



Australian Government
Department of Health



An Australian Government Initiative

Primary Health Network

Needs Assessment Reporting Template – Alcohol & Other Drugs

This template must be used to submit the Primary Health Network's (PHN's) Needs Assessment report to the Department of Health (the Department) by **November 15** as required under Item E.5 of the Standard Funding Agreement with the Commonwealth.

Name of Primary Health Network

South Eastern Melbourne

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

Instructions for using this template

Overview

This template is provided to assist PHNs to fulfil their reporting requirements for a Needs Assessment as required under Item E.5 of the Standard Funding Agreement (Funding Agreement) with the Department.

Further information for PHNs on the development of needs assessments is provided in the *Needs Assessment Guide*, available on the Department's website (www.health.gov.au/PHN).

The key output of needs assessment will be to inform the Activity Work Plan. In addition, the information provided by PHNs in this report may be used by the Department to inform programme and policy development.

Reporting

The Needs Assessment report template consists of the following:

Section 1 – Narrative

Section 2 – Outcomes of the health needs analysis

Section 3 – Outcomes of the service needs analysis

Section 4 – Opportunities, priorities and options

Section 5 – Checklist

PHN reports must be in a Word document and provide the information as specified in Sections 1-5.

Limited supplementary information may be provided in separate attachments if necessary. Attachments should not be used as a substitute for completing the necessary information as required in Sections 1-5.

While the PHN may include a range of material on their website, for the purposes of public reporting the PHN is required to make the tables in Section 2 and Section 3 publicly available on their website.

Submission Process

The Needs Assessment report must be lodged to the Grant Officer via email VicTasPHN@health.gov.au on or before 15 November 2016.

Reporting Period

This Needs Assessment report will cover the period 15 November 2016 to 30 June 2018 and will be reviewed and updated as needed.

Section 1 – Narrative

This section provides PHNs with the opportunity to provide brief narratives on the process and key issues relating to the Needs Assessment.

Needs Assessment Process and Issues

Identifying the Alcohol and Other Drug needs of our community is the necessary and critical first step to deliver better health outcomes for the population in South Eastern Melbourne. With this in mind, this document identifies the most critical factors contributing to the variation in health outcomes across South Eastern Melbourne and, on this basis, recommends potential activities to address many of these issues.

The South Eastern Melbourne PHN (SEMPHN) serves a highly diverse population of more than 1.4 million people. Populations exist within the catchment that maintain very high standards of living while others endure some of the worst living standards in Australia. This extreme variance is echoed in the health outcomes of the population, with areas such as Greater Dandenong and Frankston exhibiting the poorest health and social outcomes of any region in the broader SEMPHN catchment.

There are also those areas which reflect a hybrid, where generally good population health exists alongside communities with very poor health outcomes. This is reflected in the City of Port Phillip, where there are both high standards of living and good health outcomes coupled with high rates of homelessness, mental health and drug addictions, contributing to poor health outcomes for pockets of the population.

The significant variability in the health of the SEMPHN community coupled with an economic environment that mandates that PHNs 'do more with less' has shaped this Health Needs Assessment, including the proposed activities. In identifying areas of priority and corresponding activities, this document focuses specifically on areas and cohorts exhibiting the poorest health outcomes, often across a number of domains. By doing so, SEMPHN will be able to improve the health outcomes of our population using the most effective and efficient means.

The areas of priority and corresponding activities are designed to align with four key themes: Intelligent Commissioning; Co-Design and Patient Centricity; Health System Alignment; and, Enhancing Professional Practice Capacity. These themes reflect the central features of SEMPHN's organisational strategy, and therefore provide the frame for all of the current and future activities for the organisation.

Process

This is an update on the alcohol and other drug (AOD) needs assessment submitted in 2016. Data has been refreshed where new data has been available and, in addition, further stakeholder analysis has been incorporated into this update.

A large portion of this needs analysis relies on a range of secondary data sources including: Australian Bureau of Statistics (ABS) census data; various ABS, Department of Health, Victorian Department of Health and Human Services, Australian Institute of Health and Welfare (AIHW) and National Health Performance Agency (NHPA) reports; Medicare Benefit Schedule and Pharmaceutical Benefit Scheme data; program reporting data and academic research reports and articles.

Data were analysed at the smallest geographical level available. Unfortunately, due to a dearth of local-level statistics, data is often presented at a regional, state or national level. Estimates were compared to the most relevant comparator possible, usually the Victorian average, although regional and national averages were also used when state-level data were unavailable.

Where possible, efforts have been made to verify data published in secondary sources, and data custodians have been notified of any errors found. During the course of collecting data for this needs assessment, a few errors were identified in the PHIDU dataset relating to rate calculations and data labels, which were promptly corrected. However, given the size of the dataset, and lack of access to additional data sources that can be used for verification, it is possible that there are errors that haven't been identified. So data obtained from such secondary sources need to be examined alongside relevant data published in other sources.

Consultation Process

In addition to reviewing and analysing secondary data, SEMPHN has undertaken a range of consultations in preparing this report including a review of consultation reports, work with LHNs, community groups and formal consultation meetings. SEMPHN has reviewed State Government funded catchment plans (three areas within the SEMPHN catchment) and drawn on issues highlighted in those plans.

