

Needs Assessment

SUMMARY VERSION 2025-2028



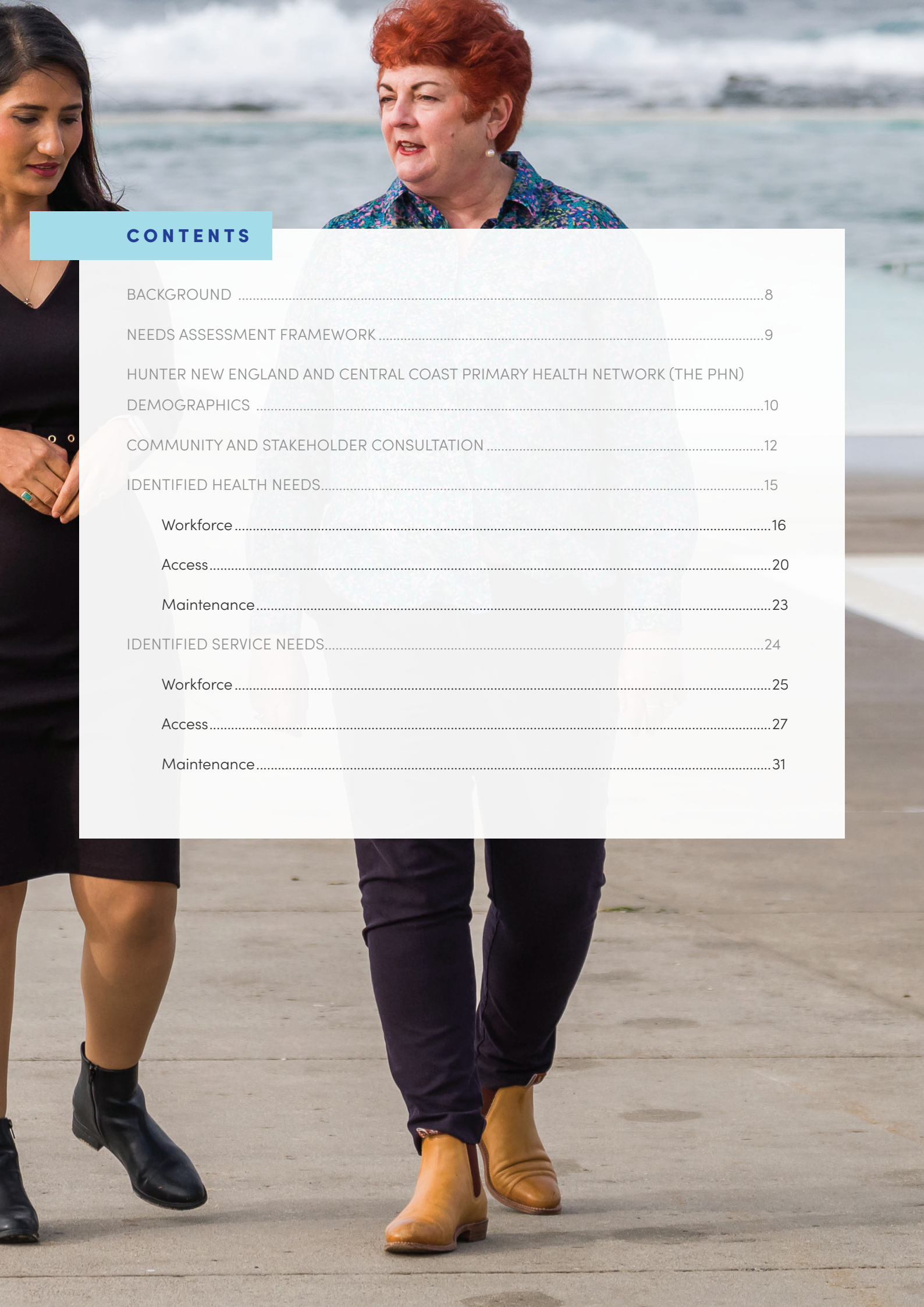
Hunter New England and Central Coast (HNECC) PHN acknowledges the traditional custodians of the lands we walk, reside and work upon. We pay our respects to First Nations people and value the continued connection to culture, country, waterways and contributions made to the life of our vast region.



**FIRST NATIONS
HEALTH**

We acknowledge First Nations peoples are the first peoples of Australia, each with their own culture, language, beliefs and practices. There is a growing preference the terminology used for First Nations Australians to be recognised as First Nations people as a more encompassing term, acknowledging the diversity of Australia's First Peoples. To mirror this preference, the PHN have changed where appropriate, terminology to First Nations people within the CNA 2025–2028 update. However, it should be noted, the data collected reflects the terminology that the data was sourced from and therefore there is a mix of other terminology for First Nations peoples used throughout this document such as: Indigenous Australians, Aboriginal Australians, and Aboriginal and/or Torres Strait Islander people.

Please note: First Nations people should be aware that this document may contain images of deceased persons in photographs.

A photograph of two women walking on a beach. The woman on the left has dark hair and is wearing a black dress and black boots. The woman on the right has red hair and is wearing a colorful patterned shirt, dark pants, and tan boots. They are walking on a sandy beach with waves in the background.

CONTENTS

BACKGROUND	8
NEEDS ASSESSMENT FRAMEWORK	9
HUNTER NEW ENGLAND AND CENTRAL COAST PRIMARY HEALTH NETWORK (THE PHN)	
DEMOGRAPHICS	10
COMMUNITY AND STAKEHOLDER CONSULTATION	12
IDENTIFIED HEALTH NEEDS.....	15
Workforce	16
Access.....	20
Maintenance.....	23
IDENTIFIED SERVICE NEEDS.....	24
Workforce	25
Access.....	27
Maintenance.....	31

ABBREVIATIONS

ABS	Australian Bureau of Statistics
AOD	Alcohol and Other Drugs
CALD	Culturally and Linguistically Diverse
CC	Clinical Council
CAC	Community Advisory Committee
NA	Needs Assessment
COPD	Chronic Obstructive Pulmonary Disease
DPA	Distribution Priority Area
ED	Emergency Department
ERP	Estimated Resident Population
GP	General Practitioner
HPV	Human papillomavirus
LGA	Local Government Area
LGBTIQA+	Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual
LHD	Local Health District
MERIT	Magistrates Early Referral into Treatment Program
MBS	Medicare Benefits Schedule
NADA	The Network of Alcohol and other Drugs Agencies
NDIS	National Disability Insurance Scheme
NGO	Non-government Organisations
NSW	New South Wales
PHN	Primary Health Network
PPH	Potentially Preventable Hospitalisation
RACF	Resident Aged Care Facility
RN	Registered Nurse

