



# Leadership Innovation Community

**STRATEGIC PLAN  
2019/2024**



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## ABBREVIATIONS

ABS	Australian Bureau of Statistics
ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and linguistically diverse
CHSP	Commonwealth Home Support Program
DHHS	Department of Health and Human Services
ERP	Estimated Resident Population
HACC	Home and Community Care
LGA	Local Government Area
NDIS	National Disability Insurance Scheme
NGO	Non Government Organisation
PHN	Primary Health Network
RDHS	Robinvale District Health Services
SA	Statistical Area
SHRCC	Swan Hill Rural City Council
SSC	State Suburb





# OUR Vision, Mission and Values 2019-2024

## VISION

Through leadership and innovation RDHS will improve the health, wellbeing and strength of our communities.

**RDHS would like to acknowledge the Traditional Custodians of the land we work upon and pay our respects to Elders past, present & emerging.**

## MISSION

To be accessible, build strong relationships, understand and meet people's needs and use resources wisely.

# VALUES

Respect

Professionalism

Care

Commitment

Collaboration

**Respect:** we interact with others as we would expect them to interact with us

**Professionalism:** we deliver services with integrity, honesty and competence

**Care:** we provide a standard of service and support which we would expect for ourselves

**Commitment:** we are dedicated to the promotion and ongoing success of the organisation

**Collaboration:** we work together in a positive, supportive manner



PART A:  
Context



# 01 Introduction

## 1.1 DOCUMENT PURPOSE

The Victorian Public Sector Commission requires that a board develops and monitors the strategic direction for a public entity via a strategic plan. The strategic plan sets a long-term strategy, which should be reviewed regularly and updated annually. All decisions should be consistent with the agreed strategic direction.

Robinvale District Health Services (RDHS) subsequently prepared a new strategic plan for the period 2019-2024. This document describes the context for the plan and specifies the specific directions that will be pursued by the Service over the next five years.

## 1.2 APPROACH TO DEVELOPING OUR STRATEGIC PLAN

Development of our new strategic plan involved a five-step process:

- (1) Review our guiding approach: Represented by the vision, mission, and values for RDHS, together with the organising framework presented in the next section of this document
- (2) Setting the scene: we analysed the policy context, characteristics of the RDHS catchment, and our service's relationships with other parties.
- (3) Undertook an environmental scan: the Board examined underlying population trends, gaps in service delivery and identified drivers for change. This aspect of our work was informed by desktop data analysis and an extensive program of stakeholder consultation, both internally within our organisation, and externally with our local community stakeholders.
- (4) Identified specific directions and actions: we formulated specific strategic directions in each of the advancement platforms (our organisation, people, partnerships, and community), and
- (5) Created the plan: the results of our work and directions for the next five years are presented in this document. This document has been endorsed by the Victorian Department of Health and Human Service (DHHS) and is available to inform our local community stakeholders about where we are going, and how we would like to engage and partner.

Living well together.

### 1.3 OUR STRATEGIC PLANNING FRAMEWORK

The RDHS Board agreed on a framework to guide the details of our strategic plan. We used four advancement platforms to support ongoing improvement. These are:

Development of our organisation to strengthen our governance, business and financial capacity

Enabling our people by creating a working environment that stimulates team spirit, passion, engagement, achievement and innovation

Supporting our partnerships within our community and partnering organisations, and

Connecting with our community – both individuals and groups – to provide person centred care approach to service delivery.

Our work is underpinned by values of respect, professionalism, care, commitment and collaboration.

The relationship between our service delivery, the advancement platforms, and values is summarised in Figure 1 (shown right).



## OUR COMMUNITY

3. Mental Health: Increase Focus
4. Telehealth: Increase Capacity
5. Wellness and Health Programs Expand (including services NSW)
- 10 Increase community engagement information and service offerings - communicate changes

## OUR ORGANISATION

1. Non-Residential Aged Care: Become a Provider-New model of Care
2. NDIS: Become a Provider
6. Enhance Infrastructures
11. Promote Innovation

## OUR PARTNERSHIPS

4. Telehealth: Increase Capacity
5. Wellness and Health Programs Expand (including services NSW)
7. Early Childhood Education stabilise funding
9. Enhance Partnerships
  - Mallee Track Health & Community Service
  - Primary Health Networks (VIC/NSW)
  - Mildura Base Hospital
  - Murray Valley Aboriginal Co-op
  - Robinvale College
  - Other local organisations

## OUR PEOPLE

8. Increase Workforce Capacity
  - Middle management leadership development
  - Continuing professional development
11. Promote Innovation





Robinvale is situated in northwest  
Victoria on the Murray River

# 02 The scene: RDHS catchment characteristics

## 2.1 GEOGRAPHY - THE TYRANNY OF LOCATION

Robinvale is situated in northwest Victoria on the Murray River. It falls within the Local Government Area (LGA) of Swan Hill Rural City Council (SHRCC). The physical location of Robinvale is 134 km north west of Swan Hill, a journey of 1.5 hours; Mildura is 88 km and 1 hour north west from Robinvale.

Robinvale's position on the Victorian and New South Wales border, and relative geographic isolation, means that health service delivery in RDHS encounters a range of regional and jurisdictional boundary demand-side issues that add to the complexity of service delivery, including:

The need to negotiate with two larger regional health services (Mildura to the north west and Swan Hill to the south east), and two Primary Health Networks (PHNs) – Murray PHN in north western Victoria and Western NSW PHN- for its catchment population to access more specialist primary, acute and mental health services

There are questions about the adequacy of base funding levels to cover service demand from cross-border towns

The population frequently considers the pros and cons of travel to larger, but distant health services for more specialist services not available within Robinvale. This decision can vary according to the time of day (or night), time of the week (weekday or weekend), location of employment, access to

transport options, and the need for greater privacy for some service types, and

There are limited public transport connections to both larger regional towns.

The interplay of these factors can make it complex to estimate demand for different types of health service delivered by RDHS.

The relative isolation of Robinvale also contributes to supply-side challenges, particularly in relation to workforce recruitment and retention. RDHS has ongoing difficulties recruiting clinical staff across medical, nursing and allied health. There are only two full-time general practitioners in the catchment; their services are supplemented by several part-time GPs. Manangatang 56 km south (40 minutes by car) has only recently had a regular (1 day per week) GP service reinstated.

The main RDHS catchment for low acuity hospital, primary care and residential aged care services are the towns of Robinvale and Manangatang, its immediate environs, and across the border to Euston.

RDHS is commissioned by Western New South Wales PHN and Rural Doctors' Network (RDN) to provide primary care outreach services (including chronic disease management and associated allied health services) to a much larger catchment area that includes:

### IN NSW:

Wentworth Shire (including Wentworth, Dareton, Coomealla, and Gol Gol) in south west NSW

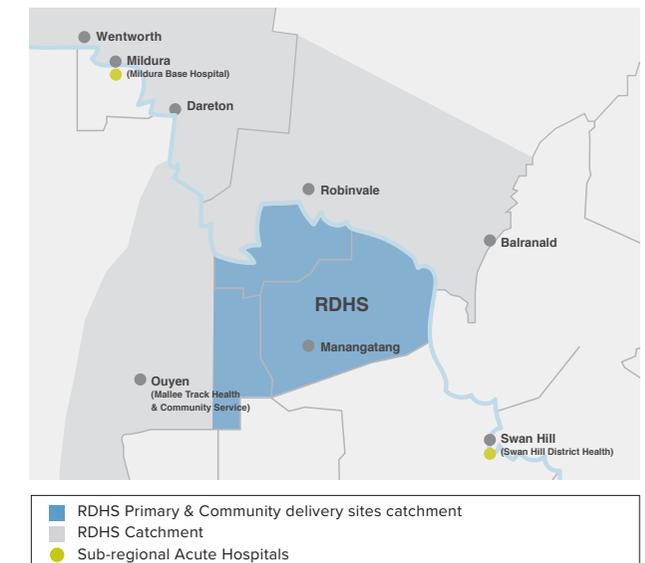
Balranald, NSW to the east

### IN VICTORIA:

Ouyen in the south-west

Manangatang to the south

**Figure 1: Robinvale District Health Service acute and primary community care catchments**





## 2.2 DEMOGRAPHY OF THE RDHS CATCHMENT AND ETHNIC DIVERSITY

The Australian Bureau of Statistics (ABS) Census data reports that the population in Robinvale was 3,313 in 2016; with a median age of 35. [2] In addition, the catchment, according to the ABS Census statistics, has a further 839 people living in the towns of Euston, and 309 people in Manangatang (see Table 2 1)

**Table 2 1: RDHS catchment, based on 2016 Census Count**

2016 Census Count	Robinvale SA2	Manangatang	Euston SSC	Total catchment count
	3,312	309	839	4,461

However, local service providers - including the health service, police and SHRCC- are extremely sceptical about the accuracy of the Census figures.

