



**Design, service and infrastructure plan for  
Victoria's rural and regional health system**

***Consultation Report #2***

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# Introduction

*The Department of Health and Human Services is developing a new Design, Service and Infrastructure Plan for Victoria's rural and regional health system. This report summarises the outcomes of the second round of consultations.*

## **A new Design, Service and Infrastructure Plan for Victoria's rural and regional health system**

The Department of Health and Human Services (the Department) is embarking on the development of a new *Design, service and infrastructure plan for Victoria's rural and regional health system (The Rural and Regional Health Plan)* to set future directions for design, service and infrastructure planning of Victoria's rural health system.

Rural health services are an important part of the fabric of rural communities, often being the largest employer and purchasers of services in many towns. They play a much broader role in the economy of rural and regional areas than just provision of health care. They also have their own unique set of complexities in delivering services across wide, diverse and remote geography. Rural health services also have a significant reliance on general practitioners for the medical workforce.

The *Rural and Regional Health Plan* is intended to examine our rural populations and their health care needs, explore how rural and regional health services are currently configured and provided across Victoria, identify opportunities for system development, and describe the necessary actions to support access to safe, high quality sustainable service delivery.

The *Rural and Regional Health Plan* sits under the wider framework of the *State-wide design, service and infrastructure plan for Victoria's health system (The State-wide plan)*, to be released in 2017.

The Statewide Plan follows the 2015 independent Travis review of hospital capacity, which identified that a state-wide service and infrastructure plan was needed to guide future reform and investment decisions for the Victorian health system. The *State-wide plan* will be supported by a series of individual design, service and infrastructure plans for major service streams and localities, of which the *Rural and Regional Health Plan* is one.

While the Travis review was focused on hospital capacity, the *Rural and Regional Health Plan* will consider the health system in its broader sense – across hospital, community-based and residential services, delivering a range of preventative, curative, restorative and palliative care.

## **Purpose of this report**

The Department is seeking to involve consumers and industry stakeholders in the development of the *Rural and Regional Health Plan*, and has therefore undertaken two rounds of sector and consumer consultation sessions. This report provides a summary of the key themes raised in the second round of consultations, conducted in February and March 2017. The report should be read in conjunction with the *Discussion Paper* and the first round *Consultation Findings* released in January 2017.

# Consultation process

*The second round of consultations was undertaken during February and March 2017, with more than 150 stakeholders attending forums, and a number of written submissions*

## Background

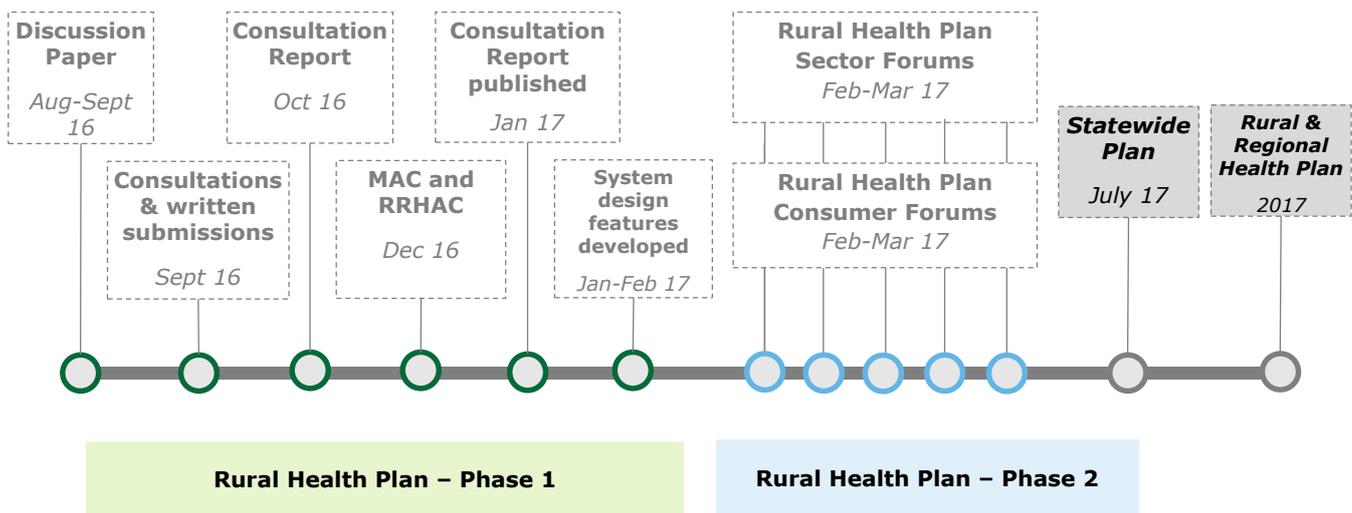
In 2016, Deloitte was engaged by the Department to prepare a *Discussion Paper* that explored the key issues relevant to developing the new *Rural and Regional Health Plan*. This Discussion Paper was then used as the basis for the first round of stakeholder consultations held in September 2016. The outcomes of the consultation process culminated in the release of the first *Consultation Report*, provided to the Department in October 2016 and released in January 2017.

Following this, the Department developed a Rural and Regional Health Partnership model based on seven regional Partnerships and a set of key principles as an initial response to the issues raised in the first round of consultations and to form the basis of the *Rural and Regional Health Plan*.

