STRATEGIC SERVICE PLAN 2020-2025

VERSION: 2

APRIL 28, 2022

Moyne Health Services

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Report Name:	Strategic Service Plan 2020-2025
Report Custodian:	Katharina Redford
Date:	28 April 2022
Version No.:	2
Endorsed by:	MHS Board April 2022
Board Chair:	

Acknowledgement:
"Moyne Health Services acknowledges the Traditional Custodians of the land on which we meet today. We pay our respects to their Elders, past, present and emerging."

Our Purpose:

Best Care - Every person, every time.

Our Values:

Collaboration Accountability Respect Excellence

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Executive Summary

This Health Service Plan provides the direction and focus required to address the health needs of our community now and into the future.

History

The 2020-2025 Health Service Plan was developed during 2019 and endorsed in March 2020.

This revision provides a refresh of the plan as a strategic service plan.

Overview

Moyne Health Services (MHS), located in the South West of Victoria, is a public healthcare service that helps meet the community healthcare needs in Port Fairy, Koroit and surrounding areas in the Moyne Shire.

The South West is one of the most remote regions in Victoria. Compounding this, 60% of the Moyne catchment lives outside the major townships of Port Fairy and Koroit, with limited public transport and low car ownership relative to the rest of Victoria. Local access to medical, specialist and dental services are some of the lowest in the state, and present an increasing challenge for MHS and the community.

There is significant variation (or inequity) in socioeconomic status across the Moyne LGA (which does not directly map to the MHS catchment as explained on page 8, but national data sets are only available at this LGA level). Whilst the Moyne LGA is on average considered an area of low disadvantage, the majority of the population (74%) falls within the bottom three quintiles of disadvantage.

In the Moyne LGA, the next 10 years see significant population growth in residents over 65 years of age. Young families, another population group with a high need for health services, is also growing in the area, particularly around Koroit as parcels of land have opened up for housing development.

This Plan for MHS has been developed in the context of factors and changes, particularly recognising the importance of the need for the service to reconsider what, where and how health services are delivered, in order to genuinely respond to the health needs of the community.

The Plan sets the direction and service priorities for MHS over the next five years, to enable MHS to support and provide its community with access to high quality health care in the face of changing health care demand a valued and viable independent health service.

How has this Plan been developed?

This Plan has been developed in three phases and is underpinned by a review of MHS' service and demographic data, and extensive consultation with MHS staff, clinical staff, and the community.

Figure 1: Development of the Plan

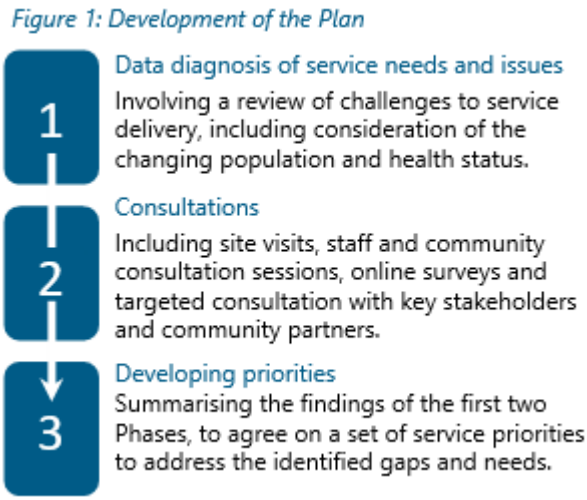


Figure 2: Consultation to deliver the Plan

This Plan presents a series of priorities and actions that, if successful, will have a significant impact on the health outcomes of our community. The priority areas of the Plan identify opportunities to target core health needs and improve the accessibility and coordination of healthcare services for the Moyne community. These are in addition to the continuance of existing services unless specifically noted.

Communication, engagement and implementation planning across each priority area will identify the detailed steps required to realise the vision for improving health services for the Moyne community, and a healthier community.

Summary of service needs and issues

Based on the demographic and service data, and consultation insights, six services needs and issues have been identified in addition to maintaining current service delivery;

1. The Moyne population is changing for groups that have high healthcare needs and utilisation, including older persons and young families. Over the next 10 years, Moyne will see a significant increase in the percentage of the population aged over 65, as well as considerable growth in young families as land is continues to be made available for affordable housing development. The community is keen to have MHS involved in all areas of physical, mental, and emotional wellbeing. Gaps in carer services and isolation were raised as issues.
2. Health and socioeconomic status appears high, however a large proportion of the community experience significant disadvantage. Socioeconomic status is not equitably distributed across the community. Whilst 7.0% of the community is ranked within the least disadvantaged quintile, the majority of the population (74%) still falls in the bottom three quintiles for socioeconomic disadvantage.
3. Access to health services is a significant challenge due to the remoteness of the region, which is further confounded by the majority of the population living outside major towns. The population will continue to be dispersed across the catchment with over 60% of residents living outside the two major towns of Port Fairy (containing 25% of residents) and Koroit (14%). The area has car ownership rates lower than that of the state average, further limiting accessibility of health services.
4. Funding challenges create accessibility barriers to outpatient services for people under the age of 65, and other groups with high needs. Current funding streams limit access to outpatient services for those over the age of 65, limiting the ability to support healthy aging for those under 65 years. There is also a significant challenge in delivering services to support young families including children with developmental challenges.
5. There is developing co-ordination of services and partnerships between providers across the region and externally. Although, currently, care coordination services tend to focus on services provided by MHS rather than the full case management of services, there is developing formalisation of partnerships with other regional healthcare providers in the form of formalised referral pathways and integrated models of care.
6. In the past, there was only one general practice in the area, which created pressure on service delivery. There are now 2 general practices with whom MHS works in close partnership to deliver comprehensive care to the community

Priority areas

To respond to these needs and issues, six priority areas have been developed. These priorities are focussed on facilitating access to the wellbeing, clinical and support services needed by our changing population, and improving the health and wellbeing of our Moyne community.

Figure 3 Priority Areas

Planning framework

Planning framework

The Health Service Plan 2020-2025 sets a strategic direction for the delivery of health services unique to the changing needs and health status of the Moyne area.

Moyne Health Services, located in the South West of Victoria, is a public healthcare service that helps meet community healthcare needs in Port Fairy, Koroit and surrounding areas in the Moyne Shire.

Established in 1849 and regarded as Victoria's oldest hospital, MHS has a unique level of partnership and engagement with the local community spanning over 170 years.

The South West is one of the most remote regions in Victoria. Compounding this, 60% of the Moyne catchment lives outside the major townships of Port Fairy and Koroit, with limited public transport and low car ownership relative to the rest of Victoria. Local access to medical, specialist and dental services are some of the lowest in the state and present an increasing challenge for MHS and the community.

There is significant inequity in socioeconomic status across the Moyne LGA (which does not directly map to the MHS catchment as explained on page 8, but national data sets are only available at this LGA level). Whilst the Moyne LGA is on average considered an area of low disadvantage, the majority of the population (74%) falls within the bottom three quintiles of disadvantage.

Life expectancy outcomes remain lower than that of the Victorian average despite the comparatively lower prevalence of risk factors such as obesity, daily smoking, and excessive consumption of alcohol.

In the Moyne LGA, the next 10 years will see significant population growth in residents aged over 65 years. Young families, another population group with a high need for health services, is also growing in the area, particularly around Koroit as parcels of land have opened up for housing development.

This Plan for MHS has been developed in the context of factors and changes, particularly recognising that in order to genuinely respond to the health needs of the community, the service needs to reconsider what, where and how health services are delivered.

The Plan sets the direction and service priorities for MHS over the next five years for MHS to enable access to high quality healthcare in the face of changing healthcare demand.

This Plan sits within a planning framework and is supported by enabling plans that build out and operationalise the priorities outlined in the plan.

Figure 4: Planning framework and context for the Service Plan

The Moyne Area

Our Moyne Catchment

Moyne is located in the Barwon-South Western region of Victoria. The region supports robust dairy, sheep and beef industries supplying food across Australia and for international export.

Moyne Health Services is located in the Barwon-South Western region, approximately 260km or three hours' drive west of Melbourne and has a population catchment of over 14,133.[1]

The community centres are the major townships of Port Fairy and Koroit, however over 60% of Moyne residents live outside major townships, in towns and communities dotted along the rugged coastline and pastoral countryside.[2]

Defining the Moyne catchment

The MHS catchment population is spread across an area encompassing 16 suburbs, and various proportions of 18 bordering suburbs. The catchment region is bordered by Penshurst in the north, Nirranda in the south, Yambuk in west and Nerrin Nerrin in the east.[2]

The MHS catchment is not strictly aligned with the Moyne Shire LGA. Defining and estimating the population of the catchment has been performed using Statistical Areas Level 1 (SA1) rather than the LGA. The SA1 codes have been aligned to State Suburbs (SSC), the population proportions confirmed with MHS, and mapped in Figure 5 and Table 1.

