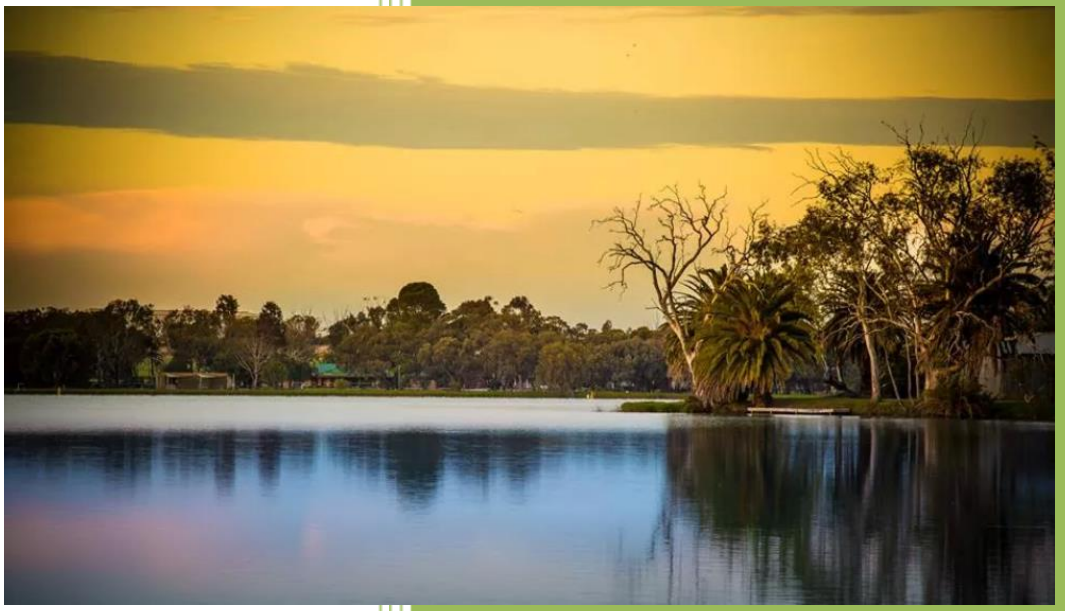
Boort District Health Strategic Plan

2015-2018

Boort
District Health



Foreword

It is with great please that we present Boort District Health's Strategic plan for 2015 – 2018. Boort District Health has a proud history in the provision of health services in the North Loddon catchment and this Strategic Plan is a document that acknowledges our history but builds for the future.

The Strategic Plan has been created following consultation and input. We have welcomed ideas from our staff, our local community, our primary health care partners, Bendigo Loddon Primary Care Partnership, the Victorian Department of Health Regional Office (Bendigo) and the many individuals who have expressed views. We extend our thanks to people who have taken the time to tell us about how the funding for the redevelopment of the health service will provide Boort District Health with many new opportunities for health delivery. We have received important feedback about the redevelopment and this has been incorporated into the strategic plan.

The Strategic Plan will guide the work and efforts of our Board, Community Advisory Committee, Clinical Governance Committee, Safety and Quality Committee and Finance and Audit Committee. It will provide guidance and demonstrate commitment to implement the Strategic Plan for our staff, volunteers and community.

Health is an ever changing and dynamic environment. This Strategic plan provides the background and context that Boort District Health must consider when developing and delivering the plan. There is no doubt that the challenges we face in the health sector through our ageing population, rural issues and access to services, workforce capacity, increasing technology and financial pressures will continue into the future. However, we believe we have developed a plan that is futures focussed and provides solutions to meet increasing demands and challenges. We look forward to continuing our great tradition of providing the community with the assurance that Boort District Health is delivering a patient centred health service that delivers safe, quality driven outcomes.

Marlies Eicher — Chair, Board of Directors

Vicki Poxon — CEO

Our Vision

To enrich the health and wellbeing of the community

Our Role

To deliver, flexible and responsive health and care services to the community

Our Values

Services are community and patient focussed

Through impartiality, the rights and choices of people are respected

Accountability is demonstrated through our actions

Care and services are delivered in a manner which demonstrates integrity

SECTION 1: Boort District Health – Summary of Strategic Plan

BOORT DISTRICT HEALTH STRATEGIC PLAN SUMMARY	
Strategic Direction 1 **Developing a system that is responsive to people's needs**	**Strategic Direction 2** **Improving every Victorian's health status and health experiences**
1. BDH Redevelopment Plan	**1.** Policies Review with Reference to Charter of Human Rights
2. HACC Redevelopment - Active service model	**2.** Deliver care and services through a culture of humanity and compassion by building a Patient Centred culture
3. BDH Service plan design Integrated with health and other services	**3.** Community Engagement Strategy
4. Strengthening the foundation for Patient- Centred Care	**4.** Community Partnerships to support and deliver community wellness strategies
5. Accreditation Process to meet National standards, Aged Care Standards and Common Care Standards	

BOORT DISTRICT HEALTH GOVERNANCE

The Board is committed to ensuring Boort District Health is a sustainable and high performing health service. During workshops held with the Board the following were noted as important strengths offered by the Board;

BDH Board Strengths

- Sense of optimism
- Aim to develop better facilities
- Committed to the growth of BDH
- Making a contribution and giving back
- Services for ageing are important in Boort community
- Local service identity for the community
- BDH seen as the highlight of the town/ Part of community
- Vital facility of the town
- Openness in small communities allow people to be heard and give input
- Positive reputation of board and board members
- Positive reputation of service/caring staff
- Open to learning/ education about BDH organisation and health
- Being involved in community and making a difference
- Understand the value BDH after connection with health system as a consumer – personal experience
- Building something worthwhile for the future
- Welcoming community
- Pride in the workplace
- Enjoy being part of the governance process
- Pleased to be asked to contribute to the Board
- Skills to offer

What the BDH Board values and will aim to transition into the Future

Board and Senior Management responsibility

- Maintain the Board's role of political advocacy and response to opportunities
- Understand community trust that is invested in the board and senior staff will manage change to support high quality ,ongoing services
- A sense of "team" is used to support change, keep identity and embrace new organisation structures
- Open communication with Community

Culture

- Remains welcoming
- Keep the caring, sense of belonging
- Local people can live all their lives supported in this community
- People are a person, not a number, Everyone knows everyone feeling – ensure people are at the centre of care
- Staff are well supported and valued

Quality Service

- Commitment of staff to new models and ownership of new directions
- Personalised care
- Ensure social connectedness with a change of model to home care
- Committed to deliver safe, quality care

Strategic Direction 3 Expanding service, workforce and system capacity	Strategic Direction 4 Increasing the system's financial sustainability and productivity
1. BDH Service Model to reflect the design for increased service capacity	**1.** Develop a vision for BDH aged care services and align this with clear Board directed actions
2. Review of Patient and Resident eligibility under Aged Care Reforms through needs assessment review	**2.** Develop models of care which actively work to improve income for BDH
3. Workforce Development and Redesign to support BDH Service Model and Patient - Centred Care culture	**3.** Understand and communicate about the reforms and the opportunities they present to BDH , the staff, BDH consumers, their families and the community
4. Volunteer support for BDH and Volunteer Training and support	**4.** Ensure there is understanding of the financial impacts and opportunities presented

Strategic Direction 5 Implementing Continuous improvements and innovation	Strategic Direction 6 Increasing accountability and transparency
1. Development of BDH Continuous Quality improvement Plan to support service quality and achievement of National Safety and Quality Health Service (NSQHS) Standards	**1.** Accreditation
2. Innovative models of service provision and delivery and ideas are explored with leadership of the BDH Board and senior management at Board meetings	**2.** Governance
3. Partnership Development with traditional and non-traditional partners within and beyond established boundaries to maintain and strengthen position as a Significant provider of services in North Loddon	**3.** Annual Report
4. Engagement of health service in patient journey	**4.** Quality of Care Report
5. Leadership training and succession planning	**5.** Community Engagement Strategy
6. Recognised regional and state wide acknowledgement of excellence in “Ageing in Place”	

Strategic Direction 7 Utilising e-health and communications technology
1. Development of BDH ICT Plan with reference to National (NEHTA) standards and Regional Planning
2. Engagement with general practice to link with ehealth
3. Increased ehealth familiarity and knowledge within the community of health advantages of Electronic Patient Records
4. Develop Service Coordination agreements with Loddon and Regional agencies to support coordinated care within integrated health system

SECTION 2: Boort District Health - Strategic Planning Process and Outcomes

BOORT DISTRICT HEALTH - MODEL OF CARE

Increasingly both the Australian and Victorian Government policy and funding strategies emphasise the delivery of more health services in people's homes and in community based settings. Boort District Health provides active District Nursing and primary care services, but the future needs to build the opportunity to strengthen community based services in order to provide new funded models of community based care and to support Loddon Shire North residents to avoid or postpone hospital admission/and or return to home sooner.