The suggested main items for inclusion in the Rural and Regional health Plan in response to issues raised in the first round of consultation were proposed as part of the second round of consultations. A further strengthened Regional Partnership model, plus a proposed sub-regional Partnership model, was also presented to stakeholders as part of the second round of consultations undertaken during February and March 2017. This report summarises the feedback received through the second round of consultations.

An overview of the timeline is provided below.

**Figure 1: Rural and Regional Health Plan development timeline**



## Round two – consultation forums and written submissions

Eleven face-to-face consultation forums across six locations were undertaken during February and March 2017. In each regional location, there was a sector forum comprising health service directors and CEOs, as well as a community forum open to all members of the public. In Melbourne, a forum was held focussed on the health sector and peak bodies. Sector and community members also had the opportunity to provide written submissions.

**Table 1: Forum locations and attendances**

Forum and location	Attendance / submissions
<b>Albury</b> – 22 February 2017	27 attendees (18 sector, 9 community)
<b>Melbourne</b> – 23 February 2017	23 attendees
<b>Bairnsdale</b> – 24 February 2017	27 attendees (16 sector, 9 community)
<b>Warrnambool</b> – 28 February 2017	28 attendees (19 sector, 9 community)
<b>Ballarat</b> – 1 March 2017	29 attendees (26 sector, 3 community)
<b>Mildura</b> – 2 March 2017	36 attendees (19 sector, 17 community)
<b>Written submissions</b>	3 submissions

## Purpose of the second round of consultations

The purpose of the second round of consultations was to confirm the issues raised in the first round (as outlined in the first Consultation Report); and present a draft concept 'Rural and Regional Health Partnerships' model to the sector and consumer and carer representatives for discussion and feedback.

The objectives of the second round of consultations were to:

- Inform and update participants on the development of the *Rural and Regional Health Plan*
- Recap and test the key findings from the first round of consultations
- Introduce the Rural and Regional Health Partnerships model and test whether this model, including the proposed structure and focus areas, would be appropriate to achieving the stated objectives
- Discuss any other significant issues raised regarding the proposed Partnership model and the *Rural and Regional Health Plan*.

# Proposed Rural and Regional Health Partnerships model

*The Department developed a proposed Rural and Regional Health Partnerships model for presentation and discussion at the second round of consultations. It is briefly presented here as a pre-cursor to the consultation outcomes.*

## Rural and Regional Health Partnerships proposal

Following the first round of consultations, the Department developed a proposed Rural and Regional Health Partnerships model as a key platform for addressing many of the issues identified by stakeholders. This would take the form of more formalised Rural and Regional Health Partnerships that bring health services together on a more formal and systematic basis to collaboratively resolve issues at a regional and sub-regional level .

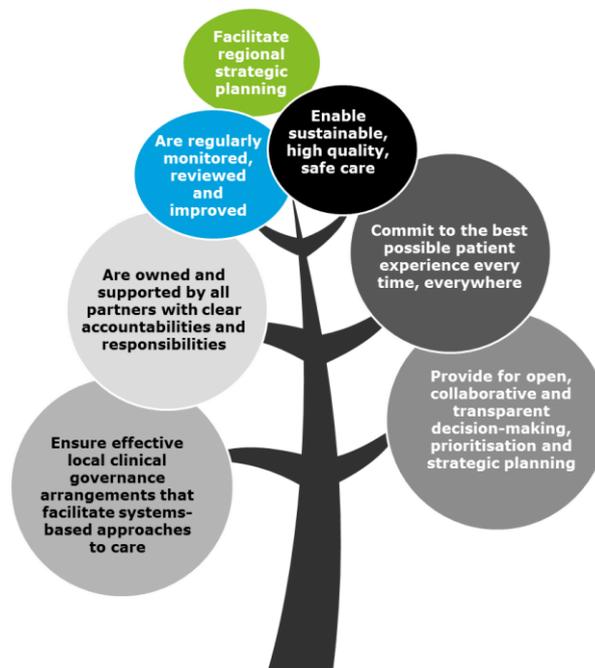
The model presented at the forums included the key principles that guided the development of the Partnerships, the areas of focus for the Partnerships and a proposed structure.

### **Rural and Regional Health Partnerships – key principles**

The Department developed a number of key principles to guide the development of 'Rural and Regional Health Partnerships' in an effort to address the issues raised in the first round of consultations.

The principles are outlined in the figure below.

**Figure 2: Rural and Regional Health Partnerships – key principles**



All rural and regional health services will be required to participate in the Rural and Regional Health Partnerships relevant to their geographical region.

## Rural and Regional Health Partnerships – areas of focus

In line with the key findings of the first Consultation Report, the Department suggested an operating model for Rural and Regional Health Partnerships, with three core areas of focus:

- Service system planning, partnerships and networks
- Clinical governance, safety and quality, person-centred care
- Enablers: workforce, technology and infrastructure.

A summary of the scope of each of these areas is outlined in the table below.

**Table 2: Proposed areas of focus for the Rural and Regional Health Partnerships**

Service planning, partnerships and networks	Clinical governance, quality and safety, person-centred care	Enablers: workforce, technology, and infrastructure
<ul style="list-style-type: none"> <li>• Joint service planning and delivery for a defined geographic area</li> <li>• Implementing outputs from service stream planning and system role delineation at the statewide level</li> <li>• Defined, agreed referral/transfer pathways</li> </ul>	<ul style="list-style-type: none"> <li>• Regional approaches to clinical governance and quality and safety (e.g. defined Morbidity &amp; Mortality committees)</li> <li>• Co-designing services, networks, access with consumers</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce planning</li> <li>• Employment / joint appointments</li> <li>• Access to training and professional development (link with defined referral pathways and networks)</li> <li>• Regional IT / technology Partnerships</li> </ul>

The focus areas were developed based on the issues and themes identified in the first round of consultations, and further work undertaken by the Department for statewide planning. Opportunities to formalise existing partnerships, and also improve the consistency in collaboration and promote alignment with other partnerships across Victoria were also considered.