The agricultural industry attracts a large transient workforce to the region. Local estimates of the town's population are that actual numbers of

residents are in the order of 6,000 increasing to 8,000 to 10,000 people at harvest peak time, from February to April of each year. This includes many migrants without residency status who are attracted by agricultural work, the cash economy and the ability to find temporary (often poor quality) accommodation outside the immediate township area. These workers identify by ethnic backgrounds into the following main categories:

### **Asian communities (generally more recent arrivals)**

Hong Kong

Taiwan

Thailand

Vietnam

Cambodia

Korea

Philippines

### **South Pacific communities (generally more established communities)**

Fiji

Tonga

Samoa

Tuvalu

### **These population sub cohorts are marginalised from several perspectives:**

Their engagement with formal health, education and justice services is limited

Many have restricted written and spoken English skills, and

They do not have permanent residency, so are not registered for Medicare and choose to avoid being counted for Census purposes.

The aspect of the local Robinvale / Euston agricultural economy has grown significantly in the last two decades. The marginalised nature of this population presents major public health challenges especially in relation to communicable and infectious diseases and problem gambling.

The RDHS funding base does not include any additional provision to support public health outreach services to these communities.

Source: ABS Census, 2016

<sup>3</sup> Success Works, Robinvale Mapping Project, July 2005.

## 2.3 POPULATION GROWTH TRENDS AND NEW INVESTMENT IMPACTS

The official ABS estimated resident population growth for the RDHS catchment is summarised in Table 2 1. (page 13)

The official projections of negative growth are not consistent with local stakeholder perspectives; they consider the ABS Census projections are inaccurate because they do not capture the hidden residents described in Section 2.2.

There are further reservations with the ABS growth projections because of known changes to local economic activity; the projections do not appear to consider population growth that will be generated by significant new horticulture, mining and solar investments in the region identified by the Victorian Skills Commission in early 2018. These are summarised in Figure 2.2.

Health service demand growth associated with these developments has not allowed for adjustments to the funding under the RDHS Multi-Purpose Service (MPS) program funding arrangements (see Section 2.4)

**Table 2 2: RDHS catchment Estimated Resident Population (ERP) Growth – Based on Official ABS Estimates**

Estimated Resident Population	Robinvale SA2	Manangatang	Euston SSC	Total catchment count
2017	3,399	292	797	4,488
2028	3,353	259	712	4,324
% change	-1.4%	-11.4%	-10.7%	-3.7%

SA2: The Statistical Area Level 2 (SA2) is an area defined in the Australian Statistical Geography Standard (ASGS), and consists of one or more whole Statistical Areas Level 1 (SA1s). Wherever possible SA2s are based on officially gazetted State suburbs and localities. In urban areas SA2s largely conform to whole suburbs and combinations of whole suburbs, while in rural areas they define functional zones of social and economic links. Geography is also taken into account in SA2 design.

SSC: (State Suburbs) This is a Census-specific area where Statistical Areas Level 1 (SA1s) are aggregated to approximate suburbs. It is available for the whole of Australia, but in rural areas SSC poorly represent the gazetted localities.

Note: Estimates for Robinvale and Manangatang have been based on datasets published by the Victorian Department of Environment, Land, Water and Planning (July 2016). Manangatang figures have been calculated based on the proportion of the Swan Hill Regional SA2 represented by the Manangatang community at the time of the 2016 ABS census.

Estimates for Euston have been based on datasets published by the New South Wales Department of Planning & Environment (July 2016). Euston figures have been calculated based on the proportion of the Balranald LGA represented by the Euston community at the time of the 2016 ABS census.

**Figure 2.2 (shown opposite) - New investments in the Robinvale - Balranald Area, Identified by the Victorian Skills Commission, 2018**

**Intelligence report as at 6/2/18**

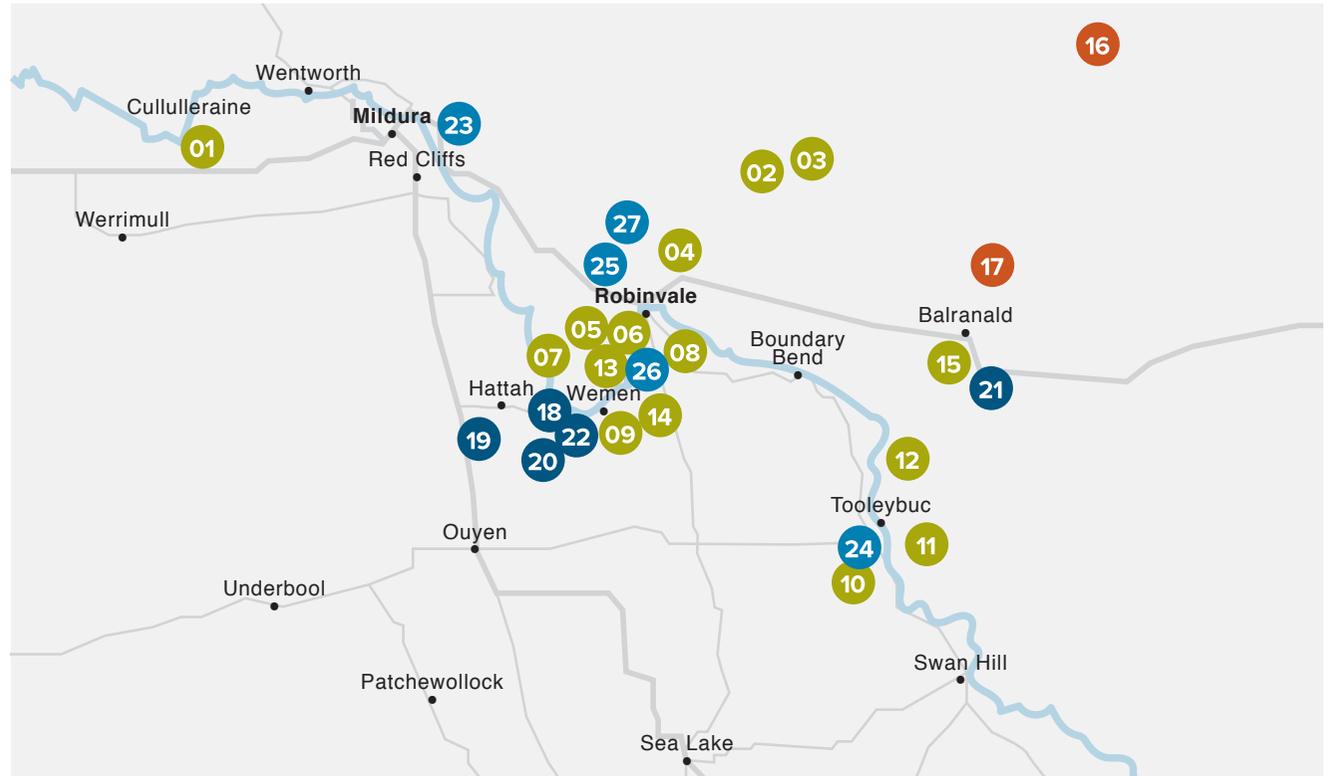
\* New South Wales Department of Liquor & Gaming (2016) 'The Impact of Gambling Help Services on problem gambling in NSW, p. 9; Victorian Responsible Gambling Foundation (2018) 'Pokies across Victoria' available from <https://responsiblegambling.vic.gov.au/resources/gambling-victoria/pokies-across-victoria/compare/swan-hill/mildura/>

