



**Tallangatta Health
Service Plan
2018-2027**

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TALLANGATTA HEALTH SERVICE PLAN 2018-2027

EXECUTIVE SUMMARY

Tallangatta Health Service is located on one site in the township of Tallangatta. It has been serving the community of Towong Shire and surrounding areas for over 100 years providing local health services.

Tallangatta Health Service is classified as a small rural health service within the State Government health framework. It is delegated its function by The Minister of Health under the Health Services Act 1988 (Vic).

Tallangatta Health Service has established its vision, strategic priorities and values as part of its strategic direction 2018-2027. In order to realise the vision of 'Empowering People for Health', the Tallangatta Health Service Plan needs to align with the Strategic Direction 2018-2027.

Strategic priorities

1. Care is relevant, safe, high quality and responsive
2. Our infrastructure is planned for future needs
3. Our partnering with communities cultivates connection
4. Our workforce is adaptive, skilled and compassionate

These strategic priorities all require Tallangatta Health Service to have service delivery that enables achievement and it is therefore pertinent to complete a new service plan.

The purpose of this document is to outline the service plan for THS for the next three years in order to build capability to continue to provide relevant local health services and inform future planning for the further development of the health service.

This life span is aligned with the first phase of the Strategic Direction 2018-2027. There is still consideration within this plan for services past the three years; to enable the plan to remain contemporary and a living plan the present informs the future. Some services require a lead in time to plan the service but also the associated infrastructure, so planning may occur well before the actual commencement of the service.

This is an update to the previous service plan prepared in 2013 and builds on this foundation.

The community has been consulted as part of our development of the plan and we thank them for their valued input.

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1. BACKGROUND AND PRINCIPLES

Background

Tallangatta Health Service is classified as a Small Rural Health Service (SRHS). SRHS's deliver a range of health and aged services and have campuses located in towns with a population of typically less than 5,000 people. Small Rural Health Services can make decisions within their agency budget, about the mix of services that will best meet the needs of their local community, in consultation with the Department of Health and Human Services (DHHS). THS as a SRHS is driven by the Victorian Health Priorities Framework 2012-2022: Rural and Regional Health Plan (Plan). This plan is currently being updated.

The Plan notes that:

'Rural and regional health services in Victoria play an integral role in supporting rural and regional Victorians to be as healthy as they can be. This role includes delivering a range of services from health promotion and primary health through to providing acute inpatient services, mental health and drug services, aged care services and end-of-life care.

Rural and regional health services and the staff and volunteers who work within them have strong relationships with the local communities in which they are located. They contribute to the economic viability of many rural and regional towns and assist to build the social fabric of the local community'.¹

THS's physical infrastructure houses hospital care, urgent care, medical centre, residential aged care, primary and community care office base and corporate services. The multidisciplinary work force consists of approximately 160 people providing services on-site or within the community.

Principles

As a small rural health service, the role of THS is to provide safe and sustainable access to health care services for the people of Tallangatta and surrounds. This also includes referral pathways to services within the Hume region and referral centres in Melbourne.

The following service planning principles incorporate the themes outlined in the Department of Health and Human (DHHS) 'Design, Service and Infrastructure plan for Victoria's rural and regional health system. The plan has been localised in respect of naming 'Tallangatta and surrounding catchment'.

Safe and quality of service provision

Provision of safe and high quality services for the residents of Tallangatta and surrounding catchment is a fundamental aspect of this plan.

¹ <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/vic-health-priorities-framework-2012-22-rural-plan> p 11

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Person centred care

THS governance and operations will be aligned to best meet consumer needs with the help of consumer experience and involvement in care.

Local access

When it is safe and appropriate to do so, THS services will be provided locally.

Networked services

Networking with Albury Wodonga Health (AWH) and other local government and non-government providers of health and aged care is essential for sustainability of THS services.

Some THS services will be provided as part of a 'hub & spoke' clinical care model across the Hume region. Regional health services in Hume will provide care for a more complex and/or time critical caseload that requires specialist medical and surgical expertise and ready access to diagnostic services.

For the Tallangatta and surrounding catchment, AWH will be the main provider of these services. When possible, people from the THS catchment will be referred to specialist services within the Hume region.

Partnerships and collaboration

THS engages with AWH to develop referral and care pathways to provide patients with the right care in the right place at the right time. This includes development of shared models of clinical governance and care, to facilitate early discharge for Tallangatta and surrounding residents to THS for ongoing post-acute care. Shared models of care will involve GPs, medical specialists, nursing and allied health.

Regional health services support THS by the use of technology, particularly telehealth, to support provision of a wide range of local health services, provided by medical, nursing and allied health clinicians.

Engaging with regional and other small rural health services on initiatives to attract and retain a skilled workforce are a key part of the regional and rural health plan.

Sustainability

The cost of providing services is an important part of remaining able to provide services to the local community. THS will identify and implement efficiencies to improve processes, reduce costs and optimise use of resources, across all service streams.

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Sustainability will include aligning primary care, rehabilitation and community based services with acute care priorities, with the aim of reducing demand for acute inpatient care.²

It is also essential to develop well integrated, consumer services in response to the introduction of consumer directed care funding models.

2. TALLANGATTA HEALTH SERVICE VISION AND VALUES

'Empowering people for health'

Our vision is aimed at making each person in the community stronger and more confident, giving them authority in decision making for health.

The values of Tallangatta Health Service drive its culture and all staff of the service should hold true to the values of:



3. POLICY CONTEXT

The following section highlights policies of particular relevance to THS planning.

3.1. Victorian Health Policy

There are a number of Victorian health policies that THS must take direction from in their service delivery.

Health 2040

As per the DHHS Health 2040: advancing health, access and care presents a clear vision for the health and wellbeing of Victorians and for the Victorian healthcare system. Health 2040 is built around three pillars: the top level policy objectives include:

² <https://www2.health.vic.gov.au/hospitals-and-health-services/health-system-design-planning/statewide-plan>

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- **Better health:** focuses on prevention, early intervention, community engagement and people's self-management to maximise the health and wellbeing of all Victorians.
- **Better access:** focuses on reducing waiting times and delivering equal access to care via statewide service planning, targeted investment, and unlocking innovation.
- **Better care:** focuses on people's experience of care, improving quality and safety, ensuring accountability for achieving the best health outcomes, and supporting the workforce to deliver the best care.³

Each year the Statement of Priorities, THS's annual agreement with DHHS is linked to Health 2040 vision and the three pillars.

Victorian Health Priorities Framework 2012-2022: Rural and Regional Health Plan

The Rural and Regional Health Plan provides greater certainty to rural and regional Victorians about what they can reasonably expect from their local health services and the broader health service system. The plan recognises that in rural and regional Victoria the population is growing, as is the prevalence of chronic disease and healthcare utilisation. The Rural and Regional Plan describes the current organisation of the rural and regional healthcare system and outlines the role of small rural health services such as THS in the provision of services at the local level.

The highlights of the plan include:

- Building a responsive and adaptable rural and regional health service system that can be tailored to meet the needs and circumstances of local communities and is supported by service models that are clinically appropriate and cost-effective
- Building on the existing configuration and organisation of the rural and regional health system and reinforcing an area-based approach to service delivery
- Supporting greater collaboration between individual service providers within the local and regional area and between regional and metropolitan areas
- Driving, supporting and enabling the systematic use of clinical guidelines and evidence-informed patient pathways to ensure rural and regional people are receiving appropriate and timely care in the most appropriate setting
- Strengthening service partnerships across a broader regional area to better support rural and regional people as they move between service providers and settings
- A continued commitment to realise opportunities that support effective rural and regionally based teaching, training and professional development for health professionals
- Better utilising telehealth for improved service access, clinician development and training

³ <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Health-2040-advancing-health-access-and-care>

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- Strengthening clinical leadership opportunities and supporting regional health services to provider leadership and support to the broad range of sub-regional and local health services and public and private providers within the area.

The Victorian Health Priorities Framework 2012-2022: Rural and Regional Health Plan is one of the main policy documents to guide the planning and implementation of priorities for rural and regional health services. This plan is currently under review.

Towards Zero: Supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care ("Duckett" Report)

This report is focusing on safety and quality of care with a number of recommendations. Services delivered by THS must be capable of being delivered within a safe, quality framework meeting safety and quality improvement as a core goal.

