

NAML 2014 Comprehensive Needs Assessment

Summary Report

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Abbreviations

AEDI	Australian Early Development Index
CEWG	Community Engagement Working Group
CNA	Comprehensive Needs Assessment
ERP	Estimated Resident Population
GP	General Practitioners
INA	Interim Needs Assessment
IRSD	Index of Relative Socio-economic Disadvantage
K-10	Kessler Psychological Distress Scale – 10
LBW	Low Birth Weight
LGA	Local Government Area
NALHN	Northern Adelaide Local Health Network
NAML	Northern Adelaide Medicare Local
NAWG	Needs Assessment Working Group +
NES	Non English Speaking
MCG	Member Consortium Group
SLA	Statistical Local Areas
SLG	Strategic Leadership Group
SNAPO	Smoking, Nutrition, Alcohol, Physical Inactivity, Obesity

Executive Summary

NAML has undertaken a Comprehensive Needs Assessment (CNA) for the region to inform and guide the strategic directions and resource allocation according to the priorities identified in the process.

The objectives of the CNA are to work in partnership with our partners and stakeholders to:

- Assess the health status of the population and identify the key health /needs for the region, including the causes of ill health, and burden of disease
- Identify the population groups or geographic locations with highest need
- Better understand the social determinants of health and their impacts in our region
- Consider evidence on the types of interventions available to address the health needs effectively and opportunities for change
- Review the current capacity of the primary health care system, including identifying gaps and opportunities to improve coordination and collaboration
- Consider available resources to implement or continue strategies and actions
- Confirm priorities and implement strategies and actions that will have a positive impact on health and wellbeing for the NAML region

The following factors were considered when determining key priority areas:

- Understanding where services exist and if they meet the needs of the community
- Demographic profiles established including special needs groups
- Collecting stakeholder views on health and wellbeing
- Understanding how well the data and what the community say match
- Working out which areas need to be dealt with and how and by whom

Planning NAML's 2014 CNA:

Six priority areas for the NAML region emerged from the Interim Needs Assessment (INA) submitted in 2013. These priorities are: **Mental health, Accessibility of health, Perinatal care, Healthy lifestyles, Chronic diseases and Families**

These priority areas drove NAML's planning and stakeholder/community engagement for the 2014 CNA. The activities completed in last twelve months, such as further mapping, surveying, community workshops, focus groups, Membership Consortium Groups and partnership meetings uncovered more detail on the above priority areas.

Priority setting and planning strategies moving forward:

Once the stakeholder/community engagement phase of the 2014 CNA was completed, NAML undertook a priority setting process to determine new strategic objectives and underlying activities.

The criterion used to determine these strategies and underlying activities included, the issue/need was considered important by our stakeholders, there is evidence of effective strategies, the strategies are feasible for NAML when considering funding and capacity for benefit, partnerships committed to specific issues and objectives and that the proposed activities align with NAML's objectives.

The strategies that have emerged are:

1. Additional training and education for stakeholders and service providers
2. Working collaboratively in partnership
3. Marketing, promotion and awareness raising
4. Advocacy
5. Further investigation
6. Support through new or existing NAML initiatives

These confirmed strategies, and their accompanying activities will be incorporated in to the NAML Strategic Plan 2014-16; and reviewed in line with annual planning cycles.

1. Introduction

Northern Adelaide Medicare Local has recently undertaken a needs assessment that identified the priority areas which impact on health and wellbeing for the community. NAML has also developed a number of strategies and activities to address these priority areas.

This document presents an overview of the findings and intended action over the 2014-15 financial year.

1.1. Medicare Locals

As a part of the National Health Reform agenda, a network of 61 Medicare Locals has been established by the Commonwealth Government to improve coordination and integration of primary health care and community services. Medicare Locals are regionally based, non-government, primary health care organisations. Medicare Locals:

- Map population health needs and identify the gaps
- Map service providers and connect them in the region
- Improve referral pathways and patient outcomes

1.2. National objectives of Medicare Locals

- Improve the patient journey through developing integrated and coordinated services
- Provide support to clinicians and service providers to improve patient care
- Identify the health needs of local areas and develop locally focused and responsive services
- Facilitate the implementation and successful performance of primary health care initiatives and programs
- Be efficient and accountable with strong governance and effective management

1.3. Northern Adelaide Medicare Local

Vision

Connecting for a Healthy Community

Purpose

Committed to deliver high quality local health

NAML is committed to improving the accessibility, affordability and coordination of health in the northern Adelaide metropolitan region. This report is a summary of the last 12 months of activities in relation to gathering evidence of health needs in the region and strategically planning to address these needs. These activities include analysing local health statistics, researching and geographically mapping health programs and services, inviting stakeholders to participate in membership and partnership, and undertaking surveys, workshops and focus groups with our local community members.

