

Strategic Plan 2016-2020











Our Vision:

Supporting a healthy community.

Our Mission:

The purpose of Benalla Health is to facilitate a healthy and resilient community through the provision of integrated, lifelong healthcare services.

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Executive Summary

Benalla Health's Strategic Plan outlines the key strategic priorities we will pursue over the next four years. This Strategic Plan is aligned with the Victorian Health Priorities Framework 2012-2022 and the Government's Rural and Regional Health policy. It lays the foundation for the development of Departmental Operational Plans and Individual Performance Plans.

The Strategic Plan was developed with feedback from the Board, Executive, Managers and our community and it will operate at 3 levels.

Level 1

Benalla Health Strategic Plan

States the general forward direction for Benalla Health. Operationally the plan identifies specific strategic priorities and the required actions to achieve these.

Level 2

Department Operational Plans

Specific priorities and key performance indicators for departments that link back to Benalla Health's Strategic Plan.

Level 3

Individual Performance Plans

Links the work of individuals to the achievement of Benalla Health's strategic priorities.

Simultaneously this Strategic Plan provides for the appropriate linkages between the Board, Executive and Benalla Health staff. It builds in suitable performance review arrangements and the planning cycle enables the Board and management to alter strategies in response to changed circumstances and business conditions.

Its main purpose is to ensure that all business activities are consistent with the goals and objectives of the health service and that these objectives are designed to meet the needs and expectations of the Benalla community.

This document sets out the Strategic Direction of Benalla Health for the period 2016 to 2020.

Health Service Profile

Benalla Health (BH) is a local health service within the current framework of rural health services. The principal catchment area is Benalla Rural City (BRC).

Benalla Health provides an integrated range of acute, residential aged care and community health services with an operating budget of over \$26 million and employs approximately 330 staff (195 full time equivalents). The services provided by Benalla Health have evolved to meet the changing and expanding needs of the community.

The Urgent Care Centre (UCC) is a 6 bed department (5 acute beds and 1 resuscitation bed), seeing on average 500-600 patients per month. Telehealth was successfully introduced into the UCC in partnership with Northeast Health Wangaratta (NHW) during the 2014/15 financial year.

The Acute Ward has the capacity to care for up to 40 overnight inpatients inclusive of medical, surgical, sub-acute, palliative and maternity clientele. The community has access to single and shared rooms each with their own ensuite facilities.

The three fully self-contained Birthing Suites provide a private environment for women and their families and we continue to do 100-120 births per year. Antenatal care is shared with the general practitioner workforce.

The double Theatre complex provides Surgery/Day Procedure capacity for minor to medium complexity procedures and caters for approximately 2,200 cases per year. The 10 bed Day Procedure Unit (DPU) supports theatre activity.

The residential aged care facility, Morrie Evans Wing (MEW) is a 30 bed high care facility. It has undergone extensive renovations with the addition of new ensuites and the creation of double and single rooms.

The A.L. Berry Day Activity Centre provides great support for local families each week day. Clients enjoy a range of activities, including numerous group games, programs, and regular outings in Benalla Health's bus.

Community Health is a division of Benalla Health and was established in 1989 to provide community-based services to the Benalla community. The service has grown from a small team of employees offering three programs, to a staff of over 66 people encompassing a broad range of Community and Allied Health services.



Community Profile

Benalla Rural City is the primary catchment, based on the 'market share' for BH relative to other health providers, (i.e. BH is the largest provider of acute and other services to the BRC and it is not the largest provider in other areas).

It is noted that the population in the northern end of the catchment tends to utilise services in Wangaratta, which is geographically closer, conversely, Violet Town, outside the Benalla LGA to the south, in the Strathbogie Shire, tends to access services in BH's catchment. Specifically, the services BH provides to Moira East and Wangaratta (Central) in these neighbouring Hume region SLAs, is a market share of less than 4%. The BH market share in other Hume SLAs is in the order of 1%.

The BRC covers an area of 3,843 square kilometres and at the 2011 Census, it had a population of 13,818. The population profiles of urban and rural Benalla are strikingly different. The Benalla urban SLA has an area of 235 square kilometres with a population density of 40 persons per square kilometre. In contrast, the rural catchment has an area of 2,328 square kilometres, with a population density of 2 persons per square kilometre. The total catchment population has remained relatively constant between 2006 and 2011, decreasing by 150 persons, or 1%, from 13,968 to 13,818. The catchment population is projected to have an increase in persons aged 65 years and older with a parallel decline in younger age groups. Based on these current projections, there is a consistent decline in the age groups between 40 and 59 years.

