Inherent Limitations

This report has been prepared as outlined in the Scope section. The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently no opinions or conclusions intended to convey assurance have been expressed.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by and the information and documentation provided by the Commonwealth represented by the Department of Infrastructure, Transport, Cities and Regional Development (the Department) stakeholders consulted as part of the process.

KPMG have indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the report.

KPMG is under no obligation in any circumstance to update this report, in either oral or written form, for events occurring after the report has been issued in final form.

The findings in this report have been formed on the above basis.

Third Party Reliance

This report is solely for the purpose set out in the Scope Section and for the Department’s information and is not to be used for any other purpose.

This report has been prepared at the request of the Department in accordance with the terms of KPMG’s Work Order Request (WOR) 10017230 for the provision of Stage 1 (Planning) - for the design of the Norfolk Island Health and Residential Aged Care Service (Multipurpose Service Facility) Replacement Project dated 16 November 2018, updated 23 November 2018 and 23 January 2019. Other than our responsibility to the Department, neither KPMG nor any member or employee of KPMG undertakes responsibility arising in any way from reliance placed by a third party on this report. Any reliance placed is that party’s sole responsibility.
Introduction

Background

The Department of Infrastructure, Transport, Cities and Regional Development (the Department) contributes to the wellbeing of all Australians by assisting the Government to: promote, evaluate, plan and invest in infrastructure; foster an efficient, sustainable, competitive, safe and secure transport system; and ensure a strong and liveable Australia by focusing on effective local government and external territories administration and regional development that enables communities to achieve economic and social dividends.

The Department conducts research and analysis; provides safety information and advice; and performs regulatory functions. It has a strong policy development role, together with programme administration and service delivery responsibilities and endeavours to involve key partners, stakeholders, clients and customers in all stages of its work.

In 2018, the Department received approval from Government to proceed with planning to replace the Norfolk Island Health and Residential Aged Care Service facilities. The first step of this process is to review the Norfolk Island Health Service Plan. As part of the review, consultation has been undertaken with the community to develop an understanding of the key health service needs and issues.

Scope

This Health Needs Assessment Report (Report) has been developed to summarise the approach used and the outcomes of the consultations undertaken in December 2018 to February 2019 as part of the revision of the Norfolk Island Health Service Plan.

The scope of this Report is to provide an account of activities undertaken, the methodology followed, and results obtained. The findings of the report will inform the development of the Health Service Plan by providing information on the consumer perspectives of health care need and services.

Approach

The consultation approach involved a variety of methods that were aimed at obtaining the involvement of and feedback from a range of groups and individuals in the community.

The consultation was specifically designed to involve all members of the community including:

- Children and young adults,
- Men,
- Women,
- Older people,
- Migrants from other Pacific Island nations, and
- Health and community service providers.

Appendix A details the specific groups that were met with throughout the consultation process.

The consultation enabled feedback in a variety of forms including:
• Written submissions and responses,
• Meetings with individuals and small groups encouraging stories to be shared, and
• Large group discussions.

All meetings were on a confidential basis and findings are not attributable to individuals. The Department’s privacy principles, in particular Australian Privacy Principle 5 (APP5) Notice, was noted to all stakeholders throughout the consultation process.

Schedule

Stage 1 Consultation: November to December 2018

This stage involved consultations with stakeholders and site investigation of the current facilities on Norfolk Island.

The consultations were conducted on island from Tuesday, 11 December to Friday, 14 December 2018. In total, there were 11 meetings with different community groups (see Appendix A), which included 49 individuals. Site tours and inspections of the Norfolk Island Health and Residential Aged Care Services (NIHRACS) facilities were conducted to establish the current state of the facilities.

At the conclusion of the initial stage of consultation, a project website was established to publish key documents, information and progress, and is located at: https://regional.gov.au/territories/norfolk_island/Multipurpose-Health-Services-Facility-Project.aspx

Stage 2 Consultation: December 2018 to February 2019

Stage 2 of the consultation process had a focus on members of the community who had not yet been consulted in the project. This stage was designed to capture and engage individual, small groups, community groups and broader Norfolk Islander perspectives. This stage also involved consultation with external parties and professional groups to provide wider engagement and perspectives to the project.