Departmental agencies have been created to support improvement such as Safer Care Victoria and the Victorian Agency for Health Information.

Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan, Department of Health, May 2011

The Metropolitan Health Plan addresses issues for metropolitan Melbourne's health services, and provides a framework for establishment of planning and development priorities.

The plan identifies challenges to the health system including complexity of coordinating providers and services across Victoria, population growth and ageing, increased prevalence of chronic disease, rising costs, and evolving technologies.

The plan outlines the Victorian government's commitment to improving hospital capacity, developing community-based health services, promoting healthy living, providing more extensive and higher quality health care information, improving emergency services, and creating more effective health care outcomes.

It emphasises a responsive health sector, with a strong emphasis on primary and community health, person and family-centred care to provide the best health care service outcomes possible. Government aims for the sector to be highly productive and sustainable, delivering clinically appropriate and cost-effective care.

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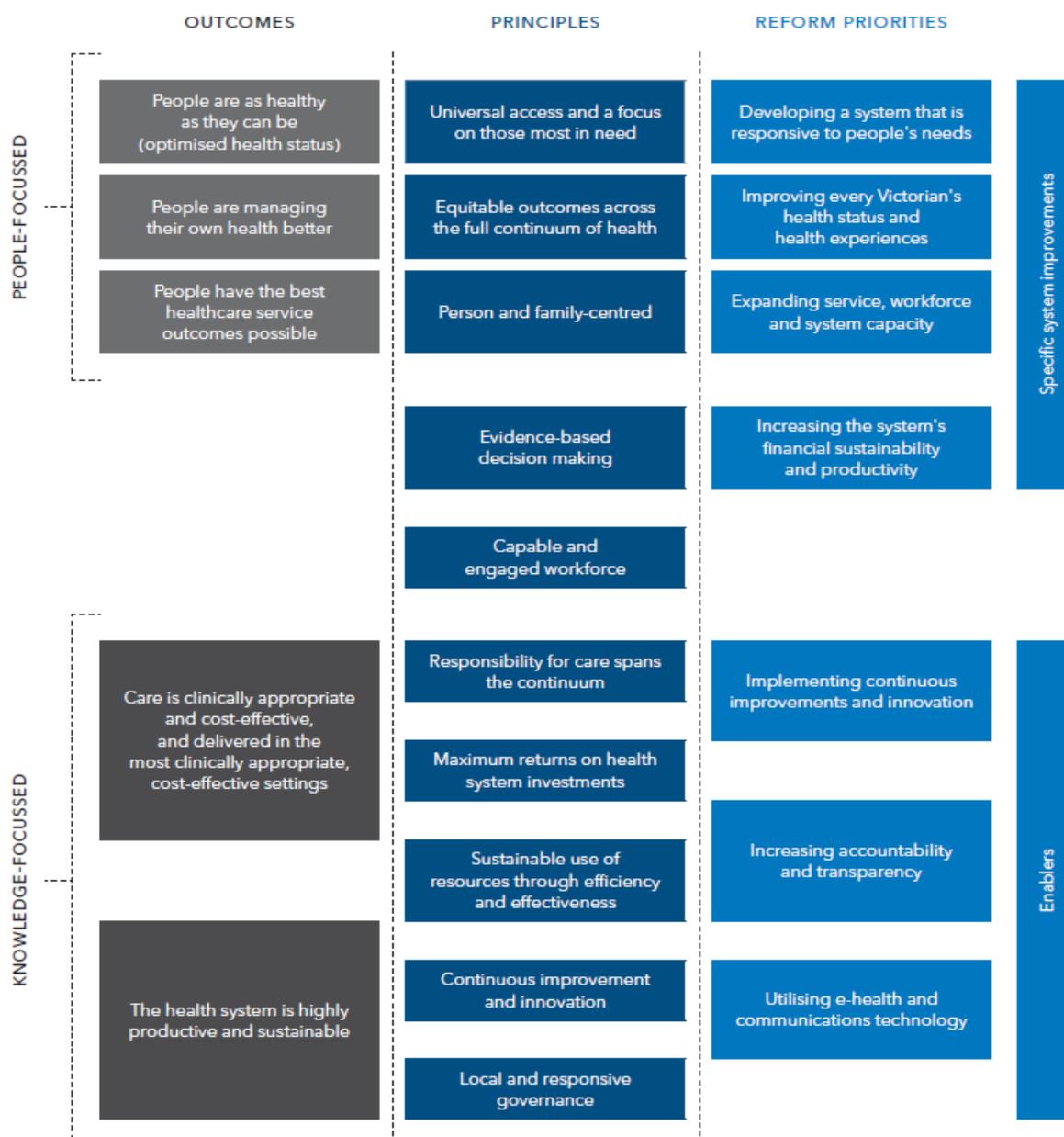
The government's health priorities framework is reproduced in Figure 1. With a focus on people and knowledge, it identifies four specific service initiatives:

- Delivering a system that is responsive to people's needs
- Improving every Victorian's health status and health experience
- Expanding service, workforce and system capacity
- Increasing the system's financial sustainability and productivity

And three enablers:

- Implementing continuous improvements and innovation
- Increasing accountability and transparency
- Improving utilisation of e-health and communications technology

Figure 1 Victorian Government Health Priorities Framework 2012-2022



Strategic Directions, Department of Health and Human Services, June 2017

The DHHS has identified four strategic directions over a four year horizon based on the best available evidence about what will generate an improvement in the impact of our services and activities on the lives of Victorians.

- Person-centred Services and Care
- Local Solutions
- Earlier and more connected support
- Advancing quality, safety and innovation⁴

3.2 National Health Care

The current intent of the National Health Care Agreements with the State and Territories is outlined under the Council of Australian Governments (COAG) Heads of Agreement. There are seven outcomes that the Commonwealth are seeking that will improve the health outcomes for all Australians and ensure sustainability of the health system. These include positive health and aged care experiences which take into account the individual circumstances and care needs of people.

The National Healthcare Agreement affirms the agreement of all governments that Australia's health system should:

1. be shaped around the health needs of individual patients, their families and communities;
2. focus on the prevention of disease and injury and the maintenance of health, not simply the treatment of illness;
3. support an integrated approach to the promotion of healthy lifestyles, prevention of illness and injury, and diagnosis and treatment of illness across the continuum of care; and
4. provide all Australians with timely access to quality health services based on their needs, not ability to pay, regardless of where they live in the country.

The objective of the Agreement is: 'Through this Agreement, the Parties commit to improve health outcomes for all Australians and ensure the sustainability of the Australian health system' (clause 12).

The outcomes of the Agreement are:

1. Australians are born and remain healthy;
2. Australians receive appropriate high quality and affordable primary and community health services;
3. Australians receive appropriate high quality and affordable hospital and hospital related care;
4. Older Australians receive appropriate high quality and affordable health and aged care services;
5. Australians have positive health and aged care experiences which take account of individual circumstances and care needs;

⁴ <https://dhhs.vic.gov.au/sites/default/files/documents/201610/Department-of-Health-and-Human-Services-strategic-plan-2016-2017.pdf>

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6. Australians have a health system that promotes social inclusion and reduces disadvantage, especially for Indigenous Australians; and
7. Australians have a sustainable health system.⁵

Other considerations:

Closing the Gap which is the national indigenous reform has a number of key benchmarks, in relation to health these are:

- closing the life expectancy gap within a generation
- halving the gap in mortality rates for indigenous children under five within a decade

Consumer Directed Care

Consumer directed care is new policy construct which is designed to provide consumers with greater choice and control over their care; the types of services they receive; who provides the services; and when the services are delivered. By introducing this model for aged and disability services, the Commonwealth Government is aiming to drive substantial change for consumers and providers; reorienting the system around consumers, improving customer responsiveness of services, seeking to expand the number of service providers, promoting more efficient models of service delivery and encouraging innovation. A focus is to encourage providers to reduce administration and overhead costs to increase the amount of the care package that can be used to fund care.

The market driven model, based on choice and competition, requires substantial changes in service orientation and the way providers work with consumers.

Across the system, an increase in service providers and competition should improve consumer access to services. For THS and other small rural health services managing low volume local services, competition may have a negative impact and lead to market failure. Alternatively, an increase in local demand may easily exceed the service provision capacity and capabilities of small rural health services

As home care packages are allocated from a national pool, it is difficult for providers to plan for the level of demand, adding to the level of risk for the THS community services funding stream.