BACKGROUND

HNECC PHN
DEMOGRAPHICS

COMMUNITY &
STAKEHOLDER
SURVEYS

IDENTIFIED
PRIORITY AREAS

GLOSSARY OF TERMS

715 Health Check	The 715 Health check is a specific health check available for Aboriginal and Torres Strait Islander people. A 715 Health Check is a health assessment that helps to ensure that Aboriginal & Torres Strait Islander people receive primary health care matched to their needs, by encouraging early detection, diagnosis and intervention for common and treatable conditions that cause morbidity and early mortality.
Circulatory disease	A group of diseases of the heart and blood vessels.
Cultural respect	Cultural respect can be defined as the recognition, protection and continued advancement of the inherent rights, cultures and traditions of a particular culture. At work, this means everyone, regardless of culture, need to be treated with respect, inclusion, and transparent management and health and safety policies.
Cultural safety	Cultural safety is about creating a workplace where everyone can examine their own cultural identities and attitudes and be open-minded and flexible in our attitudes towards people from cultures other than our own. It also requires everyone to understand that their own values or practices are not always or only the best way to solve workplace problems.
Comorbidities	The simultaneous presence of two or more diseases or medical conditions in a patient.
Clinical Councils	Clinical Councils are GP-led and include members from other primary health care professions who assist us to develop local strategies to improve the operation of the health care system for patients. The role of the Clinical Councils is to provide the Board of the Primary Health Network with locally relevant perspectives on clinical issues that impact on the unique needs of our local communities.
Clinical Governance	Clinical governance is the set of relationships and responsibilities established by a health service organisation between its state or territory department of health, governing body, executive, workforce, patients, consumers and other stakeholders to ensure good clinical outcomes.
Community Advisory Committees	The Community Advisory Committees are made up of members with active community networks who can provide the advice, feedback, community perspective and context which helps to shape our funding of programs and services.
Diabetes	A disease in which the body's ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose in the blood. There are two forms of diabetes. Type 1 diabetes, also known as Insulin-Dependent Diabetes Mellitus, is characterised by hyperglycaemia due to an absolute deficiency of the insulin hormone produced by the pancreas. Type 2 diabetes, also known as noninsulin-dependent diabetes mellitus, is characterised by hyperglycaemia due to a defect in insulin secretion usually with a contribution from insulin resistance.
First Nations People	Aboriginal and Torres Strait Islander peoples are the first peoples of Australia. 'Indigenous Australian' is a very general term that covers two very distinct cultural groups: Aboriginal and Torres Strait Islander peoples. These terms of grouping are umbrella terms, within which sits a large array of different nations, each with their own culture, language, beliefs and practices. It's important to acknowledge that there is great diversity within these two broad terms. There is a growing preference for First Nations Australians as a more encompassing term, because while it also is broad, it acknowledges the diversity of Australia's First Peoples.
Healing programs	For Aboriginal and Torres Strait Islander people, healing is a holistic process, which addresses mental, physical, emotional and spiritual needs and involves connections to culture, family and land. Healing works best when solutions are culturally strong, developed and driven at the local level, and led by Aboriginal and Torres Strait Islander people.

GLOSSARY OF TERMS

Health inequalities	Health inequities are systematic differences in the health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age. These inequities have significant social and economic costs both to individuals and societies.
Health literacy	Health literacy is about how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions, and act on it.
Indigenous Relative Socioeconomic Outcomes Index	The Indigenous Relative Socioeconomic Outcomes index (IRSEO) is an Indigenous specific index derived by the Centre for Aboriginal Economic Policy Research (CAEPR) from the 2016 Census of Population and Housing. The IRSEO is composed of nine socioeconomic outcomes of the usual resident population. These are: Population 15 years and over employed; Population 15 years and over employed as a manager or professional; Population 15 years and over employed full-time in the private sector; Population 15 years and over who have completed Year 12; Population 15 years and over who have completed a qualification; Population 15 to 24 years old attending an educational institution; Population 15 years and over with an individual income above half the Australian median; Population who live in a house that is owned or being purchased; and Population who live in a house with at least one bedroom per usual resident. The IRSEO reflects relative advantage or disadvantage at the Indigenous Area level, where a score of 1 represents the most advantaged area and a score of 100 represents the most disadvantaged area.
Intersectional/ intersectionality	'Intersectionality' refers to the ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation. Aspects of a person's identity can include social characteristics such as: Aboriginality; gender; sex; sexual orientation; gender identity; ethnicity; colour; nationality; refugee or asylum seeker background; migration or visa status; language; religion; ability; age; mental health; socioeconomic status; housing status; geographic location; medical record; and criminal record.
Intentional self-harm	Self-harm is any behaviour that involves the deliberate causing of pain or injury to oneself. Self-harm can include behaviours such as cutting, burning, biting or scratching the skin, pulling out hair, hitting oneself, or repeatedly putting oneself in dangerous situations. It can also involve abuse of drugs or alcohol, including overdosing on prescription medications.
Local Government Area	A spatial unit which represents the whole geographical area of responsibility of an incorporated Local Government Council. New South Wales local government areas vary in size and character, and can consist of a group of suburbs, a town or a rural area.
Magistrates Early Referral into Treatment Program	The Magistrates Early Referral Into Treatment (MERIT) program is a voluntary, pre-plea program for adults in the Local Court who have issues related to their alcohol and other drug use. MERIT provides access to a wide range of alcohol and other drug treatment services for 12 weeks while court matters are adjourned. MERIT aims to improve the health and wellbeing and reduce offending for adults who have issues related to their alcohol and other drug use and are in contact with the criminal justice system.
Mental health promotion and prevention	Promotion is defined as intervening to optimise positive mental health by addressing determinants of positive mental health before a specific mental health problem has been identified, with the ultimate goal of improving the positive mental health of the population. Mental health prevention is defined as intervening to minimise mental health problems by addressing determinants of mental health problems before a specific mental health problem has been identified in the individual, group, or population of focus with the ultimate goal of reducing the number of future mental health problems in the population.
My Aged Care	An Australian Government-funded aged care service, providing information and support to understand, access and navigate the aged care system.

GLOSSARY OF TERMS

National cancer screening	Cancer is one of the leading causes of illness and death in Australia. Some cancers can be detected through screening, which allows for early detection, intervention and treatment. Australia has three national cancer screening programs: Breast Screen Australia, National Cervical Screening Program (NCSP) and National Bowel Cancer Screening Program (NBCSP).
Potentially Preventable hospitalisations	A Potentially Preventable Hospitalisation (PPH) is an admission to hospital for a condition whereby the hospitalisation could potentially have been prevented through early disease management and the provision of appropriate individualised preventative health interventions. These interventions are typically delivered in primary care and community-based care settings, including those by general practitioners (GPs), medical specialists, nurses, dentists and allied health professionals. PPHs are commonly classified into three groups: Vaccine-preventable, Chronic conditions and Acute conditions.
Polypharmacy	Polypharmacy refers to the use of multiple medications. A 'polypharmacy patient' then, is one who has been prescribed and is taking multiple medications for multiple conditions. This includes over the counter, prescription and/or traditional and complementary medicines used by a patient.
Postvention	Postvention, by definition, is the support conducted after the loss of a loved one from suicide. This includes counselling (including suicide grief-specific counselling), support groups, support from family and friends, and many more. Postvention directly supports those who affected by a suicide.
Recommended Daily Intake	A Recommended Dietary Intake (RDI), sometimes referred to as recommended daily intake, is the average daily intake level of a particular nutrient that is likely to meet the nutrient requirements of 97-98 per cent of healthy individuals in a particular life stage or gender group.
Respiratory disease	Diseases of the airways and other structures of the lung. Some of the most common are chronic obstructive pulmonary disease (COPD), asthma, occupational lung diseases and pulmonary hypertension.
Rural and remote locations	The term 'rural and remote' encompasses all areas outside Australia's Major cities. Using the Australian Standard Geographical Classification System, these areas are classified as Inner regional, Outer regional, Remote or Very remote.
Socio-economic Indexes for Areas (SEIFA)	Socio-economic Indexes for Areas (SEIFA) measures have been created from Census information. Each index summarises a different aspect of the socio-economic conditions in an area, and therefore summarises a different set of social and economic information. The indexes can be used to explore different aspects of socio-economic conditions by geographic areas. For each index, every geographic area in Australia is given a SEIFA number which shows how relatively 'disadvantaged' that area is compared with other areas in Australia.
Suicidal Ideation	Suicidal Ideations (SI), often called suicidal thoughts or ideas, is a broad term used to describe a range of contemplations, wishes, and preoccupations with death and suicide.
Telehealth	Telehealth is having a consultation with a healthcare provider by phone or video call.
The Australian Early Development Census (AEDC)	The Australian Early Development Census (AEDC) is a population-based measure of how children in Australia have developed by the time they start their first year of full-time school. The AEDC involves the collection of data across five developmental domains including: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills (school-based); and communication skills and general knowledge.
Yarning circles	Yarning is about building respectful relationships. The use of a yarning circle (or dialogue circle) is an important process within Aboriginal culture and Torres Strait Islander culture. The yarning circle has been used by Indigenous peoples from around the world for centuries to learn from a collective group, build respectful relationships, and to preserve and pass on cultural knowledge.