Boort District Health has current capacity to provide home based and community based services, using District Nursing and other internal staff to deliver to provide home based nursing, Meals on Wheels an Planned Activity Groups for older people, people with disabilities and people who are financially and socially isolated. The strategic plan envisages that Boort District Health would take over the major responsibility for delivery of community based packages in the Loddon Shire North, and would therefore have the capacity to build a continuum of care.

The proposed model of community based care would include:

- Home and Community Care services: Meals on Wheels (currently delivered on contract for Loddon Shire), home maintenance and Planned Activity Groups
- District Nursing Services, supporting the delivery of post-acute care, home based palliative care and other specialist nursing care
- Maternal and Child health services including childhood immunisation
- School based immunisation services
- Primary care and community health services. Currently it is delivered within the community in an ad hoc arrangement with little coordination, partnerships need to be developed to improve continuity of care
- Specialist business management support
- Access to specialised allied health e.g. Occupational Therapy for people with dementia
- Human Resource Management

Boort District Health Service Plan September 2012

Currently, about 3,235 people live in Loddon Shire – North, which is the catchment area for Boort District Health. Facilities operated by Boort District Health include a nine-bed inpatient acute unit with a co-located urgent care centre, the AH Thrum Nursing Home with 10 high-level care beds, an aged care hostel with 29 low-care beds and one transitional care place, and a primary care building which is used by the dental service, allied health and a co-located general practice. The health service provides an inpatient palliative service.

The $14 million redevelopment funding announced in the May 2014 State budget is the opportunity for Boort District Health to plan for its new model of care and consider the future workforce needs.

Purpose of Service Plan

The recommended service profile needs to be consistent with community health needs, the strategic directions of Boort District Health and the policy requirements of the Victorian and Australian governments.
The Department sought a service plan which:

- Is consistent with government policy
- Identifies and describes key health service issues facing the health service
- Recommends an appropriate service profile taking into account demand for health services from the primary catchment, supply of services from relevant other providers in the sub-region and demand forecasts over ten years

Advises on optimal operational arrangements for the provision of services to:

- Enhance resident/patient access
- Support safety and quality of care
- Promote a cost-effective and financially sustainable service model
- Advises on any appropriate or necessary relationships/partnerships between local and/or specialist and/or private service providers, including strategies for building and strengthening these relationships/partnerships.

Key service plan findings Based on data analysis and consultation

Boort District Health provides the residents of its catchment with access to a suite of aged services, acute and urgent care services including transition care and palliative care. Residents have reasonable to more complex care within the Loddon Mallee region. However, the key issue is that more work needs to be done across the region to form partnerships that supports continuity of care.

Recommendation that partnerships are further enhanced and with the redevelopment funds facilities will be redeveloped to free resources for:

- delivery of primary and community health services and
- to improve the patient experience

Boort District Health's current model of operation means that a deficit financial position will continue until the redevelopment is completed and the new models of care have had time to be integrated into the health service. The Service Plan in 2012 accurately predicted the current financial position i.e. low occupancy in the hostel and acute wards has meant a deficit for the past three years and this pattern will continue without significant changes to the model of service delivery. To improve the current financial position will require building heightened business acumen among the management team. The financial position of the organisation has direct workforce implications in staffing and recruitment.

The workforce

Boort District Health has been reasonably successful in recruiting and retaining staff across medical, nursing, allied health and support services. However, it is clear that Boort District Health does not have the capacity to recruit other professional services e.g. human resource management. To be able to provide the skills required for the health service to meet future needs partnerships with other small rural health services is essential.

The workforce issues Boort District Health needs to consider include:

- Workforce development, training and peer support
- Service integration
- Access to ongoing professional development for all staff
- Specialist internal staff and student education and management support

Source: Boort District Health Service Plan September 2012 ; Birru Health Consultants

SECTION 3: Boort District Health – Environmental Analysis and Context

LODDON SHIRE HEALTH INDICATORS

Health Indicators for Loddon Shire:

- Ageing population significantly above Victorian and Regional Victoria
- Significantly lower life expectancy for males than for Victoria and Regional Victoria
- Highest causes of death Disease of Circulatory system followed by Cancer
- Significantly less GP presentations than Regional Victoria or Victoria
- Significantly higher Diabetes rate than Victorian average
- In 2009/10, the admission rate for dental conditions for Loddon Shire residents decreased significantly

Social Determinants of Health Indicators for Loddon Shire

- Significantly lower number of professionals
- higher number of people earning $399 or less per week than
- Lower numbers of students retained to Year 12
- Overall noted for low scores on Index of Relative Disadvantage

Health Behaviours

- Slightly higher current smoking rate
- Slightly higher vegetable intake than Victoria but significantly less fruit intake
- Lower activity levels than Victoria
- Loddon males more Overweight than Victorian average
- Loddon females more obese than Victorian average

Source : Bendigo Loddon Primary Care Partnership Community Profile

Creating a Safe and Quality Focussed Organisation

The *National Safety and Quality Health Service* (NSQHS) *Standards* were developed by the Australian Commission on Safety and Quality in Health Care. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of the care provided by health services.

These Standards include:

- A quality assurance mechanism that tests whether relevant systems are in place to ensure minimum standards of safety and quality are met.
- A quality improvement mechanism that allows the health service to realise developmental goals.

The overarching Standards that are embedded into the strategic Plan are:

Standard 1: ***Governance for Safety and Quality in Health Service Organisations***
outlines the broad criteria to achieve the creation of an integrated governance system to maintain and improve the reliability and quality of patient care and improve patient outcomes.

Standard 2: ***Partnering with Consumers***
requires leaders in the health service to implement systems to support partnering with patients, carers and other consumers to improve the safety and quality of care. Patients, carers, consumers, clinicians and other members of the workforce will use the systems for partnering with consumers.

Roles for Safety and Quality

A range of participants are involved to ensure the safe and effective delivery of healthcare services. These include the following:

Patients and carers, in partnership with Boort District Health they will be involved in:

- Making decisions for service planning
- Developing models of care
- Measuring service and evaluating systems

They will participate in decisions about their own health care. They need to know and exercise their healthcare rights, be engaged in their healthcare and participate in treatment decisions.

The role of **Clinicians** is essential. Improvements to the system can be achieved when clinicians actively participate in organisational processes, safety systems and improvement initiatives. Clinicians make the health system safer and more effective when they:

- Have a broad understanding of their responsibility for safety and quality
- Follow safety and quality procedures
- Supervise and educate other members of the workforce
- Participate in the review of performance procedures individually or as part of a team

The role of the **non-clinical** workforce is important to the delivery of quality healthcare. These staff will be actively encouraged to participate in organisational processes – including the development of safety systems, improvement initiatives and related training.
The role of the **senior staff managers and executive and Board** is to plan and review integrated governance systems that promote patient safety and quality and to clearly articulate organisational and individual safety and quality roles and responsibilities. The explicit support for the principles of consumer centred care is key to ensuring the establishment of effective partnerships between consumers, managers and clinicians.

