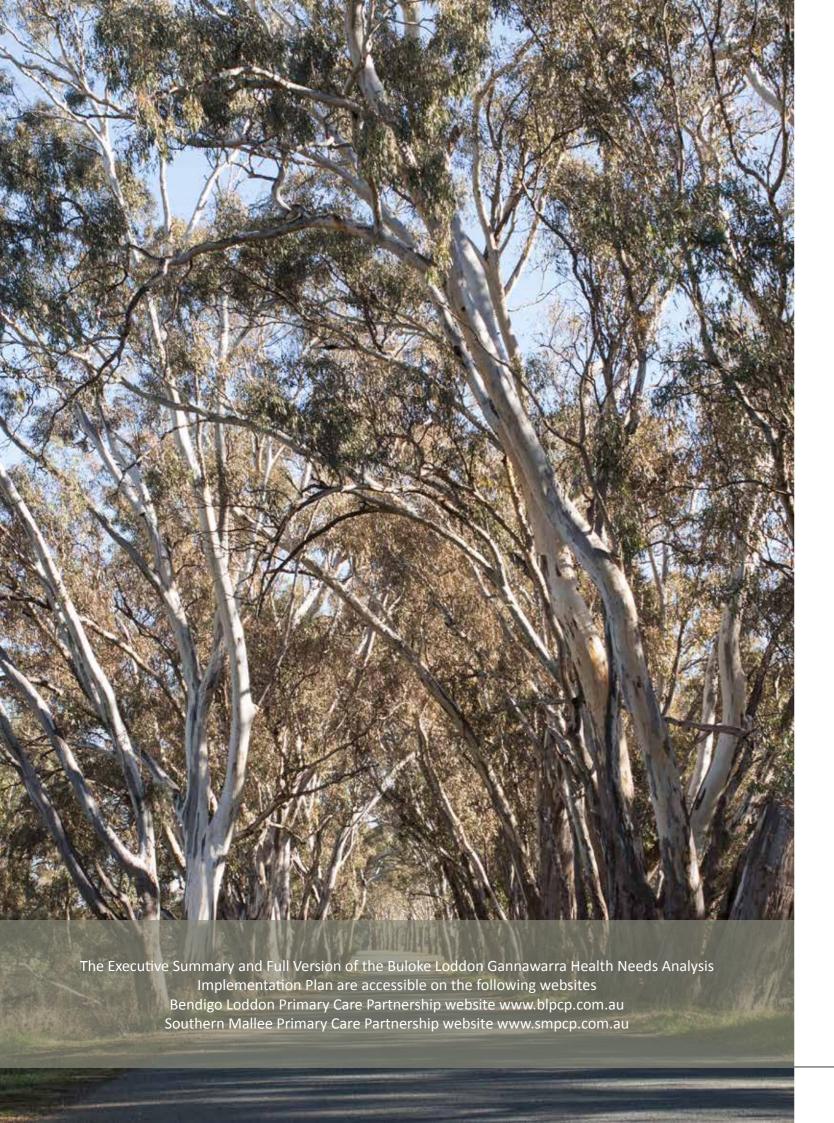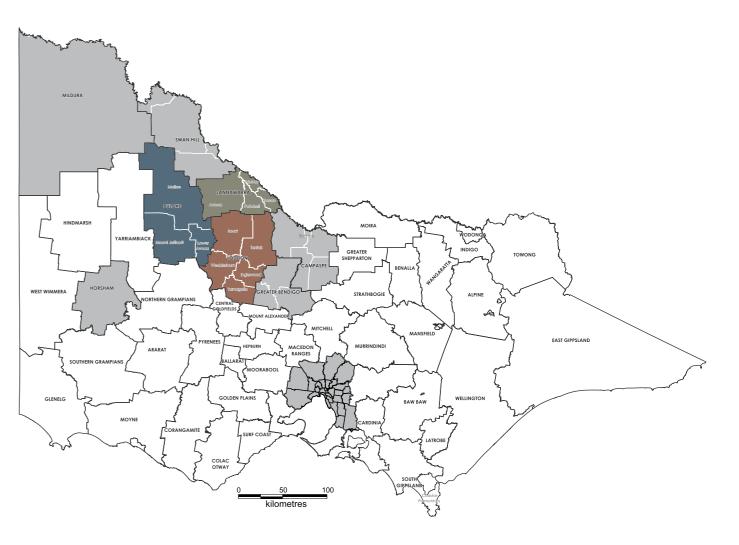# BULOKE LODDON GANNAWARRA