Stage 2 was preceded by a communications strategy to ensure that all members of the Norfolk community were notified of the community consultation forum. This included:

• A discussion paper was developed and released to the community via a number of avenues. These included media releases, letters, advertisements and radio announcements. The media releases were communicated by the Administrator, as detailed in Appendix B.
• All Norfolk Islanders received a letter in their mailbox on 1 February 2019, which included the discussion paper.
• Newspaper advertisements in the Norfolk Islander notified the community of the Town Hall consultation, as shown in Appendix C.
• The Mayor and Administrator also notified the community of the community consultation via radio announcements.

This notification process ensured that the wider community of Norfolk Island were aware of the upcoming consultation and were encouraged to contribute to the discussion.

Over the period of Monday, 4 February to Friday, 8 February 2019, there were open community discussions and 29 small group meetings. The group sessions, with community groups and individuals, included 148 people. 15 written responses and submissions were also received.

The open community forum was held on Thursday, 7 February 2019 at the Paradise Hotel and Resort. This involved a discussion with the community, which discussed general themes. Following the forum, the Mayor released an update to the community in the Norfolk Islander, as shown in Appendix E.
Results

The consultation process enabled participation from the health and community service sector, consumers and carers. Table 1 outlines the participation in the consultation process.

<table>
<thead>
<tr>
<th>Element</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meetings with individuals and community groups</td>
<td>40 meetings</td>
</tr>
<tr>
<td>Attendance at community meeting</td>
<td>50-60 people</td>
</tr>
<tr>
<td>Written feedback</td>
<td>15 submissions</td>
</tr>
<tr>
<td>Total number of Norfolk Islanders and others directly engaged</td>
<td>197</td>
</tr>
</tbody>
</table>

Overall, the community expressed genuine ambition and strong aspirations for the continual provision and development of health and aged care services. Their vision is for a strong, responsive and sustainable primary health care service that improves health care of the community, by keeping people healthy, preventing illness, reducing the need for hospital services and improving management of chronic conditions. There were strong aspirations for the services to be best practice and to be considered as an exemplary role model for other communities.

Feedback has been grouped into a number of themes and issues for further consideration. The key themes were:
- The Norfolk Island context,
- Health promotion and wellness,
- Healthy and active ageing,
- Healthy children and families, and
- Specialist services.

These are summarised in Table 2 below. Detailed commentary is provided in the following sections of this Report. The commentary provided represents views expressed by stakeholders and the community engaged throughout the consultation. These comments have not been verified for factual accuracy, or independently assessed. The themes and conclusions to this report are formed on the above basis.
<table>
<thead>
<tr>
<th>Theme</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context of Norfolk Island</strong></td>
<td>Recognition of the unique heritage of the island and the complexities of providing a wide breadth of services to the small and isolated community. Some stakeholders consulted believe that governance changes of 2015 and 2016 have contributed to stress, anxiety and uncertainty regarding the future for some members of the community.</td>
</tr>
</tbody>
</table>
| **Health promotion and wellness** | Increasing importance on public health measures to prevent illness including:  
- tobacco control;  
- preventing drug and alcohol abuse; and  
- encouraging road safety, good diet, exercise, and strong personal relationships. |
| **Healthy and active ageing** | In consultations it was widely reflected that the community wants to continue to have active lifestyles into later years and retain high levels of independence.  
The community expressed pride in its heritage, and attributes of hard work and self-reliance.  
The community further highlighted that it is a supportive community that tries to help out friends, neighbours and people in need. |
| **Healthy children and families** | A majority of the community have expressed a desire to raise their children on Norfolk Island, given the island’s unique lifestyle and opportunities.  
The community is aware that some services and lifestyle opportunities may not be available given the island’s isolation. Addressing the special needs of some children is a particular challenge in providing thorough assessment and care.  
Stakeholders drew attention to significant disruptions to the family unit when separation occurs to obtain mainland healthcare for periods of childbirth or illness. Negative financial, professional and relationship impacts were noted as a result.  
Some stakeholders consulted recognised the increased risks for mother and child in birthing in low volume hospitals that are isolated from a more comprehensive maternity service. |
| **Specialist services** | In consultations, some stakeholders identified that the increasing subspecialisation of health care services provides greater opportunities for health care, but lower likelihood of local service provision.  
Stakeholders consulted felt there is a lack of clarity regarding the timeline of, and reasons for, the cessation of surgical and birthing services in 2012-2014.  
There is a desire for more specialist services to be available locally to reduce the need for travel to mainland Australia. Access to specialist services may also have a preventative benefit. |
Norfolk Island context