As part of the strategic planning process, Boort District Health will develop a Quality Framework. The framework will describe our vision for safe and high quality care and will set actions to achieve this vision. The three core principles for safe and high quality care that will be the foundation include care that is **consumer centred, driven by information** and **organised for safety.**

SECTION 4: Boort District Health – Transitions and Visions

Current service/model/resources	Future service/model/resources	Considerations
Single Dental Chair	2 Dental Chairs	Ongoing Funding and building a private practice model
Community Care	In home care – community packages, meals on wheels, personal care, home cleaning, medication, gardening and maintenance	Focus of Governments is transition to In Home Care where possible • Workforce realignment • Building partnerships • Continuity of care
Aged care Living longer, living better	Provider of choice model (local)	• Need to ensure BDH is Provider of choice for local community • Competitors within community and private sectors • Business models (promotion of services) • Volunteers (supports ownership) • Community management of change to ensure sense of belonging
BDH Aged Care Hostel Hospital	Re-development will create a 25 bed *Ageing in Place* facility	• Infrastructure build will require leadership, energy and resources of Board and Senior Management • • Workforce models to embrace new care delivery e.g. dementia

Current service/model/resources	Future service/model/resources	Considerations
Fragmented Community Services • Community Health • Home and Community Care • Men's Shed • Private hospitals • Loddon Shire • Community packages • Rural Allied Health – Bendigo Health • General Practice • Medicare Local/Primary Health Network	Stronger Partnerships supporting reforms of models of care Leadership in development of coordination of services and development of solutions to service gaps	Better coordination to support Continuity of Services and improved patient/resident journey and experience • Stop over servicing in some areas • Engage 'best fit' service model Strengthening intake and assessment models Strengthening appropriate and regular assessment review

SECTION 5: Boort District Health – Setting our Goals

Strategic Direction 1 Developing a system that is responsive to people's needs			
Develop and implement an organisation-wide quality imperative and approach to drive process improvements and redesign across the organisation.			
How will this happen	**What will be done**	**How will we know when it is achieved**	**Timeline**
BDH Redevelopment Plan	Redesign of BDH Service model to incorporate redevelopment of aged care services and the role of BDH in an integrated health system to support continuum of aged care services and community access to primary care, prevention and early intervention services Infrastructure build to support redeveloped BDH service plan is embedded in BDH practice and systems Workforce redesign	BDH Service Model and Service Plan developed Building opened	**April 2015** **September 2015**
HACC Redevelopment - Active service model	Development of Active Service Model Plans for Patients and Residents of BDH incorporating: • promotion of a 'wellness' or 'active ageing' approach that emphasises optimal physical and mental health • maintenance and promotion of a person's capacity to live as independently as possible through capacity building, restorative care and opportunities to improve social participation. • a holistic person-centred approach to care, promoting wellness and active participation in goal setting and decision making • services designed to be timely and flexible and that respond to a person and their carer's needs and circumstances in order to maximise an independence and support the care	Active Service Model Plan for BDH Patients developed Active Service Model Plan for BDH Residents	**June 2015**

	relationship • collaborative relationships between providers, for the benefit of people using services.		
BDH Service plan design Integrated with health and other services	Exploration of opportunities to define BDH role in, as well as lead and contribute to the mapping and building of an integrated health system accessing prevention strategies, early intervention, allied health, acute, emergency response and aged care for the Boort District community	BDH roles articulated in the integrated health system within BDH Service Model and Service Plan BDH role in Chronic Disease management with patients and residents documented including Shared Care Planning	**June 2015**
Strengthening the foundation for Patient-Centred Care	• Leadership in fostering Patient-Centered Care • Supporting and recruiting leadership • Employee engagement • Medical practitioner involvement • Board engagement and leadership • Volunteer engagement • Patient and family engagement in organisational Improvement	BDH culture, policies, procedures and infrastructure in place to ensure Patient -Centred Care as core to all health care activities	**January 2016**

Accreditation Process to meet National standards	Mechanisms developed to ensure engagement and input to quality improvement planning development , implementation and review from • Patients and carers • Clinicians • Non-clinical staff • Senior staff, managers, executive and Board Allocation of workforce resources to support quality improvement planning ,ongoing work and review	Quality Improvement Plan developed Structures, policies and procedures developed to support Quality Improvement Plan implementation and review CQI is embedded in BDH practice and systems	**March 2015**

Strategic Direction 2
Improving every Victorian's health status and health experiences

Develop and sustain identified "Roadmap to Excellence".

How will this happen	What will be done	How will we know when it is achieved	Timeline
Policies Review with Reference to Charter of Human Rights	Review BDH Policies and procedures to ensure consistency with Charter	Accreditation outcomes through meeting standards People Matters Survey feedback Feedback from patients and community	**September 2015**

Deliver care and services through a culture of humanity and compassion by building A Patient Centred Culture	• Communicating effectively with patients and families including access to information and patient education
	• Personalisation and continuity of care
	  ○ Respecting patient preferences, preserving patient dignity
	  ○ Promoting patient and family empowerment
	  ○ Encouraging caring interactions
	  ○ Patient-Centered approaches to food and nutrition
	  ○ Creating Signature Moments
	  ○ Responding to diversity in cultural expectations
	• Family involvement
	• Environment of care
	• Spirituality
	• Integrated care maximizing patient opportunity for wellbeing
	• Caring for the community
	
	• Care for the caregiver
		Structures, policies and procedures developed to support Quality Improvement Plan implementation and review
		
		CQI is embedded in BDH practice and systems
		
		People Matter Survey
			June 2015

	○ Reward and recognition ○ Promoting work-life balance ○ Promoting employee wellness ○ Introduce Employee Assistance Program Healthy Workplace Achievement Program Workplace Framework - Healthy Workers supported by • Healthy Physical Environment • Healthy Culture • Health and Wellbeing Opportunities • Healthy Community Connections	results Establishment of Employee Assistance Program Registration as Workplace in Achievement Program	**June 2015**
Community Engagement Strategy	Development of Community Engagement Strategy to support redevelopment of BDH Service Model, opportunity for full stakeholder understanding of opportunities and challenges of redevelopment and provide Community input in the BDH Service Plan The Community Engagement Strategy will incorporate a Community Communication Plan to keep the community informed of BDH redevelopment including a traditional newsletter format and social media	Community input incorporated into BDH Service model and Service Plan The Community Engagement Strategy is evaluated for effectiveness	**March 2015**
Community Partnerships	Develop and strengthen community partnerships with other Loddon and Regional community organisations and service providers as appropriate. This may include : • Women's Health Loddon Mallee & the 'Around the table' project • Diabetes in Loddon Action Group • Bendigo Loddon Primary Care Partnership		

Strategic Direction 3
Expanding service, workforce and system capacity

How will this happen	What will be done	How will we know when it is achieved	Timeline
BDH Service Model to reflect the design for increased service capacity	BDH Service Model and Plan will incorporate mapped role for BDH in an integrated health system to support continuum of aged care services and community access to primary care, prevention and early intervention services Incorporate Aged Care Reforms in the BDH Service Model and Plan exploring the opportunities and constraints of a Public/ Private practice model Build workforce skills capacity to support BDH through partnerships and outsourcing arrangements as appropriate with other organisations for mutual benefit e.g.: Castlemaine Health for Human Resources skills and procedures	Episodes of Care measurement Bed capacity Referrals Increased number of Home care Packages supported (examples of measurement) BDH Service Plan will reflect opportunities of Public/Private practice model Mutually beneficial contracts/agreements in place to access external skills to support BDH	**October 2016**
Review of Resident eligibility under Aged Care Reforms through needs assessment review	Aged Care Funding Instrument assessment of residents to ensure appropriate care plan and resourcing is in place	Appropriate structures , policies and procedures are in place to support assessments Assessments completed	**March 2015**

Workforce Development to support BDH Service Model and Patient - Centred Care culture	Board resourcing, in-service training and staff Professional Development plans will support change management as required to respond to service redevelopment. This may include: • Multidisciplinary clinical training • Assessment skills within aged care reforms guidelines (if appropriate) • Co-creating health – patients and clinicians as co-trainers • Define specific training for non-clinical staff e.g. dealing with difficult clients • Student program	Board Evaluation People Matter Survey Staff recruitment and , retention outcomes	**November 2015**
Volunteer support for BDH and Volunteer Training and support	Define specific engagement opportunities for volunteers within Patient Centred Care culture and identify: • staff support required • skills and training required to ensure quality outcomes for patients, compliance with policies and legislation e.g.: OH&S Opportunities may include gardening, palliative care volunteers, 'hospital shop', advanced care plan volunteers – respecting patient choices	Formal recognition through Minister for Health Awards Celebrate Volunteers Week Board recognition Community recognition	**June 2015**

Strategic Direction 4
Increasing the system's financial sustainability and productivity

