Hume Region
Health and Aged Care Plan
2013 - 2018
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2013 - 2018
The history, culture, diversity and value of all Aboriginal and Torres Strait Islander people are recognised, acknowledged and respected. Hume Region is located in the country of the Yorta Yorta, Dhudhoroa, Taungurung, Waywurru and Yaitmathang nations and clans.

This document is available at: www.health.vic.gov.au/regions/hume/toolkit.htm
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Introduction

The Hume Region Health and Aged Care Plan takes an evidence-based population health planning approach to identify ways the health system can respond to the health needs of the people who live in Hume Region.

I am pleased to introduce the Hume Region Health and Aged Care Plan. The plan has been researched and constructed to provide guidance to health services and providers in Hume Region of Victoria and to add a regional context to state-wide policies and programs.

This plan responds to the changing context of the Australian health system and provides guidance for the next five years.

Merging all the prevailing policies and plans with local consultation was a key element in the development of the plan and key stakeholders participated in analysing the evidence and identifying regional priorities. Consultation included Department of Health programs and the Hume Health Services Partnership - a collaborative of Chief Executive Officers of health services, health organisations, Primary Care Partnerships and Medicare Locals.

A broad range of evidence was analysed to inform the plan including key population demographics, mapping of existing activity and a broad range of health data that presents a picture of the current health status of Hume Region residents.

I commend the population based approach to this plan and look forward to working together in partnership with Hume Region health care providers to implement actions against the six priority focus areas that will strengthen the health system and enhance health outcomes for the Hume Region population. As those who work in a rural or regional area well understand, principles such as partnership and cooperation, working as catchments rather than individual services, sharing of resources and sustainability of smaller services are key.

I would also like to acknowledge the work undertaken by the planning team in the region in putting this plan together – especially the work of planning officer Deb Lindsay and overall manager Janet Chapman.

Tony Dunn
Director Health and Aged Care
Department of Health
Hume Region

14 February 2013
1. How and why was the plan developed?

What is the purpose of the plan?
The Hume Region Health and Aged Care plan is a five year plan that identifies regional priorities and provides direction for departmental programs and healthcare providers in Hume Region.

The plan is the regional response to implementing the Victorian Health Priorities Framework, based on the specific issues and needs of Hume region.

What was the planning approach?
The plan takes a population health planning approach to identify key needs of the health system and the people who live in Hume Region.

The regional planning methodology was used in the development of the plan – the following questions informed the development of the plan:

Who are the partners?
The Hume Region Health and Aged Care Plan was developed by the Department of Health Hume Region in consultation with Department of Health programs and the Hume Health Services Partnership (HHSP).

HHSP is a formal partnership of Chief Executive Officers from health services across Hume Region and is chaired by the Director of Health and Aged Care, Department of Health.

HHSP is the authorising body for a range of steering committees that address regional planning priorities including chronic care, Aboriginal health, aged care, mental health, sub-acute.

What is the health planning evidence?
A range of health planning evidence was gathered to inform decision making and priority setting. The evidence includes health system, health determinants and health status data.

What does the evidence tell us?
Data analysis included consultation with key stakeholders to identify the impact of policy; analyse data; map existing activity; identify gaps, issues and trends particular to Hume Region.

What are the options?
Options to address the issues and trends in Hume Region were identified in consultation with key stakeholders.

What are the priorities?
Six priority focus areas were identified by stakeholders to address regional needs. The regional focus areas address the state-wide priorities in the Victorian Health Priorities Framework 2012-2022 - Rural and Regional Health Plan.

What are the actions to be implemented?
The Hume Regional Office will work in partnership with regional health service providers in the implementation of the priority actions identified in this plan.

How will the plan be evaluated?
The currency and implementation status of the plan will be progressively reviewed and reported to the Hume Health Services Partnership on an annual basis.
2. What is the Hume Region catchment?

Where is Hume Region?
Hume Region covers north-eastern Victoria and the Goulburn Valley and is bounded by the Murray River to the north and metropolitan Melbourne rural fringe to the south. It is geographically diverse including major parts of Victoria’s alpine areas, some relatively remote farming communities and the major regional centres of Wodonga, Wangaratta and Shepparton.