SEMPHN has also done the following:

- Commissioned a needs analysis and service mapping exercise for the entire region. While this was done in preparation for the needs analysis due in October 2016, many of the interviews and surveys conducted by the commissioned consultant have been considered in preparing this report
- A large stakeholder forum involving primary AOD service providers (from individual clinicians to service agencies in the week of 18 April 2016). This forum was attended by approximately 60 individuals, and provided attendees with an opportunity to discuss and reflect on the current state (including service gaps) and future opportunities for the primary AOD system in the SEMPHN region.
- Establishment of a catchment planners group. The purpose of this group is to recognise emerging issues within the region and potential opportunities to collaborate on needs

impacting the region. To date the group has identified dual diagnosis, management of forensic clients and barriers to treatment for particular consumer groups including the specific needs of women as possible areas for collaboration.

In addition to the above consultations, SEMPHN has also commissioned the development of an Atlas of Mental Health, Alcohol and Other Drugs (AOD) and Homelessness services in the region

In order to further understand the needs within the region for the second iteration of the needs assessment, SEMPHN developed and administered two surveys, one for regional service providers and one for the community, to understand the service level need and challenges from each of their perspectives. SEMPHN received responses from over 130 local service providers and over 20 community members, which added an additional layer of richness to this needs assessment.

Consultation for the 2017 Needs Assessment was conducted with internal and external stakeholders. All senior management within the organisation as well stakeholders from all ten councils within the catchment, local hospital networks, and service providers across the key priority including AOD were invited to participate. Platforms for consultation offered were face-to-face or phone interviews or the provision of written responses to the interview questions which were attached to the email invitation sent out. Most participants who expressed an interest in participating selected a face-to-face interview. However, in a handful of instances, given the number of participants present, the interviews were conducted as focus groups comprising of between two to fifteen participants. As a result there were seventeen participants consulted representing the AOD sector or organisations. The feedback provided is documented in this update in red.

Additional Data Needs and Gaps

Understanding the need for AOD services within the community is challenging and local prevalence is based on synthetic estimates using demand/utilisation data, state and national level surveys, and regional risk factors. These estimates are obfuscated by a number of factors including:

- Data quality and timeliness, particularly at small geography
- Identified challenges with access to services, particularly amongst vulnerable population groups
- Stigmatisation of AOD issues
- Sector capacity to identify and support those with dual AOD and mental health conditions.

Having access to timely population, health and service usage data at a local geography would allow greater insight into the demographic profile, health needs, and service demands of the region and would enable the PHN to better commission initiatives that are targeted to populations in greatest need. Limited existence of, or access to, local level data has restricted the detail of analysis completed in the needs assessment. Aggregated data can obscure the impact of SEMPHN activities, particularly pilots or interventions targeted at subsets of the population, such as vulnerable populations.

Access to and sharing of linked unit record data would further allow PHNs to follow the patient journey through the health care system and understand key gaps, blockages and challenges, and ultimately allow for improved system design and integration. Regular access to unit record data at the practice, service and patient level from community and primary through to tertiary health care providers would enable the PHN to determine in, as near as possible, real-time where to direct programs and to quantify the impact PHN activities are having on health outcomes in the region. SEMPHN has engaged with key regional stakeholders around data sharing and linking, however this has been challenging and centralised coordination would aid this process.

At present, the majority of data informing the needs assessment are accessed via a variety of organisation-specific portals. Each organisation is driven by its own priorities when providing data and not the needs of an audience accessing the data. Therefore data is often presented at the level of detail directed by the organisation capturing the data, the limitations imposed by the data custodians or previous clients accessing the data. Data are presented at various geographic levels and there are limitations to the data elements available. Data are not refreshed at the same scheduled rate so comparisons must be made between population groups from a range of years.

Different organisations present data on a variety of platforms, therefore data is presented through products such as excel, modified SAS tables, dashboards and pdf files. This adds time to the data extraction process and limits the analysis to what can be readily extracted. For example ascertaining simple data on co-morbidities, length of stay in acute and sub-acute hospital settings is currently not possible. If data were available in a timely manner at the appropriate level, needs assessments would evolve out of routine analysis completed during core business rather than as an additional reporting requirement. Access to quality and timely hospital data presents a key challenge particularly where key PHN outcomes include hospital level performance indicators. Limited access to emergency department and admitted patient data is currently provided through unwieldy dashboards which were not designed with population health planning in mind.

A lack of local level data on AOD clients, demographics, health conditions and service needs of vulnerable populations makes planning for these groups more difficult. Limited identification creates additional challenges and where possible minimum data sets should include the identification of people within these groups so that services can be better targeted to suit their needs.

Section 2 – Outcomes of the health needs analysis

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

Additional rows may be added as required.

Outcomes of the health needs analysis		
Priority Area	Key Issue	Description of Evidence
Life Complexity Factors	High proportion of unemployment , 2016 <ul style="list-style-type: none"> • Greater Dandenong (12.4%) • Casey (8.0%) • Cardinia (7.0%) Victoria – 5.9%	Community indicators across a number of domains, including basic information relating to unemployment, mortgage and rental stress and homelessness, provide insights to risk factors that influence mental health and substance misuse within a community. ABS, Census of Population and Housing: Estimating homelessness, 2017 PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).
	School leaver participation, percentage enrolled in higher education, 2016 <ul style="list-style-type: none"> • Mornington Peninsula (27.3%) • Cardinia (28.6%) • Frankston (31.4%) SEMPHN – 43.0%	ABS, Census of Population and Housing:2017
	Low proportions either Learning or Earning at ages 15 to 19, 2011 <ul style="list-style-type: none"> • Frankston (78.4%) • Mornington Peninsula (80.9%) 	ABS, Census of Population and Housing:2011 update due for release