HEALTH NEEDS ANALYSIS IMPLEMENTATION PLAN
EXECUTIVE SUMMARY - MARCH 2019

ACKNOWLEDGEMENT of COUNTRY

We respectfully acknowledge the traditional land of the Kulin Nation and we acknowledge the DjaDja Wurrung, Barapa Barapa, Wegaia, Wemba Wemba and Yorta Yorta people who are the traditional custodians of this land. We pay respect to their elders past, present and emerging.

We express our gratitude in the sharing of this land, our sorrow for the personal, spiritual and cultural costs of that sharing and our hope that we may walk forward together in harmony and in the spirit of healing.

MARCH 2019

CONTENTS

BULOKE LODDON GANNAWARRA HEALTH NETWORK

The Buloke Loddon Gannawarra Health Needs Analysis Implementation Plan was commissioned by the Buloke Loddon Gannawarra (BLG) Health Network and produced in collaboration with Bendigo Loddon Primary Care Partnership

The BLG Health Network wishes to acknowledge the generosity and work of the participating BLG Network agencies in workshop consultations and the contribution of the production team at Bendigo Loddon Primary Care Partnership including 'Words and Pictures – Design Fusion' for the report design.

FOREWORD

As the Chairperson of the Buloke Loddon & Gannawarra Health Network (known as the BLG) I am very pleased to present the Health Needs Analysis Implementation Plan (the plan). The Buloke Shire joined the Loddon and Gannawarra shires in 2018 to ensure that the communities across all three shires had equitable access to the health services needed.
The health, community and local government agencies are working collaboratively to share and extend the reach of services across this large geographic area. The plan has focussed our effort to address the health needs of our communities.

A health needs analysis for the Loddon and Gannawarra shires had been completed more than 18 months previously. That document provided clear information regarding the health needs of the communities within the shires and supported a number of funding submissions. This has now been updated and extended to include the health needs of the Buloke Shire and to identify key themes to be addressed to improve the health and wellbeing of the communities within these Local Government Areas.

Importantly the development of a document such as this implementation plan, provides a clear geographical boundary that makes sense to the community and to potential funding bodies. The needs assessment has identified that the target cohort has multiple and complex needs that cannot be addressed by a single agency. These needs are largely influenced by the unique social and environmental determinants of the place and are typically interrelated. While we may be aware of some of the needs and some of the complexities, this document will assist us to focus and progress in addressing and improving health outcomes for the future. We are confident that the evidence within the health needs analysis implementation plan, will provide potential funding bodies and government agencies the ability to commit to a long-term approach to planning and investment. This recognises that there will be some quick wins, but most outcomes will manifest in the longer term.

I would like to acknowledge the generosity of the various agencies and the individuals within those agencies for their contributions in the development of this valuable resource. I particularly want to acknowledge the skill and expertise of Eileen Brownless, Executive Officer, Bendigo Loddon Primary Care Partnership for her effort in driving and managing this project to this outcome.

I commend the Buloke, Loddon Gannawarra Health Needs Analysis Implementation Plan to you and trust that the value and opportunities gained from this work will benefit communities across the three shires well into the future.

Tracey Wilson
Chairperson
Buloke Loddon Gannawarra Health Network
March 2019

INTRODUCTION

BULOKE LODDON GANNAWARRA (BLG)

HEALTH NEEDS ANALYSIS
IMPLEMENTATION PLAN

INTRODUCTION

The Buloke Loddon Gannawarra (BLG) Health Needs Analysis Implementation Plan consists of three sections. The Executive Summary lays out the high- level strategies and action sequencing across the timeframe. The Health Area Priority Action Plans document the place-based wisdom of the BLG Health Network agencies and guides the strategic action. The Reference Documents provide the context and demonstrates the alignment between and with State, Municipal and current Health Service planning.