What are the planning areas?
Hume Region is one of eight Department of Health regions in Victoria.

Health planning in Hume Region occurs in a range of area-based planning catchments to suit the purpose of the planning exercise. The planning catchments include:

- Hume Region
- Medicare Local (ML) catchments
- Primary Care Partnership (PCP) catchments
- Local Government Areas (LGA)

Medicare Locals are newly formed primary health care organisations funded by the Commonwealth Department of Health and Ageing to coordinate primary health care delivery and address local health care needs and service gaps. Hume Region has two Medicare Locals – Goulburn Valley ML and Hume ML.

Primary Care Partnerships are area-based partnerships of health services. PCPs are funded by Department of Health Victoria to improve access to service and continuity of care for people through improved service coordination, chronic disease prevention, integrated health promotion and health partnership development. Hume Region has four PCPs.

Local Government Areas are specified local government catchments. Hume Region has twelve LGAs.

Catchments
Goulburn Valley Medicare Local catchment covers:
- Goulburn Valley PCP catchment including the LGAs of Moira, Shepparton and Strathbogie
- Lower Hume PCP catchment including the LGAs of Mitchell and Murrindindi

Hume Medicare Local catchment covers:
- Central Hume PCP catchment including the LGAs of Alpine, Benalla, Mansfield and Wangaratta
- Upper Hume PCP catchment including the LGAs of Indigo, Towong and Wodonga
- and local government areas in New South Wales that border Hume Region, Victoria.
3. What policies guide this plan?

The Hume Region Health and Aged Care Plan was informed by key themes from National and State health policies that guide the health system.

Priorities and actions identified in the plan align with the seven state-wide priorities in the Victorian Health Priorities Framework and address the challenges highlighted in the Rural and Regional Health Plan.

What are the key health policies?

- National Health Reform
- Living Longer Living Better – Aged Care reform
- Medicare Locals
- Victorian Health Priorities Framework
- Victorian Health Priorities Framework - Rural and Regional Health Plan
- Victorian Health and Wellbeing Plan
- Mental Health Reform Strategy
- Reducing the Alcohol and Drug Toll – Victoria’s Plan

What are the key themes?

- area partnerships and sub-regional approaches to planning and service delivery
- working in partnership with Medicare Locals
- developing e-health
- addressing workforce needs
- shared approaches to clinical and corporate governance
- supporting financial sustainability

What are some key messages in rural health?

The Victorian Health Priorities Framework - Rural and Regional Health Plan highlights key challenges of the healthcare system including:

- reducing the disparity in health behaviours and outcomes
- addressing the social determinants and relative disadvantage experienced by some rural and regional communities
- improving the health literacy of all rural and regional Victorians, with particular focus on those most disadvantaged
- reducing unnecessary and avoidable variability in service access and utilisation across rural and regional areas
- ensuring service design and capacity is flexible enough to respond to changing population needs
- developing a better understanding of rural and regional health outcomes
- ensuring a viable and responsive rural and regional health service system

What are the 7 state-wide priorities?

The priorities from the Victorian Health Priorities Framework 2012-2022 are:

- Improving every Victorian’s health status and experiences
- Expanding service workforce and system capacity
- Increasing accountability and transparency
- Utilising e-health and communications technology
- Implementing continuous improvement and innovation
- Developing a system that is responsive to people’s needs
- Increasing the system’s financial sustainability and productivity
4. What is currently being done to address needs?

Department of Health Hume Region developed a range of strategic program plans in recent years. The plans identify key priorities to develop the health service system and better respond to the needs of the community.

Implementation of planning priorities continues and has provided direction to the development of the Hume Region Health and Aged Care Plan.