BACKGROUND

HNECC PHN
DEMOGRAPHICS

COMMUNITY &
STAKEHOLDER
SURVEYS

IDENTIFIED
PRIORITY AREAS

Hunter New England and Central Coast Primary Health Network (The PHN) deliver innovative, locally relevant solutions that measurably improve the health outcomes of our communities, working towards our vision of “Healthy People and Healthy Communities”.

WHAT IS THIS NEEDS ASSESSMENT SUMMARY VERSION?

This document is a summary of the 2025–2028 Needs Assessment completed in November 2024. Within this document we have presented the health needs and service needs for our region which are grouped into three overarching themes:

- Needs related to workforce
- Needs related to access
- Maintenance needs

We have included summarised descriptions of the identified needs and presented this document in an easy to read and visually appealing format. If you would like to view the entirety of the Needs Assessment with its full descriptions of evidence for each need, please see our Needs Assessment 2022 to 2025 Academic Report on our website [include link].

WHAT IS THE NEEDS ASSESSMENT?

A Needs Assessment is a process used to identify unmet health and healthcare needs of a population, and present options for work that can be done to address these needs and improve the health of the population. The Needs Assessment (NA) is the first step in the PHN commissioning framework. It provides the basis of the PHN's understanding of the health needs of people living in our region and is used to inform the way the PHN plans and commissions services.

WHY IS THE NEEDS ASSESSMENT IMPORTANT?

The Needs Assessment is used to:

- Gain a better understanding of, and insight into, the health needs and service gaps across our region, including differences experienced by population groups such as First Nations people, people living in rural areas and Culturally and Linguistically Diverse (CALD) populations;
- Identify opportunities and options for actions that can be taken to address the identified needs and service gaps with the intention of improving the health needs of our region;
- Inform the development of our Annual Plan, and decisions about health service planning and delivery;
- Engage with partner organisations to ensure corresponding effort and investment to improve the health of our communities.

HOW DO WE PREPARE THE NEEDS ASSESSMENT?

- ✓ We analyse relevant local and national health data such as data from General Practices in our region, hospital statistics, and other data provided by state and federal government organisations;
- ✓ We talk to community members, patients, family and carers, medical and health professionals, and other service providers from across our region to gather information about health needs and gaps in services at a local level;
- ✓ We compare the data with the information provided by people from our region and develop a list of health and healthcare needs, including variations by community or population group, such as for people living in rural areas or First Nations people;
- ✓ We review the available evidence to identify options for addressing the unmet needs, balancing clinical, ethical, and economic considerations i.e., what should be done, what can be done, and what is affordable;
- ✓ And finally, we use this information and share it with others to improve health services in our region.

ACKNOWLEDGEMENTS

The PHN would like to thank the project team for their work and commitment to the success of the Needs Assessment 2025–2028. We would like to extend this gratitude and thanks to the valuable suggestions, ideas and commitment to success from all PHN staff, partners, internal and external stakeholders and community members involved in this process.

NEEDS ASSESSMENT FRAMEWORK

The PHN has undertaken a significant amount of work to review its needs assessment process since November 2023. The PHN planning team developed a Needs Assessment and Planning Framework, endorsed by the PHN Board in March 2024. The Framework provides the PHN with guidance for a comprehensive and systematic approach to Needs Assessments, planning, and priority setting to build a clear picture of critical population health issues/needs and to determine priorities for action.

These priorities and evidence-based interventions are used to inform PHN investment in activity through funding sources, and to inform shared strategies with local partners. The Framework provides the PHN with an indication of best practice when undertaking the NA, guidance, tools, and resources to support the process



BACKGROUND

HNECC PHN
DEMOGRAPHICS

COMMUNITY &
STAKEHOLDER
SURVEYS

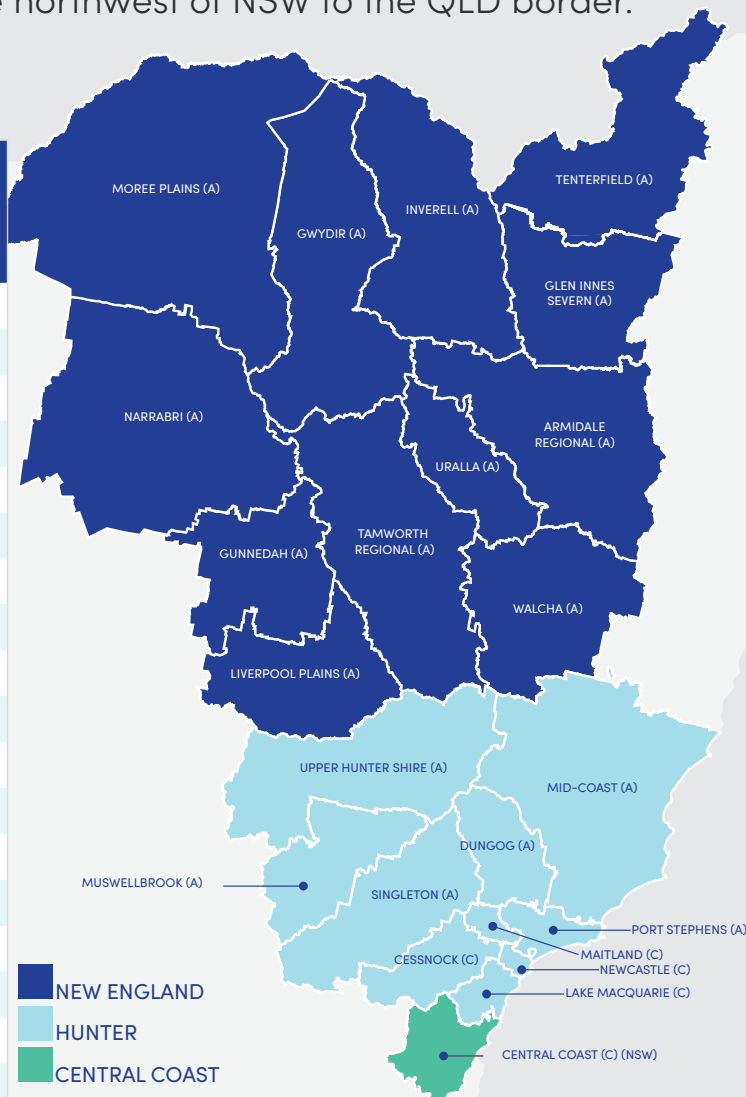
IDENTIFIED
PRIORITY AREAS

HUNTER NEW ENGLAND AND CENTRAL COAST PRIMARY HEALTH NETWORK (THE PHN) DEMOGRAPHICS

The PHN is the second largest PHN in NSW, covering an area of 133 812km². Our region spans across 23 Local Government Areas (LGAs) and has a mix of metropolitan, regional and rural areas. It reaches from just north of Sydney, across the northwest of NSW to the QLD border.