This publication contains the Executive summary. The full version is also available to download and print

PARTNERSHIP IN ACTION

The Loddon and Gannawarra Health Services Executive Network (LGHSEN) from 2015 identified that there are opportunities for the health of their communities in collaborative planning based on a shared understanding of the health needs and priorities of their communities within their Shires. In 2018 the parallel health priorities and health system issues in the adjoining Buloke Shire led to the incorporation and formation of the BLG (Buloke Loddon Gannawarra) Network.

A health needs analysis was undertaken and published in early 2017 providing an evidence base and broad recommendations for future action. The BLG Health Needs Analysis Implementation Plan informs and guides collaborative and strategic health service planning and action to achieve health outcomes within the Buloke, Loddon and Gannawarra Shires in the context of current state and commonwealth government priorities.

PLACE-BASED APPROACH AND POPULATION HEALTH PLANNING

The BLG Health Needs Analysis Implementation Plan is based on the needs, opportunities, priorities and options identified through the needs assessments, the Municipal Health and Wellbeing Plans and the Integrated Health Promotion plans. The Victorian Public Health and Wellbeing Plan and the Victorian Public Health and Wellbeing Outcomes Framework has guided the structure with a focus on population health strategies designed with a place-based understanding and approach.

The rural context is one in which Access and Equity of health opportunity is a primary consideration in health planning and advocacy for system development. The environmental, economic, political, social, cultural and behavioural factors that contribute to the health and wellbeing of rural communities need to be appreciated to design systems respond appropriately to local needs and issues. To achieve better health outcomes in the longer term it is necessary for funding bodies and government agencies to commit to a long-term approach to planning and investment.

THE BLG HEALTH NEEDS ANALYSIS IMPLEMENTATION PLAN AND IDENTIFIED HEALTH PRIORITIES

- Heart Health and Respiratory Health
- Diabetes
- Mental Health
- Oral Health

The Health priorities are common to each of the three Shires, cross the population age continuum and outline strategies for health planning and action. The expertise of the BLG Health Network agencies was drawn upon to develop initiatives for each health priority. Three aspects of each health priority were considered in the local context
- Prevention Initiatives
- Early Intervention, Treatment and Recovery Initiatives
- Health System Initiatives

EXECUTIVE SUMMARY

BULOKE
LODDON
GANNAWARRA
HEALTH NEEDS ANALYSIS
IMPLEMENTATION PLAN

HEART HEALTH AND RESPIRATORY HEALTH

PREVENTION	HEART & RESPIRATORY IMPLEMENTATION PLAN REFERENCE	YEAR 1	YEAR 2	YEAR 3
PLANNING ALIGNMENT AND MEASURES				
Undertake Strategic Plan alignment analysis of Primary Care Partnership organisations across the three Shires considering current plans to ensure alignment of effort			✔	
Identify and build on the actions and support consistency of Integrated Health Promotion plans and interventions	Physical Activity / Smoking	✔	✔	✔
Consider benchmarking and annual monitoring of common indicator measures to track outcomes progress across the years	Measures	✔	✔	✔
SETTINGS				
Develop setting specific plans for "healthier eating and active living", respiratory health education and smoking cessation programs across the three Shires	Settings / Food Security	✔	✔	✔
Undertake a three Shire campaign for the promotion of the Healthy Choices framework	Settings		✔	
Undertake a three Shire community education campaign aimed at raising awareness of high rates of heart disease and risk factors	Settings / Smoking	✔	✔	✔
Consider smoking cessation barriers and enablers in development of a three Shire campaign on smoking cessation as a follow up to the Heart and Respiratory Health and Risk factors campaign	Settings / Smoking / Smoking Cessation	✔	✔	✔
Map the Achievement Program delivery and coordinate effort through BLG Health Network	Settings	✔	✔	✔
HEALTH EDUCATION				
Undertake a three Shire campaign for the promotion of healthy eating link with modification of heart and respiratory disease risk factors and Shire statistics	Settings / Smoking	✔	✔	✔
Consider a Sleep Quality campaign				✔
WORKFORCE DEVELOPMENT				
Health service staff education - heart and pulmonary health risk factors and prevention initiatives	Settings / Smoking	✔	✔	✔
Undertake a three Shire coordinated workplace campaign and professional development	Smoking / Workforce Development	✔	✔	✔