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> Greater Dandenong (82.4%) SEMPHN – 83.9%	
	<p>High rate of people who left school at year 10 or below (ASR per 100) in 2016 in:</p> <ul style="list-style-type: none"> Cardinia (33.8) Greater Dandenong (32.9) Casey (30.7) Frankston (30.2) 	PHIDU. Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 12 October 2017).
	<p>The number of homeless people in the catchment as at 2010 is 6,456 which is 28% of the state's homeless population. The areas with greater levels of homelessness within SEMPHN are:</p> <ul style="list-style-type: none"> Port Phillip 24% (1,564 people) Greater Dandenong 25% (1,634 people) Mornington Peninsula 12% (750 people) Victoria – 22,773 people	<p>The 2010 AHURI report on homelessness high lights evidence that suggested that people who were homeless were more likely to experience mental health conditions. Additionally, the report noted the prevalence of substance abuse disorders amongst homeless people that exceeded general population estimates. In this context it is noteworthy that parts of the SEMPHN catchment have significant pockets of homelessness.</p> <p>ABS, Census of Population and Housing: Estimating homelessness, 2011</p>
	<p>High rate of homelessness in the following statistical area 3 (SA3) regions:</p> <ul style="list-style-type: none"> Port Phillip (16.1 per 1,000 people) Greater Dandenong (9.2 per 1,000 people) Victoria – 4.3 per 1,000 people	<p>Census of population and housing: Estimating homelessness, 2011; and ABS Estimated Resident Population, 2011. (2016 Census data on homelessness had not been released at the time of this publication.)</p> <p>Australian Bureau of Statistics (2014). General Social Survey, 2014.</p>
	<p>Care givers providing unpaid child care to own child:</p> <ul style="list-style-type: none"> Cardinia (25.1%) Casey (24.4%) Bayside (22.0%) Victoria – 19.5%	<p>Women twice as likely to be caregivers as men. Dependent children who are unsafe reported by 6% of caregivers. Discussion with key stakeholders has also reported that women who are full time carers of children find it difficult to access and comply with treatment programs that are generally only available during the day. 15% of women presenting for assessment in Bayside between January and June 2016 had dependent children</p>

Outcomes of the health needs analysis		
		CIS Summary Report. Inner South Community Health Service October 2016
	<p>High mortgage stress</p> <ul style="list-style-type: none"> Greater Dandenong (20.5%) Casey (15.0%) Cardinia (12.7%) <p>Victoria – 11.4%</p>	<p>Public Health Information Development Unit (PHIDU, 2011). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 1 October 2016).</p>
	<p>High rental stress in:</p> <ul style="list-style-type: none"> Greater Dandenong (31.8%) Mornington Peninsula (30.3%) Frankston (29.7%) <p>Victoria – 25.1%</p>	<p>Public Health Information Development Unit (PHIDU, 2011). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 1 October 2016).</p>
	<p>Gaming Machine Losses per person aged 18+ greater in:</p> <ul style="list-style-type: none"> Greater Dandenong (\$986.50) Kingston (\$652.90) Mornington Peninsula (\$651.50) <p>Victoria – \$549.50</p>	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 1 October 2016).</p>
	<p>Estimated population aged 15 years and over, with fair or poor self-assessed health (2011-13) greater in:</p> <ul style="list-style-type: none"> Greater Dandenong (29.1%) Kingston (17.4%) Casey (17.3%) <p>Victoria – 15.9%</p>	<p>Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 1 October 2016).</p>
Key Outcomes - Life Complexity		

Outcomes of the health needs analysis

The area of Greater Dandenong, Mornington Peninsula and Frankston have a populations impacted by high levels of life complexity and social determinants including:

1. Financial stress
2. Dependence of Government assistance
3. Accommodation issues
4. Homelessness
5. Poor self-assessed health
6. Low school retention rates
7. Unemployment

Outcomes of the health needs analysis		
Justice system, offences and community impact	<p>Family violence 2015-16 per 1,000 people:</p> <ul style="list-style-type: none"> Frankston (18.97) Cardinia (15.52) Greater Dandenong (14.14) Casey (14.07) <p>Victoria – 12.64</p> <p>Family violence 2015-16 per 1,000</p> <ul style="list-style-type: none"> Port Phillip (19.6% increase) Kingston (14.7% increase) Cardinia (11.5% increase) Glen Eira (10.2% increase) <p>Victoria – 8.1% increase</p>	<p>Victoria Crime Statistics Agency (CSA). Data Table - Family incidents (online). At: https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data/family-incidents (accessed 6 November 2017).</p>
	<p>Alcohol assault during High Alcohol Hours 2014-15 per 10,000</p> <ul style="list-style-type: none"> Port Phillip (15.4) Greater Dandenong (14.2) Mornington Peninsula (12.9) <p>Victoria – 10.0</p>	<p>High alcohol hour (HAH) assaults - Fridays or Saturdays between 8 pm and 6 am. Alcohol involvement was noted in 65 per cent of these assaults.</p> <p>Turning point AOD Stats 2013-14 at http://www.aodstats.org.au/ (accessed October 2017)</p>
	<p>Alcohol assault during Medium Alcohol Hours 2014-15 per 10,000</p> <ul style="list-style-type: none"> Greater Dandenong (17.9) Port Phillip (16.3) Frankston (13.1) <p>Victoria – 12.1</p>	<p>Medium alcohol hour (MAH) assaults - Sunday through Thursday, between 8 pm and 6 am. In 54 per cent of such assaults, alcohol involvement was noted.</p> <p>Turning point AOD Stats 2013-14 at http://www.aodstats.org.au/ (accessed October 2017)</p>
<p>Definite Alcohol related family violence incidence 2014-15 per 10,000</p> <ul style="list-style-type: none"> Frankston (17.7) 	<p>Domestic violence and relationship issues is the highest reason attributed to causing homelessness in Victoria.</p>	

