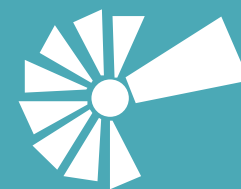


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STRATEGIC PLAN 2018/2023

MALLEE TRACK HEALTH AND COMMUNITY SERVICE

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our vision

Leading our communities to excellence
in integrated health and community services

our philosophy

Equitable and timely access to innovative models
of care, supported by a local workforce that is
engaged with the community

our mission

To provide people of all ages with access
to quality, person-centred care in the Mallee



abbreviations

ABS	Australian Bureau of Statistics
ACAS	Aged Care Assessment Services
ACFI	Aged Care Funding Instrument
AHA	Allied Health Assistant
AOD	Alcohol and Other Drugs
CALD	Culturally and linguistically diverse
CCCF	Community Child Care Fund
DET	Department of Education and Training
DHHS	Department of Health and Human Services, Victoria
DoH	Commonwealth Department of Health
ED	Emergency Department
ERP	Estimated Resident Population
GP	General Practice / General Practitioner
IRSD	Index of relative socio-economic disadvantage
LGA	Local Government Area
MBH	Mildura Base Hospital
MPS	Multipurpose Service
MTHCS	Mallee Track Health and Community Service
NDIS	National Disability Insurance Scheme
PHN	Primary Health Network
RC	Rural City
RDHS	Robinvale District Health Service
RFDS	Royal Flying Doctor Service
SA	Statistical Area
SCH	Sunraysia Community Health
SRHS	Small Rural Health Service
VEYLDF	Victorian Early Years Learning and Development Framework



Part A: Context

01 introduction

1.1 PURPOSE OF THIS DOCUMENT

The Mallee Track Health and Community Service (MTHCS) Strategic Plan sets out the strategic priorities for the service for the next five years, taking into account the emerging health needs of the community, and changes to health and education policy and provision in the region.

The aim of the strategic plan is to enable the best possible health and community care to be provided for the catchment and to support a local workforce with improved capability and capacity. This is encapsulated in our vision, mission and philosophy statements.

Our vision

Leading our communities to excellence in integrated health and community services.

Our mission

To provide people of all ages with access to quality, person-centred care in the Mallee

Our philosophy

Equitable and timely access to innovative models of care, supported by a local workforce that is engaged with the community.

1.2 BACKGROUND

MTHCS is a multi-campus facility with a principal office located in Ouyen and service centres in Sea Lake, Patchewollock, Underbool, Murrayville and Manangatang. The facility was established as a pilot site for the formation of the Multi-Purpose Service (MPS) program in Victoria at Ouyen in 1997 and expanded to incorporate the former Sea Lake & District Hospital Service in 2011.

MTHCS provides a range of services including community and district nursing, a broad range of community and allied health services, early childhood education and care, and access to primary health care. In addition, acute medical care, urgent care and residential aged care are provided at Ouyen and Sea Lake.

1.3 ABOUT MTHCS

1.3.1 Board of Directors

MTHCS is governed by a Board of Directors appointed by the Governor-in-Council upon the recommendation of the Victorian Minister for Health. The Board is committed to ethical conduct in all areas of its responsibilities and authority.

The priority areas for strategic planning for MTHCS Board members are to provide best quality services that are accessible by all community members, enhance the local workforce and provide a sustainable model of service delivery that will support and engage the community in the coming years.

1.3.2 Commonwealth Department of Health

Commonwealth funding for aged care services provided by MTHCS is received from the Commonwealth Department of Health (DoH), under the MPS Program. Aged care funding for the MPS Program is provided as flexible aged care funding, whereby underspend can be used for other health services at the discretion of the service provider on a needs basis. [1]

MPSs are not required to meet aged care accreditation standards. However, DoH is committed to ensuring MPSs provide flexible aged care services in a context that assures quality and safety. National Quality Improvement principles have been endorsed by the Commonwealth, and State and Northern Territory health authorities to provide a focus for continuous quality improvement in MPSs. These principles align to primary health care principles including community involvement in planning, implementation and evaluation of services. [2]

The National MPS Quality Improvement principles are:

- (1) MPS should demonstrate a commitment to continuous quality improvement through participation in an externally recognised quality improvement cycle for the full range of services covered.
- (2) The active participation of rural communities including local consumers, community representatives, GPs and other health professionals, and health and aged care service staff, is integral to the process of continuous quality improvement in an MPS.
- (3) The consumer is central to the planning, operation and review processes of an MPS.
- (4) MPS will be quality focused and adequately address safety and security issues including where appropriate the identification of risk management strategies in areas such as staffing, physical facilities and equipment, and safe work practices.
- (5) The MPS will be designed and managed to promote seamless care to consumers at the local level and to enable smooth transition of consumers across health service boundaries.

(6) As a minimum, MPS will evaluate their performance using an assessment approach that incorporates:

- (a) corporate governance
- (b) management, leadership and staffing policies (including staff participation)
- (c) clinical governance
- (d) continuous quality improvement
- (e) integration and continuity of care
- (f) statutory compliance and administration
- (g) risk management/safety
- (h) complaints management
- (i) consumer participation, and
- (j) specific standards covering the provision of a range of key health and aged care services appropriate to the service mix. [2]

1.3.3 Department of Health and Human Services Vic

State funding for the health services provided by MTHCS is received from the Department of Health and Human Services (DHHS), under the MPS Program. As a health service provider in Victoria, MTHCS is required to meet the National Safety and Quality Health Service (NSQHS) Standards.[3]

The DHHS prioritisation for all hospitals and health services is to align to the recommendations of the Review of Hospital Safety and Quality Assurance in Victoria (the Duckett Review, 2016) [4], for example:

Highly skilled, independent and effective boards with adequate mix of skills, including substantive clinical governance and consumer representation, and

Robust assessment of clinical governance and hospital safety and quality performance.

More specifically to the catchment of MTHCS, DHHS priorities include:

Development of networking and capital planning frameworks that assess needs of the catchment within the context of the broader service provision of the region

Adoption of methods that maximise the flexibility of the MPS funding model, especially at the individual level and in aged care services to meet the growing demand

Strengthening the board capability in corporate and clinical governance

Partnership opportunities to maximise service delivery across the region, and

Innovative approaches to workforce development.

1.3.4 Department of Education and Training Vic

The key priority for the Department of Education and Training (DET) is the School Readiness agenda and associated funding that will provide extra support to kindergartens (and childcare services with a kindergarten program) for developmentally vulnerable children. The funding is being targeted where support is needed most, including consideration of individual factors of disadvantage and the concentration of disadvantage in the kindergarten. Funding for individual kindergartens will be between \$1,000 up to \$100,000 and will be based on level of need. [5]

All four Local Government Areas (LGAs) included in the MTHCS catchment (Mildura Rural City, Buloke Shire, Yarriambiack and Swan Hill Rural City) have been included in the 2019 funding round. [5]

With the School Readiness Funding, the DET Mallee would like to see services focus on developmental vulnerability by building confidence and competence of educators to further embed reading and oral skills into daily programs, in addition to the use of specialist services such as speech pathology as required.

