Care In Your Community
Department of Human Services

Integrated Area Based Planning,
Gippsland Trial
Priority Setting Report
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Context

Care in Your Community, A Fairer Victoria and the Growing Victoria Together agenda build on existing policy directions to provide a coherent whole-of-health framework for the delivery of integrated, community-based health care.

The underlying philosophy recognises an integrated system, and allows for a wider range of services to be delivered in non-hospital settings, improving accessibility, convenience, efficiency and quality.

Barriers to the current service system are related to:
- Poor integration,
- Lack of appropriate facilities and infrastructure,
- Cultural barriers to change,
- Complex funding and governance arrangements and
- A range of workforce pressures

Purpose

Care in Your Community is a planning framework for integrated ambulatory health care. It is about investing in the best mix of inpatient and community-based integrated care services to better meet future needs and expectations of communities and individuals.

Three integrated area-based planning trail projects for Care in Your Community are currently being implemented across Victoria. Gippsland is the only rural region to participate.

The department’s Gippsland office is accountable for the deliverables of the trial, which will be overseen by a Task Group of the Gippsland Health Services Partnership (GHSP).

The objectives of the trials are to:
- Develop partnerships between key stakeholders
- Provide focus for future development of program planning parameters
- Develop and refine a detailed area-based planning methodology for broader application

The methodology used by the Gippsland trial takes a region wide approach and will provide direction for the next 2-3 years. It is a three-phase process, the first phase of which is documented in this report.

This report provides information for phase one undertaking a demographic and service profile for each Integrated Planning Area, and will also profile the existing service system on the basis of:
- Modes of care
- Settings of care
- Levels of care
Policy Environment

Care in Your Community: A planning framework for integrated ambulatory health care,
Department of Human Services, Melbourne, January 2006.

Care in Your Community provides a policy framework for a modern, integrated and person centred health system through refocusing and investing in the best mix of inpatient and community-based integrated care services.

This framework also responds to the need for prevention and early intervention and allows generally healthy people who would otherwise require episodic care a broader range of less disruptive and less intrusive care options.

The vision for Care in Your Community is that the Victorian health care system will increasingly deliver person and family centred health care in community-based settings, reducing the need for inpatient care and improving the health outcomes of Victorians.

Department Human Services
Gippsland Regional Plan

The objectives for planning activities in 2006-07 are:

- Promoting viability and sustainability of the service system
- Building responsive service solutions
- Promoting early intervention
- Improving environments for health and wellbeing

Rural Directions for a Better State of Health,
Department of Human Services, Melbourne, November 2005

Rural Directions provides a framework for rural health services to orientate themselves towards the changing needs for the community and make the best use of resources available. It identifies an integrated direction for service planning, mapping the shape and direction of Victoria’s rural health system.

Rural Directions identifies three broad directions:
1. Promote the health and wellbeing of rural Victorians
2. Foster a contemporary health system and models of care for rural Victorians
3. Strengthen and sustain rural health services

Rural Directions strategies are to:

- Implement an area-based configuration for rural health services
- Enhance service planning
- Develop capacity based planning frameworks
- Continue to develop and implement statewide speciality service development plans
- Further develop primary and community health services
- Develop the Ambulatory Care Framework
Current/Ongoing Department Policy Directions

Aged Care
*Improving care for older people: a policy for health services,*
Department of Human Services, 2003
*Recognising and supporting care relationships for older Victorians, Action Plan 2006-2009,*
Department of Human Services, 2006
*Pathways to the Future 2006 and Beyond, Dementia Framework for Victoria,*
Department of Human Services, 2006
*Strategic Directions in Assessment,*
Department of Human Services, 2006

Community Health
*Community Health Services - creating a healthier Victoria,*
Department of Human Services, 2004

Emergency Department
Emergency Services Framework Development - current

Maternity Services
*Rural birthing services: A capability based planning framework,*
Department of Human Services, December 2004
*Future directions for Victoria’s maternity services,*
Department of Human Services, May 2004

Outpatients
Outpatient review currently underway

Dental Health
*Australia’s National Oral Health Plan 2004-2013, National Advisory Committee on Oral Health*

Hospital Admission Risk Program
*Hospital at Risk program, Chronic Disease Management Guidelines,*
Department of Human Services 2001

Post Acute Care Program
*Report on the survey of current issues and direction for Post Acute Care,*
Department of Human Services 2006

Chronic Disease
*Chronic Disease Management Program Guidelines for Primary care Partnerships and Community Health Services, October 2006*

Mental Health
*New directions for Victoria’s mental health service - the next five years 2002-07,*
Department of Human Services, 2002
*Planning framework for public rural mental health services: A framework to guide the enhancement of public rural mental health services over the next five years,*
Department of Human Services, October 2006

Palliative Care
*Strengthening palliative care: a policy for health and community care provider 2004-09,*
Department of Human Services, October 2004

Primary Care Partnerships
*Primary Care Partnerships – strategic directions: Better health – stronger communities,*
Department of Human Services, 2004

Renal Services
*Renal Dialysis – A revised service model for Victoria,*
Department of Human Services, October 2004

Sub-Acute
*Gippsland Sub-Acute Services Plan, September 2006*
*Sub-Acute Ambulatory Care Services Framework,* Department of Human Services, 2005
National Policy


- The Healthy Horizons framework guides the provision of health programs and services in rural and remote areas.
- This framework provides direction for developing strategies and allocating resources to improve the health and wellbeing of people in rural and remote Australia.
- Healthy Horizons identifies seven interdependent goals to focus national activity and planning on high priority issues for the health of rural and remote Australians:
  - Improve highest priorities first
  - Improve the health of Aboriginal and Torres Strait Islander people living in rural and remote Australia
  - Undertake research and provide better information to rural and remote Australians
  - Develop flexible and coordinated services
  - Maintain a skilled and responsive health workforce
  - Develop needs-based flexible funding arrangements for rural and remote Australians
  - Achieve recognition of rural and remote health as an important component of the Australian health system

COAG Policy (COAG meeting, February 2006)

Better Health for All Australians

COAG agreed to invest in a reform package to achieve better health for all Australians. Over the next five years this investment will:
- Establish a new approach to promotion, prevention and early intervention;
- Provide better care for people in the community, including in rural and remote Australia;
- Provide better care for older people in hospitals; and
- Provide better care for younger people with disabilities in nursing homes.

COAG also acknowledged that mental health is a major problem for the Australian community, requiring
- Renewed focus on promotion and early detection, and
- Improving and integrating the care system.

National Health Priority Areas

(National Chronic Disease Strategy, AHMAC, 2005)

- Cancer control
- Injury prevention and control
- Cardiovascular health
- Diabetes mellitus
- Mental health
- Asthma
- Arthritis and musculoskeletal conditions

Victorian State Government

A Fairer Victoria, Creating opportunity and addressing disadvantage, Department Premier Cabinet, Melbourne 2005

- People living in communities where life chances are diminished through geographical isolation can experience disadvantage

Growing Victoria Together, A vision for Victoria to 2010 and beyond, Department of Human Services, Melbourne 2005

- By 2010 Victoria will have further strengthened its performance in relation to high quality, accessible health and community services
- Growing Victoria Together acknowledges that better access to hospital, community health, dental, aged care, mental health, disability, alcohol and drug, and children’s and family support services - particularly in rural and regional communities - is crucial

Strategic directions 2004-05, Department of Human Services, June 2004

- Outlines the specific planning framework designed to achieve the health goals of Growing Victoria Together

Key policy messages:

These policies all support the concept of a service system focused on:
- Community-based responses,
- Early intervention,
- Health promotion, and
- Addressing disadvantage
Assessing and Responding to Gippsland’s Needs

In the *Care in Your Community* policy, broad areas of need are broken into three categories; Health Promotion and Illness Prevention, Chronic and Complex, and Urgent and Episodic. The following sections provide a snapshot of Gippsland activity in relation to each of these areas of need.

**Health Promotion and Illness Prevention**

*Care in Your Community, Department of Human Services, 2006*

Population health approaches are increasingly being recognised as a key element in the planning of quality, efficient and equitable health systems. These approaches increase understanding about what makes and keeps people healthy and describe strategies that aim to reduce inequalities and improve the health and wellbeing of whole populations.

Consideration is given to interventions and strategies that address the broad biological, social and environmental determinants of health.

The term ‘integrated health promotion’ refers to agencies and organisations in a catchment working in a collaborative manner using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues.

**Victorian Health Promotion Priorities 2007 - 2012**

*Health Promotion Priority Setting 2007-12, Department of Human Services, 2006*

Guiding principles for integrated health promotion include:

- Address the broader determinants of health
- Base activities on the best available data and evidence
- Act to reduce social inequities and injustice
- Emphasise active consumer and community participation
- Empower individuals and communities
- Explicitly consider difference in gender and culture
- Work in collaboration

Priorities agreed by the department and VicHealth are:

- Promoting physical activity and active communities
- Promoting accessible and nutritious food
- Promoting mental health and wellbeing
- Reducing tobacco-related harm
- Reducing and minimising harm from alcohol and other drugs
- Safe environments to prevent unintentional injury
- Sexual and reproductive health

Current Victoria health promotion priorities are based on risk factors and on social determinants of health including:

- Income inequality
- Access to public transport
- Employment
- Job security
- Physical environment in which people live

Determinants of health involve biomedical factors, lifestyle and behaviour, knowledge attitudes and beliefs, genetic factors and environmental factors.