## HORTICULTURE EXPANSION

- 01** Select Harvest Plants 300ha of almonds at Lake Cullulleraine in 2017
- 02** Select Harvest plants 560ha of almonds - 15kms North of NW Euston in 2016
- 03** Almas Almonds plants 400ha of almonds 30kms from Euston in 2017
- 04** Duxtons vineyards looking to plant 500ha of dried fruit at their Euston Vineyard and re-establish the nursery in late 2018
- 05** CMV farms expanding Pistachio plantings
- 06** Robinvale Almond Nursery, 1.2million trees pa.
- 07** 400ha of new table grape plantings in Euston and Robinvale in 2017
- 08** Gofrelle Farms - 350ha of table grapes, avocados and mandarins reaching maturity at Tol Tol (Murray Valley Hwy)
- 09** Expansion and replanting of almonds in the Wemen / Kulwin / Lake Powell / Annuello / Liparoo / Boundary Bend regions over last 2 years and into 2018. 3500ha - Select, Brownport, Almas etc.
- 10** Hancock Agricultural plants 300ha of almonds (further 800-1000ha in planning)
- 11** Nut Nursery at Tooleybuc
- 12** Go Farm plants 600ha of almonds at Kenley.
- 13** TRIPOD farms purchases 1000 ha at Happy Valley for winter lettuce production
- 14** Go Farm Australia sells 1200ha to local family - table grapes, citrus, avocados etc. expected over the next 10 years
- 15** Go Farm Australia purchased 9,000ha of prime wheat country between Kyalite and Balranald - 2,500ha almonds planted by end of 2018. 12,000ha may be planted over time in southern NSW and VIC

## MINING

- 16** Crystal mining - Atlas campsite sand mine, 200 jobs initially in construction phase. 125 permanent jobs expected. State and Federal EIS approvals granted Sept 2014. 90kms North of Balranald - potential life of 20 years. Mine camp accommodation - fly in fly out. Expected commencement late 2018.
- 17** Iluka - West Balranald and Nepean sand mines - 24 & 66km North of Balranald respectively - 200 jobs initially in construction phase causing 420 direct and indirect jobs in the region. Processing plant to be constructed. 550 fulltime jobs in the operational phase - 8 years. The Balranald Project has a 15 year life span. EIS granted 2017. Accommodation proposed on the outskirts of Balranald township creating flow on employment opportunities. Expected commencement 2021. Sand products to come back into Victoria to be processed / exported.



## MANUFACTURING

- 18** Establishment of Select Harvest (SHV) Co Generation power plant at Carina West 15kms SE of Robinvale by mid 2018. Strategic Plan looking to maximise Carina West cracking plant by 2022. SHV builds new state of the art almond processing plant - commissioned late 2017
- 19** Brownport almonds planting and almond shelling plant at Liparoo (Hattah)
- 20** Bannerton Solar Park commenced construction Feb 2018
- 21** Sunraysia Solar Project 280 million dollar project. AGL has signed 15 year purchase agreement. Battery storage.
- 22** Wemen Solar Farm - 110MW at Liparoo. Has grid connection approval expected to commence in April 2018. Battery storage.

## INVESTOR INTEREST

- 23** BBL purchases 300ha for "greenfield" olive plantation at Gol Gol. Expected start date late 2019.
- 24** Chinese purchases 4,500ha - Walnut & Almond production possible output at Tooleybuc

## OTHER

- 25** NBN rollout in 2017 and Natural Gas Robinvale 2017
- 26** Vic Government considering selling off Crown Land "Bluehills" 1970ha located 6kms south of Robinvale
- 27** Vic Skills commissioner projecting 300 skilled positions in Horticulture in the Mallee over the next 3 years - approximately 200 of those in the Robinvale Euston footprint.

## 2.4 RDHS - SUMMARY OF SERVICE PROFILE AND SERVICE OUTLETS

RDHS operates from three main campuses – Robinvale Main Campus (acute care, primary care and residential aged care), Riverside Campus (residential aged care), and Manangatang Campus (acute and residential aged care).

In 1998, RDHS was established as a Multi-Purpose Service (MPS) and in 2009 expanded to incorporate the then former Manangatang & District Hospital.

RDHS MPS is one of seven MPS's operating in Victoria and one of 146 Nationally and funded under the MPS Program, a joint initiative of the Australian Government and state and territory governments. This program provides integrated health and aged care services for some small regional and remote communities. It allows services to exist in regions that could not viably support stand-alone hospitals or aged care homes. RDHS receives Australian Government funding to deliver aged care services with the Victorian Government providing block funding for health services.

This allows RDHS to provide a range of services, 20 acute beds, 24 residential aged care places and provide urgent care services to both Robinvale and Manangatang communities. A comprehensive range of additional services includes renal dialysis, medical imaging, midwifery, visiting nursing, allied health and early years services (playgroups, support for complex need families).

In 1999 the Robinvale Committee for the Ageing; Riverside Hostel - Residential Aged Care Facility, came under ownership of RDHS for management outside of the MPS model. Riverside Campus, as it is now known, consists of 30 beds and funded by both the Australian Government and contributions from residents. The basic care subsidy for each

permanent resident is calculated using the Aged Care Funding Instrument (ACFI). The ACFI is a tool that the provider uses to assess the care needs of a resident. Riverside Campus is required to meet the Australian Aged Care Quality Standards.

**Table 2.3 Summary of RDHS activity, 2016/17 and 2017/18 compared**

SERVICE PROVIDED	2016/2017			2017/2018			% CHANGE 16/17 TO 17/18		
	Robinvale	Riverside	Manangatang	Robinvale	Riverside	Manangatang	Robinvale	Riverside	Manangatang
Acute admissions	1,557	N/A	13	1,414	N/A	0	-9.18	N/A	-100
Urgent care presentations	2,220	N/A	150	2,102	N/A	282	-5.3	N/A	88
Renal Dialysis	534	N/A	N/A	408	N/A	N/A	-23.6	N/A	N/A
Total aged care bed days	3,789	6,919	2,570	4865	6,594	2,467	28.4	-4.7	-4.0
Annual equivalent residents in residential care beds*	10	19	7	13	18	7	33.0	-5.2	0
Flexible high care bed days	3,789	N/A	2,570	4865	N/A	2,302	28.4	N/A	-10.4
Respite care bed days	458	701	152	0	895	165	-100	27.7	-8.6
Primary care occasions of service – all campuses	26,820			16,132			-40.0%		
Primary care number of group attendees – all campuses	19,783			13,154			-32.0%		
Maternal Health/ Midwifery occasions of service	1,472			1,262			-14.3%		

Source: RDHS Annual Report 2017-18 & RDHS Annual Report 2016-17

\* This figure has been calculated based on the total number of bed days divided by 365 days (1 year)

## 2.5 BUDGET AND STAFFING

RDHS had recurrent expenditure of \$14.6m in 2017-18. The main budget components are summarised in Table 2.4.

**Table 2.4: RDHS Revenue and Expenditure, 2017-18**

FINANCIAL YEAR 2017/18	
Revenue	\$13,949,000
Expenditure	\$14,562,000
Revenue from other operating flows	\$141,000
Net result for the year after depreciation	-\$472,000
Operating Result	\$309,000

Source: RDHS 2017-18 Annual Report

By 30 June 2018 RDHS had employed 119.8 full time equivalent (FTE) staff over 2017-18. The employment levels by staff category are shown in Table 2.5.