A summary of current regional planning priorities is listed below and details can be accessed from: Hume Region Health Planning Toolkit www.health.vic.gov.au/regions/hume/toolkit.htm

Achieving integrated health promotion
The Hume Region Integrated Health Promotion (IHP) Plan aims to:

- limit the number of IHP priorities addressed at the agency and sub-regional level to allow consolidation of effort and sharing of resources and knowledge
- support an integrated approach to planning and evaluation at regional and sub-regional level
- concentrate IHP activity to focus mainly on the identified state-wide health promotion priorities
- support an increased focus on evidence-based or evidence-informing practice
- support an increased focus on vulnerable groups and individuals within the community

Funded agencies are working together to focus effort on the regional and PCP catchment priorities:

- Regional priority – healthy eating
- Sub-regional priorities:
  - Central Hume PCP – alcohol and other drugs
  - Goulburn Valley PCP – promoting mental health and wellbeing
  - Lower Hume PCP – alcohol and other drugs
  - Upper Hume PCP – physical activity

Improving chronic care response
Hume Region Chronic Care Strategy priorities:

- adopt the ‘National Chronic Disease Strategy - Service Improvement Framework Guidelines’ in all local services, to support consistent evidence-based practice.
- develop agreed service delivery frameworks, roles and pathways for care across the continuum
- embed self-management approaches in all aspects of care
- provide clear and consistent information for people with chronic conditions and their carers
- maximise information technology opportunities
- align workforce development across all strategic priorities

Achieving integrated aged care
Hume Region Integrated Aged Care Plan priorities are:

- promote effective collaboration between aged care providers through further development of Hume Region’s partnership approaches, planning structures and processes
- improve mechanisms to provide and share information among providers and ensure service information is accessible to consumers
- facilitate innovative approaches to building and maintaining capacity and capability in the aged care workforce to meet current and projected demand
- promote innovative and flexible service models to enable service providers to better respond to the needs of older people and their carers
- promote health and wellbeing for older people
Integrating oral health care
Hume Region Oral Health Plan highlights:
- an overview of needs, priorities and factors influencing oral health service delivery (including workforce)
- proposed service mix based on current need and population projections
- a responsive remote/rural service model that includes the promotion of access for disadvantaged populations
- groups and service coordination practice
- an integrated approach to prevention and oral health promotion

Developing sub-acute services
The Sub-Acute Service Development and Implementation Plan highlights:
- future development of subacute services across Hume region
- analysis and mapping of current subacute services profile, including service level models of care and system pathways
- forecast or expected future demand for subacute services
- key issues for consideration in enhancing subacute services
- preferred options for future service development

Addressing health needs of the Aboriginal population
Hume Region Closing the Health Gap Plan priorities are:
- improve the client journey from hospital to primary care services
- increase cultural competency of the service system
- identify health needs and develop service models for Aboriginal communities living in Central Hume and Lower Hume
- improve the services and programs for young Aboriginal women
- reduce the rate of tobacco smoking in Aboriginal communities

Improving mental health, alcohol and drug services
Regional mental health, alcohol and drug priorities include:
- service mapping and analysis of existing services
- development of forecasting and planning tools to support coordinated service development
- analysis of Mental Health land and property assets to determine appropriateness and suitability for future use or other potential opportunities
- implement Alcohol and Other Drugs; and Psychiatric Disability Rehabilitation Sector Service reform strategy
- implement Victorian service framework for co-existing mental health and alcohol and drug disorders

In addition, a range of Community Mental Health Planning and Service Coordination priorities are targeted in specific local and sub-regional areas:
- Mitchell - collaborative planning with education, health, police, local government and local services, to address key goals for Wallan community targeting children youth and families.
- Benalla - utilising a Mental Health promotion approach to plan strategies and activities to address social determinants for mental health.
- Shepparton and Wangaratta – Housing and Justice project- key staff from DHS, mental health services and Dept of Justice planning to improve service coordination and housing outcomes.
- Wodonga – developing an alliance between Mental Health and City of Wodonga to support the council Health and Wellbeing Plan

Additional examples of regional action
- Small Rural Health Services addressing primary health needs
- mental health governance reform
- consortium arrangements
- working in partnership with Local Government
- sub-regional planning and governance
5. What is the health profile of Hume Region?