The immediate priority is to continue to embrace the impact of consumer directed care (CDC) on the way services are funded. THS must be active in the market place and review business models to ensure sustainability.

⁵ <http://meteor.aihw.gov.au/content/index.phtml/itemId/658550>

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Primary Health Network

Primary Health Networks (PHNs) have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.⁶

- Closing the Gap
- Cultural Competency
- Commissioning
- Engagement and Representation
- Accountability, Data and Reporting
- Service Delivery
- Research

THS works within the Murray Primary Health Network catchment. They describe their role as to hear, understand, and address the health needs of our communities by engaging key partners to deliver targeted actions that:

- increase the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes
- improve the coordination of care to ensure patients receive the right care in the right place at the right time.⁷

3.3 National Health Care Issues

Health issues for THS's catchment reflect social, economic and health status factors that influence the health of Australian society as a whole. Influences that more specifically determine health needs of local populations include demographic, socio-economic, industrial and environmental factors.

Important national considerations include:

- Rising health costs – national and state policy responses are designed to provide more efficient and targeted care to best use available resources and contain cost increases
- Chronic disease – the prevalence of chronic disease is increasing as the population is living longer and better treatment options are available. Modern epidemics of obesity and diabetes are contributing to the burden of chronic illness in the community. Chronic illnesses are not well treated by episodic care and require an emphasis on continuity of care, and prevention of secondary as well as primary complications
- Ageing – ageing of the population increases the demand for health care, but also impacts on many other factors including the health workforce, ageing carers and tax revenues
- Quality and safety – the public, government and professions expect that health care services are safe, appropriate and meet acceptable quality standards

⁶ http://www.health.gov.au/internet/main/publishing.nsf/Content/primary_Health_Networks

⁷ <http://www.murrayphn.org.au/about/mission-vision>

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- Workforce – all jurisdictions face critical shortages in health professionals. Victorian health services need to provide a working environment that is competitive on a national and international basis. The sub-region needs to develop and promote systems, structures and workforce arrangements to make the best use of current professionals and encourage new professionals to the health workforce
- Communication, co-ordination and information flow within the health sector is still a major priority across health and an area requiring more focus.
- Changes to aged care and National Disability Insurance Scheme (NDIS) funding and service models have had a “disruptive” effect on community services and is one of the key forces shaping future THS service delivery.

A significant national policy platform is the **Home Care Packages reform**

- On 1 July 2015, it became mandatory for all home care packages to be delivered on a **consumer directed care** (CDC) basis.
- This change now gives consumers choice and control to decide their provider and to direct the Government subsidy to that provider.
- This means that consumers can change their provider if they wish, including if they move to another area to live.
- Increasing Choice also introduced a national prioritisation process for access to home care. The national prioritisation process means a fairer, national way of allocating home care based on people’s individual needs and circumstances and the time they have waited for care.

National Disability Insurance Scheme

- The National Disability Insurance Scheme (NDIS) is a new way of providing community linking and individualised support for people with permanent and significant disability.
- The NDIS will deliver a life-long approach to support people with disability through individualised planning processes to identify the reasonable and necessary supports participants need to enable them to achieve their goals.
- Choice and Control is a feature of this scheme.

4. PLANNING CONTEXT

When we consider our service plan we must consider how THS fits within the broader health service environment. THS is a small rural health service who refers to a regional health service and works collaboratively with other health services within the region. Planning must incorporate, as mentioned the health policy environment, and we must also look at local planning environments. Both these environments are discussed further below.

Regional services planning

THS is within the Hume region for planning. The Department of Health and Human Services places a strong focus on planning to improve health outcomes for the population of the Hume region. Health

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planning in the region encompasses health service planning, integrated area-based planning, population health planning, program planning, strategic and system planning. Planning is across primary to acute and aged care services.

The Ovens Murray Chief Executive Officer (CEO) group is a forum for all CEO's to meet and discuss initiatives that may occur across the region. Planning will include service delivery initiatives to streamline care across the service streams.

Local planning activities

Tallangatta Health Service works in a partnership culture with Albury Wodonga Health in providing sub-acute and community care. This is part of the regional partnership approach by regional health services with their local health services. THS is a member of the Sub Acute Patient Flow Committee and is involved in planning activities to improve patient flow between health services in the area. Another initiative under regional partnerships is a regional clinical governance project focused on a system approach to clinical governance across a group of small rural health services.

THS also works in partnership with Corryong Health, Walwa Bush Nursing Centre, and the Towong Shire as part of the Towong Health Alliance. Opportunities that enable this alliance to work to the mutual benefit of all are a feature of the alliance's approach. The municipal health and well-being plan is the main focus and the next iteration is currently under development. THS has been involved in consultation and will work actively to support the plan. Other planning initiatives involve staff who work across facilities in specialised support e.g. Infection Control.

Family violence is an important community health issue and planning on our community's response is in early stages. THS is an active partner in this with a number of agencies and is leading a community family violence committee for Tallangatta and surrounding areas.

THS is an active member of the Upper Hume Primary Care Partnership (UHPCP). THS has a demonstrated commitment to working in partnership with organisations seeking to improve the health outcomes of the local and surrounding communities. THS participates in UHPCP committees and working groups. THS and the communities supported have benefited from the opportunities to build linkages with other agencies through the work of the UHPCP and will continue to draw on these collaborative opportunities for planning and service delivery.

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5. HEALTH OF OUR COMMUNITY

THS is situated in the Towong Shire, one of 12 Local Government Areas in the Hume Region of Victoria and is located in north east Victoria. Around two thirds of the shire is forested public land, national and state parks.

Population Profile

- Population in 2016 – 5985
- Projected in 2021 – 5657 (5.4% decrease)

THS serves the western end of Towong Shire, a population of just under 3000 people.

Population by Gender and Age

Age group	Male		Female		Persons	
	Number	Percentage	Number	Percentage	Number	Percentage
0-4 years	153	5.0%	130	4.5%	283	4.7%
5-9 years	177	5.7%	158	5.4%	335	5.6%
10-14 years	184	6.0%	164	5.7%	348	5.8%
15-19 years	185	6.0%	145	5.0%	330	5.5%
20-24 years	124	4.0%	94	3.2%	218	3.6%
25-29 years	117	3.8%	102	3.5%	219	3.7%
30-34 years	104	3.4%	131	4.5%	235	3.9%
35-39 years	125	4.1%	132	4.5%	257	4.3%
40-44 years	158	5.1%	153	5.3%	311	5.2%
45-49 years	191	6.2%	200	6.9%	391	6.5%
50-54 years	240	7.8%	249	8.6%	489	8.2%
55-59 years	273	8.9%	256	8.8%	529	8.8%
60-64 years	267	8.7%	238	8.2%	505	8.4%
65-69 years	280	9.1%	224	7.7%	504	8.4%
70-74 years	209	6.8%	196	6.8%	405	6.8%
75-79 years	134	4.3%	122	4.2%	256	4.3%
80-84 years	92	3.0%	90	3.1%	182	3.0%
85 years and over	69	2.2%	118	4.1%	187	3.1%
Total	3,082		2,902		5,984	

Source: 2016 ABS Census

Observation

- Males – 3082; 51.4% of total population
- Females – 2902; 48.6% of total population
- Majority, 9.1%, of the male population in the 65-69 years age group
- Majority, 8.8%, of the female population in the 55-59 years age group
- Median age of people – 50 years
- Dependent population – 41.8% of population

Children aged 0-14 years: 16.1%

65 years and over: 25.7%

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Aboriginal Population by Gender and Age

- Population in 2016 – 92; 1.5% of total population

Age group	Male		Female		Persons	
	Number	Percentage	Number	Percentage	Number	Percentage
0-4 years	5	12.2%	3	5.9%	8	8.7%
5-9 years	8	19.5%	3	5.9%	11	12.0%
10-14 years	4	9.8%	3	5.9%	7	7.6%
15-19 years	4	9.8%	3	5.9%	7	7.6%
20-24 years	0	0.0%	4	7.8%	4	4.3%
25-29 years	0	0.0%	4	7.8%	4	4.3%
30-34 years	0	0.0%	3	5.9%	3	3.3%
35-39 years	0	0.0%	3	5.9%	3	3.3%
40-44 years	0	0.0%	8	15.7%	8	8.7%
45-49 years	7	17.1%	3	5.9%	10	10.9%
50-54 years	7	17.1%	6	11.8%	13	14.1%
55-59 years	3	7.3%	0	0.0%	3	3.3%
60-64 years	3	7.3%	0	0.0%	3	3.3%
65 years and over	0	0.0%	8	15.7%	8	8.7%
Total	41		51		92	

