



Australian Government
Department of Health



An Australian Government Initiative

Primary Health Network Needs Assessment Reporting Template

Norfolk Island

- **Coordinated and Integrated Primary Health Care**
- **Mental Health and Suicide Prevention**
- **Drug and Alcohol Treatment**

Name of Primary Health Network

Central and Eastern Sydney PHN

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.

Section 1 – Narrative

Needs Assessment process and issues (500-600 words)

Norfolk Island is an external Australian territory and is located in the Pacific Ocean about 1600 km northeast of Sydney. At the last census in 2011 Norfolk Island's total population (excluding visitors or tourists) was 1,795. However, both resident and tourist numbers have fallen since then, with the current estimated resident population believed to be around 1,500. Norfolk Island has a landmass of approximately 3,455 hectares. Norfolk Island was previously occupied by the seafaring Polynesians, then as a British convict settlement from 1788 until 1814, and a subsequent phase of convict settlement between 1825 and 1855. In 1856 the Island was settled by the Pitcairn Island descendants of the Bounty mutineers and Tahitians. Today, Norfolk Island is home to a diverse group of people including people with family ties to the United Kingdom and Tahiti (both through Pitcairn descent and directly), elsewhere in Australia, the United States of America, Canada, New Zealand, Fiji, the Philippines, and other Pacific islands.

Due to the short timeframe available, the development of the needs assessment was undertaken alongside the development of the South Eastern Sydney Local Health District (SESLHD) Norfolk Island Health and Aged Care Clinical Services Plan. This Plan covers the future planned service profile on the Island and includes the broad spectrum of care needs, including primary care services. The outcomes of this needs assessment have been integrated into the Plan. The Clinical Services Plan articulates the development of an integrated model with a Multipurpose Service at its centre that includes a range of acute, aged care, community and primary care services.

Carramar Consulting completed the Clinical Services Plan, and was therefore engaged by CESP HN to provide assistance in completing the needs assessment. The development of the needs assessment for Norfolk Island has taken place in partnership with SESLHD and the Norfolk Island Health and Residential Aged Care Service (NIHRACS). The needs assessment development was overseen by a steering group comprising representatives from Central and Eastern Sydney PHN. The group provided advice in regards to the PHN's commissioning role, key service partners and potential opportunities for Norfolk Island.

Consultation with a broad range of stakeholders was a key element in the development of the needs assessment. Carramar Consulting undertook on-site consultation alongside SESLHD and the Commonwealth Department of Infrastructure and Regional Development. This included with the local health service and staff, the Regional Council, community volunteer groups, NGOs, police, school, local leaders and community service providers. This allowed a broad range of views to be heard and a wide range of local issues to be discussed.

The needs assessment was informed by a range of previous reports and surveys undertaken on Norfolk Island in recent years that are referenced throughout this document. Aside from on-site consultation, no primary data collection was undertaken. This was due to the

availability of recent information (for example, a survey was conducted in 2015 on the population's health), and the limited timeframe available to complete the needs assessment. Data availability was also limited and there have been significant recent changes to the health system on the island impacting the ability to obtain reliable data (refer to Additional Data Needs and Gaps section). In the absence of data, anecdotal evidence from consultation has been relied upon in some areas.

During the development of the needs assessment, it became clear that there is a need to strengthen prevention and early intervention services on the Island. This includes child screening, cancer screening, mental health prevention, drug and alcohol awareness, sexual health, and healthy lifestyle programs. There is an opportunity to improve health outcomes of Norfolk Island residents through focusing on developing health seeking behaviours and implementing sustainable, locally relevant and culturally appropriate services. The way forward will be a staged approach to build capacity and resilience based on the existing strengths and family values of the Norfolk Island community.

Additional Data Needs and Gaps (max 400 words)

A key limitation in completing the needs assessment was the availability of valid, reliable data. Until very recently, Norfolk Island operated as a substantially self-governing Territory under the Norfolk Island Act 1979. The health system had a unique structure – there has been no access to Medicare for residents, no standard data definitions and no reporting to National morbidity datasets. Furthermore, the Island was not included in the National census (the Island conducted their own census every 5 years).