LOCATION (LOCAL GOVERNMENT AREA)	POPULATION SIZE (ERP 2021)
HNECC PHN	1,324,302
Armidale Regional (A)	29,332
Central Coast (C)	348,379
Cessnock (C)	64,082
Dungog (A)	9,525
Glen Innes Severn (A)	8,922
Gunnedah (A)	13,085
Gwydir (A)	4,911
Inverell (A)	17,919
Lake Macquarie (C)	213,967
Liverpool Plains (A)	7,608
Maitland (C)	90,553
Mid-Coast (A)	96,425
Moree Plains (A)	12,961
Muswellbrook (A)	16,463
Narrabri (A)	12,809
Newcastle (C)	169,317
Port Stephens (A)	75,282
Singleton (A)	24,719
Tamworth Regional (A)	63,652
Tenterfield (A) - part a	6,798
Upper Hunter Shire (A)	14,254
Uralla (A)	5,993
Walcha (A)	3,018

*Key: (C) city; (A) area.



BACKGROUND

HNECC PHN
DEMOGRAPHICS

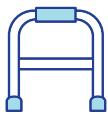
COMMUNITY &
STAKEHOLDER
SURVEYS

IDENTIFIED
PRIORITY AREAS

Life Expectancy at birth

In 2022

HNECC PHN	NSW
Males 79.5	80.9
Females 83.9	84.9
Persons 81.7	82.9



Population Predictions

The HNECC PHN population is predicted to rise from 1,324,302 in 2021 to 1,479,075 by 2030, which is an increase of approximately 12%.

Age breakdown

- In 2019, 12.1% of the population of the HNECC PHN region were aged 15-24 years (NSW 12.8%).
- In 2020, there was a higher proportion of people aged 65 years and over in the HNECC PHN region (20.3%) than NSW (16.7%) and Australia (16.3%).

Services

There are two Local Health Districts, 387 General Practices, 9 Aboriginal Medical Services, 318 Pharmacies and 44 Public Hospitals within our region.



Culturally and linguistically diverse communities (CALD)

- 82.3% of the population were born in Australia (NSW 65.5%).
- Our region has a lower proportion of people from non-English Speaking backgrounds (5.2%) than the state (NSW 21.0%).
- The top two nationalities from people born in non-English speaking countries were 0.5% born in the Philippines (Australia 1.0%) and 0.4% of the population born in China (Australia 2.2%).

Disability

75,884 people have a profound or severe disability this is 6.6% of the population (NSW 5.6%).

Homelessness

There were an estimated 3,853 homeless people in the HNECC PHN in 2021, which represents an increase of approximately 3% since 2016.



First Nations people

79,405 of people in our region identify as Aboriginal and/or Torres Strait Islander. This is 6.4% of the population (NSW 3.4%).

Rural and remote

64.7% of the HNECC region lived in major cities, 26.2% lived in inner regional areas, 9.0% lived in outer regional areas and 0.2% lived in remote areas.



COMMUNITY AND STAKEHOLDER CONSULTATION

Stakeholder and community consultation was an important process for the Needs Assessment. This included the development of new formats for community consultations across the PHN footprint, ensuring we have input from all 23 Local Government Areas (LGAs) and understand the varying health and service needs of the people living there.

In addition, the planning team have worked in partnership with key program managers to focus on emerging areas of need impacting our priority populations, including Homelessness and First Nations communities.

Homelessness Needs Assessment

The PHN engaged an external consultant to undertake a Homelessness and Health specific needs assessment in March 2024. Consultations with service providers suggested that people experiencing homelessness within the PHN region experience a range of health issues including mental health, childhood trauma, primary care and dental care. Key barriers included: personal barriers such as overall poor health, and a clear need for housing; practical barriers such as access, transport and normal business/service hours; relationship or social barriers such as stigma and structural barriers including a lack of collaboration between health, social welfare and housing sectors.

The needs assessment identified five priority Local Government Areas with the highest rates of Homelessness in the PHN region (Rate of homeless per 100,000): Newcastle: 62.1, Armidale: 51.3, Moree Plains: 48.5, Cessnock: 30.3, and Central Coast: 24.6.

The outcome of the homelessness needs assessment resulted in the following specific needs related to homelessness:

1. NXW8 Improve integration of primary care and homelessness services
2. NXW14 Improve access to trauma-informed Mental Health Services for people experiencing homelessness
3. NXA15 Improve access to affordable primary care for people experiencing homelessness
4. NXA16 Improve access to primary care services for mothers and children experiencing homelessness

Domestic, Family and Sexual Violence desktop analysis

In response to increasing concerns being raised about Domestic, Family and Sexual Violence (DFSV) in some PHN communities, the planning team undertook a desktop data analysis, in the lead up to developing and releasing its Safe and Healthy Families Framework in 2024. The analysis revealed the PHN region experiences disproportionate rates of DFSV. In addition to the data analysis, qualitative data collected from consultations and clinicians supported the notion DFSV occurs across all socioeconomic and demographic groups. While all experiences of violence and abuse are unique, evidence clearly shows most perpetrators of gender-based violence are men, and most victims and survivors are women, children, and LGBTIQ+ people. While men can also be victim-survivors of family, domestic, and sexual violence, men's violence against women, including intimate partner violence, is more prevalent, more often used repeatedly, and more likely to lead to serious injury, disability, or death.

DFSV needs and concerns also featured heavily in consultations with both clinicians and communities, conducted throughout 2023 and 2024. As a result, the following identified needs were added for consideration in the needs prioritisation process and at the conclusion of the prioritisation three domestic family violence related needs were added to the prioritised needs list:

1. NXW1 Improve knowledge, awareness, and skills of primary care professionals to recognise, respond and provide early intervention
2. NXA5 Improve access to care coordination, and outreach multi-disciplinary team care (MDT) Primary care services for women and children who experience domestic family and sexual violence
3. NXA7 Improve access to DFSV-informed mental health services (Supporting Recovery)

First Nations 'Coffee on Country' - Yarning in priority communities Inverell, Tingha and Armidale

The PHNs First Nations Health Access team visited three priority communities throughout May 2024 to better understand the available health data and issues specific to health and access in these communities.