1.4 APPROACH TO DEVELOPMENT OF THE STRATEGY

The MTHCS Strategic Plan 2018–2023 has been developed through consultation with the MTHCS Board of Directors, staff, community members and external stakeholders such as funders (Commonwealth DoH, DHHS and DET), service providers, e.g. GPs, Mildura Base Hospital, Royal Flying Doctor Service, and Mildura Rural City Council. Consultations were undertaken as a mix of face-to face and telephone consultation, and staff and community members were also invited to complete a survey (provided online and paper based). There were 311 responses to the community survey and 89 responses to the staff survey.

Catchment statistics were collated from the following sources:

The Australian Bureau of Statistics (ABS) 2016 Census QuickStats

The Commonwealth Department of Education and Training 2015 Australian Early Development Census

The VicHealth Indicators Survey 2015

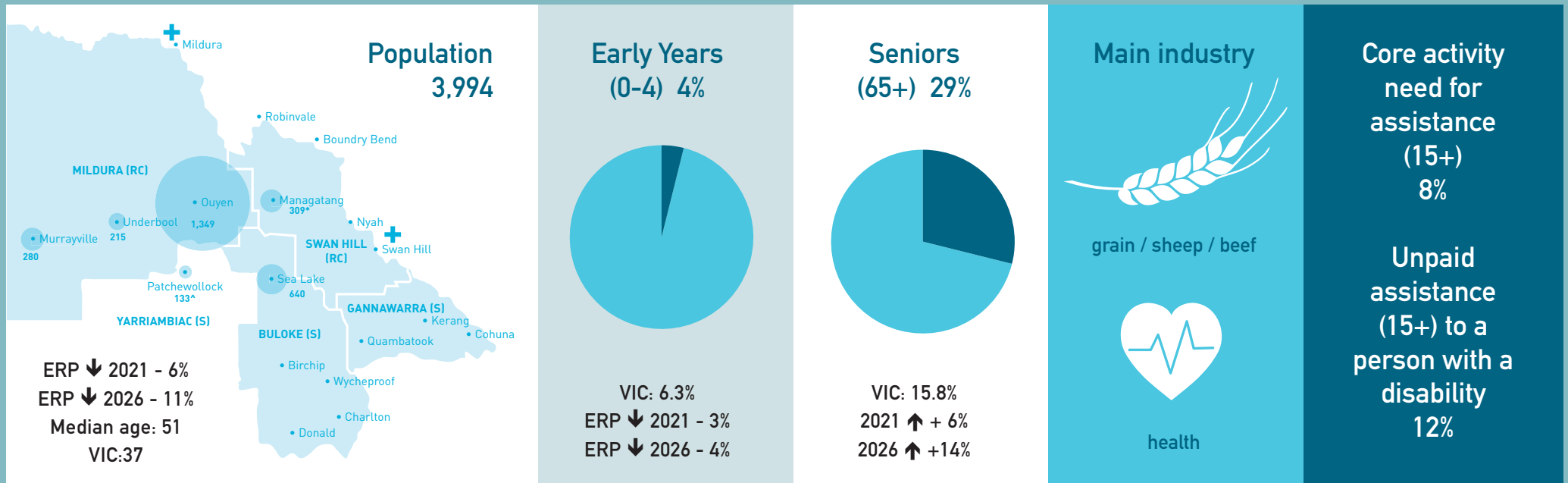
The DHHS Victorian Population Health Survey Selected Results, 2014, and

MTHCS service data.

In addition, relevant policy and literature were reviewed to inform the broader environmental context of the plan. See Appendix A for full details of consultations and Appendix B for catchment details.

02 the scene: MTHCS catchment characteristics

MALLEE TRACK CATCHMENT



- PHN: Murray (North West)
- LGA: Mildura Buloke, Swan Hill, Yarriambiack
- Department of Education: North West and South West Region

Statistics include Managatang data

Source: ABS 2016 Census QuickStats for Ouyen, Walpeup, Underbool, Murrayville, Patchewollock, Sea Lake and Managatang. Other towns included in the population estimates include Torrita, Linga, Boinka, Cowangie, Panitya, Tempy, Speed, Turriff, Ninda, Tyrrell, Nandalay, Pier Milan, Mittyak, Culgoa, Berriwillock, Woomelang, Ultima. Core activity includes self-care, body movements and/or communication. ERP: Estimated Resident Population based on Victorian Government Department of Environment, Land, Water and Planning (DELWP): Victoria in Future data, based on 2016 census data. <https://www.planning.vic.gov.au/land-use-and-population-research/victoria-in-future-2016?remap=delwp.vic.gov.au%2Fvictoria-in-future>

See Appendix C for breakdown by major towns

2.1 POPULATION AND GEOGRAPHY

The MTHCS catchment area is located in the north-west corner of Victoria (see Figure 2.1) and includes Ouyen (100 km south of Mildura), south-west to the South Australian border – Underbool (50 km to Ouyen) and Murrayville (110 km to Ouyen), south to Patchewollock (42 km to Ouyen), south-east to Sea Lake (90 km to Ouyen) and surrounding towns. In addition, early childhood education and care is also provided in Manangatang (56 km east of Ouyen), although health care in Manangatang is provided by the Robinvale District Health Service.

Spanning an area of over 18,000 square kilometres the MTHCS catchment has a population of approximately 4,000 people.¹

Towns of the Mallee Track are located in the North-West area of the Murray Primary Health Network (PHN) in four local government areas (LGAs) as follows:

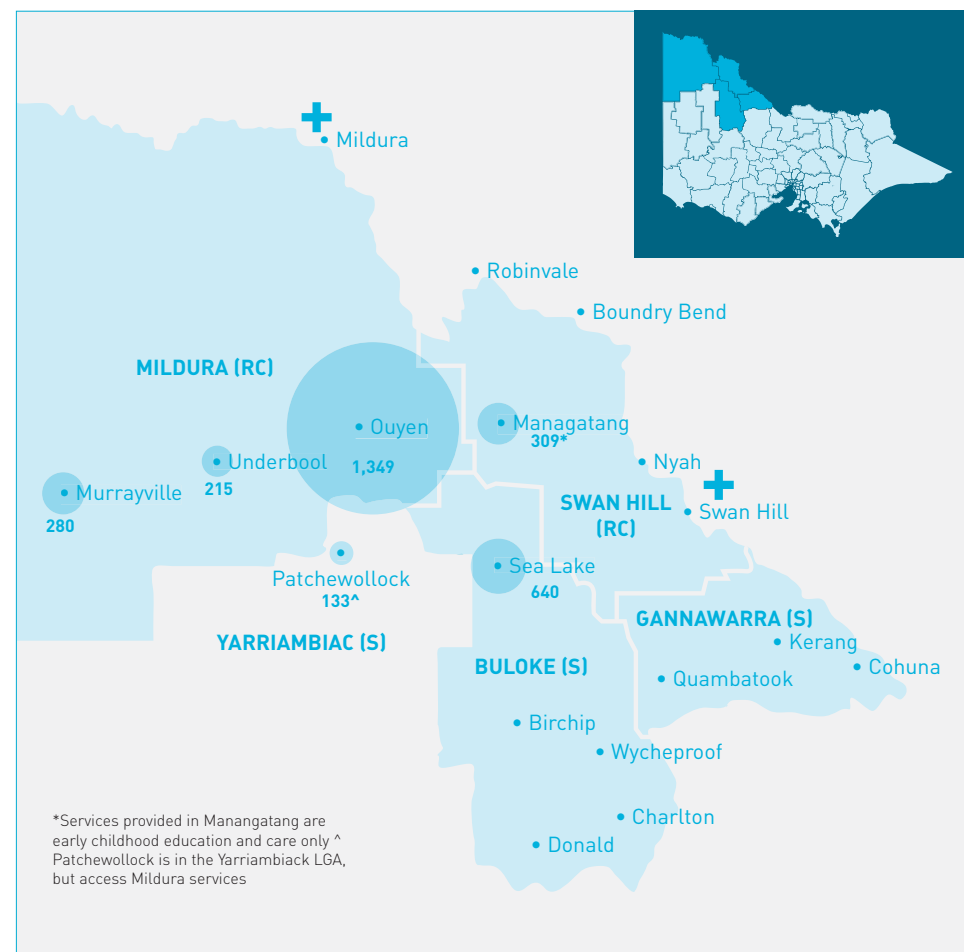
Mildura Rural City – Ouyen (including Walpeup), Underbool, Murrayville

Buloke Shire – Sea Lake

Yarriambiack – Patchewollock, and

Swan Hill Regional City – Manangatang.