Implement the Aged Care reforms

How will this happen	What will be done	How will we know when it is achieved	Timeline
Develop a vision for BDH aged care services and align this with clear Board directed actions	Redesign of BDH Service model to incorporate redevelopment of aged care services and the role of BDH in an integrated health system to support continuum of aged care services and community access to primary care, prevention and early intervention services	Outcomes of BDH Service Plan demonstrate financial viability and quality service provision across the continuum through integrated health system	**June 1016**
	Incorporate Aged Care Reforms in the BDH Service Model and Plan exploring the opportunities and constraints of a Public/ Private practice model	BDH Service Plan will reflect opportunities of Public/Private practice model	**October 2016**
	Build workforce skills capacity to support BDH through partnerships and outsourcing arrangements as appropriate with other organisations for mutual benefit	Mutually beneficial contracts/agreements in place to access external skills to support BDH	
Develop models of care which actively work to improve income for BDH	Explore opportunities for developing public/private partnerships and other appropriate innovative methods of increasing the income streams to support ongoing quality and provision of services. e.g. private dental treatment, Transition Care Program, allied health (e.g. physiotherapy) in Aged Care Financial Instrument (ACFI program)	Dental Officer private model	**January 2017**

Understand and communicate about the reforms and the opportunities they present to BDH , the staff, BDH consumers, their families and the community.	Develop clear BDH Board directed communication strategy and messages to stakeholders about Aged Care Reforms, financial implications, viability requirements, reassurance re service provision through altered model, philosophy of respect in supporting change within staff roles and community expectations.	Implementation of the BDH Communication strategy incorporating a plan and schedule	**April 2015**
	Development of Community Engagement Strategy to support redevelopment of BDH Service Model, opportunity for full stakeholder understanding of opportunities and challenges of redevelopment and provide Community input in the BDH Service Plan	Community input incorporated into BDH Service model and Service Plan	**April 2015**
	The BDH Community Engagement Strategy incorporates a Community Communication Plan of Community Access points to ensure two-way communication with the community. These opportunities will keep the BDH staff and Boort District community informed of BDH redevelopment including via a traditional newsletter format and social media.	The Community Engagement Strategy is evaluated for effectiveness	**April 2015**
	Communication Plan to ensure alignment with “Living Longer, Living Better” Aged Care Reforms Government information to harness consistent messages to support community information and understanding		**April 2015**
Ensure there is understanding of the financial impacts and opportunities presented	BDH Board members to incorporate Redevelopment standing agenda item at Board meetings with reporting domains in each area of : • Infrastructure build progress • Financial tracking against budget • Patient/resident feedback and response • Workforce issues and support • Community Communication Plan implementation, feedback and response	Board Minutes reflect discussion, consideration and decision making to support implementation of Service Model and Service Plan	**February 2015**

	Operation Management Meetings have Redevelopment standing agenda item of: • Redevelopment progress • Board meeting decisions • staff implementation of Service plan and feedback, • workforce training and professional development, • policy development to support change	Meeting Minutes reflect discussion, consideration and decision making to support implementation of Service Model and Service Plan	**February 2015**

Strategic Direction 5
Implementing Continuous improvements and innovation

How will this happen	What will be done	How will we know when it is achieved	Timeline
Development of BDH Continuous Quality improvement Plan to support service quality and achievement of National Safety and Quality Health Service (NSQHS) Standards	Structures, policies and procedures continue to support ongoing work in continuous quality improvement. A Quality Improvement Coordination resource will support the BDH Board, senior management, staff and volunteers in achieving all Standards in each domain required	Accreditation Standards are met and BDH achieves NSQHS, Aged Care and Common Care Standards accreditation	**January 2015**
Innovative models and ideas are explored with leadership of the BDH Board and senior management at Board meetings	Research into successful models developed in similar communities and community settings is undertaken. Non-traditional and cross sectoral opportunities will be included in research scope. Exploration of health practitioner /social work student placements to resource this opportunity may occur. Develop public sector/private sector partnerships as appropriate. Capture community contribution to innovative thinking about opportunities through two-way communication strategy vehicles.	Outcomes reporting at BDH Board Meeting	**June 2016**

Partnership Development with traditional and non-traditional partners within and beyond established boundaries to maintain and strengthen position as a Significant provider of services in North Loddon	**Exploration of Partnerships with:** • **Loddon Shire about BDH engagement as a service provider for Shire aged care and other services e.g. community care** • **Primary Health Networks to develop health service models and seek initiation and/or implementation funding e.g.; allied health public/private model** • **Other organisations as appropriate and indicated by research**	**CEO Reports to BDH Board about broadening partnership initiatives** **Win trust of other providers, successful tenders**	**June 2015**
Engagement of health service in patient journey	Further training with Institute for Healthcare Improvement, Commission for Hospital Improvement and Ko-Awatea Engagement with Bendigo Loddon PCP Health Literacy Project to support organisational quality improvement	Increase in voice of patients Policies and procedures to support Health literacy of patients and residents are implemented	**April 2015**

Strategic Direction 6
Increasing accountability and transparency

How will this happen	What will be done	How will we know when it is achieved	Timeline
Accreditation	Meet all accreditation requirements for aged care, National Safety and Quality Health Service (NSQHS) Standards and Common Care Standards	Accreditation achieved in all areas Publish all outcomes	**Ongoing throughout 2015-2018 period**
Governance	Safe and efficient four committees report to board • Clinical Governance • Safety and Quality • Finance and Audit • Community Advisory	Regular communication to community and staff	**February 2015**
Annual Report, Quality of Care Report		Publish and distribute. Include feedback form.	**Published October 2015, 2016, 2017**
Community Engagement Strategy	The BDH Community Engagement Strategy to support redevelopment of BDH Service Model, opportunity for full stakeholder understanding of opportunities and challenges of redevelopment and provide Community input in the BDH Service Plan The Community Engagement Strategy will incorporate a Community Communication Plan to keep the community informed of BDH redevelopment including a traditional newsletter format and social media Capture community contribution to innovative thinking about opportunities through two-way communication strategy vehicles utilising Community Advisory Committee.	Community input incorporated into BDH Service model and Service Plan The Community Engagement Strategy is evaluated for effectiveness	**See Strategic Direction 4**

Strategic Direction 7
Utilising e-health and communications technology

Develop and implement an integrated information management system that includes the Electronic Patient Record (EPR).

How will this happen	What will be done	How will we know when it is achieved	Timeline
Development of BDH ICT Plan with reference to National (NEHTA) standards and Regional Planning	Partnership with LMRHA Review of current BDH ICT capacity • Connectivity • Infrastructure • Workforce training needs	BDH ICT plan developed and supported with adequate resourcing	**January 2015**
Engagement with general practice to link with ehealth e.g. VICTUU, promotion of PCEHR	Partner with Primary Health Network		**February 2015**
Increased ehealth familiarity and knowledge within the community of health advantages of Electronic Patient Records	Partner with Loddon and Regional agencies to promote ehealth		**June 2017**
Develop Service Coordination agreements with Loddon and Regional agencies to support coordinated care within integrated health system	Partnership within Bendigo Loddon Primary Care Partnership to support Service Coordination Agreements, policies and procedures developed to support service coordination Workforce development opportunities taken up		**June 2015**

SECTION 6: Boort District Health – Background and Context

FEDERAL HEALTH POLICY - As outlined in Budget Papers May 2014

STRATEGIC DIRECTION STATEMENT

Australia has a world class health system, which has helped support better health and longer life expectancy for Australians over many decades. That system is under continuing pressure from the rising demands of an ageing population, the growing prevalence of chronic and lifestyle-related diseases, and the emergence of new, innovative and increasingly personalised health care technologies that bring better treatment but also increase the costs of care.

In the 2014-15 Budget, the Australian Government is moving to reinforce the key financing mechanisms of the health system, streamline bureaucracy and administration, and make significant forward-looking investments in medical research. This will enable our health system to continue to deliver better health outcomes and access to care for all Australians in the decades ahead.