There are also some issues with the recent Health Services Survey that was completed in 2015. It was undertaken on a non-randomised sample and overrepresented aged persons compared to the Norfolk Island population. However, the survey responses covered approximately 20% of the population and in the absence of other data it has been relied upon to inform the needs assessment.

Additional comments or feedback (max 500 words)

The Norfolk Island Legislation Amendment Act 2015 has resulted in significant changes to the health system, with the availability of the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Schedule (PBS) for residents from 1 July 2016. SESLHD will be providing support to Norfolk Island and this will likely lead to significant changes in data collection, particularly in relation to the planned multipurpose service. The PHN will be providing support from a primary care perspective, and there will also be opportunities to make improvements in this space. The Island was included in the National census in 2016 which will lead to improved availability of demographic information.

The changes above will result in the availability of a new range of reliable data about the population and health service utilisation on Norfolk Island. However, it will likely take some time for this data to become available. There will be an opportunity in the coming years to review and update this needs assessment accordingly.

Section 2 – Outcomes of the health needs analysis

Outcomes of the health needs analysis		
Priority Area	Key Issue	Description of Evidence
Rural healthcare	Remoteness Norfolk Island is located in a unique remote location with a small population.	Norfolk Island is one of Australia’s most geographically isolated communities. It is located in the Pacific Ocean about 1600 km northeast of Sydney. Norfolk Island has a landmass of approximately 3,455 hectares. At the last census in 2011 Norfolk Island's total population (excluding visitors or tourists) was 1,795. However, both resident and tourist numbers have fallen since then, with the current estimated resident population believed to be around 1,500.
Population Health	General Health Status There is some indication general health status of the population is poorer than that of NSW.	More Norfolk Island people reported ‘fair’ or ‘poor’ health (17 per cent) compared to the NSW population (14.5 per cent) Fewer Norfolk Island people (13 per cent) reported “excellent” health compared to the NSW population (20 per cent) <i>Sources: NIHE-Health Services Survey Report 2015 (R&S Muller Enterprise Pty Ltd) ABS, Dec 2015.4364055001DO001_20142015 National Health Survey: First Results, 2014–15—Australia. Table 1.3 Summary health characteristics—2001 to 2014–15, Proportion of persons</i>
	Social determinants of health Economic downturns and the isolated location of Norfolk Island have impacted socioeconomic conditions on the island.	2011 census data indicates that 69 per cent of the community had an income of less than \$800 per week, compared with 58 per cent for the Australian community Families have reported experiences of “doing it tough” in an economic environment of increasing job insecurity and a downturn in the tourism industry <i>Source: ‘Same country: different world: the future of Norfolk Island’ – Joint Standing Committee on the National Capital and External Territories 2014</i>

Outcomes of the health needs analysis		
Priority Area	Key Issue	Description of Evidence
	<p>Obesity Obesity rates are high and are exacerbated by sedentary lifestyles.</p>	<p>63 per cent of the overall Norfolk Island population were overweight or obese which is higher than the equivalent NSW population (53 per cent) Of particular note is that 78 per cent of the male population reported as being overweight or obese</p> <p>28 per cent and 38 per cent of the male and female population reported sedentary levels of exercise</p> <p><i>Source: NIHE-Health Services Survey Report 2015 (R&S Muller Enterprise Pty Ltd)</i></p>
	<p>Cardiovascular Disease The population has a greater risk of cardiovascular disease due to their Polynesian ancestry.</p>	<p>The proportion of Polynesian ancestry in the present-day individuals was found to significantly influence total triglycerides, body mass index, systolic blood pressure and diastolic blood pressure. For various cholesterol traits, the influence of ancestry was less marked but overall the direction of effect for all CVD-related traits was consistent with Polynesian ancestry conferring greater CVD risk</p> <p>Up to 17 per cent of the population had a previous diagnosis of hypertension, with 25 per cent of those sampled recording hypertensive blood pressure levels. Additionally, 40 per cent of the population reported a family history of hypertension.</p> <p><i>Source: European Journal of Human Genetics, Vol. 18(1), pp. 67-72. Legacy of Mutiny on the Bounty: Founder Effect and Admixture on Norfolk Island. Macgregor, Bellis, Griffith s et.al Griffith University 2009</i></p>