A number of issues and concerns, raised during discussions, were related to the small size of the population and the isolation from other communities.

There is uncertainty regarding the trajectory and size of the future population and a lack of certainty regarding the population trend following the 2016 population census. There are no clear markers that the population size has changed markedly. Many factors were noted to have influenced this including:

- Environmental sustainability - with the ability to provide water security, safe sewerage treatment and maintenance of the natural beauty, environmental and historical assets.
- Economic sustainability in providing education and employment opportunities for the resident population.
- Development of the tourism sector to provide an attractive and high-quality product to the Australian and international markets.

There is a high level of pride in the community’s health service. It has served the community well over many decades. The community is proud of their financial and in-kind support over many decades. The following was expressed:

- Stakeholders believe stronger linkages and integration with mainland health care services could provide benefits. They felt these linkages are best with a city that has direct flights.
- There is a difficulty in private sector practitioners establishing a business given the small market, and market position and broad scope of services through NIHRACS
- The current name of service (NIHRACS) does not appear to resonate with some elements of the community.
- Enhancing the physical facilities and the clinical capability of NIHRACS was viewed as important in attracting and retaining a highly skilled health care workforce. It was believed it would add to the ability to establish sustainable linkages with tertiary and other advanced education institutes – assisting in workforce supply and development.
- There is significant optimism that the health and aged care services could evolve into an exemplar service. The stakeholders consulted felt this would require sustained effort across most elements of the community and government and could be used as testing bed for new models and technologies.
- The telecommunications systems result in low uptake of available health interventions including telephone and internet-based support services.

Stakeholders felt the high level of the community adhesion and interaction provided many strengths. However, they also expressed challenges in maintenance of privacy and confidentiality in the delivery of health and community services.

Collocation of all services on a single site provides significant operational benefits and convenience for many consumers. This does however impact on the ability to maintain privacy in seeking health care services.

Stakeholders recognised that the governance changes of 2015 and 2016 have created stress, anxiety and uncertainty for some members of the community, regarding the future opportunities and lifestyle for the community:

- Some residents noted that it is important to them to retain, and have recognised, their identity as a “Norfolk Islander”.
- There is frustration around the lengthy duration of reform implementation and the time it will take to realise the benefits.
- Communicating complex service changes to the diverse community is a challenge. A sustained approach using many channels and simple understandable language is highly desirable.
Stakeholders raised concerns about the lack of clarity regarding the timeline and reasons for the cessation of surgical, birthing and other services in period of 2012-2014.

The isolation has impacts on the supply chain for essential medicines, equipment and consumables. Given the isolation there is a need for more excess capacity on the island to allow for potential delays in obtaining stock from the mainland.

**Health promotion and wellness**

Consultations identified a number of improvement initiatives which could be realised with regards to the health promotion and wellness of the Norfolk Islanders. In particular:

- Continuing to promote the active lifestyle that is led by many Norfolk Islanders. This contributes to the high level of interpersonal connectedness and physical fitness.
- Increased focus on youth to support their personal health and wellbeing and targeted education on the impact of drug and alcohol use.
- Encouraging community involvement in the hospital by way of volunteering or other initiatives.
- Placing increased focus on public health measures to prevent illness including tobacco control, minimising drug and alcohol misuse, and encouraging road safety, good diet, exercise and strong and positive relationships. These foundations promise to enhance health attainment and prevent the onset or progression of chronic disease.
- Increasing the understanding of the importance of opportunistic health interventions available in the primary care setting. For example, taking the opportunity to do routine blood pressure and cholesterol checks when someone presents for another condition. This is particularly important for men who typically have lower presentation rates to General Practitioners.
- Devising strategies to improve the continuity of General Practitioners is highly valued and is important in developing and maintaining a care plan for residents’ health care needs. However, it was recognised that retaining long serving staff will be an ongoing challenge in the isolated community.
- The health of the community will be enhanced through the coordination of all health and community service providers, including pharmacy. There was some feedback regarding consumer inconvenience with the current pharmacy location not being collocated with the General Practice.
- There are a range of services on Norfolk Island that do not attract fees unlike similar services in mainland Australian communities, such as allied health and some dental services.
- Stakeholders raised concerns about the lack of a procedures room that could be used in the case of emergencies where a medical evacuation is delayed or not possible.

**Healthy and active ageing**

The community identified that healthy and active ageing is an important attribute the community needs to retain and continue to improve. Stakeholders raised that the Norfolk community already has components that support healthy and active ageing, these include:

- A community that is proud of its heritage, and history of hard work / self-reliance
- There are many opportunities for exercise and community involvement
- It is a supportive community that helps out friends, neighbours and people in need.

However, it was acknowledged by the community that there are still further opportunities that can be realised to increase activity and engagement of the community including:
• Improved footpaths and roads for safe walking and falls prevention
• Improved disease management programs and care coordination to enhance the effectiveness of services
• Use hotel swimming pools for community use – planned therapy groups or recreation.

There was much discussion regarding the type of residential services for the older population, they were:

• A desire for supported living/independent living unit type accommodation. This provides additional options for residents prior to seeking residential care services. Independent living unit models are attractive to the Norfolk community. Private sector provision of these services has been raised in the past, however previous restrictions, such as local planning regulations prohibiting strata title and subdivision, had historically made this less viable. It was identified that these restrictions are in the process of being removed.

• Home based supports that are available to older people are highly valued, and should be continued and enhanced. This includes providing more complex services and home-based therapy.

• Clarity is required on the expectations and levels of residential aged care accommodation and care fees. Residents are uncertain whether their fees will be means tested and in-line with mainland facilities.

• Many physical features for a replacement aged care facility were proposed, including:
  - Separate entry and “look and feel” to the general practice and hospital facilities. It should be “residential”, and “welcoming” in scale and appearance.
  - Use of natural lighting and views to external gardens and courtyards from all spaces. The use of sensory elements in the garden is good for the mental stimulation of the residents.
  - The facility should support couples to relocate together and for their care levels to change as the needs require.
  - Dementia friendly design to enable the safe and secure use of indoor and outdoor spaces.
  - Space for families to meet, entertain and continue to engage. This can be supported by the availability of sufficient meeting/lounge spaces, a café/bar, and external areas.
  - Facilities could be used by external groups for meetings and activities – enhancing the interaction of the community.
  - A community garden that could be used to provide fresh produce for the kitchen, interaction for the community and activities for the residents.
  - Dedicated space for resident recreation and activities including exercise areas, craft, and a library.
  - There is a high level of importance placed on the availability of supportive palliative approaches for citizens for management of symptoms of disease or in the last stages of life. There is a perceived demand for palliative supports for residents in residential settings or through the hospital.
Healthy children and families

The results from the consultations highlight the importance the community places on being able to raise a family on the island. The key themes and issues identified were:

- Raising children on Norfolk Island is important for many people in the community as it enables the continuation of the lifestyle and opportunities enjoyed by previous generations.
- There is a “rite of passage” of many young adults going to mainland Australia for post-secondary school education and work, with the expectations that family linkages are maintained and that many may wish to return in later years.
- There is a recognition that not all services and lifestyle opportunities will be available given the island’s isolation. Addressing the special needs of some children is a particular challenge in providing thorough assessment and care.
- Attention was drawn to significant disruptions to the family unit when separation occurs for periods of childbirth or illness. Negative financial and relationship impacts were noted as a result.
- Many people consulted expressed a desire to have a safe birthing service on island. However, stakeholders recognised the increased risks for mother and child in birthing in low volume hospitals, which are isolated from more comprehensive maternity services. The level of risk has not been previously quantified, as outcomes data has not been reported.
Specialist services

Specialist services discussions reflected the limited availability of these services for Norfolk Islanders. The following points were determined as issues in relation to specialist services:

- Retention and expansion of on-island specialty services is highly desired. Those consulted believe this will enable residents to obtain a higher level of advice and care, and reduce the financial and personal impact of obtaining services in mainland Australian cities.