- **Reinforcing financing mechanisms**
- **Streamlining bureaucracy to support better services**
- **Forward-looking investments in medical research**

Portfolio Responsibilities Changes

- the Department's name changed from the Department of Health and Ageing, to the Department of Health;
- responsibility for aged care, including the Aged Care Standards and Accreditation Agency Ltd and the Aged Care Complaints Commissioner, transferred to the new Department of Social Services;
- the Department of Health assumed responsibility for sport and recreation policy from the former Department of Regional Australia, Local Government, Arts and Sport. Three portfolio agencies also transferred to the Health Portfolio: the Australian Sports Anti-Doping Authority (ASADA), the Australian Sports Commission (ASC) and the Australian Sports Foundation Limited (ASF);
- the National Mental Health Commission (NMHC) transferred from the Prime Minister and Cabinet Portfolio to the Health Portfolio; and
- responsibility for a number of Indigenous specific programs and functions were transferred to the Department of the Prime Minister and Cabinet.

Changes to Portfolio Agencies

Reduction in the number of agencies within the Health portfolio. The aim is to cut the size of the health bureaucracy and free up resources to fund frontline services.

1. **Australian Organ and Tissue Donation and Transplantation Authority, and National Blood Authority**
   Merger of the functions of the National Blood Authority (NBA) and the Australian Organ and Tissue Donation and Transplantation Authority (AOTDTA) with a view to establishing a new independent authority by 1 July 2015.

2. **Australian National Preventive Health Agency - Agency closed**
   Transfer of essential functions of the Australian National Preventive Health Agency (ANPHA) to the Department of Health.

3. **General Practice Education and Training**
   Transfer of essential functions of the General Practice Education and Training (GPET) to the Department by 1 January 2015, with a view to closing the agency.

4. **Health Workforce Australia - Agency closed**
   Transfer of essential functions of Health Workforce Australia (HWA) to the Department of Health.

5. **Private Health Insurance Ombudsman**
   Transfer of the responsibilities of the Private Health Insurance Ombudsman (PHIO) to the Office of the Commonwealth Ombudsman by 1 July 2015..

6. **Private Health Insurance Administration Council**
   Transfer of the functions of the Private Health Insurance Administration Council (PHIAC) to the Australian Prudential Regulation Authority and the Department of Health by 1 July 2015, with a view to closing the agency.

Department of Health Outcomes (Reference http://www.health.gov.au/internet/budget/publishing.nsf/Content/2014-2015_Health_PBS_sup1)

OUTCOME 1 POPULATION HEALTH

A reduction in the incidence of preventable mortality and morbidity, including through national public health initiatives, promotion of healthy lifestyles, and approaches covering disease prevention, health screening and immunisation

Outcome Strategy

The health system is under pressure from the demands of the ageing population and the increasing prevalence of chronic disease. Expenditure on health care in Australia has increased by 122 per cent in the 10 years to 2011-12. One-third of Australia's burden of disease is due to lifestyle health risks such as poor diet, obesity, physical inactivity, smoking and alcohol misuse. More emphasis is needed on prevention to ensure our health system is sustainable for the long term.

To help improve sustainability and reduce the burden of chronic disease, the Government will invest in programs and strategies aimed at preventing illness and encouraging people to lead healthier lifestyles. The Government will place a particular focus on disease prevention, screening, disease control, immunisation, public health and reducing the impact of substance misuse. The Government will also support a range of palliative and end of life care projects. This approach will improve the lives of many Australians and reduce pressure on the health system.

Key initiatives for 2014-15 include:

- Implementation of national blood borne virus and sexually transmissible infection strategies
- developing a new National Diabetes Strategy;
- providing a range of cancer screening services;
- providing vaccines through the National Immunisation Program;
- delivering programs and communication campaigns aimed at discouraging the use and misuse of alcohol, tobacco, prescription and illicit drugs.
- full implementation of biennial bowel cancer screening for all Australians aged 50 to 74.

In 2014-15, the Government will finalise the National Diabetes Strategy to identify gaps in diabetes prevention and care, and outline strategies to more effectively address these gaps. It will include consideration of service coordination and integration as well as the particular needs of population groups.

The components of the National Partnership Agreement on Preventive Health involving payments to States and Territories will be terminated.

Outcome 1 is the responsibility of Population Health Division, the Office of Health Protection, Acute Care Division and Primary and Mental Health Care Division.

Program 1.1

Program 1.1: Public Health, Chronic Disease and Palliative Care
Program Objectives

- Reduce the incidence of chronic disease and promote healthier lifestyles
- Develop evidence-based food regulatory policy
- Improve detection, treatment and survival outcomes for people with cancer
- Reduce the incidence of blood borne viruses and sexually transmissible infections
- Improve palliative care in Australia

Program 1.2: Drug Strategy
Program Objectives

- Reduce harm to individuals and communities from misuse of alcohol, pharmaceuticals and use of illicit drugs
- Reduce the harmful effects of tobacco use

Program 1.3: Immunisation
Program Objectives

- Strengthen immunisation coverage
- Improve the efficiency of the National Immunisation Program

OUTCOME 2 ACCESS TO PHARMACEUTICAL SERVICES
Access to cost-effective medicines, including through the Pharmaceutical Benefits Scheme and related subsidies, and assistance for medication management through industry partnerships

Outcome Strategy
Over the past decade the cost of the PBS has increased 80 per cent. Whilst the 2007 PBS Reforms have been a highly effective mechanism for ensuring the ongoing sustainability of the PBS by returning over $9 billion to the program, growth in the PBS is still expected to average between four and five per cent a year over the medium to long term.

The Australian Government has a fiscal responsibility to ensure the ongoing sustainability and strength of the program and will therefore increase patient contributions in 2014-15, putting the PBS on a more sustainable footing, and ensuring the Government's capacity to list new and innovative medicines now and into the future.

From 1 January 2015, changes to co-payment and safety net arrangements for general and concessional patients will provide for the continued listing of new high cost medicines on the PBS. In 2014-15, through the Fifth Community Pharmacy Agreement (the Fifth Agreement), the Government will provide funding to over 5,000 pharmacies to dispense PBS medicines, as well as fund a range of programs to support the quality use of medicines and access to services.

The Government is also committed to working closely with community pharmacies and the pharmaceutical industry to ensure the ongoing viability of these sectors and in 2014-15 will look to build on their valued role in the community. Preparations for the expiry of the Fifth Agreement on 30 June 2015
will be a priority. The Access to Medicines Working Group will be reinvigorated as a forum for discussion of PBS policies with the pharmaceutical sector, with initial discussions focused on four priority areas: managed entry scheme; interpretation of section 99ACB of the *National Health Act 1953*; transparency for PBS listing processes; and post-market reviews.

Building upon its work to date to list medicines faster on the PBS, the Government intends to improve patient safety and care in 2014-15 by removing unnecessary red tape and administrative burden for health professionals when prescribing, processing and claiming payments for PBS medicines. These changes will enable clinicians to spend more time with their patients and less time completing duplicate paperwork, and simplify the prescription process for a number of complex medicines.

Outcome 2 is the responsibility of Pharmaceutical Benefits Division.

Program 2.1: Community Pharmacy and Pharmaceutical Awareness
Program Objectives

- Support timely access to medicines and pharmacy services through the Fifth Community Pharmacy Agreement

Program 2.2: Pharmaceuticals and Pharmaceutical Services
Program Objectives

- List cost-effective, innovative, clinically effective medicines on the PBS
- Increase the sustainability of the PBS
- Post-market surveillance

Program 2.3: Targeted Assistance – Pharmaceuticals
Program Objectives

- Provide access to new and existing medicines for patients with life threatening conditions
- Assist people with a stoma by providing stoma related products
- Improve the quality of life for people with Epidermolysis Bullosa

OUTCOME 3 ACCESS TO MEDICAL AND DENTAL SERVICES

Access to cost-effective medical, dental, allied health and hearing services, including through implementing targeted medical assistance strategies, and providing Medicare subsidies for clinically relevant services and hearing devices to eligible people

Outcome Strategy

The main way access to services is provided is through Medicare. The health system is under pressure from the demands of the ageing population, the increasing prevalence of chronic disease and increasing costs often associated with new technologies.

In the 2014-15 Budget seeks to put health expenditure on a more sustainable footing, to ensure that Australia can continue to afford a strong Medicare system. From 1 July next year, all patients will be asked to contribute to their own health care costs. While the Government will continue to subsidise a majority of the costs of Medicare services, the rebate for most GP and out-of-hospital pathology and diagnostic imaging services will be reduced by $5.