Figure 5 highlights the geographical boundary of the Moyne catchment that includes the suburbs and associated population proportions referenced in Table 1 the proportions relate to ABS statistics.

Figure 5: Map of 2031 Projected Populations Moyne Catchment

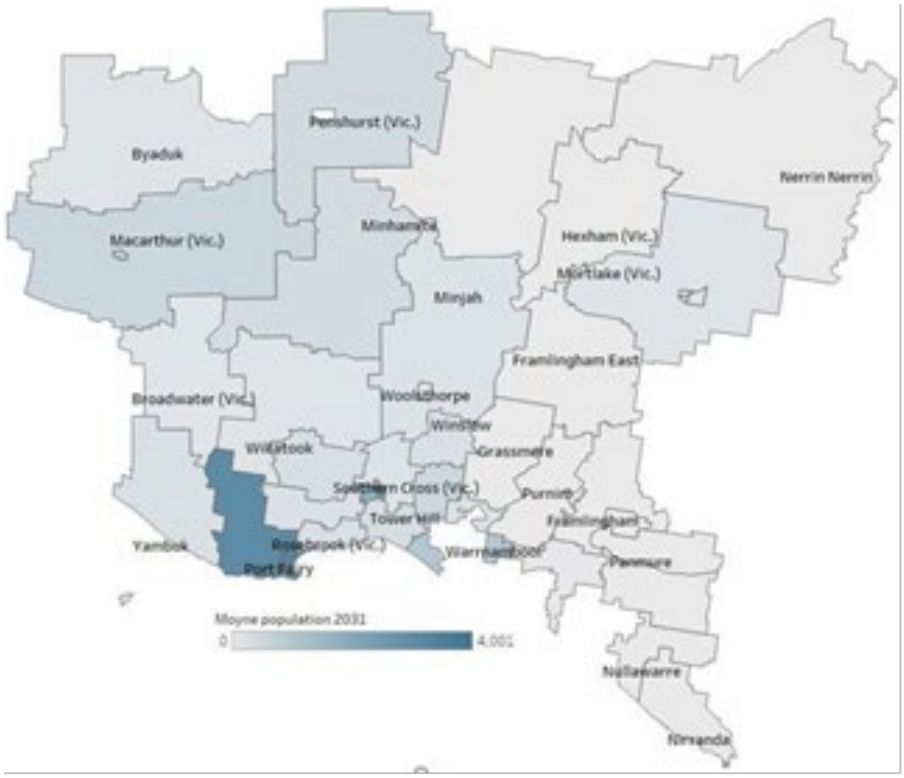


Table 1: State Suburbs (SSC) captured in Moyne

Suburb (SSC)	Proportion of SSC population (2016) included in Moyne catchment
Kirkstall	100%
Koroit	100%
Minjah	100%
Port Fairy	100%
Rosebrook (Vic.)	100%
Southern Cross (Vic.)	100%
Toolong	100%
Willatook	100%
Winslow	100%
Woolsthorpe	100%
Yambuk	100%
Yarpturk	100%
Broadwater (Vic.)	80%
Macarthur (Vic.)	50%
Tower Hill	50%
Byaduk	20%
Minhamite	20%
Woodford	20%
Mortlake (Vic.)	15%
Bushfield	10%
Dennington	10%
Penshurst (Vic.)	10%
Allansford	5%
Caramut	5%
Framlingham	5%
Framlingham East	5%
Grassmere	5%
Hexham (Vic.)	5%
Naringal	5%
Nerrin Nerrin	5%
Nirranda	5%
Nullawarre	5%
Panmure	5%
Purnim	5%
Warrnambool	5%

Transportation

According to 2015 statistics, 59.6% of the Moyne LGA population travel to work by car, which is lower than the Victorian average of 66.2%[3] Journeys by public transport are 0.6%, lower than the 11.1% Victorian average. Moyne also has less dwellings with no motor vehicle (3.9%) than broader Victoria (8.7%).[4]

Economy

The Moyne catchment supports a robust dairy industry, sheep and beef production and various crops including cereals and vegetables[5] and supplies food both for Australians and for international export. The area, and in particular Port Fairy attracts retirees from farms in the wider region and from across Australia.

Sources 1-2, Figure 5 and Table 1. Deloitte Independent Study

Source 3-5. VIC Health Barwon South West Region 2015

Source 6. VIF 2016, South West Region Profile

Our Community Demographics

Moyne has a growing population with a steadily increasing proportion of the population aged over 65 years

Population growth and an aging population

The total MHS catchment population is forecast to grow at a rate of 0.82% per annum from 2016 to 2031 resulting in an increase from 14,133 in 2016 to 15,975 in 2031. The annual growth rate of 0.82%, is lower the Victorian average rate of 1.8%.

The 2031 population projections for the Moyne catchment continue to centre around the major towns of Koroit and Port Fairy. Koroit will comprise 14% of the catchment and continue to have higher proportion of young families, whereas Port Fairy will make up 25% and include a significant proportion of established families and retirees.

Over the next 10 years, growth projections forecast an increasing percentage of Moyne residents to be over the age of 65.[3.] The group aged over 65 is predicted to experience the greatest increase in the Moyne East and West regions, growing by 5% by 2031. Of particular relevance, by 2031, 429 residents are projected to be aged over 65 in Koroit, and 1,328 residents are projected to be over 65 in Port Fairy.

By 2031, the percentage of the Moyne LGA working age population will decrease from 61% to 56%. This coupled with the low unemployment rate of 2.0% (2015) suggests the Moyne LGA will experience acute skills and staffing shortages, alongside increased demand for child and aged care services.[5] This highlights the need for services such as child care, early education and aged care, as well as drawing attention to skills and workforce shortages over the foreseeable future. [6]

Port Fairy

Port Fairy is the most populous community in the Moyne catchment, with a population of 3,339 as per the 2016, census.[7] of these 47.5% were male and 52.5% were female. The Port Fairy population is expected to grow 1.21% annually to 4,001 by 2031.[8]

Koroit

Koroit is the second most populous community in the Moyne catchment with a population of 1,930 as per the 2016 census. [9] Of these 50.4% were male and 49.6% were female. The Koroit population is expected to grow 1.01% annually to 2,243 by 2031. [10]

Figure 6: Moyne (East and West) population age distribution

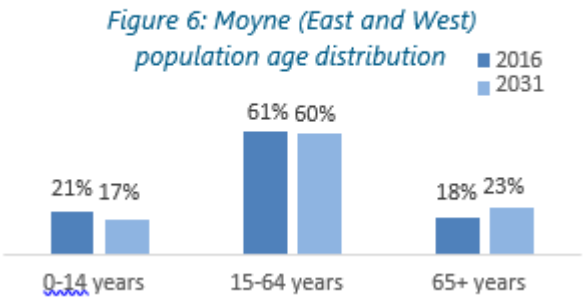


Table 2: Projected population distribution 2031 for all SSCs in the Moyne catchment

Suburb (SSC)	Total Population 2016	Total Project Population 2031	Compound Annual Growth Rate %
Port Fairy	3,339	4,001	1.21%
Koroit	1,930	2,243	1.01%
Dennington	1,289	1,314	0.13%
Warrnambool	1,115	1,308	1.07%
Macarthur (Vic.)	601	709	1.11%
Yarpturk	613	707	0.96%
Penshurst (Vic.)	665	582	-0.88%
Minhamite	436	502	0.94%
Tower Hill	388	454	1.05%
Kirkstall	364	418	0.93%
Rosebrook (Vic.)	340	391	0.94%
Yambuk	314	368	1.06%
Winslow	369	366	-0.05%
Toolong	303	358	1.12%
Bushfield	275	322	1.05%
Southern Cross (Vic.)	252	300	1.17%
Minjah	276	287	0.26%
Byaduk	257	238	-0.49%
Willatook	190	225	1.13%
Mortlake (Vic.)	206	222	0.50%
Woolsthorpe	201	213	0.39%
Broadwater (Vic.)	158	186	1.10%
Allansford	76	80	0.38%
Purnim	25	26	0.12%
Panmure	23	24	0.07%
Framlingham	23	23	0.01%
Grassmere	22	22	-0.02%
Caramut	17	18	0.35%
Naringal	13	14	0.25%
Nerrin Nerrin	14	14	0.10%
Nullawarre	13	14	0.22%
Framlingham East	12	12	0.23%
Nirranda	8	9	0.32%
Hexham (Vic.)	7	7	-0.05%
Moyne Total	**14,133**	**15,975**	**0.82%**

Sources 1-4 and 7-10. Deloitte Independent Study

Sources 5-6. Moyne Shire Council Economic Development Strategy 2019-2029

On average, Moyne experiences lower social disadvantage than the national and Victorian statistics however socioeconomic status is not equitably distributed with the majority of the community (74%) falling in the bottom three quintiles of disadvantage.