Figure 2.1: Mallee Track Health and Community Service Catchment area



¹ Population estimated at 3,994 based on 2016 census data for Ouyen, Walpeup, Underbool, Murrayville, Patchewollock, Sea Lake, Manangatang, Berriwillock, Boinka, Cowangie, Culgoa, Linga, Mittyak, Nandaly, Ninda, Panitya, Pier Milan, Speed, Tempy, Torrita, Turriff, Tyrrell, Ultima and Woomelang

2.2 POPULATION AND AGE GROWTH

The median age of residents in MTHCS catchment is 51 years, significantly above the Victorian median of 37 years.²

Based on regional population forecasts, the population is projected to decrease by 6% by 2021, and by 11% by 2026. This equates to an estimated population of 3,555 people by 2026.³

Almost one third of MTHCS catchment residents (1,158, 29%) are aged 65 years or more, notably higher than the Victorian senior population at 16%. In contrast to the total population, the MTHCS population aged 65 years or more is expected to increase by 6% by 2021 and by 14% by 2026. This equates to approximately 1,320 people aged 65-years-plus by 2026.

The continued growth in the aging population suggests there will be a need to deliver an appropriate balance of aged care services in the coming years.

Converse to the aging population, the early childhood population of the catchment currently sits at approximately 150 children aged 0 to 4 years (4%), which is below the Victorian average at 6%. It is expected that the early childhood population of the MTHCS catchment will decrease by 3% by 2021 and by 4% by 2026. This equates to approximately 146 children aged 0 to 4 years by 2026.

However, it should be noted that in recent years there has been an influx of vulnerable families to the area, attracted by the affordable cost of housing. The impact of these families is unlikely to have been calculated in the population growth estimates (set in 2011). Therefore, the future demand on early childhood education and care could be higher than anticipated.

A summary of the projected population growth rates by LGA is shown in Table 2.1. More detailed data of projections by age group is available in Appendix B.

Table 2.1 Population and median age in MTHCS service locations with projected population growth by statistical area.

MTHCS Service Location	Estimated population (in 2016)	Median age	Statistical Area	Projected population growth 2016/2026
Ouyen & Walpeup	1,359	52	Mildura Rural City	-12%
Underbool	215	48	Mildura Rural City	-12%
Murrayville	280	51	Mildura Rural City	-12%
Patchewollock	133	48	Yarriambiack	-11%
Sea Lake	640	51	Buloke	-11%
Managatang	309	51	Swan Hill Rural City	- 11%
Other catchment	1068	-	-	-
Total catchment	3994	approx. 51	-	-11%
Victoria	5,926,624	37	-	+19%

Source: Australian Bureau of Statistics (2016) 'QuickStats' Census Data & Victorian Department of Environment, Land, Water and Planning (2016) 'Victoria in Future 2016'

MTHCS population is predominantly of Anglo-Saxon decent, with less than 2% of the population speaking a language other than English at home (see Appendix B).

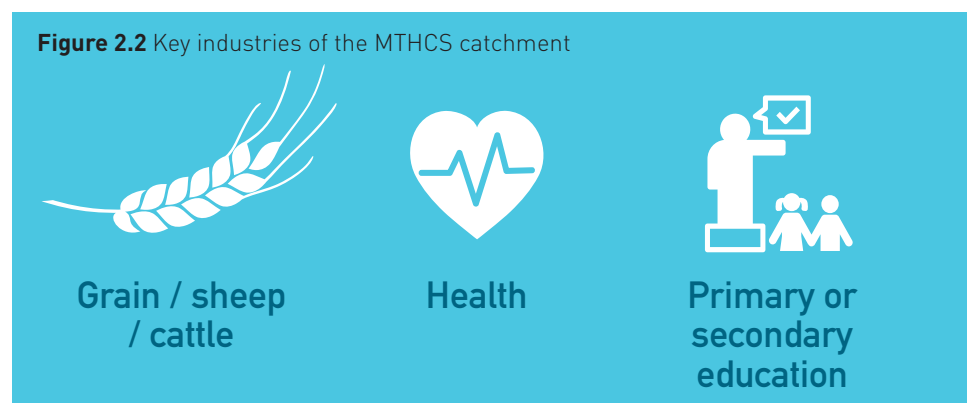
² 2016 Census data.

³ 2016 Victoria in Future, Estimated Resident Population (ERP) for Local Government Areas (LGAs) and Victoria in Future Small Areas (VIFSAs) by five-year age group and sex, for every fifth year from 2011 to 2031 produced by the Department of Environment, Land, Water and Planning. Estimates based on relevant LGAs in the absence of more granular data.

2.3 INDUSTRY

The towns of MTHCS catchment are primary producing towns, with a focus on grain, sheep and cattle, varying from 15% to 76% of the employment industry, depending on the town.

Health (recorded in the census as 'Hospital' and 'Other Allied Health Services') were also notable industries, predominantly in Ouyen and Sea Lake (7% to 17%). Primary or secondary education was the third highest industry of employment (4% to 12%, depending on the town). See Figure 2.2.⁴



As primary producers, there is little change expected to the industry in the coming years that will change the population size or health needs.

2.4 HEALTH CHARACTERISTICS

The following health characteristics represent the aggregate data at the LGA (Mildura Rural City (RC) or Buloke Shire) level in the absence of any further granular data.

2.4.1 Lifestyle factors

Compared to state averages, residents in Mildura RC and/or Buloke Shire are more likely to be:

A smoker (18.7% in both Mildura RC and Buloke, compared to 13.1%)

Overweight or obese (53.2% in Mildura RC, 56.1% in Buloke compared to 50.0%), and/or

Socially isolated (19.1% in Mildura compared to 17.3%), and /or

Experiencing high levels of psychosocial distress (14.0% in Mildura RC compared to 12.6%)⁵

Conversely, residents were less likely to be physically inactive (approximately 44% in Mildura RC and Buloke compared to 50.4%); and consume comparable amounts of fruit, vegetables and alcohol to state averages⁶. See Appendix B for further details.

2.4.2 Chronic conditions

Residents in Mildura RC and/or Buloke are more likely to have certain chronic conditions compared to the Victorian state average as follows:

1.3 to 1.9 times more likely to have type II diabetes (6.7% of population in Mildura and 10.3% in Buloke compared to 5.3%)

1.1 to 1.4 times more likely to have depression or anxiety (27% of population Mildura RC and 32.8% in Buloke compared to 24.2%)

1.3 times more likely to have cancer (9.7% of population in Mildura RC compared to 7.4%), and/or

1.3 times more likely to have osteoporosis (6.5% of population in Mildura RC compared to 5.2%)⁷. See Appendix B for further details.

