



Northern District Community Health

Strategic Plan 2022-2026

Our Vision

Building healthy, inclusive and connected rural communities

Our Purpose

To improve health and wellbeing and reduce rural health inequity by working across the social determinants of health

Our Values

- we have the courage and agility to champion new ways
- we have an eye on shaping the future
- we listen
- we know diversity of people, experiences and perspectives makes our work stronger
- we trust, encourage and look out for each other
- we can be counted on to deliver and do things well

Our Aspirations

NDCH will be seeking to see the following shifts in the community.

Our communities' overall health and wellbeing is improving, and ill health is slowing

- People come to NDCH when they are worried about something connected to wellbeing
- Community, funders and partners, are talking about our impact and the difference we make to people's lives
- Community are making informed wellbeing decisions which is helping to break intergenerational disadvantage

People have the support they need to live and work in our local community

- High quality care is available more often, closer to home
- NDCH is attracting diverse funding based on community need, research and impact
- Collaboration with our valued partners, creates a strong service delivery platform that reaches deep into community

Community health is a recognised and valued contributor to the health and wellbeing system

- NDCH is the testing ground for new regional and rural ideas, contemporary models, and research
- NDCH's strong advocacy and partnership approach has improved understanding of rural community needs
- Purpose built spaces are available for our services



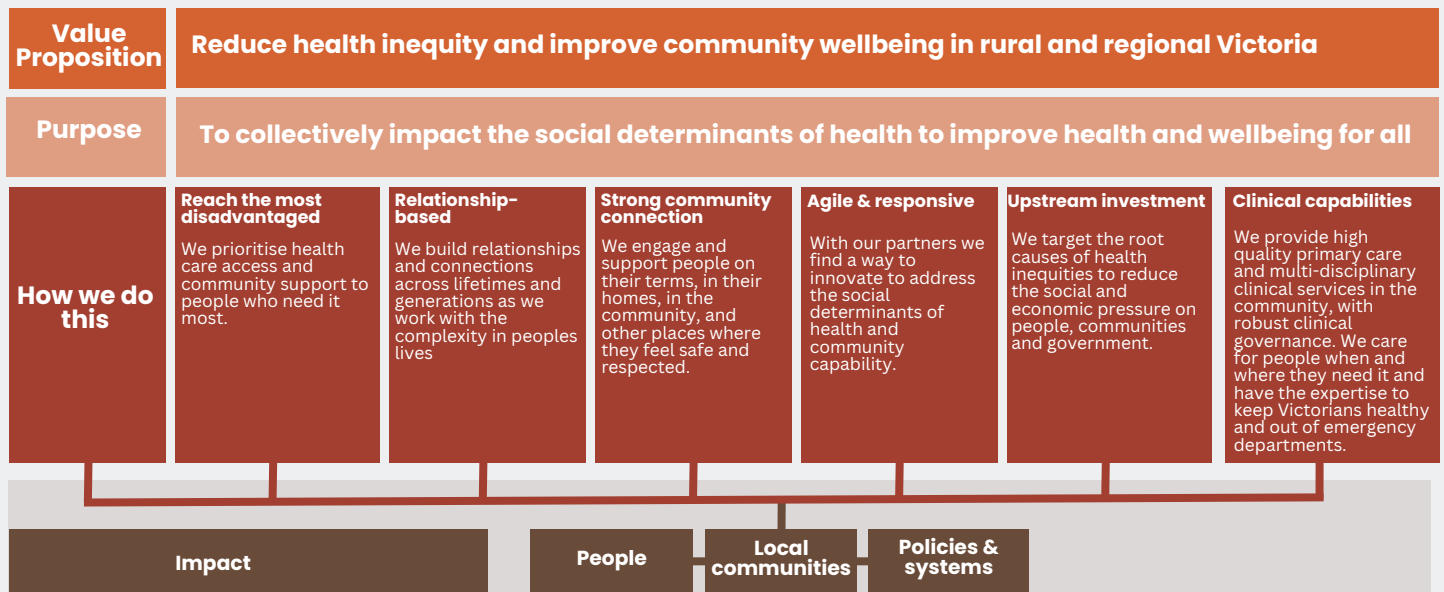
NDCH acknowledges that our work occurs on the country of the Traditional Owners of the area- the people of Barapa Barapa, Wamba Wamba, Yorta Yorta and Dja Dja Wurrung and others. We acknowledge their ancestors who have been custodians of this land for thousands of years and pay our respects to their Elders, past, present and emerging, and through them, to all Aboriginal and Torres Strait Islander people.