While all three communities had specific individual concerns the over-arching and overwhelming outcomes from consultations were:

- Cost and affordability, numerous financial barriers noted including limited MBS Bulk Billing across both General Practitioners and Aboriginal Medical Services, cost of accessing mental health services in particular psychologists and having to travel to larger towns to access care, with limited affordable accommodation options available.
- First Nations community members expressed concerns about wait lists for accessing GPs or AMS care and identified that further to this disruptions or lack of continuity of care due to high turn-over of General Practitioners was also cause for concern.
- Access to Allied Health Providers was raised as another key issue across all three communities with Occupational Therapists and Podiatrists being a high priority.
- Limited access to and cultural appropriateness of alcohol and other drug services including rehabilitation and detox programs, follow-up care, and adequate mental health services, were also raised.

The PHN will continue to work with these communities and through validation will work to ensure this community input is utilised to inform allocation of PHN resources and services to improve the health and access issues experienced in these communities. Furthermore, the PHN has committed to ongoing and continued two-way conversations with these communities to ensure needs and concerns can be raised and that the PHN can be responsive to these needs.

Glen Innes Health Hub – Better Health for the Bush consultations

The PHN has undertaken focussed work in the Glen Innes Local Government Area over the past 12 months and as a result is implementing an innovative pilot healthcare model known as the Glen Innes Health Hub. The PHN has run several specific place-based consultations within the community, engaging council, community members, health professionals and other community stakeholders. In May 2024 a final round of consultations was undertaken to inform development of the hub in response to specific community needs and to dive deeper into the health and service needs of the community. Consultations included a Community Town Hall information session, a series of targeted community consultation sessions and a Have Your Say – Glen Innes Health Hub Survey.

Top five themes emerging from the consultations were:

1. Access to services – Accessibility was a re-occurring concern, especially noting the aging population of Glen Innes, and the proportion of residents with chronic diseases. Issues including transport barriers, shortages of General practitioners and the need for early intervention were highlighted.
2. Community engagement and collaboration – There was a strong emphasis on community involvement, collaboration between different stakeholders such as health care providers, local government, community organisations and the need for improved communication.
3. Mental Health and Wellbeing – Residents expressed that mental health was continuing to emerge as a significant concern with key discussions including access to services, addressing stigma, supporting individuals dealing with trauma, and the need for more comprehensive mental health programs to be tailored to different age groups and demographics.
4. Chronic disease management – The prevalence of chronic diseases including diabetes, heart disease and cancer were highlighted along with the need for specialised clinicians, preventive measures and improved coordination between primary care providers and specialists.
5. Capacity building and resource allocation – Building the capacity of health care professionals, exploring innovative solutions including telehealth, improved referral pathways and advocating for funding and resources to support the implementation of comprehensive health programs tailored to the community's needs.

Region-wide community consultation 'Your Community, Your Health, Your Say' Survey

The PHN undertook a region-wide community consultation phase throughout early 2024, which involved an online survey called Your Community, Your Health, Your Say, distributed via Peoplebank as well as the PHN's traditional social media channels, community and clinician newsletters and advisory groups. The survey reached 989 participants across the PHN and a total of 417 responses were completed.

Most responses were completed by people who identified as female/woman (83 per cent), and did not identify as First Nations, Aboriginal or Torres Strait Islander (89 per cent). There was a good spread of responses across 11 age ranges from 18 to 70+, with approximately 32 per cent aged 60 and over, approximately 59 per cent between 45 and 59, and approximately 9 per cent between 18 and 45. There were responses from all 23 LGAs with most coming from Central Coast (20 per cent), followed by Armidale (11 per cent) and then mid-coast (13 per cent). Newcastle, Tamworth, Port Stephens, and Lake Macquarie all had around 7-8 per cent, Moree Plains made up 5 per cent of responses and the remaining LGAs were 3 per cent or less.

From thematic analysis the following was highlighted:

Access and availability of healthcare services – There was a recurring theme around healthcare access, which included lack of GPs and Specialist services, timely access to an appointment, long wait times, suitable appointment times and length of time to a diagnosis.

Cost and financial challenges – This included the importance of Medicare funding and the lack of bulk billing services, social determinants of health such as housing affordability and increased cost of living, the impact of cost on seeking medical care including travel and accommodation and time away from family.

Mental health and youth mental health – There was a strong emphasis on the need for more mental health support, targeted youth mental health services, and the importance of early intervention and preventative services.

Aged care, paediatric care and priority populations – There was also strong emphasis on certain populations in the community particularly the elderly, children, and priority populations such as low-income families, those living in rural and remote areas, and those with complex health needs. Common themes were specifically around the need for early intervention, the lack of services, the need for more culturally sensitive and appropriate care.

Whilst most of our community consultation identified challenges and barriers, we also noted some positive sentiments including appreciation for healthcare workers, satisfaction with the service received, and positive attitudes towards adoption of digital solutions.

Region-wide community consultation Webinars

In early 2024, webinars were offered in all 23 LGAs as a way for the community to voice their concerns and opinions. There was a total of 30 registrations across 9 LGAs, with 11 people attending. This was the first year the PHN has trialled webinars as part of needs assessment consultation and, although there were small attendance numbers, the webinars served as a valuable way to reach community members across a large geographical area in a short period of time.

The top three most important health issues within the community were – Mental and behavioural problems, Chronic Disease (Arthritis, Osteoporosis, Diabetes). Cancer ranked the 3rd most frequent in the rural LGAs including Moree Plains and Tamworth, whilst lung disease (asthma, COPD) ranked 3rd in the urban/inner regional areas including the Central Coast and Newcastle.

Mental Health concerns including suicide, also ranked most frequently in the second question where we asked about the top three wellbeing concerns. This was followed by alcohol and drug misuse and then child abuse/neglect and family violence.

The top three challenges for urban setting (from most frequent) were: Complicated processes of how to navigate healthcare systems, followed by not enough doctors, and thirdly distance and transport. For rural LGAs, affordability and cost ranked the most frequently, followed by distance and transport, and thirdly not enough doctors.

These webinars were helpful in checking sentiments and may help demonstrate that while the health challenges and wellbeing issues can be similar, the challenges in access and the experiences across our PHN can vary.



Identified Health Needs



Needs related to workforce

Needs related to access

Maintenance needs



HEALTH NEEDS

Workforce

WORKFORCE HEALTH NEEDS

IDENTIFIED NEED	KEY ISSUE	FURTHER INFORMATION
Improve knowledge, awareness and skills of primary care professionals to recognise, respond and provide early intervention	The PHN aims to improve the rates of the following identified important issues, and improve early intervention, by enhancing primary care professionals' knowledge, awareness and skills. The following issues have been identified as focus areas due to the PHN having high and/or increasing rates, as well as through our community and stakeholder consultations. Domestic and Family Violence and Sexual Assault The PHN has one of the highest rates of Domestic, Family, and Sexual Violence (DFSV) in NSW, significantly impacting community health. Despite frequent contact with the healthcare sector, many survivors are not asked about their experiences. Studies show that women are twice as likely to disclose DFSV if asked by their GP or nurse. Alcohol and Other Drug Use In 2024, 27 per cent of adults in the PHN region consumed alcohol above of the recommended level, higher than the NSW average of 22 per cent. Smoking and Vaping Whilst smoking rates in most populations are continuing to decline, the PHN still has rates higher than the state rate including in adults and in women who smoke during pregnancy. Vaping rates are lower than the state rate with 3.4 per cent report vaping daily compared to NSW with 4.3 per cent, and 15.6 per cent are ever vapers (NSW 18.6 per cent). The PHN will closely monitor the effect of the change on regulations and stronger controls to importation, manufacture, advertising, supply and commercial possession, in Australia. Obesity High rates of obesity and overweight, as well as low rates of fruit and vegetable intake and physical inactivity are all concerning rates in the the PHN. Community consultation highlighted weight/nutrition as a health challenge with barriers to healthy living including cost, lack of infrastructure, and the need for better town planning. Cancer Screening Cancer screening rates (Bowel, Breast and Cervical) in the PHN region are slightly below national averages. The PHN aims to improve these rates by enhancing primary care professionals' knowledge and skills for early intervention. Community consultations highlighted difficulties in accessing cancer screening in rural areas. Homelessness The homelessness and health needs assessment for the PHN region identified significant gaps in health services for people experiencing or at risk of homelessness, including: Access to tailored care from healthcare staff Limited healthcare markets, worsened for the homeless Factors contributing to these gaps include financial insecurity, complex health conditions, lack of trauma-informed care, difficulty accessing specialist care, and stigma	