Outcomes of the health needs analysis		
Priority Area	Key Issue	Description of Evidence
	<p>Diabetes The available evidence suggests that diabetes is a significant issue for the population.</p>	<p>The known prevalence of diabetes was reported at similar levels to the Australian community, but a high number of undiagnosed cases were identified in the sampled population</p> <p>Doctors indicated a high level of glaucoma in the community.</p> <p>Obesity rates are high (see separate section)</p> <p><i>Sources:</i> <i>European Journal of Human Genetics, Vol. 18(1), pp. 67-72. Legacy of Mutiny on the Bounty: Founder Effect and Admixture on Norfolk Island. Macgregor, Bellis, Griffith s et.al Griffith University 2009</i> <i>Consultation</i></p>
	<p>Smoking Smoking rates are high and particularly concerning are the reported rates for teenagers and adolescents.</p>	<p>A higher proportion of the Norfolk Island population reported having smoked in their lifetime compared to the NSW population, with 64 per cent of males and 63 per cent of females having smoked in their lifetime compared to 57 per cent and 43 per cent in NSW respectively</p> <p>Norfolk Islander teenagers and adolescents report much higher proportions of ever using cigarettes (33 per cent) than NSW secondary students (6.5 per cent).</p> <p>The incidence of cigarette smoking reported for secondary students (12-14 years and 15-17 years) was shown to be 7.8 per cent and 9.7 per cent respectively.</p> <p><i>Sources:</i> <i>NIHE-Health Services Survey Report 2015 (R&S Muller Enterprise Pty Ltd)</i> <i>NSW Ministry of Health, Centre for Epidemiology and Evidence HealthStats NSW</i> <i>A Report on the 2012 Norfolk Island and School Survey. September 2012.</i></p>

Outcomes of the health needs analysis		
Priority Area	Key Issue	Description of Evidence
	<p>Drug and Alcohol Use High rates of drug and alcohol use are a concern, particularly high rates in younger persons</p>	<p>34 per cent of residents indicate that they have consumed alcohol every day in the past three months. Consultations indicated that binge drinking is an issue on the Island.</p> <p>Norfolk Islander teenagers and adolescents report much higher proportions of ever using alcohol (81 per cent) than NSW secondary students (65 per cent).</p> <p>29 per cent of secondary school students indicate that they have tried drugs.</p> <p>Consultations indicated that the main alcohol issue on the Island is binge drinking. Furthermore, random breath testing has recently been introduced on the Island (current blood alcohol limit of 0.08) which has not been accepted positively by all members of the community.</p> <p>Anecdotally, marijuana use is common on the Island. Use of intravenous drugs was reportedly low.</p> <p><i>Sources:</i> <i>NIHE-Health Services Survey Report 2015 (R&S Muller Enterprise Pty Ltd)</i> <i>NSW Ministry of Health, Centre for Epidemiology and Evidence HealthStats NSW A Report on the 2012 Norfolk Island and School Survey. September 2012.</i> <i>Consultation</i></p>
	<p>Sexual Health Sexually Transmitted Infections (STIs) are the main communicable disease issue on Norfolk Island.</p>	<p>Local GPs reported that the main communicable disease issues are STIs and nominated chlamydia and syphilis as the main STIs of concern.</p> <p>Sexual activity was reported in children.</p> <p><i>Source: Consultation</i></p>