### Structure of the partnership model

At the time of the consultations, the 'Rural and Regional Health Partnerships' model had only been developed to a concept level, recognising further work needed to be undertaken on detail and how they could be implemented over time.

The proposed structure grouped together a number of health services into a 'Rural and Regional Health Partnership', which would have a core focus on workforce, quality and safety, technology and referral pathways. Under the umbrella of a Rural and Regional Health Partnership sits smaller 'Sub-Regional Partnerships'. These Sub-Regional Partnerships focus on operations, which includes health service delivery, effective consumer engagement and integrating carers and other local providers into the care network (such as private hospitals, community health sector, bush nursing services, aged care services, and Aboriginal Controlled Community Health Organisations).

**Figure 3: Rural and Regional Health Partnerships – proposed structure (illustrative example only)**

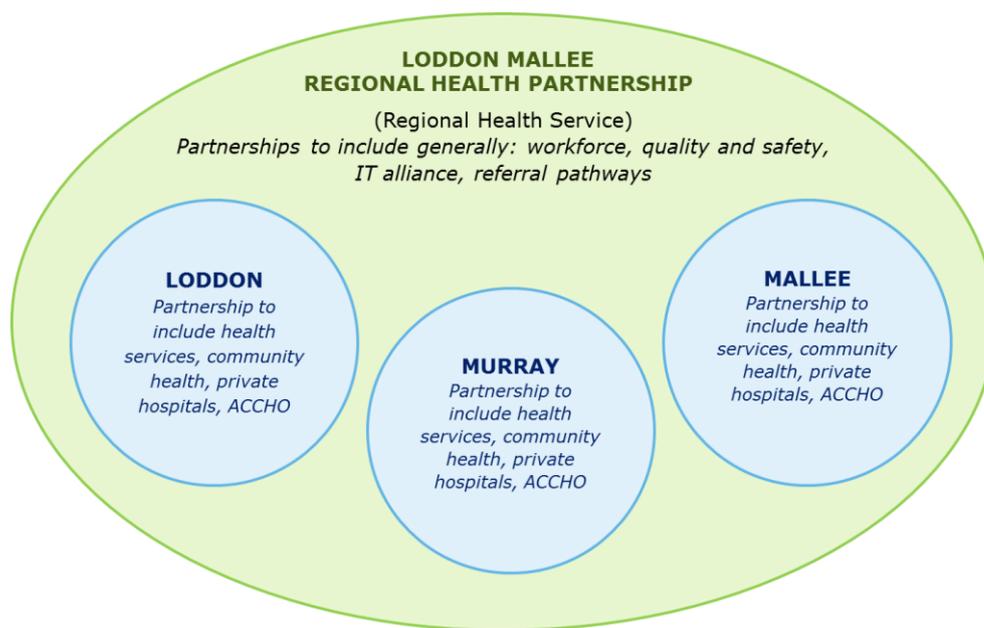


Figure three provides an example of how the Partnerships would be structured (using the Loddon Mallee Region as an example). As part of the proposed structure, a 'lead health service' was identified for each Partnership. The precise role and responsibilities of that service are still under development.

In addition to the above structure, in each region maps and proposed Partnership members were distributed and formed part of the discussion with stakeholders.

In summary, the forums focussed on:

- A presentation of the key principles underpinning the proposed Rural and Regional Health Partnerships model
- A presentation and discussion of the three Areas of Focus for the Partnerships
- A discussion on the proposed regions and Partnership members.

This information was presented as a concept, for consultation and feedback, and not as a decision already taken by the Department.

The outcomes of the consultation are summarised in the following sections of this report.

# Consultation findings

*Stakeholders agreed with the themes from the first round of consultations, and also provided broad support for the Rural and Regional Health Partnerships concept. However, further detail is required on how the model will operate.*

## Summary

The feedback and discussions at each of the forums – both sector and consumers and carers – resulted in consistent themes and issues for further consideration by the Department in shaping the *Rural and Regional Health Plan*.

Overall, stakeholders:

- expressed a genuine sense of **ambition** in their aspirations for the development of rural and regional services. This included a realistic view on the realities of providing safe and sustainable health services in rural and regional areas, but also how access can be improved – both from a service delivery perspective, and in terms of support to access services outside of their local community
- generally agreed that the issues raised in the first round of consultations (and summarised in the Consultation Report) were the **right themes** and provided a solid platform for developing the *Rural and Regional Health Plan*
- expanded on the first round consultation themes to include comments regarding the need for **improved health literacy** among rural and regional populations, and a stronger focus required on **integration with primary and community care** – particularly to influence referral patterns
- expressed the need for greater **focus on population health need** – moving beyond just acute health services, or incrementally evolving what is already in existence
- **supported the need for working in partnerships**, and broadly supported the proposal put forward by the Department – recognising, however, the *Rural and Regional Health Plan* should include a **more holistic response** to the health issues facing rural and regional populations (including more than just a 'structural' response)
- while generally supporting the direction of what has been presented to date, want to be involved in developing and **understanding further detail** for the *Rural and Regional Health Plan* – including understanding the path ahead for how that will occur and how Partnerships will develop.