**Victorian Burden of Disease Study: mortality & morbidity in 2001,**

Department of Human Services, Melbourne, 2006

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Male Victoria</th>
<th>Female Victoria</th>
<th>Male Gippsland</th>
<th>Female Gippsland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>10.0%</td>
<td>6.3%</td>
<td>11.2%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Obesity</td>
<td>7.9%</td>
<td>8.3%</td>
<td>8.4%</td>
<td>8.9%</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>8.1%</td>
<td>6.4%</td>
<td>8.7%</td>
<td>6.9%</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>6.4%</td>
<td>5.8%</td>
<td>6.9%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>4.0%</td>
<td>4.1%</td>
<td>4.4%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Low Fruit and Vegetable Intake</td>
<td>4.4%</td>
<td>2.1%</td>
<td>4.8%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Alcohol Harm</td>
<td>4.4%</td>
<td>1.8%</td>
<td>4.5%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Intimate Partner Violence</td>
<td>-1.4%</td>
<td>-2.0%</td>
<td>-1.6%</td>
<td>-2.1%</td>
</tr>
<tr>
<td>Alcohol Benefit</td>
<td>-1.4%</td>
<td>-1.6%</td>
<td>-1.5%</td>
<td>-2.0%</td>
</tr>
<tr>
<td>Illicit Drugs</td>
<td>2.1%</td>
<td>0.9%</td>
<td>1.5%</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

Figures from the *Burden of Disease Study: Mortality and Morbidity in 2001*, Department of Human Services, 2006, indicate residents of Gippsland score higher than state average in all listed Burden of Disease (DALY’s) attributable to risk factors, other than the use of ‘illicit drugs’ by females and ‘intimate partner violence’.
Regional Health Promotion

Regional - Gippsland Health Promotion Task Group
- Organisational Development
- Workforce Development

Regional - Active Gippsland Coordination Group
- Strategic partnership of state government departments with the aim to improve the wellbeing of Gippsland residents by increasing participation in recommended levels of physical activity

Primary Care Partnership Health Promotion Priorities (2006-09 Plans)

East Gippsland
- Physical Activity
- Mental Health and Wellbeing
- Access to Economic Resources
- Freedom from Discrimination and Violence
- Social Inclusion
- Capacity Building

South Coast Health Services Consortium
- Physical Activity
- Access to Healthy and Affordable Food
- Mental Health and Wellbeing
- Capacity Building

Central West Gippsland
- Physical Activity and Active Communities
- Healthy Eating and Food Access
- Mental Health and Wellbeing

Wellington
- Physical Activity and Active Communities
- Nutrition and Healthy Eating
- Mental Health and Wellbeing

Community and Women’s Health - Health Promotion Priorities (2006-09 plans)

Bass Coast Community Health
- Mental Health and wellbeing
- Promoting accessible and nutritious food
- Promoting physical activity and active communities
- Capacity Building

West Gippsland Healthcare Group
- Promoting accessible and nutritious food
- Promoting mental health and wellbeing
- Promoting physical activity and active communities

Gippsland Lakes Community Health
- Physical Activity
- Mental Wellbeing and Social Connectedness

Latrobe Community Health Service
- Mental Health and Wellbeing
- Physical Activity
- Food and Nutrition

Gippsland Southern Health Service
- Physical activity
- Nutrition and obesity
- Mental Wellbeing and Social Connectedness

South Gippsland Hospital
- Physical Activity
- Healthy Eating
- Mental Health and wellbeing

Yarram and District Health Service
- Mental Health and wellbeing
- Active Communities
- Access to healthy food

Gippsland Women’s Health Service
- Sexual and reproductive health
- Violence against women
- Alcohol and drugs
- Mental Health and Wellbeing

Key Health Promotion and Illness Prevention messages:

Areas of concern common to all Primary Care Partnerships across the Gippsland Region are:
- Mental Health
- Physical Activity
- Nutrition
- Obesity
- Capacity Building
Chronic and Complex Care
(Care in Your Community, Department of Human Services, 2006)

Chronic and Complex Care refers to a consistent, planned approach to management of chronic disease and complex care focused on substitution and diversion, intensive case management, community-based care coordination and early intervention.

It involves programs and services including:
- Day procedures (renal dialysis and oncology);
- Specialist services provided by outpatient clinics;
- Emergency Departments;
- Hospital admission Risk Program, Chronic Disease Management;
- Chronic disease early intervention in CHSs;
- Mental health services;
- Alcohol and drug services;
- Allied health and nursing services;
- Community health;
- Sub-acute ambulatory care services (SACS) programs;
- Patient transport services;
- Elements of PAC and palliative care services.

Burden of Disease

*Years Lived with Disability* (YLD) capture the Burden of Disease in a population due to years lived in less than full health. This is sometimes referred to as the morbidity component of the Burden of Disease. It represents years of healthy life lost due to living with disability, disease or injury, adjusted for severity.

YLD estimates allow for the impact of mental disorders, hearing loss, arthritis and other painful or disabling but non-fatal conditions to be included, allowing insight into burden of disease requiring a longer-term service response.

Male and female life expectancy for Gippsland resident is considerably shorter than life expectancy for Victoria as a whole.

Latrobe City is amongst the ten LGAs with the worst health status in Victoria, while the Shires of Wellington, Bass Coast and South Gippsland have a higher than average burden of disease.

The top ten conditions for YLD contributing to burden of disease in Gippsland are:
1. Depression
2. Dementia
3. Osteoarthritis
4. Asthma
5. Hearing Loss
6. Generalised anxiety disorder
7. Diabetes mellitus
8. Chronic Obstructive Pulmonary Disease
9. Stroke
10. Ischemic heart disease

Ambulatory Care Sensitive Conditions Study

Ambulatory Care Sensitive conditions (ACSC’s) are those for which hospitalisation is thought to be avoidable if preventative care and early disease management are applied, usually in the ambulatory setting.

The top 5 ACSCs for Gippsland in 2004-05
- Diabetes
- Angina
- Asthma
- Chronic obstructive pulmonary disease, and
- Congestive cardiac failure
Top 5 ACSC in Gippsland 2004-2005

<table>
<thead>
<tr>
<th>ACSC</th>
<th>No of admissions</th>
<th>Rate per 1,000 persons</th>
<th>Average bed days</th>
<th>Total bed days</th>
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<tbody>
<tr>
<td>Diabetes complications</td>
<td>6,547</td>
<td>20.45</td>
<td>4.82</td>
<td>31,577</td>
</tr>
<tr>
<td>Angina</td>
<td>781</td>
<td>2.44</td>
<td>2.22</td>
<td>1,733</td>
</tr>
<tr>
<td>COPD</td>
<td>785</td>
<td>2.34</td>
<td>6.38</td>
<td>5,011</td>
</tr>
<tr>
<td>Asthma</td>
<td>508</td>
<td>2.20</td>
<td>2.19</td>
<td>1,111</td>
</tr>
<tr>
<td>CCF</td>
<td>618</td>
<td>1.82</td>
<td>7.49</td>
<td>4,627</td>
</tr>
</tbody>
</table>


Other key findings for Gippsland Region include:
- Admission rates for ACSCs increased in the region over the 10 year period
- The region’s admission rates for all ACSC’s combined ratios were higher than the Victorian average over the study period
- The region’s admission rates for congestive cardiac failure, COPD, dehydration and gastroenteritis, and pyelonephritis was significantly lower than the Victorian averages in 2004-05
- The Central West PCP has the highest population in the Gippsland Region, and also is the site for the regional referral hospital. The PCP accounted for 46.6% of the region’s expenditure on ACSC admissions. Central West has higher expenditure across all conditions.
- The expenditure on ACSC admissions by other Gippsland PCPs was as follows:
  - South Coast Health Services Consortium – 20.5%
  - East Gippsland PCP – 17.4%
  - Wellington PCP – 15.5%

Residential Aged Care

Residential Aged care in Gippsland provides accommodation services to the frail aged.

The Commonwealth Government provides funding to all approved facilities for the provision of residential accommodation for those people who have support needs that cannot be managed within a community setting. Entry to residential facilities is determined by the completion of an assessment by the Aged Care Assessment Team. There are two levels of care provided, nursing home accommodation (high care) or hostel accommodation (low care). The State government also provides funding to public sector facilities (those managed by hospitals), to assist with the management of these facilities.

<table>
<thead>
<tr>
<th>Local Government Area</th>
<th>No of Aged Care facilities</th>
<th>LGA total bed numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bass Coast</td>
<td>8</td>
<td>394</td>
</tr>
<tr>
<td>Baw Baw</td>
<td>8</td>
<td>366</td>
</tr>
<tr>
<td>East Gippsland</td>
<td>9</td>
<td>483</td>
</tr>
<tr>
<td>Latrobe</td>
<td>12</td>
<td>752</td>
</tr>
<tr>
<td>South Gippsland</td>
<td>10</td>
<td>301</td>
</tr>
<tr>
<td>Wellington</td>
<td>9</td>
<td>406</td>
</tr>
</tbody>
</table>

Palliative Care

Palliative care provides coordinated medical, nursing and allied health services for people who are terminally ill, through the provision of physical, psychological, emotional and spiritual support for patients, family and friends. Services are provided both in the community and within the hospital setting and are delivered through most community health centres and hospitals within the Gippsland region.

The Gippsland Regional Palliative Care Consortium developed a palliative care plan 2005-2009. This is an integrated plan that will drive operations; and will ensure partnership, integration and sustainability and continuous development.
HARP (Hospital Admission Risk Program)

Chronic Disease Management Program

The Hospital Admission Risk Program is an innovative process that focuses on chronic and complex needs.

The program’s objectives are:
- Improve patient outcomes
- Improve transition from hospital to home, and
- Reduce ED presentations and admissions for clients with chronic illness

Two HARP Programs are currently funded in Gippsland:
- Latrobe Regional Hospital provides care coordination services for Latrobe HARP clients with chronic conditions including:
  - Chronic Heart Disease
  - Chronic Respiratory Disease
  - Diabetes
  - Cancer
  - Frequent admissions
  - Complex Care needs
  - Complex psychosocial needs
- Bairnsdale Regional Health Service commenced a HARP Chronic Disease Management Program in November 2005. The Program still requires some promotion and infrastructure development.