Outcomes of the health needs analysis

	<ul style="list-style-type: none"> • Port Phillip (15.6) • Mornington Peninsula (12.9) <p>Victoria – 10.7</p>	<p>Turning point AOD Stats 2013-14 at http://www.aodstats.org.au/ (accessed October 2017)</p>
	<p>Cannabis Offences 2016 per 100,000 Greater Dandenong (232.2)</p> <ul style="list-style-type: none"> • Frankston (197.0) • Port Phillip (186.0) <p>Victoria – 132.7</p>	<p>Victoria Crime Statistics Agency (CSA) https://www.crimestatistics.vic.gov.au/research-and-evaluation/publications/drug-and-alcohol-use-and-crime</p>
	<p>Heroin Offences 2016 per 100,000 were highest in</p> <ul style="list-style-type: none"> • Port Phillip (50.0) • Greater Dandenong (44.3) <p>Victoria – 15.6</p>	<p>https://www.crimestatistics.vic.gov.au/research-and-evaluation/publications/drug-and-alcohol-use-and-crime</p>
	<p>Methamphetamines Offences 2016 per 100,000</p> <ul style="list-style-type: none"> • Port Phillip (159.2) • Greater Dandenong (155.2) • Frankston (141.8) <p>Victoria – 90.7</p>	<p>https://www.crimestatistics.vic.gov.au/research-and-evaluation/publications/drug-and-alcohol-use-and-crime</p>
	<p>Amphetamine Offences 2016 per 100,000</p> <ul style="list-style-type: none"> • Port Phillip 40.7 • Frankston 36.3 • Cardinia 35.6 <p>Victoria – 20.7</p>	<p>https://www.crimestatistics.vic.gov.au/research-and-evaluation/publications/drug-and-alcohol-use-and-crime</p>
	<p>Drug usage and possession indicates that three LGAs with the greatest rates 2014-15 per 1,000 population were:</p> <ul style="list-style-type: none"> • Greater Dandenong (8.9) • Port Phillip (8.2) • Frankston (7.8) 	<p>https://www2.health.vic.gov.au/about/reporting-planning-data/gis-and-planning-products/geographical-profiles</p>

Outcomes of the health needs analysis

	Victoria – 5.1	
<p>Key Outcomes – Justice system, offences, community impact and substance use</p> <ol style="list-style-type: none"> 1. Definite alcohol related family violence and assault in Frankston, Port Phillip Mornington Peninsula 2. Drug related offences Greater Dandenong, Frankston, Port Phillip, Mornington Peninsula 3. Pharmaceutical dispensing in Greater Dandenong, Frankston, Mornington Peninsula 4. Smoking consumption in Frankston and Kingston. 5. Alcohol consumption in Frankston and Greater Dandenong. 6. Illicit drug use in Port Phillip and Greater Dandenong. 7. Substance use in young people across the catchment. 8. Increase availability and use of crystal methamphetamine. 9. Availability of illegal substances within the catchment. 		
Substance abuse within the SEMPHN catchment	<p>Prescription for Analgesics (pain relief) 2015-16 per 100</p> <ul style="list-style-type: none"> • Mornington Peninsula (139.0) • Frankston (130.5) • Greater Dandenong (116.5) <p>SEMPHN – 97.9</p>	<p>http://www.pbs.gov.au/pbs/home;jsessionid=1jt5vg2rzrygn1s997h908neqe PBS data access October 2017</p>
	<p>Prescription for Psycholeptics (sedatives) 2015-16 per 100</p> <ul style="list-style-type: none"> • Frankston (60.3) • Mornington Peninsula (61.5) • Greater Dandenong (58.9) <p>SEMPHN – 49.0</p>	<p>PBS data accessed October 2017 http://www.pbs.gov.au/pbs/home;jsessionid=1jt5vg2rzrygn1s997h908neqe</p>
	<p>Estimating the use of alcohol and drugs in the community using waste water testing including</p>	<p>Chemists can now quantify a wide variety of substances in wastewater (i.e. sewage) including those associated with illicit drug consumption. This method has been used to measure drug use in Europe, North America and Australia</p>