⁵ VicHealth (2016) 'VicHealth Indicators Survey 2015' and Victorian Government Department of Health and Human Services (2015) 'Victorian Population Health Survey Selected Results, 2014' | VicHealth (2016)

⁶ 'VicHealth Indicators Survey 2015' and Victorian Government Department of Health and Human Services (2015) 'Victorian Population Health Survey Selected Results, 2014' |

⁷ Victorian Government Department of Health and Human Services (2015) 'Victorian Population Health Survey Selected Results, 2014'

⁴ Based on 2016 Census data for Ouyen, Walpeup, Underbool, Murrayville, Patchewollock, Sea Lake and Manangatang.

2.4.3 Cancer screening

Residents in Mildura RC and Buloke Shire have cancer screening rates comparable to if not better than Victorian averages for:

Bowel screening (68.1% in Mildura RC and 58.6% in Buloke compared to 59.9%), and

Breast screening (79.2% in Mildura RC and 77.3% in Buloke compared to 73.0%). See Appendix B for further details.

2.4.4 Mental health

Residents in Mildura RC and Buloke Shire were 1.4 times more likely to have sought professional help for a mental health problem than the state average (22% in both Mildura RC and Buloke compared to 16%). See Appendix B for further details.

2.4.5 Summary of health characteristics and need

The documented health characteristics (based on the regional data) indicate that the key health services residents need access to are:

General practice for chronic disease management including diabetes type II,

Social work and mental health professional for depression, anxiety and social isolation

Cancer screening services and care.

These views were echoed in the consultations with community members during the development of this plan.

2.5 EARLY YEARS

The population aged less than 4 years is 4% with little to no growth expected in the catchment based on estimated resident population forecasts. However, the recent influx of families attracted to the region for affordable housing may not have been included in population projection calculations.

Regardless, there are approximately 150 children aged 4 years or less in the MTHCS catchment and approximately 30% attend pre-school (range from 14% to 80%, depending on the town – although actual numbers are small), higher than the state average of 26% attending pre-school.¹⁰ This highlights the importance of early childhood education for the community.

However, the proportion of developmentally vulnerable children in the Mallee Track Catchment is notably higher than the state average for children (19.9% vulnerable in one or more domains) in the North West Mallee Community of Mildura region (includes Ouyen, Walpeup, Underbool, Murrayville and Patchewollock, 28.3%) and the Manangatang/ Boundary Bend/Nyah Community of the Swan Hill region (42.4%). Northern Buloke Community (which includes Sea Lake) was the only community to have a lower proportion of vulnerable children than the state average at 14.3% of children vulnerable in one or more domain). See Appendix B for further details.

North West Mallee and Manangatang/Boundary Bend/Nyah Communities scores were less than state averages across all five domains (physical, social, emotional, language and communication), but scored most poorly in the domains of social (gets along with others and shares) and communication (can tell a story and communicate with others).¹¹

The Department of Education and Training, North Western Region¹² has noted the need to improve language and communication skills in the region and is promoting the embedding of these skills in the everyday curriculum through the School Readiness Funding program.

⁸ Victorian Government Department of Health and Human Services (2015) 'Victorian Population Health Survey Selected Results, 2014'

⁹ Victorian Government Department of Health and Human Services (2015) 'Victorian Population Health Survey Selected Results, 2014'

¹⁰ Based on 2016 Census data for Ouyen, Walpeup, Underbool, Murrayville, Patchewollock, Sea Lake and Manangatang

¹¹ Source: Australian Bureau of Statistics (2016) 'Census Data' and Commonwealth Department of Education and Training (2015) 'Australian Early Development Census'

¹² responsible for all Mallee Track Catchment towns, except Patchewollock, which is in the South Western Region

Giving children a great start in early childhood is important for best health and ongoing educational progression. Vulnerabilities in early childhood can set children back when they enter the school system and perpetuate further education and developmental delays.

2.6 SOCIO-ECONOMIC STATUS

The population living within the Mallee catchment has relatively higher levels of disadvantage compared with the majority of the State. Table 2.2 provides detail about the region's index of relative socio-economic disadvantage (IRSD). These indexes have been developed by the Australian Bureau of Statistics (ABS) based on the 2011 census data and express 'people's access to material and social resources, and their ability to participate in society'. A low IRSD scores indicates greater relative disadvantage, and considers factors of disadvantage such as percentage of:

Population with low income

People aged 15 and over with no educational attainment

Population employed in low skilled jobs

Population who are unemployed

People under the age of 70 with a long-term health condition or disability and who require assistance with core activities

Families with children under the age of 15 living with jobless parents, and

Private dwellings with no internet connection¹³

The IRSD data indicate that all four statistical areas in which Mallee Track Catchment towns are located (Mildura Region, Buloke, Yarriambiack and Swan Hill Region), are relatively socially and economically disadvantaged, ranking in the bottom third of the state (36th percentile or below). Yarriambiack (includes Patchewollock) and Buloke (includes Sea Lake)

are the most disadvantaged areas, ranking in the 19th and 24th percentile of the State. Indexes based on data collected through the 2016 Census have not yet been made available. See Table 2.2.

Table 2.2 Index of relative socio-economic disadvantage (IRSD) for Statistical Areas in which the MTHCS catchment is located.

Statistical Area	IRSD Score	Rank within state	Percentile
Mildura Region (includes Ouyen, Walpeup, Underbool, Murrayville)	991	150	36
Swan Hill Region (includes Manangatang)	980	120	29
Buloke (includes Sea Lake)	968	101	24
Yarriambiack (includes Patchewollock)	951	80	19

Source: Australian Bureau of Statistics (2013) 'Socio-economic Indexes for Areas (SEIFA)', Data Cube only 2011
Note: Mildura Region excludes Mildura township, and Swan Hill Region excludes Swan Hill township.

The IRSD data indicate that people in the MTHCS catchment are less likely to have private health insurance and more likely to rely on the public health system. This emphasises the importance of MTHCS services in the area, as many people will not have the financial means to access private services located in nearby towns such as Mildura.

¹³ Australian Bureau of Statistics (2018) 'Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia 2011: IRSD

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and community
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MALLEE TRACK
& COMMUNITY SERVICE

03 policy and environmental context

3.1 MARKET STRUCTURE

MTHCS is one of seven MPSs operating within Victoria, and one of 146 MPSs nationally. MPSs arose from a joint Federal and State initiative to ensure the sustainability of small health and hospital services in rural and remote locations. This was achieved through combining acute care, residential aged care and home and community services under one locally governed body using a flexible pooled funding model. MPSs have the flexibility to utilise health and aged care funding for areas of need as determined by the health service in response to community need. [6]

In Victoria, the Small Rural Health Service (SRHS) model was launched one year after the MPS and provides block funding for rural and remote health services based on several factors including the previous years' activity and remoteness. The Victorian Government contribution to the MPS model is equivalent to the SRHS program. [5]

The MPS funding model works well for the MTHCS as the current residential aged care occupancy is below 100%, enabling flexible use of funds for other areas of need. As the ageing population in MTHCS continues to grow, and more demand is placed on the residential aged care services at Ouyen and Sea Lake, MTHCS may need to consider if there are more viable funding models for MTHCS in the future.