BACKGROUND

HNECC PHN
DEMOGRAPHICS

COMMUNITY &
STAKEHOLDER
SURVEYS

IDENTIFIED
PRIORITY AREAS

WORKFORCE HEALTH NEEDS		
IDENTIFIED NEED	KEY ISSUE	FURTHER INFORMATION
Improve rates of 715 assessments for First Nations people	The uptake of 715 health assessments in the PHN region in 2023 was 32 per cent, higher than the NSW rate of 28 per cent and an improvement on previous years, when in 2019–20 it was 31.1 per cent, and in 2018–19 it was 29 per cent.	
Improve general practice referral pathways for early detection, diagnosis, and management of dementia	Primary health care plays a key role in early detection and diagnosis of dementia, and in the management, support and referral for people with dementia and their families.. In 2020/21 the rate of hospitalisations for dementia for people aged 65 years and over in the PHN region was 1,475.6 per 100,000 population (NSW 1,585.5). Although there is no national level data on the number of First Nations people with dementia, studies estimate that the prevalence rates are three to five times as higher than for non-Indigenous people. Furthermore, Indigenous Australians experience many risk factors for dementia (such as heart disease, diabetes, and tobacco use) at higher rates than non-Indigenous people. In the PHN region, there is a pressing need to improve the rates of early detection, diagnosis, and management of dementia. Currently, individuals are often only diagnosed in advanced stages of dementia, leading to poorer outcomes for those living with the condition and their caregivers.	
Improve integration of antenatal services between primary and acute care	Antenatal care is associated with positive maternal and child health outcomes – the likelihood of receiving effective health interventions is increased through attending antenatal care. In 2021, 89.4 per cent of mothers who lived in the PHN region had at least one antenatal care visit in the first trimester (14 weeks). The Australian Pregnancy Care Guidelines (Department of Health and Aged Care 2020) recommend that first-time mothers with an uncomplicated pregnancy have 10 antenatal care visits during pregnancy. In 2021, 93.4 per cent of mothers who lived in the PHN region had five or more antenatal care visits. Low birthweight (birthweight less than 2,500 grams) has been associated with an increased risk of illness and death in infancy and into adulthood. In 2019–2021, 6.2 per cent of NSW babies were born at a low birthweight, and in the PHN this rate was slightly higher at 6.4 per cent of babies.	

BACKGROUND

HNECC PHN
DEMOGRAPHICSCOMMUNITY &
STAKEHOLDER
SURVEYSIDENTIFIED
PRIORITY AREAS

Respond to emerging events that significantly impact health and well-being

Emerging needs are those that come into view from evolving environmental factors and have various impacts upon individuals and their community's health.

It is important to note that through the recent thematic analysis of community consultations the PHN has noted several needs that have been raised independently of questions in the standardised survey. As such the PHN will monitor and undertake further investigation into the following areas over the coming 12 months:

Women's health: This included Endometriosis, Polycystic Ovarian Syndrome, menopause and being able to access a women's health nurse (or lack thereof).

Children's health: This included behavioural conditions such as Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder and lack of access/ long wait times/lack of early intervention.

In 2021, in the HNECC PHN region 21.6% of children in their first year of school were considered developmentally vulnerable this being higher than the state rate but lower than the national rate (NSW 21.2%; Australia 22.0%).

BACKGROUND

HNECC PHN
DEMOGRAPHICS

COMMUNITY &
STAKEHOLDER
SURVEYS

IDENTIFIED
PRIORITY AREAS



HEALTH NEEDS

Access

ACCESS HEALTH NEEDS		
IDENTIFIED NEED	KEY ISSUE	FURTHER INFORMATION
Improve access to chronic disease management services	In 2022, 1 in 2 Australians (49.9%) had at least one chronic health condition. In 2021, 21.3 per 100 people in HNECC PHN region reported having a long-term health condition, this was higher than the state and national average (18.3; and 18.8, respectively). In 2018-19, almost half (46%) of Aboriginal and Torres Strait Islander people had at least one chronic condition that posed a significant health problem in Australia. 44% of Aboriginal and Torres Strait Islander males and 47% of Aboriginal and Torres Strait Islander females were reported with one or more selected chronic condition and was higher for people living in non-remote areas (48%) than in remote (33%). Community consultation highlighted common themes including significant challenges in accessing healthcare due to long wait times, high costs, and a shortage of available doctors. The high cost of treatment was a major barrier, and chronic conditions often exacerbate mental health issues, creating a cycle of poor health.	
Improve access to services for people with mental illness moderate, mild and severe	In 2017-18, the rate at which people experienced chronic mental and behavioral disorders within the PHN region was 22.7 per 100 population, higher than the national (20.1) and state rates (18.8) and was higher for females (24.6) than males (20.9). 20 out of 23 LGAs within the HNECC PHN region had higher rates of people experiencing mental and behavioral problems than the Australian average.	
Improve access to services for suicide prevention	Between 2017- 2021, the age-standardised rate of avoidable deaths from suicide and self-inflicted injuries was higher in the PHN region (14.9 per 100,000 population) than the NSW average (11.2). 17 of 23 LGAs had rates higher than the NSW average. With the highest LGAs reported in Tenterfield (26.6); Muswellbrook (24.0); Moree Plains (21.9); Liverpool Plains (20.6); and Glen Innes Severn (20.6).	
Improve access to psychosocial support services	In 2021-22, in the PHN region, a total of 22,233 patients received 81,601 psychiatry services through MBS. At a local level the rate at which psychiatry services were delivered ranged from 9.16 per 100 people in Newcastle to 2.30 per 100 people in Moree-Narrabri SA3. Lower rates recorded in Tamworth-Gunnedah SA3 (3.42), Upper Hunter SA3 (3.50), Inverell-Tenterfield SA3 (4.19). According to stakeholders' access to psychiatrists across the PHN region especially in rural areas was a significant barrier to care, with insufficient numbers to meet needs alongside cost due to a gap payment.	

