbidgee Local Health District (MLHD) and commissioned a consultant to provide an update to the needs assessment developed previously. The consultant has provided a technical report on the identified health issues and potential solutions, and a data book outlining the vast amount of data that informed the technical report. MPHN has recently employed a data analyst to further the needs assessment and realign the needs taking a social determinants approach.

The MPHN approach involves looking at the needs assessment with a focus on people first, where and how they live in their communities and then their health needs, risks and access to services to meet these needs. MPHN can then advise on and deliver services using an equitable approach to delivering care where it is most needed and by those that most need to use healthcare services.

MPHN has four Clinical Councils and a Community Advisory Committee to ensure a broad and balanced view of health needs and potential solutions across this large geographic region. To support this understanding, the PHN has been divided into four sectors and data has been grouped and analysed by sector, LGA and community levels (where available) to assist our understanding of the health and service needs of local communities. The needs assessment also involves mapping and profiling of current services across the region. Where possible this is done at the level of local government areas or at the individual community level. Comparative analysis has also been undertaken to provide an understanding of how Murrumbidgee PHN health and service needs might be similar or different to identified peers at both State and National level.

The existing consortiums established by the PHN (such as the Aboriginal Health Consortium and the Aged Care Consortium), have provided a valuable source of stakeholder and community feedback.

## *Additional Data Needs and Gaps*

In this iteration of the needs assessment, there has been continued use of Local Government Areas of geography. Some LGA's have amalgamated in the period between this and the last needs assessment and this has involved a reanalysis of local based data to suit these new boundaries. Transition to the ASGS units remains a goal for the future.

Multiple sets of local service delivery data have been obtained; however, without data linkages between services and sectors, there has been a challenge in gaining a comprehensive understanding of service utilisation and provider capacity across the region. Additionally there are some concerns with the validity of data provided which require investigation prior to acceptance for inclusion into the needs assessment resulting in healthcare or service change.

Data governance, for example data extraction, management, analysis and interpretation has been identified as a focus area and MPHNS now employs a data analyst to assist with the collection, maintenance, storage and use of data and to increase the sophistication of data analysis across the region. A program to increase the capability of all MPHNS staff is being designed to ensure that an evidence based approach is being taken using the data to inform planning and reporting.

Emergency Department (ED) data is critical for the MPHNS to understand the reasons for ED presentations and peak periods of admissions. MPHNS obtained local ED data for triage category 4 and 5, however less than 10% of total presentations have a SNOMED description which renders the data of limited use. This issue is ongoing in this iteration of the needs assessment.

In this iteration, there remains limited understanding of patient flow data for primary health services across the Victorian border. Ideally data sets that match a residential location with service utilisation patterns between states would provide a better understanding of service usage and in particular cancer screening activities. (ie 'flowinfo' data set from NSW Health).

Data relating to provision of mental health, suicide and drug, alcohol and other drugs service delivery remains an issue. The MPHNS has completed training in relation to the NMHSPF and is now positioned to be able to determine best practice for mental health delivery across its LGAs. Future work will concentrate around actual delivery of mental health services to identify more clearly gaps in mental health services.

Access to raw data such as general practice data and to data sets at the LGA level such as MBS data remains problematic and contributes to the width of the estimates that inform service mapping, hampering the precision of the actual identified service gap.

There remains limited data regarding AOD use during pregnancy and early parenthood, however anecdotally, consultations have indicated major community concerns surrounding alcohol and illicit drug use during pregnancy and early parenthood. In particular, the Clinical Councils have expressed concern related to the use of alcohol in pregnancy, but there appears to be no formal data source. Future expansion of knowledge in this area may be gained through auditing of records or targeted service provider and stakeholder feedback. Since June 2016, MPHNS has undertaken preliminary activity regarding the design of a specialist facility for pregnant women and new mothers. MLHD, Family and Community Services, Prime Minister and Cabinet, the Network of Alcohol and Other Drugs Agency and non-government providers have been involved in individual and group discussions regarding this activity. MPHNS is actively seeking co-commissioning partners.

*Additional comments or feedback*

As with the previous iteration of the needs assessment, the accuracy and quality of future needs assessments could be markedly improved with a data linkage system between primary and acute services. A service data portal combining hospital, community health, GP, other private practice and community pharmacy service data would greatly enhance the analysis informing the health needs assessment. A central repository of primary health and population health data would ideally have linkages to a data visualisation tool or platform to improve efficiency of the needs assessment and planning process. In addition to this data repository data outlining social determinants such as housing, education etc would be greatly beneficial in adopting a whole of person approach to health care.