Aboriginal and/or Torres Strait Islander Peoples (Aboriginal)

There is a higher than average percentage of people of Aboriginal origin (1.2% for the Moyne LGA, compared to 0.8% for broader Victoria).[1]

Mortlake (outside the Moyne catchment) has the third highest Aboriginal population in the state with a 2.8% percentage. Koroit also has a higher proportion of Aboriginal people than the state with 2.1%. [2] Aboriginal people make up 0.7% of the Port Fairy population[3]

Diversity

7% of the Moyne LGA population are born overseas. The top countries of birth are the United Kingdom, New Zealand, Netherlands, Germany, and Ireland.[4] The percentage of people born in a non-English speaking country is the lowest in the state[5] as is the percentage of people who speak a language other than English at home.[6]

Socio-Economic disadvantage

Relative social disadvantage is associated with poorer population health outcomes and shapes health literacy, health and lifestyle behaviours, health outcomes, and access to healthcare. The Socio-Economic Indexes for Areas (SEIFA) is an Index of Disadvantage that measures relative socio- economic status, taking into consideration income, qualifications and skilled employment. As detailed in Figure 2, the Moyne LGA experiences lower social disadvantage than the Australian and Victorian average score, however this is not distributed equitably. Whilst 7.0% of Moyne LGA residents are ranked within the least disadvantaged quintile, the majority of the population (74.0%) still fall in the bottom three quintiles of disadvantage.[8]

Access to primary care services

Moyne residents have a significantly lower access to GP and dental services than the state average; in particular, the measure of GP per 1000 population for Moyne is the lowest of any local government area in all of Victoria.

Table 3: Aboriginal and Torres Strait Islanders population proportions 2016

Moyne LGA	1.20%
Victoria	0.80%

Figure 7: Socio-economic disadvantage in the South West

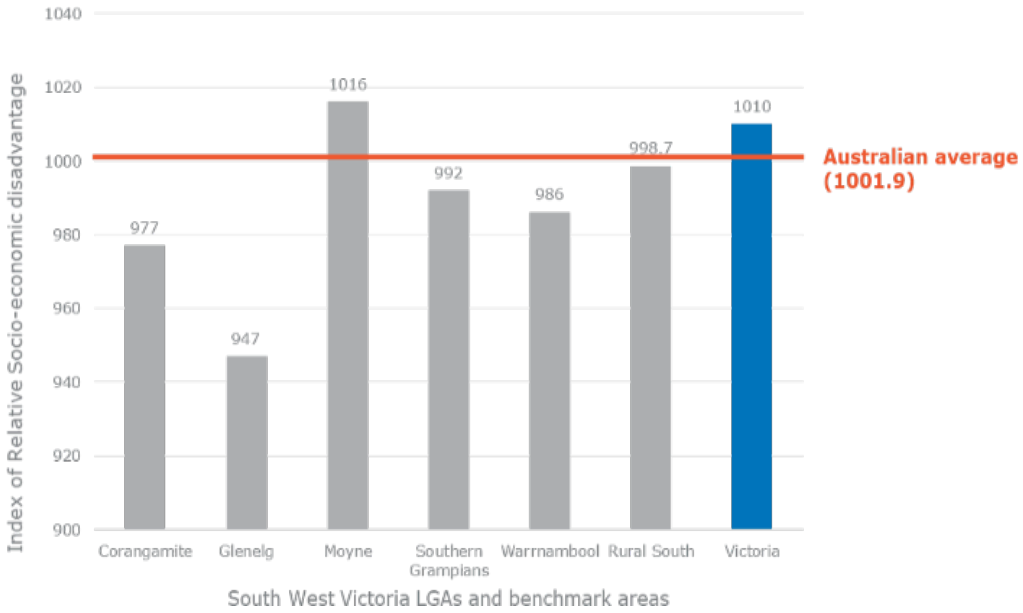


Figure 8: Moyne LGA socioeconomic status by quintiles

7%	10%	57%	25%	2%
Q1	Q2	Q3	Q4	Q5

Access to other primary health services[9]

The rate of general practitioners per 1,000 population is among the lowest in the state. The Moyne LGA measure is 0.6, which is half the 1.2 state measure.

There are no public dental service sites in the Moyne LGA however people reporting poor dental health is among the lowest in the state.

Access to Pharmacy Services is consistent with the state average of 0.2 sites per 1,000 population.

- **The MHS catchment and LGA do not strictly align.**

Sources 1-3 and 7-8. Deliotte Independent Study

Sources 4-6 and 9. VIC Health Barwon South Western Region 2015

Table 3, Figure 7-8. Deloitte Independent Study

Social Determinants of Health

Moyne performs better than the Victorian average on many of the measures of the social determinants of health; however, the median Moyne income is below the state median.

Social determinants of health are factors outside the healthcare system that affect how healthy people are.

"Social determinants are circumstances in which people **grow, live, work**, and **age**, and the **systems put in place to deal with illness**. The conditions in which people live and die are, in turn, **shaped by political, social, and economic forces"** - World Health Organization

"In general, people from **poorer social or economic circumstances** are at **greater risk of poor health** than people who are more advantaged" – Australian Institute of Health and Welfare

Against the majority of measures of the social determinants of health, Moyne, on average, performs better than the state average. Moyne has lower homelessness, food insecurity, reported family violence and unemployment. However, Moyne also has lower median household income than the state average and as discussed on page 20, advantage and relative disadvantage are not equitably distributed across the Moyne community.

- The MHS catchment and LGA do not strictly align

Sources 1-7. VIC Health Barwon South Western Region, 2015

Homelessness

In 2015, the rate of homeless people (estimated) per 1,000 population was the lowest in the state. [1]

Moyne LGA	**0.3**	**VIC**	**4.0**

Housing

In 2015, the percentage of rental housing that is affordable was above the state measure. [2]

Moyne LGA	**57.9%**	**VIC**	**19.1%**

Food security

The percentage of people with food insecurity is among the lowest in the state according to 2015 statistics. [3]

Moyne LGA	**2.0%**	**VIC**	**4.6%**

Family violence

In 2015, the rate of family violence incidents per 1,000 population was below the state measure. [4]

Moyne LGA	**6.2**	**VIC**	**12.4**

Education

In 2015, the percentages of year 9 students attaining national minimum literacy and numeracy standards were the highest in the state[5]

Moyne LGA	**100%**	**VIC**	**93.8%**

Employment

In 2015, the unemployment rate was the lowest in the state[6]

Moyne LGA	**2%**	**VIC**	**6.3%**

Income

The 2015 median household income was $1,040 in Moyne, which is below the Victorian average of $1,216. [7]

Moyne LGA	**$1,040**	**VIC**	**$1,216**

Health needs and outcomes

Moyne has a relatively lower prevalence of risk factors such as smoking, excessive drinking and obesity, yet experiences a lower life expectancy and higher rates of preventable hospitalisations than the Victorian average.

Risk factors

Compared to Victoria, a significantly lower percentage of the Moyne LGA population engage in a range of health-related risk behaviours such as high alcohol consumption (average of more than 2 standard drinks per day) and smoking.[1]

The Moyne LGA has a lower proportion of people who are classified as overweight or obese than the rest of Victoria.[2]

Burden of disease

Potentially Preventable Hospitalisations (PPH)

In 2017/2018, ASR of potentially preventable hospitalisations for the Moyne LGA was 2,888 per 100,000 people which is just above the Victorian average of 2,861 per 100,000.[3] The most common PPHs were chronic. ACSC (PPH) separations for acute conditions per 1,000 population for the Moyne LGA was 12.0 in 2015, above the 11.2 state measure.[4] ACSC (PPH) (PPH) separations for chronic conditions per 1,000 population was 14.7 for the Moyne LGA in 2015, above the 13.3 state measure.[5] ACSC (PPH) separations for vaccine preventable conditions per 1,000 population was 0.8 for the Moyne LGA in 2015, below the 1.7 state measure.[6]

Life expectancy

The median age at death according to 2013-2017 data is 81 years for Moyne LGA residents and 82 years for Victoria.[7] Factors statistically linked to a lower life expectancy in Australia include disadvantaged socioeconomic status and, in disadvantaged areas, remoteness. [8]

Table 4: Health risk factors

	Moyne %	Moyne No. of people	Victoria %
High Alcohol Consumption	0.1%	23	15.6%
Daily Smoking	0.1%	18	14.2%
Overweight / Obese	52.0%	8,365	65.4%

Figure 9: Age Standardised Rate (ASR) of Potentially Preventable Hospitalisations 2017/2018 – ASR per 100,000 people

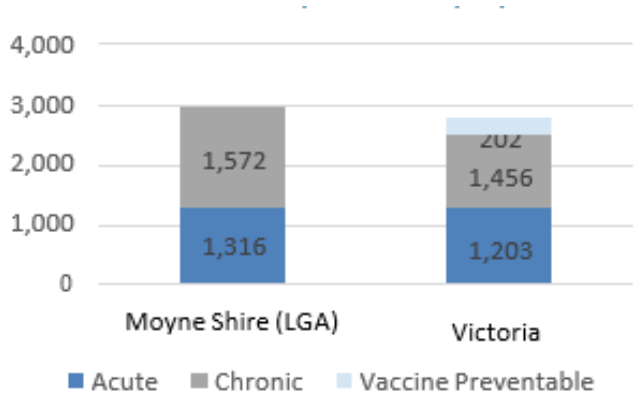


Table 5: Median age at death 2013-2017

	Moyne	Victoria
Male	78	79
Female	84	85
Persons	81	82

*** The MHS catchment and LGA do not strictly align.**

Sources 1-3 and 7, Figure 8-9 and Table 5. Deloitte Independent Study
Sources 3-6. VIC Health Barwon South Western Region 2015
Source 8. Stephens, A.S., Gupta, L., Thackway, S. and Broome, R.A., 2017. Socioeconomic, remoteness and sex differences in life expectancy in New South Wales, Australia, 2001–2012: a population-based study. BMJ open, 7(1), p.e013227.