NDCH proudly supports the LGBTIQ+ communities.

Our Approach

NDCH works in a way that changes the lives of individuals (across generations), local communities, policies and systems.

NDCH's approach is aligned to the Alliance of Rural and Regional Community Health Service's value proposition:



Our Priorities

NDCH will focus and invest resources to deliver five priorities.

- Bring quality services and infrastructure to underserved and hard to reach communities
- Address the social determinants of health to keep people at home and out of hospital
- Support people's health and wellbeing
- Build the capacity and resilience of the next generation to break intergenerational disadvantage
- Build models and a workforce that supports rural communities

Our Priorities into Action

Some of the first steps to address each of the Priorities have been identified. These will evolve and shift as the environment changes and new reforms and opportunities emerge.

Bring quality services and infrastructure to underserved and hard to reach communities

- Advocate for services, support and infrastructure for the most vulnerable using contemporary evidence
- Create place-based fit-for-purpose infrastructure that meets or exceeds standards
- As part of ARRCH, advocate and secure systemic investment in regional and rural Victoria

Address the social determinants of health to keep people at home and out of hospital

- Advocate for community health's position and expertise to keep people at home
- Improve access to integrated holistic care for shared clients across the hospital and primary health sectors

Support people's health and wellbeing

- Embed *5 Ways to Wellbeing* across our communities
- Support the inclusion of diverse communities to be fully engaged, valued members of our communities
- Strengthen NDCH's trusted status and role in providing accurate and accessible information

Build the capacity and resilience of the next generation to break intergenerational disadvantage

- Enhance NDCH and partner capability based on evidence to provide specific support for young people and families
- Engage in co-design and research to measure impact and embed learnings into practice

Build and adapt funding models and the workforce to support rural communities

- Build relationships and pathways with education institutions and students to promote NDCH as an employer of choice
- Participate in evaluation and advocacy to demonstrate impact
- Expand the fee for service opportunities to improve sustainability
- Trial new primary care, integrated health models (IHN) that supports rural generalism

Changing context

A summary was created of the key external influences that the organisation is facing and will have to adapt with, many of which are expected to persist or amplify over the coming years.

Community

- High cost of living
- High cost and limited housing options
- The ongoing impacts of climate change
- Burnout as a result of responding to climate events and the pandemic continue to exhaust community resilience
- Increased number of people with complex needs moving into small regional and rural communities where there is no or limited support
- Limited or no public transport
- Young people not coming back to the community – those that can leave for career, education and more options
- Some young people trapped in intergenerational disadvantage
- Limited access to services, particularly specialist services
- Declining populations in remote communities
- Lack of opportunities for working people

Service delivery policy, funding and delivery

- Funding going to larger regional centres e.g. Bendigo and Swan Hill
- Inequitable distribution of funding with no allowance for the complexity and cost of delivery
- Shift from individual hospitals to area-based services
- A lot of talk about preventable hospital admissions
- Move to fee for service and less block funding e.g. aged care and NDIS
- Significant move to technology however some communities left out who have no digital connectivity, IT equipment or literacy
- Local, national and international shortage of staff and its hard to keep them

Capability

NDCH has continued to grow and adapt its capability, models and services to meet changing demands. An evaluation of the organisation's strategic capability was undertaken to understand its current position given the dramatic changes in the external environment.

Strengths

Flexible, skilled workforce

- Supportive culture that helps with staff retention
- Biggest allied health workforce in the area
- Flexible, skilled and supported workforce prepared to work outside their roles

Understand health inequity through the lived experience of being part of the community – personally invested

- Advocates of, and champions for, vulnerable communities
- Upstream investment
- Offer lower costs services
- No wrong door policy

Demonstrated place-based agility and solutions including to smaller and under-resourced communities

- Already engaged and communicating with small communities
- Innovative approaches to support communities access technology and services

Strong partnerships

- Strong partnerships that cross diverse sectors
- Skilled at preparing submissions which also makes NDCH an attractive partner

Weaknesses

Not well positioned for changing funding models

- Not well connected to politicians or senior department staff
- Inability to influence policy, and as a result, risk being absorbed into the 'public health service'
- Not engaged with some of the government data capture systems and pathways
- Inability to attract youth funding yet NDCH partners and community see this as our responsibility
- Seen as a 'social services' only, not a social and health service

Workforce shortage

- Challenges with recruitment, retention and succession planning, particularly with GPs
- Burnout exacerbated by increased administration load
- Diversity and access to services limited by workforce availability
- Ability to access larger numbers of staff for events

Communication with and across NDCH

- Staff are not aware of all the NDCH services available to support our communities
- Lack of integration between the GP Clinic and community health services

Stakeholder Insights

In preparation for the NDCH strategic planning process, the CEO commissioned qualitative research with a cross-section of its key stakeholders and partners. Feedback was sought on the role and value NDCH added during COVID, and insights into where the organisation might position itself into the future.