BACKGROUND

HNECC PHN
DEMOGRAPHICS

COMMUNITY &
STAKEHOLDER
SURVEYS

IDENTIFIED
PRIORITY AREAS

ACCESS HEALTH NEEDS		
IDENTIFIED NEED	KEY ISSUE	FURTHER INFORMATION
Improve access to low intensity mental health supports for residents of Residential Aged Care facilities (RACFs)	The availability of residential care varies significantly across the region, with New England having the lowest availability at 59.9 places per 1,000 people, compared to 72.5 in both Central Coast and Hunter. Stakeholders have frequently reported the increasing mental health needs of older people in the PHN region, particularly older males. With 30% of RACF residents experiencing ill mental health, stakeholder consultations have identified a clear need for low-intensity mental health support for people residing in aged care facilities, extending to wellbeing, prevention, and early mental health intervention.	
Improve access to trauma-informed Mental Health Services for people experiencing homelessness	The homelessness and health needs assessment highlights that homelessness and mental health issues are interconnected, with mental health both a risk factor and consequence of homelessness. Unaccompanied youth are particularly vulnerable. Stakeholders emphasise the urgent need for trauma-informed mental health services, but barriers like stigma, cost, and access hinder service utilisation.	

BACKGROUND

HNECC PHN
DEMOGRAPHICS

COMMUNITY &
STAKEHOLDER
SURVEYS

IDENTIFIED
PRIORITY AREAS

Maintenance

MAINTENANCE NEEDS

IDENTIFIED NEED	KEY ISSUE	FURTHER INFORMATION
Increase/maintain immunisation rates	The PHN region boasts immunisation rates higher than both the national and state benchmarks across the following indicator categories for the general population: fully immunised one-year-olds, two-year-olds, five-year-olds, and boys and girls immunised against HPV. Additionally, maintenance of the rates of these indicators has according to available data been consistent for more than a decade. Recognising that First Nations immunisation rates are lower, the PHN targets work through General Practice Liaison, First Nations Health Access and the implementation of the First Nations Health and Wellbeing framework to continue to increase them.	



Identified Service Needs



Needs related to workforce

Needs related to access

Maintenance needs



SERVICE NEEDS

Workforce

OUTCOMES OF THE SERVICE NEEDS ANALYSIS

WORKFORCE

IDENTIFIED NEED	KEY ISSUE
Improve utilisation and uptake of digital health solutions such as telehealth	Telehealth is widely supported, especially for mental health, but under-utilised due to access issues. Telehealth also presents a solution to workforce and access issues in the rural and remote regions of the PHN footprint. Stakeholders want long-term telehealth options and continued MBS item numbers. Despite a decline in telehealth use, 87.7% would use it again.
Improve sustainability and viability of the region's primary care workforce	In response to stakeholder demand for support in general practice, the PHN launched the Sustainability and Viability Initiative (SAVI) in February. SAVI aims to enhance primary healthcare access by fostering a stable, sustainable general practice sector. A survey revealed financial instability and systemic issues among practices. Recommendations include funding opportunities and business coaching to improve viability.
Support and build capacity of all primary care providers	The PHN region faces challenges in increasing the number of allied health professionals, particularly in rural areas. Key issues include financial barriers, limited supervision, and early career professionals moving to cities. For mental health and suicide prevention, there is a need to recruit and retain allied health staff, especially psychiatrists and psychologists, in rural areas. Pharmacists can play a crucial role in providing holistic care by collaborating with allied health professionals. Expanding pharmacy's role in primary care, increasing medication management reviews, and fostering stronger integration with other health services are essential. Stakeholders emphasise the need for more continued professional development opportunities, grant writing workshops, and increased support for recruiting and retaining allied health professionals
Improve General Practitioner workforce maldistribution	The primary care workforce is inequitably distributed across the PHN region, with some areas (generally rural) having lower rates of health professionals than others. The availability and geographical spread of the workforce are crucial factors influencing community access to health care. These workforce issues also have a significant impact on small rural hospitals that are serviced by GPs.
Improve awareness and navigation of My Aged care for older people, their families, and carers	Older people often experience difficulties accessing health and community care services due to barriers such as cost, transport, appointment waiting times, and lack of knowledge and understanding of the aged care system, including navigating My Aged Care. There is a need for improved care planning and management of older people within the community and in residential aged care facilities, especially those with complex and deteriorating conditions, and those at the end of their life. The PHN Care Finder Needs Assessment identified a need for a 'conscientious carer' workforce to support the Care Finder target population. This workforce needs to operate from a place of cultural safety, be trauma-informed, be invested in the individual, be aware of physical and cognitive challenges, and be well connected within their community.
Improve integration of primary care and homelessness services	Evidence supports the need for better integration of primary care and homelessness services. Significant gaps exist, with structural barriers like clinician shortages, inadequate collaboration, limited service hours, high costs, and weak housing-health connections. Improved integration is crucial for timely, coordinated care for the homeless population

BACKGROUND

HNECC PHN
DEMOGRAPHICS

COMMUNITY &
STAKEHOLDER
SURVEYS

IDENTIFIED
PRIORITY AREAS

The background features a solid brown color with large, flowing, organic shapes in a lighter orange hue. These shapes resemble stylized waves or concentric, irregular circles. A small, horizontal, light blue rectangle is positioned on the left side of the image.

SERVICE NEEDS

Access

OUTCOMES OF THE SERVICE NEEDS ANALYSIS

ACCESS

IDENTIFIED NEED	KEY ISSUE
Improve access to primary care services	Access to health services is crucial for community wellbeing, but barriers persist, especially for priority populations. Challenges include limited health literacy, poor self-rated health, and socioeconomic disadvantages. Barriers also affect culturally diverse backgrounds, First Nations, rural residents, and people with disabilities. Surveys highlight issues like feeling unsupported by healthcare providers, difficulty engaging with them, and insufficient health information. Socioeconomic disparities are significant, with certain LGAs and sub-populations facing greater disadvantage. Rural residents face unique health challenges, including poorer health outcomes and shorter life expectancy. Community consultations emphasize the need for affordable services and better transport options. First Nations people face additional barriers, requiring culturally sensitive approaches
Improve wait time to access a General Practitioner	In 2019–20, 30.7% of adults in the PHN region couldn't access their preferred GP, 23.9% waited longer than acceptable for a GP appointment, and 23.8% waited too long for a specialist. Excessive wait times reflect primary care workforce issues, with GPs closing books and fewer bulk billing. Community consultations in Glen Innes highlighted the urgent need to reduce GP wait times and address doctor shortages. After-hours service awareness is low, leading to non-emergency ED visits. High rates of semi-urgent and non-urgent ED presentations indicate a lack of accessible health services.
Improve access to culturally safe primary care in general practice and PHN commissioned services	Improving access to culturally safe primary care is crucial for the First Nations population in the PHN region, which accounted for 8.3% of the population in 2021. A 2024 report by the Australian Institute of Health and Welfare highlighted gaps in understanding the relationship between intergenerational trauma and suicide. Cultural continuity is vital for suicide prevention. Community Yarns in Inverell, Tingha, and Armidale revealed a shortage of Aboriginal Medical Services, health professionals, and counsellors, impacting healthcare quality. The lack of workplace cultural safety and misaligned service provider policies further hinder effective First Nations engagement. Integrating cultural awareness and trauma-informed care is essential.
Improve access to Domestic Family Violence, Sexual Assault and Child Sexual Abuse (DFSVCSA) informed mental health services (Supporting Recovery)	The PHN region, with high rates of DFSV, faces challenges in addressing mental health needs. DFSV impacts mental health, increasing the likelihood of disorders like PTSD and anxiety. Stakeholders highlight the need for specialised training for primary care workers and improved care coordination. High rates of child sexual offences exceed the NSW average. Consultations emphasise integrating primary care with specialist services and providing trauma-informed care. Community Yarns in Tingha identified financial strains, lack of counselling, and AOD use as contributing factors to domestic violence, underscoring the need for increased access to counselling services.