# Section 2 – Outcomes of the health needs analysis

Need Number	Identified Need	Key Issue	Description of Evidence
ABORIGINAL HEALTH			
AH10	High rates of aboriginal hospitalisations for alcohol related disorders	Aboriginal people have twice the hospitalisation for Alcohol and other Drug issues compared to non-Aboriginal people.	Aboriginal people hospitalised for alcohol related issues at 2.5 times the rate of non-Aboriginal people (1,641 per 100,000 vs non-Aboriginal 662 per 100,000) Feedback from stakeholder consultations identified concerning alcohol consumption in vulnerable groups including Aboriginal people

## Section 3 – Outcomes of the service needs analysis

Need Number	Identified Need	Key Issue	Description of Evidence
MATERNAL AND CHILD HEALTH			
MCH8	Lack of access to Alcohol and Other Drug services for mothers	Anecdotally there are high rates of alcohol abuse in pregnant women.	Inadequate access to AOD counselling or rehabilitation services specifically for pregnant women and new mothers. Stakeholders identified concerning use of alcohol and other drugs in pregnancy, and continued use in early childhood. Providers and consumers identified a need for a service that combines family and parenting support/education/skill development and AOD support/treatment

Need Number	Identified Need	Key Issue	Description of Evidence
YOUTH HEALTH			
Y4	Lack of support for children/youth of Alcohol and Other Drug addicted parents	Anecdotal evidence exists that there are issues with children and young people of parents with substance abuse issues.	Consultations with stakeholders and the Youth Reference Group indicate children and young people experience difficulty coping with parental substance abuse (particularly alcohol) and the importance of improving nutritional health and increasing physical activity of school aged children through cross sector collaborations.

Need Number	Identified Need	Key Issue	Description of Evidence
POPULATION HEALTH			
PH11	High rates of hospitalisation for alcohol related disorders	Anecdotal evidence supports the higher rate of hospitalisations related to alcohol across the MPH. N.	Alcohol attributed hospitalisations 727.3 per 100,000 (671.6 per 100,000 NSW) Drug related hospitalisations - account for 68% of AOD admissions across age groups, alcohol related accounting for 32%. Drug related hospitalisations increasing for methamphetamines local clinical and stakeholder groups identify higher rates of AOD use in vulnerable groups
PH18	Lack of access to mental health & Alcohol and Other Drug services	There is a lack of mental health and Alcohol and Other Drug services in particular in areas not near major cities within the region. Outreach services are patchy and may not meet the needs of people in more rural areas.	Geographic mal-distribution of allied mental health services and AOD Lack of access to community based psychological services Lack of timely access to GP services can be a barrier to referral to psychological services Few non-digital low intensity service options, and a lack of therapeutic options for people with severe and persistent mental illness Lack of services in the community, limited capacity of community based services Programs and services not suitably targeted and tailored to meet varied and changeable needs of consumers Lack of knowledge about alternative pathways to care Complicated referral pathways Multiple and complicated entry points Lack of ongoing therapeutic follow up and care coordination post-discharge for mental health or suicide related admission Limited access to follow up counselling and support

Need Number	Identified Need	Key Issue	Description of Evidence
PH20	Lack of afterhours services for mental illness and Alcohol and Other Drugs	Anecdotally there is a lack of services in the after-hours period for mental health and Alcohol and Other Drugs issues.	Absence of afterhours mental health and AOD services Poor access to services at time of need or crisis
PH31	Lack of coordinated mental health and alcohol and other drugs care	Anecdotal evidence suggests fractured care across the chronic disease, mental health and AOD sectors with people facing the daunting task of navigating an overly complex health system.	Community and health professionals report frustrations with referral and follow up processes.

