

Developing our 2018 Health Needs Assessment

Discussion paper



We acknowledge the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.

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1 Purpose

North Western Melbourne PHN (NWMPHN) is continuing to develop its understanding of the health and service needs of our community. We use this information to develop and commission our services.

Understanding the needs of the community requires an ongoing review of data and broad consultation with our community and stakeholders.

As we develop the next iteration of our Health Needs Assessment please take some time to consider the information below and provide us with your thoughts. Whilst there will be more detail in the full document released in early 2019, here we have highlighted some key challenges for your consideration and feedback. At the end of this section are some questions related to the key areas.

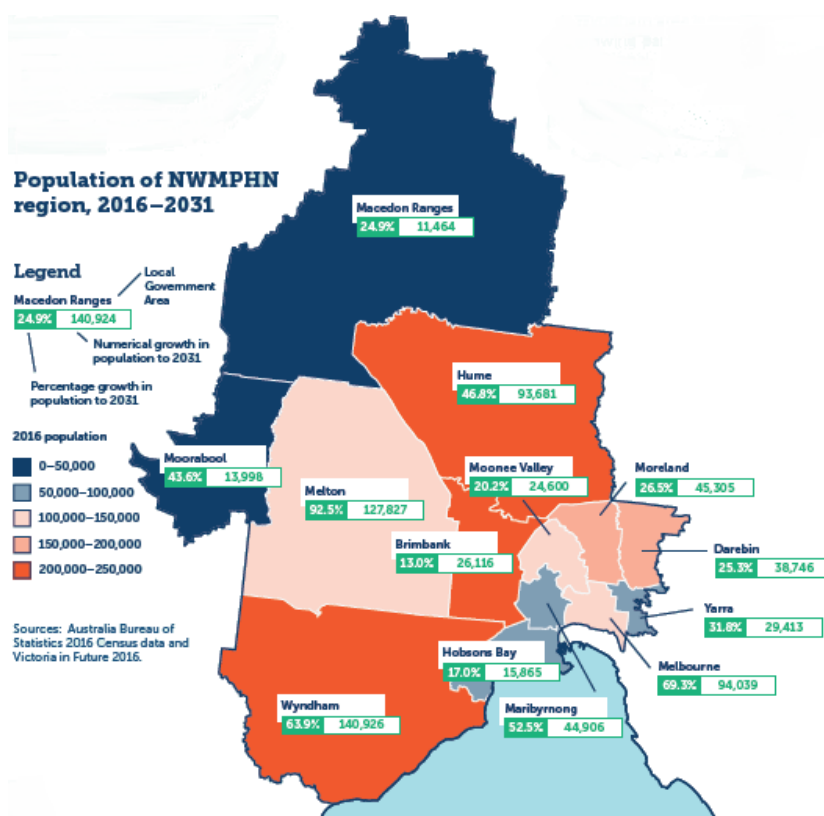
2 Our growing population

The current population of the NWMPHN region is 1,641,808 and nearly one-third of Victoria's projected population growth to 2031 is expected to occur in our region. The region includes the high-growth Local Government Areas of Hume in the north and Melton and Wyndham in the west.

The combined Melton and Wyndham area is the fastest growing part of Melbourne and one of the fastest growing in Australia. These two areas increased their population by 70,000 between 2011 and 2016. The NWMPHN area is projected to grow by an additional 750,000 people to 2031 with more than one-third of the forecast growth in Melton and Wyndham (see Appendix 1).

Other key population issues include:

- **Births:** There were 26,000 babies born in 2016, with 4,600 in Wyndham (90 babies per week).
- **Ageing:** The population aged greater than 65 years is forecast to experience significant growth in coming years. This group is forecast to grow by 55 per cent to 292,000 people by 2026 and to 348,000 people by 2031 (85% growth).
- **New suburbs:** Major growth in the north and west is in new residential subdivisions and infill of existing suburbs. These communities have varied needs and access to services.
- **Migration:** More than one-third of all Victoria's overseas migration is in and around the North Western Melbourne PHN area. More than half are humanitarian arrivals, with most of this group first residing in the City of Hume.