Planning is required to respond to the needs of people in more isolated areas. Consideration will need to be given to tele-medicine and video-conferencing facilities.

HARP - CDM and ‘Care in Your Community’

HARP - CDM will work with the Care in Your Community policy direction to ensure service linkages to external providers (local government, community health) are ongoing and sustainable.

Services/agencies need:
- To be aware of the role of HARP - CDM
- To be aware that HARP is part of a continuum of services that manage people (adults and children) with complex and chronic care needs.

Early Intervention and Chronic Disease Management

In response to the Community Health Services - creating a healthier Victoria policy, investment has been made in community based early intervention services for people with chronic diseases through the early Intervention in Chronic Disease in Community Health (EIiCD) program, and to the Central West Gippsland Primary care Partnerships to support the program establishment and linkages to other services.

These services provide integrated care coordination, nursing, allied health and self-management and interventions to people with a chronic disease. Funding has been allocated to Latrobe Community Health for the implementation of this program. The program is expected to be fully operational in the current financial year.

Other Chronic Disease Management Initiatives

A range of other chronic disease management initiatives has and will roll out across the region. These include:
- Better Health in Gippsland
- Primary Care Partnership, Chronic Disease Management development
- Current rollout of diabetes self-management funding to Community Health centres

Renal Services

End stage renal failure is the irreversible reduction of renal function to levels incompatible with maintenance of life without dialysis or transplantation.

The use of maintenance dialysis treatment prolongs life for patients with End Stage Renal Failure and restores quality of life by allowing sufficient independence with minimal support.

There has been extensive growth in the number of Victorians receiving maintenance dialysis over the last decade and continued growth in forecast levels of demand is expected.

Available treatment modalities are:
- Haemodialysis
- Home haemodialysis
- Nocturnal dialysis
- Peritoneal dialysis
Renal Services (continued)

- Demand for dialysis in Victoria is increasing at approx 5.5% per annum due to aging population and Type 2 diabetes (2nd highest cause).
- Demand for dialysis is highly variable due to deaths and transplantations creating unexpected dialysis places.
- An increase in numbers of patients choosing home/nocturnal dialysis as an alternative modality is anticipated but it is difficult to determine the level of that demand.
- DHS and the Maintenance Dialysis Advisory Committee (MDAC) are developing a statewide program to address social and psychological barriers confronted by patients wishing to receive dialysis at home.
- Best practice considers the use of home/nocturnal dialysis; hypothetically there may be reluctance on the part of many older clients.
- Department of Human Services is currently undertaking a feasibility study in relation to a dialysis service at Lake Tyers Aboriginal Trust.

Projected demand of patients requiring dialysis services
(Based on 5.5% growth per year)

<table>
<thead>
<tr>
<th>LGA</th>
<th>2006</th>
<th>2010</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGA</td>
<td>2006</td>
<td>2010</td>
<td>2016</td>
</tr>
<tr>
<td>Bass Coast</td>
<td>15</td>
<td>19</td>
<td>25</td>
</tr>
<tr>
<td>Baw Baw</td>
<td>20</td>
<td>24</td>
<td>32</td>
</tr>
<tr>
<td>East Gippsland</td>
<td>27</td>
<td>34</td>
<td>46</td>
</tr>
<tr>
<td>Latrobe</td>
<td>40</td>
<td>49</td>
<td>68</td>
</tr>
<tr>
<td>South Gippsland</td>
<td>14</td>
<td>18</td>
<td>24</td>
</tr>
<tr>
<td>Wellington</td>
<td>19</td>
<td>23</td>
<td>30</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>135</strong></td>
<td><strong>167</strong></td>
<td><strong>225</strong></td>
</tr>
</tbody>
</table>

Source: Continuing Care and Clinical Services Development Unit
Department of Human Services

‘Hub & Spoke’ Services in Gippsland Region

The Victorian model for public maintenance dialysis services utilises a ‘hub and spoke’ model.

There are 7 tertiary centres (HUBs) in Victoria with satellites delivering services under the guidance of the HUB hospital. Four of these centres operate in Gippsland.

<table>
<thead>
<tr>
<th>Hub</th>
<th>Spoke</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin Health</td>
<td>• Bairnsdale Regional Health Service</td>
</tr>
<tr>
<td></td>
<td>• Far East Gippsland Health &amp; Support Service (Mallacoota)</td>
</tr>
<tr>
<td>North West Dialysis Service</td>
<td>• Yarram District Health Service</td>
</tr>
<tr>
<td>Monash Medical Centre</td>
<td>• Latrobe Regional Health</td>
</tr>
<tr>
<td></td>
<td>• Bass Coast Regional Health Service</td>
</tr>
<tr>
<td></td>
<td>• West Gippsland Healthcare Group</td>
</tr>
<tr>
<td>St Vincent’s</td>
<td>• Central Gippsland Health Service</td>
</tr>
</tbody>
</table>
### Renal Dialysis Figures as at January 2007

<table>
<thead>
<tr>
<th>Agency</th>
<th>No of chairs</th>
<th>No of regular clients</th>
<th>Possible future clients</th>
<th>Holiday clients</th>
<th>Home/nocturnal clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCRH</td>
<td>6</td>
<td>14</td>
<td>yes</td>
<td>yes</td>
<td>-</td>
</tr>
<tr>
<td>BRHS</td>
<td>6</td>
<td>19</td>
<td>4</td>
<td>-</td>
<td>1 home</td>
</tr>
<tr>
<td>CGHS</td>
<td>6</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GSHS</td>
<td>Nil</td>
<td>Nil</td>
<td>5-8</td>
<td>possible</td>
<td>2-3</td>
</tr>
<tr>
<td>LRH</td>
<td>9</td>
<td>26</td>
<td>8% p.a</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>ODH</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>ORH</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>WGHG</td>
<td>6</td>
<td>12</td>
<td>-</td>
<td>-</td>
<td>1 possible nocturnal</td>
</tr>
<tr>
<td>YDHS</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>40</strong></td>
<td><strong>89</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Individual hospital data

### Gippsland Renal Dialysis Episodes by Health Service 2005-06

<table>
<thead>
<tr>
<th>Health Service</th>
<th>Non-Indigenous episodes</th>
<th>Indigenous episodes</th>
<th>Total episodes</th>
<th>Non-Indigenous % of total population</th>
<th>Indigenous % of total population</th>
<th>Non-Indigenous dialysis</th>
<th>Indigenous dialysis</th>
<th>Over representation factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bairnsdale Regional Health Service</td>
<td>2339</td>
<td>435</td>
<td>2773</td>
<td>97.25</td>
<td>2.75</td>
<td>84.3</td>
<td>15.7</td>
<td>5.7:1</td>
</tr>
<tr>
<td>Latrobe Regional Health Service</td>
<td>5293</td>
<td>156</td>
<td>5449</td>
<td>1.2</td>
<td>98.8</td>
<td>97.1</td>
<td>2.9</td>
<td>2.4:1</td>
</tr>
</tbody>
</table>

**Note:** Other Health Services were not calculated due to low numbers of indigenous separations.

Source: Victorian Admitted Episodes dataset
Mental Health

The public Mental Health service system is divided into two broad streams, the clinical mental health system and the non-clinical services provided by Psychiatric Disability Rehabilitation and Support Service (PDRSS).

In Gippsland there is one clinical mental health provider, Latrobe Regional Hospital Mental Health Service (LRH), which services the entire region. Gippsland has limited private psychiatry services.

Case-managers and consultant psychiatrists have ongoing responsibility for clinical care of patients on the continuum from inpatient to community.

The region is divided into three sectors with Integrated Adult Teams located at:
- South and West sector (Warragul, Korumburra, Wonthaggi)
- Latrobe Valley sector (Traralgon)
- East Gippsland sector (Sale and Bairnsdale with outreach to Yarram and Orbost)

A range of psychiatric disability rehabilitation support services (PDRSSs) is currently provided throughout Gippsland, including both residential and non-residential programs. These two speciality Mental Health programs deal primarily with the high impact, low prevalence mental health disorders. A range of other community based services such as Community Health services and General Practitioners play a key role in the delivery of high prevalence, low impact disorders in terms of early intervention, prevention and diversion.

Mental Health issues:
- 18% of Australians have high prevalence mental health disorders at any one time.
- There is high unmet demand for primary mental health services/counselling
- Generalist community health funded counselling is available in addition to program specific funding lines such as counselling for problem gambling
- Most counselling services are utilised by the 35 – 60 year age group
- Many Community Health Services also provide alcohol and drug, problem gambling, family and financial counselling
- Many clients are financially and/or socially disadvantaged and have significant multiple and complex mental and social health problems
- Mental Disorders are the leading cause of Years lived with a disability in the burden of disease in Gippsland

Community Health Counselling Interventions:

Community Health counselling provides diverse services for people of all ages with social, emotional and psychological problems. These services are delivered to individuals, groups and families in community, home and other settings.

Counselling interventions can be effective in reducing general health service utilisation and cost.

Demand for counselling in community Health increased by 77% from 1999-2000 to 2002-2003.

Approximately 80% of those seen for counselling in Community Health services were reported as having health care cards, most receiving a government pension or allowance.