Further detailed commentary is provided in the following sections of this report, including specific feedback on the proposed Partnership model, boundaries and participants, implementation, and other issues for consideration in developing the *Rural and Regional Health Plan*.

A brief summary is outlined in Table 3 below.

**Table 3: Consultation findings – summary**

Theme	Summary
Round one consultation themes	<ul style="list-style-type: none"> <li>Stakeholders agreed with the themes and issues presented as a result of the first round of consultation</li> <li>Additional context was provided as part of the discussion – refer to the following section.</li> </ul>
Rural and Regional Health Partnerships model	<ul style="list-style-type: none"> <li>Stakeholders supported the Rural and Regional Health Partnerships model and highlighted the value of working collaboratively in a Partnership</li> <li>Further detail is required in terms of the specific expectations and operations of the Partnerships</li> <li>There was agreement with the three main areas of focus for the Partnerships, with additions including ‘corporate services’</li> <li>Clear governance and accountability mechanisms will be required, with the concept of the ‘Lead Health Service’ requiring further consideration. In particular, it was noted the ‘lead’ service (or alternative terminology) should not automatically be assumed to be the largest health service in the Partnership</li> <li>Stakeholders also requested further explanation of the end state or objective, and how the Partnerships will achieve that and benefit both health services and consumers.</li> </ul>
Boundaries and participants	<ul style="list-style-type: none"> <li>Stakeholders broadly agreed with the proposed boundaries, with some changes suggested during the forums and with written submissions</li> <li>Boundaries should also be considered flexible, with health services able to partner with other services where that is the most suitable and appropriate arrangement for their community</li> <li>Issues with border areas need to be considered further, with the populations of border towns in New South Wales and South Australia to be considered in planning and Partnership development</li> <li>Ideally align partnership boundaries with existing areas if they can still achieve objectives</li> <li>Participants for the Partnerships should also include broader human service providers.</li> </ul>
Implementation	<ul style="list-style-type: none"> <li>Stakeholders requested further detail on the expectations and operations of the Partnerships</li> <li>This includes more specific details on expectations, roles and responsibilities, standard definitions and terminology</li> <li>Stakeholders questioned how the Rural and Regional Health Partnerships will align, overlap or replace existing Partnership arrangements – including Primary Care Partnerships, Regional Development Victoria Partnerships and Rural IT Alliances.</li> <li>Partnerships should have a well-defined, genuine role for consumers and carers</li> <li>In addition, there was limited understanding amongst stakeholders on the alignment between the multiple policies and planning activities currently underway – particularly the Role Delineation Framework.</li> </ul>
Other issues	<ul style="list-style-type: none"> <li>The <i>Rural and Regional Health Plan</i> should consider broader responses to a range of issues – beyond just a ‘structural’ response</li> <li>This should include responding to issues such as gaps in service provision, different models of care and service delivery, and variability in outcomes</li> <li>In particular, stakeholders believed the Department should outline specific responses to the ‘enabler’ issues facing rural and regional health service delivery – particularly workforce, technology and infrastructure.</li> </ul>

# Consultation findings

## Further context on the Round 1 consultation themes

### Five key themes from the first round of consultations

As part of the introduction for the forums, stakeholders were provided the opportunity to comment further on the key themes and issues resulting from the first round of consultations.

Stakeholders agreed these were the right themes and summarised the first consultation findings well, with further discussion providing additional context to these outcomes. The key points are presented in Table 4 below.

**Table 4: Summary of additional context to Round 1 consultation themes**

Theme	Summary from Round 1	Additional discussion – Round 2
Person-centred; and consumer, carer and community participation	<ul style="list-style-type: none"> <li>• There was consistent feedback that consumers need to be at the centre of the future system design, and actively engaged in co-designing the system and <i>Rural and Regional Health Plan</i></li> <li>• Consumer, carer and community access to safe, high quality care should be based on the principle of local access where safe and sustainable, with improved support for people to access services outside of their local community</li> <li>• Consumer access to services is heavily dependent on key enablers such as workforce, transport and accommodation, technology and infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>• Stakeholders again highlighted and emphasised the need for strong consumer, carer and community participation</li> <li>• In particular, with reference to the proposed Partnership model, it was noted the need for consumers and carers to be provided a genuine role, not simply 'tokenistic'</li> <li>• Stakeholders also highlighted the need for the <i>Rural and Regional Health Plan</i> to incorporate a population health, promotion and prevention view point.</li> <li>• Stakeholders desired clarification on "safe and sustainable", and what the sustainability criteria would be</li> </ul>
System design	<ul style="list-style-type: none"> <li>• Stakeholders agreed a stronger role for the Department is needed in providing direction, consistency in standards and expectations of health services</li> <li>• General agreement that the current structure of rural and regional health services needs to change; with strong appetite for reducing the number of health services</li> <li>• System design should consider more regionalised governance, delivery and coordination of services; but should be balanced with local autonomy and flexibility to meet individual community's needs</li> <li>• Greater clarity is required in the roles and responsibilities of the different levels of services, as well as for Boards and Executives, within a new system design</li> <li>• The scope of the <i>Rural and Regional Health Plan</i> should be broader than public acute hospitals, and take a more holistic, system view</li> </ul>	<ul style="list-style-type: none"> <li>• Stakeholders re-emphasised the need for clear roles and accountability, while at the same time retaining flexibility so that health services can respond to changing needs</li> <li>• System design must be resilient to time. It is imperative the design model does not fracture from a change in Government</li> <li>• Access to services was again highlighted as a significant issue raised by both the sector, consumers and carers. This included barriers such as transport and accommodation</li> </ul>