2. Planning and Findings

As part of the Needs Assessment MLs have a number of gate review items to ensure various milestones have been achieved. The following provide checklists for the planning and assessment phases milestones.

Table 1 Planning Gate Review

Item Title	Complete?
Phase 1	
Governance established (Strategic Leadership Group (or similar) appointed).	✓
Stakeholder mapping has been completed and analysed – appropriate partnering and engagement plans developed.	✓
Data sources (secondary and primary) identified (including existing reports and relevant background information from partners).	✓
Resourcing (with appropriate capacity and capability either internal or external) has been acquired, and are aware of their involvement and commitment.	✓
Project Plan (including schedule, resourcing capacity and capability, methodology, measures of success and a risk management strategy) completed & approved.	✓
Project Plan is in alignment with the CNA Reporting Template and describes how final outputs are expected to be published and distributed.	✓

Table 2 Assessing Need Gate Review

Item Title	Complete?
Phase 2	
Part A – Compiled and reviewed data on health inequity, key demographic trends and decided on special needs groups (or sub-regions) where issues/needs may exist based on evidence.	✓
Part B - Compiled and reviewed data on health outcomes, health status and health utilisation as well as considered available information on patient experience or consumer satisfaction.	✓
Part C - Compiled and reviewed data/information on service provision including mapping service capacity and considering gaps in access for vulnerable and marginalised populations.	✓
Part D - Findings from the community profile completed in A, B and C informed the scope of and approach to community engagement and health professional and service provider consultations.	✓
Part D1 - The community has been appropriately consulted (considering the most appropriate engagement methods) including consultations with special needs groups where identified and deemed important.	✓

Item Title	Complete?
Part D2 - Health professionals and service providers have been appropriately consulted (considering the most appropriate engagement methods) including consultations with special needs groups where identified and deemed important.	✓
Part E - Data and information from Parts A, B, C and D has been compiled and a final population health profile has been completed, including consideration of normative, comparative, expressed and felt needs. The Strategic Leadership Group (or similar) has approved the final population profile.	✓
Part E - A shortlist of needs, using that profile as a key input, has been generated. The Strategic Leadership Group (or similar) has approved the final shortlist of issues/ needs.	✓

Process which was used to triangulate and shortlist the identified issues / needs:

Six priority areas (applicable for all population groups) were established from the population profile for the NAML region, as per the previous INA. These priorities are:

- **Mental health**
- **Accessibility of health**
 - Internet access
 - Transport
 - Education
 - Employment
- **Perinatal care**
 - Antenatal visits
 - Smoking during pregnancy
 - low birth weight babies
- **Families**
 - Housing stress
 - Income
 - Children being assessed as developmentally vulnerable
- **Healthy lifestyles**
 - Good nutrition
 - Physical Activity
 - Smoking
 - Smoking during pregnancy
 - Overweight and obesity
- **Chronic diseases**
 - Respiratory conditions
 - Diabetes
 - High cholesterol
 - Heart disease
 - Musculoskeletal conditions
 - Chronic pain

NAML used these six priority areas to drive the collection, collation and analysis of all other quantitative and qualitative data to further support the validity and relevance of the priority areas. This included all community engagement such as community workshops, surveys, focus groups, MCGs and partnership meetings.

Findings from further investigation were grouped against each priority area. Community perspectives were used to direct the triangulation process, as NAML considers the perceived need and lived experience of our community and health professionals as equally important as actual need (as indicated by other findings).

The following steps were taken for triangulation:

1. Defined and mapped the geographic sub regions (Statistical Local Areas) within the ML catchment, and considered special needs groups within the catchment where issues/needs may exist based on evidence.
2. Identified all relevant quantitative data and shortlisted priority health and wellbeing areas (i.e. issues) for the catchment which informed the scope of and approach to community/stakeholder engagement/consultation.
3. Collected community views on shortlisted priority health and wellbeing areas, major health concerns and system capacity issues via community engagement
4. Health professionals and service providers consulted via partnership, membership and other techniques as appropriate
5. Reviewed and shortlisted issues/needs based on community views for development of strategies/options for action.
6. NASLG considered the options for action of shortlisted issues/needs based on community views of established priority areas, with consideration for available funding, evidence on effective strategies and capacity to benefit.
7. NASLG provided a shortlist of possible options for action against each shortlisted priority area.