To remain viable, it is essential that MTHCS continues to identify new opportunities to secure funding within the changing environment. Over the next five years, MTHCS needs to consider reforms arising from:

Roll out of the National Disability Insurance Scheme (NDIS)

Increased focus on non-residential aged care services and My Aged Care, and

Initiatives funded through the PHN.

MTHCS will also need to consider the needs of its catchment population, and the improbability of new private disability or aged care providers entering the market, particularly outside of Ouyen. In many cases consumers will have no choice other than to rely on the public system. This could challenge existing MTHCS services but may present an opportunity for future service expansion for MTHCS.

MTHCS also receives funding from the Department of Education and Training for early childhood education and care programs. The Victorian Early Years Learning and Development Framework (VEYLDF) provides an evidence-based practice framework for professionals working with children from birth to eight years to advance children's learning and development. The five learning and development outcomes are: children have a strong sense of identity, children are connected and contribute to the world, children have a strong sense of wellbeing, children are confident and involved learners, and children are effective communicators.

The Commonwealth Department of Education and Training has recently introduced the Community Child Care Fund (CCCCF) as part of the new child care package that provides grants to child care services to reduce barriers to accessing child care, particularly in disadvantaged, regional and remote communities.

In addition, Regional Departments of Education and Training provided funding for Supported Playgroups and Local Councils are funded to provide Maternal and Child Health Services in partnership with the Victorian Government.

The Government focus on supporting vulnerable families in accessing early education and childcare may increase demand for kindergarten and playgroup services, which MTHCS will need to be able to respond to.

3.2 TECHNOLOGY

Telehealth in regional areas is one of the key initiatives of the Victorian Government, as stated in Victoria's Regional Statement in 2015. The State Government has invested in telehealth platforms to help regional people consult with specialists in metropolitan areas. [9]

There are several telehealth program trials currently operating in Victoria which enable patients in rural and outer regional areas to access:

Care from specialist clinics in metropolitan hospitals

Outpatient services from larger inner regional hospitals, and

Multidisciplinary team-based care from various hospital, health and community facilities.

In addition, telehealth services can also be useful for chronic disease management, some allied health services and counselling services.

Telehealth has been shown to work best as a supplement to face-to-face consultation (i.e. ideal for follow-up consults). The Loddon-Mallee region is currently trialling a telehealth program, Geri-connect, to assist regional patients access geriatricians in metropolitan areas.

There is an interest in telehealth from the MTHCS community, with many community members indicating a willingness to trial nurse assisted telehealth consultations if it will reduce the need for travel (based on community survey responses, 61% responded yes).

3.3 CHANGES IN POLICY

In developing strategy, consideration must be given to the policy changes that are occurring at both the Commonwealth and the State level. The following section highlights changes in policy applicable to MTHCS over the next five years.

3.3.1 Commonwealth

Disability and aged care

Roll out of the NDIS, which is scheduled to occur in Mallee in 2019, and recent changes to My Aged Care indicates a larger shift in the Australian healthcare landscape toward consumer directed services. This approach is seen to be advantageous for consumers of disability and aged care as it affords these individuals greater choice to access more suitable services. However, this model relies on the presence of multiple private service providers and large population or client groups, which are not currently available in the MTHCS catchment. This presents an opportunity for MTHCS, but the demand and economic feasibility will need to be carefully considered.

Early childhood care and education

The Community Child Care Fund (CCCCF) is part of the new child care package (replacing the Budget Based Funded Program), that provides grants to child care services to reduce barriers to accessing child care, particularly in disadvantaged, regional and remote communities. The Commonwealth has committed \$61.8m under the CCCC to support Budget Based Funded services to transition into the new child care arrangements. [10]

Grants awarded under the CCCF will:

Support child care services to address barriers to participation, particularly in disadvantaged communities

Provide sustainability support for child care services experiencing viability issues, and

Provide capital support to increase the supply of child care places in areas of high unmet demand. [10]

As a service provider and former recipient of Budget Based Funding, MTHCS should explore additional funding grant opportunities under the CCCF to enhance services provision and upskill staff to support vulnerable families.

3.3.2 State

Early childhood education

In 2017, the Victorian Department of Education and Training released its Early Childhood Reform Plan outlining the state-wide plan to create an early childhood system that further strengthens existing services and provides additional, tailored support for those who need it. Key reform actions include:

Changes to kindergarten funding to assist children who need more support with \$55.3 million invested in 'school readiness' funding

Helping all kindergartens deliver high-quality early education through an investment of \$22.8 million

Building parenting skills, confidence and stronger connections with community through \$22.3 million for expansion of supported playgroups and improved connections between first-time-parent groups and community playgroups

Investment of \$6.3 million to meet increasing demand for Early Start Kindergarten, so more children can access two years of kindergarten and \$2.3 million to keep kindergarten places open for families most in need. [11]

Victorian reforms in early childhood education will provide new opportunities for MTHCS to access funding to strengthen existing services and increase staff capacity. Emphasis on vulnerable families will enable MTHCS to further engage with the community, particularly disadvantaged families that may have recently moved to the region due to low cost housing options. This will help all children to maximise their learning potential and provide opportunity to identify and address any learning challenges before children start school.

Health

In the Statewide design, service and infrastructure plan for Victoria's health system 2017– 2037, DHHS specify that a clear role delineation framework must be developed. Implementation of this framework will ensure that health facilities provide services within their clinical capacity and establish suitable referral pathways for specialist services. Complex procedures or specialist services will only be available at facilities where patient volume is sufficient to guarantee that staff have the appropriate skills and expertise.

The DHHS has proposed that the Regional Partnership Model will facilitate access to services through the formation of regional referral pathways by small rural health facilities. In this model, rural and regional health facilities within certain geographical boundaries or 'partnership areas' will have formal working relationships, defined referral networks and increased information sharing. This model will also include private sector facilities and have a large health service as the 'lead organisation' taking on key accountabilities for the partnership area. The lead organisation proposed for MTHCS is Mildura Base Hospital. [12]

The challenge with this model is two-fold:

- (1) First, Mildura Base Hospital services are already in high demand as it is the referral hospital for Mildura and surrounds, Mallee Track, Robinvale and some New South Wales boarder-towns. Waiting times for emergency services in Mildura can be lengthy and high demand necessitates prompt discharge which can leave rural residents stranded until transportation can be arranged.
- (2) Second, the closest hospital for Sea Lake residents is Swan Hill District Health and this is where Ambulance Victoria will transport emergency patients from Sea Lake. Similarly, Murrayville residents are physically closer to South Australian hospital services in Loxton.

MTHCS has a long history with Mildura Base Hospital and should continue to grow and strengthen the relationship to improve and streamline processes for patients, especially step-down services after an acute event. The DHHS will be a key stakeholder in assisting the relationships to ensure the referral networks outlined in the Regional Partnership Model operate efficiently. MTHCS should also grow and strengthen the existing relationship with Swan Hill District Health as a provider of services for Sea Lake residents, and South Australian border services for residents of Murrayville.