Source: 2016 ABS Census Data

Observation

- Males – 41; 44.5% of total Aboriginal population
- Females – 51; 55.4% of total Aboriginal population
- Highest %- 19.5%, of the male population in the 5-9 years age group
17.1% in the 45-49 and 50-54 years age group
- Highest % - 15.7%, of the female population in the 40-44 years and 65+ age group

Socio Economic Profile

- 11.5% of the population has a weekly income \$400 - \$499 as compared to 6.7% in Victoria (ABS, 2016).
- People with private health insurance – 41.2% (Victoria – 48%)

Socio-Economic Indexes for Areas (SEIFA) score*

LGA	Index of relative socioeconomic disadvantage	Ranking in Victoria	Index of economic resources	Ranking in Victoria	Index of education and occupation	Ranking in Victoria
Towong	992	38	999	47	987	46

Ranking in Victoria is out of 79 LGAs, where 1 is the most disadvantaged and 79 is the least disadvantaged

*Source: Socio-economic Indexes for Areas (SEIFA), Australian Bureau of Statistics, 2016. *Socio-Economic Indexes for Areas (SEIFA) score by the Australian Bureau of Statistics uses census variables such as income level, employment status and level of education to estimate levels of disadvantage. Scores are standardized across districts so the average score across Australia becomes 1000. Scores lower than 1000 indicate relatively more disadvantaged areas whereas scores higher reflect less disadvantaged areas.

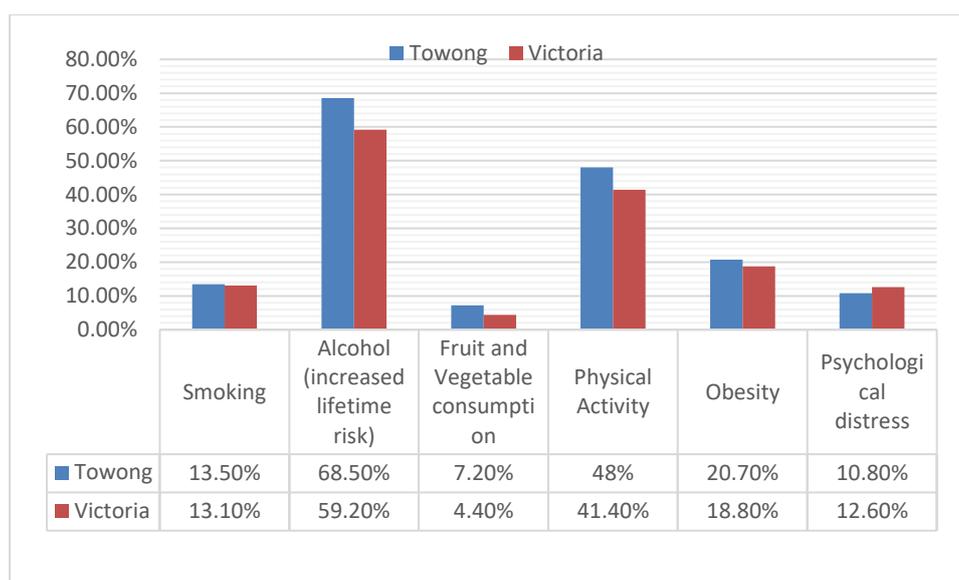
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Observation

- High level of Socio-economic disadvantage
- Low access to economic resources
- Lower education and occupation status

Health profile

Health behaviours as per the Victorian Population Health Survey 2015



Observation

- Increased lifetime risk of alcohol-related harm as compared to the whole of Victoria
- High rates of obesity as compared to State
- Adequate fruit and vegetable consumption
- 48% of the population is meeting physical activity needs as compared to the Victorian 41.4%.
- 10.8% of the population report High or very high psychological stress which is lower than the Victorian rate of 12.6%.
- Smoking rates are almost similar to State

According to the Social Health Atlas of Australia (2017)

- Most prevalent chronic diseases in the Towong population
 1. Chronic Obstructive Pulmonary disease (COPD)
 2. Cardiovascular diseases (CVD)
- Preventable hospital admissions
 1. Diabetes
 2. COPD
 3. Congestive Heart Failure
 4. Cellulitis

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- Causes of avoidable mortality in the population
 1. Lung Cancer
 2. Ischemic Heart Disease
 3. Colorectal Cancer
 4. Suicide
 5. Stroke

Aged and Disability Profile

- Towong has twice the proportion of people aged 85 and over as compared to Victoria (Heart Foundation, 2015).
- 65+ population expected to rise to 29.1% in 2021 as compared to the Victorian increase of only 16.76% (Department of Health and Human Services, 2013)
- Home and community care clients
 - 0-69 years – 425.4 per 1000 target population (Victoria- 305.3)
 - 70 years and above – 1356.4 per 1000 target population (Victoria – 737.8)
- Disability
 - Towong residents estimated to be living with a disability – 32.7% of population (Survey of Disability and Carers, 2012).
 - Tallangatta has the greatest proportion (8.6%) followed by Mitta Mitta (8.3%).
 - 14.1% of Towong Children were identified as 'special needs status' compared to only 4.7% nationally (Australian Early Development Census, 2015)
 - Main causes of disability in the Towong Shire
 - Intellectual disability
 - Autism and related disorders

Source: Victorian Department of Health, 2017

6. FUNDING

THS is funded by the Victorian Government via the Department of Health and Human Services (DHHS) as a small rural health service for acute and primary care and through the Department of Health (Commonwealth) for aged care programs.

Changes to funding models are posing a significant challenge to the sustainability of services provided by small rural health services. To maintain community access to the current range of services, THS will need to improve processes and achieve efficiencies across all areas.

Acute/Primary Care

There is an imminent change to the way DHHS funds small rural health services and THS will need to analyse the impact to enable sustainability. DHHS has indicated that activity based funding will be introduced for acute activity in small rural health services, although the timing for full implementation has not been confirmed. This may affect our core funding for acute care and primary health. The

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initial communication on the funding model is that it will take into account, from a funding perspective, that no SRHS will be disadvantaged and ensuring availability of a SRHS to continue to provide services to the local community.

Activity based funding can provide the impetus for process and quality improvements and the introduction of new models of care in order to achieve efficiencies should include:

- Developing a plan to identify efficiencies and implement the changes needed to achieve efficiencies and improved deployment of existing staff and resources.
- Develop plans in conjunction with Albury Wodonga Health to decrease avoidable admissions. This will include providing more care in the community settings, whenever this is appropriate.
- Better integration and alignment of acute care with primary and community based rehabilitation and health services.

Aged Care

Aged care funding is for residential aged care and aged care in the home/community environment. From a residential aged care funding perspective occupancy is a critical factor in financial sustainability. As such, THS is very reliant on the occupancy of our beds and the complexity of care needs, in relation to the budget we have to manage these services. It is a tight financial situation. With the introduction of NDIS consideration on the effect of this on funding residents who are younger people in aged care must be considered. Within a public residential aged care environment the funding support that is provided by DHHS and the effect of any NDIS participants in residential aged care is not clear at this stage.

Community services' funding is under Commonwealth programs and has a set of activity targets and an annual work plan. Funding is reliant on THS meeting activity targets. Again uptake of the services affects the funding available and may affect overall organisational financial sustainability. Demand in this area is variable so it impacts on the staff required to run the services with a high casual employment status.

The impact of government policy on supporting people to live at home longer, with the support of home care packages, will affect both the demand for residential aged care and commonwealth home support. THS needs to keep abreast of the aged care decisions on funding rounds to ensure appropriate planning for services delivered.

7. INFRASTRUCTURE

The Tallangatta Health Service site is well placed within the township, adjacent to the Hume Weir. We have adequate land for the service and have additional land for possible expansion.