Outcomes of the health needs analysis		
Priority Area	Key Issue	Description of Evidence
Health Literacy	Health Literacy There is limited knowledge of service availability or self-management of care in the community.	Consultations indicated that many local residents are not aware of the range of services that are available on Norfolk Island. Furthermore, it was noted that self-management of health and care could be improved. <i>Source: Consultation</i>
Aged care	Aged and ageing population The population of Norfolk Island is older than NSW and therefore require access to appropriate residential and home care services.	25 per cent of the population is over 65 years of age Norfolk Island 70 years and older residents form a higher proportion of the population base than NSW. The number of persons aged over 70 increased from 183 to 225 between 2001 and 2011. <i>Source: www.norfolkisland.gov.nf</i>
Mental Health	Mental Health There is limited mental health literacy in the community with a resulting lack of acknowledgement and recognition of the need for early intervention. There are stress and anxiety issues in both the adult and child populations. There is still a perception of a stigma associated with accessing these services for adults.	The Norfolk Island population reported higher levels of “High to Very High” psychological distress compared to the NSW population (13 per cent compared with 9.8 per cent) Consultation indicated that the most common mental health presentations to hospital have included depressive disorders and general anxiety / panic disorders. There is no available data in relation to suicide. Anecdotally, there have been no suicide attempts in recent years, however this was difficult to corroborate. Consultation indicated that some people in the community avoid accessing mental health services due to privacy and confidentiality concerns. Concerns were reported in relation to youth relationships and sexual behaviour. <i>Sources:</i> <i>NIHE-Health Services Survey Report 2015 (R&S Muller Enterprise Pty Ltd)</i> <i>Consultation</i>

Outcomes of the health needs analysis		
Priority Area	Key Issue	Description of Evidence
Cancer	<p>Cancer Screening Cancer screening rates are currently low due to the lack of availability of local screening services. A local mammography service is being planned and should be available later in 2016.</p>	<p>There have been no programs promoting screening or other positive health behaviours. Rotary and other community groups run ad hoc public health campaigns.</p> <p>Several community groups raised concerns about the low uptake of routine screening on NI.</p> <p>Participation in cervical screening is reported as low.</p> <p>It is noted that a digital mammography machine has been purchased for NIHRACS and should be on Island by December 2016. A service provider will be arranged through NIHRACS.</p> <p><i>Sources: NIHE-Health Services Survey Report 2015 (R&S Muller Enterprise Pty Ltd) Consultation</i></p>
Tourist healthcare	<p>Tourist Numbers There are high number of tourists leading to fluctuations in health care demand, especially in the warmer seasons.</p>	<p>Tourism accounts for 41 per cent of the Gross National Product Tourism peaks over the Spring and Summer seasons where there is an average of 2,500 visitors per month Up to 90 percent of these visitors are 50 years or older</p> <p><i>Source: http://www.norfolkisland.gov.nf/reports/Statistics/Visitor%20Statistics/</i></p>

Section 3 – Outcomes of the service needs analysis

Outcomes of the service needs analysis		
Priority Area	Key Issue	Description of Evidence
Prevention and early intervention	<p>Increased focus on prevention and early intervention</p> <p>There is a need for an increased focus on prevention and early intervention services as highlighted by the population health needs analysis and consultation.</p>	<p>Refer to health needs analysis for information about the health of the population e.g. obesity, sedentary behaviour, alcohol and drug use, smoking and mental health</p> <p>It was proposed that as part of the new healthcare arrangements and funding through the Australian Government that the Norfolk Island Hospital Service be transitioned to operationalise and deliver an integrated, population based model of care.</p>
	<p>Health Promotion</p> <p>There is a lack of programs that support healthy behaviours, for example nutrition, physical activity, quitting smoking etc.</p>	<p>Consultations identified a need for more knowledge in the community in regards to healthy behaviours.</p> <p>There have been no local health service programs promoting positive health behaviours in the past. Rotary and other community groups have run ad hoc public health campaigns.</p> <p>There is currently no needle/syringe exchange, nor any free condom supply, on NI.</p>