Theme	Summary from Round 1	Additional discussion – Round 2
Partnerships, networks and referral pathways	<ul style="list-style-type: none"> <li>• Benefit of Partnerships and support networks widely accepted for the value they can provide</li> <li>• Need greater formalisation of Partnerships across the broader health and human services sector, with the private and non-government sectors</li> <li>• Partnerships should be based on equal benefit and equity of cost</li> <li>• Referral pathways are based on historical relationships, and generally do not follow logical, natural patient/population flow and growth patterns</li> <li>• More formalised, defined referral pathways are required; and should be aided through the development of the role delineation framework, clinical services capability framework, and revised system design</li> </ul>	<ul style="list-style-type: none"> <li>• Reinforced benefits of formalised, systematised Partnerships across the State that promote integrated systems of care</li> <li>• Stakeholders support strongly the concept of Partnerships</li> <li>• Stakeholders pointed out the importance of recognising and involving smaller community services in the development of the Rural and Regional Health Plan, as well as giving them a voice in Partnership governance</li> <li>• Partnerships must give a voice to regional General Practitioners, due to the critical role they play in facilitating health care</li> </ul>
Quality and safety	<ul style="list-style-type: none"> <li>• Quality and safety, including a health service's clinical governance processes and practices were well-recognised as key issues for rural and regional services</li> <li>• Improving wellness and health outcomes by sharing and investing in innovation, with considerations including formalised rotation of staff, seed funding pools to invest in new models of care, existing platforms for sharing information, and providing regional research positions</li> </ul>	<ul style="list-style-type: none"> <li>• Clearer guidance from the Department is required, particularly in relation to how the <i>Statewide / Rural and Regional Health Plan</i> will interact with the Role Delineation Framework (and other policy and planning activities)</li> <li>• Stakeholders noted the link between quality and safety and workforce, and the fact that a critical mass of specialists in a certain field is often required to offer services in a safe manner</li> <li>• Stakeholders suggested the rural transport scheme be promoted more widely and community transport is not effectively servicing all rural communities</li> </ul>
Enablers – workforce, technology, infrastructure and funding	<ul style="list-style-type: none"> <li>• Rural and regional health services are impacted significantly by the availability of workforce, with the need for greater flexibility, expanded roles and scope of practice, and training of generalists should be key priorities for consideration in the <i>Rural and Regional Health Plan</i></li> <li>• Stakeholders agree the <i>Rural and Regional Health Plan</i> needs to maintain as a principle the ability for rural and regional health services to maintain their agility and flexibility to meet local community's needs</li> <li>• Technology was widely accepted by stakeholders for the opportunity it provides for rural and regional health services</li> <li>• Key barriers exist – including absence of a statewide direction for digital health, interoperability between services and with consumers, upskilling staff and consumers, and access to high-speed internet</li> <li>• Infrastructure and funding were also two key enablers that stakeholders agreed needed to be adequately considered in developing the <i>Rural and Regional Health Plan</i></li> </ul>	<ul style="list-style-type: none"> <li>• Stakeholders noted infrastructure and industrial relations reform were both seen as crucial in meeting the stated objectives of the <i>Rural and Regional Health Plan</i></li> <li>• Stakeholders identified the importance of the Department providing direction on purpose and use of funding support</li> <li>• Stakeholders identified the need for the Department to provide a clear explanation of the desired outcomes of the <i>Rural and Regional Health Plan</i> to facilitate greater buy-in</li> </ul>

# Consultation findings

## *Rural and Regional Health Partnerships model*

- Stakeholders supported the Regional Partnerships model and highlighted the value of working collaboratively in a partnership
- Further detail is required in terms of the specific expectations and operations of the partnerships
- There was agreement with the three main areas of focus for the partnerships, with additions including 'corporate services' to be considered
- Clear governance and accountability mechanisms will be required, with the concept of the 'Lead Health Service' requiring further consideration. In particular, it was noted the 'lead' service (or alternative terminology) should not automatically be assumed to be the largest health service in the partnership
- Stakeholders also requested further explanation of the end state or objective, and how the partnerships will achieve that and benefit both health services and consumers.

### **Rural and Regional Health Partnerships model**

As briefly outlined in the previous section, the Department of Health and Human Services developed a 'Rural and Regional Health Partnerships' model that was presented to stakeholders for their feedback. This formed the core of the stakeholder consultations in this round of consultations.

Stakeholders in general were supportive of the Partnership model as it was presented, but more importantly, recognised the value Partnerships bring, particularly in rural and regional areas. However, more clarity is required on the expectations of health services, the roles and responsibilities of the various parties, and consideration of how this can support the Partnerships to have a much stronger role in improving access to health services.

Specific feedback was received in relation to the areas of focus, governance and accountability, and benefits, outcomes and strategic alignment. These issues are explored briefly below.

#### **Areas of focus**

The three focus areas for the Partnership were well understood and recognised by stakeholders. However, more detail and guidance on how the Partnerships should plan and progress the three focus areas is required, which was highlighted throughout the consultations.

A key additional item for consideration as part of the areas of focus was broadly 'corporate services' – including finance, human resources, procurement, and building engineering and maintenance functions.