During the period 2011 to 2031 the proportion of the population within the catchment aged 40-59 is projected to reduce from 31% of the total population to 23%. Conversely, those aged 65+ is projected to increase from 23% of the population to 34% of the population. Those persons aged 39 years and younger stay relatively consistent at approximately 38% with variation within these younger aged groups.

The Socio-Economic Index for Areas (SEIFA) allows for assessment of the socio-economic status of Australian communities. In compiling the SEIFA index, the ABS defines relative socio-economic advantage and disadvantage in terms of people's access to material and social resources, and their ability to participate in society. The Index has a base of 1,000 for Australia. Scores above 1,000 indicate relative advantage and those below indicate relative disadvantage. There is considerable variation in the SEIFA index between the two SLAs that comprise the BH catchment. Urban Benalla is relatively disadvantaged with a score of 927, compared with rural Benalla at 1022, a 95 point variation. Urban Benalla is also more disadvantaged than Victoria as a whole (1010), Australia 1000 and non-metropolitan Victoria (980). Indeed, the urban parts of the catchment have one of the most disadvantaged SEIFA scores in Victoria. Simultaneously Benalla is ranked in Band 6 of the disadvantage factor rankings as detailed in the *Dropping off the Edge: Mapping Disadvantage in Australia* report commissioned by Jesuit Social Services and Catholic Social Services Australia.

Examining rates of access to a motor vehicle and access to the internet can assist in understanding the ability of populations to access services, as well as their participation in community life in general. Urban Benalla has a high rate of dwellings with no motor vehicle relative to rural Benalla, Victoria, non-metropolitan Victoria and Australia. Rates of internet access is also consistent with access to a motor vehicle, and indicates a clear disparity between urban Benalla where 33.1% of dwellings have no internet connection compared with 21.8% in rural Benalla, which is more aligned with Victorian (19.6%) and Australian (19.7%) rates.

The relative size of the Aboriginal population is based on June 2011 census data. People of indigenous status represent a relatively similar proportion (1.0% and 1.3%) of the total catchment population in rural Benalla and urban Benalla respectively, compared to non-metropolitan Victoria (1.4%).

Policy Environment

The period of this Strategic Plan corresponds with a very dynamic period of health reform, growing demand and increasing financial constraints.

The increasingly older age characteristic of Victoria's population drives much of the recent health reform.

The projected likelihood of chronic disease and frailty means that partnership models between primary health, public acute, community and aged care services will be important.

Health workforce reorientation, targeted health promotion and community education will also need to be strategic factors as the areas of health education and promotion are aimed at reducing avoidable poorer health outcomes.

Since 2008, with the advent of the National Health and Hospital Reform Commission, and the consequential National Health Reform Agreement (NHRA) signed by the Commonwealth and States/Territories, the policy environment has been dynamic.

There continues to be significant changes relating to the structure, and methods of funding health services, along with a tighter fiscal environment.

Similarly, the Productivity Commission review, that was undertaken in August 2011, focusing on 'Caring for Older Australians' has led to a series of far-reaching changes to the aged care sector as expressed through the Living Longer Living Better (LLLB) reforms.

There is a plethora of Victorian health related policies, of these the following have been identified as being particularly relevant to BH.

Over successive Victorian governments there have been common themes that have emerged.

These are outlined below.

- Developing a more robust, responsive and adaptable rural and regional system;
- Tailoring of services to local needs and priorities;
- Ensuring services are clinically appropriate and safe, including the support for common clinical guidelines and frameworks for rural health services;
- Building a responsive and adaptable rural and Regional health service system that can be tailored to meet the needs and circumstances of local communities and is supported by service models that are clinically appropriate and cost-effective;
- Supporting greater collaboration and partnerships;
- Developing a workforce that can align with flexible and sustainable service models; and
- Developing information communication technology that supports innovative practices and flexible provision of care.

Each of these common themes will be important for BH in shaping clinical services and developing opportunities to meet the future needs of its catchment population.

