



STRATEGIC PLAN 2022-2025

MAY 26, 2022

Report Name: Strategic Plan 2022-2025

Report Custodian: Katharina Redford

Date: 26 May 2022

Version No.: 1

Endorsed by: MHS Board May 2022

Board Chair: Brian Densem

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**

TABLE OF CONTENTS

Executive Summary 5
 Overview.....5

Development of the Plan..... 6
 Consultation7
 Consultation themes.....7
 Consultation Outcomes8

Our Moyne Catchment..... 9
 Defining the Moyne catchment.....9
 Map of 2031 Projected Populations Moyne Catchment.....9

About MHS..... 10
 Health Services..... 11

Service needs and issues..... 12

Consultation overview 13
 Health Service Providers 13
 Community 13
 Staff..... 13
 Consultation Results..... 13

What our community and people told us 14
 Community consultation themes 14
 Staff consultation themes..... 15

Port Fairy Focus Groups..... 16

Koroit Focus Groups 17

Priority areas for action..... 18

**Priority One: Wellness, health promotion and self-management services
 for our community 19**

**Priority Two: Integration and partnership across services and service
 providers 20**

**Priority Three: Improved equity of access and target service delivery
 based on need 21**

Priority Four: Healthy aging and end-of-life care..... 22



Priority Five: Workforce development and sustainability 23

Priority Six: Enabling our future health services – digitally enabled health..... 24
 24

Policy and health investment context 25

 Key current considerations and potential future opportunities for MHS include:..... 25

 The impact of COVID-19 25

 Digital technologies and telehealth funding..... 26

 Royal Commission into Aged Care..... 26

Next steps 26

Appendix A: Report references..... 27



Executive Summary

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

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.



Development of the Plan

The Strategic Plan 2022-2025 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 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, MHS needs to reconsider what, where and how health services are delivered.

The strategic 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.



Consultation

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.

Consultation themes

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.



Consultation Outcomes

To respond to these needs and issues, six priority areas have been identified. 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.

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 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.

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.



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

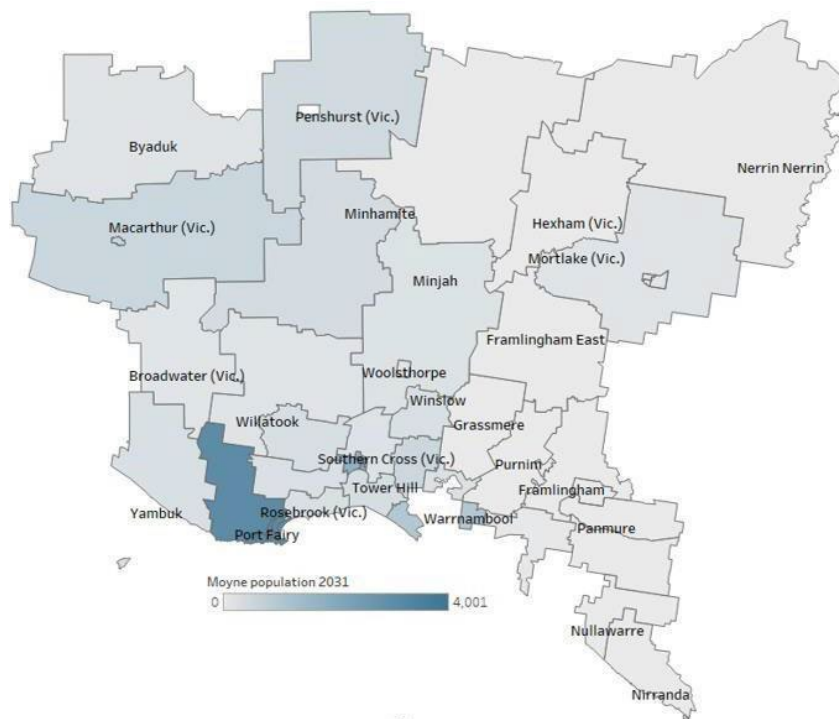
The community centres are the major townships of Port Fairy and Koroit, however over 60% of Moyne residents live outside major townships, in towns and communities dotted along the rugged coastline and pastoral countryside.²

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 map below 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.

Map of 2031 Projected Populations Moyne Catchment



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



Service needs and issues

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



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.



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% 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.



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.



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.



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.



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

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.

Consultation Summary



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.