#### **Governance and accountability**

Central to implementation of the Partnerships model will be clear governance and accountability arrangements. This was consistently raised across the forums (particularly the sector forums) in the context of ensuring the Department clearly articulates the level of accountability that resides in the Partnerships. In particular, a number of stakeholders noted the need to ensure a single point of accountability, with the risk of Partnership models potentially diluting accountability or having unclear roles and responsibilities.

# Consultation findings

## *Rural and Regional Health Partnerships model (continued)*

With relation to the point of accountability, there was significant discussion regarding the role of the 'Lead Health Service'. This role to date has not been clearly defined and the sector stakeholders were particularly interested in understanding the specific requirements and expectations.

In addition, the concept of the 'Lead Health Service' itself was also challenged, noting the importance of terminology and language, particularly as the larger Regional or Sub-Regional Health Services had been nominated to fill these roles. The importance of the 'Lead Health Service' (or alternative body) taking a Partnership view and possibly 'proving their credentials' as a partner was identified, with the role not necessarily needing to be filled by the largest health service in a Partnership.

Overall, further consideration of governance and accountability mechanisms, including clear and specific guidance from the Department outlining roles and responsibilities, is required.

### ***Benefits, outcomes and strategic alignment***

In setting the direction for any major reform, it is important to outline the end state, the benefits and how it aligns to broader strategic goals. While stakeholders generally supported the proposed Partnerships model, the benefits expected, for both health services and more importantly, consumers, need to be defined.

For some regions, this also means articulating what is different to their current state of operations. For example in some cases, regions or sub-regions reported strong, functional partnership arrangements with a number of providers in their region. More clearly outlining the end state, the benefits expected, as well as roles and responsibilities will support in defining more clearly the 'value proposition' to health services and consumers of the proposed Regional and Rural Health Partnerships Model.

Further views expressed by stakeholders related to this were that the Partnerships (viewed as a 'structural response') should not be the only response to the issues raised in the first round of consultation. That is the *Rural and Regional Health Plan* should have a clear aim and objectives' and a clearly defined 'end state', what is to be achieved.

# Consultation findings

## *Rural and Regional Health Partnerships – boundaries and participants*

- Stakeholders broadly agreed with the proposed boundaries, with some changes suggested during the forums
- Boundaries should also be considered flexible, with health services able to partner with other services where that is the most suitable and appropriate arrangement for their community
- Issues with border communities need to be considered further, with the populations of border towns in New South Wales and South Australia to be considered in planning and partnership development
- Participants for the partnerships should also include broader human service providers.

### Boundaries and participants

The Department of Health and Human Services provided a draft proposal for the boundaries and participants for the Regional and Sub-Regional Partnerships across Victoria.

These included:

- Loddon Mallee Regional Partnership
  - Loddon Sub-Regional Partnership
  - Murray Sub-Regional Partnership
  - Mallee Sub-Regional Partnership
- Grampians Regional Partnership
  - Wimmera Sub-Regional Partnership
  - Central Highlands Sub-Regional Partnership
- Barwon South West Regional Partnership
  - Barwon Sub-Regional Partnership
  - South West Sub-Regional Partnership
- Gippsland Regional Partnership
  - South Gippsland Sub-Regional Partnership
  - Gippsland Sub-Regional Partnership
  - East Gippsland Sub-Regional Partnership
- Hume Regional Partnership
  - Hume West Sub-Regional Partnership
  - Hume Central Sub-Regional Partnership
  - Hume East Sub-Regional Partnership.
- There was also the identification of a small group of health services that were on the peri-urban interface of a growth corridor. Consideration of where they would partner with regard to specific partnership activities was presented for discussion at the Melbourne consultation.

These are illustrated in Figure 4 below. Note these are those presented in the forum, with proposed changes to be incorporated by the Department.

# Consultation findings

## Rural and Regional Health Partnerships – boundaries and participants (continued)

Figure 4: Proposed Regional Partnership boundaries



### Boundaries

The majority of the boundaries and Partnership participants identified were agreed by stakeholders, with some minor changes. These specific changes will be incorporated as part of the final scope of the Partnerships following further consultation with the health services.

The Department noted the proposed boundaries were largely based on the Victorian Admitted Episode Data (VAED) base of in-patient flow. However, stakeholders consistently suggested boundaries should be reconsidered in the context of the broader scope and participants of the Partnerships. For example, community services, GP and primary care services. This aligns with the themes identified in the first round of consultations regarding formalising links across the system, beyond just the acute health care system.

Furthermore, boundary definitions should also consider alignment with other regions and providers, and potentially whole-of-government regions or planning boundaries. Similarly, some stakeholders expressed their desire for boundaries to align with the Rural Development Victoria (RDV) rural Partnership boundaries.

A key principle surrounding the boundaries and participants that was identified consistently across the forums was the need for flexibility. This is particularly relevant as some health services will either support, or be supported by, multiple different health services depending on the specific clinical service or issue. As such, the boundaries should not be considered to be 'strict', where all support or referral pathways need to be

# Consultation findings

## *Rural and Regional Health Partnerships – boundaries and participants (continued)*

directed within the Partnership. That is, Partnership membership should be flexible enough for health services to partner with the right organisations to meet their local community's needs. This is particularly an issue for the services within and surrounding 'peri-urban' areas. This, however, should not be interpreted as needing to move away from specified boundaries and Partnership participants, rather ensuring flexibility is maintained.

The growth of the population in 'peri-urban' areas is a factor that will also need to be factored into the finalisation of the boundaries, with continued growth in the future potentially impacting the participants in Partnerships and how patients access services within the system. Therefore these partnerships may change over time.