3 Priority populations - a diverse community

The North Western Melbourne PHN has identified the following priority populations as they have demonstrated specific health care needs, and is commissioning services based on these:

- Children, young people and older adults
- People experiencing homelessness
- LGBTIQ people
- Culturally and linguistically diverse communities, including refugee and asylum seekers

It is important to recognise that communities are not homogenous and that services must be responsive to the unique needs of individuals. This acknowledges that responding to a person's needs requires an understanding of a broad range of personal differences, including religion, ethnicity, gender, sex, sexual orientation, age, culture, language and communication requirements or disability. It also involves acknowledging contextual differences such as visa status, socio-economic status, and geographic location.

The NWMPHN are developing health services that recognise the varied needs related to this diversity. Considering, for example:

- The experiences during the early years of a child's life from conception to the end of the child's second year have lifelong consequences for health and wellbeing. The first 1000 days is the period of maximum developmental change, with the greatest potential to impact health and wellbeing over the child's life.
- More than 10,000 Aboriginal people are residing within the North Western Melbourne PHN area. The municipalities of Hume, Wyndham and Melton have the highest populations of Aboriginal people (30% of total). Aboriginal people experience a range of health issues and challenges, and there is a significant gap between the health status of Victoria's Aboriginal population and the non-Aboriginal population.
- The 2016 census shows that over half (56%) of the North Western Melbourne PHN population were born in Australia. Of the 590,000 overseas-born persons, nearly one in four had arrived since 2011, with India, Vietnam, and China the most common countries of birth after Australia.
- In 2016, there were more than 220 separately identified languages spoken in homes in the North Western Melbourne PHN area. More than two-fifths of the population spoke a language other than English at home. Vietnamese and Mandarin are the most common non-English languages spoken.
- Christianity is the main religion reported across the NWMPHN area (46% of the population). While the Islamic population made up only 6% of the total population, it was the second largest religion reported in the 2016 Census after Christianity.

North Western Melbourne PHN:
most common country of birth
after Australia

	1st India
	2nd Vietnam
	3rd China
	4th England
	5th New Zealand

4 Workforce challenges

There are many considerations involved in planning for a future workforce that can provide excellent healthcare services.

The existing service system and workforce configuration has many strengths with generally high levels of quality and access. However, there are number of areas with less access to services, particularly in the growth corridor areas. This will require healthcare providers to develop workforce models that can meet these growing and changing needs. NWMPHN is acutely aware of these challenges and has been engaging with and consulting the health workforce on an ongoing basis to strengthen and support the health system since our inception.

Challenges include:

- There are existing workforce shortages in many outer growth suburbs. The figure below, for example, shows the general practice Districts of Workforce Shortage. It is unlikely that the workforce will expand rapidly enough to address the current shortages given the rapid rate of population growth.
- The complexity of service delivery to diverse communities increasingly requires interdisciplinary models that are designed around individual client needs. This challenges providers to be innovative and agile in the development of workforce models and staffing profiles. Our recent engagement with General Practice and the wider health sector for example, is aimed in part at the identification of better ways of meeting these challenges.
- The availability of new technologies and changing consumer demands can provide the opportunity to deliver services through remote and telehealth mechanisms. This may provide some efficiencies and minimise travel impact, but there are challenges in implementation.