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The THS Acute and Lakeview building dates from the 1950's and small scale refurbishments and improvements have been undertaken over the years. Infrastructure has been brought forward in consultation as a key issue going forward for service delivery. Contemporary buildings that are fit for purpose are essential in enabling quality service delivery and positive consumer experiences. Its priority is reflected in that it is one of the strategic priorities in our Strategic Direction.

Aged Care

Bolga Court

The Bolga Court facility consists of 6 modules built in the late 1990s as low care hostel type accommodation and is now ageing in place beds. The modules are not suitable for all high care residents without a significant upgrade. Some refurbishment of modules has occurred, modules two and three, with module five in planning.

The layout is fragmented and inflexible, creating a range of operational problems for patient and staff amenity, scheduling and staffing, and does not meet contemporary care requirements.

In the short term THS will need to continue to upgrade modules to meet the high care needs of the community population. The revised demand projections indicate that THS will need to utilise all of its Aged Care beds and the care needs will be high.

Lakeview

Lakeview is set out well to enable open spaces for residents, with ability to walk continuously around the corridors. Views to the lake are also a pleasant aspect to the location. Whilst some refurbishment has occurred the rooms still have two beds and a shared bathroom. Contemporary design and demands required Lakeview to be refurbished to be single rooms with en-suites. This is a high priority for THS as it affects occupancy. Some prospective residents have indicated that a single room and en-suite is their preference. Shared rooms also create some difficulty in managing residents with behaviour challenges.

Main Hospital Building

Some refurbishment has been done within the main building and there are single rooms in the Acute Ward including a palliative care suite. Administration areas work reasonably well. Having said that, some work spaces were not built for purpose but rather use of available space. The front office space needs some enhancement to provide greater security for reception staff.

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Other buildings/outdoor space

The medical clinic will also require upgrade and expansion. The facility is a 60 year old weather board house, in need of significant maintenance. Expansion will allow the integration of the Primary Health services in to the one building.

THS will also need to update the surrounding car parks and pathways around the facility. Impact of an elevated site means access at times is problematic.

Building infrastructure

Our IT infrastructure is dated and our Local Area Network requires updating. The amount of software programs used in normal day to day business relies on contemporary IT. Other systems such as electrical/ water/sewerage/ heating /and cooling need to be maintained to ensure full life. Some are nearing replacement.

8. WORKFORCE

A skilled workforce is central to safe, quality, sustainable care. As a rural area this can be an ongoing challenge, particularly in the health professional area, and priority for THS. One of our strategic priorities is an adaptive, skilled and compassionate workforce.

As a small rural health service THS is vulnerable to competition for our workforce, especially from other health services that provide greater opportunities for career enhancement and progression, and offer roles where advanced skills can be utilised and rewarded. Recruitment and retention of experienced clinicians is a particular challenge. Development of an organisational workforce plan is required.

Active engagement from the workforce to support the health service and the ability to recruit staff is required for any major changes to models of care.

Partnerships and collaborations with providers in the region will enhance opportunities for the THS workforce. Partnerships with AWH, as the closest regional health service provider, are especially important for THS workforce development, retention and to increase capacity across the region as a whole.

Credentialing of health practitioners is essential. Mutual credentialing that will permit clinicians to work at THS, AWH and other small rural health services, providing opportunities to develop and/or maintain skills required to deliver safe, high quality care for local patients is in place.

9. HEALTH PARTNERSHIPS

Networks and partnerships are essential for THS and a strategic priority. They assist THS to attain the clinical governance and operational capabilities and capacity needed to fulfil its role as a local health service.

Regional partnerships are a key state government policy direction and THS is part of the Albury Wodonga Health network.

Residents of the Tallangatta catchment have access to a range of inpatient and community based services provided locally either by THS or as part of a regional or outreach service by AWH.

Health Network Environment

THS works collaboratively with a number of other organisations.

- Small rural health providers in the area of Upper Hume – Beechworth Health Service / Corryong Health/ Walwa Bush Nursing Centre
- Towong Shire
- Upper Hume Primary Care Partnership
- Murray Primary Health Network
- Referral Hospital – Albury Wodonga Health
- Brokerage with NGO or other private organisations e.g. BUPA

There are further opportunities for THS to work in partnership with regional health services to develop appropriate clinical governance arrangements to increase the range of services it provides to the local community.

Engagement with Towong Shire

Consultations also revealed that there were opportunities to continue to increase engagement with the Towong shire. Opportunities identified included:

- Partnerships with THS for health promotion activities
- Engage with the Shire to increase transport options for patients who are unable to drive.

10. COMMUNITY ENGAGEMENT

A number of staff and community representatives considered there was scope for THS to increase engagement with the local community. Engaging with the local community, the consumers of THS services, is central to person-centred care. This prompted the establishment of a Consumer Engagement Advisory Group in 2018.

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In the consultation with our community several areas that they felt THS should concentrate on involved aged care, family care and mental health. These areas have been identified in our future service directions later in the plan. The Nurse Practitioner was also brought forward as a positive service that should continue and where possible enhanced.

While the community holds very positive views about THS services the following summarises the opportunities identified:

- Consumer directed care

With the introduction of consumer directed care it is important that the community knows about the services that THS has to offer, and can select these services, when clinically appropriate.

- Promote THS services and programs

Engage directly with the local community to promote the services and programs provided by THS for people receiving funding under NDIS or aged care packages.

- Volunteer program

Continue to promote volunteering and look for opportunities to expand the role volunteers perform. e.g. dementia support

- Friends of THS

Engage with the local community to develop a Friends of THS program to support various aspects of service delivery rather than direct volunteering.

11. QUALITY OF CARE

Relevant, safe, high quality and responsive care is a strategic priority for THS. THS will continue to strengthen clinical governance arrangements and organisational governance structures, processes & practices. Areas of focus are:

1. Board capabilities

Ensure the Board undertakes regular professional development to attain the skills required to oversee quality and safety systems and processes.

2. Clinical Governance

A strong Director of Medical Services role and visible presence is required to provide support for General Practitioners (GPs) and the Director of Clinical and Aged Services (DCAS).

Strengthening the clinical governance meetings with robust terms of reference and mortality and morbidity is a key focus. This is supported by ensuring there is routine collection and analysis of process and outcomes data to support clinical audit, review of the effectiveness of services and programs, benchmarking with peers and quality improvement.

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Clinical governance networks

Participation in regional clinical governance networks to monitor safety and quality frameworks is occurring and already enhancing THS clinical governance system with improved processes.

3. Regional partnerships

Continue to be active in partnerships that enhance quality of care. The regional clinical governance project will enhance our system response to monitoring our care.

4. Operational Systems

THS works within a continuous improvement environment and has a systematic approach to ensuring quality care.

12. SERVICE PROFILE OVERVIEW

THS offers a range of services to support the community to access care close to home. The following provides an overview of the profile of services provided by THS.

Hospital Services

Acute Ward

THS is a public hospital with 15 acute funded state beds. Services provided in the hospital would typically be within the sub-acute care cohort, meaning the patient is not in an acute phase of care but now recuperating.

Urgent Care Room

Urgent care is provided 24/7. Typically in business hours patients attend the Medical Centre. General emergency care is that which would normally be treated by a GP. Telehealth support is provided by Albury Wodonga Health Emergency Department.

Residential Aged Care – accredited facilities

- Lakeview Nursing Home – 15 beds
- Bolga Court Hostel – 36 beds
- Residential respite , high and low care

Community & Home Services

This program comprises a series of services including a medical centre, primary care, health promotion, district nursing, NDIS and a regional assessment centre. A range of services to assist people to live well and independently in the community are offered.

National Disability Insurance Scheme

THS offers several services under NDIS, for people under the age of 65 with a permanent and significant disability to support them to build skills and capability so they can participate in the community and employment.

Primary Health

A range of allied health and nursing services are delivered in the primary health area. Many activities also are part of health promotion activities. The THS Intake Officer provides initial telephone assessment and information on referral to services.

13. SERVICE PROFILE DATA & SERVICE DETAIL

13.1 HOSPITAL SERVICES

Acute Ward

Acute beds provide:

- General /Sub acute care
- Post-surgical/Medical care
- Palliative Care
- Slow stream rehabilitation services
- Nursing home type care

Transition care program (TCP)

Two of the acute beds are used for transitional care clients. Transitional care provides short term care that sees to optimise the functioning and independence of older people after an acute hospital episode. The clients in Transitional care program are supported by a team from AWH to help provide coordinated care and achievement of goals set by the patient and the team.