EARLY INTERVENTION AND TREATMENT	HEART & RESPIRATORY IMPLEMENTATION PLAN REFERENCE	YEAR 1	YEAR 2	YEAR 3
SERVICE SYSTEM MAPPING				
Map the Heart Health and Respiratory Health Service Systems	Service System Mapping	✔		
SETTINGS				
Develop heart health and respiratory health service user pathways for different population groups. Promote to General Practitioners	Settings / Service User Pathways / Service Development	✔	✔	
Embed service coordination processes across BLG Health Network organisations	Service User Pathways		✔	✔
Undertake Discharge planning review from all hospitals to all health services across the three Shires	Service User Pathways		✔	
Develop Smoking cessation referral and support pathways across three Shires	Smoking Cessation		✔	✔
SERVICE DEVELOPMENT AND SMOKING CESSATION				
Build on a focussed community awareness campaign of high prevalence and risk factors for heart and respiratory diseases with early intervention strategies, referrals and service promotion	Settings / Service Development / Smoking Cessation		✔	✔

HEALTH SYSTEM	HEART & RESPIRATORY IMPLEMENTATION PLAN REFERENCE	YEAR 1	YEAR 2	YEAR 3
SERVICE ACCESS				
Identify Service access barriers across the three Shires to enable better service coordination and advocacy resources to fill service gaps	System Improvements	✔		
SYSTEM IMPROVEMENTS				
Review current discharge planning processes and gaps	System Improvements / Service User Pathways		✔	
3 areas of Focus required 1. Cultural shifts in our organisations 2. Service planning to increase access 3. Workforce development	System Improvements / Settings / Smoking / Workforce Development	✔	✔	✔
Support coordination and referral knowledge for health professionals through referral pathways development	System Improvements / Service User Pathways / Service Development		✔	✔
WORKFORCE DEVELOPMENT				
Three Shires membership of the Victorian Network of Smoke-free Healthcare Services (VNHS) and VNHS standards implementation	System Improvements / Workforce Development		✔	✔
Strategic review of Workforce needs and three Shire Plan development	System Improvements / Workforce Development		✔	✔

DIABETES

PREVENTION

PREVENTION	DIABETES IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
PLANNING ALIGNMENT AND MEASURES				
Undertake Strategic Plan alignment analysis of Primary Care Partnership organisations across the three Shires considering current plans to ensure alignment of effort	Planning Alignment and Measures	✔		
Identify and build on the actions and support consistency of Integrated Health Promotion plans and interventions	Physical Activity (See H&R)	✔	✔	✔
	Smoking (See H&R)			
Consider benchmarking and annual monitoring of common indicator measures to track outcomes progress across the years	Measures	✔	✔	✔
SETTINGS				
Continue to support setting specific plans for Diabetes Education programs and awareness raising campaigns across the three Shires	Settings	✔	✔	✔
Link with Prevention initiatives in Heart and Respiratory Health Prevention	Settings	✔	✔	✔

EARLY INTERVENTION AND TREATMENT	DIABETES IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
IDENTIFICATION OF HIGH RISK COMMUNITY MEMBERS				
Use point of contact opportunities to screen people to support early detection and intervention incorporating workplace and community engagement opportunities	Identification of High Risk Community Members		✔	✔
SCREENING SERVICE SYSTEM MAPPING				
Map current screening opportunities to support increased screening	Screening service system mapping			
	Service system mapping	✔		
	Identification of High Risk Community Members			
SERVICE USER PATHWAYS				
Review and further develop Diabetes Service user pathways across the three Shires for different population groups	Service User Pathways			
	Service system development	✔	✔	
SERVICE MODELS				
Explore and consider current service models and incorporate them into Service User Pathways	Service Models	✔	✔	
Explore prevention programs to standardise and meet best practice care guidelines for Diabetes complications	Service Models		✔	✔
Explore additional service models to meet identified gaps including telehealth access	Service Models			
	Service system development	✔	✔	✔