Source: Department of Human Services, Primary Health Datamart and Primary Health Registered clients database, 2004

Clinical Mental Health Contacts per 1000 population

(Community Health/Primary Health Data Base, 2004)

<table>
<thead>
<tr>
<th>PCP</th>
<th>Mental Health contacts per 1,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Coast Health Services Consortium</td>
<td>831</td>
</tr>
<tr>
<td>Central West Gippsland</td>
<td>900</td>
</tr>
<tr>
<td>East Gippsland</td>
<td>546</td>
</tr>
<tr>
<td>Wellington</td>
<td>480</td>
</tr>
<tr>
<td>Rural Average</td>
<td>319</td>
</tr>
<tr>
<td>Victorian Average</td>
<td>227</td>
</tr>
</tbody>
</table>
Community Health Counselling Services:

- The following agencies receive funding to provide counselling/casework services throughout Gippsland:
  - Latrobe Community Health,
  - Gippsland Lakes Community Health,
  - Central Gippsland Health Service,
  - West Gippsland Healthcare Group,
  - Bass Coast Community Health
  - Yarram & District Health Service
  - Orbost Regional Health
  - Gippsland Southern Health Service

Other Counselling Services:

- General Practitioners receive Commonwealth funding for counselling services
- HACC is also funded to provide some counselling services

Mental disorders account for 23% of the total morbidity burden as measured by Years Lived with a Disability in the Burden of Disease Study disability

Regional Home and Community Care (HACC) profile (2006-07)

Home and Community Care provide services to the frail aged and disabled.

Overview:

- There are 38 HACC funded organisations in Gippsland
- Organisations include hospitals, community health centres, bush nursing centres and a range of non-government organisations
- Regional HACC budget is almost $25 million
- HACC target population is 47,196
- Average HACC funding per capita for Gippsland is $521
- East Gippsland, Bass Coast and Latrobe have the lowest funding per capita whilst Baw Baw, South Gippsland and Wellington are all above the regional average

Transport

- The Gippsland Triennial Plan 2006-09 (August 2006) showed that Gippsland required a considerable increase to the following activities over the next 3 years:
  1. Home Care
  2. Personal Care in all LGAs except Wellington
  3. Nursing in all LGAs except South Gippsland
  4. Planning Activity Groups and Property Maintenance in all LGAs except Baw Baw
- Priorities for HACC in Gippsland are:
  1. HACC Basic Services
  2. Services for the CALD population
  3. Services for the Koori population

- The definition of what is public transport and what is community transport is not clear.
- The consensus from the Strategy was that the general transport system needed to be strengthened to take into account the future needs of an aging community who will be staying longer in their own homes.
- Transport is a major concern across all LGAs in Gippsland.
- Across Victoria, an average of 66.8% of people have ready access to public transport. Gippsland’s figures fall well short of this:
  - South Gippsland - 5.4% have ready access
  - East Gippsland - 22.1%
  - Bass Coast - 30.2%
  - Baw Baw - 12.3%
  - Wellington - 28.3%
  - Latrobe City - 56.6%

- The Gippsland HACC Transport Pilot Strategy (July 2006) increased the understanding of community transport, how it operates and the constraints that are faced.
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  - East Gippsland - 22.1%
  - Bass Coast - 30.2%
  - Baw Baw - 12.3%
  - Wellington - 28.3%
  - Latrobe City - 56.6%
Alcohol & Drug Services

A number of organisations are funded to provide a range of alcohol and Drug services throughout Gippsland. Most services are provided within the region but Adult and Youth residential withdrawal services and residential rehabilitation beds are provided outside the region. YSAS, Windana and South East Alcohol and Drug Service provide these services.

Alcohol and Drug service delivery is predicated on a harm minimisation model. Alcohol and drug clients have many and varied complex needs relating to their health and social wellbeing.

An innovative collaboration between an indigenous (GEGAC) and a non-indigenous agency has been funded through A&D to provide culturally appropriate group activities for young males that address issues such as physical and mental health, nutrition, sexual health and domestic violence over a 12 month period.

Services provided in Gippsland:
- Family Counselling
- Alcohol and Drug Supported Accommodation
- Koori Alcohol and Drug Resource Service
- Koori Alcohol and Drug worker
- Gippsland Withdrawal and Rehabilitation Service
- Rural withdrawal
- Parent Support
- Pharmacotherapy Support service
- Youth Outreach
- Health Promotion
- Acquired Brain Injury counselling
- Mobile drug Safety Worker
- Diversion
- Continuity of Care
- Secondary Needle and Syringe programs

<table>
<thead>
<tr>
<th>LGA</th>
<th>A &amp; D Service Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bass Coast</td>
<td>Bass Coast Community Health</td>
</tr>
<tr>
<td>Baw Baw</td>
<td>Latrobe Community Health Services</td>
</tr>
<tr>
<td>East Gippsland</td>
<td>Gippsland Lakes Community Health - GEGAC services indigenous community</td>
</tr>
<tr>
<td>Latrobe</td>
<td>Latrobe Community Health Services - GEGAC services indigenous community - YSAS is an independent organisation</td>
</tr>
<tr>
<td>South Gippsland</td>
<td>Gippsland Southern Health Service</td>
</tr>
<tr>
<td>Wellington</td>
<td>Latrobe Community Health Services</td>
</tr>
</tbody>
</table>

A&D Client LGA rate per population 2005/2006

<table>
<thead>
<tr>
<th>Client LGA</th>
<th>Total population</th>
<th>Clients</th>
<th>Rate per 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bass Coast</td>
<td>27,645</td>
<td>256</td>
<td>9.3</td>
</tr>
<tr>
<td>Baw Baw</td>
<td>37,243</td>
<td>212</td>
<td>5.7</td>
</tr>
<tr>
<td>East Gippsland</td>
<td>40,066</td>
<td>316</td>
<td>7.9</td>
</tr>
<tr>
<td>Latrobe</td>
<td>70,200</td>
<td>560</td>
<td>8.0</td>
</tr>
<tr>
<td>South Gippsland</td>
<td>26,643</td>
<td>162</td>
<td>6.1</td>
</tr>
<tr>
<td>Wellington</td>
<td>41,183</td>
<td>189</td>
<td>4.6</td>
</tr>
</tbody>
</table>
General Practitioners

- People with established chronic disease require services along a continuum, which includes service provision by GPs.
- General practitioners:
  - Work to prevent and manage chronic diseases, and often provide initial diagnosis of chronic disease.
  - Manage chronic diseases by providing counselling, prescriptions for pharmaceuticals and referrals to other services, and by encouraging effective self-management of chronic disease.

---

**ADIS Regional Drug Use Report - Client Region Gippsland**

<table>
<thead>
<tr>
<th>U_RG2: Clients by Primary Drug of Concern (based on termination date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALCOHOL</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

Source: Alcohol and Drug Information System, Regional report for Agencies 2005-06

**General Practitioners per 1000 population**

(Community Health/Primary Health Data Base, 2004)

<table>
<thead>
<tr>
<th>PCP</th>
<th>GPs per 1,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Coast Health Services Consortium</td>
<td>1.1</td>
</tr>
<tr>
<td>Central West Gippsland</td>
<td>1.0</td>
</tr>
<tr>
<td>East Gippsland</td>
<td>0.9</td>
</tr>
<tr>
<td>Wellington</td>
<td>0.8</td>
</tr>
<tr>
<td>Gippsland Average</td>
<td>1.0</td>
</tr>
<tr>
<td>Rural Average</td>
<td>1.1</td>
</tr>
</tbody>
</table>

---

**Key Chronic and Complex Care Messages:**

- Access and transport limitations is a barrier
- Future expansion of the HARP program is currently underway
- Need to coordinate Chronic Disease management including HARP CDM and early Intervention CDM
- Demand for dialysis is growing
- Nocturnal and home dialysis modes are becoming more popular
- Indigenous citizens are over-represented in mental health and dialysis
- Diverse funding models are evident in a number of chronic and complex areas
- One clinical mental health provider covers a large and diverse region
- Ambulatory Sensitive Care Conditions and Burden of Disease study shows chronic disease as a significant burden on the health system in Gippsland
Episodic and Urgent Care
(Care in Your Community, Department of Human Services, 2006)

Episodic and Urgent care refers to meeting the needs of people who while generally healthy, may occasionally need to access a number of health care services due to short term illness or injury.

Public hospitals experience large numbers of primary care type presentations at their Emergency Departments, particularly in the evenings and at weekends. Improving the way the needs of these people are met will bring together programs and services such as:

- Day admissions and day procedures;
- Specialist and diagnostic services provided through outpatients and in other locations in the community;
- Emergency Departments and alternative urgent care arrangements;
- Ambulance services;
- Maternity services, and
- Mental health crisis response services

Sub-Acute Care
A Gippsland sub-acute services plan was completed in 2006. This plan promotes equitable and accessible sub-acute services that are well integrated with other services such as acute health, aged care and community health. The implementation of this plan is one of the Gippsland Health Services Partnerships objectives. A specific task group has been formed to oversee its activity.

Post-Acute Care
The Post-acute care program provides community-based services to assist people to recuperate after leaving hospital. It aims at preventing further hospital readmissions. This program provides a range of community-based services based on the persons individual needs which may involve; community nursing, personal care and home care services.