Outcomes of the health needs analysis		
	<p>South Eastern Melbourne March 2014 and March 2015:</p> <p>Cocaine consumption: stable MDMA consumption: decreased Methamphetamine: doubled Alcohol and tobacco: stable</p>	<p>Loyd B., and Killian J. (2015). Alcohol and Drug Testing in Wastewater: Summary Results from March 2015 Testing in Melbourne, Fitzroy, Victoria: Turning Point</p>
	<p>Substance availability in Victorian Average reported in the IDRS Survey:</p> <p>Heroin – Very easy/easy 98% (N-117) Methamphetamine - Very easy/easy 99% (N-86) Cannabis – Very easy/easy 92% (N-69)</p>	<p>IDRS findings: Stafford, J., Breen, C. & Burns, L. (2016) Australian Drug Trends 2016: Findings from the Illicit Drug Reporting System (IDRS). 2016 NDARC Annual Research Symposium, Sydney. National Drug and Alcohol Research Centre, University of New South Wales, Australia.</p>
	<p>Estimated smokers aged 18 years and over</p> <ul style="list-style-type: none"> • Frankston (17.4%) • Greater Dandenong (16.7%) • Casey (16.2%) • Cardinia (16.2%) <p>Victoria – 15.7%</p>	<p>Tobacco smoking as a predictor of alcohol and other drug use is relatively well established as studies show that these substances are often used together. Indeed, studies have shown that people who smoke are more likely to drink and those who drink are more likely to smoke. Studies indicate that in excess of half of patients in treatment for drug dependence die from tobacco-related illnesses. As such, the prevalence of smoking is a useful indicator when addressing population risk factors for AoD services.</p> <p>ASPEX Consulting South Eastern Melbourne Primary Healthcare Network Mental Health and AOD Population Health Needs Analysis March 2016, DHHS LGA Profile 2011</p>
Tobacco	<p>Women who smoke during pregnancy (2012-2014) are greater in:</p> <ul style="list-style-type: none"> • Cardinia (33.6%) • Casey (25.7%) • Frankston (21.9%) <p>Victoria – 15%</p>	<p>Public Health Information Development Unit (PHIDU, 2017). Social Health Atlas of Australia: Primary Health Networks (online). At: http://www.phidu.torrens.edu.au/social-health-atlases/data (accessed 14 November 2017).</p>

Outcomes of the health needs analysis		
Alcohol Consumption	<p>Adolescent smoking rates 12-14 year old greater in:</p> <ul style="list-style-type: none"> • Frankston (16.7%) • Casey (16.2%) <p>Victoria – 13.4%</p>	Victorian Child and Adolescent Monitoring System (VCAMS)
	<p>Adolescent smoking rates 15-17 year olds greater in:</p> <ul style="list-style-type: none"> • Frankston (43.9%) • Kingston (40.4%) <p>Victoria – 36.4%</p>	Victorian Child and Adolescent Monitoring System (VCAMS)
	<p>Greatest levels of lung cancer reported per 100,000 ASR in:</p> <ul style="list-style-type: none"> • Frankston (25.1) • Kingston (25.1) • Cardinia (24.2) <p>Victoria – 19.2</p>	<p>Mortality rates associated with lung cancer provide a proxy indicator for substance misuse associated with tobacco smoking.</p> <p>ASPEX Consulting South Eastern Melbourne Primary Healthcare Network Mental Health and AOD Population Health Needs Analysis March 2016, DHHS LGA Profile 2011</p>
	<p>Alcohol consumption rates per 10,000 are greater in:</p> <ul style="list-style-type: none"> • Frankston (74.8) • Cardinia (69.0) • Greater Dandenong (49.7) <p>Victorian average not available</p>	<p>The impact of alcohol abuse has significant associated negative consequences including alcohol related assaults, domestic violence and alcohol related child abuse. In addition when an individual consumes alcohol at levels likely to cause harm there are the negative health impacts.</p> <p>Turning point AOD Stats 2013-14 at http://www.aodstats.org.au/ (accessed October 2016)</p>
	<p>Alcohol consumption rates per 10,000 for 40-64 year olds has increased across the catchment with greatest rates in:</p> <ul style="list-style-type: none"> • Frankston (116.5) • Cardinia (106.4) 	<p>Data for the 10 years from 2004-05 to 2013-14 shows that Frankston has consistently reported the highest levels of alcohol consumption for the region with consumption in Cardinia increasing from 24.7 in 2004-05 to 69 in 2013-14.</p> <p>Turning point AOD Stats 2013-14 at http://www.aodstats.org.au/ (accessed October 2016)</p>

Outcomes of the health needs analysis		
	<ul style="list-style-type: none"> Port Phillip (89.1) Victorian average not available	
Alcohol consumption adolescents	Alcohol consumption of adolescents in the age group 15-24 years greatest rates occur in: <ul style="list-style-type: none"> Greater Dandenong (72.8%) Frankston (70.3%) Kingston (61.9%) Victorian average not available	<p>It is recognised that alcohol use amongst adolescents creates a raft of additional issues including other risky behaviours such as tobacco use, risk of unsafe sex, violence, drinking and driving and suicide. The Australian Psychological Society sites research on the relationship between adolescent drinking patterns and parental attitudes to drinking, parental modelling of alcohol use and parental supply of alcohol to adolescents. As such, it has been recommended that interventions targeting teenage drinking adopt a family counselling approach.</p> <p>Dr Delyse Hutchinson MAPS, Dr Elizabeth Maloney, Dr Laura Vogl MAPS and Professor Richard Mattick MAPS National Alcohol and Drug Research Centre, University of New South Wales</p> <p>Victorian Department of Education and Training, The Victorian Child and Adolescent Monitoring System (VCAMS) at http://www.education.vic.gov.au/about/research/Pages/vcams.aspx (accessed October 2016)</p>
	Proportion of adolescents who have ever drunk greater in: <ul style="list-style-type: none"> Bayside (87.1%) Cardinia (81.2%) Stonnington (78.4%) Victoria – 74.1%	Victorian Department of Education and Training, The Victorian Child and Adolescent Monitoring System (VCAMS) at http://www.education.vic.gov.au/about/research/Pages/vcams.aspx (accessed October 2016)
	Expenditure on packaged liquor in the past 7 days greater in: <ul style="list-style-type: none"> Port Phillip (54.4%) Mornington Peninsula (47.5%) 	ASPEX Consulting South Eastern Melbourne Primary Healthcare Network Mental Health and AOD Population Health Needs Analysis March 2016; DHHS LGA Profile 2011