The plan applies the Hume Region Data and Evidence Framework (appendix 1) to present a range of health planning evidence across three broad areas:

Health system
- Health services – public, Commonwealth and private
- Service utilisation – what services are being accessed by the population?

Determinants of health
- Population features
- Socio-economics
- Health behaviours

Health status
- Life expectancy
- Health conditions
- Avoidable mortality

Hume Region health system

What health services are provided in Hume Region?

Hume Region healthcare system consists of a diverse range of public, private and not-for-profit services including aged care, bush nursing centres, health services, home and community care, community health, mental health, drug and alcohol, ambulance and other support services.

A summary of health services is listed on the following page. A detailed profile of health services will be developed and accessible on the Hume Region Health Planning Toolkit website in 2013. The map below illustrates the location of health services across Hume Region.
### Public services

<table>
<thead>
<tr>
<th>Health service type</th>
<th>No.</th>
<th>Name and location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Health Service (including mental health)</td>
<td>2</td>
<td>Albury Wodonga Health&lt;br&gt;Goulburn Valley Health (Shepparton)</td>
</tr>
<tr>
<td>Sub-regional Health Service</td>
<td>2</td>
<td>Northeast Health Wangaratta&lt;br&gt;Benalla Health</td>
</tr>
<tr>
<td>Small Rural Health Service</td>
<td>11</td>
<td>Alexandra District Hospital&lt;br&gt;Beechworth Health Service&lt;br&gt;Cobram District Health&lt;br&gt;Elephant &amp; District Hospital&lt;br&gt;Mansfield District Hospital&lt;br&gt;Nathalia District Hospital&lt;br&gt;Numurkah District Health Service&lt;br&gt;Seymour Health&lt;br&gt;Tallangatta Health Service&lt;br&gt;Yarrawonga District Health Service&lt;br&gt;Yea District Hospital</td>
</tr>
<tr>
<td>Multi-Purpose Service</td>
<td>2</td>
<td>Upper Murray Health and Community Services (Corryong)&lt;br&gt;Alpine Health (Mount Beauty, Bright, Myrtleford)</td>
</tr>
<tr>
<td>Public Sector Residential Aged Care Service</td>
<td>2</td>
<td>Darlingford Upper Goulburn Nursing Home (Eildon)&lt;br&gt;Indigo North Health (Rutherglen)</td>
</tr>
<tr>
<td>Community Health Service</td>
<td>4</td>
<td>Gateway Community Health (Wodonga)&lt;br&gt;Ovens and King Community Health (Wangaratta)&lt;br&gt;Nexus Primary Health (Broadford)&lt;br&gt;Primary Care Connect (Shepparton)</td>
</tr>
<tr>
<td>Aboriginal Health Service</td>
<td>2</td>
<td>Mungabareena Aboriginal Corporation (Wodonga)&lt;br&gt;Rumbalara Aboriginal Co-operative (Shepparton)</td>
</tr>
<tr>
<td>Supported Residential Service</td>
<td>2</td>
<td>Delaney Manor (Bright)&lt;br&gt;Merriwa Grove (Cobram)</td>
</tr>
<tr>
<td>Psychiatric Disability Rehabilitation Services</td>
<td>2</td>
<td>Mental Illness Fellowship&lt;br&gt;Mind Australia</td>
</tr>
<tr>
<td>Women's Health Service</td>
<td>1</td>
<td>Women’s Health Goulburn North East</td>
</tr>
<tr>
<td>Home and Community Care provider</td>
<td>52</td>
<td>Department Health funds 52 various HACC providers including health services listed above, local government and non-government organisations</td>
</tr>
</tbody>
</table>
### Commonwealth and private services

<table>
<thead>
<tr>
<th>Other health services</th>
<th>Hume</th>
<th>Ranking out of 8 Regions in Victoria</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged care - high care places/1,000 eligible population</td>
<td>41</td>
<td>4</td>
<td>41.7</td>
</tr>
<tr>
<td>Aged care – low care places/1,000 eligible population</td>
<td>48.3</td>
<td>2</td>
<td>45.8</td>
</tr>
<tr>
<td>Dental service sites/1,000 population</td>
<td>0.11</td>
<td>8</td>
<td>0.17</td>
</tr>
<tr>
<td>GPs /1,000 population</td>
<td>1.11</td>
<td>4</td>
<td>1.11</td>
</tr>
<tr>
<td>Pharmacies /1,000 population</td>
<td>0.19</td>
<td>6</td>
<td>0.19</td>
</tr>
<tr>
<td>Private hospitals (including Bush Nursing Hospitals)</td>
<td>6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### What services are being accessed by the population?