**Table 2.5: RDHS FTE, financial year to 30 June 2018**

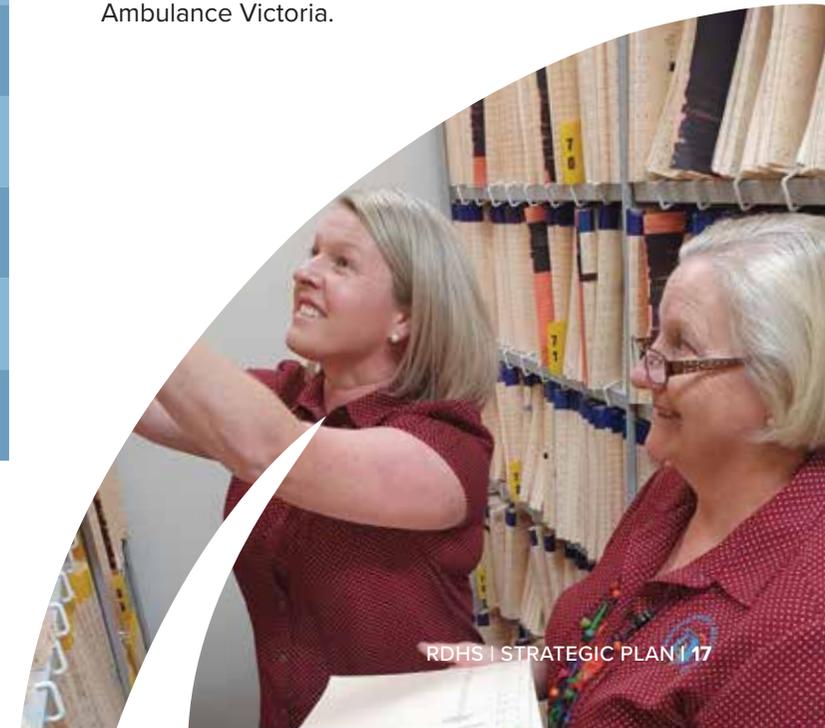
STAFFING CATEGORY	FTE
Administrative and clerical	20.6
Ancillary staff (allied health)	22.4
Hospital Medical Officer	0
Hotel and Allied services	35.7
Medical support	0.7
Nursing	40.5
Sessional clinicians	0
<b>Total</b>	<b>119.8</b>

Source: RDHS 2017-18 Annual Report

## 2.6 KEY PARTNERSHIPS

RDHS has been commissioned to deliver primary care services by Murray PHN, Western NSW PHN and Rural Doctors Network. Patients in the RDHS catchment obtain health services from Mildura Base Hospital and Swan Hill District Health.

RDHS has cooperative relationships within Robinvale with the Murray Valley Aboriginal Cooperative (MVAC), Robinvale College, Victoria Police and Members of Ambulance Victoria.







Through leadership and innovation RDHS will improve the health, wellbeing and strength of our communities

The piece of artwork shown left represents the health, wellbeing and strength of our RDHS communities. It is a collaborative design completed with our partners Murray Valley Aboriginal Co-operative and Robinvale College.

# 03 Policy and environment context

## 3.1 BACKGROUND

The RDHS strategic directions were framed in the context of a rapidly changing policy environment and continuation of emerging trends in the local population health needs. These are summarised in this chapter, together with observations about the implications for RDHS strategic planning.

## 3.2 POLICY CONTEXT

A key consideration in developing the strategic is the extensive changes in policy that have occurred in the last five years or so, since release of the last plan. Key changes, along with comments on potential implications for RDHS are summarised in Table 3.1 right.

## 3.3 ADAPTING TO THE CHANGING HEALTH NEEDS OF THE POPULATION

Underlying health needs of the RDHS catchment continue to evolve. Key trends are summarised in Table 3.2 on page 17

**Table 3.1: Illustration of Major Policy Changes that Need Consideration when Developing the RDHS Strategic Plan**

Policy Development / Initiative	Significant Features	Potential Implications for RDHS Strategic Planning
National Disability Insurance Scheme (NDIS)	<ul style="list-style-type: none"> <li>- Changed funding arrangements for disability services: funding transferred from organisations to eligible individuals</li> <li>- Scheme is in the process of being rolled out nationally</li> <li>- Commences in SHRCC in 2019</li> </ul>	<ul style="list-style-type: none"> <li>- Underlying unmet needs for disability services within the RDHS catchment should be addressed.</li> <li>- The potential role of RDHS in responding to the holistic needs of individuals and families RDHS response to local demand for services from individuals with a disability.</li> <li>- Exploration of partnerships with non-government organisations with expertise in disability services.</li> </ul>
Aged Care Reforms	<ul style="list-style-type: none"> <li>- Revised funding arrangements for residential care</li> <li>- Consumer directed care for home care packages</li> </ul>	<ul style="list-style-type: none"> <li>- Viability of residential care services provided by RDHS in their current configuration.</li> <li>- Role of RDHS in relation to home support</li> </ul>
Primary Health Networks (PHNs)	<ul style="list-style-type: none"> <li>- Replaced Medicare Locals</li> <li>- Have a major role in commissioning services for primary care -based mental health, drug and alcohol, suicide prevention, and chronic disease prevention</li> </ul>	<ul style="list-style-type: none"> <li>- Scope for RDHS to respond to further PHN commissioning in program areas of strategic relevance to RDHS.</li> </ul>
Mental health reforms	<ul style="list-style-type: none"> <li>- Following the review of mental health services by the National Mental Health Commission, the Commonwealth is rolling out a stepped care of mental health services</li> </ul>	<ul style="list-style-type: none"> <li>- RDHS approach to responding to the changing landscape for mental health services</li> </ul>
State-based health policy	<ul style="list-style-type: none"> <li>- Promotion of: <ul style="list-style-type: none"> <li>- community-based sub-acute care models</li> <li>- community-based chronic disease support</li> <li>- wellness promotion services</li> </ul> </li> <li>- Response to the Duckett report Targeting Zero: Supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care (Report of the Review of Hospital Safety and Quality Assurance in Victoria)</li> </ul>	<ul style="list-style-type: none"> <li>- Potential for RDHS role expansion in chronic disease, wellness promotion and sub-acute care.</li> <li>- RDHS governance response to the Duckett report.</li> </ul>

**Table 3.2: Illustration of Local Health Needs Requiring Consideration in Formulation of the Strategic Plan**

Local issues and emerging trend in RDHS Catchment	Strategic Issues for Consideration in RDHS Strategic Planning
Chronic disease: increasing levels in the community	<ul style="list-style-type: none"> <li>- Chronic diseases with the highest prevalence in the RDHS catchment</li> <li>- Adapting RDHS care to changing prevalence patterns</li> <li>- Budget and workforce implications of these trends</li> </ul>
Continued ageing of the population	<ul style="list-style-type: none"> <li>- RDHS repositioning of its role in aged care service delivery</li> </ul>
RDHS service configuration: appropriateness  Local community and economic / business environment: changing conditions are affecting the long- term sustainability of the Robinvale catchment	<ul style="list-style-type: none"> <li>- Viability of the current campus configuration</li> <li>- Australian Bureau of Statistics (ABS) estimated resident population (ERP) projections for the catchment and accuracy of these projections.</li> <li>- Local initiatives in currently place or proposed to enhance the sustainability of communities in the RDHS catchment</li> <li>- Implications for attracting and retaining an appropriately skilled medical, nursing and allied health workforce.</li> </ul>

Improving the health, wellbeing and strength of our Mallee communities.

# 04 Strategic plan development process

## 4.1 DEVELOPING THE LIST OF PRIORITY STRATEGIES

During preliminary strategic planning sessions in mid-February 2018, the senior management team were asked to identify draft directions for RDHS across the four advancement platforms (organisation, people, partnerships, community) and service development.