- There is much community frustration regarding the need for mainland travel for seemingly minor treatments or consultations. This frustration is compounded by difficulties in coordinating multiple specialists/needs in a single visit. Better coordination between NI and mainland services could reduce the travel time.

- There is little common understanding of the type and frequency of existing visiting services to the island.

- It was suggested that low cost accommodation on/close to a mainland partner hospital campus would reduce the cost and inconvenience of travel. Carer or family member support would be valued to help navigate the process and reduce the stress.

- Clarity is required regarding the elements needed for the recommencement of some procedural services. For example, the provision of a facility that meets accreditation standards; availability of credentialed GP specialists and nursing staff; risk selection and contingency planning for adverse events.

- A greater local capability may reduce the requirement for emergency evacuations.

- There is a recognition that services available through telecommunications (phone or internet) offer new opportunities to enhance the level of coverage and reduce travel impacts. Some of these services are well established and have proof of effectiveness (for example, health information provision, and counselling), whereas the utility of other services is speculative (ie robotics).

- Stakeholders expressed the views that the use of telehealth services is most effective when the mainland provider has a detailed knowledge of the Norfolk Island context and relevant models of health care delivery to small remote communities.

- Access to telehealth is limited by cost (international call rates), international barring (cannot connect to some 1800 numbers), and quality of lines for voice and video.

- Effective and meaningful linkages with mainland health care providers can also be used as an avenue for workforce development. The use of the networks for staff development and skills maintenance could be useful.

- There are aspirations that the services provided can be of best practice and function as a role model for other communities.

- There is the opportunity to better publish the Program of visiting specialist services so that residents would know what and when particular specialists would be on island. This would enable planning around individual health care concerns and form part of a preventative approach to particular groups/demographics within the community.
Conclusion

The consultation process was implemented to develop an understanding of individual, small group, community groups and broader Norfolk Islander perspectives as part of the broader planning to replace the health and aged care facilities operated by the Norfolk Island Health and Residential Aged Care Service. Nearly 200 community members were engaged throughout the process, which provided for an in-depth discussion on a range of health service issues.

An overarching theme was evident, which relates to the vision of the project. Consultation indicated that the community desires a strong, responsive and sustainable primary health care service to improve the overall health of the community.