Moyne Health Services

About MHS

Moyne Health Services is a public integrated healthcare service that works to meet the community healthcare needs in Port Fairy, Koroit, and surrounding districts in the Moyne area.

MHS is a health service incorporated under Schedule 1 of the *Health Services Act 1988*.

Regarded as Victoria's oldest hospital established 1849, MHS has a unique level of partnership with the local community spanning over 170 years.

Employing more than 215 people, Moyne Health Services operates a 12-bed acute hospital, 52 place hostel, 30-place nursing home, Urgent Care, primary and community care services, adult day centre and allied health services.

Recent notable events include MHS officially opening the new Community Health building and new Urgent Care Centre in 2018.

MHS has been in operation for more than 170 years and continues its tradition of excellence through the provision of flexible, relevant and holistic services in consultation with community needs.

Health Services

Acute Hospital Care

12 Acute beds support restoration of an individual's health including

- General Medicine
- Palliative Care
- Urgent Care

Dietetics and nutrition

Health Promotion

Health Education

Health Literacy

Diabetes Education

Residential Aged Care

Community Home Packages

Short-term restorative care program

Continence consulting

District and community nursing

Occupational therapy

Social Support

Audiology

Physiotherapy

Podiatry

Radiology

Speech pathology

Pathology

Health service activity (2017-2019)

The following section summarises historical MHS activity. This data forms the basis for service planning

Acute Care

Table 6 highlights that MHS has delivered 410 inpatient separations in 2019, an annual decrease of 8.4% between 2017 to 2019. The overall bed days has increased slightly over this same period by 0.2%. As a result, the average length of stay (ALOS) has increased from 4.2 days in 2017 to 5.6 days in 2019, an average annual growth rate of 11.5%. The overall occupancy rate of the inpatient separations has remained relatively stable and was 53% in 2019.

Urgent Care Centre

Total MHS urgent care activity has increased by 3% between 2015/16 and 2018/19. Triage 4 and 5 represent the majority of the urgent care presentations (87% in 2018/19), with a slight decrease in triage 5 presentations by 4% between 2015/16 and 2018/19.

While there has been an increase in triage 2 and 3 categories in 2018/19, consultation with MHS revealed that this was primarily driven by an increase in staff training that improved staff understanding and resulted in better allocation of patients to the most appropriate triage category, based on clinical urgency.

Community services

MHS provides a range of community health services, mostly for the 65 years and older age group as part of the Commonwealth funded 'My Aged Services'.

Overall, MHS' community health service activity has increased by 5%, from 14,658 in 2017 to 18,840 occasions of service (OOS). The top 10 services displayed in Table 8 makes up the majority of this activity, accounting for 97% in 2019.

Physiotherapy services account for the largest number of OOS in 2019 and there was an increase in activity by 43% from 2,223 OOS in 2017 to 5,106 OOS in 2019. The next highest provision of community services activity is district nursing services and social support groups.

MHS does not receive funding for some health and wellbeing services because it is not formally recognised as a Community Health Service.

Table 6: MHS inpatient activity (separations), 2017 – 2019

Inpatient	2017	2018	2019	CAGR
Separations	548	466	410	-8.4%
Bed days	2292	2297	2306	0.2%
ALOS	4.2	4.9	5.6	11.5%
Occupancy rate	52%	52%	53%	

Table 7: Urgent Care Centre Data 2015 - 2019

Urgent Care Centre Activity					
Description	*2015-16*	*2016-17*	*2017-18*	*2018-19*	*CAGR*
Triage 2	7	3	11	30	66%
Triage 3	70	53	49	140	20%
Triage 4	302	296	277	507	14%
Triage 5	747	665	518	613	-4%
Total	1126	1017	855	1290	3%
% Triage 4 & 5	93%	94%	93%	87%	

Table 8: Top ten community health services, 2017 - 2019

Community Health Services	2017	2018	2019	CAGR
Physiotherapy	2,223	3,760	5,106	**43%**
District Nursing Services	5,908	5,191	4,465	**-8%**
Social support groups (CHSP)	2,851	3,176	3,636	**9%**
Personal Care	31	1,089	1,214	**>100%**
Occupational Therapy	392	617	1,010	**53%**
Podiatry	2,002	1,964	2,013	**0%**
Diabetes Educator	267	377	420	**19%**
Speech Pathology	341	197	117	**-22%**
Dietetics	204	322	221	**3%**
Community Health Intake	0	0	199	**>100%**
Top 10 services	**14,219**	**16,693**	**18,202**	**7%**
Total CHC activity	**14,658**	**17,093**	**18,840**	**5%**
% of total activity	**97%**	**98%**	**97%**	

Service Needs

Service needs and issues

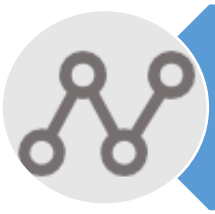
Following data analysis and extensive consultation we were able to identify six key service needs and issues:

1. The Moyne population is changing for groups that have high healthcare needs and utilisation, including older persons and young families.
Over the next 10 years, Moyne will see a significant increase in the percentage of the population aged over 65, as well as considerable growth in young families as land is continues to be made available for affordable housing development.

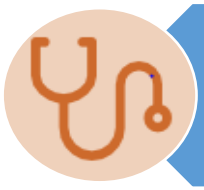
2. Health and socioeconomic status appears high, however a large proportion of the community experience significant disadvantage.
Socioeconomic status in not equitably distributed across the community. Whilst 7% of the population community are ranked within the least disadvantaged quintile, the majority of the population (74%) still falls in the bottom three quintiles for socioeconomic disadvantage.

3. Access to health services is a challenge given the remoteness of the region, which is further confounded by the majority of the population living outside the major towns.
The population will continue to be dispersed across the catchment with over 60% of residents living outside the two major towns of Port Fairy (containing 25% of residents) and Koroit (14%). The area has car ownership rates that are lower than that of the state average, further limiting accessibility of health services.

4. Funding challenges create accessibility barriers to outpatient services for people under the age of 65, and other groups with high needs.
Current funding streams limit access to outpatient services for those under the age of 65, limiting the ability to support healthy aging for those under 65 years. There is also a significant challenge in delivering services to support young families including children with developmental challenges.



5. There are developing partnerships and co-ordination of services between providers across the region and externally.
Care coordination services tend to focus on services provided by MHS rather than the full case management of services. There is limited formalisation of partnerships with regional healthcare providers in the form of formalised referral pathways and integrated models of care.



6. The service has built partnerships with medical clinics to ensure a comprehensive suite of general practice medical services supported by primary health specialists.
Without access to the required suite of general practice services across necessary hours of operation, MHS would be unable to deliver services to its full scope or to maximise the utilisation of resources.

Consultation Overview

Consultation overview

The consultations gained valuable input from relevant stakeholders, secured buy-in, ensures that this Plan is reflective of stakeholder views and insights, and best positions the Plan to meet the future health needs of the Moyne region.

Deloitte has worked closely with the Moyne Health Services Board and Executive to produce this plan. The stakeholder consultation plan involved 3 stages; phase 1 involved project initiation and identification of key stakeholders, phase 3 involved consultation and engagement with external and internal stakeholders across MHS, and phase 5 involved the release of the Draft MHS Health Services Plan for consultation with key stakeholders and staff.

While tailored to suit the stakeholder audiences and groups below, the core purpose of each consultation was to encourage stakeholders to comment their view on the core community needs, priority groups, opportunities to improve health services, and opportunities for Moyne Health Services to form partnerships to deliver the services.

Health Service Providers

Wider stakeholder engagement included consultation with relevant health service providers and partners including South West Health Care, Barwon Health, Terang & Mortlake Health Service, and Timboon and District Health Care Service. The Department of Health and Human Services has also been consulted, as has Barwon South West Regional Partnerships, Ambulance Victoria, the Moyne Shire Council, Western Victoria Primary Health Network, the Port Fairy Medical Clinic, and private service providers.