The issue of cross-border planning was also raised, primarily in those areas bordering New South Wales and South Australia. This included the need to consider border towns or the populations living in New South Wales and South Australia in these areas in service planning. In many instances, it was noted Victorian services are those most commonly used by populations living in these areas, and therefore service and infrastructure plans need to consider their health needs. The Department has recognised this issue and is considering how this can be addressed.

There were also the issues raised of patient flow to South Australia from Victoria, particularly from the Sunraysia community. Currently, this data is not incorporated into the design of the Partnerships. Similarly, the natural travel routes of the community predetermines what health services are accessed and can often split campuses of a health services across the proposed Partnerships. This issue was also raised for patient referral and pathways by outer regional health service's communities whose; safe, timely access to health care meant that referrals were directly to Melbourne or Adelaide, and not to the regional health service.

### **Participants**

The proposed participants of the Partnerships – in addition to health services – include private hospitals, community care services, primary health care providers, Aboriginal Community Controlled Health Organisations, Ambulance services, Bush Nursing Centres and Bush Nursing Hospitals and aged care services. However, stakeholders recommended they should include representation from broader human services providers, such as those representing the justice and education systems, family violence service providers, and prevention and promotion agencies.

The Department should also consider and provide further detail on the role of the existing Department Regional Offices in the Partnerships.

The Department noted that participants in the Partnerships should consider existing Partnerships (including Primary Care Partnerships, Regional Development Victoria and Rural IT alliances) and where possible, not 'break-up' existing functional Partnerships, rather build upon those in existence.

# Consultation findings

## *Rural and Regional Health Partnerships – implementation considerations*

- Stakeholders requested further detail on the expectations and operations of the Partnerships
- This includes more specific details on expectations, roles and responsibilities, standard definitions and terminology
- Stakeholders questioned how the *Rural and Regional Health Partnerships* will align, overlap or replace existing partnership arrangements – including Primary Care Partnerships and Rural IT Alliances
- Partnerships should have a well-defined, genuine role for consumers and carers
- In addition, there was limited understanding amongst stakeholders on the alignment between the multiple policies and planning activities currently underway – particularly the Role Delineation Framework.

### Implementation

While there was support for the Partnerships model and the value of working together especially in service planning, there was a strong desire to understand further layer of detail. It is important to note the stage of planning that the Department is at, with this informing a 20-year Plan and recognition that further detail will be worked through as the *Rural and Regional Health Plan* is finalised and beyond.

However, stakeholders were seeking further information to understand how the Partnerships model will be implemented. This included:

- Roles and responsibilities
- Expectations of the Department on how the Partnerships will be required to operate
- The link with performance management frameworks
- How the Partnerships will be used to share innovation and best practice across the State
- Alignment with existing Partnerships (including Primary Care Partnerships and Rural IT Alliances, in addition to existing health service Partnerships)
- Standard definitions and terminology, especially given the potential overlap in naming systems with existing Partnership arrangements
- Timing and implementation support.

The importance of ensuring the Partnerships have the right formal structures in place was also highlighted, with stakeholders regularly noting the success of some existing Partnerships is reliant on individuals. The intent of the proposed model is to create formalised and systematised relationships at an operational level between health services across Victoria, including that they are able to be maintained and continue to achieve results when individuals may move on. This further highlights the need for specific and clear guidance from the Department on the expectations and operations of the Partnerships.

It was noted by the Department that each Partnership will be required (and supported) to develop relevant local plans, consistent with the directions and outcomes to be outlined in the Statewide Plan.

### **Consumer, carer and family input**

Consumers were well engaged and supportive of the proposed Partnerships model. The value consumers and carers can play in setting the direction for rural and regional health services was well recognised. To this end,

# Consultation findings

## *Rural and Regional Health Partnerships – implementation considerations (continued)*

consistent feedback was received regarding the role of consumers and carers in the Partnerships – specifically that it should not be a ‘tokenistic’ involvement, but developing a genuine role in running of the Partnerships.

This should be considered further as part of the implementation planning for the Partnerships and the *Rural and Regional Health Plan* overall.

### ***Alignment with other policy and planning activities***

While stakeholders were well aware of the various policy and planning activities currently underway within Victoria, there was a limited understanding of each of these activities and how they interrelate, or will interrelate.

Of particular note is the Role Delineation Framework. It is anticipated the Role Delineation Framework will play a key, underpinning role in supporting resolution of some of the challenges facing rural and regional health services. Specifically issues such as referral pathways and availability of safe, sustainable services.

However, stakeholders noted they had very limited knowledge and understanding of the Role Delineation Framework. Both in terms of it as a concept and how it will be used, and the process for developing and implementing the Framework. It was noted that this is still being scoped as part of the development of the Statewide Plan.

In finalising the *Rural and Regional Health Plan* the Department should consider improving communication with stakeholders regarding how each of the various policy and planning activities relate to each other, and information on their intended purpose and use.

Overall, stakeholders were supportive of the Partnerships model, but some level of further detail is required in terms of assisting stakeholders in making informed decisions and providing input into the development of the Partnerships model. The sector, in particular, is looking for more specific guidance from the Department in this regard.

# Consultation findings

## *Rural and Regional Health Plan – other issues for consideration*

- The *Rural and Regional Health Plan* should consider broader responses to a range of issues – beyond just a ‘structural’ response
- This should include responding to issues such as gaps in service provision, different models of care and service delivery, and variability in outcomes
- In particular, stakeholders believed the Department should outline specific responses to the ‘enabler’ issues facing rural and regional health service delivery, particularly workforce, technology and infrastructure.