5 Key health issues

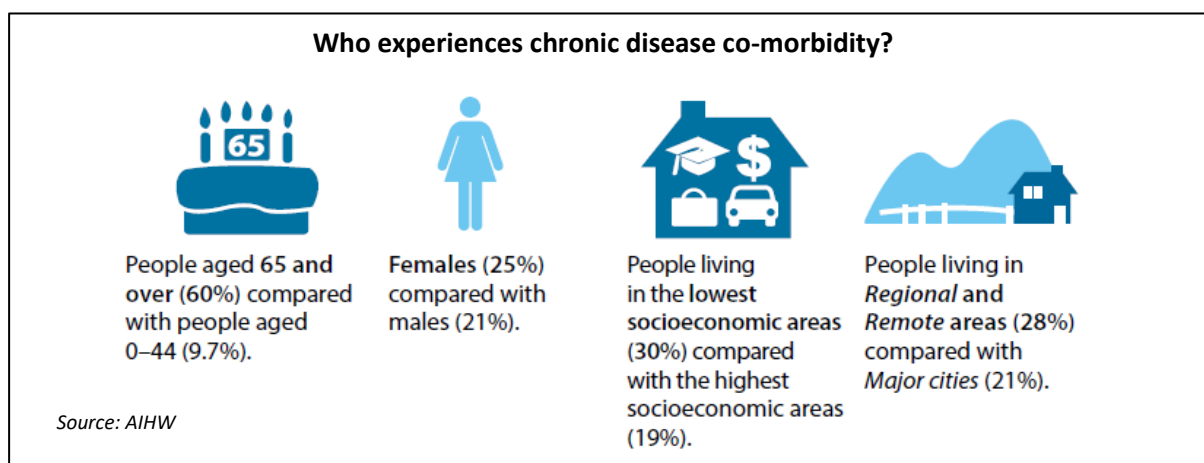
As with any large and diverse population, the North Western Melbourne PHN community has a range of priority health issues, which vary across the lifespan and reflect age and other factors. The PHN is currently investing in each of these priority areas through targeted commissioning of services.

A snapshot of each issue is below, but if you are interested in more detailed information on these specific areas to inform your responses, please go to our [website](#).

5.1 Chronic disease

Chronic health conditions have complex and multiple causes. They are generally long-term and persistent, and often lead to a gradual deterioration of health and loss of independence. Many chronic conditions occur across the life cycle, although co-morbidity increases with advancing age. The most common chronic health conditions are cardiovascular disease and cancer.

5.2 Mental health



Although it can affect any person at any time, at a population level mental illness disproportionately affects those who already experience some level of disadvantage and who have reduced access to mental health support.

The North Western Melbourne region contains some of Victoria's most socioeconomically disadvantaged areas, where many indicators that are related to poorer mental health are elevated, such as levels of unemployment, social isolation and psychological distress.

Mental health disorders are the leading contributor (49%) to the burden of disease and injury among young Australians aged 15 - 24. As about 75% of mental disorders have their onset before the age of 25 years, targeting prevention and early intervention efforts at young people is important, and therefore prioritised in our PHN commissioned services.

5.3 Suicide prevention

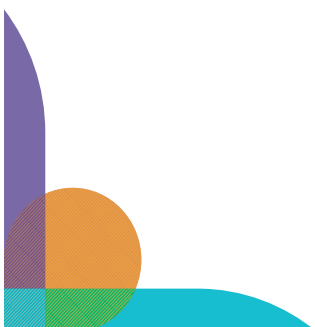
Suicide remains a leading cause of death for Australians with some population groups having higher rates, including males for instance, having a rate three times greater than females, and Aboriginal and Torres Strait Islanders double the rate of other Australians. Macedon Ranges has the highest per capita rate of suicide within the NWMPHN region.



5.4 Alcohol and drugs

Alcohol and other drug misuse has serious impacts on people's health, including poorer overall health, greater family and social dysfunction, elevated domestic and public violence and increased crime. At a public health system level, alcohol and other drug use exists within a complex interaction between mental health, suicide risk, chronic disease, blood borne virus transmission and other health issues.

Societal harms from alcohol are also prevalent at higher rates within our region, with Yarra, Melbourne and Hume exhibiting very high rates for assault. Family violence has recently been driven into focus at all levels of government. Very high rates of family violence incidents attributable to alcohol are reported in Hobsons Bay, Moorabool, Yarra and Melbourne.