Outcomes of the health needs analysis

Cannabis	<ul style="list-style-type: none"> • Bayside (46.5%) • Stonnington (45.9%) <p>Victoria – 36.0%</p>	
	<p>Expenditure in licensed premises in the past 7 days greater in:</p> <ul style="list-style-type: none"> • Casey (\$91) • Stonnington (\$67) <p>Victoria – \$45</p>	<p>ASPEX Consulting South Eastern Melbourne Primary Healthcare Network Mental Health and AOD Population Health Needs Analysis March 2016, DHHS LGA Profile 2011</p>
	<p>Alcohol death rate per 10,000 2014 is greater in:</p> <ul style="list-style-type: none"> • Mornington Peninsula (1.7) • Greater Dandenong (1.6) • Frankston (1.6) <p>Victorian -1.7</p>	<p>Turning point AOD Stats 2017 at http://www.aodstats.org.au/ (accessed October 2016)</p>
	<p>Proportion of adolescents who have ever used marijuana aged 12-14 greater in:</p> <ul style="list-style-type: none"> • Port Phillip (9.0%) • Mornington Peninsula (6.7%) <p>Victoria – 3.7%</p>	<p>Studies have shown that if a young person uses cannabis early in life (before the age of 16 years) and for a prolonged period of time, it can lead to a number of significant problems. Evidence to date suggests that use of marijuana can affect memory, have an impact on attention and ability to think clearly which in turn can make it difficult to concentrate and learn. As a consequence there are impacts on school performance, increased absenteeism and there is increased likelihood of leaving school prematurely without maximal education/qualifications.</p> <p>Drug use of any form also has implications for early sexual activity, increased likelihood of offending behaviours such as motor vehicle theft and burglary and leaving home early. Drug use has also been linked to a range of mental health issues including psychosis, depression and anxiety.</p>

Outcomes of the health needs analysis		
		ASPEX Consulting South Eastern Melbourne Primary Healthcare Network Mental Health and AOD Population Health Needs Analysis March 2016; DHHS LGA Profile 2011
	The use of other stimulants has increased across the catchment with the greatest rates per 10,000 in: <ul style="list-style-type: none"> • Port Phillip (3.3) • Frankston (3.0) • Mornington Peninsula (1.9) Victorian average not available	Turning point AOD Stats 2013-14 at http://www.aodstats.org.au/ (accessed October 2016)
Other stimulants	Proportion of 15-24 year olds using other stimulants was greater in: <ul style="list-style-type: none"> • Frankston (17.2%) • Mornington Peninsula (8.4%) • Glen Eira (5.9%) Victorian average not available	Turning point AOD Stats 2013-14 at http://www.aodstats.org.au/ (accessed October 2016)
	The proportion of 12-14 year olds who have sniffed glue or chromed were greater in: <ul style="list-style-type: none"> • Kingston (13.0%) • Casey (10.5%) • Cardinia (10.2%) • Frankston (10.1%) • Greater Dandenong (8.9%) Victoria – 7.9%	ASPEX Consulting South Eastern Melbourne Primary Healthcare Network Mental Health and AOD Population Health Needs Analysis March 2016; DHHS LGA Profile 2011
	Accidental deaths due to opioids in 2011 , there were 617 accidental deaths due to opioids aged 15-54 years in Australia, 28% percent of deaths occurred in Victoria. Average 80% were males and 20% female. The National death rate per million	Stafford, J. and Breen, C. (2016). Australian Drug Trends 2015. Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trend Series. No. 145. Sydney, National Drug and Alcohol Research Centre, UNSW Australia.

Outcomes of the health needs analysis		
	persons was 49.5 per million. Victoria had the second highest rate in Australia with 56 per million.	
Key Outcomes – Substance misuse	<p>Hepatitis C rates per 100,000 were greater in:</p> <ul style="list-style-type: none"> • Greater Dandenong (113) • Port Phillip (70.5) • Frankston (46.1) <p>Victoria – 45.4</p>	
	<p>Aboriginal and Torres Strait Islander population</p> <p>Dandenong & District Aborigines Co-operative Ltd currently provides mental health and alcohol and drug services within the Dandenong region for 23 indigenous clients, over 90% of whom have dual mental health and alcohol and drug diagnoses. They also have a tobacco program called the Yarning Group to address the high smoking rates amongst the community.</p>	<p>Data for the 2010/11 financial year show that for the Southern Metropolitan Region indigenous clients comprise 3.8% of the total clients which is a significant over representation of the indigenous community which, comprises 0.4% of the total community. The highest percentages of indigenous clients are from the LGAs of Port Phillip (7.7%), Stonnington (6.3%) and Greater Dandenong (5.6%).</p> <p>SEMPHN has also engaged with Turning Point to provide Alcohol and Drug Information Service data around treatment services, hospital admissions, emergency department presentations and deaths for the Aboriginal and Torres Strait Islander community related to alcohol and drug consumption within the SEMPHN region. However these data have not yet been made available.</p>
Other Factors affecting health	<p>LGBTI</p> <p>Drug use comparisons between the heterosexual and bi-sexual and homosexual communities illustrated similar patterns of usage.</p>	<p>AIHW Drug use data by sexuality people aged 14 years or older 2013</p>
<ol style="list-style-type: none"> 1. Key Outcomes – Factors affecting health 2. Increasing rates of Hepatitis C 3. High levels of AOD users with dual diagnosis 4. Co-morbidity of AOD users and increased risk factors associated with substance use and poor health 5. Additional data required for ATSI, CALD and LGBTI populations. 		