Outcomes of the service needs analysis		
Priority Area	Key Issue	Description of Evidence
Service Access	<p>Service Access There is a lack of local access to some services e.g. specialist, allied health. This is exacerbated by limited options for services that are available and the cost of care.</p> <p><i>NOTE: service specific access issues are articulated in separate priority areas</i></p>	<p>A reported high level of consumer travel to mainland Australia where they seek opportunistic or planned health care that is outside the referral network.</p> <p>The high individual consumer cost of healthcare is reported as a disincentive to consumers seeking care. 59 per cent of survey respondents indicated that the main barrier to health care access was that they couldn't afford it.</p> <p>39 per cent of survey respondents indicated that not feeling comfortable with a practitioner was a barrier to access. 38 per cent indicated that concerns with confidentiality and privacy was a barrier.</p> <p><i>Sources:</i> <i>NIHE-Health Services Survey Report 2015 (R&S Muller Enterprise Pty Ltd) Consultation</i></p>
Mental health	<p>Adult Counselling Services There is only one mental health counsellor who works on Norfolk Island. There is limited support, and cover for when the counsellor goes on leave.</p>	<p>There is currently a mental health counselling service from a standalone building on the hospital site. The Mental Health Counsellor is an experienced and skilled practitioner (Registered Psychologist) who is well versed in providing a broad range of counselling services including relationship counselling, mediation and family dispute resolution. In addition to the above counselling sessions, there are additional home visits, case management of complex mental health clients, training and education of hospital nursing staff, preparation of reports for the court, professional development for Police and the NI School Teachers and coordination of a Community "Drum Beat" Program.</p> <p>There is no cover when the counsellor goes on leave. Furthermore, the lack of other service options and the location of the counsellor (standalone building) exacerbates privacy and confidentiality issues.</p>

Outcomes of the service needs analysis		
Priority Area	Key Issue	Description of Evidence
	<p>Child and Youth Counselling Services There is a successful child and youth counsellor at the school, however more support is required.</p>	<p>A child and youth counsellor currently visits the school 12 weeks each year. The counsellor has been very successful and has been accepted by children at the school and the community in general. However, 12 weeks each year was reported to be inadequate considering the needs of young people.</p> <p>Family therapy services were also identified as a need.</p>
	<p>General Practice Upskilling General practice requires support to provide mental health services to their patients.</p>	<p>General practitioners on the Island noted that they require further training and development to ensure they can provide appropriate mental health services to their patients. There is also a lack of formal referral linkages to psychiatric services on the mainland.</p>
Allied Health	<p>Lack of access to allied health services Due to the remote location, limited access and former service arrangements there is limited access to allied health services on the Island. Those that are available are limited in their availability and cost is a disincentive for residents.</p>	<p>There is currently no Occupational Therapist, Dietitian, Social Worker or Speech Pathologist employed by the hospital.</p> <p>In the community, there are a small number of private allied health practitioners delivering care. These include Occupational Therapists, Speech Pathologists and a Podiatrist who visit the Island 2-4 times per year for approximately one week at a time and provide service to community clients via private fees for service model. Fees vary according to individual practitioner rates and cost is often a disincentive for clients.</p> <p>The limited access to Occupational Therapy (OT) services has impacted the appropriate prescription of aids and equipment for hospital and community clients. Similarly, there is limited access to OT assessment services for minor home modifications provided by Care Norfolk Inc.</p>

Outcomes of the service needs analysis		
Priority Area	Key Issue	Description of Evidence
Primary Care	<p>Primary Care Support</p> <p>There is a need to provide consistent training and support to general practitioners and relevant primary care practice staff on Norfolk Island.</p>	<p>NIHRACS is the practice owner and provides a general practice service with 2.3 FTE (3 head count) of general practitioners. There is no external after-hours coverage including telephone support from a deputising service or telephone advice line.</p> <p>Due to the nature of the small island community, GPs require training and development. Consultation indicated that key areas include mental health and professional practice (e.g. privacy, record keeping).</p> <p>Two of the three GPs service a 24 hour on-call roster with a 1 in 2 on-call availability.</p> <p>The Norfolk Island community has a small number of resident private health practitioners without affiliation to the NIHRACS. This includes 1 community pharmacy dispensing PBS items and a visiting hearing service organised by the Quota Club.</p> <p>The Australian Government Department of Health has contracted an Optometrist to continue to visit Norfolk Island on a formal basis 7 times per year.</p> <p>Eligible Australian residents on Norfolk Island will also have access to the Australian Government's Hearing Services Program.</p>
	<p>After-hours Coverage</p> <p>There are limited after-hours medical service options.</p>	<p>There is no external after hour coverage or telephone support from a deputising service or telephone advice line. Two of the three GPs service a 24 hour on-call roster with a 1 in 2 on-call availability.</p>
Child Health Services	<p>Early Childhood Screening and Intervention</p> <p>There is a lack of screening and intervention services for children.</p>	<p>Consultation indicated that there are gaps in early childhood services, particularly hearing screening, eye testing, dental screening and speech pathology.</p>
Women's Health Services	<p>Women's Health Services</p> <p>There is a lack of access to women's health services on Norfolk Island.</p>	<p>Consultation indicated a lack of women's health services on the Island, which can be supported by the reported low rates in cervical screening and breast screening, exacerbated by privacy issues reducing the willingness of some people to access services through primary care.</p>