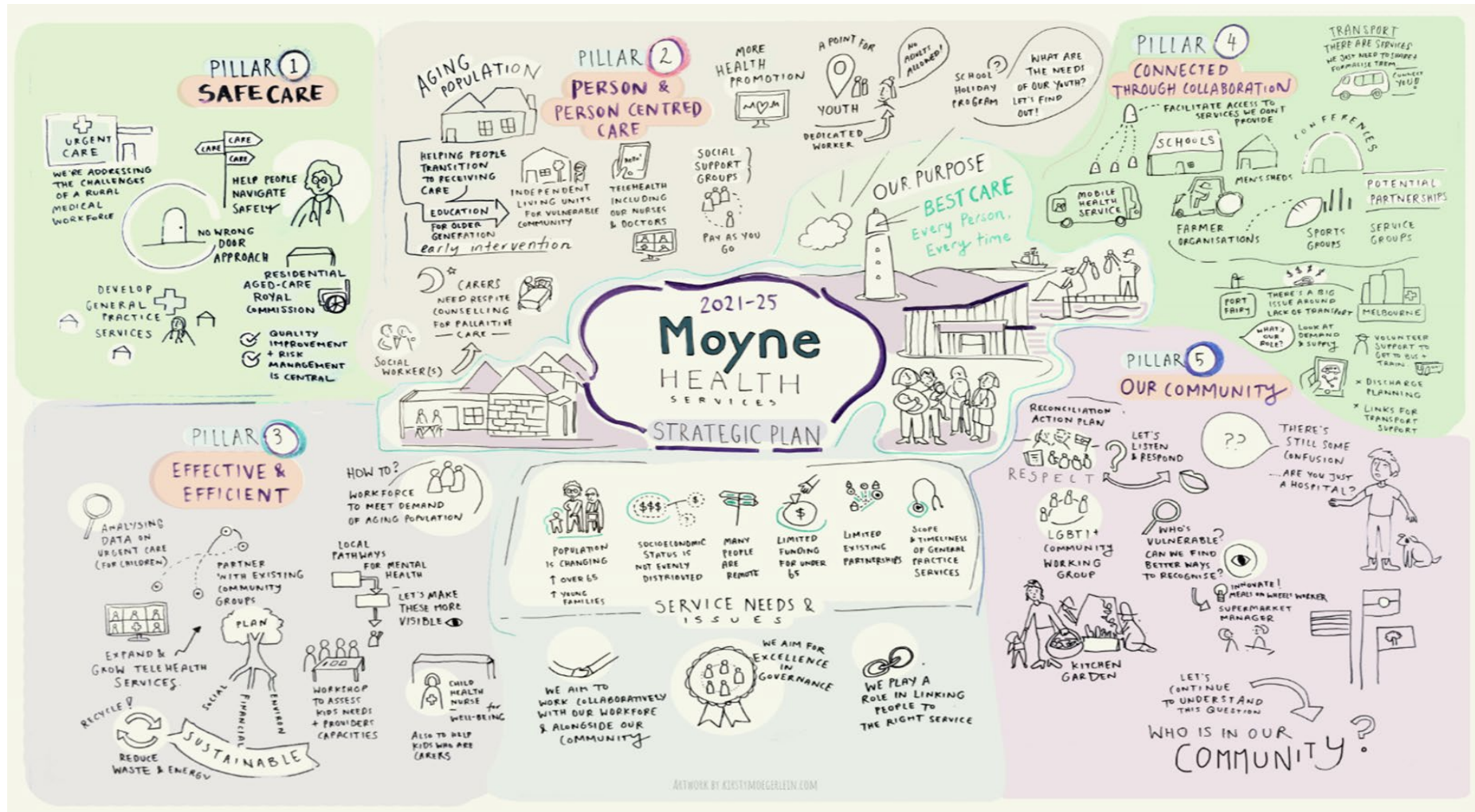


Staff consultation themes

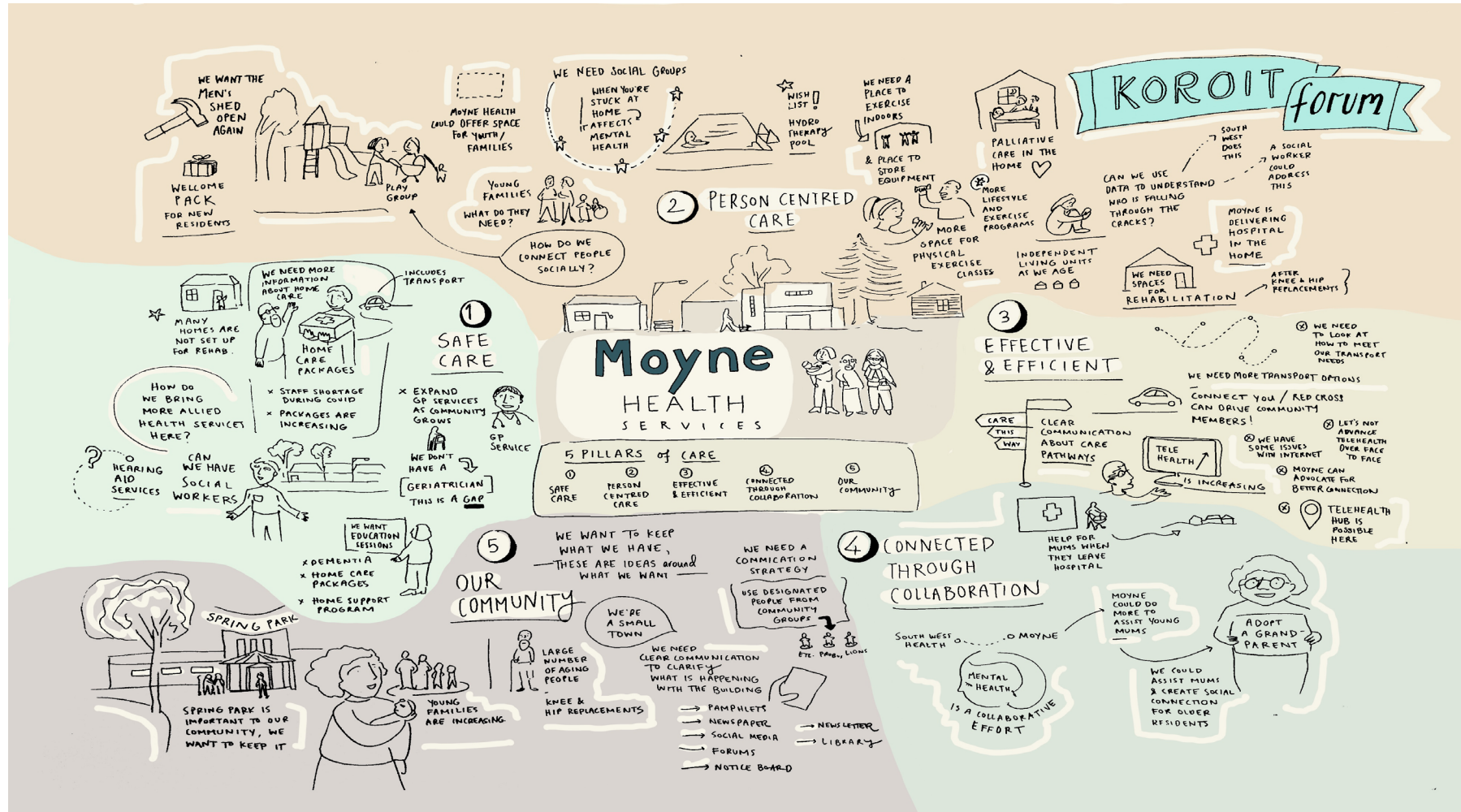
- The core role of MHS is seen to be providing a wide range of health and wellbeing services locally to meet the needs of the local population and encouraging the population to be treated at, or close to home.
- The Moyne community has an aging population, and MHS caters well for over 65s but there is 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

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 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.

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.

- 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. 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.
- 3. 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.
- 4. 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

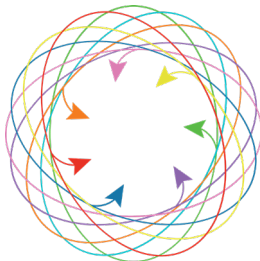
- MHS will promote partnerships to increase service delivery options
- MHS will explore and implement new funding streams or expand current programs



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.

- 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. 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.
- 4. 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 this as are strong partnerships across a broad spectrum of services.
- 5. 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.

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.

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.

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' 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.
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

- 1. 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.
- 2. 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.
- 3. 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.**
- 4. 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