In addition, five main sub-themes were identified from discussions and feedback. The main themes highlight the health service areas which require further consideration. The themes identified are; the context of Norfolk Island, health promotion and wellness, active ageing, healthy children and families and specialist services.
Appendix A: Norfolk Island Consultations
<table>
<thead>
<tr>
<th>Date</th>
<th>Group</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/12/2018</td>
<td>NIHRACS CCCC</td>
<td>NI-Connect</td>
</tr>
<tr>
<td>12/12/2018</td>
<td>NIHRACS staff</td>
<td>NIHRACS</td>
</tr>
<tr>
<td></td>
<td>NIRC Councillors and General Manager</td>
<td>Council Chambers</td>
</tr>
<tr>
<td></td>
<td>Norfolk Assists Those in Need Inc. (NATIN)</td>
<td>Office of the Administrator</td>
</tr>
<tr>
<td></td>
<td>Care Norfolk Inc</td>
<td>Office of the Administrator</td>
</tr>
<tr>
<td>13/12/2018</td>
<td>Council of Elders</td>
<td>Office of the Administrator</td>
</tr>
<tr>
<td></td>
<td>Norfolk Island Central School</td>
<td>Office of the Administrator</td>
</tr>
<tr>
<td></td>
<td>Hettai Ucklan</td>
<td>Office of the Administrator</td>
</tr>
<tr>
<td></td>
<td>Breast Screen Services</td>
<td>Office of the Administrator</td>
</tr>
<tr>
<td></td>
<td>St John’s Ambulance</td>
<td>Office of the Administrator</td>
</tr>
<tr>
<td>14/12/2018</td>
<td>NIRC Statutory Planning Staff</td>
<td>Office of the Administrator</td>
</tr>
<tr>
<td>5/2/2019</td>
<td>Focus group of council personnel</td>
<td>NIRC Works depot</td>
</tr>
<tr>
<td></td>
<td>Child Services</td>
<td>NI-Connect</td>
</tr>
<tr>
<td></td>
<td>Mayor, Councillors, NIRC General Manager</td>
<td>Council Chambers</td>
</tr>
<tr>
<td></td>
<td>NIHRACS CCCC</td>
<td>NI-Connect</td>
</tr>
<tr>
<td></td>
<td>Focus group of women 20 – 60</td>
<td>No.11 Quality Row</td>
</tr>
<tr>
<td></td>
<td>NIHRACS Health Promotion Officer</td>
<td>DCA9</td>
</tr>
<tr>
<td></td>
<td>NIHRACS staff</td>
<td>NIHRACS</td>
</tr>
<tr>
<td></td>
<td>Community drop in session</td>
<td>No.11 Quality Row</td>
</tr>
<tr>
<td></td>
<td>Women’s Advocacy Group of Norfolk Island (WAGNI)</td>
<td>No.11 Quality Row</td>
</tr>
<tr>
<td>6/2/2019</td>
<td>Focus group of council personnel</td>
<td>NIRC Waste Transfer Station</td>
</tr>
<tr>
<td></td>
<td>Focus group of Year 6 and Year 12 school leaders</td>
<td>Norfolk Island Central School</td>
</tr>
<tr>
<td></td>
<td>Focus group of men aged 20 – 60</td>
<td>No.11 Quality Row</td>
</tr>
<tr>
<td></td>
<td>NIHRACS staff</td>
<td>NIHRACS</td>
</tr>
<tr>
<td>Event Description</td>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------------------------------</td>
<td></td>
</tr>
<tr>
<td>Community drop in session</td>
<td>No.11 Quality Row</td>
<td></td>
</tr>
<tr>
<td>NIHRACS staff</td>
<td>DCA9</td>
<td></td>
</tr>
<tr>
<td>NI Chamber of Commerce* (Infrastructure staff only attended initial part of meeting)</td>
<td>No.11 Quality Row</td>
<td></td>
</tr>
<tr>
<td>Church congregation</td>
<td>Norfolk Island Community Church</td>
<td></td>
</tr>
<tr>
<td>7/2/2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anglicare Child and Family Services</td>
<td>Anglicare</td>
<td></td>
</tr>
<tr>
<td>Focus group of older persons</td>
<td>Bowling Club</td>
<td></td>
</tr>
<tr>
<td>Mental Health Awareness Group</td>
<td>No.11 Quality Row</td>
<td></td>
</tr>
<tr>
<td>Community meeting</td>
<td>Paradise Hotel</td>
<td></td>
</tr>
</tbody>
</table>

**External Groups**

- Australian Antarctic Division
- Australian Red Cross
- Central and Eastern Sydney PHN
- Indian Ocean Territories Health Service
- King Island Health Service
- NSW Health – Health Education and Training Institute
- NT Department of Health
- Saba Health Care Foundation
- South East Sydney Local Health District
Appendix B: Administrator
- Media releases
Norfolk Island Multipurpose Health Services Facility Project

Stage 2- On-Island Stakeholder Consultation

I am pleased to advise that the KPMG project team will be visiting the Island during the week commencing 4 February. This will provide further opportunities for residents and community groups to have their say on the future of health services for Norfolk Island.

From Monday 4 February the health services team will be available to meet with individuals and community groups that haven’t had the opportunity to contribute their views during the December consultations. Interested groups can request a meeting by contacting my office (on telephone 22152) by 25 January. I will liaise with KPMG to confirm a meeting schedule aimed at maximising the number of group interviews.

As I advised in my 22 December update, KPMG identified four main priorities from their initial consultations: active ageing, health promotion and wellness, supporting visiting specialists and birthing services.