Community

The stakeholders of most of interest to MHS throughout the process of developing the Plan has been the broader community. As a result, multiple avenues of engagement were offered to encourage active community engagement with the service plan development; a Community Advisory Committee has been actively engaged throughout the process, two in-person community consultations were held (one in Port Fairy and one in Koroit), Moyne Health Services' aged care residents were engaged, information about the service plan was distributed by Moyne Health Services via the local newspaper, word of mouth, and online platforms, and general community feedback and engagement was encouraged through the distribution of an online survey which had 63 respondents.

Central to community engagement, committee members of initiatives such as Murray2Moyne and the Port Fairy Folk Festival were consulted for their views of core service needs, and potential opportunities for partnership. Education providers were similarly consulted for their views of the core service needs, and to consider opportunities for collaboration.

Staff

MHS volunteers and employees were also heavily involved in the consultation process, which included 3 in-person staff workshops as well as an online survey, targeting feedback of stakeholders internal to MHS. The in-person workshops were highly interactive and involved productive discussion around the core community needs, priority groups and opportunities to improve health services.

Consultation Results

The predominant focus of these consultations have been to understand the views, needs and priorities of the Moyne community, identify opportunities for partnerships and service integration across providers and develop options and choices for the Plan. The information gained during the consultation process has validated the planning and has informed the development of the service delivery options and strategies in this Plan. A separate attachment of the Consultation Summary and Survey Responses will be provided.

What our community and people told us

Our community and people have told us that our services are critical to the community and that increased access to community services that support healthy aging, young families and mental health are an important need of the community.

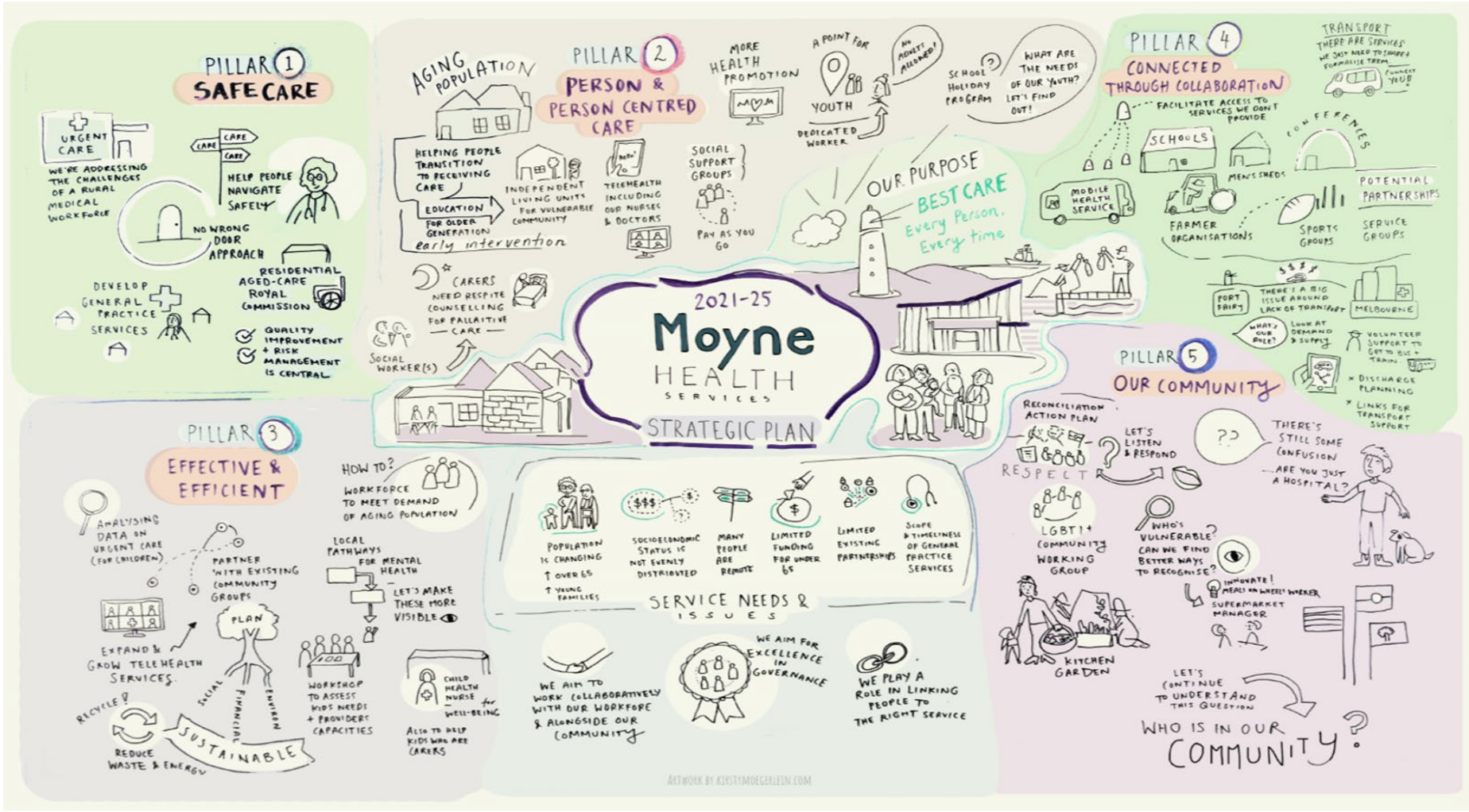
Community consultation themes

- Key needs identified in community consultations comprised community health services including health promotion, allied health services, exercise groups /facilities and social work. The community is keen to have MHS involved in all areas of physical, mental, and emotional wellbeing. Gaps in carer services and isolation were raised as issues.
- The community believe there is a need for an emergency unit staffed appropriately 24 hours a day 7 days a week.
- Ease of access is a priority for the community, in particular having facilities grouped together in accessible locations, with sufficient transport options.
- The community want to increase telehealth, in part to avoid having to travel for appointments E.g. to Warrnambool or Melbourne.
- Services for children and young families were raised as issues, including the need to facilitate access to diagnostic and therapy service for children (e.g. neurodiversity).
- There was a lot of positivity about MHS, including several mentions of the exercise classes offered by MHS and the benefits that social engagement offers those that attend.
- People identified service gaps across mental health and wellbeing / health promotion without using this language.
- Many people want more communication about what services are offered by MHS and what services require travel to other areas. Nevertheless, 74% of respondents believe they can easily access the information they need to make informed decisions about their health and their family's health.