Previously bulk-billed patients can expect to make a contribution of at least $7 to the cost of most visits to the GP and out-of-hospital pathology and diagnostic imaging services. Doctors will be paid a low gap incentive – equivalent to the current bulk-billing incentive – to encourage them to charge Commonwealth Concession Card holders and children under 16 no more than the $7 contribution for the first 10 visits. After the first 10 visits, the doctor will be paid an incentive if they provide the service to the concessional patient for free.

New and existing items on the MBS will be reviewed for clinical-effectiveness and cost-effectiveness by the Medical Services Advisory Committee (MSAC). The quality and effective use of diagnostic imaging, pathology and radiation oncology services is an essential part of any contemporary health system. Support for these services will be through improvements to accreditation processes, increased stakeholder engagement and funding for procedures and infrastructure.

Pressure on public dental waiting lists will be alleviated through the National Partnership on Treating More Public Dental Patients with the States and Territories. In addition, the Child Dental Benefits Schedule provides means-tested financial support for basic dental services for eligible children.

Work toward reducing the incidence and consequences of avoidable hearing loss in the Australian community will occur by providing access to high quality hearing services and devices.

The stability of the medical insurance industry is to be sought and medical indemnity insurance products are to be available and affordable.

Outcome 3 is the responsibility of Acute Care Division, Medical Benefits Division and Population Health Division.

Program 3.1: Medicare Services
Program Objectives

- Sustainability of the Medicare System – Patient Contributions
- Medicare Safety Net
- Evidence-based and cost-effective care

Program 3.2: Targeted Assistance – Medical
Program Objectives

- Provide medical assistance to Australians who travel overseas
- Support access to necessary medical services which are not available through mainstream mechanisms
- Provide medical assistance following overseas disasters
- National External Breast Prostheses Reimbursement Program

Program 3.3: Pathology and Diagnostic Imaging Services and Radiation Oncology
Program Objectives

- Access to pathology services
- Access to diagnostic imaging services
- Access to quality radiation oncology services
- Expert stakeholder engagement in pathology, diagnostic imaging and radiation oncology

Program 3.4: Medical Indemnity
Program Objectives

- Ensure the stability of the medical indemnity insurance industry
- Ensure that insurance products are available and affordable

Program 3.5: Hearing Services
Program Objectives

- Support access for eligible clients to quality hearing services
- Support research into hearing loss prevention and management

Program 3.6: Dental Services
Program Objectives

- Improve access to public dental services
- Improve access to dental services for children
- Improve access to clinically relevant dental services

OUTCOME 4 ACUTE CARE
Improved access to, and efficiency of, public hospitals, acute and subacute care services, including through payments to state and territory governments

Outcome Strategy
Public hospital expenditure is one of the most rapidly growing areas of health expenditure. States and Territories are responsible for the delivery of public hospital services and have significant control over their costs. Consistent with the Government's strategy of fiscal responsibility and health system sustainability, the Australian Government will implement changes to public hospital financing arrangements to incentivise States and Territories to address the growth in public hospital costs. In 2014-15 the Australian Government will remove the funding guarantees provided under the National Health Reform Agreement, in order to provide States and Territories with a stronger incentive to increase the efficiency of their public hospitals. From 2017-18 the Australian Government will introduce revised public hospital funding arrangements, to recognise States' and Territories' responsibility for managing an efficient public hospital sector.

As a result of changes to the Medicare Benefits Scheme, the Australian Government will allow State and Territory Governments to introduce a small patient contribution for General Practitioner (GP)-type patients attending public hospital emergency departments. The Department will work with State and Territory counterparts to implement these arrangements and help develop policy approaches to improving public hospital efficiency.

Outcome 4 is the responsibility of Acute Care Division.

Program 4.1: Public Hospitals and Information
Program Objectives

- Supporting states to deliver efficient public hospital services
- Improving health services in Tasmania
- Mersey Community Hospital

OUTCOME 5 PRIMARY HEALTH CARE

Access to comprehensive primary and mental health care services, and health care services for Aboriginal and Torres Strait Islander peoples and rural and remote populations, including through first point of call services for the prevention, diagnosis and treatment of ill-health and ongoing services for managing chronic disease

In 2014-15, a key focus will be to strengthen primary care by redirecting funding to frontline health services. This will help greater numbers of patients better manage chronic disease, support preventive health approaches, and ease pressure on more expensive hospital services.

The Government will move to establish Primary Health Networks (PHNs) from 1 July 2015, in line with the recommendations of the Review of Medicare Locals. There will be fewer, but larger, PHNs in the new network that will replace Medicare Locals. PHNs will be clinically-focused and responsible for improving patient outcomes in their geographical area by ensuring that services across the primary, community and specialist sectors align and work together in patients' interests.

The Government will also explore innovative models of primary health care funding and delivery, including partnerships with private insurers, as part of its commitment to rebuild primary care.

There is a commitment to developing a more effective and efficient mental health system that improves the lives of Australians with a mental illness and their families. The Government is providing $18 million over four years to establish a National Centre for Excellence in Youth Mental Health in Parkville, Victoria, and an additional $14.9 million to expand the highly successful *headspace* youth mental health network by 10 sites, taking it to 100 across Australia by 2015-16. In 2014-15, the Department will also work to support the Government's consideration of the National Mental Health Commission review of mental health programs.

The Government will establish the Indigenous Australians' Health Program bringing together funding streams enabling improved focus on local health needs, reduced overheads and better support for efforts to achieve health equality between Indigenous and non-Indigenous Australians. In 2014-15, the Department will heighten its focus on improving programs for Aboriginal and Torres Strait Islander mothers and children.

This outcome also aims to improve access to effective health care services for people living in rural and remote regions. This includes providing outreach primary health care services such as the Royal Flying Doctors Service (RFDS) and the Rural Women's GP Service. The Government is providing an additional $6 million to the RFDS in 2014-15 to enable it to meet demand for essential emergency and other primary health care services.

Outcome 5 is the responsibility of Primary and Mental Health Care Division and Indigenous and Rural Health Division.

Program 5.1: Primary Care Financing Quality and Access
Program Objectives

- Primary Health Networks
- Improve access to after-hours primary health care
- Improving models of primary care

Program 5.2: Primary Care Practice Incentives
Program Objectives

- Provide general practice incentive payments

Program 5.3: Aboriginal and Torres Strait Islander Health

Program Objectives

- Improving access to Aboriginal and Torres Strait Islander health care in areas of need
- Reduce chronic disease
- Improve child and maternal health

Program 5.4: Mental Health
Program Objectives

- *Invest in more and better coordinated services for people with mental illness*

Program 5.5: Rural Health Services
Program Objectives

- Improve access to primary health care and specialist services
- Improve access to health information services in regional, rural and remote areas

OUTCOME 6 PRIVATE HEALTH
Improved choice in health services by supporting affordable quality private health care, including through private health insurance rebates and a regulatory framework

Outcome Strategy
The aim of Outcome 6 is to promote affordable quality private health insurance, and provide more choices for consumers and help improve the sustainability of the health system as a whole.

The Government is committed to ensuring that Australians can access private health insurance through a viable and cost-effective private health industry. It will encourage and support individuals and families to purchase private health insurance and commits to restoring the Australian Government Rebate on private health insurance when fiscal circumstances allow. The income tier thresholds applying to the rebate will remain at 2014-15 levels until 1 July 2018.
A fair reimbursement framework for surgically implanted prostheses remains in place.

The private health insurance regulatory framework will be reviewed to ensure it does not place an unnecessary regulatory burden on providers, while ensuring consumer and health system needs are protected. The functions of the Private Health Insurance Administration Council (PHIAC) will be transferred to the Australian Prudential Regulation Authority (APRA) and the Department of Health by 1 July 2015, with a view to closing the agency. Similarly, the responsibilities of the Private Health Insurance Ombudsman (PHIO) will be transferred to the Office of the Commonwealth Ombudsman by 1 July 2015.

Outcome 6 is the responsibility of Medical Benefits Division.