<table>
<thead>
<tr>
<th>Health services</th>
<th>Hume</th>
<th>Ranking out of 8 Regions in Victoria</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient separations (public) - rate per 1,000 pop. 2010-2011</td>
<td>395.8</td>
<td>8</td>
<td>424.7</td>
</tr>
<tr>
<td>Inpatient separations - per annum change 2000-2011</td>
<td>2.69%</td>
<td>8</td>
<td>3.85%</td>
</tr>
<tr>
<td>Inpatient separations - projected change in hosp. inpatient separations 2011-2022</td>
<td>2.76%</td>
<td>5</td>
<td>3.01%</td>
</tr>
<tr>
<td>Average length of stay (public hospital inpatients)</td>
<td>3.19</td>
<td>2</td>
<td>3.11</td>
</tr>
<tr>
<td>Ambulatory Care Sensitive Conditions - admission rate per 1,000 pop.</td>
<td>35.4</td>
<td>5</td>
<td>32.6</td>
</tr>
<tr>
<td>Ambulatory Care Sensitive Conditions - length of stay</td>
<td>5.38</td>
<td>1</td>
<td>5.12</td>
</tr>
<tr>
<td>Emergency Dept. presentations per 1,000 pop.</td>
<td>317.3</td>
<td>2</td>
<td>254.1</td>
</tr>
<tr>
<td>Primary care type presentations to emergency per 1,000 pop.</td>
<td>169.8</td>
<td>2</td>
<td>105.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home and Community Care</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Home and Community Care clients - aged 0-69 per 1,000 pop.</td>
<td>113.7</td>
<td>5</td>
<td>113.8</td>
</tr>
<tr>
<td>Home and Community Care clients - aged 70+ per 1,000 pop.</td>
<td>238.4</td>
<td>5</td>
<td>215.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary care</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GP attendances per 1,000 pop.</td>
<td>4,685</td>
<td>8</td>
<td>5,391</td>
</tr>
<tr>
<td>Primary health occasions of service</td>
<td>314.1</td>
<td>3</td>
<td>168.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health, Drug and Alcohol</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug and alcohol clients per 1,000 pop.</td>
<td>6.1</td>
<td>4</td>
<td>5.2</td>
</tr>
<tr>
<td>Registered mental health clients per 1,000 pop.</td>
<td>16.3</td>
<td>2</td>
<td>10.9</td>
</tr>
</tbody>
</table>
What are the population features?
- total population – estimated at 274,236 in 2010 (additional 51,112 residents in Albury, New South Wales.)
- largest population age group – the majority of residents (36.9%) are aged between 35-64
- aged population (65+) is projected to increase while other age groups will decrease
  
<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-84</td>
<td>14%</td>
<td>17.8%</td>
</tr>
<tr>
<td></td>
<td>38,331</td>
<td>58,008</td>
</tr>
<tr>
<td>85+</td>
<td>2.1%</td>
<td>2.5%</td>
</tr>
<tr>
<td></td>
<td>5,656</td>
<td>8,114</td>
</tr>
</tbody>
</table>

- dependency ratio - (number of people not in workforce - under 15 and over 65) is projected to increase from 35.7% to 39.1%.
- Aboriginal population - second highest % of Aboriginal and Torres Strait Islander population in Victoria at 1.58% of total Hume population