BACKGROUND

HNECC PHN
DEMOGRAPHICS

COMMUNITY &
STAKEHOLDER
SURVEYS

IDENTIFIED
PRIORITY AREAS

OUTCOMES OF THE SERVICE NEEDS ANALYSIS

ACCESS

IDENTIFIED NEED	KEY ISSUE
Improve access to care coordination, and outreach Multi-disciplinary Team Care (MDT) Primary care services for women and children who experience domestic family and sexual violence	Increased access to outreach multidisciplinary primary care health services for women and children who experience domestic, family, and sexual violence (DFSV) is crucial, especially in the PHN region, which has one of the highest rates of DFSV in NSW. Consultations throughout 2023-2024 with key primary care stakeholders and victim-survivors indicated that the primary care sector could improve its response to DFSV. Focus areas and priorities identified included: specialised training for primary care workers to enhance their understanding and awareness of DFSV, recognising signs of abuse, responding to disclosures, and practicing trauma-informed care. Children exposed to DFSV may experience trauma symptoms and long-lasting effects on development, behaviour, and well-being. Their experiences and impacts of violence are unique and require a dedicated and specialist response.
Improve access to primary care referred specialist services	Community consultation in 2024 highlighted significant challenges in accessing specialist services, such as those in cancer, cardiac, mental health, paediatric and renal care being among the most cited by community. Many respondents reported difficulties in accessing local specialist care, often necessitating travel to larger cities, which is a significant barrier for those in rural or remote areas. Long waiting times for specialist appointments were a common issue, with some respondents waiting several months, delaying diagnosis and treatment. High out-of-pocket expenses for specialist care were a major concern, particularly for those without adequate health insurance. The need to travel long distances to access specialist services is a significant challenge, especially for elderly patients, those with mobility issues, or those without reliable transportation. The community expressed concerns about the impact of these delays on their health outcomes. The long waiting times for specialist appointments and urgent care are not only inconvenient but can also lead to a deterioration in health conditions due to the delay in receiving appropriate treatment.
Improve access to services for people who intentionally self-harm	In 2020/21, the rate of hospitalisations due to intentional self-harm in the PHN region was 113.5 per 100,000 population. On an LGA level, 14 of the 23 LGAs across the PHN footprint were significantly higher than the state rate (NSW 86.0 per 100,000), with the highest rate in Uralla (226.1) closely followed by Tamworth Region (220.7) and Tenterfield (217.3). In 2021-22, in the PHN region the rates of intentional self-harm hospitalisations for young people aged 15-24 years (males, 148.4 per 100,000 population; females 526.1) were higher than the NSW averages (males 114.8; females, 371.3) and the averages for all ages in the region (males, 80.0; females, 170.0). The rate of intentional self-harm hospitalisations is also much higher amongst Aboriginal and/or Torres Strait Islander people. In 2021-22, in NSW, the rate of hospitalisations for intentional self-harm for Aboriginal people of all ages was 293.3 per 100,000 population, substantially higher than the rate for non-Aboriginal people (75.3). The rate for Aboriginal youth (aged 15-24 years) was particularly high (566.2 per 100,000 population), compared to non-Aboriginal (215.8) with the rate for young females (775.5) higher than males (366.5).

BACKGROUND

HNECC PHN
DEMOGRAPHICS

COMMUNITY &
STAKEHOLDER
SURVEYS

IDENTIFIED
PRIORITY AREAS

OUTCOMES OF THE SERVICE NEEDS ANALYSIS

ACCESS

IDENTIFIED NEED	KEY ISSUE
Improve access to affordable primary care for people experiencing homelessness	Increasing access to affordable primary care for people experiencing homelessness is crucial due to significant barriers. The PHN region's homelessness assessment highlights heightened risks of complex health problems, exacerbated by limited primary healthcare access and high costs. Lack of bulk billing and high out-of-pocket expenses hinder timely care. Community Yarns in Inverell, Tingha, and Armidale revealed issues like high private rental costs, public housing backlogs, poor maintenance, and health hazards. In Armidale, accommodation for medical patients is scarce, with high demand and long waitlists. Addressing these issues requires reducing financial burdens and improving access to affordable primary care and housing services.
Improve access to primary care services for mothers and children experiencing homelessness	Domestic, family and sexual violence (DFSV) is a leading driver of homelessness for women and children, particularly in regions like HNECC. The high rates of DFSV in these areas directly contribute to the increased rates of homelessness, as victims often must leave their homes to escape violence. This displacement can lead to a cycle of instability, making it difficult for these individuals to access consistent primary care services. The health implications of homelessness are significant, particularly for mothers and children. Homelessness can lead to a range of complex health problems, including untreated mental health issues, poor hygiene, and higher rates of communicable and non-communicable diseases. For children, the lack of access to primary care can exacerbate existing childhood trauma and have long-term effects on development and functioning. Given the intersection of DFSV and homelessness, it is crucial to increase access to primary care services for mothers and children experiencing homelessness. Primary care services can provide timely and coordinated care, improving health outcomes for these priority populations.
Improve access and support to empower palliative care patients, their family and carers	The 2023 Palliative Care Needs Assessment identified three priority needs: patients, families/carers, and clinicians. Patients with non-malignant or dementia diagnoses face prolonged symptoms due to delayed referrals. Low health literacy leads to poorer outcomes. Cultural and religious rituals are often not acknowledged. Migrants and those with financial or housing instability struggle to access care. Funding issues affect equipment and care packages. RACF residents lack after-hours support and staff education. Patients feel disempowered in managing their care. Families/carers lack bereavement support, education, and involvement in decision-making, impacting their ability to provide care at home.
Improve access to services for people who experience alcohol and other drugs misuse	Stakeholder consultations have raised the need for more residential rehabilitation services, with current facilities unable to meet demand. Stakeholders have called for clearer referral pathways, better support for health professionals dealing with comorbidities, and improved access to housing, employment, and skills-based training. Factors contributing to drug and alcohol misuse include family breakdown, poor understanding of mental illness and substance issues, reduced access to services, and distance to services. Specific needs for various population groups include: - First Nations - Mothers and Babies - Youth - People exiting the criminal justice system

BACKGROUND

HNECC PHN
DEMOGRAPHICS

COMMUNITY &
STAKEHOLDER
SURVEYS

IDENTIFIED
PRIORITY AREAS

SERVICE NEEDS

Maintenance

OUTCOMES OF THE SERVICE NEEDS ANALYSIS

MAINTENANCE

IDENTIFIED NEED	KEY ISSUE
Maintain uptake of secure messaging (myHealth and e-referral) to ensure privacy and confidentiality of sensitive health information	The need for secure messaging to protect sensitive health information has been identified, and systems like myHealth and SeNT have seen excellent uptake and now move to a maintenance need. The 2020 PHN survey highlighted the need for support and education for allied health professionals on telehealth platforms, security, and privacy compliance. The variety of clinical systems used presents challenges for widespread education and professional development

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