The KPMG team will be available for short meetings with interested community members to further explore these themes on Tuesday 5 and Wednesday 6 February through a series of drop-in sessions. These interviews will be limited to around 15 minutes to allow as many people as possible to contribute to the plan. Individual groups of less than three will also be able to put forward their views and find out more about what can be feasibly delivered to a remote community of around 1800 people. The timetable for these drop in sessions is:

- 2:00 to 6:00 pm – Tuesday 5th February
- 2:00 to 6:00 pm – Wednesday 6th February

All sessions will be held at #11 Quality Row.

The key issues identified from the consultation for future health service delivery and multipurpose health services facility will be discussed at a community meeting held at the Paradise Resort from 6.00 – 7.30 pm on Thursday 7 February.

Whilst it is clearly not possible to provide a full suite of medical services to a remote community of around 1800 people, the Australian Government is committed to providing Norfolk Island residents with the opportunity to shape the future of their health and aged care services.

The next stage of this project is for KPMG to prepare a draft Norfolk Island Health Service Plan informed by the outcomes of the consultations. I will provide further advice on the opportunity for the community to consider and provide comments on the Draft Plan.

It is essential for the community to consider that its concerns and aspirations for the future of health and aged care services are acknowledged in the endorsed Health Services Plan. This document will underpin the design of the largest infrastructure project in Norfolk Island’s history.

Eric Hutchinson
17 January 2019

Accessed 14/2/2019
Norfolk Island Multipurpose Health Services Facility Plan

As most residents would already be aware, the Australian Government is funding a project to develop a business case for a new health and aged care facility on Norfolk Island.

I would like to thank the many local community groups and residents who shared their health and aged care views and experiences during last week’s community consultation meetings and events to inform the revision of the Health Service Plan for Norfolk Island. This plan is an essential element for a business case to fund new facilities as it will describe the Island’s current and expected service needs.

Last week’s consultations provided the project team with an even greater appreciation of the Island’s health and aged care needs and an understanding of the expense and disruption to family life caused when people are required to travel long distances to access services. The community’s support and openness in sharing their experiences was much appreciated.

I encourage any interested residents that were unable to attend one of the consultation sessions to contribute prior to the 21 February closing date. The Community Feedback Form, in the Discussion Paper, is available at www.regional.gov.au/NI-MPS-Project. All submissions will be treated in confidence to ensure that privacy is respected. Personal information is not being sought as part of your submission, although any received will be collected in accordance with the Privacy Act 1988.

The community will be kept informed and consulted as the project develops. The next opportunity for public input will be when the draft health services plan is released for public consultation. I will provide further information about the public consultation process in due course.

Subject to Government approval, DIRDC will engage a company to prepare design options for a new facility. Opportunities for community engagement and consultation will be provided throughout the design phase to ensure the proposal submitted for funding has strong community support for the new facility, is sympathetic to the local environment and respects the Island’s culture. I expect design consultation to commence later this year.

It is important that we all understand there are still some hurdles to jump before funding can be approved and several years before the new health and aged care facilities are constructed on Norfolk Island. However, I am confident this community will continue to engage in this project with openness to create a facility that everyone can feel proud of.

Eric Hutchinson
9 February 2019

Accessed 14/2/2019
Appendix C: Advertisement in the Norfolk Islander (2 Feb 2019)
Norfolk Island Multipurpose Health Services Facility Project

Stage 2- On-Island Stakeholder Consultation

In my 19 January 2019 media release, I advised the community about the stage 2 on-Island stakeholder consultation starting on 4 February 2019. The KPMG project team consultations will include two drop-in sessions and a community meeting.

The drop-in sessions will be held at #11 Quality Row at the following times:

- 2:00 to 6:00 pm – Tuesday 5th February
- 2:00 to 6:00 pm – Wednesday 6th February

The community meeting will be held at the Paradise Resort from 6:00 to 7:30 pm on Thursday 7 February.

The Department of Infrastructure, Regional Development and Cities also organised a mailbox drop earlier this week. The mailbox drop included the Norfolk Island Health Service Discussion Paper, the feedback form and a copy of my 19 January media release. The Discussion Paper provides information to better enable discussions on the type of health and aged care services that may be needed in the future.