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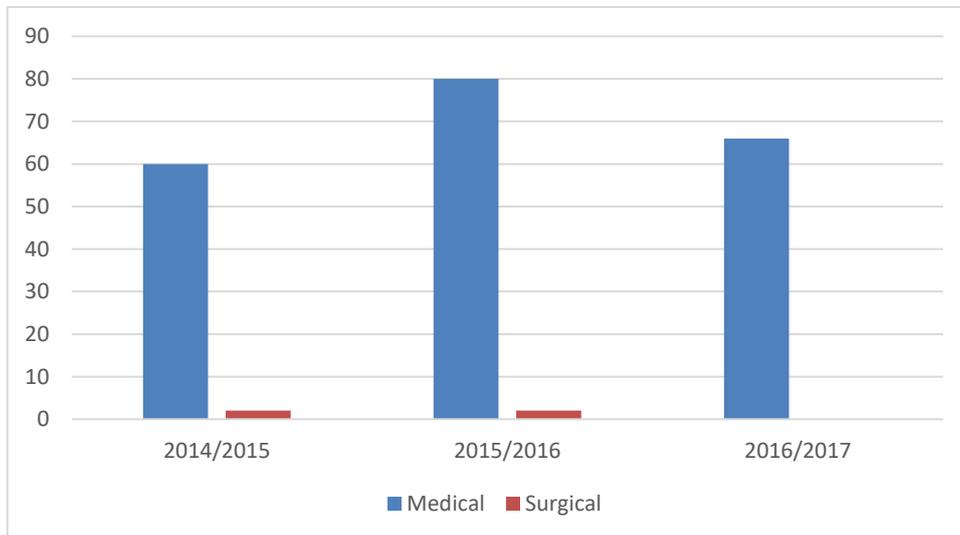
Acute Services 5 year trend



Observation

- 43% decrease in Separations
- 56% decrease in ALOS
- 29% decrease in WEIS
- Most are multiday stays

Separations by Diagnostic Related Groups

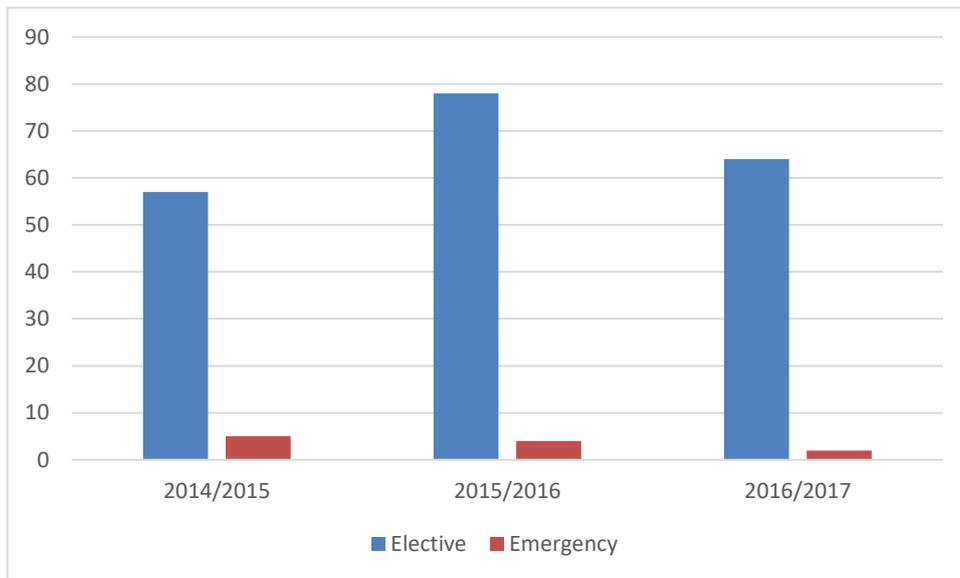


Observation

Medical cases remain the foremost for inpatient activity compared to other service groups throughout the years.

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Separations by Admission Type



Observation

Elective admissions remain high over the years. Emergency admissions seem to have fallen since 2014.

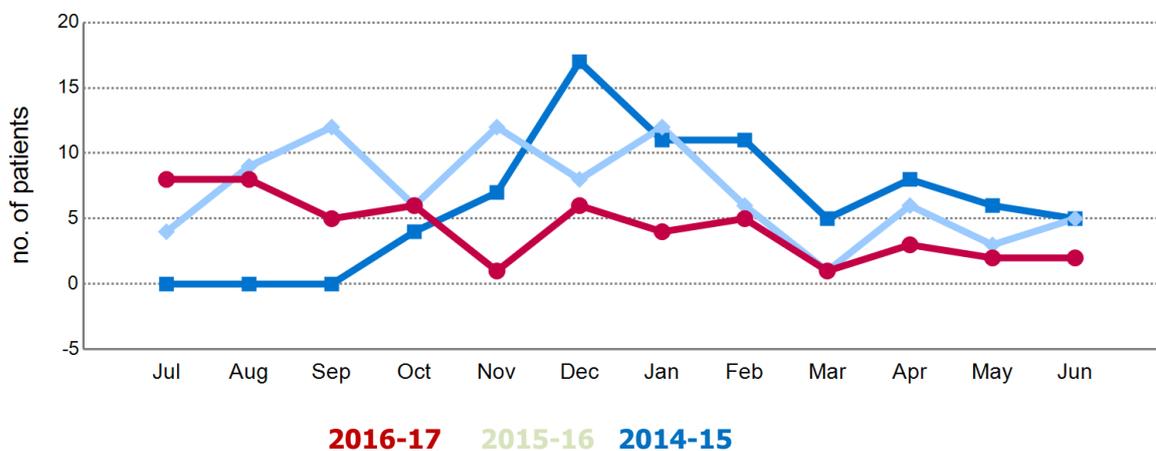
Source: VAED 2016/2017

Urgent Care

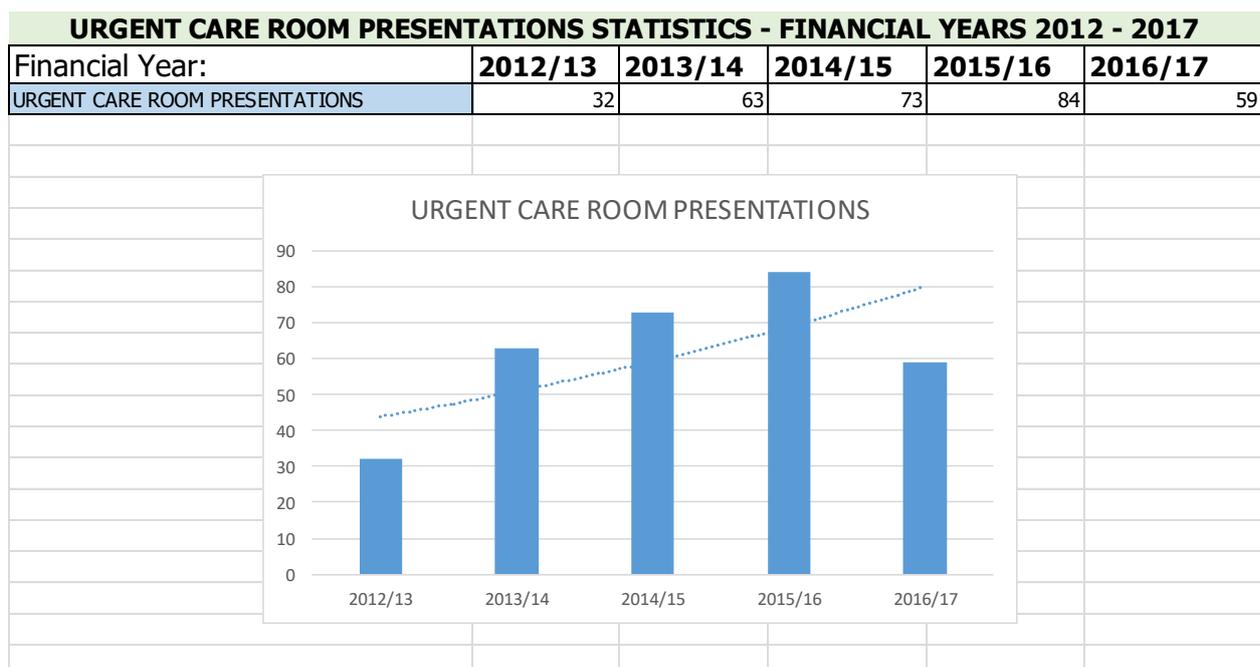
Urgent care centre has capacity to provide initial resuscitation and limited stabilisation to critical patients prior to early transfer, and definitive care to non-critical trauma patients according to patient need and available local resources.