The resulting 'shopping list' of ideas was considered at a Board meeting in late February 2018. This list was examined by the Board through the lens of a SWOT analysis (a listing of RDHS strengths, weaknesses, opportunities and threats), in response to the context of RDHS (described in Chapter 2) and the changing environment (described in Chapter 3). The Board then examined the high-level conformity of each proposal suggested by senior management. They added additional ideas and assessed the likely level of implementation effort, including:

Is the idea aligned with RDHS vision?

Are there the human resources/capabilities to implement the idea?

Is the funding/budget available to implement the idea?

Does the idea meet client need?

Does the idea meet geographic need?

Does the idea meet cultural need?

Is RDHS best placed to implement the idea?

Does implementation of the idea fill a gap?

Does the idea align with research around current trends?

Does the idea influence / respond to government policy?

Additional health needs evidence was then collected on each of the draft strategic direction areas. This was primarily comparative and benchmark data on health needs collected by Murray PHN. This data, combined with normative need assessments by senior RDHS management, was incorporated into background analysis for each strategic direction.

## 4.2 STAKEHOLDER CONSULTATION

Due to the diverse nature of the Robinvale catchment, a consultation strategy was developed which aimed to capture the views and opinions of the largest possible portion of consumers. This strategy was developed with a focus on members of vulnerable groups within the community such as major Culturally and Linguistically Diverse (CALD) and Aboriginal and Torres Strait Islander (ATSI) groups, including local organisations these groups regularly interact with as well as RDHS staff members. A total of 16 consultations were conducted, comprising:

Nine community group consultations

Three staff consultations, and

Four consultations with local organisations.

A full list of groups, individuals and organisations consulted with can be found in Appendix A of this document.

The purpose of the consultation was to test the initial ideas of the Board against stakeholder and community perceptions of where RDHS should be heading. Information sought from consultations included:

Perceived service gaps

Level of engagement from RDHS

Use and provision of RDHS services

Partnerships with other organisations in the region

Organisational goals, and

Future directions of RDHS.

## 4.3 SYNTHESIS OF DIRECTIONS AND ACTION PLANNING

Based on these processes, the Board collectively ranked all the options and formulated a list of preferred strategic directions in May 2018. This list was rationalised into a cohesive list of directions and actions that are presented in Part B of this document: Strategic Directions, together with an action plan for implementation.



# PART B: Directions



# 05 Strategic Priorities

## OVERVIEW OF DIRECTIONS

RDHS has developed 11 strategic directions for the period 2019 to 2024 in response to its current service delivery arrangements, and the environmental policy and health needs context.

In the remainder of this document we present detail on each of these strategic directions, including:

The rationale

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Background evidence as to why the strategy is needed, and

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Next steps, including an action plan for the short term (next 18 months), medium term (2 to 5 years), and longer term (5 years plus).

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In presenting these directions the RDHS Board notes that the MPS funding model provides a strong foundation for the future development of flexible, locally responsive primary care programs. The challenge for RDHS will be to creatively employ the new PHN commissioning environment to better promote health and wellness programs for our community and address the high levels of health need experienced by marginalised CALD and ATSI groups.



# Strategic Framework

## DIRECTION 01

RDHS will become a provider of in home aged care services.



### STRATEGIC DIRECTION 01 Become a provider of community aged care

RDHS has a long history of involvement in aged care service delivery through its Riverside and Manangatang campuses. RDHS will maintain its commitment to providing residential care.

RDHS recognises there have been substantial changes to Commonwealth Government policies for aged care service provision in the last five years, including:

the use of [www.myagedcare.gov.au](http://www.myagedcare.gov.au) as a web-based portal for consumers to access services

introduction of consumer directed care via home care packages, and

the replacement of Home and Community Care (HACC) with the Commonwealth Home Support Program (CHSP).

RDHS is concerned that eligible community members within its catchment are not getting timely access to services that will assist them to remain in their own home.

### Background

At present Swan Hill Rural City Council is the major provider of home support programs in the area (including domestic assistance and personal care). SHRCC, like other local government areas in Victoria, is reviewing its role in community care provision as the transition from HACC to CHSP proceeds.

RDHS will seize the opportunities presented by this changing environment to expand its role to include community aged care.

### Next Steps

RDHS will undertake the following steps in the current strategic planning cycle:

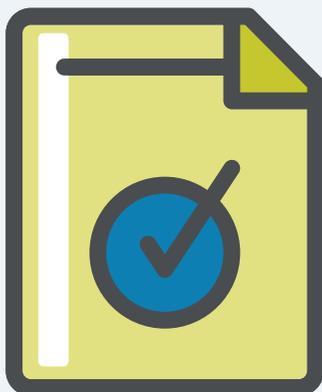
**Short term (next 18 months, by December 2019):** partner with other local service providers to apply for an Age-Friendly Communities Grants Program for funds to scope the operations of proposed new community aged care service.

**Medium Term (2 to 5 years):** implement the findings of the scoping project, including establish a new entity with partner agencies to recruit staff and implement community aged care service provision.

**Longer term (5 years plus):** grow community aged care services in line with the changing needs of the RDHS catchment.

# DIRECTION 02

RDHS will seek to become a provider of disability support programs and services under the NDIS.



## STRATEGIC DIRECTION 02 become a provider for National Disability Insurance Scheme services

The National Disability Insurance Scheme (NDIS) is scheduled to commence operations in the Mallee in January 2019. At that time the National Disability Insurance Agency (NDIA) estimate that there will be 1,588 adult clients and 274 children (aged 0 to 6) eligible for NDIS services in the Mallee.

### Background

The NDIS is in the process of being rolled out nationally through phased geographic implementation.

The NDIS is fundamentally changing arrangements for disability service provision with funding being transferred from organisations to individuals. Individuals, once they establish their entitlement, can identify their own service needs and engage service providers to meet those needs.

RDHS will seek to become the service provider of choice within its catchment and surrounding rural areas.

### Next Steps

RDHS will undertake the following steps in the current strategic planning cycle:

**Short term (next 18 months, by December 2019):** RDHS will assess the scope of using the organisational structure proposed to develop community aged care to provide similar support functions to eligible NDIS clients.

**Medium Term (2 to 5 years):** RDHS will commence provision of disability services to eligible NDIS clients.

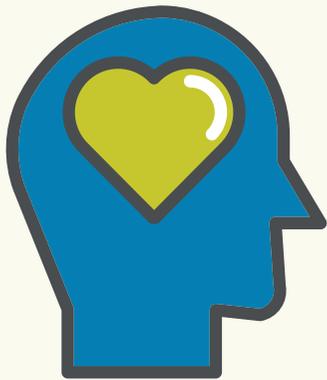
**Longer term (5 years plus):** grow disability services in line with the changing needs of the RDHS catchment.

*'The National Disability Insurance Scheme (NDIS) commenced operations in the Mallee in January 2019'*

# DIRECTION 03

RDHS will have an increased focus on mental health needs of its community, opportunistically seeking new funding opportunities and concentrating on:

- mental health wellness promotion programs
- timely referral of people to relevant mental health providers, including the local GP and specialist mental health services



## STRATEGIC DIRECTION 03 Increased focus on mental health

Commonwealth benchmarks indicate up to 20% of the Robinvale community will experience mental health issues at some stage, ranging from mild mental health problems (around 12 % of the population), moderate (about 5 to 8% of the population), through to people with severe and complex illness (around 3 % of the population).

There is limited access to mental health services from RDHS.

Mental health wellness promotion programs, and

Timely referral of people to relevant mental health providers, including the local GP and specialist mental health services

### Background

Murray PHN data suggests there are high levels of mental health risk factors in the SHRCC, including:

There are 13.2 cases per 1,000 people of mental and behavioural issues, compared to 12.8 for Victoria as a whole

High rates of registered mental clients of 18 per 1,000 people (compared to 11.9 for Victoria), and

High rates of clients that received alcohol and drug treatment of 9.1 per 1,000 people (compared to 5 for Victoria).

The large number of people from marginalised communities could exacerbate these indicators in the Robinvale area.