3.3.3 Murray PHN

Outcomes of the service needs analysis undertaken by Murray PHN for 2017–18, showed the need to address issues within the catchment relating to:

Access to GPs and other primary care providers

Mental health services

Suicide prevention

Alcohol and other drugs services

Access to allied health practitioners

Access issues for the aged population

Service co-ordination

Referral

Effective and efficient chronic disease management systems for:
diabetes | cancer | heart related conditions

After hours care

Potentially preventable hospital admissions

Patient/client information management systems and eHealth, and

The health workforce. [13]

These issues identified within the PHN needs assessment will also be relevant to the population within the MTHCS catchment. Funding initiatives to address mental health and alcohol and other drugs misuse will be a focus for the Murray PHN in the immediate future. The PHN has highlighted the need to increase mental health workforce capacity across the region, which is consistent with information gathered through consultation with MTHCS staff and community members.

Additionally, to increase access to GPs within the catchment, Murray PHN has employed the use of telehealth. Telehealth programs have been given considerable attention by the PHN as a means of addressing workforce shortages in rural and remote areas of its catchment and is an area that will see further financial investment.

There will be service provision opportunities from the Murray PHN in the near future. MTHCS should proactively seek relevant opportunities to address service gaps, and where practical, work with other providers to offer comprehensive service coverage. Strengthening relationships and working in partnership with providers such as Mildura Base Hospital, Swan Hill District Health, Robinvale District Health Service (RDHS), Sunraysia Community Health (SCH), Northern District Community Health, Mallee Border Health and nurse practitioners will strengthen the MTHCS position for upcoming PHN opportunities.

3.4 DRIVERS FOR CHANGE

3.4.1 Opportunities

Increasing State focus on regional partnerships and investment in telehealth will mean that service provision in the MTHCS catchment is likely to change significantly in the next five years. MTHCS will therefore need to establish strong working relationships to provide integrated services for the community and streamline access to external services. Building and upskilling a local workforce will ensure future stability.

There is also a need for MTHCS to become involved with future programs taking advantage of technological developments that enable access to specialist skill with reduced travel requirements (telehealth). There is also an increasing evidence base for innovative models of service delivery that will further improve access to health care services for community members.

As levels of health and community services provided through local councils continues to decrease across the State, the introduction of the NDIS and changes to in-home services for aged care present new service and funding opportunities for MTHCS.

New commissioning opportunities through the Murray PHN have also been identified through the recent needs assessment that was undertaken, particularly the announcement of suicide prevention and alcohol and other drugs programs funded by the Commonwealth Department of Health.

3.4.2 Challenges

MTHCS faces several unique challenges to providing adequate coverage and consistency of services to the population within its catchment. The largest of these is the relative dispersion of its population and therefore, geographic distribution of MTHCS outlets. Travelling large distances to major regional centres continues to become more difficult for individuals needing to access health services as the population ages, with a lack of access to public and other transport services being a persistent issue.

It is also difficult to ensure that an adequate level and mix of services is provided to each of the communities within the catchment, because of the shortage of workforce living and working in rural and remote areas. This is compounded by the shrinking population in these towns, which impacts on the long-term viability of 'place-based' services.

Workforce shortages have caused MTHCS to rely heavily on visiting services. However, many visiting services are based out of Mildura or Swan Hill and have limited capacity to deliver services to MTHCS catchment towns further than Ouyen or Sea Lake. As a result, there is variation in service areas consumers have identified as gaps and health priorities depending on location.

Although access to GPs and mental health services are a priority for community members (based on survey responses), lack of access to dental and oral health services ranked in the top five responses for four of seven communities within the catchment. Maternal and child health was also seen to be a service gap in Underbool. A public dental service is available from the MTHCS campus in Ouyen, provided by Tankard Dental, while other communities within the catchment are provided with a mobile dental service by the Royal Flying Doctor Service (RFDS). MTHCS does not provide maternal and child health services, which are delivered as a visiting service from Mildura Rural City Council and Buloke Shire Council.

Communities within the MTHCS catchment are also spread across four different council areas making it difficult to negotiate the different level service provided by each council in areas such as:

Maternal and child health

Early childhood education, and

Home and community care.

The variation in access to visiting services may present opportunities for MTHCS to work with external providers to employ local staff to assist in local service delivery.

3.5 COMMUNITY AND STAFF SURVEYS

To gain a comprehensive view of the needs of the MTHCS catchment and guide the development of strategic directions, two surveys were conducted in April 2018. One of these surveys was directed at MTHCS community members or 'consumers' and the other at MTHCS staff members. There was a mixed approach to the distribution of these surveys to ensure that all demographics of the catchment were engaged. This resulted in a high response rate from both groups with 311 consumer responses and 89 staff responses collected. Views of staff and community members have been peppered throughout this document.



04 MTHCS service provision

MTHCS provides a range of services including community and district nursing, a broad range of community and allied health services, early childhood education and care and facilitates access to GPs. In addition, acute medical care, urgent care and residential aged care are provided at Ouyen and Sea Lake. A summary of services and locations is provided in Table 4.1.

Table 4.1 MTHCS Services and location

Service Type	Services	MTHCS campus location				
		Ouyen	Underbool	Murrayville	Sea Lake	Patchewollock
Hospital or Health Service	Facilitated access to GP	✓	✓	✓	✓	
	Urgent care (nurse led)	✓			✓	
	Host of a nurse practitioner		✓	✓		
	Planned activity groups	✓		✓	✓	
	Acute care	✓			✓	
Aged Care	Residential high care	✓			✓	
	Residential low care	✓			✓	
Early Child Care and Education	Kindergarten	✓	✓	✓	✓	
	Mallee Minors child care	✓	✓	✓	✓	
Community care	Allied health services and district nursing services	✓	✓	✓	✓	✓
Neighbourhood House		✓		✓	✓	
Dental Services		✓				
Volunteer Co-ordinated Transport		✓	✓	✓	✓	✓

4.1 MTHCS SERVICE STATISTICS

4.1.1 Funding arrangement

Under the MPS model, MTHCS receives funding from the Commonwealth Department of Health for flexible residential places and flexible home care places based on a fixed fee per specified number of places.. In addition, the service receives block funding for health services akin to the Small Rural Health Service (SRHS) from the DHHS.

MTHCS receives small grant funding from DHHS, Commonwealth and Victorian Department of Education and Training (DET), Murray PHN, community grants, patient and resident fees (aged care) and charitable donations.

Table 4.2 summarises the total budget for MTHCS over the 2016–2017 financial year.

Table 4.2 MTHCS Budget

Government contributions as part of MPS agreement (FY16/17)	Total government grants	Total operating revenue	MPS funding as a share of total government grants	MPS funding as a share of total operating revenue
\$8,506,132	\$11,771,187	\$14,667,263	72.3%	58%

Source: Wilcox, S., Calder, R. & Fetherston H (2017), Sustaining health and aged care services in small rural communities. Multipurpose services in Victoria: their strengths and vulnerabilities. The Australian Health Policy Collaboration Policy Paper np. 03/2017

4.1.2 Residential aged care

Residential aged care is provided at Ouyen (Canon TD Martin Nursing Home and Pattinson House) and Sea Lake (Kaleesa Nursing Home and Carinya Hostel).

These are funded by Commonwealth Department of Health and DHHS through MPS agreement (note, when not at 100% occupancy, residential aged care bed funding can be used to fund other MTHCS services as required).