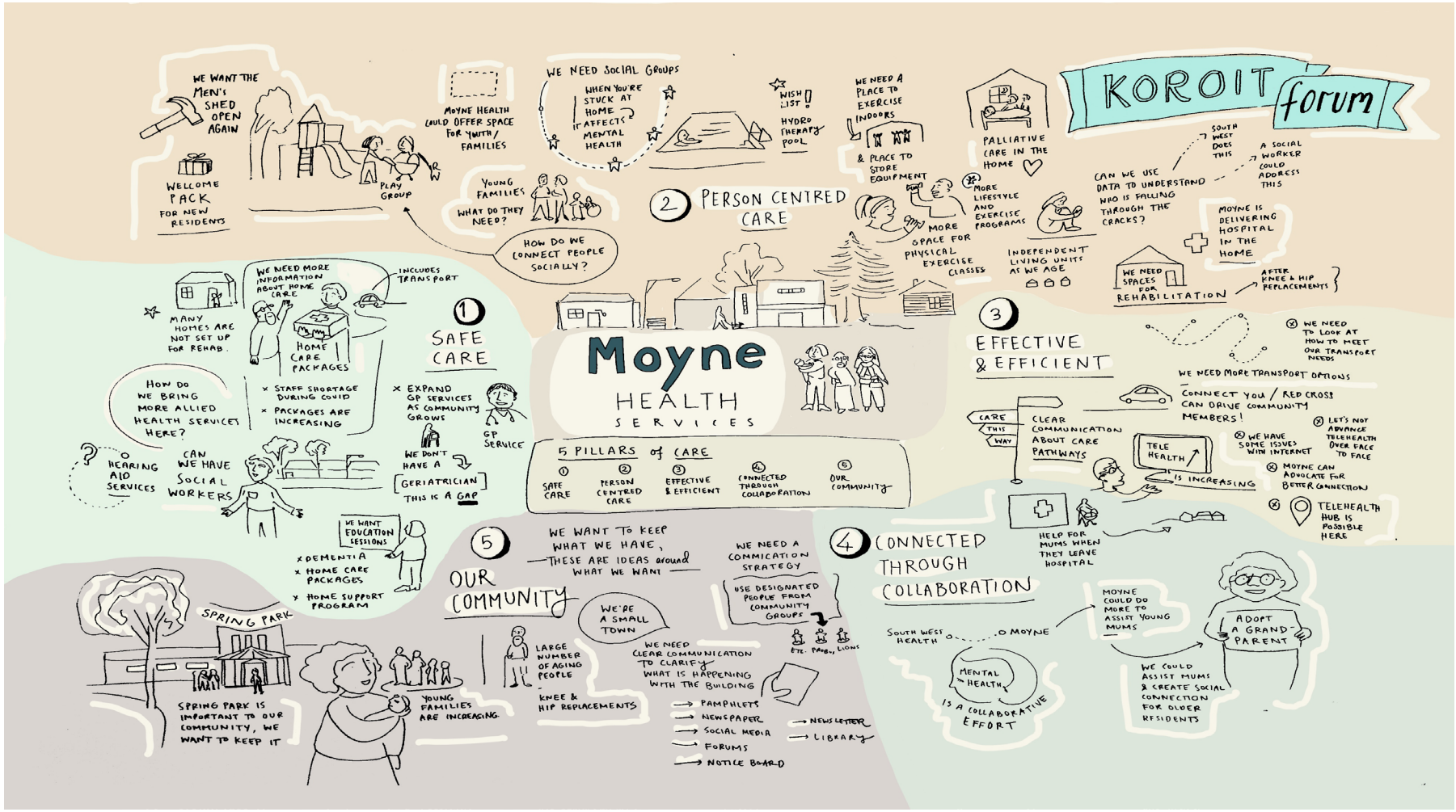
Staff consultation themes

- The core role of MHS is seen to be providing a wide range of health and wellbeing services locally to meet the needs of the local population and encouraging the population to be treated at, or close to home.
- The Moyne community has an aging population, and MHS caters well for over 65s but there is a gap in addressing the healthy aging needs of those aged under 65 years.
- The demographics of the community are changing as younger generations and families move to the region, and there is a need to offer more family services and services for increasingly younger generations.
- There is a need to increase the number of doctors and the capacity of urgent care.
- There is a community need for supported independent living and enhanced dementia services for the aging population.
- Mental health is not well serviced in the community. A more diverse mental health offering is required with capacity to service all age groups including the elderly population.
- Staff agree that MHS' services need to be continually updated in order to meet the changing needs of the population and believe services should be flexible and tailored to meet individual needs.
- SMS texts and staff briefing sessions were well received by staff throughout the COVID-19 crisis. There are changes that staff feel should be continued and embedded into current and future practice including increasing the use of telehealth to support the MHS' community.

Port Fairy Focus Groups



Koroit Focus Groups



Priority Areas for Action

Priority areas for action

The priority areas of the Plan identify opportunities to target core health needs and improve the accessibility and coordination of healthcare services for the Moyne community. These are in addition to the continuance of existing services unless specifically noted.

As part of the delivery of this Plan, we have identified six priorities that address the needs of our community and developed a series of actions to realise the changes to service accessibility, delivery and coordination over time.

These priorities are focussed on facilitating access to the well-being, clinical and support services needed by our changing population, to improve the health and wellbeing of our Moyne community.

Priority One: Wellness, health promotion and self-management services for our community

We will lead, in partnership with other providers, to improve access to services for our community that support the health promotion, self-management and the wellness of our community.

Priority 2: Integration and partnership across services and service providers

We will work to be a central enabler across care providers for people in our community to receive the comprehensive suite of health services required. We will work in partnership with our patients, residents and other healthcare providers to facilitate a healthcare experience that is coordinated and integrated around our patients, carers and families.

Priority Three: Improved equity of access and target service delivery based on need

We will focus on improving our community's access to health services to facilitate care provision based on clinical need and health outcomes. We will identify funding opportunities and flexible workforce models to ensure equitable and timely access to services.

Priority Four: Healthy aging and end-of-life care

We will increase our capacity to access culturally appropriate, sensitive, aged and end-of-life care for our people to live, age and die in their place of choosing. We will develop a sustainable workforce to deliver home based, community-based and residential aged care services locally within the MHS communities.

Priority Five: Workforce development and sustainability

We will develop a flexible, sustainable and local workforce that enables patient-centred, integrated healthcare to deliver improved health outcomes for our community. We will be innovative and flexible and target the specific needs of our community.

Priority Six: Enabling our future health services – digitally enabled health *We will continue to invest in our physical environment and innovative technologies that better support us to deliver on our priorities for our staff, patients, residents and families, through information sharing,*

and new models of care enabled by technology and required physical infrastructure.

Priority One: Wellness, health promotion and self-management services for our community

We will lead, in partnership with other providers, to improve access to services for our community that support the health promotion, self-management and the wellness of our community.

Description

Our community has clearly articulated a need to be able to access services locally, at home and in their community, to support the healthy aging of older generations, the health of children and young families and the mental health of the community. Services that facilitate wellness, self-management, social interaction and improved quality of life are seen as critical to the future health of the community.

Moyne has an aging population, with the percentage of the population aged over 65 expected to increase over the next 10 years. There is high demand for services to meet the health needs of those over 65, but also to support the healthy aging of those under 65. Funding challenges in community health services mean that currently, health promotion for those under 65 is a significant unmet need.

Growth is also expected in the younger age groups, including young families, as more land is made available for affordable housing development. Evidence shows that greater focus on the health of families, in particular of mothers and in the first 1,000 days of a child's life, will have the biggest impact on life expectancy of future generations, and will help give our children the foundations for a healthy life. Furthermore, for children with developmental challenges, access to early diagnosis and management is critical to maximising long-term outcomes for the individual, their family and the community.

Success will depend on embedding a focus on the long-term health of our community, including health promotion and prevention in all aspects of our services.

Actions

1. **Strengthen partnerships with local community groups and organisations.** Ensure that Annual Operational Plans include actions for each community to strengthen partnerships and work with key organisations in the area to coordinate a local approach to health promotion and prevention within each community, combining available funding sources and all stakeholders (e.g. schools and community groups) to deliver coordinated services and greater continuity of care.

2. **Identify partnerships and new funding opportunities to develop dedicated health promotion and prevention resources.** In line with community needs and expectations, MHS has and is continuing to evolve beyond its traditional role as a rural hospital to provide a breadth of wellness, health and care services. Funding models need to also continue to evolve to ensure the health needs of the community are sustainably met. Partnerships will provide an opportunity to facilitate access to a more comprehensive suite of services that is beyond the operational capability of MHS.

3. Build an MHS culture focussed on the long-term health of our community, including health promotion and prevention in all aspects of our services delivery. MHS has evolved from a hospital to a community health service offering a breadth of services across urgent, inpatient, outpatient and residential care. The service has the opportunity to drive a cohesive and unique health service culture that is dedicated to the health of the community now, and into the future across the full breadth of the services.

Indicators of Success

MHS will promote partnerships to increase service delivery options
MHS will explore and implement new funding streams or expand current programs

Priority Two: Integration and partnership across services and service providers

We will work to be a central enabler across care providers for people in our community to receive the comprehensive suite of health services required. We will work in partnership with our patients, residents and other healthcare providers to facilitate a healthcare experience that is coordinated and integrated around our patients, carers and families.

Description

Increasingly, our community will require care provided by a number of service providers including MHS, general practice, specialist care and tertiary hospital, private provider and community groups.

We recognise that we cannot be the sole provider of health services for our community but can collaborate with other services to ensure comprehensive health care management. Furthermore, we believe that the coordination and integration of healthcare across care providers is critical to positive health outcomes and the efficient use of health resources. Our aim is to be a key resource for our patients and families to ensure efficient and effective coordination of services, and maximised health outcomes and quality of life for our patients.

Actions

1. Expand care coordination services to include services provided by other providers and partners. We will facilitate our community receiving comprehensive and integrated health care across service providers including MHS, partners and other providers. We will provide full case care coordination services to support our community in achieving the best health outcomes and greatest quality of life from their healthcare services.
2. Regional leadership in digital systems navigation services. Telehealth and video- conferencing will enable our community to more easily access important health and specialist services that would otherwise have required extensive travel. As an evolving way to receive healthcare, our community will require access to relevant technology and support to effectively use digital channels to meet care needs.
3. No wrong door. We aim to be an enabler for our community to access, coordinate and maximise the outcomes of health services regardless of the care needed. When people reach out to MHS for health services and support, we aim to facilitate the meeting of their healthcare needs whether that be with us, or service delivery by partners or other providers. There will be no wrong door when people approach MHS with healthcare needs. Social work capability is core to this as are strong partnerships across a broad spectrum of services.
4. Seek funding opportunities for care coordination and service enablement functions. Currently not linked to a funding stream, the successful delivery of case care coordination and service enabler functions will rely on securing sustainable funding to resource these activities.

Indicators of Success

MHS will develop a partnership framework
MHS will increase care co-ordination / assessment and intake activities in partnership with other services.
MHS will actively encourage with and promote digital and telehealth solutions
MHS will promote a 'no wrong door' through community engagement

Priority Three: Improved equity of access and target service delivery based on need

We will focus on improving our community's access to health services to facilitate care provision based on clinical need and health outcomes. We will identify funding opportunities and flexible workforce models to ensure equitable and timely access to services.

Description

MHS seeks to enable members of the community, at all phases of life to access the healthcare support and services required. Barriers associated with funding streams and workforce limitations significantly limit the current capability of MHS to deliver services based on need and clinical priority.