What are the socio –demographics, education level and access to transport?
- income - 36.7% of the population has a household income of less than $650 per week – higher than Victoria (30.6%)
- food security - a higher proportion of the population (6.9%) ran out of food in the last 12 months compared to Victoria (5.5%)
- unemployment - 6.1% unemployment – highest rate out of 8 regions in Victoria - compared to Victoria (5.5%)
- education - 65% did not complete year 12 - second highest out of 8 regions
- transport - 32.3% near public transport – lowest out of 8 regions
- 93.5% of households have a vehicle

What are the health behaviours?
- alcohol consumption - Hume is ranked second out of eight regions in Victoria for people at risk of short term harm from alcohol consumption (13.6%), compared to Victoria (10.2%)
- fruit and vegetable intake - around half the population (50.2%) do not meet dietary requirements for fruit and vegetable dietary guidelines, with Hume Region males ranked as highest in Victoria
- physical activity - 25.4% do not meet physical activity guidelines, compared to Victoria (27.4%)
- smoking - Hume Region is ranked second out of the eight regions for people who smoke (21%), compared to Victoria (19.1%)

What is the life expectancy?
- female life expectancy in Hume Region is 84.1 years - lower than Victoria (84.4)
- male life expectancy in Hume Region is 79.3 - lower than Victoria (80.3)

What are the health conditions?
- overweight/obese - ranked second out of eight regions for people who are overweight/obese (55.4%), compared to Victoria (48.6%) - Hume Region males ranked number one
- psychological distress - 11.2% report a high/very high degree of psychological distress, similar to Victoria (11.4%)
- preventable hospital admissions - the top 3 preventable admissions are: - diabetes complications - chronic obstructive pulmonary disease - pyelonephritis

What are the top 3 avoidable mortality conditions?
- ischaemic heart disease
- lung cancer
- suicide

Further information including list of health planning indicators, data for Hume Region and the twelve LGAs can be accessed from the Population Health Profiles in: Hume Region Health Planning Toolkit www.health.vic.gov.au/regions/hume/toolkit.htm
6. What does the evidence tell us about Hume Region?

A consultation process was held with key stakeholders from Department of Health program areas and the Hume Health Services Partnership to identify the impact of policy; analyse data; identify gaps issues and trends particular to Hume Region.

Key themes and issues that impact on the health system and health outcomes of Hume Region residents are:

**Commonwealth reform**
- primary care – Medicare Locals
- aged care
- acute care funding changes
- changing service models
- new standards

**Focus on sustainability**
- changes to funding
- new accountability mechanisms

**Service configuration**
- 17 separate health services
- individual agency planning
- border planning and service delivery issues
- service duplication
- low access to after-hours services
- increasing demand on aged care services
- high reliance on acute
- high number of primary care presentations in emergency
- low attendance to GP
- low access to GP bulk billing
- high number of mental health presentations – high suicide, increasing incidence dual diagnosis
- low access to public dental

**Workforce pressures**
- ageing workforce
- increasing dependency ratio (decreasing numbers in workforce age)
- skill mix
- changing profile
- recruitment and retention in rural areas

**Population needs**
- ageing population
- increasing dependency ratio
- high % Aboriginal population
- high socio-economic disadvantage
- low education levels – low health literacy
- low access to public transport
- poor health behaviours
- increasing chronic disease

**Infrastructure**
- ageing capital stock
- matching capital infrastructure to purpose
- no strategic focus for IT and communication
7. What are the options?

**What are the principles that guided decision making?**

<table>
<thead>
<tr>
<th>Access</th>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>addressing potential barriers to access</td>
<td>addressing areas of influence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appropriateness</th>
<th>Efficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>consistent with policy direction</td>
<td>working together to develop sustainable, coordinated approaches</td>
</tr>
</tbody>
</table>

**What are the options to address regional needs and issues?**

Key stakeholders identified a range of options to address regional needs and issues:

- maintain current efforts
- build on good strategies already in place – eg Towong & Indigo sub-regional planning
- implement sub-regional planning – eg develop approaches in maternity, mental health
- integration of regional aged care - increase provision of community aged care by public sector and respond to changing aged care policy environment
- role delineation of services – primary care, early intervention, regional and sub-regional responsibilities
- formalise regional partnership with Medicare Locals - reduce primary care admissions to emergency, primary care, e-health
- continue to develop response to Aboriginal health needs
- continue to encourage corporate partnerships and shared strategies
- promote e-health/technology solutions to rural issues
- collaborative, organised training and education

- clinical governance
- focus on innovation
- develop new models for specialist care services
8. What are the focus areas in Hume Region?