The hospitals in Gippsland funded for Post-acute care are:

- Latrobe Regional Hospital
- Central Gippsland Health service
- West Gippsland Healthcare Group
- Bairnsdale Regional Health Service
- Gippsland Southern Health Service
- South Gippsland Hospital
- Bass Coast Regional Health
- Omeo District Health
- Orbost Regional Health
- Yarram and District Regional Health Service

Hospital in the Home
Hospital is the provision of hospital care in the comfort of the person’s own home. Patients are regarded as hospital inpatients and remain under the care of their treating doctor in hospital. This program started as a pilot project in 1994 and is now a funded program in four hospitals in Gippsland. These hospitals are:

- West Gippsland Healthcare Group
- Latrobe Regional Hospital
- Central Gippsland Health Service
- Bairnsdale Regional Health Service

Outpatients
In Gippsland no hospitals are funded specifically for outpatient clinics. These clinics are funded in selected large hospitals in other parts of the state under the Victorian Ambulatory Classification and Funding System (VACS) for outpatient clinics. Group C hospitals (Bass Coast Regional Health and Gippsland Southern Health Service) and the larger Group B hospitals (Latrobe Regional Hospital, Bairnsdale Regional Health Service, West Gippsland Healthcare Group and Central Gippsland Health Service) receive non-admitted grants for outpatient type activity. These activities include: Accident and Emergency and a range of largely discretionary services including Allied Health and other post-acute support and community based services.
Maternity Services

Birthing Services are offered at:
- Bairnsdale Regional Health Service
- Bass Coast Regional Health
- Central Gippsland Health Service
- Latrobe Regional Hospital
- Gippsland Southern Health Service
- Orbost Regional Health
- South Gippsland Hospital
- West Gippsland Healthcare Group

Each of these services offered varied models of care to their patients including; medical model, modified caseload collaborative model, special needs, midwife antenatal, collaborative team model, or a combination of one or any of these.

Emergency Department Presentations:

Data on emergency department presentations (VEMD) is available from:
- Bairnsdale Regional Health Service (BRHS)
- Latrobe Regional Hospital (LRH)
- Central Gippsland Health Service (CGHS)
- West Gippsland Healthcare Group (WGHG)

Of those presenting to Emergency Departments across Gippsland Region:
- 74% are discharged home
- 20% are admitted
- 50% are Category 4 (semi-urgent)

All Presentations to Emergency Departments 2005-2006

<table>
<thead>
<tr>
<th>Agency</th>
<th>BRHS</th>
<th>CGHS</th>
<th>LRH</th>
<th>WGHG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number presentations</td>
<td>14,338</td>
<td>12,863</td>
<td>25,465</td>
<td>14,946</td>
</tr>
<tr>
<td>Injury/external cause</td>
<td>27%</td>
<td>30%</td>
<td>34%</td>
<td>33%</td>
</tr>
<tr>
<td>Factors affecting health status</td>
<td>10%</td>
<td>8%</td>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>Respiratory causes</td>
<td>7%</td>
<td>9%</td>
<td>9%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Circulatory causes</td>
<td>-</td>
<td>-</td>
<td>5%</td>
<td>-</td>
</tr>
<tr>
<td>Abnormal lab findings/signs</td>
<td>15%</td>
<td>12%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Infections</td>
<td>-</td>
<td>6%</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Victorian Emergency Minimum Database

Category 4 (semi-urgent) and 5 (non-urgent) Emergency Department Presentations:

Bairnsdale Regional Health Service:
- Category 4: 2,102 presentations (15%) Category 5: 3,901 presentations (27% of presentations to BRHS))

Note: that urgent care services are also provided at Orbost, Omeo and Lakes Entrance but these are not reported on VEMD. Bush Nursing Centres also provide primary injury and urgent care type services.

Central Gippsland Health Service:
- Category 4: 2,512 presentations (19.5%) Category 5: 3,147 presentations (24%)

Note: that Yarram provides urgent care services but does not report on VEMD. Dargo Bush Nursing Centre also provides primary injury urgent care type services.

Latrobe Regional Health
- Category 4: 6,038 presentations (24%) Category 5: 5,076 presentations (20%)

Note: that Moe After hours Medical Service (Medical) Clinic is open late and at weekends in Moe, and Morwell has a GP Clinic open to 8pm twice a week and at weekends.

West Gippsland Health Service
- Category 4: 3,178 presentations (21%) Category 5: 3,580 presentations (24%)

Note: that people from Moe will travel to Warragul.
### Gippsland Residents Triage 4 and 5 Emergency Presentations by LGA 2005/06 (VEMD)

<table>
<thead>
<tr>
<th>Residents LGA</th>
<th>Triage Category</th>
<th>Presentations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bass Coast (S)</td>
<td>4</td>
<td>480</td>
</tr>
<tr>
<td>Bass Coast (S)</td>
<td>5</td>
<td>178</td>
</tr>
<tr>
<td>Baw Baw (S)</td>
<td>4</td>
<td>6,446</td>
</tr>
<tr>
<td>Baw Baw (S)</td>
<td>5</td>
<td>3,137</td>
</tr>
<tr>
<td>East Gippsland (S)</td>
<td>4</td>
<td>7,543</td>
</tr>
<tr>
<td>East Gippsland (S)</td>
<td>5</td>
<td>3,744</td>
</tr>
<tr>
<td>Latrobe (S)</td>
<td>4</td>
<td>12,051</td>
</tr>
<tr>
<td>Latrobe (S)</td>
<td>5</td>
<td>4,587</td>
</tr>
<tr>
<td>South Gippsland (S)</td>
<td>4</td>
<td>841</td>
</tr>
<tr>
<td>South Gippsland (S)</td>
<td>5</td>
<td>316</td>
</tr>
<tr>
<td>Wellington (S)</td>
<td>4</td>
<td>6,669</td>
</tr>
<tr>
<td>Wellington (S)</td>
<td>5</td>
<td>3,275</td>
</tr>
<tr>
<td>VIC - unincorp French Island</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>VIC - unincorp French Island</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>49,274</strong></td>
</tr>
</tbody>
</table>

Source: Victorian Emergency Minimum Database

**Note:** This data is based on residents local government area (LGA) and not hospital of presentation. This data is not representative of all Gippsland residents presentations as no hospitals within Bass Coast and South Gippsland report to the Victorian Emergency Minimum Database (VEMD). In Wellington only Central Gippsland Health Service reports to VEMD and in East Gippsland only Bairnsdale Regional Health Service reports to VEMD.

### Dental Services

The public oral health system in Victoria provides the following programs:

- Oral Health Promotion
- Early Children Oral Health Program
- School Dental Program
- Community Dental Program
- Special Needs Programs
- Specialist Care

For the dental program, ambulatory care is delivered in all settings.

Normal planning ratio is 1 chair: 5,000 eligible population.

### Dental Health Program: Gippsland Summary by PCP Planning Area (Utilisation Data 2004-05)

<table>
<thead>
<tr>
<th>PCP</th>
<th>Total population</th>
<th>Eligible population</th>
<th>Chairs</th>
<th>Occasions of Service</th>
<th>Eligible population /chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Gippsland</td>
<td>40,746</td>
<td>19,547</td>
<td>6</td>
<td>4,755</td>
<td>3,258</td>
</tr>
<tr>
<td>Wellington</td>
<td>41,368</td>
<td>18,354</td>
<td>4</td>
<td>3,657</td>
<td>4,588</td>
</tr>
<tr>
<td>Central West</td>
<td>108,037</td>
<td>49,445</td>
<td>11</td>
<td>9,241</td>
<td>4,495</td>
</tr>
<tr>
<td>South Coast</td>
<td>55,290</td>
<td>23,610</td>
<td>4</td>
<td>4,860</td>
<td>5,902</td>
</tr>
<tr>
<td><strong>Region</strong></td>
<td><strong>245,441</strong></td>
<td><strong>110,956</strong></td>
<td><strong>25</strong></td>
<td><strong>22,513</strong></td>
<td><strong>110959/25 = 4438</strong></td>
</tr>
<tr>
<td><strong>Rural</strong></td>
<td><strong>1368969</strong></td>
<td><strong>593207</strong></td>
<td><strong>153</strong></td>
<td><strong>129297</strong></td>
<td><strong>593207/153 = 3877</strong></td>
</tr>
</tbody>
</table>

Source: Primary Health Branch, Department of Human Services
### Dental Waiting Times by Agency/LGA

<table>
<thead>
<tr>
<th>Agency</th>
<th>LGA</th>
<th>General wait time June 2006 (months)</th>
<th>Denture wait time June 2006 (months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bairnsdale Regional Health Service</td>
<td>East Gippsland</td>
<td>35.52</td>
<td>21.75</td>
</tr>
<tr>
<td>Bass Coast Regional Health</td>
<td>Bass Coast</td>
<td>24.94</td>
<td>33.38</td>
</tr>
<tr>
<td>Central Gippsland Health Service</td>
<td>Wellington</td>
<td>59.93</td>
<td>29.47</td>
</tr>
<tr>
<td>Latrobe Community Health Service</td>
<td>Latrobe Baw Baw</td>
<td>64.76</td>
<td>38.54</td>
</tr>
<tr>
<td>Omeo District Hospital Clinic</td>
<td>East Gippsland</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Orbost Regional Health Service</td>
<td>East Gippsland</td>
<td>46.29</td>
<td>6.97</td>
</tr>
<tr>
<td>Gippsland Average Waiting Times</td>
<td></td>
<td>38.57</td>
<td>21.68</td>
</tr>
<tr>
<td>Rural Average Waiting Times</td>
<td></td>
<td>26.56</td>
<td>21.37</td>
</tr>
<tr>
<td>Statewide Average Waiting Times</td>
<td></td>
<td>23.51</td>
<td>22.39</td>
</tr>
</tbody>
</table>

Source: Primary Health Branch, Department of Human Services

### Key Urgent and Episodic Care Messages:
- Higher than rural average demand levels for dental services
- Longer than Victorian average waiting lists for dental services
- Variable access to dental services throughout Gippsland
- Further scope for prevention/early intervention particularly in dental services
- Service integration currently underway between school dental and public dental services
- Implementation to sub-acute service plan is underway
Demographics

Whole of Gippsland

- Gippsland is a large rural region extending east from the periphery of greater Melbourne to the New South Wales border. It covers 41,538 square kilometres and represents 18 percent of Victoria’s land mass.
- The region is rich in diversity and includes tourist areas such as Phillip Island, Wilson’s Promontory and the Gippsland Lakes, the industrialised Latrobe Valley and isolated high country towns of Omeo and Dargo.
- The six local government areas are Bass Coast, Baw Baw, East Gippsland, Latrobe, South Gippsland and Wellington.
- The regional population is approximately 240,110.
- There is an indigenous population of more than 2,600 residents, which, at 1.24 percent, is double the state average of 0.58 percent.
- The region is experiencing considerable population growth in coastal areas and surrounding towns within commuter distance to Melbourne.