People interviewed included:

- Bruce Myers, Director Community and Cultural Services, Swan Hill Rural City Council
- Donna Doyle, Chief Executive Officer, Boort District Health
- Peter Faulkner, CEO, Bendigo Health
- Stacy Williams, Director Community Wellbeing, Gannawarra Shire Council
- Dallas Coghill, CEO, Inglewood and District Health
- Peter Abraham, Chief Executive Officer, Swan Hill District Health
- Eileen Brownless, Manager, Bendigo Loddon Prevention & Population Health
- Bernadette Loughnane, CEO, Cohuna District Hospital
- Trevor Adem, CEO, East Wimmera Health Service
- Matt Jones, CEO, Murray PHN
- Kellie Byron-Gray, CEO Kerang District Health.

Unanimously partners were grateful and positive about the contribution NDCH makes to its communities, particularly during COVID. The agility and 'can do' approach ensure that service gaps are filled and the community are protected. There is enormous respect for the integrity and leadership the organisation continually demonstrates through its partnerships, and the services and support provided, especially for the underserved and most disadvantaged communities.

As the health system changes there is genuine concern about the organisation's focus into the future. Partner organisations have provided insights into where NDCH might position itself to address the emerging opportunities and threats. Key themes from the research have been summarised.

Where NDCH added value during COVID

- They were agile and at times ahead of the game
- They supported a team response
- They really stepped into a leadership role for the community response
- They led and helped with joining up the system
- They tended to drag others along
- They were strong in community messaging and social wellbeing support
- They really increased access locally at the various phases and stages.
- They met the community where they were at

The next big step for NDCH and/or community health in general

- Use the NDCH to address youth and AOD, and to be part of the mental health and aged care reforms
- Find a place and method to effectively engage in new health structures and be mindful of service gaps that are likely to appear
- Continue to focus on primary health, wellbeing and liveability
- Keep leading partnerships and working in a collegiate, joined-up manner
- Share infrastructure to support efficiencies and joined up services
- Consider economies of scale with other partners.
- Maintain the 'can do' attitude
- Advocate for more flexible funding arrangements
- Be stronger players in sub-acute care
- Keep working on innovative models of primary health care

What NDCH is uniquely positioned to address

- Helping people to stay home, including exiting from hospital
- Playing a lead role with health and wellbeing
- Engaging in community development
- Introducing alternative primary health models
- Demonstrating regional leadership
- Enhancing prevention and health promotion
- Taking on AOD
- Acting as a conduit between public health plans
- Applying the COVID pathways model to chronic disease management at home
- Supporting Aboriginal communities

NDCH Data

Data has been collected to validate the NDCH's value proposition.

Reach

- Around 8,000 NDCH clients started a new Community Health Activity (5,038) or engaged with the GP clinic (3,181) between January 2019 to December 2021. This does not include those engaging with NDCH's health promotion activities, partnerships and during COVID-19
- Clients came from more than 175 postcodes, with the Top 10 postcodes accounting for approximately 90% of clients
- NDCH is engaging with over 60% of residents in its Top 4 postcodes where it has most clients (3579, 3568, 3575 and 3537)
- NDCH GP and Community Health Activity clients have similar demographic profiles, both over indexed in the older age groups
- NDCH has less engagement with the under 40s when compared with the ARRCH and Australian demographic profiles
- NDCH had a strong vaccination (5,887) and testing program (6,323) during COVID, and disseminating reliable and timely information through social media and information packs

Health Inequity

- NDCH almost exclusively engages with the lowest socio-economic areas
- 66% of NDCH clients are in the lowest 3 SEIFA ranked postcodes
- NDCH is engaging with approximately 1 in 3 residents in the Top 10 postcodes

Social determinants of health

- NDCH clients are mainly engaged with the "Health Access and Quality" Social Determinant of Health

Client complexity

- Fewer than 3% of NDCH clients have accessed activities and services across 2 or more Social Determinant of Health