Six priority focus areas were identified from the options above to improve the health system and address the health needs of the population. A range of enabling pillars support all priorities:

**Increase the system’s financial sustainability and productivity**
- support the public sector to respond to reform agenda
- increase focus on performance monitoring

**Improve prevention, early intervention and primary care response**
- build partnerships to improve prevention focus
- formalise partnership between Medicare Locals, Department of Health and primary health services to enhance primary care

**Develop regional or sub-regional plans and approaches to**
- planning, partnerships, delivery of services and service frameworks for:
  - mental health
  - maternity
  - chronic care
  - other clinical streams as identified
- clinical and corporate governance models
- workforce including specialist services

**Respond to ageing population**
- support the public sector to respond to Commonwealth reform in aged care
- improve integration of care
- provide information to broader sector on impact of ageing
- consider the impact of the ageing population in all planning processes

**Respond to disadvantaged populations**
- maintain focus on improved health outcomes for Aboriginal people
- improve distribution and access to services across region
- improve health literacy

**Implement continuous improvement and innovation**
- implement quality and sustainability approaches
- develop responses to emerging e-health technology
- develop regional approach to sharing innovation
9. What are the priority actions in Hume Region?

Specific actions have been identified for implementation in the first year of the regional plan against each of the six priority focus areas:

1. **Increase the system's financial sustainability and productivity**
   - establish Hume Sustainable Hospital Working Party to identify and implement activities/projects that support sustainability
   - support health services to respond to new pricing arrangements
   - focus on Statement of Priorities including links to regional priorities
   - expand Residential Aged Care Business Service Improvement Project across Hume Region
   - develop balanced scorecard approach to performance monitoring in primary health and Home and Community Care

2. **Improve prevention, early intervention and primary care response**
   - maintain implementation of Integrated Health Promotion Strategy
   - maintain support for Municipal Health and Wellbeing planning
   - work with Medicare Locals on integrated service models for – chronic care, mental health, after hours support and prevention

3. **Develop regional or sub-regional plans and approaches**
   - develop regional or sub-regional plans/approaches for delivery of maternity services, mental health, chronic care and other areas as identified
   - identify service capability frameworks for chronic care
   - support regional or sub-regional activities in governance, workforce and corporate partnerships

4. **Respond to ageing population**
   - maintain work of Integrated Aged Care Collaborative
   - develop Ageing in Hume Profile and provide avenues to coordinate responses
   - support the public sector to respond to Commonwealth reform in aged care

5. **Respond to disadvantaged populations**
   - continue implementation of Aboriginal health and Closing the Health Gap Plans
   - focus on needs of disadvantaged population groups in planning, performance monitoring and service delivery
   - participate in state-wide research on improving health literacy

6. **Implement continuous improvement and innovation**
   - support innovations identified through the Hume Sustainable Hospitals Working Party and other appropriate mechanisms
   - develop regional e-health strategy
   - implement National Service Improvement Frameworks for chronic conditions
   - support innovative approaches to provision of after-hours services
   - support health services in meeting new quality and accreditation standards
10. How do the regional actions address statewide priorities?