Percentage of Indigenous population

(DHS, SMAP, LGA statistical profile 2006)

<table>
<thead>
<tr>
<th>Area</th>
<th>% Indigenous population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bass Coast</td>
<td>0.60</td>
</tr>
<tr>
<td>Baw Baw</td>
<td>0.87</td>
</tr>
<tr>
<td>East Gippsland</td>
<td>2.85</td>
</tr>
<tr>
<td>Latrobe</td>
<td>1.20</td>
</tr>
<tr>
<td>South Coast</td>
<td>0.57</td>
</tr>
<tr>
<td>Wellington</td>
<td>0.89</td>
</tr>
<tr>
<td>Gippsland</td>
<td>1.24</td>
</tr>
<tr>
<td>Victoria</td>
<td>0.58</td>
</tr>
</tbody>
</table>

Source: Australian Bureau of Statistics census 2001

Gippsland RRMA Classification

- 76% classified as ‘Other Rural Areas’
- 24% classified as ‘Small Rural Centres’

Gippsland ARIA Classification

- 48% classified as ‘Highly Accessible’
- 10% classified as ‘Moderately Accessible’
- 42% classified as ‘Accessible’

Index of Relative Socio-Economic Disadvantage

(ABS 2001 Census - SEIFA)

<table>
<thead>
<tr>
<th>LGA</th>
<th>Score (1)</th>
<th>Rank (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bass Coast</td>
<td>988</td>
<td>19</td>
</tr>
<tr>
<td>Baw Baw</td>
<td>1009</td>
<td>41</td>
</tr>
<tr>
<td>East Gippsland</td>
<td>984</td>
<td>15</td>
</tr>
<tr>
<td>Latrobe</td>
<td>960</td>
<td>6</td>
</tr>
<tr>
<td>South Gippsland</td>
<td>1017</td>
<td>49</td>
</tr>
<tr>
<td>Wellington</td>
<td>1006</td>
<td>38</td>
</tr>
</tbody>
</table>

(1) Score of less than 1000 indicates relatively disadvantaged area.
(2) Rank: 1 = worst, 79 = best
Projected Change in Region Population 2001 - 2031 by Age Group

Percentage of 70+ population in comparison to the total population 2001 2031

Projected Estimated Resident Population Gippsland (All Ages) 2001 and 2031

<table>
<thead>
<tr>
<th>LGA</th>
<th>2001</th>
<th>2031</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bass Coast</td>
<td>25,631</td>
<td>45,379</td>
<td>77%</td>
</tr>
<tr>
<td>Baw Baw</td>
<td>36,404</td>
<td>47,928</td>
<td>31.7%</td>
</tr>
<tr>
<td>South Gippsland</td>
<td>26,159</td>
<td>31,934</td>
<td>22.1%</td>
</tr>
<tr>
<td>East Gippsland</td>
<td>39,439</td>
<td>47,517</td>
<td>20.5%</td>
</tr>
<tr>
<td>Wellington</td>
<td>41,462</td>
<td>41,446</td>
<td>0.0%</td>
</tr>
<tr>
<td>Latrobe</td>
<td>70,643</td>
<td>69,563</td>
<td>-1.5%</td>
</tr>
<tr>
<td>Gippsland Total</td>
<td>239,738</td>
<td>283,767</td>
<td>18.4%</td>
</tr>
</tbody>
</table>

Source: Gippsland Region Aged Care Profile 2006
The projected change in population between 2001 and 2031
South Coast Integrated Area-Based Planning Area

**Key messages:**
- High proportion of population 70+
- Ageing population increasing
- Fastest population growth in Gippsland
- Tourist and transient population issues
- There will be an increase in demand for all ambulatory and inpatient services overtime
- Referral pathways tend to be directed towards Melbourne

**Bass Coast Shire**
- The Bass Coast Shire is a major holiday and retirement for both the Melbourne and Gippsland regions, and Phillip Island is a major focus.
- The three largest employment sectors include agriculture, manufacturing, and retail trade.
- It has a total area of 864.6 square kilometres

**Demographics**
- The total population of Bass Coast Shire is 28,512.
- 16% of the total LGA population are aged 70+ for 2006 in comparison to 11% for Gippsland.
- 0.60% of the total LGA population are Aboriginal or Torres Strait Islander.
- Average life expectancy (2004):
  - Male 78.2 years (Victorian average 79.6)
  - Female 84.0 years (Victorian average 84.3)
- There are significant pockets of disadvantage according to the Index of Socio-Economic Disadvantage (IRSED)

**Access**
- Bass Coast ARIA Remoteness category is ‘highly accessible’.
- Wonthaggi is the most populous town in the shire
- Distance to Melbourne is 131.8 kilometres.
- 30.2% of the population has ready access to public transport compared with the Victorian average of 66.8%

**Service Snapshot across Bass Coast LGA: 2003-04**
- 5,991 acute inpatients treated
- 136 babies delivered
- 68 rehabilitation inpatients
- 338 ophthalmology surgical patients
- 404 operational residential aged care beds
- Community Health Service Provision: 2004-05
  - 2,721 allied health occasions of service
  - 797 counselling occasions of service
  - 984 Health Promotion occasions of service
  - 2,541 nursing occasions of service
  - 4,860 community dental occasions of service

**Burden of Disease - Top 5 Causes of Morbidity Disease Burden - Bass Coast**
*(Planning for a Healthier Gippsland, 2004)*
- Neurological & sense disorders
- Malignant cancers
- Cardiovascular diseases
- Mental disorder
- Chronic respiratory diseases

**Service Snapshot across Bass Coast LGA: 2003-04**
- 5,991 acute inpatients treated
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- Malignant cancers
- Cardiovascular diseases
- Mental disorder
- Chronic respiratory diseases
South Coast Shire

- South Gippsland Shire has a total area of 3297.7 square kms.
- The shire is an important beef production and dairying area.
- The western coast of the shire is also a popular holiday and retirement area.
- A major physical feature in South Gippsland is Wilson’s Promontory with its natural habitat and scenery.
- South Gippsland is the fourth largest local government area in Gippsland.
- General Practice Division is the South Gippsland Division of General Practice

Demographics

- The total population of South Gippsland Shire is 26,888.
- 12.1% of the total population are aged 70+ in 2006 compared with 11% for Gippsland.
- 0.57% of the total LGA population are Aboriginal or Torres Strait Islander.
- Average life expectancy (2004):
  - Male 77.4 years (Victorian average 79.6)
  - Female 82.9 years (Victorian average 84.3)

Access

- South Gippsland Shire ARIA Remoteness category is ‘accessible’.
- Leongatha is the largest community in the LGA.
- Distance to Melbourne is 133.6 kms.
- Only 5.4% of the population has ready access to public transport compared with the Victorian average of 66.8%.

Service Snapshot across South Gippsland LGA:

- 4,939 emergency medicine attendances
- 5,200 acute inpatients treated
- 292 babies delivered
- 301 operational residential aged care beds
- 514 Diabetes Clinic clients

Community Health Service Provision: 2004-05

- 4,078 allied health occasions of service
- 725 counselling occasions of service
- 1,579 Health Promotion occasions of service
- 13,747 nursing occasions of service
- 23,902 respite and volunteer occasions of service

Burden of Disease - Top 5 Causes of Morbidity Disease Burden - South Gippsland

(Planning for a Healthier Gippsland, 2004)

- Neurological & sense disorders
- Malignant cancers
- Cardiovascular diseases
- Mental disorder
- Chronic respiratory diseases

Key Messages:

- Large number of small towns to service
- Many services are out-reach, but there is still difficulty in accessing some services in parts of the shire
Baw Baw Shire

- Baw Baw Shire has a total area of 4034.7 square kilometres.
- The shire is a predominantly rural-based municipality, which includes rich horticultural, dairying and forestry areas.
- It is also a major exurban growth area for the south-eastern suburbs of Melbourne, the focus of which is on Drouin and Warragul.
- Baw Baw Shire is, geographically, the third largest local government area in Gippsland
- General Practice Division is the Central West Gippsland Division of General Practice

Demographics

- The total population of Baw Baw Shire is 37,935.
- 9.9% of the LGA population are aged 70+ in comparison to 11% for Gippsland
- 0.87% of the total LGA population are Aboriginal or Torres Strait Islander.
- Average life expectancy (2004):
  - Male 77.9 (Victorian average 79.6. Classed as significantly lower)
  - Female 82.5 (Victorian average 84.3. Classed as significantly lower)

Access

- Baw Baw Shire ARIA remoteness category is ‘highly accessible’.
- Warragul is the largest township in the Shire.
- Distance to Melbourne is 103.4 km.
- Only 12.3% of the population has ready access to public transport, compared with the Victorian average of 66.8%.