HEALTH SYSTEM

HEALTH SYSTEM	DIABETES IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
SERVICE SYSTEM MAPPING				
Undertake Diabetes Service within the three shires building on existing mapping. Identify gaps in service access including telehealth.	Service system mapping	✔		
Undertake a review of Shared Care Planning and Service planning opportunities across the services of the three Shires	Service system mapping	✔	✔	
SERVICE SYSTEM DEVELOPMENT				
Expand current "Diabetes in Loddon Action Group" to incorporate practitioners from all three Shires. Review strategy in 3 years	Service system development	✔		
Support telehealth access in small communities to support endocrinology and Credentialed Diabetes Educator access	Service system development	✔	✔	✔
	Service Models			
Support Service user pathways development and implementation across the three Shires.	Service system development	✔	✔	✔
	Service User Pathways			
Support best practice care across the three Shires	Service system development	✔	✔	✔
	Service Models			
Implement "Healthy Choices" guidelines in health services	Service system development	✔	✔	
	Settings			
	Food Security			
Link with Local and State Government initiatives	Service system development	✔	✔	✔
	Physical Activity			
WORKFORCE DEVELOPMENT				
Develop a Workforce Development strategy to support ongoing and best practice care across the three Shires	Workforce Development		✔	✔

MENTAL HEALTH

PREVENTION	MENTAL HEALTH IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
PLANNING ALIGNMENT AND MEASURES				
Undertake Strategic Plan alignment analysis of Primary Care Partnership organisations across the three Shires considering current plans to ensure alignment of effort	Planning alignment and Implementation	✔		
Build on the actions and support consistency of Integrated Health Promotion plans and interventions	Planning alignment and Implementation	✔	✔	✔
Build on the Loddon Healthy Minds Network model in other Shires	Planning alignment and Implementation		✔	✔
Consider benchmarking and annual monitoring of common indicator measures to track outcomes progress across the years	Measures	✔	✔	✔
Conduct an annual rural mental health forum within the three Shires	Planning alignment and Implementation	✔	✔	✔
Undertake collaborative prevention work across the three Shires in the following areas: • Preventing violence against women • Reducing race-based discrimination • Young people and resilience • Arts and social connection	Planning alignment and Implementation	✔	✔	✔
SETTINGS				
Continue to support setting specific plans for mental health and the prevention of family violence across the three Shires.	Settings	Plan	✔ Plan	✔

EARLY INTERVENTION AND TREATMENT	MENTAL HEALTH IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
SERVICE MAPPING AND SERVICE COORDINATION				
Map and clarify service catchments and funding to support people with high prevalence disorders (anxiety and depression)	Service mapping and Service Coordination	✔	✔	
Map and clarify service catchments and funding to support people with low prevalence disorders (e.g. bi-polar disorder, schizophrenia etc).	Service mapping and Service Coordination	✔	✔	
Map the Alcohol and Other Drugs service system to support pathways including Dual Diagnosis pathways	Service mapping and Service Coordination	✔	✔	
Identify existing service and procedural gaps	Service mapping and Service Coordination	✔	✔	
Using maps consider service planning to support early intervention and treatment	Service mapping and Service Coordination		✔	✔
Review coordination of care and referral systems using Service Coordination principles	Service mapping and Service Coordination		✔	✔
SERVICE USER PATHWAYS				
Develop Mental Health Service user pathways for different population groups to enable service system cross -referral opportunities and management integration	Service user pathways	✔	✔	✔