The following documents are applicable to both the Victorian Health System and Benalla Health:

- The National Health Reform Agreement
- Living Longer Living Better (LLLB) reforms
- National Primary Health Care Strategy
- National Partnerships Agreement on Preventative health (NPAPH)
- Health 2040: A discussion paper on the future of healthcare in Victoria
- Victorian Public Health and Wellbeing Plan 2015-19
- Victorian Health Priorities Framework 2012-22
- Rural and Regional Health Plan 2012-22
- Victorian Chronic Care Strategy 2012-22
- Koolin Balit: Victorian Government Strategic Directions for Aboriginal Health 2012-22
- HACC in Transition
- Victoria's next 10 year mental health strategy: discussion paper
- Ice Action Plan
- Hume Region Chronic Care Strategy 2012-22
- Hume Region Health and Aged Care Plan 2013-18
- Hume Region Health Promotion Strategy 2012-15
- Victorian Integrated Health Promotion Strategy 2012-15
- Closing the Gap Health Plan 2009-13

Health Status

Overall, the health status of the catchment population is relatively poor. There are several disease categories that approximate non-metropolitan and Australian rates. However, there are some conditions leading to premature death that are statistically significant, such as cancers. Concurrently there are key risk factors that are also significantly higher such as smoking and alcohol consumption at levels to cause short term harm. The residents of urban Benalla are at higher risk of morbidities associated with the common risk factors compared to Victorians generally.

Trends in Service Delivery and Consumer Expectations

There are broad trends across the Australian health sector that informs specific policies that will impact on the future service profile and models of care at Benalla Health. Current trends that will continue into the foreseeable future include;

- Improving access to services
- Ensuring evidence-based high quality services
- Ensuring stable and sustainable services that are efficiently managed
- Enhancement of primary and community based care
- Improved integration of services with other health services and practitioners
- Being active participants in area based planning, service development and service delivery
- Supporting service model innovation
- Maintaining a strong commitment to consumer engagement

Future Challenges

Delivering a range of health services to meet current and future community demand will continue to be a challenge. At a national level it is apparent that the increase in health expenditure is occurring at a greater rate in comparison to the growth of the national economy. Funding demands will continue to increase as the population ages resulting in further strains being placed on the economy. Innovation will need to be applied in relation to how we deliver health services. It is imperative that we strive to meet future community demand and this may partly be achieved by;

- Creating different workforce models,
- Increasing our use of technology,
- Developing and implementing new models of care and
- Managing community expectations to align with our service capability framework.

Monitoring Outcomes and Achievements

As in previous years it is important to ensure that the Strategic Priorities are implemented.

Progress against the Strategic Priorities will be actively monitored and outcomes will be reported to the Board of Management and the Department of Health and Human Services.

About the Organisation

Vision

Supporting a Healthy Community

Mission

The purpose of Benalla Health is to facilitate a healthy and resilient community through the provision of integrated, lifelong healthcare services.

Values

Benalla Health has developed a Values framework to help guide staff in their relationships with members of our community, patients, clients, residents, their families and friends, other visitors to the organisation and our own staff.

♦ Respect

We value Respect because it enables us to act without bias and with sensitivity to a person's beliefs, wishes and feelings.

♦ Empathy

We value Empathy because it enables us to understand people's individual feelings, to see things from their point of view, and to care for their emotional, physical and spiritual well-being.

♦ Excellence

We value Excellence because it enables us to continually strive to develop new healthcare standards to benefit our community.

♦ Compassion

We value Compassion because it enables us to demonstrate a deep awareness of another's suffering.

♦ Accountability

We value Accountability because it enables us to take personal responsibility for our words, our attitudes and our actions.

Strategic Priority One

We commit to improving health outcomes for our community

We promise that we will ...

- Ensure the care we provide is transparent, responsive, inclusive and person centred.
- Improve patient flow and engagement through effective communication, education and discharge planning.
- Strengthen our capacity to recognise and respond to family violence.
- Strengthen our capacity to improve community access to mental health and drug and alcohol services.