Identified key issues/needs that were considered and excluded, and the rationale for their exclusion:

Issues which were not included in Table 4 for consideration are areas for investigation which were unable to be explored in the time period due to resource and time constraints and/or unavailability of data (See Information Gaps, Section 1: Discussion Box 1 for more information). These areas include:

- Localised prevalence of Diabetes Type II
- Impact of family structures on health and wellbeing
- Aboriginal Health
- Prevalence and impact of mental health issues in the northern region
- Service mapping for Palliative Care
- Health and wellbeing for CALD groups

Further investigation may include sourcing available data via further community engagement, including community surveys, forums, focus groups, MCG's and partnership input.

Further exploration of these issues will be conducted in the future.

3. Establish priorities (Phase 3)

The following gate review, Table 3, provides a checklist to ensure a structured approach to assessing the need has been conducted with sufficient consultation with the community. The result of the work is compiled into Table 4, which sets out the strategies, justification and the expected outcomes of the strategies. The strategies are set against the issues identified in the needs assessment process to ensure they were addressed.

Table 3 Phase 3 Selected Gate Review Items

Item Title	Complete?
Phase 3	
Assessed the impact, evidence, changeability, acceptability and resource feasibility of each issue/need.	✓
Considered and assessed strategies to address issues/needs and documented an indicative Scoping Paper for discussion in selecting priorities.	✓
Engaged with relevant stakeholders to ensure they have bought into the set of prioritised problems or factors.	✓
Validated priority setting criteria and ratings and rankings of each strategy/proposal/initiative.	✓
Prepared recommendations and received formal comment from the Strategic Leadership Group (or similar) and other stakeholders identified in <i>Phase 1</i> through stakeholder mapping.	✓
Validated and agreed the final list of priorities including those that will be progressed by the ML and those that will be progressed by other stakeholders (if applicable).	✓

Table 4 Identification of strategies

Issue/Need <i>(Numbers listed are linked to Table 4, See Attachment B for more information)</i>	Strategy	Description of Strategy Activities	Strategy Justification	Short Term Outcomes (achieved by next Annual Plan 2015)	Long Term Outcome (achieved by 2017 CNA)
<p>1,2,4,5,6,8,10,11,52,53,56,58,65,68,69</p>	<p>S1. Additional training and education for all stakeholders</p>	<p>Coordination of services and activities in collaboration with stakeholders, partners, members to increase health outcomes for the NAML region.</p>	<p>Additional training and education for all stakeholders was chosen as the most appropriate strategy as it addresses many of the concerns and needs identified by the needs assessment process. In particular the need for all primary health care staff to understand the patient perspective, provide clear information and timelines, what services are available and coordination of information and care. NAML considers that increasing understanding around the social determinants of health is part of its core mandate and as such NAML should continue to advocate for greater understanding and emphasis on the impacts of the social determinants of health across all primary health care services. NAML considers that health promotion, early intervention and increasing health literacy</p>	<p>By May 2015, at least 1 health provider education session each on the following topics:</p> <ul style="list-style-type: none"> • Community expectations of health staff, including communication styles, waiting times, etc. • Health Literacy and how to be a health literate organisation • Targeted mental health training for GPs including Mental Health Treatment Plans, mental health competency, up skilling of nurses and other staff. • Other medical services which are available for community members • Palliative Care - impact of living with a serious and/or life limiting illness or condition • Use of digital technology as a health resource for community members • Multicultural competency training 	<p>NAML is committed to provide high quality education and training that is relevant and focused on local health needs</p>