Northern Mallee Area Mental Health Service operates from Mildura Base Hospital. It provides inpatient and community-based programs for people with a serious mental illness who reside in the Northern Mallee Region.

The Murray PHN in Victorian and Western NSW PHN have responsibility for developing the operation of a stepped care model of mental health in the primary care sector.

RDHS has a role to support people living in its catchment area to access primary care and specialist services in a timely manner.

### Next Steps

**Short term (next 18 months, by December 2019):** ensure all appropriate staff have undergone mental health first aid training and can refer people attending RDHS needing mental health support are appropriately referred.

**Medium Term (2 to 5 years):** identify new funding opportunities for mental health wellness promotion via PHN commissioning.

**Longer term (5 years plus):** RDHS delivers ongoing, annual cycle of mental health wellness promotion programs for the community, in conjunction with local community providers.

# DIRECTION 04

RDHS will develop a memorandum of understanding with surrounding sub regional and regional acute hospitals to promote the use of telehealth for attendances at the urgent care centre, where telehealth will reduce the need for referrals or enhance the quality of care (e.g. support workup prior to referral).



## STRATEGIC DIRECTION 04 Increase capacity to deliver telehealth services

Telehealth is the use of telecommunication techniques to provide telemedicine, medical education, and health education over a distance. Technology is used to transmit voice, data, images and information rather than moving care recipients, health professionals or educators.

RDHS has access to good telehealth infrastructure with two videoconference facilities available. However, these facilities are underutilised, especially in relation to management of urgent care patients who otherwise need referral to an emergency department.

### Background

#### Support for Urgent Care Cases

Emergency departments can count telehealth video consultations provided to patients in an urgent care centre.

#### Promoting Greater Specialist Use of Telehealth

Telehealth provides many patients with easier access to specialists, without the time and expense involved in travelling to major cities. This is supported by telehealth eligibility under the Medical Benefit Schedule (MBS) whereby MBS benefits are available for services provided to patients outside of RA1 – Major Cities, including Robinvale.

Take-up of telehealth by specialists supporting RDHS patients is limited to a few specialties,

including Obstetrics, Midwifery, Endocrinology and Gerontology.

### Next Steps

RDHS will undertake the following steps in the current strategic planning cycle:

#### Short term (next 18 months, by December 2019):

undertake negotiations with relevant parties, including seeking support of the Department and the Australian College of Emergency Medicine to progress a memorandum of understanding with surrounding sub regional and regional acute hospitals around support for urgent care patients.

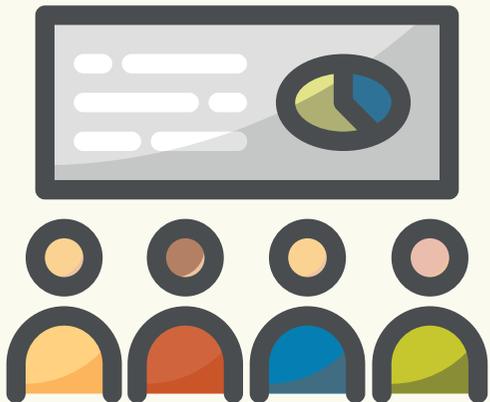
**Medium Term (2 to 5 years):** identify clinicians in other specialties who are willing to support patient access to their services via telemedicine, including geriatrics, urology and cardiology.

**Longer term (5 years plus):** continue to expand the availability of telemedicine services for the RDHS catchment and expand its use for medical and health education.

*'Telehealth is the use of telecommunication techniques to provide telemedicine, medical education, and health education over a distance.'*

# DIRECTION 05

RDHS will identify opportunities to expand its provision of chronic disease support programs and wellness promotion programs.



## STRATEGIC DIRECTION 05 Expand the delivery of health and wellness promotion programs to address chronic disease prevalence

### Delivery of services into NSW

Levels of chronic disease have been rising across the Australian population over the last few decades. The situation is similar in the Swan Hill Rural City LGA. The trend of increasing chronic disease can be expected to continue as the population ages, unless people reduce their risky behaviours including sedentary lifestyles, smoking, poor diet and excessive alcohol consumption.

### Background

#### Indicators of underlying need for chronic disease programs

Behavioural risks- smoking, poor diet, harmful levels of alcohol consumption and physical and cognitive inactivity – are common risk factors for many chronic diseases. They are therefore a regular focus of wellness promotion through prevention strategies and wellness promotion activities e.g. exercise programs. Some biomedical risk factors (e.g. high body mass and high blood pressure) are also modifiable risk factors.

Murray PHN information shows that there are high levels of chronic disease in the Swan Hill Rural City

LGA; 23.5 chronic conditions per 1,000 people, compared to 13.5 for Victoria as a whole. In addition:

There were 3.34 cases per 1,000 people of chronic obstructive pulmonary disease, compared to 2.54 for Victoria

Higher rates of congestive cardiac failure of 2.85 per 1,000 people (compared to 2.59 for Victoria)

Higher rates of Type 2 diabetes at 6.3 per 1,000 people (compared to 5.3 for Victoria), and

Significant incidents associated with alcohol abuse, including;

- higher assaults during high alcohol hours of 26.2 assaults per 10,000 hours, compared to 10.7 assaults for Victoria, and
- 42.8 definite alcohol family violence incidents rate per 10,000 of 42.8, compared to 10.7 for Victoria.

Specific indicators around these measures are not available for the RDHS catchment, but they are likely to be worse because of the lower socio-economic status of Robinvale relative to the Swan Hill Rural City LGA. This highlights the need for RDHS to increase the attention it gives to chronic disease management and wellness promotion programs. However, current MPS funding arrangements mean that RDHS will be reliant on submissions for competitive PHN funding rounds to obtain additional resources for these programs

### Specific focus in relation to cancer screening

Cancer is a chronic disease. Bowel, breast and cervical screening programs are used to look for early signs of these disease or indications that a person is more likely to develop the disease in the future. Comparable, albeit old, data suggests that participation rates in the breast screening and cervical screening programs in Robinvale / Swan Hill is reasonable:

In 2011-12, 78.7% of women in Swan Hill Rural City LGA had had a mammogram in the past two years, compared to Victoria (70.1%)

In the same period, 61.8% of women in Swan Hill Rural City LGA had had a pap smear in the past two years, compared to Victoria (70.6%).

At approximately the same time bowel cancer screening using faecal occult blood tests (FOBT) had very low participation rates. In non-metropolitan Victoria, Swan Hill - Robinvale (25.8%) was the only LGA with a participation rate below 30%.

RDHS will work with local stakeholders including general practitioners, community groups and relevant sporting clubs to increase awareness of these screening programs.

### Next Steps

RDHS will undertake the following steps in the current strategic planning cycle:

**Short term (next 18 months, by December 2019):** develop a community engagement program for cancer screening programs; and opportunistically seek funding for chronic disease management and wellness programs, particularly from PHN funding rounds.

The capacity of our communities to enhance the management of chronic disease and promote wellness will continue to be affected by the availability of general practitioners. RDHS will support efforts to recruit a further practitioner committed to working in the catchment.

**Medium Term (2 to 5 years):** an active program of chronic disease management and wellness promotion programs.

**Longer term (5 years plus):** improved participation rates for cancer screening programs; ongoing monitoring of chronic disease rates within the RDHS catchment.

*'Levels of chronic disease have been rising across the Australian population over the last few decades'*

# DIRECTION 06

RDHS will seek the enhancement of health care infrastructure at Manangatang and for residential aged care services.



## STRATEGIC DIRECTION 06 Enhance infrastructure

The Robinvale campus of RDHS has good quality infrastructure to underpin its service provision. The fabric at the two other sites needs redevelopment:

Manangatang campus: the fabric is old and was not designed for the current role that it largely performs – residential care.

Riverside campus: the facility was originally developed as a Returned Services League club but was reconfigured for use as a low care facility.

### Background

The local Manangatang population would benefit from development of a building that better meets contemporary health care needs in a rural community.