Table 4.3 Funded Beds

Service delivery	FY 16 /17		FY 15 /16	
	Ouyen	Sea Lake	Ouyen	Sea Lake
Flexible high care places funded	29	19	29	19
Flexible high care occupancy	75%	34%	79%	58%
Flexible low care places funded	27	6	27	6
Flexible low care occupancy	60%	56%	74%	71%
Respite beds funded	2	2	2	2
Respite occupancy	17%	19%	75%	40%
Flexible home care places funded	0	2	0	2
Flexible home care place occupancy	0	45%	0	45%

4.1.3 Acute and urgent care

Acute and urgent care is provided at the Ouyen and Sea Lake campuses. MTHCS uses a nurse-led model of care provision, supported by a visiting medical officer (GP on-call). The nurse-led teams work in collaboration with referral hospitals such as Mildura Base Hospital and Swan Hill District Health to provide acute and urgent care services within the clinical capacity of the staff and limitations of support services such as radiology and pathology.

Urgent care and acute care patients are treated on location when safe to do so within the scope of clinical best practice. As required, patients are transferred to either Mildura Base Hospital (from Ouyen) or Swan Hill Hospital (from Sea Lake) based on their injuries and treatment required. Limitations to treatment on site include:

Nursing staff capability levels

Access to a medical officer

Limited pathology services, and

Limited radiography services

Table 4.4 Funded Beds

Service delivery	FY 16 /17		FY 15 /16	
	Ouyen	Sea Lake	Ouyen	Sea Lake
Acute care inpatient bed days	33*	256	273	434
Urgent care presentations	979	375	1,068	374
Non-admitted patients occasions of service	259	375	357	374
Number of palliative care clients	1	4	3	19

*Note: there was no permanent GP in Ouyen I 2016/17 financial year, which limited the number of acute presentations that could be admitted.

4.1.4 Primary care

MTHCS has primary care arrangements to allow community access to GP services in Ouyen, Sea Lake and Murrayville. A nurse practitioner is available in Murrayville and Underbool.

There is a full-time GP in Ouyen. In Sea Lake, a part-time GP works three days per week, supplemented with locums providing five days per week coverage. In Murrayville the GP services are facilitated by Mallee Border Health, with a GP available once per fortnight, supplemented with a nurse practitioner three days per week (see section 4.2.5 for more detail on Mallee Border Health). The Nurse Practitioner model has been well received by community members.

In addition, the Royal Flying Doctor Service (RFDS) provides Ouyen with access to a visiting female GP service once every six to eight weeks (see section 4.2.4 for more detail).

Although the catchment has relatively good coverage of medical services compared with some other rural and remote areas, there continues to be community anxiety regarding current and future availability of GPs, with consumers stating long waiting times as a major concern. This is particularly true of the community in Sea Lake where the recent retirement of the local GP has resulted in a reliance on locum services. MTHCS is identifying opportunities to work in collaboration with Swan Hill District Health towards securing a GP outreach service from the Swan Hill Primary Health Medical Centre,

to supplement the local GP services.

Due to the difficulty associated with recruitment of permanent full time GPs in the catchment, opportunities to develop innovative models of care or workforce training programs will need to be a priority to ensure adequate access to medical services in future. This may include further use of the Nurse Practitioner model, upskilling current nursing staff for appropriate services and expansion of services provided by the RFDS.

In addition, since commencing work in Ouyen in 2017/18, the full-time GP has been working towards achieving accreditation to be a training site for new GPs. Once operational, this could provide another avenue to recruit a GP workforce to the area. Offering other financial incentives or housing may be another mechanism to assist GP recruitment.

4.1.5 Mental health

Access to primary mental health services is a considerable gap across the MTHCS region. Many regional mental health services originate from Mildura or Swan Hill and have indicated limited capacity to provide visiting services that require one or more hours of travel time. The high demand for services within Mildura also impacts the capacity for services to provide a visiting service.

Mildura Base Hospital Mental Health Unit is the acute public service in the region. In addition, Swan Hill District Health offers a counselling service. Both services experience lengthy waiting times due to the high demand in the region, despite the Victorian Government investment of \$4.4 million to expand mental health services in Mildura (funding a new Prevention and Recovery Care Unit that opened in February 2018) [15] and \$2.6 million for sub-acute services at Swan Hill District Health (announced in March 2017) [16]. Mildura Base Hospital Mental Health has limited capacity to provide outreach services – visiting services are provided to Ouyen, and telephone services provided for towns beyond this. Swan Hill District Health does not provide a visiting outreach counselling services, but there are plans to initiate a telehealth service for Sea Lake residents.

Both community members and MTHCS staff feel there is a high demand for mental health services in the catchment. Anecdotal evidence suggests people referred outside the catchment for mental health services often do not attend, highlighting the need for local capacity to manage or follow up with clients.

4.1.6 Allied health and community care

Access to allied health practitioners in the region is limited. MTHCS provides a limited amount of allied health in the acute and community setting, including occupational therapy, community nursing and dental.

Dental services are provided by MTHCS at Ouyen, and via the Royal Flying Doctor Service mobile dental van in Sea Lake, Underbool and Murrayville.

In addition, MTHCS relies on partnerships with other health organisations to deliver visiting services for:

Speech pathology (Robinvale District Health Service)

Dietetics (Robinvale District Health Service), and

Optometry (Royal Flying Doctor Service)

Although previously available, visiting radiography and psychology services are no longer available in the catchment. In addition, private providers are non-existent in the catchment. Previous attempts in the past to establish private practices has been met with limited support.

Both the survey and consultation process found there is significant demand for allied health services, particularly for physiotherapy, speech pathology and social work. With the older population remaining out of residential aged care and in the community to a more advanced age, it can be expected that the demand for allied health services will continue to grow in the region.

However, MTHCS consumers and staff believe the supply of these services is not meeting the demand, particularly considering the infrequency of visiting services in the area due to issues with viability.

To address the shortage of allied health providers within the catchment, alternative models of care should be explored. MTHCS employs Allied Health Assistants (AHAs) to assist the occupational therapist and the visiting physiotherapist. This has been a successful strategy to increase service provision and decrease waiting times, and is a model supported by

service providers. Future investment in the education and development of local AHAs, to be supported by allied health professionals via telehealth or as a visiting service, would meet the needs of the community. In addition, MTHCS will continue to explore service delivery opportunities in allied health with all public and private providers.

4.2 OTHER SERVICE PROVIDERS -VISITING OR REFERRAL

Other necessary services provided in the MTHCS catchment are provided by external providers comprising a mix of other public health services, council, not-for-profits and private providers. As many of these providers are Mildura or Swan Hill based, visiting services are generally unable to provide services to any towns further than Ouyen or Sea Lake due to resourcing and timing constraints. This results in large service gaps for many of the communities within the catchment.

4.2.1 Mildura Rural City Council

Mildura Council is responsible for the provision of the following services to communities within the MTHCS catchment (except Sea Lake which is located within the Buloke LGA):

Child and maternal health nursing services

Community aged care services including Aged Care Assessment Services (ACAS)

Early childhood services (supported playgroup), and

Immunisation services.

Both child and maternal health nursing and immunisation are being provided as visiting services to Ouyen once per month.

Community aged care services are currently provided by council employees based in Ouyen, a model that increases the council's capacity to provide services to other MTHCS catchment towns and enhances the local workforce.

A similar employment arrangement is currently being sought by Mildura RC Council for a child and maternal health nurse in Ouyen.