I encourage you to read the Discussion Paper and provide your feedback to territories_projects@infrastructure.gov.au.


Eric Hutchinson
February 2019
Appendix D: Mayor’s Update in the Norfolk Islander (16 Feb 2019)
Hospital

‘The community consultation process last week—undertaken by KPMG in partnership with the Administrator Mr. Eric Hutchinson, Medical Director Dr Clayton Spencer, Ms Jocelyn Hickson (SESLHD) and hospital staff—is to be complimented,’ Mayor Adams said.

‘It is understood there were in excess of 300 people consulted without counting the open forum on Thursday evening, which was attended by some 70 people including myself.

‘This degree of participation clearly demonstrates that this community is serious about making sure that the Commonwealth clearly knows what their expectations are around their health facility of the future.

‘The challenge going forward, of course, is determining how the Council’s and the community’s expectations can align with the Commonwealth’s current direction for the Norfolk Island Health facility, which would appear to be a Multipurpose Health Services Facility/Health and Regional Aged Care Service.

‘Council continues to advocate for a “showcase” health facility, which meets Australian accreditation standards and is capable of the long-term transition to a health facility in the Pacific that has a modern operating theatre, maternity services, surgeons, anesthetists, allied health professionals, a training facility for doctors and more. Further, Council is advocating for a modern aged-care facility that honours the elderly and their contribution to the community over their lifetime’ the Mayor said.

‘We acknowledge the Norfolk Island People, the traditional custodians of this land’

Cr Robin Adams JP
MAYOR
Appendix E: Community meeting discussion materials
THE PLANNING PROCESS

This planning process aims to ensure:
- built facilities are tailored to the specific needs of the community
- the budget is adequate for the scope of the project and local conditions
- the timeline accounts for the expected duration of the project inclusive of the unique logistical challenges of construction on Norfolk Island.

Initial Business Case seeks in-principle agreement from Government for a capital works project and secures the necessary funding to develop a Detailed Business Case.
- Includes early
  - Functional and facility scoping
  - Concept sketches
  - Initial Cost Estimate
  - Delivery Strategy
  - Schedule

Examples of modern health and aged care facilities
Healthy living

Healthy lifestyle

Active living

RUOK?

Slip  Slop  Slap  Seek  Slide

Healthy ageing

Number of Norfolk Island residents aged 65 years +

How do you see the Norfolk Island population changing over time?

What can be done to improve a person's health or experience of illness?
Destination of off shore referrals (NIPTAS) | July 2017 – June 2018

Brisbane
246 cases

Gold Coast
30 cases

Newcastle
25 cases

Sydney
330 cases

Other
53 cases

Specialist services

Living well with Telehealth

How could telemedicine be better used to provide a better service to the community?

Do you consider any types of services essential to be performed off the island? For what reasons?

How could procedural services be planned to improve the experience for Norfolk Islanders?
Appendix F: Community meeting feedback
Outputs of the feedback from the small group sessions.

### Goals for Specialist (on Island)

- Screening
- Reduced cost - travel, accommodation
- Reduced Travel
- Support people already on Island
- Have Babies @ home
- Improve Operating Theatre
- Simple procedures
- Reduced Medivac's
- Access to specialist via telehealth
- Conducive

* Improve QoL
* Not having to take time off work
* Improve on career / family
* People not having procedures
* Preventative rather than reactive

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**Why was operating theatre closed?**

What do we need to put in place to have children on the island?

- Workforce
- Theatre
- C-section emergency backup
- Need the population to grow
- Norfolk Island identity
Dancing Lessons, Organised Outings, Raft Sessions.
Who Organising? Room Sizes?
Wooden (vinyl) floor Non-Slip/Wearing What would it be like?

Dining & Games Room
Cost of facility or where money comes from.

Procedural
- Reduce travel
- Improve Quality of life
- Not having to take time off
- Community Support
- Reduce Impact on carers & Family
- People wouldn't put off procedures
- Preventative care rather than reactive