Issue/Need <i>(Numbers listed are linked to Table 4, See Attachment B for more information)</i>	Strategy	Description of Strategy Activities	Strategy Justification	Short Term Outcomes (achieved by next Annual Plan 2015)	Long Term Outcome (achieved by 2017 CNA)
			<p>are an essential elements of good coordinated primary health care. As such NAML will build into all projects and current service delivery areas these essential health literacy aspects. Better self-management of chronic conditions and individual empowerment will assist in preventing ill health, maintaining and sustaining good health and also the behaviour change needed to ensure these impacts are sustained.</p> <p>Additionally, the provision of more readily available and easily accessible information, for both patients and all primary health care providers will ensure that potential gaps in knowledge and information will be filled. This will reduce the potential for misunderstandings and lack of</p>	<ul style="list-style-type: none"> • Meaningful use of the Personally Controlled Electronic Health Record 	

Issue/Need <i>(Numbers listed are linked to Table 4, See Attachment B for more information)</i>	Strategy	Description of Strategy Activities	Strategy Justification	Short Term Outcomes (achieved by next Annual Plan 2015)	Long Term Outcome (achieved by 2017 CNA)
			clarity between health providers and patients.	<p>By May 2015, 1 community education session each on the topics of:</p> <ul style="list-style-type: none"> • Available services for professional medical advice outside of hours, where and how to access them • Health Literacy • Palliative care options • Use of digital technology as a health resource for community members • Minimum of 3 specialised CALD education sessions • Meaningful use of the Personally Controlled Electronic Health Record <p>Training participants report expectations are met for all education sessions.</p> <p>GP/ Specialist evening with NALHN/NAML are continued Networking and partnerships opportunities are maximised.</p> <p>Minimum of five collaborative education sessions.</p>	

Issue/Need <i>(Numbers listed are linked to Table 4, See Attachment B for more information)</i>	Strategy	Description of Strategy Activities	Strategy Justification	Short Term Outcomes (achieved by next Annual Plan 2015)	Long Term Outcome (achieved by 2017 CNA)
4,6,8, 10, 11,13, 15, 16, 17, 20,21, 22, 26, 27,28,29,30,31, 32,33,34,35,36, 37,39,40,41,42, 43,53,55,56,57, 62,63, 64,65,67	S2. Working in partnership	Coordination of services and activities in collaboration with stakeholders, partners, community members to increase health outcomes for the NAML region.	<p>NAML support an approach which ensures processes are in place which value cross sector problem solving and true collaboration and integration of services. This includes providing leadership coordination approaches and sustainable mechanisms which support agencies to work collaborative on integrated solutions.</p> <p>A participatory approach to health and wellbeing activities, ensuring key participation with other agencies and the community will establish collective responsibility and ownership of outcomes.</p>	<ul style="list-style-type: none"> • host a minimum of one joint planning session with relevant stakeholders to assess needs and opportunities to collaborate (e.g. MCG groups) • -establish mental health patient pathway tools for region that will support efficient decision-making by both providers and service users • Better integration of teams across NAHLHN, NAML and other NGO providers Embed a 'no wrong door' ethos where no matter where a client presents, they will receive the appropriate service and of the same quality.	NAML has and maintains effective relationships across the Primary Health Care sphere to support positive health and wellbeing for the NAML community
		Implementation of "no wrong door approach" for mental health.	The Northern Adelaide Medicare Local (NAML) is committed to improving the accessibility, affordability and coordination of health in the northern Adelaide metropolitan region. Effective and meaningful stakeholder	Perinatal advisory group established.	
		Work in partnership with NAHLHN, RACFs and SAAS to develop and confirm clear palliative care pathways for patients in the community and in RACFs.	Effective and meaningful stakeholder	All MCGs and partners report satisfaction with processes and protocols.	

Issue/Need <i>(Numbers listed are linked to Table 4, See Attachment B for more information)</i>	Strategy	Description of Strategy Activities	Strategy Justification	Short Term Outcomes (achieved by next Annual Plan 2015)	Long Term Outcome (achieved by 2017 CNA)
		Partner with advocacy and service delivery agencies such as Beyond Blue, Headspace to increase public awareness of mental health issues and reducing stigma.	engagement and management is essential to NAML meeting the needs of all stakeholders, and supporting the implementation of new and innovative solutions in primary health care. This approach is underpinned by the NAML Stakeholder Management Plan.	<ul style="list-style-type: none"> • Formalised partnership with Local Governments in NAML region • Formal NAML feedback on Public Health Plans submitted to Local Governments • Data sharing with Local Governments to support Public Health Plans 	
		Analyse the NAML Aboriginal profile services in partnership with Aboriginal Health Council of South Australia (AHCSA).	Specific activities included under this strategy were also selected due to: - Lengthy wait times for access to services and inefficient referrals cause undue patient stress and adds to social isolation of clients - Funding cuts to NALHN pall care services have created a range of issues for families of the recently bereaved as well as pall care clients - Challenging clients require innovative solutions that GPs need to be made aware of. The Australian Centre for Social Innovation (TACSI) funds social inclusion	Continue provisions of support and resources as appropriate to organisations.	
				Establish mental health patient pathway tools for region that will support efficient decision-making by both providers and service users.	
				Greater awareness of the prevalence of mental health issues the in north and the ease of access to confidential counselling and therapy will address the failure to seek services due to the stigma barrier to access.	