The Riverside campus does not enable ageing in place nor does it support efficient usage of staff.

### Next Steps

RDHS will undertake the following steps in the current strategic planning cycle:

**Short term (next 18 months, by December 2019):** RDHS will seek to have redevelopment of the Manangatang and Riverside campuses placed on the Department of Health and Human Services priority works list.

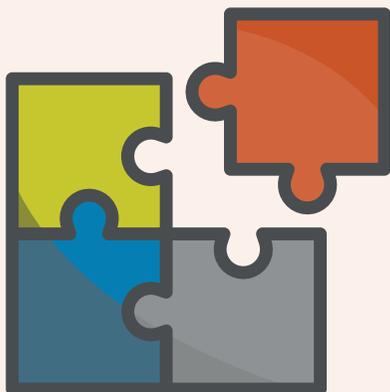
**Medium Term (2 to 5 years):** undertake master planning and feasibility and design studies for the Manangatang campus; relocate Riverside residential aged care services from its current campus to the hospital campus.

**Longer term (5 years plus):** a new facility is operational at Manangatang and Riverside residential aged care services are located onto the RDHS campus.

‘The Robinvale campus of RDHS has good quality infrastructure to underpin its service provision.’

# DIRECTION 07

RDHS will seek to stabilise funding for its early childhood education services.



## STRATEGIC DIRECTION 07 Stabilise funding for early childhood education

RDHS is a major provider of early childhood education and child care services in Robinvale.

RDHS will continue its role in early childhood education because of its overall commitment to holistic health service provision, also recognising the underlying high level of need for these services within the community, and the limited supply of providers. However, resourcing for these services is at risk because of the complexity of funding sources required to support their operation and the frequency with which there must be new applications sought for funds.

### Background

Murray PHN publishes indicators of early childhood developmental delay. These show that children under school age in SHRCC were more likely to experience:

Social competence vulnerability (12% in SHRCC, compared to 8.7% for Victoria as whole), and

Developmental vulnerability in one or more domains (28.6%) compared to 19.9% for Victoria.

At present the early years annual budget is sourced from six different fund managers, including Commonwealth and State Government Departments, a Non-Government Organisation (NGO), and a Philanthropic trust.

Over a quarter of early years budget for three programs in the early years portfolio (playgroups, the Mobile Visiting Play Program, and the Team Around the Child) is due to end in June 2019. This funding uncertainty affects the ongoing sustainability of the early years program.

### Next Steps

RDHS will undertake the following steps in the current strategic planning cycle:

Short term (next 18 months, by August 2020): undertake early advocacy to ensure the ongoing operation of the full portfolio of early years programs.

Medium Term (2 to 5 years): identify additional ways to engage participation of children from more marginalised CALD groups in the community.

Longer term (5 years plus): improve participation rates in early years community programs.

**‘RDHS will continue its role in early childhood education because of its overall commitment to holistic health service provision.’**

# DIRECTION 08

RDHS will develop a leadership program to promote a sustainable middle management workforce.



## STRATEGIC DIRECTION 08 Enhance infrastructure

At 30 June 2017 RDHS employed 132 full time equivalent (FTE) staff. A workforce development area where RDHS has some capacity to manage a workforce service improvement is in the area of middle management skill development.

### Background

The health service location in the periphery of regional Victoria, distant from large population centres, means problems recruiting appropriately qualified staff will be ongoing. This situation is compounded in the primary care area where there is a state-wide shortage of allied health staff, accompanied by uncertainty around continuing funding. Most RDHS primary care programs are reliant on PHNs choosing to commission RDHS to deliver services.

RDHS middle managers have responsibility for managing a campus (Robinvale, Riverside and Manangatang) on day, afternoon or evening shifts. They are a key leadership group for our RDHS direct care staff, responsible for fostering a positive working environment that provides safe, quality care to patients. However, turnover levels amongst this group can be high. The Board wants to create a reason for these staff to remain working and living in the catchment community.

The leadership program will support middle management skill development in supervision,

communication, conflict resolution, planning, and setting a vision.

### Next Steps

**Short term (next 18 months, by August 2020):**  
to implement Studer Program.

**Medium Term (2 to 5 years):**  
Embed Studer principles into RDHS culture.

‘The leadership program will support middle management skill development in supervision, communication, conflict resolution, planning, and setting a vision.’

# DIRECTION 09

RDHS will seek to enhance partnerships with other organisations that provide support to the population within its catchment.



## STRATEGIC DIRECTION 09 Enhance partnerships

A multi-purpose service like RDHS must develop partnerships with many other providers to ensure its catchment population has ready access to a comprehensive range of services.

### Background

The array of health and community service providers in regional areas reflects a range of factors including:

Splits in Commonwealth and state funding responsibilities

The need for specialist services in many areas to be concentrated in a central location (e.g. acute tertiary services and inpatient mental health services), and

Historical funding decisions.

### Next Steps

#### **Short term (next 18 months, by August 2020):**

RDHS will continue to provide corporate support services to Mallee Track Health & Community Service. RDHS will work with local organisations within the Robinvale community to enhance services in the areas of family violence and health promotion.

**Medium Term (2 to 5 years):** develop a Memorandum of Understanding with MVAC to partner in the provision of additional service to support the needs of Aboriginal and Torres Strait Islander people in the Robinvale community.

**Longer term (5 years plus):** explore new funding relationships with other providers with the goal of optimising support to the population in the greater Mallee region.

*'A multipurpose service like RDHS must develop partnerships with many other providers to ensure its catchment population has ready access to a comprehensive range of services.'*

# DIRECTION 10

RDHS will explore new ways of engaging with its catchment population to present information on key health messages, new service initiatives, and local health-related events.



## STRATEGIC DIRECTION 10 Increase community engagement

RDHS recognises it must respond to the growing demands of the community that it be accountable for the services provided and responsive to emerging needs.

### Background

RDHS has actively engaged with the local community in the development of the strategic plan. It wants to continue this process with an ongoing program of community engagement.

### Next Steps

#### **Short term (next 18 months, by August 2020):**

RDHS will explore new ways of engaging with the community via a monthly email and health kiosk in a prominent community location. This will provide a new mechanism for community members to regularly provide feedback on areas of unmet needs and opportunities for service improvement.

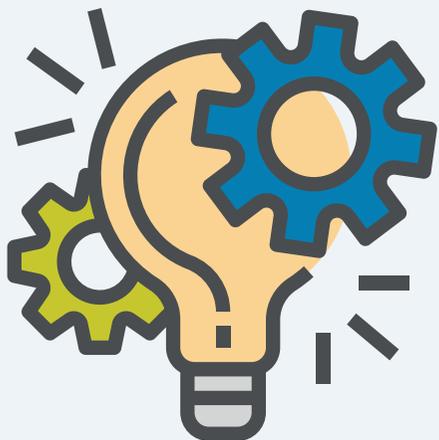
**Medium Term (2 to 5 years):** explore the use of social media platforms to communicate with the local population.

**Longer term (5 years plus):** ongoing refresh of the way RDHS communicates with its catchment population.

*'RDHS recognises it must respond to the growing demands of the community, that it be accountable for the services provided and responsive to emerging needs.'*

# DIRECTION 11

RDHS will continue to scan the environment for new approaches to health service delivery with relevance to a local, geographically isolated community.



## STRATEGIC DIRECTION 11 Promote innovation

The healthcare service delivery landscape is evolving quickly in response to changes to funding and new technology.

### Background

RDHS acknowledges that health services are being encouraged to explore innovation and assume a more entrepreneurial stance, provided this approach is balanced with appropriate risk management strategies.

### Next Steps

**Short term (next 18 months, by August 2020):** senior managers of the health service will be encouraged to identify innovative approaches to care delivery at their monthly meetings and ensure new ideas from their team members are examined

**Medium Term (2 to 5 years):** senior management will explore new service delivery models being implemented in overseas jurisdictions that are relevant to an Australian rural health service.