Program 6.1: Private Health Insurance
Program Objectives

- The private health insurance rebate
- Promote an affordable and sustainable private health insurance sector
- Improve access to surgically implanted prostheses through private health insurance
- Ensure the Australian Government rebate on private health insurance covers clinically proven treatments

OUTCOME 7 HEALTH INFRASTRUCTURE, REGULATION, SAFETY AND QUALITY
Improved capacity, quality and safety of Australia's health care system to meet current and future health needs including through investment in health infrastructure, regulation, international health policy engagement, research into health care, and support for blood and organ donation services

Outcome Strategy
The establishment of the $20 billion capital-protected Medical Research Future Fund from 1 January 2015 is aimed at investment to enable targeted resourcing of national research priorities into the future. The policy to create this Fund reflects the Government's recognition of the central role of medical research in driving innovation and improvements in the delivery of health care for Australians.

Consistent with the Government's broader Deregulation Agenda, the Department will ensure the delivery of appropriate and effective regulation across the portfolio, which maintains desired outcomes while safeguarding the health and wellbeing of the community.

The Personally Controlled Electronic Health Record (PCEHR will be funded and work with stakeholders will continue with regard to the recommendations from the recent review of the PCEHR including national shared electronic health records, supporting improved productivity across the health sector and greater convenience for providers and patients.

Access to an adequate, safe, secure and affordable blood supply and access to life saving and life-transforming organ and tissue transplants are to be continued.

Outcome 7 is the responsibility of Acute Care Division, Best Practice Regulation and Deregulation Division, eHealth Policy Change and Adoption Division, Office of Health Protection, Pharmaceutical Benefits Division, Population Health Division, Portfolio Strategies Division, Primary and Mental Health Care Division, the Therapeutic Goods Administration, the National Industrial Chemicals Notification and Assessment Scheme, and the Office of the Gene Technology Regulator.

Program 7.1: eHealth Implementation
Program Objectives
- Operate a national eHealth system
- Provide national eHealth leadership

Program 7.2: Health Information
Program Objectives

- Provide support to the Council of Australian Governments (COAG) Health Council and the Australian Health Ministers' Advisory Council (AHMAC)

Program 7.3: International Policy Engagement
Program Objective

- Facilitate international engagement on global health issues

Program 7.4: Research Capacity and Quality
Program Objectives

- Improve research capacity
- Maintain effective health surveillance
- Monitor the use of diagnostics, therapeutics and pathology
- Improve safety and quality in health care

Program 7.5: Health Infrastructure
Program Objectives

- Improve primary health care infrastructure
- Invest in other major health infrastructure

Program 7.6: Blood and Organ Donation
Program Objectives

- Improve Australians' access to organ and tissue transplants
- Support access to blood and blood products

Program 7.7: Regulatory Policy

Program Objectives

- Provide direction and national leadership in gene technology regulatory policy issues and maintain and improve the therapeutic goods and industrial chemicals regulatory frameworks.
- Ensure that therapeutic goods are safe, effective and of high quality
- International harmonisation and work sharing
- Continue therapeutic goods reform process
- Aid in the protection of the Australian people and the environment by assessing the risks of industrial chemicals and providing information to promote their safe use
- Protect the health and safety of people and the environment by regulating work with genetically modified organisms (GMOs)

OUTCOME 8 HEALTH WORKFORCE CAPACITY
Improved capacity, quality and mix of the health workforce to meet the requirements of health services, including through training, registration, accreditation and distribution strategies

Outcome Strategy
The Government is working to boost the nation's health workforce, direct funding to frontline services, and ensure the workforce can deliver these services. The Government will support the training of more health professionals at lower cost through better training programs, with a focus on primary care and rural health.

Current workforce shortages, particularly in regional and rural Australia will be supported by boosting GP training places from 1,200 to 1,500 places in 2015. GP training places will continue increasing in future years, as the Government works in partnership with business and the medical profession to reduce the costs of GP training. More GPs will be assisted to train the future workforceNew infrastructure funding totalling $52.5 million will enable regional and rural GP practices to build the facilities they need to take on more trainees (see outcomes 5 and 7).

Around 500 new nursing and allied health scholarships will be delivered over three years, costing $13.4 million, to target workforce shortages in regional and rural areas and will maintain the commitment to support extra medical intern places in private hospitals and regional and rural areas.

The Department of Health will take on the functions of two existing agencies. The essential functions of Health Workforce Australia (HWA) will be transferred to the Department. The essential functions of General Practice Education and Training Ltd (GPET) will be transferred to the Department by 1 January 2015, with a view to closing the agency. This will cut the size of the health bureaucracy and free up resources to fund frontline services.
Outcome 8 is the responsibility of Health Workforce Division.

Program 8.1: Workforce and Rural Distribution
Program Objectives
- Increased investment in medical training and education
- Increase the supply of, and support for, health professionals in regional, rural and remote Australia

Program 8.2: Workforce Development and Innovation
Program Objectives
- More efficient health workforce development
- Investment in the dental workforce

OUTCOME 9 BIOSECURITY AND EMERGENCY RESPONSE
Preparedness to respond to national health emergencies and risks, including through surveillance, regulation, prevention, detection and leadership in national health coordination

Outcome Strategy
The aim of Outcome 9 is to strengthen the nation's capacity and capability to protect the health of all Australians from threats posed by communicable disease outbreaks, natural disasters, environmental hazards, acts of terrorism and other incidents that may lead to mass casualties. This is achieved by developing and maintaining effective systems to identify and monitor risks, and through effective response planning across the health system. In 2014-15 the Government will make a major investment to replenish the National Medical Stockpile and streamline its operations, working with the States and Territories.

The Department will work with other Australian Government, State and Territory and international agencies, to monitor and assess current and emerging population health risks. The Department will maintain robust and timely communicable disease surveillance to detect, assess and respond to communicable disease threats in Australia and to Australians overseas.

In a health emergency, the Government will respond using established and tested plans and protocols. The Department provides national leadership and coordination in national health emergencies through chairing the Australian Health Protection Principal Committee, working with States and Territories to prioritise the use of resources, and providing a clearing house for critical emergency response information.

The Department will also provide human health risk assessment and advice on the regulation of agricultural and veterinary chemical products, drugs and poisons, and the import, export and manufacture of controlled drugs and chemicals.

Outcome 9 is the responsibility of the Office of Health Protection.

Program 9.1: Health Emergency Planning and Response
Program Objectives

- National health emergency planning and response
- National Medical Stockpile
- Improve biosecurity, drug and chemical safety
- Minimise the risks posed by communicable diseases
- Antimicrobial Resistance (AMR)

OUTCOME 10 SPORT AND RECREATION

Improved opportunities for community participation in sport and recreation, and excellence in high-performance athletes, through initiatives to help protect the integrity of sport, investment in sport infrastructure, coordination of Commonwealth involvement in major sporting events, and research and international cooperation on sport issues

Outcome Strategy

The Department will work closely with States and Territories, the Australian Sports Commission (ASC) and national sporting organisations to develop initiatives to encourage increased participation in sport and physical activity by all Australians. The Government's new Sporting Schools initiative will encourage school children to take part in sport-based physical activity before, during and after school.

The Department will coordinate the Australian Government's involvement in the staging of major international sporting events held in Australia, including the 2015 Asian Football Confederation (AFC) Asian Cup, the International Cricket Council (ICC) Cricket World Cup 2015 and the Gold Coast 2018 Commonwealth Games. The Department will work closely with relevant Australian Government agencies, States and Territories, organising committees and other key stakeholders to ensure the delivery of safe and successful events that leave a lasting legacy for Australia.For the 2018 Commonwealth Games, the Government is providing funding of $156 million predominately to support the development of critical sports infrastructure that will boost economic activity in Southeast Queensland and leave a lasting legacy for sport in the region.

The Department will implement the Government's commitment to reduce drowning around Australia, working with Surf Life Saving Australia, the Royal Life Saving Society – Australia and AUSTSWIM.

The Government is committed to protecting the integrity of Australian sport. The Department will work with stakeholders across government, law enforcement, sporting bodies, betting providers and international counterparts on existing and emerging sport integrity issues. The Department will support the activities of the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Anti-Doping Agency, consistent with Australia's obligations under the UNESCO International Convention against Doping in Sport.

Outcome 10 is the responsibility of the Office for Sport.