Issue/Need <i>(Numbers listed are linked to Table 4, See Attachment B for more information)</i>	Strategy	Description of Strategy Activities	Strategy Justification	Short Term Outcomes (achieved by next Annual Plan 2015)	Long Term Outcome (achieved by 2017 CNA)
			<p>programs that seek to engage with families and individuals and integrate them into the community</p> <p>- Pop health approach will enable targeted services for SLA's deemed to have priority health challenges and co-morbidities</p> <p>- Reduction in avoidable admissions as a result of a new project to up skill staff and coordinate care of residents in RACF's.</p>	<p>Greater access to clinical support for patients with end of life mental health issues or families of the recently bereaved.</p> <p>Reduction in the number of clients who are considered to be too challenging for mainstream support services.</p> <p>Improved access to mainstream services by Aboriginal individuals and families.</p> <p>Reduction in avoidable admissions for residents of RACFs.</p>	
3,6,8,9,11,12,16,21,65,70,71	S3. Marketing, promotion and awareness raising	Promotion of alternative service options to reduce inappropriate Emergency Department (ED) presentation.	<p>Similar to S.1, NAML believe using a health education model will assist them in making informed decisions about health to prevent the onset of ill health, maintain or restore good health, usually by changing their behaviour.</p> <p>Marketing, promotion and awareness raising, exist as a second tier of education for the community regarding tools</p>	<ul style="list-style-type: none"> • Increased uptake of promoted services • Increased awareness of services available • Reduced inappropriate use of services such as inappropriate ED presentation <p>Increase uptake of existing training and education opportunities.</p>	Increased awareness, education and understanding of services, programs and activities designed to assist with health and wellbeing for all NAML stakeholders

Issue/Need <i>(Numbers listed are linked to Table 4, See Attachment B for more information)</i>	Strategy	Description of Strategy Activities	Strategy Justification	Short Term Outcomes (achieved by next Annual Plan 2015)	Long Term Outcome (achieved by 2017 CNA)
		Partner with advocacy and service delivery agencies such as Beyond Blue, Headspace to increase public awareness of mental health issues and reducing stigma.	and resources which are available, including services which will help reduce inappropriate emergency department presentation.		
6, 7, 9,11,14, 15, 20,22,35 58,60,62,68,69	S4. Advocacy	Implementation of recommendations from the NAML commissioned Abuse of Older People Report.	One of the most important ways of influencing policy and changes to the system is through advocacy. Public health advocacy most often refers to the process of overcoming major structural barriers to public health goals.	A social determinant 'lens' is used for all planning and service delivery.	NAML provides support and advocacy for a range of different health and wellbeing issues.
		Partner with advocacy and service delivery agencies such as Beyond Blue, Headspace to increase public awareness of mental health issues and reducing stigma.	Given the identification of a number of structural barriers which reduce the ability of the NAML community to achieve the desired level of health wellbeing, NAML considers that it is imperative to continue discussions regarding policies which inadvertently provide barriers to good health outcomes.	<p>Ensure community perspectives are heard.</p> <ul style="list-style-type: none"> • Implementation of training and up skilling of Allied Health staff • A minimum of 5 training sessions provided to Nursing staff in the NAML region • Investigation of feasibility of NAML being an accredited training provider 	