THS has an urgent care room with one bed. Emergency equipment is available to stabilise and treat a patient before referral out. Presentations are generally those patients who would normally attend a GP. The graph below illustrates the variability of presentations month to month.

Urgent Care 5 year trend



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Observation

Period 2012-2017 84% increase but as the graph illustrates 2016-17 is a 39% decrease from the year before.

The trend line indicates it is variable and discerning the cause is difficult.

Month to month no discernible trends can be defined with the possible exception of December and January two out of the three years have a spike.

ED PRESENTATIONS TO AWH*

	WODONGA	ALBURY
Triage1	3	4
Triage 2	71	50
Triage 3	262	195
Triage 4	462	233
Triage 5	61	30
TOTAL	859	512
Total 4/5 only	523	263

*note many presentations in categories 1-3 will possibly be an ambulance transfer.

Observation

In relation to triage 4/5 there are nearly two patients per day attending Wodonga ED.

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Urgent care is an area for THS that needs updating in light of urgent care standards as released by DHHS last year. The Board have determined that THS should provide urgent care 24/7 and supports the enhancements that are needed. Up skilling of staff and equipment is a priority.

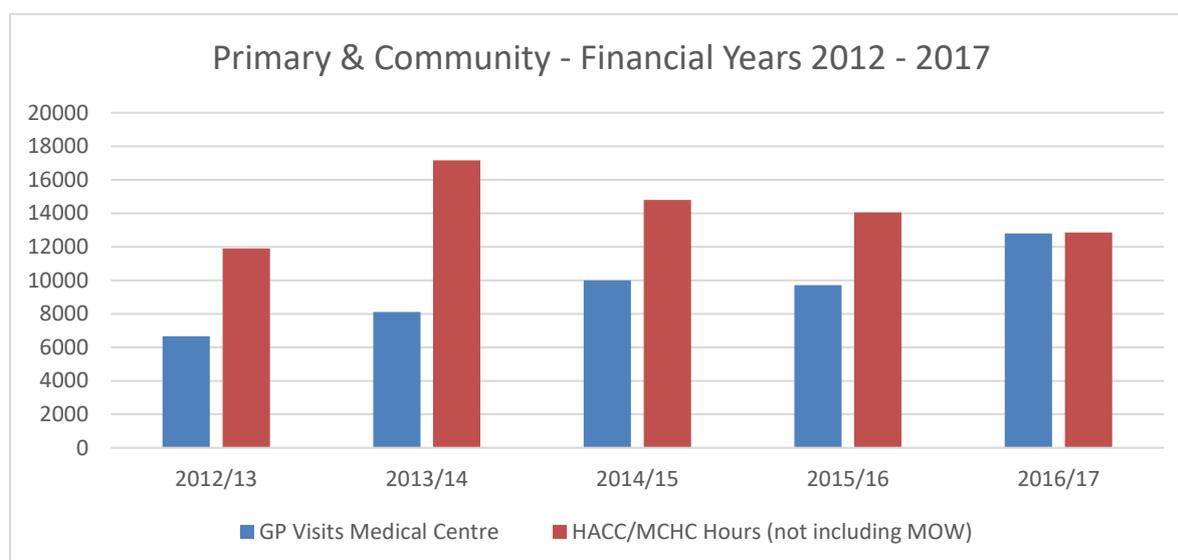
13.2 PRIMARY/COMMUNITY

Primary and community care provide a variety of services to our community in the Medical Centre, in their own home or in community settings.

Data in this area provides opportunity to see how well they are used.

Primary and Community 5 year trend

PRIMARY & COMMUNITY - FINANCIAL YEARS 2012 - 2017					
Financial Year:	2012/13	2013/14	2014/15	2015/16	2016/17
GP Visits Medical Centre	6664	8113	10003	9713	12801
HACC/MCHC Hours (not including MOW)	11891	17151	14796	14049	12843



Observation of 5 year trends

Lakeview - slight decrease in trend

Bolga - negligible trend

Bed days Acute - increase in trend ~4000 bed days

GP visits – major increase in trend 6137 visits

HACC- small increase in hours

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Primary Care

Primary care comprises the Medical Centre and targeted primary health initiatives.

1. **Medical Centre:** There are currently over 1000 active clients engaged with the Tallangatta Medical Centre. Services include General Practice, Practice Nurse, Diabetes Educator and Mental Health professional. The Medical Centre team includes a Practice Nurse, Diabetes Educator and Mental Health consultation. Opportunity to expand services in chronic disease management is a key priority.
2. **Pathology:** Pathology service is on site in the Medical Centre. The service is available to community clients and hospital inpatients. Pathology transports the blood samples to the laboratory in Albury/Wodonga. Results are available the same day if urgent.
3. **Primary Health:** The THS Intake Officer provides initial telephone assessment and information on referral to THS Primary Health services.
 - Physiotherapy is available to acute patients, aged care and community.
 - Occupational Therapy is provided to inpatients and residential aged care or through the Rural Allied Health Team (RAHT) for eligible clients awaiting home modifications.
 - Social Work services include assessment, counselling, crisis intervention, referral information, advocacy and support.
 - Dietetics is provided including analysis of menus to ensure quality nutritional requirements are met.
 - Podiatry is provided through service agreements for residential aged care (high care), low care bulk billing and community clients through Enhanced Primary Care pathways.
 - Community Nursing: Specialising in support in the following areas - Women's Health, Asthma Education, Continence Advisor and Family Health. Women's Health clinics are provided from Tallangatta Health Service site, schools and Bellbridge Community Centre.
 - Exercise Classes: Community based 'Strength and Balance' and 'Gentle Exercise Groups' held each week.
 - Chronic Disease Management Support groups: Diabetes Support Group held monthly.

Community and Home Care Services

Community and home care is a growing area for THS especially with introduction of the NDIS. Each client is assessed through the Regional Assessment Service, outside of NDIS which has a different intake process.

Services delivered in home and community care are:

- Domestic Assistance
- Personal Care

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- Respite
- Individual support
- Meals on Wheels
- Planned Activity Groups including community bus trips.
- Home maintenance Service
- Assisted shopping and meal preparation

Services are provided to Veterans Home Care clients, Commonwealth Home Support Program and clients referred through Case Managers under brokerage arrangements for care packages.

National Disability Insurance Scheme:

- For Australians under the age of 65 with a permanent and significant disability
- Supports people with disability to build skills and capability so they can participate in the community and employment
- Helps people with disabilities to
 - Access mainstream services and supports
 - Access community services and support
 - Maintain informal support arrangements
 - Receive reasonable and necessary funded supports
- Services include:
 - Accommodation /tenancy
 - Group/Centre activities
 - Therapeutic supports
 - Exercise Physiology Personal Training
 - Participate community
 - Community nursing care
 - Assist personal activities
 - Household tasks
 - Assist-Travel/Transport

District Nursing:

This service is funded through a variety of programs with additional services provided through brokerage. Services include wound management, medication management, blood pressure monitoring, blood collection, health assessments, post-acute care, and palliative care.

Health Promotion:

Health Promotion takes a strategic and coordinated approach through THS participation in the Upper Hume Primary Care Partnership (UHPCP), the Towong Alliance and the Hume Regional Health

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Promotion team. The priority for 2012-2018 has been identified as 'Healthy Eating' while the Sub-Regional priority for Upper Hume has been identified as promoting 'Physical Activity'.