- Developing our clinical service plan to ensure we are prepared to meet the changing needs of our local and regional community in order to facilitate a more integrated experience of healthcare.
- Renewing our Community Engagement, Closing the Gap and Disability Access to Services plans.
- Strengthening our partnership with Ambulance Victoria to maximise access to the Urgent Care Centre.
- Reducing the risk of healthcare associated harm.
- Improving the patient experience across the continuum of care with a particular focus on improving effective and informed discharge planning.
- Consolidating and expanding our partnerships to maintain our regional leadership in the provision of ophthalmology services.
- Continuing to deliver preventative and community education strategies to reduce family violence in our community.
- Continuing to build an integrated service model in Community Health to deal with chronic and complex clients, disadvantaged community members and victims of family violence.
- Achieving White Ribbon Workplace Accreditation.
- Continuing to develop and strengthen our relationships with Gateway Health, Albury Wodonga
 Health and other stakeholders to ensure our community can access timely mental health and
 drug and alcohol services.

Strategic Priority Two

We commit to promoting and supporting wellness in ageing

We promise that we will ...

- Enable informed choice, independence and ageing in place in our planning and provision of health and residential services.
- Provide a wide range of health promotion and early intervention services.
- Contribute to the community's healthy ageing strategy.

- Implementing the Department of Health and Human Services Advance Care Planning strategy.
- Continuing to develop, implement and evaluate a broad range of health promotion and early intervention programs.
- Partnering with other local health, aged and community services to develop and implement a local Residential Aged Care Strategy for Benalla.
- Ensuring our community has direct and indirect opportunities to provide feedback and suggestions on what matters to them regarding health and well-being.



Strategic Priority Three

We commit to delivering high quality healthcare that is efficient, safe and sustainable

We promise that we will ...

- Exceed industry standards regarding the provision of safe, evidenced based health and residential aged care.
- Provide fiscally responsible services.
- Continually maintain and improve our facilities and equipment to align with environmentally sustainable practices.

- Maintaining full Accreditation against the National Quality, Aged and Community Healthcare Standards.
- Strengthening our maternity services.
- Strengthening our Health Independence Program and Diabetes Care Centre.
- Completing renovations to the Morrie Evans Wing.
- Establishing a Community Rehabilitation Centre.
- Responding appropriately to contemporary funding models to ensure that all our services are delivered within defined budget parameters.
- Completing the next stage of the solar system upgrade.



Strategic Priority Four

We commit to developing and supporting an engaged and highly capable workforce

We promise that we will ...

- Facilitate a workplace culture that values lifelong learning.
- Create and develop our clinical, corporate and governance leaders.
- Ensure we have an appropriately skilled and highly motivated workforce.
- Ensure a safe environment for staff, patients, residents, volunteers and visitors.

- Working in partnership with local schools and tertiary institutions to establish a range of entry and progression level career pathways for local healthcare professions.
- Facilitating a series of school based traineeships.
- Working in partnership with sub regional maternity services to consolidate and embed a graduate midwife program.
- Working with The University of Melbourne, Bogong GP Training and our local General Practitioners to support the Murray 2 Mountains Intern program and develop a medical workforce plan.
- Working in partnership with other sub regional health services to develop advanced and extended practice skills appropriate to the complex and chronic care needs of our local community.
- Continuing to support staff to access contemporary professional development opportunities.
- Providing leadership development opportunities to our people
- Reviewing and refining safety systems.



Strategic Priority Five

We commit to encouraging, enabling and building on innovations in healthcare systems and practice

We promise that we will ...

- Anticipate and enable new models of care.
- Embrace new technologies and practices that improve access to health and residential aged care.
- Contribute to evidence for best practice in health care.

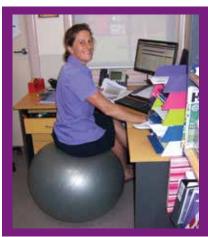
- Partnering with other health services to build our capacity to deliver excellence in healthcare.
- Partnering with regional health services to integrate Telehealth services into core services.
- Partnering with local health, community services and General Practice clinics to facilitate a 'no wrong door' model of care to assist people living with complex and chronic diseases to maintain their health independence and manage their own healthcare needs.
- Partnering with disadvantaged clients to assist them to navigate the health system.
- Partnering with victims of family violence to facilitate their access to timely and appropriate support and advice.
- Partnering with The University of Melbourne Rural Health Academic Network to contribute to evidence for practice through local clinician led research.
- Expanding the scope of volunteer services.

















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