Appendix 1: Population forecasts

Table 1: Estimated Residential Population 2016 and forecast to 2031 all ages – NWMPHN municipalities

NWMPHN area	Region	2016 ERP	2021	2026	2031	Growth 2016-2031	% growth 2016-2031	CAGR 2016-2031
Inner city	Maribyrnong (C)	82,288	101,342	119,044	130,377	48,089	58%	3.1%
	Melbourne (C)	135,959	177,010	206,544	229,765	93,806	69%	3.6%
	Yarra (C)	86,657	103,830	113,705	122,022	35,365	41%	2.3%
Inner city Total		304,904	382,182	439,293	482,165	177,261	58%	3.1%
Suburban	Brimbank (C)	194,319	210,922	218,656	227,544	33,225	17%	1.1%
	Darebin (C)	146,719	167,184	179,216	191,938	45,219	31%	1.8%
	Hobsons Bay (C)	88,778	98,582	104,762	109,442	20,664	23%	1.4%
	Moonee Valley (C)	116,671	129,889	138,207	146,446	29,775	26%	1.5%
	Moreland (C)	162,558	187,737	202,175	216,299	53,741	33%	1.9%
Suburban Total		709,045	794,314	843,017	891,669	182,624	26%	1.5%
Growth area	Hume (C)	197,376	228,651	260,551	293,895	96,519	49%	2.7%
	Melton (C)	135,443	171,031	215,531	266,008	130,565	96%	4.6%
	Wyndham (C)	217,122	267,356	314,054	361,394	144,272	66%	3.5%
Growth area Total		549,941	667,038	790,136	921,297	371,356	68%	3.5%
Peri-urban	Macedon Ranges (S)	46,100	49,599	53,470	57,487	11,387	25%	1.5%
	Moorabool (S)	31,818	36,132	41,052	46,124	14,306	45%	2.5%
Peri-urban Total		77,918	85,731	94,522	103,610	25,692	33%	1.9%
Grand Total		1,641,808	1,929,266	2,166,967	2,398,742	756,934	46%	2.6%

Source: ABS Stats ERP, VIF2016



Let us know what you think

Name		Organisation	
Email		Phone	

1. Population growth

1a. In your experience what are the challenges in meeting the health needs of a growing population?

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1b. Which communities in the NWMPHN region are the hardest to service?

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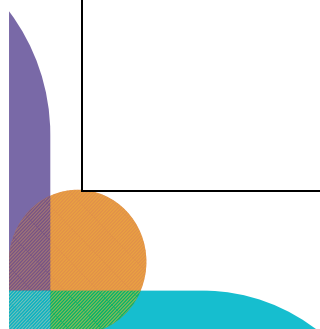
2. Priority populations

2a. Which communities should be targeted in the NWMPHN region?

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2b. How should health care services in your local area be refocussed to meet the needs of diverse populations?

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2c. What communities have particular needs that can be met by PHN commissioned services?

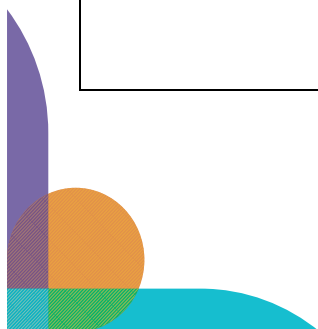
3. Workforce challenges


3a. What types of workforce are needed to address our community's needs?

3b. How could services be delivered differently to improve access in the NWMPHN region?

4. Other questions

4a. What are the key emerging health issues you are seeing other than those identified?





4b. How do you ensure that your service addresses the needs of the NWMPHN region? Can you provide an example?

4c. How would you like to continue to be engaged and informed about health issues in our community?

4d. Do you have any additional data or information that could inform the health needs assessment? For example, local surveys. Please attach copies or send a link.

4e. Do you have any other comments?

Thank-you for taking the time to contribute to our 2018 Health Needs Assessment.

Please return the form to populationhealthplanning@nwmpnh.org.au by 21 October 2018.