The Hume Region priority actions address one or more of the seven state-wide priorities to improve the health system and health outcomes for the Hume Region population:

**Develop a system that is responsive to people’s needs**
- work with Medicare Locals on integrated service models for – chronic care, mental health, after hours support and prevention
- develop regional or sub-regional plans/approaches for delivery of maternity services, mental health, chronic care and other areas as identified
- identify service capability frameworks for chronic care
- maintain work of Integrated Aged Care Collaborative
- develop Ageing in Hume Profile and provide avenues to coordinate responses
- focus on needs of disadvantaged population groups in planning, performance monitoring and service delivery

**Improving every Victorian’s health status and health experiences**
- maintain the implementation of Integrated Health Promotion Strategy
- maintain support for Municipal Health and Wellbeing planning
- continue implementation of Aboriginal Health and Closing the Health Gap plans
- implement National service improvement frameworks for chronic conditions

**Expanding service, workforce and system capacity**
- support regional or sub-regional activities in governance, workforce and corporate partnerships
- support innovative approaches to provision of after-hours services
- participate in state-wide research on improving health literacy

**Increasing the system’s financial sustainability and productivity**
- establish Hume Sustainable Hospital Working Party to identify and implement activities/projects that support sustainability
- support regional or sub-regional activities in governance, workforce and corporate partnerships
- support health services in changes to new pricing
- focus on Statement of Priorities including links to regional priorities
- expand Residential Aged Care Business Service Improvement Project across Hume Region
- develop balanced scorecard approach to performance monitoring in primary health and HACC
- support the public sector to respond to Commonwealth reform in aged care

**Implementing continuous improvements and innovation**
- support innovations identified through the Hume Sustainable Hospitals Working Party and other appropriate mechanisms
- implement National Service Improvement Frameworks for chronic conditions
- support services in meeting new quality and accreditation standards

**Increasing accountability and transparency**
- focus on needs of disadvantaged population groups in planning, performance monitoring and service delivery
- focus on Statement of Priorities including links to regional priorities
- develop balanced scorecard approach to performance monitoring in primary health and HACC

**Utilising e-health and communications technology**
- develop regional e-health strategy
Appendix 1

Hume Region Data and Evidence Framework

The Hume Region Data and Evidence Framework provides a common approach to compiling evidence that informs planning decision making. The framework supports evidence-based planning and categorises health evidence in three domains:

**Determinants of Health** – includes a general context in which people live and non-medical determinants that affect the health of individuals including behavioural, demographic, environmental and genetic determinants or risk factors.

**Health Status** – includes levels and patterns of health in the population including deaths, life expectancy, health conditions, human function and wellbeing.

**Health System** – includes a context of the health system characteristics including community perceptions, policy, resources, distribution and utilisation of services.

<table>
<thead>
<tr>
<th>DETERMINANTS OF HEALTH</th>
<th>Community and socio-economic</th>
<th>Environmental Factors</th>
<th>Health Behaviours</th>
<th>Person-related biomedical Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community and socio-economic characteristics of communities including population, age, housing, community support services, transport, education, employment, income and social capital.</td>
<td>Physical, chemical and biological factors, such as air, water, food and soil quality.</td>
<td>Attitudes, beliefs, knowledge and behaviours such as patterns of eating, physical activity, smoking and alcohol consumption.</td>
<td>Genetic related risk factors and susceptibility to disease such as blood pressure, cholesterol and body weight.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH STATUS</th>
<th>Deaths</th>
<th>Health Conditions</th>
<th>Human Function</th>
<th>Wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy measures and mortality rates.</td>
<td>Prevalence of disease, disorder, injury or trauma or other health-related states.</td>
<td>Alterations to body structure or function (impairment), activity limitations and restrictions in participation.</td>
<td>Measures of physical, mental health and social wellbeing of individuals.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH SYSTEM</th>
<th>Community</th>
<th>Policy and Literature</th>
<th>Resources</th>
<th>Service System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community perceptions, feedback and community engagement approaches that provide qualitative evidence to inform appropriateness of services and needs analysis.</td>
<td>Includes a range of state-wide and regional policies and plans that guide the development of health service delivery.</td>
<td>Includes the resource allocation provided for a broad range of Regional health services.</td>
<td>Includes utilisation of the broad range of Regional health services.</td>
<td></td>
</tr>
</tbody>
</table>
Further information:

1. National Health Reform – Victoria’s approach  

2. Living Longer Living Better  


5. Victorian Health Priorities Framework 2012-2022 - Rural and Regional Health Plan  


7. Victorian Mental Health Reform Strategy 2009-19  