Burden of Disease -
Top 5 Causes of Morbidity Disease Burden - Baw Baw
(Planning for a Healthier Gippsland, 2004)

- Mental disorders
- Neurological & Sense Disorders
- Chronic respiratory diseases
- Diabetes mellitus
- Malignant cancers

Service Snapshot across Baw Baw LGA: 2003-04

- 10,432 inpatients treated
- 656 births
- 3,304 emergency admissions
- 15,400 emergency presentations
- 15,401 emergency patient treatments
- 717 occupational therapy attendances
- 25,241 Meals on Wheels provided
- 2,757 community rehabilitation attendances
- 20,704 District Nursing visits
- 365 Koori Liaison attendances
- 365 operational residential aged care beds
Community Health Service Provision: 2004-05

- 3,048 allied health occasions of service
- 1,340 counselling occasions of service
- 2,369 Health Promotion occasions of service
- 11,553 nursing occasions of service

Key messages:

- Proximity to Melbourne affects referral patterns
- Population growth is the highest in Gippsland
- The Shire borders a significant metropolitan fringe growth corridor
Latrobe Shire

- Latrobe City has a total area of 1405.3 square kms.
- The Latrobe Valley generates most of Victoria’s electricity from its large reserves of brown coal.
- Other major industries include timber processing and the manufacturing of paper products as well as the provision of services to the Gippsland region.
- Latrobe City is geographically the second smallest local government area in Gippsland, but has a significantly higher population than other LGA’s.
- General Practice Division is the Central West Division of General Practice

Demographics

- The total population of Latrobe City is 70,315.
- 9.6% of the total LGA population are aged 70+ compared with the Gippsland average of 11%.
- 1.2% of the total LGA population are Aboriginal or Torres Strait Islander
- Average life expectancy:
  - Male 75.7 (Victorian average 79.6. Classed as significantly lower)
  - Female 81.5 (Victorian average 84.3. Classed significantly lower)

Service Snapshot across Latrobe City LGA:

- 23,377 acute inpatients treated
- 896 babies delivered
- 324 rehabilitation inpatients treated
- 1,063 mental health patients treated
- 32,044 acute outpatient services
- 25,048 emergency attendances
- 752 operational residential aged care beds

Community Health Service Provision: 2004-05

- 10,847 allied health occasions of service
- 8,369 counselling occasions of service
- 11,491 Health Promotion occasions of service
- 31,967 nursing occasions of service
- 9,241 community dental occasions of service

Burden of Disease - Top 5 Causes of Morbidity Disease Burden- Latrobe City

(Planning for a Healthier Gippsland, 2004)

- Mental disorders
- Malignant cancers
- Cardiovascular disorders
- Neurological & Sense Disorders
- Chronic respiratory diseases

Key messages:

- Population and geographical centre of Gippsland
- More urban-based than other LGAs
- Regional hub for health services
- Comparatively ready access to public transport
- High concentrations of disadvantage
- Specialist workforce issues
East Gippsland Shire

- East Gippsland Shire has a total area of 20,945.7 sq kms.
- Local economy is based on tourism and the traditional primary industries of agriculture, horticulture, forestry and fishing.
- Population is centred on the Gippsland Lakes area, which is a great attraction for visitors and retirees (source, DSE).
- The East Gippsland Shire is, geographically, the largest local government area in Gippsland.
- The General Practice Division is the East Gippsland Division of General Practice

Demographics

- The total population of East Gippsland Shire is 40,826.
- 13.9% of the total LGA population are aged 70+ in comparison to 11% for Gippsland.
- 2.85% of the total LGA population are Aboriginal or Torres Strait Islander
- Average life expectancy (2004):
  - Male 76.3 (Victorian average 79.6. Classed as significantly lower)
  - Female 82.2 (Victorian average 84.3. Classed as significantly lower)

Access Issues

- East Gippsland’s ARIA Remoteness category is ‘moderately accessible’.
- Bairnsdale is the largest community
- Distance to Melbourne is 281.8 kilometres.
- Poor access to public transport is of significance, with only 22.1% of the population being in easy reach compared with the Victorian average of 66.8%.

Service Snapshot across East Gippsland LGA 2003-04

- 10,444 acute inpatients treated
- 327 babies delivered
- 6,469 emergency patients treated
- 207 rehabilitation inpatients treated
- 483 operational residential aged care beds

Community Health Service Provision: 2004-05

- 26,767 allied health occasions of service
- 7,712 counselling occasions of service
- 7,391 Health Promotion occasions of service
- 24,728 nursing occasions of service
- 49,959 hours HACC

Burden of Disease - Top 5 Causes of Morbidity Disease Burden - East Gippsland
(Planning for a Healthier Gippsland, 2004)

- Neurological & Sense Disorders
- Mental disorders
- Malignant cancers
- Chronic respiratory diseases
- Cardiovascular diseases
Key messages:

- Areas of remoteness
- Highest indigenous population in region
- Issues of access to specialist services
- Diversity of health service provision (hospitals, community health services, bush nursing centres)
Wellington Shire

- Wellington Shire has a total area of 10,989.7 square kms.
- It is a large shire, which includes a strong agricultural base and important secondary and tertiary industries, notably in the largest centre, Sale.
- Wellington is home to a major prison, the Longford gas plant, an RAAF base and the Ninety Mile Beach.
- Wellington Shire is, geographically, the second largest local government in Gippsland.
- Baroona & District Health Service is part of Wellington Gippsland PCP but also has associations South Coast Health Services Consortium.
- There are 2 General Practice Divisions:
  - East Gippsland Division of General Practice (Sale)
  - South Gippsland Division of General Practice (Yarram)

Demographics

- The total population of Wellington Shire is 41,450.
- 10.6% of the total LGA population are aged 70+ in comparison to 11% for Gippsland.
- 0.89% of the total LGA population are Aboriginal or Torres Strait Islander.
- Average life expectancy (2004):
  - Male 76.7 years (Victorian average 79.6)
  - Female 82.2 years (Victorian average 84.7)

Access

- Wellington Shire's ARIA Remoteness category is ‘accessible’.
- Sale is the most populous community.
- Distance to Melbourne is 214.1 kilometres.
- 28.3% of the population has ready access to public transport compared with the Victorian average of 66.8%.

Service Snapshot across Wellington LGA 2003-04

- 11,575 acute inpatients treated
- 13,500 assessed by the emergency department
- 480 babies delivered
- 2,801 district nursing services
- 9,049 maternal and child health services
- 30 rehabilitation inpatients
- 406 operational residential aged care beds
- 1,776 radiology contacts
- 5,553 physiotherapy contacts
- 5,968 community nursing contacts
- 3,795 health promotion contacts
Community Health Service Provision: 2004-05

- 1,158 counselling occasions of service
- 5,401 nursing occasions of service
- 3,657 community dental occasions of service
- 2,621 respite and volunteer support

Burden of Disease -

Top 5 Causes of Morbidity Disease Burden- Wellington

*(Planning for a Healthier Gippsland, 2004)*

- Mental disorders
- Neurological & Sense Disorders
- Chronic respiratory diseases
- Diabetes mellitus
- Malignant cancers

Key messages:

- Pockets of isolation
- Geographically diverse
Priority Setting

This report summarises information to support the determination of selected health issues to undergo detailed planning in phases two and three of the Gippsland Integrated Area Based Planning trial. The Care in your Community policy document has suggested that the trials should include five priority areas, these include and are not limited to renal dialysis, dental services, HARP Chronic Disease Management, Chronic Disease intervention in Community Health Centres and Community Health Counselling services. The Gippsland trial will therefore consider all these areas when testing the planning principles in phase two of the project.

In determining other potential priority areas for Gippsland, the top ten Burden of Disease “illness states”, as measured by Years Lived with a Disability (YLDs) measure from the Burden of Disease study (2001) were considered. The Burden of Disease was used as the basis for determining potential priorities as the relative impact of the conditions can be empirically measured. The alternatives broadly considered were to compare ‘service responses’ ie: service types or interventions; or ‘determinants of health’. Developing a short list of priorities based on these paradigms was considered problematic as there is difficulty in measuring and comparing relative burden, impact or need. The initial list included:

Leading causes of morbidity disease burden 2001 as measured by Year Lived with a Disability, Burden of Disease study 2006
1. Depression
2. Dementia
3. Osteoarthritis
4. Asthma
5. Hearing loss
6. Generalised anxiety disorder
7. Diabetes mellitus
8. COPD (emphysema and chronic bronchitis)
9. Stroke
10. Ischemic heart disease

The above list of potential priorities was then tested against a set of criteria to inform a final set of Gippsland priorities to undergo detailed assessment and planning in phases two and three of the trial.

The set of criteria applied are:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Priority because:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventative</td>
<td>There is potential to reduce future morbidity</td>
</tr>
<tr>
<td>Prevalence</td>
<td>Condition is common. There is potential to impact through effective strategies</td>
</tr>
<tr>
<td>Position</td>
<td>Consider location of demand, location of services, consider potential to improve access</td>
</tr>
<tr>
<td>Potential</td>
<td>Is there potential for change – are the physical resources fixed, is the budget fixed or inflexible, are participants willing to change</td>
</tr>
<tr>
<td>Provision</td>
<td>Is the model of care under which the service is provided correct, can it be effectively changed</td>
</tr>
<tr>
<td>Participation</td>
<td>Are the stakeholders sufficiently engaged to foster change – can this be addressed/improved</td>
</tr>
<tr>
<td>Policy</td>
<td>Are the suggested decisions/recommendations within the scope of current policy decisions</td>
</tr>
</tbody>
</table>

Following application of the criteria above (as rationalised below), the priorities for the Care in your Community Integrated Area-Based Planning trial project are recommended as:

- Mental Health (notionally depression; anxiety disorders)
- Chronic disease (notionally, respiratory, endocrine and metabolic disorders)
- Renal Health*
- Dental Health*

* Primarily selected due to opportunities for service reform and growth identified in the Care In Your Community policy document.