13.3 RESIDENTIAL AGED CARE SERVICES

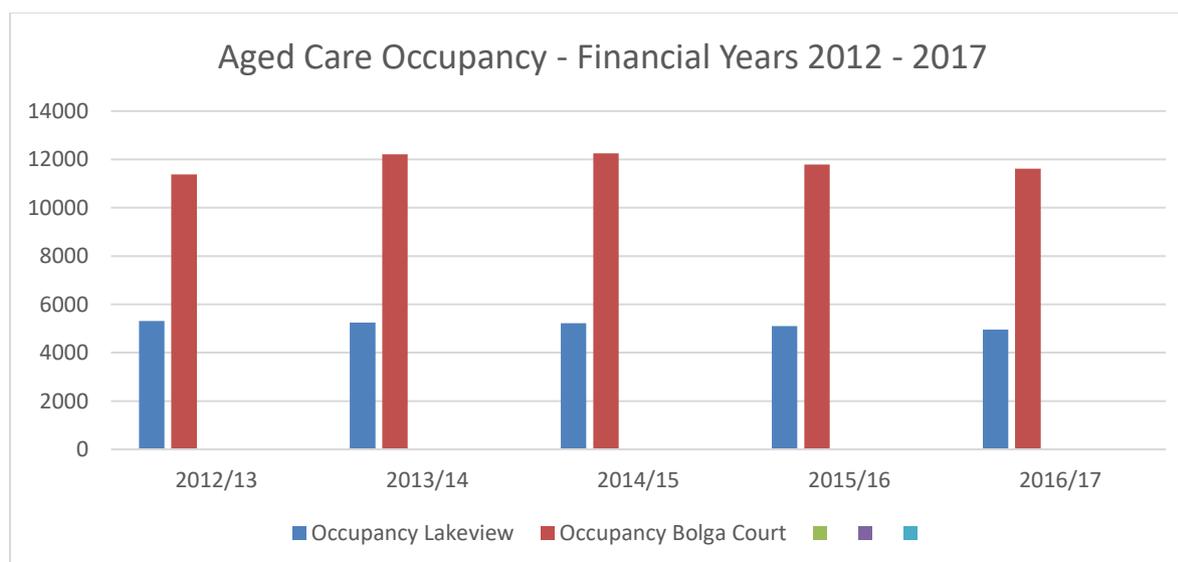
Aged Care Facilities

THS provides a 51 bed residential aged care service in Lakeview Nursing Home and Bolga Court.

Lakeview Nursing Home provides high care to 15 permanent residents and offers respite for high care clients.

Bolga Court is a 36 bed facility that consists of six separate modules; each module contains 6 individual bedrooms with en-suites, a shared kitchen / dining room, lounge and laundry. Bolga Court has a refurbishment program with 2 modules that have undergone extensive refurbishment to enable aging in place and the ability to offer both high and low care respite. Two modules have been remodelled specifically for high care clients and security fencing has been erected to ensure the safety of our wandering clients. A third module is being planned.

AGED CARE OCCUPANCY - FINANCIAL YEARS 2012 - 2017					
Financial Year:	2012/13	2013/14	2014/15	2015/16	2016/17
Occupancy Lakeview	5309	5252	5216	5103	4954
Occupancy Bolga Court	11383	12205	12252	11792	11620



The occupancy of residential Aged Care is a key driver of financial sustainability for THS and also the number of available beds determines the ability to support the community as they age. The number of inquiries for Residential Aged care is variable but there is a significant shift in the number of High

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Care inquiries. THS believes the future client profile of Bolga will continue to require the modules to be purposely fitted for the higher care resident.

14. FUTURE SERVICE DIRECTIONS

To enable the vision of THS 'empowering people for health' THS must ensure that their actions support this. This means our future directions must enable a person centred approach to care and people being supported to be involved in decisions.

Consultation has occurred with staff, Board and targeted community consultation. This consultation reaffirmed that THS should continue to deliver all the services it currently does, as they enable care close to home, are supportive and they are within THS capability. There are opportunities for new/expanded services.

Tallangatta Health Service has identified, based on this consultation, in line with government policy directions and consumer demand areas, where we can enhance the services delivered to our community. These will be presented in line with the relevant strategic priority.

Strategic Priority One – Our care is relevant, safe, high quality and responsive

- Primary and community health
 - Focus on prevention and health promotion where possible and enabling people to have the best health
 - Mental health/health promotion - farming community, men, community health activities/ families/support groups
 - Mental Health – men's health, elder abuse education, youth, school students, support for pregnant women, new mothers and fathers, telehealth, trauma counselling
 - Sexual health – clinics for young people, sex education at high school
 - Respectful Relationship, Resilience Project (Sporting groups)
 - Drug and alcohol support
 - Paediatric community services e.g. immunisation/healthy eating
- Medical Centre is a valuable service support and opportunities to enhance services delivered should include access / telehealth/ specialised clinics. The role of the nurse practitioner is a valuable role and where possible should be enhanced.
- When regional and rural health plan is released look for opportunities for THS in line with the plan particularly in regards to:
 - Analyse opportunities for improving use of additional acute beds
 - Areas THS may be able to specialise in

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- Acute Services
 - Urgent Care – develop a plan for the model of care
 - Bed utilisation in acute ward - opportunities to support access to services that could be delivered by THS e.g. day treatments / palliative care
- Telehealth
 - Continue to look for Telehealth opportunities to enhance access to services that the community travel to and support health professionals in the management of patients.
- Priorities for aged care and NDIS services
 - Ensure the Tallangatta community has on going access to aged care and disability services that THS is capable of delivering
 - Ensure local access as it is one of the fundamental aspects of the role of small rural health services
 - Ensure access to services for vulnerable consumers and those with complex needs requiring specialist clinical skills
 - Complex and chronic conditions, dementia, Aboriginal and Torres Strait Islander people services
 - NDIS - Review the model implemented and look for opportunities to improve
- Support services - review contracts to ensure best value for money across all areas.
- Marketing support /business development should be considered in a consumer directed care environment. This will enable review of business models and improved efficiencies and effectiveness and a responsive service model.

Strategic Priority Two – Our infrastructure is planned to meet future needs

- Complete a detailed site plan to enable key priority areas of infrastructure for redevelopment/refurbishment to be identified:
 - Medical Centre redevelopment to provide a contemporary community space where primary health initiatives can be a central point for the community and services.
 - Aged Care facilities
 - establish priorities for current onsite buildings and/or options for a greenfield site
 - feasibility of independent living units
 - Acute Care
 - acute ward infrastructure
 - urgent care room

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Strategic Priority Three – Our partnering cultivates connections

- Empowering people for health means that we are partnering with our consumers, our community. They should be involved in consultation where possible in what THS delivers and how.
- Improved communication in regards to the suite of services delivered and especially when new ones are added so that community are well abreast of key health initiatives.
- THS should use a variety of avenues that link with our community and create connections e.g. newsletters, website, Facebook, Tallangatta Herald, Berringa News, Bush and Bulldust, community forums, Consumer Engagement Advisory Committee.
- Continue to work in partnership with current partners but also look for opportunities with:
 - New partners for brokerage
 - NDIS services
 - The Towong Alliance to identify options for service coordination and alignment and/or new service models and in implementation of Municipal Health and Wellbeing plan
 - Upper Hume PCP strategy where THS can be an active partner
 - Clinical governance network
 - Support timely discharge from regional and sub-regional services by developing shared care roles between specialists and GPs
 - Improve coordination and planning between AWH and THS in the provision of services
 - Explore opportunities to better integrate services provided by the regional health service and those provided by THS
 - Friends of THS - Engage with the local community to develop a Friends of THS program to support various aspects of service delivery rather than direct volunteering

Strategic Priority Four – Our workforce is adaptive, skilled and compassionate

Workforce development is essential to support service delivery. A workforce strategy will need to be developed to ensure adaptive, skilled, compassionate staff. The workforce plan will align with the strategic priorities of the organisation to enable our services to be delivered and include strategy for:

- Recruitment and retention
- Embedding a learning and innovative culture
- Developing a cohesive, organisation wide plan for professional development and continuing education for all staff clinical and non-clinical
- Ensuring professional development and continuing education support key service streams; acute care, aged care and community care
- Seeking opportunities for the clinician workforce to be deployed/employed across the region to enhance capability. e.g. develop capacity within the region to provide holiday cover, ensuring continuity of services whilst key staff are on leave

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- Support services - review workforce contracts to ensure they meet our strategic priority
- Volunteer program -Continue to promote volunteering and look for opportunities to expand the role volunteers perform e.g. dementia support

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