Issue/Need <i>(Numbers listed are linked to Table 4, See Attachment B for more information)</i>	Strategy	Description of Strategy Activities	Strategy Justification	Short Term Outcomes (achieved by next Annual Plan 2015)	Long Term Outcome (achieved by 2017 CNA)
13,18,23,24,25,44,45,46,48,54,61,68	S5. Further investigation	Continue commitment to increasing health literacy for the NAML region.	NAML identified a number of issues and concerns which could not be addressed through the current Comprehensive Needs Assessment. NAML will endeavour to investigate these concerns and incorporate in to the greater planning and development cycle. Timely investigations ensure that issues and concerns are fully investigated and any underlying problems or solutions can be addressed.	Further investigation including collection, collation and analysis of available quantitative data, community engagement, and current literature is considered for the areas listed. <ul style="list-style-type: none"> • Collaboration with palliative care providers to update existing service mapping • Develop or update service maps in other disciplines as appropriate 	NAML has a comprehensive understanding of all health and wellbeing concerns highlighted for further investigation.
17,18,19,35,51,57,59,64,65,66	S6. Support through new or existing NAML initiatives	Support for chronic disease prevention and management in general practice and community settings via integrated and coordinated services. Implementation of recommendations from the NAML commissioned Abuse of Older People Report.	NAML's existing projects, programs and services are all underpinned by the National Objectives of the Medicare Local. Through strategic planning, and local understanding of needs, NAML has tailored activities to meet the needs of the	Education and training solutions are developed to support client pathways for chronic disease Continued support for NRP.	NAML activities support health and wellbeing for all NAML stakeholders and are implemented using a comprehensive project management approach which is inclusive of a

Issue/Need <i>(Numbers listed are linked to Table 4, See Attachment B for more information)</i>	Strategy	Description of Strategy Activities	Strategy Justification	Short Term Outcomes (achieved by next Annual Plan 2015)	Long Term Outcome (achieved by 2017 CNA)
		Continue commitment to increasing health literacy for the NAML region.	community to maximise health and wellbeing status. NAML strongly believe in the work being done and will continue to support these initiatives in their current and future formats.	NAML participation on Waves as appropriate Successful completion of Quality Improvement Partnership (COPD) and Wave 9 Diabetes Prevention and Management Balanced representation of general practices from North and North East location of NAML participating on Waves Quality improvement embedded within participating general practices and NAML	continuous quality improvement principles
Continue Culturally and Linguistically Diverse (CALD) Refugee Health Project.	NAML have considered and participate in the identified best practice approaches to addressing the issue of Abuse in Older People.				
Web based platforms implemented.					
MCGs are well established.					
Training and education sessions for NAML staff, MCGs and CALD advisory group					

Issue/Need <i>(Numbers listed are linked to Table 4, See Attachment B for more information)</i>	Strategy	Description of Strategy Activities	Strategy Justification	Short Term Outcomes (achieved by next Annual Plan 2015)	Long Term Outcome (achieved by 2017 CNA)
				<p>The CALD Advisory Group established</p> <p>Through the NAML website, resources such as:</p> <p>A list and map of general practices that have employed staff who speak languages other than English</p> <p>Processes for using interpreters in general practices</p> <p>Map of where languages other than English are spoken within the NAML region.</p> <p>Development of DVD educational resources aimed at general practices with a view to increase multicultural competence amongst health professionals</p> <p>Development of DVD educational resources aimed at multicultural communities with the view to increase knowledge of how best to access primary health care.</p> <p>Investigate training opportunities for general practices on the topic of Hepatitis B affecting CALD refugee communities.</p>	

From the identified priority areas (listed in Table 4), triangulation uncovered more detail on specific issues/needs. In total, there are 71 identified issues/needs. Community engagement specific to the CNA included three workshops on specific priority areas, surveys, and collection of existing program information within the organisation.

NAML undertook a priority setting process to determine the feasibility of addressing all the issues/needs identified from triangulation. The Needs Assessment Strategic Leadership Group and members of the Needs Assessment and Community Engagement Working Groups met to discuss each of the seventy one issues/needs (as listed in Table 4).

The three criterion used to determine whether strategies and activities would be appropriate for NAML to address are:

- It was considered an important issue/need by the community and stakeholders
- The strategies and activities met NAML's Objectives
- The feasibility of NAML being able to address each need or priority within mandate, objective and resources

For those issues/needs that were identified as feasible, options for action were developed. Exclusions will be revisited as appropriate for the organisation after submission of the CNA.

At this time, NAML will be dedicating time and resources to address all needs, through the six developed strategies. Further information about these strategies and associated activities are provided in Table 6 and the NAML Annual Plan 2014.