SETTINGS AND INTERVENTIONS				
Develop mental health initiatives and settings interventions across the three Shires including: • Mental Health service promotion • My Health Record - Mental Health Record • Improving data collection • Alcohol and Other Drug Services • Reconciliation Action Plans • LGBTIQ Network	Settings and Interventions	✔	✔	✔

HEALTH SYSTEM	MENTAL HEALTH IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
SERVICE ACCESS AND DEVELOPMENT				
Place-based Service access Map, promote and support out-of-area outreach services to enhance community access	Service Access and Development	✔	✔	
Develop a service promotion strategy drawing on web information, app design and Primary Care Partnerships information, ensuring universal information to support all community members	Service mapping and Service Coordination		✔	✔
Acute Mental Health access Develop a strategy to strengthen coordination of mental health services in an acute setting and build on current projects	Service Access and Development	†	✔	✔
Develop advocacy and strengthened relationships with Bendigo Health and other admitting hospitals	Service mapping and Service Coordination	✔	✔	✔
	Service user pathways			
Family Violence Response Review hospital discharge planning process to support safety of family members	Service Access and Development	✔	✔	
Link with "Orange Door" services in Mildura, Swan Hill and Bendigo	Service mapping and Service Coordination	✔	✔	✔
Build on the SMPCP Buloke Family Violence Project and Action Plan	Service mapping and Service Coordination	✔	✔	✔
Further develop Family Violence Networks across the three Shires	Service user pathways	✔	✔	✔
WORKFORCE DEVELOPMENT				
Develop workforce development strategy to build capacity across areas including: • Cultural awareness and cultural safety training • Family violence • Mental health needs of LGBTIQ people • Youth mental health • Suicide prevention • Staff in acute settings • Mental health of health /community service staff	Service Access and Development		✔	✔

ORAL HEALTH

RESCOURCING THE PLAN

PREVENTION	ORAL HEALTH IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
PLANNING ALIGNMENT AND MEASURES				
Undertake Strategic Plan alignment analysis of Primary Care Partnership organisations across the three Shires considering current plans to ensure alignment of effort	Planning Alignment and Measures	✔		
Build on the actions and support consistency of Integrated Health Promotion plans and interventions	Planning Alignment and Measures	✔	✔	✔
Ensure the link between Oral Health benefits and Smoking cessation is considered and included in oral health and smoking cessation education programs	Smoking Cessation	✔	✔	✔
Consider benchmarking and annual monitoring of common indicator measures to track outcomes progress across the years	Planning Alignment and Measures	✔	✔	✔
SETTINGS				
Develop setting specific plans for oral health education programmes across the three Shires	Settings (Oral Health)	Plan	✔ Plan	✔
Develop targeted workforce development strategy and promote the Child Dental Benefits Scheme	Settings (Oral Health)		✔	✔

EARLY INTERVENTION AND TREATMENT	ORAL HEALTH IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
SERVICE SYSTEM MAPPING				
Map the oral health service system and identify service gaps	Service System Mapping	✔	✔	
SERVICE USER PATHWAYS				
Develop of Oral Health Service user pathways for different population groups	Service User Pathways		✔	✔

HEALTH SYSTEM	ORAL HEALTH IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
SYSTEM CHANGE INTERVENTIONS				
Develop system change interventions including: • Health System • Community Organisations • Early Years/ Education System • Local/ State Government	System Change Interventions			
Incorporate in planning interventions the Dental Health Service Victoria (DHSV) new strategic plan – Life stage approach to oral health	System Change Interventions			
	Workforce Development			
WORKFORCE DEVELOPMENT				
Build workforce capacity engaging La Trobe University and DHSV	Workforce Development			

RESOURCING

☐ Consider the workforce needs to implement setting specific interventions including professional development training

☐ Consider opportunities and resourcing through Integrated Health Promotion Funding

☐ Explore opportunities for collaborative programs and resourcing/ submissions to enable plan activities

☐ Explore other programs and opportunities for health promotion

☐ Consider seeking funding to support worker EFT to drive the collaborative effort across the three Shires in all the 4 identified health priority areas

NOTES