**Longer term (5 years plus):** RDHS will evaluate new service models that are implemented.

'The healthcare service delivery landscape is evolving quickly in response to changes to funding and new technology.'



# 06 Attachments

## APPENDIX A CONSULTATION LIST

The following is a list of the groups consulted by HMA categorised by their primary relationship to RDHS.

### **RDHS Community:**

Manangatang community (22 attendees)

CALD community representatives

- Tongan (2 attendees)
- Fijian (1 attendee)
- Vietnamese (1 attendee)

Aboriginal and Torres Strait Islander community elders (4 attendees)

RDHS Riverside Campus Aged Care Residents and Families (12 attendees)

Probus Carers' Support Group (1 attendee)

Robinvale Rotary Club (12 attendees)

Robinvale Euston Business Association (2 attendees)

### **Staff (internal stakeholders):**

Robinvale Campus Primary Care Staff (11 attendees)

Robinvale Campus Primary Care and Administration Staff (9 attendees)

Manangatang Campus Nursing and Administration Staff (7 attendees)

### **Local organisations (external stakeholders):**

Robinvale Police (2 attendees)

Robinvale Secondary College (4 attendees)

Murray Valley Aboriginal Cooperative (MVAC) (1 attendee)

Swan Hill Rural City Council (1 attendee)

A detailed summary of the discussions held can be found in a separate complementing document, titled Consultation Report.

## APPENDIX B: SUMMARY OF RDHS CATCHMENT HEALTH NEEDS

Table 6.1 Estimated chronic disease prevalence in Mallee

Condition	Swan Hill		Mallee		Victoria	
	Number	Cases/100	Number	Cases	Number	Cases
Diabetes	721	4.2	3221	4.0	202191	4.8
Circulatory disease	1,360	18.1	14644	17.5	900367	16.7
Respiratory disease	6114	29.5	27,401	31.1	1655009	29.8
Chronic Obstructive Pulmonary Disease (COPD)	465	2.1	2110	2.2	103725	1.9
Musculoskeletal disease	5972	27.8	26659	28.3	1482498	26.8
Arthritis	3390	15.1	16295	16.1	778634	14.1
Asthma	2,691	12.9	12297	13.6	604839	11.1
Mental and behavioural issues	2,720	13.2	12472	13.4	707525	12.8

Source: Torrens University Australia PHIDU (2017) 'Social Health Atlases Data'

Table 6.2 PHN reported chronic disease rates and hospital admissions

Chronic Disease		Swan Hill Rural City Council				Murray PHN				Victoria		
		Number of admissions	Standardised rate per 1,000	Average bed days	Relationship to state average	Number of admissions	Standardised rate per 1,000	Average bed days	Relationship to state average	Number of admissions	Standardised rate per 1,000	Average bed days
COPD	Chronic Obstructive Pulmonary Disease (COPD)	85	3.34	4.8	Above	2,543	3.44	5.93	Above	15,691	2.54	5.76
	Asthma	21	0.99	2.05	Below	696	1.13	2.34	Below	7,441	1.24	2.04
	Bronchiectasis	12	0.43	1.42	Above	116	0.27	7.8	Above	1520	0.25	7.66
Cardiovascular disease	Congestive Cardiac Failure	74	2.85	6.65	Above	1817	2.51	6.57	Below	16091	2.59	7.21
	Angina	73	2.99	1.59	Above	1313	1.75	2.46	Above	8920	1.45	2.5
	Hypertension	23	0.92	3.74	Above	228	0.48	3.65	Above	2454	0.4	2.44
	Rheumatic Heart Diseases	N/A	N/A	N/A	N/A	65	0.25	6.92	Above	658	0.11	9.28
Diabetes	Diabetes complications	61	2.87	4.64	Above	1305	2.11	6.15	Above	12132	2	5.48
	Type 2 Diabetes	No data	6.3	No data	Above	No data	5.42	No data	Above	No data	5.3	No data

Table 6.3 Alcohol and other drugs use PHN data

Indicator	SHRCC	Relationship to State average	Murray PHN	Relationship to State average	Victoria
% current smokers	15.1% (n=3,108)	Above	16.33% (n = 105,240)	Above	13.1% (n=776,388)
% of adult population with lifetime risk of alcohol related harm	58.90%	Below	63.07%	Above	59.20%
Alcohol related hospital admissions rate per 10,000	48.1	Below	39.68	Below	55
Alcohol ambulance rate per 10,000	34.5	Below	31.05	Below	37
Serious road injuries during high alcohol hours rate per 10,000	2.4	Below	6.57	Above	3.2
Assaults during high alcohol hours rate per 10,000	26.2	Above	41.29	Above	10
Definite alcohol family violence incidents rate per 10,000	42.8	Above	19.03	Above	10.7
Alcohol death rate per 10,000	2.9	Above	3.03	Above	1.7
AOD treatment episodes of care rate per 10,000	40.2	Above	34.23	Above	28.8
Illicits Hospital admissions rate per 10,000	23.2	Below	17.34	Below	25.3
Illicits Ambulance attendances rate per 10,000	7.8	Below	9.99	Below	15.5

Source: Murray Primary Health Network Murray Exchange 'Health Priority Areas'

Table 6.4 Mental Health risk factors and indicators, PHN data

Indicator	SHRCC	Relationship to State average	Murray PHN	Relationship to State average	Victoria
Registered mental health clients rate per 1,000	18	Above	17.29	Above	11.9
Mental health overnight hospitalisations rate per 100,000<	1,087	No data	918.45	No data	No data
Index of relative socio-economic disadvantage state ranking	10	No data	28.95	No data	No data
Percentage of adult population with high to very high psychological distress	8.2	Below	12.31	Below	18.3

Risk Factors	SHRCC	Relationship to State average	Murray PHN	Relationship to State average	Victoria
Chronic conditions rate per 1,000 population	23.5	Above	17.38	Above	13.5
Clients that received alcohol and drug treatment services rate 1,000	9.1	Above	5.28	Above	5

Source: Murray Primary Health Network Murray Exchange 'Health Priority Areas'

**Table 6.5 Early Childhood Development indicators, PHN data**

Indicator	SHRCC	Relationship to State average	Murray PHN	Relationship to State average	Victoria
Social Competence Vulnerable Percent	12%	Above	9.44%	Above	8.7%
Physical Health and Wellbeing Vulnerable Percent	13%	Above	9.3%	Above	7.9%
Language and Cognitive Skills Vulnerable Percent	11%	Above	7.88%	Above	6.3%
Emotional Maturity Vulnerable Percent	13%	Above	9.28%	Above	8%
Communication Skills and General Knowledge Vulnerable Percent	12%	Above	7.89%	Above	7.6%
Percent Developmentally Vulnerable On 1 Or More Domains	28.6%	Above	22.87%	Above	19.9%
Percent Developmentally Vulnerable On 2 Or More Domains	15%	Below	11.25%	Below	19.9%

Source: Murray Primary Health Network Murray Exchange 'Health Priority Areas'

**Table 6.6 Community access to services, PHN data**

Indicator	SHRCC	Relationship to State average	Murray PHN	Relationship to State average	Victoria
General practitioner rate per 1,000 population	1.2	Above	1.16	Below	1.2
Better access FPS clients serviced as a rate per 1,000	4.5	No data	27.86	No data	No data
ATAPS clients serviced as a rate per 1,000	5.9	No data	5.37	No data	No data
MHNIP clients serviced as a rate per 1,000	15.7	No data	6.09	No data	No data

Source: Murray Primary Health Network Murray Exchange 'Health Priority Areas'



**ROBINVALE DISTRICT HEALTH  
SERVICES INCORPORATING:**

**ROBINVALE**

128 Latje Road,  
Robinvale, VIC 3549  
(03) 5051 8111

**RIVERSIDE**

39 Latje Rd,  
Robinvale, VIC 3549  
(03) 5026 1071

**MANANGATANG**

37-39 Pioneer St,  
Manangatang, VIC 3546  
(03) 5035 1500

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