### Other issues for consideration

Many of these additional issues relate to a key piece of feedback received during the consultation process, namely that the Partnerships model should not be the only response to the issues facing rural and regional health services, and a more comprehensive response should be outlined in the *Rural and Regional Health Plan* (beyond just a structural response).

These issues include:

- Strengthening a **prevention and promotion**, and early intervention focus
- **New models of care and delivering health services differently** – while the Partnerships model is one way of encouraging integrated care between providers and across the continuum, there should be further consideration of service models that could be used and how (for example) the community sector can be used to better manage demand on the hospital system
- **Addressing gaps in service provision** – rural and regional areas will not always be able to provide a full range of services locally, and gaps in service provision should be specifically identified and responses suggested as to how these could be resolved. While the Partnerships are one way to address this, further work could be considered in relation to specific population groups, different models of care, or services such as chronic disease management, caring for older people, maternity services and mental health. These are all key, significant issues for rural and regional communities. Holistic responses such as ‘place-based’ approaches to care could be considered for implementation
- **Variability in health outcomes and health status** – consideration of how to address the variation in access, care and outcomes across regions, between population groups, and specifically recognising the gap in health outcomes between metropolitan and rural and regional communities
- **Roles** – recognising the changing nature of hospitals and how general practice and community care will change into the future; and developing Partnerships and service models that take best advantage of the roles of the various parts of the health service continuum
- **Enablers** – the response to the issues raised in the first round of consultations has not specifically identified how the *Rural and Regional Health Plan* will address the significant ‘enabler’ issues facing rural and regional health services. It was well recognised that enablers including workforce, technology and infrastructure remain significant challenges to delivering health services in rural and regional areas, and without different approaches to these issues, improving access to services will not be possible. The *Rural and Regional Health Plan* needs to outline more specific responses to how these challenges will be addressed.

# Consultation findings

## *Consumer, carer and community consultation*

Recognising the emphasis placed on patient-centred care, and consumer, carer and community participation as one of the core outcomes of the first round of consultation, five dedicated consumer, carer and community forums were held in each of the five rural and regional locations – Albury / Wodonga, Bairnsdale, Warrnambool, Ballarat and Mildura.

Consumer, carer and community feedback on the Partnerships model and issues presented at the forum has been incorporated into the broad themes. However, there were a number of additional discussion points that were raised specifically by consumers, carers and the community. These discussion points often originated from the “patient journey” analysis that was conducted in each consumer workshop. The “patient journey” analysis enabled participants to express their community knowledge and understanding of a typical patient journey, which identified success and development areas unique to each region. These issues broadly relate to equitable access to services – both locally, as well as facilitating access to more complex services outside of their local community.

- **Co-designing services with consumers, carers and the community** – many consumers discussed the benefits of being involved actively with their local health services to plan and develop services, as well as being part of the service improvement process. Practically, this included being part of the resolution process following complaints, working together to improve access to services provided in the community, and the benefit of their community links to improve knowledge and understanding of what health services are available and how they can be accessed
- **Scope of services** – consumers, carers and community members raised the issue of what services should be available locally. In some forums, this discussion related to increasing the scope of services provided locally and noting a desire to have more services provided in their home town; while in others it related more to improving the support services (such as transport) to access services elsewhere. This highlighted the need for more to be done in terms of having a genuine discussion explaining the implications for the safety and sustainability of services, but also how to incorporate workforce planning and recruitment strategies and community transport improvements into the planning process  
Similar to this point, in discussing a typical patient journey and how patients access services across the continuum, it became apparent in some areas the community knowledge and understanding of how and what services to access could be improved
- **Improved interface points and discharge processes** – undertaking the patient journey exercise identified a number of issues from consumers, carers and the community in relation to the interface between the acute hospital sector and community support services, as well as the discharge process. As an example, a number of consumers and carers reported being discharged from hospital (in Melbourne, regional and rural areas) at times or without consideration of the long distances rural and regional patients need to travel to return home – or for carers and families to retrieve them and return home. In developing the *Rural and Regional Health Plan*, and then as the Partnerships are developed, these discharge and referral processes will be critical to be considered and addressed
- **Transport** – the quality and availability of suitable transport options available to rural and regional populations to access health services was arguably the most significant concern of the stakeholders who attended the consumer, carer and community forums. This includes ease of access to bus and train services, commercial flights, and the long distances, quality of roads and costs associated with travelling by car. Some stakeholders were aware of the Victorian Patient Transport Assistance Scheme (VPTAS), and often accessed it through some community organisations. However, others were unaware of the scheme and/or how to access it or what was available. The issue of transport as a barrier to accessing

health services in a timely manner should be considered further and strategies outlined in the *Rural and Regional Health Plan*.

# Where to from here

## *Next steps*

The summary of consultations outlined in this report is provided for consideration by the Department of Health and Human Services in the finalisation of the *Rural and Regional Health Plan*.

Consultation with the sector and consumers is an essential element to any planning process, and the success of the *Rural and Regional Health Plan* will depend on the feedback provided, and ownership of the Plan by stakeholders.

The Department of Health and Human Services is now working to finalise the statewide plan and then the more specific *Rural and Regional Health Plan*, which is intended to set a stronger foundation for future health service, workforce and infrastructure capacity development in rural and regional Victoria.



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