4. Confirm priorities for action (Phase 4)

Table 5 Phase 4 Selected Gate Review Items

Item Title	Complete?
Phase 4	
Presented the recommendation to the ML Board and gained endorsement.	✓
Developed action plans for each initiative and implemented a stakeholder communication. strategy	✓
Set up the post-CNA evaluation review process.	✓

Confirmation and endorsement of strategies

- ***The deliberations undertaken by the Strategic Leadership Group (or similar) / ML Board in confirming the priorities to be funded***

The NASLG met to deliberate the issues that were identified and determine which priorities would be pursued. In deliberation of each issue consideration was given to NAMLs overall objectives, feasibility, benefit to vulnerable population groups health outcomes, long term viability/sustainability, ability to work with partners, budget constraints. The confirmed strategies and activities have been listed in Table 6.

- ***Next steps of the CNA process, including how NAML will communicate plans to implement the outcomes of the CNA process to its community:***

A Stakeholder Report was provided during the CNA process, prior to submission, of all the proposed strategies and actions for community comment. After DoH approval, a summary report of the CNA, including our population health profile will be made available to all stakeholders, including partners and members. This report will be used to highlight key areas of concern and the proposed strategies and actions which will be put in place to address them. It is also anticipated that at upcoming events and presentations, findings from the CNA will be used to demonstrate NAML's understanding of the community and the focus of NAML's work.

NAML has postponed its membership formal input into the CNA and annual plan until August 2014, given the uncertainty regarding funding and the budget. This process was originally planned for March 2014 to feed into the CNA and annual plan process, NAML will now hold this in August to ensure that any changes to MLs funding can be incorporated into strategy and objectives to share with our stakeholders, ensuring a realistic expectation for our community.

The confirmed strategies and actions will be incorporated in to all forthcoming annual planning and reviewed annually (i.e. annual planning and needs assessment reports). Findings from the CNA will be used in all new program and service development for NAML over the next financial year. The annual plan is made available to the public through the NAML website, and other distribution methods. It is anticipated that as strategies including

activities are put in to action; resources and funding are allocated, detailed project briefs will be released.

- ***How NAML proposes to evaluate the CNA process which was adopted:***

The NAML Research and Evaluation Officer has main responsibility for overseeing the evaluation of the CNA process. The proposed actions for the evaluation include:

- **Anonymous survey of all NAML staff members.** This survey will seek out individual opinions, perspectives and recommendations regarding the overall CNA process including challenges and success factors. The survey will include questions regarding governance arrangements, overall project management, partnership arrangements and any suggestions for improvement.
- **Reflection meeting.** Findings from the survey will be tabled at a reflection meeting of the Executive Management Team, all 5 Portfolio areas, Community Engagement Working Group and the Needs Assessment Working Group. Further discussion, including potential recommendations for future changes will be done in this forum.
- **Report of findings, including recommendations to Needs Assessment Strategic Leadership Group.** Findings and recommendation of the reflection meetings and anonymous survey will be summarised and provided to NASLG for consideration.
- **Recommendations are incorporated in the 2015 interim needs assessment project planning.** Endorsed recommendations will be incorporated in the project planning. As appropriate review and revisions will occur throughout the next needs assessment to promote continuous quality improvement.
- ***How NAML will evaluate the success of the implemented strategies***

Evaluation of strategies are embedded in the planning and implementation of all NAML's activity. Over the next financial year, the next phase of work in the planning and development cycle will be for NAML to ensure monitoring and reporting of all activity. This will also assist in ensuring good quality quantitative and qualitative data for 2015 Interim Needs Assessment and also ensure a culture of continuous quality improvement.

Additionally, all new activities and services will developed under a clear project management framework which includes clearly identified goals, intended outcomes, performance indicators and evaluation strategies. Using a clear project management framework, all new services, projects and programs will have a clear and accountable reporting mechanism which will allow the success of strategies to be easily documented. It is also intended that processes used in strategies (both successful and unsuccessful) will be documented and learnings will be applied to future projects.

Additional to individual activity and strategy evaluation, monitoring and reporting systems are now in place to feed the NAML annual plan. These include clearly identified performance indicators which will be reported to the Commonwealth in the NAML Annual Report and Interim Needs Assessment Report.

A data portal has been established and will continue to evolve to house various data sets and reports. Integration has commenced across various platforms to enhance the data NAML collects, collates and this will assist in providing reports and trend analysis to monitor and measure the outcomes of the strategies.