Program 10.1: Sport and Recreation

Program Objectives

- Increase participation in sport and recreation
- Improve water and snow safety
- Protecting the integrity of sport

Summary

Elements included in Policy and Budget

- GP Co-payment
- Pharmaceutical Benefits Scheme
- Pathology costs increase
- Transition of Medicare Locals to Primary Health Networks
- Reduced emphasis on Preventive Health
- Greater emphasis on Direct service delivery to manage health needs

Federal Budget 2014 Opportunities and Challenges

Opportunities

- National Bowel Screening
- Medical research funding
- National Centre of Excellence for Youth Mental Health
- Mental Health Nurse initiative for 2014/2015
- Headspace Program

Challenges

- $1.9 billion total funding cut to hospital funding
- $5.5 billion cut to Medicare Benefit Scheme and the introduction of the $7.00 co-payment
- Replacement of Medicare Locals with reduced number of Primary Health Networks
- $1.3 billion cut to the Pharmaceutical Benefits Scheme through increase in co-payments and increase of safety net thresholds
- $635 million total funding cut to dental care
- $54 million reduction to the Partners in Recovery program

FEDERAL AGED CARE POLICY

- The Australian Government will improve the way home care places are allocated across Australia under the Aged Care Approvals Round to better meet community demand and give providers more certainty. All new packages will be consumer-directed, which will provide more choice and control for older Australians.
- Introduction of Living Longer Living Better funding arrangements to residential aged care

Source: Australian Government – Budget Fact Sheet May 2014

Aged Care System Changes 2014

At a glance:

- $1.5 billion Workforce Compact money re-directed back into the general pool of aged care funding
- Residential and home care providers to receive an increase of 2.4 per cent in their basic subsidy
- A 20 per cent increase to the Viability Supplement to benefit rural and remote providers
- Reduction in the annual growth rate in funding of the Commonwealth Home Support Program from 2018-19 from 6 per cent to 3.5 per cent
- The Payroll Tax Supplement paid to for-profit aged care providers will be discontinued

Other changes

- bringing forward the timetable for the **increased allocation of Home Care Packages**.
- a savings of $7.7 million by not proceeding with further grants rounds in 2013-14 under **the National Respite for Carers Program**,
- establishment of a **Disability and Carers Industry Advisory Council**to provide advice and recommendations to government.

Source: Budget: Aged care highlights By Australian Ageing Agenda on May 14, 2014

More Aged Care changes to come

Reforms commenced in 2012, with the first major changes implemented on 1 July 2013.

The second round of significant changes will commence from 1 July 2014. These changes include:

- Income testing arrangements for home care packages
- Changed means testing in residential aged care
- New accommodation payments arrangements for residential aged care
- Removal of the distinction between high and low care in residential care
- Expansion of the Australian Aged Care Quality Agency

Source: http://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-reform

STATE HEALTH POLICY

Policy Directions

The Victorian Health Priorities Framework 2012-2022 sets out the following 5 Key Outcomes the health system should strive to achieve by 2022:

- People are as healthy as they can be (optimal health status)
- People are managing their own health better
- People enjoy the best possible health care service outcomes
- Care is clinically effective and cost-effective and delivered in the most clinically effective and cost-effective service settings
- The health system is highly productive and health services are cost-effective and affordable

Priorities for rural and regional Victoria

The Victorian Health Priorities Framework 2012–2022 identified seven system-wide reform priorities to achieve necessary improvements to health services and health system operation and outcomes.

- Developing a system that is responsive to people's needs
- Improving every Victorian's health status and health experiences
- Expanding service, workforce and system capacity
- Increasing the system's financial sustainability and productivity
- Implementing continuous improvements and innovation
- Increasing accountability and transparency
- Utilising e-health and communications technology

Key challenges for the healthcare system in rural and regional Victoria

- Reducing the disparity in health behaviours and health outcomes among rural Victorians
- 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 utilization 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

The major issues facing rural and regional Victorians and the healthcare system Include:

- projected increase in the age of the rural and regional population and changes in the geographic distribution of the population
- relatively poor health status, outcomes and health behaviours for people living in more distant communities and specific rural locations
- variability in health outcomes in rural and regional areas where there is relatively equivalent service access and service levels
- projected increase in the prevalence of chronic disease and complex conditions, some of which are likely to be more significant in particular populations or communities within rural Victoria
- changing patterns of demand within and between rural and regional areas
- variability in service access and capability, in part created by issues of distance, transport availability and existing maldistribution of workforce and services
- poor access to or inconsistent application of technology-enabled care and support for clinicians working in more isolated parts of rural Victoria
- underdeveloped clinical training opportunities and infrastructure
- the interdependence of service viability and local community sustainability and livability
- inadequate systematic measurement and monitoring of rural outcomes.

State Budget 2014 Opportunities and Challenges

- Aged care decreased by 1.02% which is being attributed to changes to residents and nursing home contributions
- Public health increased 2.98%
- a new $5 million ($20.8m) initiative to provide home care for the elderly.
- Primary and community health increased 9.8% ,mental health increased 4.8% , drug services increased 7.6%
- While the budget for the Primary, Community and Dental Health has increased much of this increase is through the dental program and is linked to the National Partnership Agreement on Treating More Public Dental Patients, which will end in 2015.

Responding to big-picture policy change

Both the Victorian Government and the Australian Government are asking health services to change the way they operate, especially by providing health and aged services where possible in the community and in patients' homes. People with chronic illness should have access to a continuum of primary and preventive health care, and local health services should work with regional referral services to provide access to specialised services when people need it.

LODDON MALLEE REGIONAL HEALTH CONTEXT

Bendigo Health (Source Bendigo Hospital website)
The Bendigo Hospital Project is the largest regional hospital development in Victoria. It will deliver a world class regional hospital which will incorporate the latest design and technology solutions, in a tranquil and caring environment.
The new facilities include 372 inpatient beds, 72 same day beds, 10 new operating theatres, a regional cancer centre, an 80 bed integrated mental health facility, a mother and baby unit, a helipad and parking for 1,350 cars.
Construction of the new hospital began in 2013 and is due for completion by the end of 2016.

Regional Service Provision:

- Continence Service
- Communication (Speech)
- Quality
- Transition Care Program
- Palliative Care
- Gerontology
- Rehabilitation
- Purchasing of equipment management
- Fleet management

Primary Healthcare Networks

In 2014, the Federal Government made the decision to abolish Medicare Locals and introduce Primary Healthcare Networks. It provides BDH an opportunity to engage with strategic health and social services planning across the region. The aim is to increase access to services and ensure equity of health and social service delivery for the local community. The Primary Healthcare Networks will be in operation 1 July 2015

Bendigo Loddon Primary Care Partnership

The Bendigo Loddon Primary Care Partnership is an important relationship for BDH. The CEO is a member of the governance structure and the work mainly involves ensuring integration of health services across the region. The work of the BLPCP focuses on:

Children and Young People

- Increase chlamydia testing
- Increase number of young people who meet physical activity guidelines
- Build capacity of community to support mental health
- Develop mental health protective factors
- Increase after-hours access to mental health services

Aboriginal People

- Increase health literacy
- Create supportive environments for Aboriginal health and wellbeing workers
- Enhance partnerships with key stakeholders
- Increase access to services in partnership

Older People (55 – 70 years)

- Increase the number of older people who meet the recommended physical activity guidelines
- Increase breast and cervical screening of Loddon women
- Increase prostate testing of men
- Increase mental health protective factors with older people
- Support living with Type II Diabetes to prevent family member from developing Type II Diabetes

BOORT DISTRICT LOCAL HEALTH CONTEXT

Boort District Health

- Acute care
- Urgent Care Centre
- Dental
- Aged Care
- District nursing
- Transition Care Program
- Palliative Care
- Home and Community Care programs
- Volunteer transport
- Allied health e.g. physiotherapy, podiatry

Loddon Shire

- Community Care packages includes in home support, home maintenance
- Maternal and Child Health
- School based immunisation program
- Meals on Wheels (delivered by BDH)
- Bus trips to support social inclusion

Boort Medical Clinic

- General practice
- Practice nurse
- Pathology
- Mental Health
- Physiotherapy

Northern Districts Community Health

- Men's Shed
- Alcohol & Other Drug Counselling
- Generalist Counselling
- Some Allied Health Services