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 relay 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.



Appendix A: Report references

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

Australian Bureau of Statistics. (2016). *2016 Census*. Retrieved from

<https://www.abs.gov.au/websitedbs/D3310114.nsf/Home/Assuring%20Census%20Data%20Quality>

Australian Government Australian Institute of Health and Welfare. (2016). Australia's Health 2016. *Australia's Health Series*, 15(199). Retrieved from <https://www.aihw.gov.au/reports/australias-health/australias-health-2016/contents/chapter-4-determinants-of-health>

Moyné Shire Council and State of Victoria Department of Jobs, Precincts and Regions. (2019). *Moyné Economic Development Strategy and Action Plan: Moyné Shire Council 2019 – 2029*. Retrieved from

<http://www.moyné.vic.gov.au/Our-Services/Economic-Development/Economic-Development-Strategy>

State of Victoria Department of Environment, Land, Water and Planning. (2015). *Climate-Ready Victoria: Barwon South West*. Retrieved from

https://www.climatechange.vic.gov.au/data/assets/pdf_file/0020/60743/Barwon-South-West.pdf

State of Victoria Department of Environment, Land, Water and Planning. (2019, July). *Victoria in Future 2019: Population Projections 2016 to 2056. South West Region Profile*. Retrieved from

<https://www.planning.vic.gov.au/land-use-and-population-research/victoria-in-future>

State of Victoria Department of Health and Human Services. (2015). *Barwon-South Western Region 2015*.

Retrieved from <https://www2.health.vic.gov.au/about/publications/data/barwon-south-western-region-2015>

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. *British Medical Journal Open*, 7(1), p.e013227

World Health Organisation Commission on Social Determinants of Health. (2008). Closing the gap in a generation: Health equity through action on the social determinants of health