The intended outcome of this trial is to provide an action plan that presents an integrated pathway/direction for the next three years. This plan will be developed by focusing on four specific areas of health selected from the ten cited priorities. The restriction on the number of areas will ensure a focused and constructive trial resulting in improvements to health care provision for all Gippsland residents.
### Mental Health

<table>
<thead>
<tr>
<th>Disease State</th>
<th>Service System</th>
<th>Determinates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Clinical services</td>
<td>Social inclusion</td>
</tr>
<tr>
<td>Generalised anxiety disorder</td>
<td>Outreach services</td>
<td>Freedom from discrimination</td>
</tr>
<tr>
<td>Dementia</td>
<td>PDRSS</td>
<td>Access to economic resources</td>
</tr>
<tr>
<td></td>
<td>General Practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primary Health</td>
<td></td>
</tr>
</tbody>
</table>

**Rationale for Inclusion:**

**Preventative:**
- Early intervention assists in minimising long-term morbidity

**Prevalence:**
- Mental disorders have high rate of Burden of Disease in Gippsland
- Mental health contacts in Gippsland PCPs are up to 4 times higher than the state average
- High prevalence, low impact disorders (mild to moderate) predominate and have high relevance for Care in Your Community
- There is only one clinical mental health provider for the region

**Position:**
- There is a lack of private psychiatry services

**Potential:**
- There is diverse funding from both Commonwealth and State sources

**Provision:**
- A broad range of services are provided including clinical, community-based and rehabilitation

**Participation:**
- Stakeholders are keen to address issues of mental health service
- There is limited (but growing) residential care available for mental health and alcohol and drug clients

**Policy:**
- Falls within the scope of current policy decisions
- Inclusion in Care in your Community policy

### Chronic Disease

<table>
<thead>
<tr>
<th>Disease State</th>
<th>Service System</th>
<th>Determinates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory disorders:</td>
<td>Clinical services</td>
<td>Lifestyle and behaviour</td>
</tr>
<tr>
<td>Asthma</td>
<td>Outreach services</td>
<td>(physical inactivity, nutrition, tobacco</td>
</tr>
<tr>
<td>COPD</td>
<td>Community services</td>
<td>including passive smoking, alcohol</td>
</tr>
<tr>
<td>Endocrine &amp; Metabolic Disorders</td>
<td>Home-based services</td>
<td>misuse</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>PAC</td>
<td></td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>HARP</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>HITH</td>
<td></td>
</tr>
<tr>
<td>Ischemic Heart disease</td>
<td>Palliative Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>General Practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Early Intervention in Chronic Disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primary Health</td>
<td></td>
</tr>
</tbody>
</table>

**Rationale for Inclusion:**

**Preventative:**
- Early intervention assists in minimising long-term morbidity

**Prevalence:**
- Diabetes rates in the Top 10 highest of Burden of Disease conditions in Gippsland
- Cardiac, respiratory and endocrine disorders rate as the top 5 Ambulatory Care Sensitive Conditions in Gippsland

**Position:**
- Diverse location of demand and of services provides opportunity to improve access
- Innovative responses will be required to address service requirements in more isolated areas

**Potential:**
- There is potential for change in service provision under HARP and under Care in Your Community policy

**Provision:**
- A broad range of services are provided including clinical, community-based and rehabilitation
Participation:
- Stakeholders are keen to address issues of chronic disease health service provision
- Falls within the scope of current policy decisions

Policy:
- Inclusion in Care in your Community policy as an area of suggested initial planning activity

### Dental Health

<table>
<thead>
<tr>
<th>Disease State</th>
<th>Service System</th>
<th>Determinates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental caries</td>
<td>Clinical services</td>
<td>- Lifestyle and behaviour (oral hygiene practices, nutrition, sport participation, drug use (eg. Methadone/chemotherapy)</td>
</tr>
<tr>
<td></td>
<td>Outreach services</td>
<td>- Environmental factors (water fluoridation)</td>
</tr>
</tbody>
</table>

Rationale for Inclusion:

**Preventative:**
- Potential for prevention/early intervention to assist in positive health outcomes

**Prevalence:**
- Ranks high in the burden of Disease for YLD in Gippsland
- Ranks top ten in total number of patients days for chronic disease

**Position:**
- Significant waiting lists
- Large total health expenditure

**Potential:**
- Equity in access to dental services. Gippsland has the lowest number of dental chairs in Victoria
- Potential for change with service provision and service integration particularly with rural and remote issues

### Renal Health

<table>
<thead>
<tr>
<th>Disease State</th>
<th>Service System</th>
<th>Determinates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nephritis/nephrosis</td>
<td>Clinical services</td>
<td>- Lifestyle and behaviour (nutrition, physical inactivity)</td>
</tr>
<tr>
<td></td>
<td>Outreach services</td>
<td>- Biomedical factors (excel weight, high blood pressure, diabetes)</td>
</tr>
<tr>
<td></td>
<td>Home based services</td>
<td></td>
</tr>
</tbody>
</table>

Rationale for Inclusion:

**Preventative:**
- Early intervention and treatment models have capacity to minimise morbidity and less impact on peoples lives

**Prevalence:**
- Is the most common separation for hospitals
- High morbidity with significant impact on peoples lives

**Position:**
- High cost to total health expenditure
- There is work currently being undertaken to assess models of care state-wide

**Potential:**
- Lends itself to different models of care such as home based treatments

**Provision:**
- A broad range of services are provided including clinical, community and home services

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Participation:
- Stakeholders are keen to address dental issues with background work currently occurring by DHS

Policy:
- Inclusion in Care in your Community Policy as an area of suggested initial planning activity
Participation:
- Stakeholders are keen to consider alternative methods and service configurations

Policy:
- Inclusion in Care in your Community as an area of suggested initial planning activity

Other Burden of Disease

Hearing Loss:
- Relatively low impact on the consumption of health services
- Not a priority being picked up by PCPs or community health services at this point

Osteoarthritis:
- We anticipate that any improvements in this area will be attributed to work being done in Chronic disease
## Related Major Regional Planning and Service Development Initiatives

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Coverage</th>
<th>Purpose</th>
<th>Status</th>
<th>Relationship to IABP/CinYC</th>
<th>Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gippsland Sub-Acute Plan and Implementation</td>
<td>Gippsland</td>
<td>Gippsland wide sub-acute services reform and investment strategy</td>
<td>Gippsland Sub-acute Services Plan completed September 2006. Implementation task group formed under GHSP. First meeting February 2007</td>
<td>Parallel planning/implementation processes, which need to be linked where/if appropriate in, phase 2 and 3 of IABP</td>
<td>Via GHSP</td>
</tr>
<tr>
<td>Service Co-ordination</td>
<td>Gippsland</td>
<td>Development of a more holistic health care system through better coordination and integration of services. A region wide approach to service coordination has been adopted in Gippsland.</td>
<td>Operationalisation of one of the Gippsland Health Services Partnership five objectives continues. A Gippsland Service Coordination and Integrated Chronic Disease Management network has been established. First meeting held November 2006.</td>
<td>Integration planning through the introduction of various policies, procedures and protocols. This will be linked into the service integration component of phase 2 IABP planning.</td>
<td>Via GHSP</td>
</tr>
<tr>
<td>Chronic Disease Management</td>
<td>Gippsland</td>
<td>Support for people with chronic disease in order to minimise disease progression and development of complications.</td>
<td>A Gippsland Service Coordination and Integrated Chronic Disease Management network has been established to co-ordinate this activity. First meeting held November 2006.</td>
<td>Planning around better management of Chronic and Complex care through workforce capacity building and development of pathways of care Is being undertaken. The IABP trial will look to build-upon this activity, particularly in the realm of ‘service configuration’ planning.</td>
<td>Via GHSP</td>
</tr>
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<tr>
<td>Gippsland (Group B) Population Based Health Planning</td>
<td>Four Hospitals - Latrobe Regional Hospital, West Gippsland Health Care Group, Bairnsdale Regional Health Service, Central Gippsland Health Service</td>
<td>Integrated strategic population based health planning</td>
<td>Consultants currently collecting and analysing data and developing draft report</td>
<td>To be determined in consultation with project participants and project consultant</td>
<td>Via the four hospitals in-scope</td>
</tr>
<tr>
<td>Baw Baw Integrated Planning</td>
<td>Baw Baw Shire health and community service agencies</td>
<td>To develop a collaborative planning approach that will enable coordination between plans, projects and agencies</td>
<td>First joint workshop held February 2006. Memorandum of understanding went to all participating organisations. Specific priority areas identified</td>
<td>To be determined through phase 2 of the IABP trial for services in scope which are being addressed in the Baw Baw process.</td>
<td>Via the Central/West PCP?</td>
</tr>
<tr>
<td>HACC Regional Planning</td>
<td>Gippsland</td>
<td>To strategically plan for HACC service provision and HACC funding</td>
<td>Annual process (Three year cycle)</td>
<td>Similar planning principles and approach. To be built upon if necessary in phase two of the IABP</td>
<td>State and Commonwealth Ministers</td>
</tr>
<tr>
<td>Gippsland Aged Care Services Profile</td>
<td>Gippsland</td>
<td>Provision of a range of planning data to assist with service development and decision-making in relation to residential aged care and HACC services</td>
<td>First draft distributed in September 2005. An updated version is currently being produced</td>
<td>Profile has and will continue to be used to inform aged care related issues in the IABP trial</td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td>Coverage</td>
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<tr>
<td>Gippsland Region Integrated Cancer Services (GRICS)</td>
<td>Gippsland</td>
<td>The Gippsland Regional Integrated Cancer Services is one of 5 Regional Integrated Cancer Services. It aims to provide better support and treatment for those living with cancer as well as a coordinated approach to service delivery for professionals who care for them</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Status</th>
<th>Relationship to IABP/CinYC</th>
<th>Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development stage of a cohesive, integrated, coordinated, multi-disciplinary approach to the provision of cancer services in Gippsland. The aim is to draw on the best available evidence and build on state, national and international experience of success</td>
<td>To be determined in consultation with GRICS Executive</td>
<td>State Government</td>
</tr>
</tbody>
</table>