Outcomes of the health needs analysis

2017 Sector Consultation identified the following target groups requiring additional focus:

Consultations: Target groups to focus on were noted as follows:

- Seniors
- Culturally and Linguistically Diverse communities (particularly those of a low socio-economic status)
- Sex workers
- Prisoners
- Homeless people/ rough sleepers
- LGBTQI community
- Adults with complex MH and AOD issues
- Females with AOD issues

Areas to focus on during the provision of services to these groups were noted as follows:

- General, oral and physical health (AOD, homeless, MH)
- Intravenous use among AOD users
- Support for clients between initial contact and actual treatment (e.g. counselling, non-residential withdrawal for AOD use)
- Provision of crisis housing
- Pharmaceutical abuse and elder abuse among seniors
- Family violence
- Community safety including school programs to targeted males at a developmental age and promote positive behaviour towards women)
- Sexually Transmitted Infections among especially young men, sex workers and prisoners
- Managing social isolation through infrastructure (e.g. social support drop-in centres)

Section 3 – Outcomes of the service needs analysis

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

Additional rows may be added as required.

Outcomes of the service needs analysis		
Priority Area	Key Issue	Description of Evidence
Health Consequences Emergency Department	<p>Alcohol related ED presentations 2013-14 per 10,000</p> <ul style="list-style-type: none"> • Frankston (26.0) • Greater Dandenong (22.5) • Port Phillip (20.3) • Mornington Peninsula (18.3) <p>Victoria – 13.8</p>	<p>Turning Point have advised that Emergency Department data is not currently available due to identified methodological issue, this has been resolved and 10 years ED data up to 2015-16 will be available early next year.</p> <p>Turning point AOD Stats 2013-14 at http://www.aodstats.org.au/ (accessed October 2016)</p>
	<p>Illicit drug related ED presentations 2013-14 per 10,000</p> <ul style="list-style-type: none"> • Port Phillip (4.5) • Greater Dandenong (3.9) <p>Victoria – 2.1</p>	<p>Turning point AOD Stats 2013-14 at http://www.aodstats.org.au/ (accessed October 2016)</p>
Ambulance attendance	<p>Ambulance attendance alcohol greater in 2014-15 per 100,000</p> <ul style="list-style-type: none"> • Port Phillip (81.1) • Frankston (55.1) • Stonnington (54.1) 	<p>Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017)</p>

Outcomes of the service needs analysis

	<ul style="list-style-type: none"> Greater Dandenong (52.0) <p>Victoria – 37.0</p>	
	<p>Ambulance attendance methamphetamine 2014-15 per 100,000</p> <ul style="list-style-type: none"> Port Phillip (97.3) Frankston (71.7) Greater Dandenong (70.9) <p>Victoria – 38.9</p> <p>Change from 2013-14:</p> <ul style="list-style-type: none"> Greater Dandenong (79% increase) Port Phillip (64% increase) <p>Victoria – 12% increase</p>	<p>Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017)</p>
	<p>Ambulance attendance illicit drugs 2014-15 per 100,000</p> <ul style="list-style-type: none"> Port Phillip (34.4) Frankston (24.0) Greater Dandenong (22.7) <p>Victoria – 154.7</p> <p>Change from 2013-14:</p> <ul style="list-style-type: none"> Greater Dandenong (39% increase) <p>Victoria – 27% Increase</p>	<p>Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017)</p>
	<p>Ambulance attendance pharmaceutical 2014-15 per 100,000</p> <ul style="list-style-type: none"> Frankston (27.8) Port Phillip (23.9) Mornington (19.6) 	<p>Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017)</p>

Outcomes of the service needs analysis

Acute Admissions	Victoria – 170.2	
	<p>Ambulance attendance opioids 2014-15 per 100,000</p> <ul style="list-style-type: none"> • Frankston (37.0) • Greater Dandenong (23.4) • Port Phillip (21.0) <p>Victoria – 18.5</p>	Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017)
	<p>Alcohol hospitalisation rates 2014-15 per 10,000</p> <ul style="list-style-type: none"> • Bayside (102.3) • Port Phillip (99.9) • Greater Dandenong (99.2) • Stonnington (97.1) <p>Victoria – 55.0</p> <p>Change from 2013-14:</p> <ul style="list-style-type: none"> • Bayside (41% increase) 	Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017)
	<p>Illicit drug hospitalisation rates 2014-15 per 10,000</p> <ul style="list-style-type: none"> • Port Phillip (63.2) • Stonnington (47.0) • Frankston (46.0) • Glen Eira (34.6) <p>Victoria – 14.4</p> <p>Change from 2013-14:</p> <ul style="list-style-type: none"> • Port Phillip (62% increase) • Stonnington 32% increase • Frankston 21% increase 	Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017)