Alternative funding streams and partnerships are required to enable access based on clinical need and priority rather than age-defined funding models.

Healthy aging of those under 65, and targeted support for young families are core needs for the community that are currently severely limited due to current funding models.

Flexible workforce models and partnerships can offer opportunities to facilitate access to MHS operating at the full scope of service provision across required operating hours.

Actions

1. **Explore funding opportunities to enable access to healthcare based on clinical need.** Funding streams that allow clinicians and health professionals to make service decisions based on clinical prioritisation and equitably deliver care based on clinical need are core to meeting the current and ongoing health needs of the community. Potential funding streams may come from all three levels of government and include linked agencies such as Regional Partnerships and the PHN.
2. **Sustainable medical staffing and access to general practice services**. Timely, reliable and sustainable access to a full breadth of general practice medical services is a priority for MHS. General practice services are core to MHS' ability to maximise the utilisation of resources and the impact of services, including inpatient services, palliative care, urgent care and timely transition to residential aged care.
3. **Innovative, flexible workforce models and partnerships.** Substitution and incorporation of alternative workforce models can be used to access alternative funding streams or deliver services more consistently and reliably across the required operating hours. Potential opportunities exist for partnership, more integrated care with SWARH, and Barwon Health including a telehealth specialist review in the Urgent Care Centre to avoid up-transfer, specialist sessions from MHS rooms, and earlier down transfer to inpatient care at MHS.

Indicators of Success

MHS will explore new funding streams and participate in pilot programs
MHS will continue to build partnerships with medical clinics to strengthen levels of care for the community
MHS will partner with other health services to access or provide care services close to home
MHS will promote a 'no wrong door' through community engagement

Priority Four: Healthy aging and end-of-life care

We will increase our capacity to access culturally appropriate, sensitive, aged and end-of-life care for our people to live, age and die in their place of choosing. We will develop a sustainable workforce to deliver home based, community-based and residential aged care services locally within the MHS communities.

Description

Over the next 10 years, the proportion of the people aged 65 years and over within the MHS catchment is expected to increase by almost a quarter of the population. Aging and end-of-life care services will need to expand to ensure care for our people, and most importantly, where possible, allow people to make choices about the place in which they live, age and die.

The traditional residential aged care model will be complemented by independent living services, home-based services, access to community-based services, and support for carers.

A core goal will be the engagement of older persons within the wider community and care in the setting of their choosing, including centre-based services to allow social interactions, home-based services to improve access to support carers, and residential services that allow independent living options and accommodation for couples.

We will develop a sustainable workforce to deliver home-based, community-based and residential aged care services locally within the MHS communities.

Actions

1. Expand choice of aging and aged care services available to the community. This will improve access to key services, including:
   - Maximising the availability and use of aged care packages within the community
   - Increasing access to community-based aged care services including consideration of availability of transport and a community desire for social interaction
   - Providing access to home-based, telehealth and remote monitoring services to support delivery of care within the home environment
   - Expansion of accommodation choices for older persons including independent living and accommodation for couples.
2. Improve the delivery of aged care services sensitive to the needs of clients with dementia with a core focus of advancing the capability and capacity of the workforce to meet the specific and unique needs of patients and residents living with varied presentation and impact of dementia.
3. Meet the need for local provision of end-of-life and palliative care. This will improve access to key services including medical and pharmacological support, inpatient care, home- based care and outpatient services.

Indicators of Success

MHS will continue to grow Home Care Packages Services
MHS will be agile and ready to adapt to the changing aged care landscape
MHS will maintain high level of occupancy in the Residential Aged Care
MHS will expand staff skills capacity to deliver a more holistic aged care service

Priority Five: Workforce development and sustainability

We will develop a flexible, sustainable and local workforce that enables patient-centred, integrated healthcare to deliver improved health outcomes for our community. We will be innovative and flexible and target the specific needs of our community.

Description

Key to the success of delivering local, patient-centred, comprehensive health services to our community will be our ability to maintain a local, stable and sustainable workforce that is supported as part of a multidisciplinary team, and empowered to deliver services at the top of their scope.

Actions

1. **Sustainable medical staffing and access to general practice services**. Timely, reliable and sustainable access to a full breadth of general practice medical services is a priority for MHS. General practice services are core to MHS' capability to maximise the utilisation of resources and the impact of services, including inpatient services, palliative care, urgent care and timely transition to residential aged care.
2. **Investigate flexible workforce models**. Including substitution and alternative workforce models that can be used to reliably and better deliver services.
3. **Improve clinician ability to practice at top of scope.** Support clinicians to practice to the top of their scope through defined models of care, communication to referrers and staff, and provision of appropriate support, training and clinical opportunities to maintain skill levels.
4. **Build a culture of care innovation and a workforce skilled in digital and telehealth models of care.** Devise workforce strategies and actions to promote a culture of learning, innovation and technological literacy to enable greater use of technology in service delivery.
5. **Expand the rural generalist model across all disciplines.** Continue developing and expanding the Rural Generalist model across medicine, nursing and allied health with a focus on specialist skills in aged care, mental health and urgent care.
6. **Maximise collaboration with regional partners to gain efficiencies in recruitment, retention, training and development**. Create linkages and partnerships with neighbouring rural services to improve opportunities and deliver economies of scale in recruitment, training, fractional or split roles, and access to specialist skillsets.

Indicators of Success

MHS will develop and implement a workforce strategy to retain and recruit the best people
MHS People Matter Survey results will be better than the benchmark

Priority Six: Enabling our future health services – digitally enabled health

We will continue to invest in our physical environment and innovative technologies that better support us to deliver on our priorities for our staff, patients, residents and families, through information sharing, and new models of care enabled by technology and required physical infrastructure.

Description

MHS has the opportunity to enhance its core physical infrastructure and technology to enable delivery of the priorities outlined in the Plan to address the needs of the community.

New technologies offers the opportunity for our community to gain access to services not physically available in the region. As technology advances, there are new opportunities for us to deliver services in ways that create greater access, are patient-centred and allow services to be delivered closer to home. As new technology-enabled models of care emerge, we will continue to explore their role, particularly technology that supports timely access to specialists and enables us to deliver more services locally, as well as outpatient appointments delivered through telehealth.

Embracing technology also includes developing a mindset amongst our people, so that they are willing to try new things, innovate, and be leaders in rural and remote health delivery in Australia and the world.

Whilst we will aim to maximise the use of telehealth and home based services, we recognise a need for centre-based and bed-based services and corresponding investment and infrastructure.

To achieve the Plan, we need to work with our partners to both grow the funding pool, and encourage innovative investment models.

Actions

Ensure effective use of current infrastructure, master planning and investment to meet future health needs. Optimise the use of what is in place from both a technology and a physical infrastructure perspective. Ensure Infrastructure Master Planning that effectively utilises and adequately plans to accommodate telehealth services, centre-based community services and residential care including independent living. Accommodation will be required to meet the needs of staff, patients, residents and their families.

Develop and pilot technology-enabled models of care and build infrastructure that supports these models. Investigate and implement technology-enabled models of care, including telehealth service models and remote services delivered with specialists based outside the region. Infrastructure Master Planning that is technology enabled will support this.

Work with the Department of Health, Regional Partnerships and service partners to find and implement alternative funding models for specific priorities or innovative models of care.

Enable easy communication and data sharing to better integrate care between service providers and partners. Develop a data sharing protocol across MHS and partners (including security, ownership and use of data) to enable better communication and sharing of information between services and providers.

Indicators of Success

MHS will complete a Master Plan review
MHS will facilitate community capability to access telehealth
MHS will be a proactive participant in regional ICT initiatives

Looking Forward

Future services

The future service model will focus on supporting our community's wellbeing and healthy growth and aging through improving access to community health and mental health services, and facilitating comprehensive case care coordination through the expansion of services, access of new funding models and leverage of partnerships and innovative care models.

The health service needs and issues identified in this Plan, as well as the actions identified to address them identify an overarching ambition for MHS to:

Improve health outcomes for the MHS population

Improve local access to a comprehensive and coordinated health care experience

Achieve this in particular by embracing new technology and ways of working – through different workforce models, embedding telehealth as a core part of our models of care, seeking opportunities for partnership in care provision and identifying funding streams that ensure access for the whole community

The future service model for Moyne will involve:

Enhanced access to community health services with a particular focus on the under 65 years cohort and young families.

"No wrong door" approach supported by skilled and connected staff with high levels social work, mental health triage and community health expertise.

Digital systems navigation services and case care coordination to maximise the impact and outcomes of health inputs and resources

Ability to meet the needs of our aging population including increasing our capacity to access culturally appropriate, sensitive, aged and end-of- life care for our people to live, age and die in their place of choosing

A strong focus on partnerships and the integration to improve access and maximise the effectiveness of service delivery.

A need to achieve a reliable and comprehensive suite of general practice services to ensure the service delivers services within its full scope in a reliable and timely way

Leveraging of alternative workforce models to provide greater consistency in service delivery.