Outcomes of the service needs analysis		
Priority Area	Key Issue	Description of Evidence
Specialist Services	Access to Specialist Services There is limited access to specialist services, both visiting and via telehealth and a need to formalise a visiting program.	Consultation indicated the need to formalise a sustainable visiting specialist program. Poor access to specialist medical services.
Aged Care and Home Support Services	Coordination A coordinated approach to Aged Care and Home Support Services is lacking.	Care Norfolk Inc. is the main non-government agency providing home support services. It is a community based not for profit organisation established to provide aged residents with home based services. It receives revenue through a combination of consumer fees, Department of Ageing and the Department of Veterans Affairs. There is no centralised or coordinated approach to intake, assessment of client needs or coordination of care.
Chronic Diseases	Integrated Care Patients with chronic diseases, often with complex comorbidities require an integrated approach to care. On Norfolk Island, there is a need to implement a more integrated approach for these high needs patients.	There is a high turnover of staff, particularly GPs who are ideally the main care provider for chronic disease patients. This impacts continuity of care. Information sharing between services (including between Norfolk Island services and mainland services) is limited due to the previous arrangement of health services and related information systems on Norfolk Island.
Digital Health	Information Technology Systems and Data Collection There has historically been limited integration of information technology systems and no data collection consistent with NSW or Australian guidelines and standards.	There is no integrated medical record for patients on Norfolk Island. Before recent changes, the health system in Norfolk Island had a unique structure – there has been no access to Medicare for residents, no standard data definitions and no reporting to national morbidity datasets. Furthermore, the Island was not included in the National census.
	Telehealth There is limited access to telehealth services for a range of services including allied health and specialists.	Consultation indicates that there is limited use of telehealth services. Currently, there is some telephone advice provided in relation to emergency services, and some use of video conferencing (e.g. using Skype). However, there is no formal telehealth program, nor dedicated software.

Outcomes of the service needs analysis		
Priority Area	Key Issue	Description of Evidence
Health Workforce	High turnover There is a high turnover of GPs on the island that are often overseas trained.	Consultation indicates that there is a high turnover of GPs on the Island which impacts continuity of care. Furthermore, it takes time for new GPs to understand local needs and develop the broad skill set required to deliver comprehensive primary care services in such a rural location.
	Ageing Workforce As the population is ageing, so is the workforce which may lead to succession / recruitment issues.	As the population is ageing, so is the health workforce on the island. Anecdotally there are staff with important roles that are reaching retirement age.
	Professional Development There are limited opportunities for professional development. More education and support for the health workforce on the island is required.	Cost and travel distances have been identified as barriers to professional development opportunities. This is compounded by the small size of the workforce and difficulties backfilling positions. For example, there is only one mental health counsellor on Norfolk Island.
Appropriateness of services	Culturally Appropriate Care There is a need to ensure that health services are culturally appropriate for the Norfolk population.	The consultation and feedback from NI residents highlighted the importance of the local history, culture and customs to the provision of health services. This includes the local language (Norf'k), family values, philosophies and community connectedness.