## Section 4 – Opportunities, priorities and options

Need Number	Identified Need	Possible Options	Expected Outcome	Possible Performance Measurement	Potential Lead
ABORIGINAL HEALTH					
AH10	High rates of aboriginal hospitalisations for alcohol related disorders	<p>We will continue to fund a partnership between Aboriginal community services and employment providers to support Aboriginal and Torres Strait Islander people whose drug use is impacting on their ability to gain or maintain employment and/or participate in education.</p> <p>Requires further investigation to determine if a lack of early community intervention contributes to the hospital presentation.</p>	<p>Maintain or gain employment or engage in education.</p> <p>Interrogation of alcohol related hospitalisation data required.</p>	<p>Employment and Education data.</p> <p>Data on alcohol related hospitalisations.</p>	<p>MPHN</p> <p>In consultation with service provider</p>

Need Number	Identified Need	Possible Options	Expected Outcome	Possible Performance Measurement	Potential Lead
MATERNAL AND CHILD HEALTH					
MCH8	Lack of access to Alcohol and Other Drug services for mothers	We will continue to undertake co-design with GPs, the Murrumbidgee Local Health District, Calvary Health, consumers with lived experience and Murrumbidgee Family and Community Services to provide low to medium intensity alcohol and other drugs interventions to pregnant women and new mothers within a family based intervention framework, including positive parenting and practical parenting skills development.	Decrease alcohol consumption & other drugs in pregnant women and new mothers.	Proportion of alcohol consumption & other drug use in pregnant women and new mothers.	Calvary

Need Number	Identified Need	Possible Options	Expected Outcome	Possible Performance Measurement	Potential Lead
YOUTH HEALTH					
Y4	Lack of support for children/youth of Alcohol and Other Drug addicted parents	<p>We will continue to support the Youth Reference Group and develop strategies to engage with young people more broadly across the region, particularly in more disadvantaged areas and where there are limited options for mental health services.</p> <p>We will localise and provide access to request page for HealthPathways for "Child or young person at risk".</p>	<p>Increased youth engagement with mental health services.</p> <p>Utilisation of HealthPathways.</p>	<p>Proportion of youth accessing mental health services.</p> <p>HealthPathways data analytics.</p>	MPHN Youth Reference Group

Need Number	Identified Need	Possible Options	Expected Outcome	Possible Performance Measurement	Potential Lead
POPULATION HEALTH					
PH11	High rates of hospitalisation for alcohol related disorders	We will continue to fund Alcohol and Other Drugs Specialist Treatment Services which provide pro-active and targeted services for people waiting to access residential care and appropriate and sustained support on discharge from residential services. We will localise and provide access to HealthPathways for "Alcohol Intervention".	Reduce recurrent hospitalisations for Alcohol and Other Drugs.  Utilisation of HealthPathways.	AoD hospitalisation data.  HealthPathways data analytics.	MPHN MLHD

Need Number	Identified Need	Possible Options	Expected Outcome	Possible Performance Measurement	Potential Lead
PH18	Lack of access to mental health & Alcohol and Other Drug services	<p>We will continue to fund mental health services which meet the person's individual needs utilising technology and face to face service provision.</p> <p>We will maintain a single entry point for referrals in to primary mental healthcare commissioned services in MPHn through the regional assessment service.</p>	<p>Improved access to mental health services.</p> <p>Maintenance of referrals to MPHn commissioned mental health services.</p>	<p>Commissioned service data.</p> <p><u>Mandatory Indicators</u></p> <p>Proportion of regional population receiving PHN-commissioned mental health services – Low intensity services.</p> <p>Average cost per PHN-commissioned mental health service – Low intensity services.</p> <p>Clinical outcomes for people receiving PHN-commissioned low intensity mental health services.</p>	MPHN Mental Health Alliance

Need Number	Identified Need	Possible Options	Expected Outcome	Possible Performance Measurement	Potential Lead
PH20	Lack of afterhours services for mental illness and Alcohol and Other Drugs	<p>We will continue to fund the Juntos Digital marketing campaign.</p> <p>We will commission development of a model to facilitate post discharge for mental health or alcohol and other drugs in the after-hours period.</p>	<p>Product detailing after-hours options for mental health or alcohol and other drugs.</p> <p>After hours post discharge model developed.</p>	<p>Evaluation of project data.</p> <p>Evaluation of model data.</p>	MPHN
PH31	Lack of coordinated mental health and alcohol and other drugs care	We will continue to support Mental Health and AOD GP liaison position to develop a regionally based mental health plan.	<p>Improved mental health care.</p> <p>Regional mental health plan developed.</p>	<p>Mental health data.</p> <p>Evaluation of plan.</p>	MPHN