The service model has been developed considering the Department of Health's Rural and Remote Health Service Plan and reflects on changes and developments in the policy, technology, social and health environment.

Future service capability

The table on the next page identifies the clear direction for service changes to evolve the service model to more comprehensively meet the health challenges and needs of the community.

Policy and health investment context

There are some key shifts in the policy, social, health context that have been considered in the context of the Moyne community and the development of this plan. Ongoing monitoring of changes in the external environment will allow MHS to continue to best meet the needs of the community.

Key current considerations and potential future opportunities for MHS include:

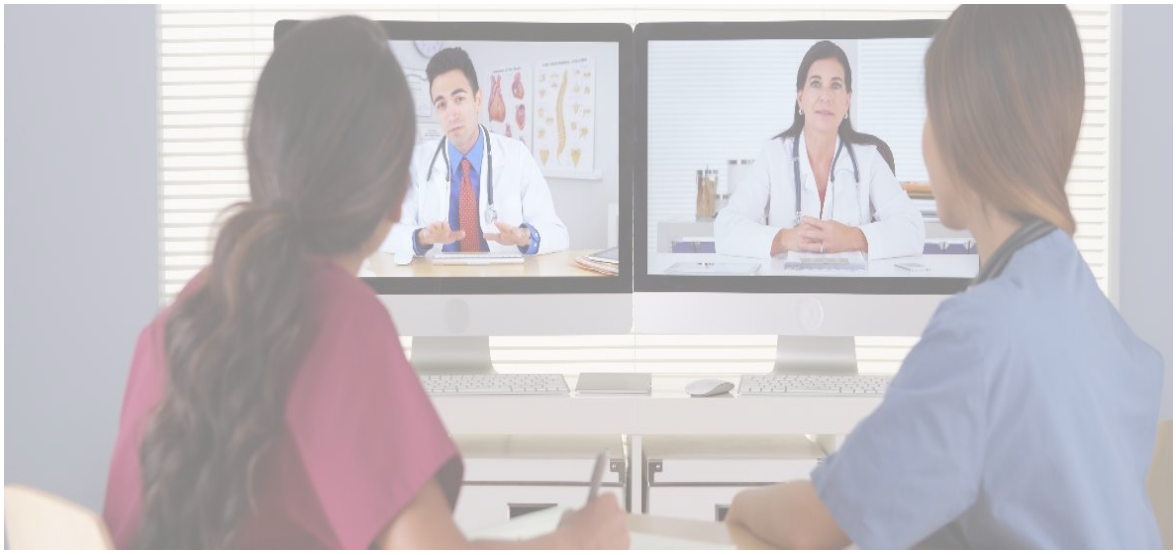
The impact of COVID-19

COVID-19 has recently generated an unprecedented disruption to the Australian community, the economy, and the delivery of healthcare. It is clear that the COVID-19 crisis is changing our world both temporarily and permanently, and in ways we are yet to fully understand.

For MHS and the Moyne community there has been some very direct negative impacts including limitations of visitors to Aged Care, reduced freedom of movement in the community, leading to increased isolation and personal stress The closure of the Koroit facility, a national shutdown of elective surgery, disruption to the medical consumables supply chain and challenges to the accessibility of personal protective equipment (PPE) all impacted our service delivery models. In the broader community, there are ongoing risks associated with a large and transient tourist population, losses for the regional tourist economy and the cancellation of major community events including the Murray2Moyne cycle race and the Port Fairy Folk Festival.

There has also been some good to emerge with the widespread implementation of telehealth, following the success of the MBS funding and the broad uptake of videoconferencing, which has substantially reduced geographical barriers.

For Moyne, early indications of a more sustained impact include greater population growth beyond existing forecasts as the pandemic influences decisions of where to live and raise a family.



Digital technologies and telehealth funding

The integration of digital technologies within healthcare to improve both quality of care and access has gathered significant momentum and is becoming somewhat mainstream in recent years. Further to that, recent changes to the funding of services delivered via telehealth and the impact of COVID-19 through the MBS will continue to accelerate uptake.

Systems navigation provided as a service is emerging as a strategy to reduce barriers to care. The Moyne community often experience geographical challenges accessing healthcare that can potentially be overcome through access to the appropriate technologies and support in using these. Pilots for digital navigation services in regional areas have the opportunity to allow for timely access to specialists and delivery of more services locally, as well as outpatient appointments delivered through telehealth.

Royal Commission into Aged Care

The final report was delivered in February 2021. The report made 148 recommendations to address systemic issues with Residential and Community based Aged care services. The recommendations include changes to service models and funding programs to be introduced over the next 3 – 5 years. Moyne Health Services is well placed in the planning for the implementation of these recommendations within our service

Next steps

MHS will continue to engage with the community to ensure that this plan remains relevant to community needs and expectations.

The plan will need to be agile and aligned with changing policy and health directions. The COVID 19 pandemic has challenged every aspect of our lives and has in many ways redefined the delivery of health care services.

MHS recognises the importance of building on the lessons learnt from our collective COVID experiences and will work with our staff, partners and the local(and wider) communities to remain relevant with a strong social and moral compass focused on best Care, Every person, Every Time.

An evolved service model

The future service model will focus on access to services within the community that support community wellness, health and quality of life.

Table 9: Future development of the MHS service model

Model description	Introduce	Continue	Expand	Reduce
Urgent Care				
Medical	• Onsite general practice support to team and services • Telehealth Specialist medical review with Warrnambool Hospital ED	• 24/7 medical support (virtual or on site)	• Rural model	
Nursing		• Nurse led RIPRN		
Diagnostics				
Inpatient Care				
General Medical	• Formalised step down models of care • Social work	• Acute based care • Reconditioning care	• HITH Partnerships	
Palliative Care	• Home based services and funding	• Bed based services	• Home based services	
Transition Care				
Community Health				
Cohort: Adult Over 65	• Social work	• Physiotherapy • Occupational Therapy • Exercise groups	• Podiatry • Use of rooms by private services (including clinical governance)	
Cohort: Adult under 65	• Access to community health services • Chronic and complex care • Funding streams		• Use of rooms by private services (including clinical governance)	
Cohort: Paediatrics	• Occupational Therapy • Developmental challenge assessment and diagnosis • Neuropsychology Assessment		• Speech Pathology	
Cohort: Adolescent	• Monitor need with growth in young families			
Health Promotion	• Education sessions • Exercise groups			
Wellness services	• Community group partnerships			
Care coordination	• Digital navigation services • Care coordination across all service providers • Telehealth funding		• Telehealth Specialist access • Care co-ordination with other services	• Care coordination for MHS-only services
Mental Health				
All cohorts	• Social work • Mental health triage • Mental health support • Family support • Partnerships to support domestic violence			
Aged Care				
Residential Aged Care	• Independent living • Accommodation for couples	• Monitor regional demand	• Leisure and lifestyle programs	
Home care packages	• Social work • Carer support		• Availability and uptake of packages	
Respite services			• Increase promotion	
AC Assessment services				
STRC			• Update of packages	

Appendices

Appendix A: Report references

The following references and data sources were utilised and cited to support the development of this report.

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Appendix B: Glossary

Terms	Definition
AC	Aged care
ICT	Information and communications technology
Local Government Area (LGA)	Local Government Areas (LGAs) are an Australian Bureau of Statistics approximation of officially gazetted Local Government Areas as defined by each State and Territory Local Government Department. They are referenced in the Australian Statistical Geography Standard (ASGS), and can be broken down into a more granular SA2 level, which can further be broken down into an even more granular SA1 level. Local Government Areas are identified by four digit codes unique within a State or Territory. In the case of Moyne Health Services' catchment area, this does not exactly map to the Australian Bureau of Statistics Local Government Area.
MBS	Medicare Benefits Schedule
PHN	Primary Health Network
RIPRN	Rural and Isolated Practice Registered Nurse
Statistical Area Level 1 (SA1)	Statistical Areas Level 1 (SA1) are geographical areas built by the Australian Bureau of Statistics. Whole SA1s aggregate to form a Statistical Areas Level 2 (SA2) in the Australian Statistical Geography Standard (ASGS) Main Structure. SA1s have generally been designed as the smallest unit for the release of census data. SA1s have a population of between 200 and 800 people with an average population size of approximately 400 people. SA1s are designed to be either a predominantly rural or predominantly urban in character, with SA1s in rural and remote areas generally having a lower population than in urban areas. The SA1s were designed using a number of criteria including consideration of factors including population, Aboriginal and Torres Strait Islander population, Urban and Rural, Local Government Area, Transport, Gazetted Suburbs and Localities, Growth, Prisons and Defence Bases.
Statistical Area Level 2 (SA2)	Statistical Areas Level 2 (SA2) are medium-sized general purpose areas built up from whole Statistical Areas Level 1. Their purpose is to represent a community that interacts together socially and economically.
SWARH	South West Area Regional Healthcare
WBH ED	Warrnambool Base Hospital - Emergency Department