Outcomes of the service needs analysis

	<p>Pharmaceutical hospitalisation rates 2014-15 per 10,000</p> <ul style="list-style-type: none"> • Frankston (34.6) • Port Phillip (26.0) • Mornington Peninsula (24.0) • Stonnington (24.0) <p>Victoria – 16.1</p> <p>Change from 2013-14:</p> <ul style="list-style-type: none"> • Frankston (21% increase) • Port Phillip (62% increase) • Stonnington (32% increase) 	<p>Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017)</p>
	<p>Cannabis hospitalisation rates 2014-15 per 10,000</p> <ul style="list-style-type: none"> • Port Phillip (20.7) • Glen Eira (12.8) • Kingston (10.8) <p>Victoria – 8.2</p> <p>Change from 2013-14:</p> <ul style="list-style-type: none"> • Port Phillip (27% increase) • Glen Eira (36% increase) • Kingston (44% increase) 	<p>Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017)</p>
	<p>Opioid hospitalisation rates 2014-15 per 10,000</p> <ul style="list-style-type: none"> • Port Phillip (24.9) • Stonnington (18.6) • Frankston (13.9) <p>Victoria – 18.5</p>	<p>Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017)</p>

Outcomes of the service needs analysis		
	Change from 2013-14: <ul style="list-style-type: none"> • Port Phillip (52.0% increase) • Stonnington (13.0% increase) • Frankston (13.9% increase) 	
Episodes of care	Alcohol episodes of care 2014-15 per 10,000 <ul style="list-style-type: none"> • Frankston (42.0) • Port Phillip (37.8) • Greater Dandenong (33.1) Victoria – 28.8 Change from 2013-14: <ul style="list-style-type: none"> • Frankston (44% decrease) • Port Phillip (30% decrease) • Greater Dandenong (33% decrease) 	An episode of care is a completed course of treatment undertaken by a client, where at least one significant agreed treatment goal is achieved under the care of an alcohol and drug worker. Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017)
	Amphetamines episodes of care 2014-15 per 10,000 <ul style="list-style-type: none"> • Frankston (26.0) • Port Phillip (17.0) Victoria – 15.1	Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017)
	Illicit episodes of care 2014 -15 per 10,000 <ul style="list-style-type: none"> • Frankston (55.5) • Port Phillip (48.8) • Greater Dandenong (38.6) Victoria – 38.9 Change from 2013-14: <ul style="list-style-type: none"> • Frankston (31% decrease) 	Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017)

Outcomes of the service needs analysis		
	<ul style="list-style-type: none"> Greater Dandenong (33% decrease) 	
	<p>Pharmaceutical episodes of care 2014-15 per 10,000</p> <ul style="list-style-type: none"> Port Phillip (6.1) Bayside (3.6) <p>Victoria – 3.5</p>	Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017)
	<p>Cannabis episodes of care 2014-15 per 10,000</p> <ul style="list-style-type: none"> Frankston (21.1) Greater Dandenong (18.5) Port Philip (14.7) <p>Victoria – 16.0</p> <p>Change from 2013-14:</p> <ul style="list-style-type: none"> Frankston 31% decrease Greater Dandenong 29% decrease 	Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017)
	<p>Opioids episodes of care 2014-15 per 10,000</p> <ul style="list-style-type: none"> Port Phillip 3.8 Bayside 3.2 Frankston 2.1 <p>Victoria – 2.2</p>	Turning point AOD Stats http://www.aodstats.org.au/ (accessed October 2017)
	<p>Major challenges accessing services identified by proportion of stakeholders:</p> <p>Lack of affordable transport (66.7%) Lack of awareness of existing services (62.8%) Lack of affordable medical services (45.1%) Lack of available after hours appointments (45.1%)</p>	PHN Needs Assessment stakeholder survey November 2016

Outcomes of the service needs analysis

	<p>Distance to health care services (45.1%) Shortage of allied health services (41.2%) Gaps in Health literacy (41.2%) Poor past experiences (39.2%) Lack of available appointments (35.3%) Shortage of GPs (25.5%) Shortage of culturally appropriate services and information (25.5%) Lack of accommodation during treatment (25.5%) Shortage of Aboriginal health workers (21.6%) Inaccessibility for people with disabilities (19.6%) Concerns related to privacy (17.6%)</p>	
	<p>Major challenges providing services identified by stakeholders:</p> <p>Inadequate training (56.8%) Inadequate staffing (52.9%) Lack of standard guidelines on treatment (23.5%) Language barriers (7.8%)</p>	<p>PHN Needs Assessment stakeholder survey November 2016</p>
<p>Key Outcomes Health consequences</p> <ol style="list-style-type: none"> 1. Ambulance attendance in Frankston, Port Phillip, Greater Dandenong 2. Increase in ambulance attendance for methamphetamine, Port Phillip and Greater Dandenong 3. Increase in ambulance attendance for illicit drugs, Greater Dandenong 4. Increase in alcohol hospitalisations, Bayside 5. Episodes of care highest in Frankston, Port Phillip 6. Decrease in Episodes of Care 7. Barriers of access to treatment services identified by stakeholders including a high percentage of respondents who reported challenges in distance and travel to services, knowledge of what is available, poor health literacy, poor experiences and lack of available appointments both within and after hours. 		

Outcomes of the service needs analysis

8. Challenges to service provision identified by stakeholders included inadequate training, staffing and treatment standards.

Consultations: Responses focused on building workforce capacity through the following:

- Training and information sessions for clinicians and management
- Training focused on the needs of clients with complex health issues (e.g. dual diagnosis, pain management in palliative care)
- Attendance at regular forums involving multi-agency representation
- Support and facilitate cultural shift to increase uptake of AOD and MH clients for “*screening and brief interventions*” by general practice
For example, education to break the stigma surrounding AOD users.

Building infrastructure referred to:

- A single data system which can be used by all service providers across multiple systems. As noted by providers of CDM services, this will result in “*continuity of information to follow the continuity of care*”.
- Improving quality systems including confidentiality agreement and a standardized privacy agreement (AOD)