4.2.2 Mildura Base Hospital

Emergency Department and Acute Care

Mildura Base Hospital is the primary referral hospital for urgent care presentations at Ouyen that cannot safely be managed onsite. Patients are transported by Ambulance Victoria from Ouyen to Mildura Base Hospital Emergency Department (MBH ED) but may have already been transported to Ouyen from further afield such as Underbool or Murrayville.

Despite ongoing communication between Ouyen Urgent Care and MBH ED, there can be lengthy waiting times for transferred patients due to the high demand for MHB ED services and the need for MBH to triage all newly arriving patients onsite, even patients transferred from other health services. High service demand can also necessitate prompt discharge from MBH, which can leave rural residents stranded until transportation can be arranged.

For patients who have been admitted to MBH for an acute episode, community members would welcome service arrangements that enable a step-down model of care between MBH and Ouyen. Such a model could enable stable patients to be transferred back to Ouyen for rehabilitation or monitoring before being discharged home. The challenge with providing this type of model of care is ensuring appropriate clinical governance and competence to maintain high levels of safety for patients. This would require formalised clinical governance arrangements to be established between acute services Ouyen and MBH, plus a degree of trust between both parties. Working with the Victorian Department of Health and Human Services to further strengthen the relationship between Ouyen and MBH is warranted and could facilitate the establishment of new models of care that better suit the community's needs.

Mental health

Tertiary mental health outreach is provided to the MTHCS catchment by Mildura Base Hospital (MBH). Services provided to Ouyen come from one of three community care teams. These are the:

Acute care team

Continuing care team, and

Aged persons care team

The continuing care team experiences the greatest demand for services from the MTHCS catchment and travels to Ouyen once a fortnight, with psychiatry services available once a month. Consultation with the Director of Mental Health Services at MBH revealed significant gaps within the catchment in:

Mental health promotion

Counselling, and

Child and youth mental health services

4.2.3 Swan Hill District Health

Swan Hill District Health (SHDH) is the primary referral hospital for residents of Sea Lake. Patients are transported by Ambulance Victoria from Sea Lake to SHDH Emergency Department (ED) when they can no longer be managed safely on site due to the nature of their clinical presentation. Geographically, SHDH is the closest ED to Sea Lake and therefore the appropriate referral hospital under Ambulance Victoria legislation.

SHDH ED operates 24 /7 and patients can be admitted to SHDH as required. Despite the proximity of SHDH to Sea Lake, some community members noted a preference (where possible) to travel to Bendigo District Health.

For patients admitted to SHDH, a step-down service arrangement that allowed patients to undertake rehabilitation at Sea Lake campus prior to return home, would also be welcome. This would require formalised clinical governance arrangements to be established between acute services at Sea Lake and SHDH, plus a degree of trust between both parties.

4.2.4 Robinvale District Health Service (RDHS)

Visiting allied health services provided by RDHS to Ouyen currently include:

Speech pathology, and

Dietetics

Although demand for dietetics services appear to have been met, community and staff consultations both identified a need to increase the frequency of visiting physiotherapy services and regularity of speech pathology services provided by RDHS. Long waiting lists and cancelled appointments are both issues that have been raised with these services.

4.2.5 Royal Flying Doctor Service (RFDS)

There has been a strong relationship between RFDS and MTHCS with RFDS previously providing regular GP services to Ouyen and continued support of MTHCS allied health staff. RFDS continue to provide a female GP to Ouyen once every six to eight weeks as part of a program that aims to offer rural communities with gender choice in medical services. MTHCS is currently working to increase the frequency of this service to the community as a highly sought-after service within the community.

RFDS also provides optometry services to communities in Ouyen Murrayville and Underbool 10 times a year. Additionally, RFDS will be funding an initiative to increase speech pathology services to MTHCS communities using RDHS speech pathology staff and upskilling MTHCS AHAs in speech pathology modules. Similar options are also being explored for other allied health services such as physiotherapy and occupational therapy.

4.2.6 Mallee Border Health

Mallee Border Health is a privately-owned health service that is hosted by MTHCS to provide primary healthcare and medical services out of its service outlets in Underbool and Murrayville. The current arrangement with Mallee Border Health has been in place since October 2017 and has provided residents in these communities access to:

Nurse practitioner services (2.5 days in Murrayville and 0.5 days in Underbool)

General practitioner services (1 day a fortnight in Murrayville), and

Podiatry and physiotherapy services (Murrayville).

Nurse practitioner services are highly valued by the communities in Murrayville and Underbool, particularly considering the limited access to GPs, experienced more acutely in rural areas. However, nurse practitioners are unable to claim certain items under the Medicare Benefits Schedule (MBS) meaning that consumers accessing these services incur out-of-pocket costs or need to wait for GP availability.

4.2.7 Other private providers

MTHCS also relies on partnership with private organisations to provide:

Dental and oral health services (Tankard Dental)

General practitioner/medical services (Rural Workforce Agency of Victoria and private providers of locum GPs), and

Pathology services (Barratt and Smith Pathology).

4.3 ACCESS TO OTHER SERVICES

Consumers within the catchment generally travel to access services that are unavailable to them in their own communities in larger regional centres such as Mildura, Swan Hill and Bendigo depending on their proximity to these centres. The most commonly accessed services in these regional centres for consumers in the MTHCS catchment are:

Emergency services

Mental health services, and

Specialist services

Although MTHCS currently co-ordinates a volunteer-run transport service, access and distance travelled to services continue to be issues for consumers within the catchment.

4.3.1 Access to cancer screening

Access to services such as cancer screening for skin and breast cancer has been inconsistent for MTHCS communities. Community consultation suggests that mole screening is a high priority for locals. Until recently, community members in Ouyen generally accessed mole screening services in Adelaide through a community-run bus.

Access to the mole screening is now available at the GP clinic at MTHCS in Ouyen. The new service should be promoted among the community to ensure affordable access to mole screening occurs.

Mole screening services are also available in Mildura, although they may be significantly more expensive, presenting financial challenges for consumers.

4.4 KEY PARTNERSHIPS

The distribution of outlets over a large geographical area as well as the size of service communities present significant challenges in the health services' capacity to provide 'place-based' services. Strong partnerships with other organisations within the region are therefore essential for MTHCS' viability, clinical governance and accountability, and future service development.

4.4.1 Regional hospitals

State-wide health policy developed in response to clinical governance issues within small rural health services have emphasised the need for more complex and high care places to be managed by 'lead regional agencies' where staff are more likely to have the skills and expertise to ensure safety and quality of care for consumers.

Agencies relevant to MTHCS are:

Mildura Base Hospital

Bendigo Health

Swan Hill District Health.

4.4.2 Other health services

Collaboration between other health services such as RDHS would allow for a strengthened position upon which to apply for funding available from the PHN for upcoming mental health and other primary care programs.

4.4.3 Other local organisations

Consumers expressed the need for increased partnership between MTHCS and other local organisations such as schools and sports clubs to increase community engagement, especially for sections of the community that may not have much contact with MTHCS. It was also suggested that delivering health promotion programs to children within local schools would also improve the long-term health outcomes of the community, potentially preventing health issues before they arise.

Healthy & happy
communities thrive





Part B: Directions

STRATEGIC DIRECTION

2018/2023

**ENGAGE OUR
COMMUNITY**

**BUILD
OUR FUTURE**

**PURSUE
ORGANISATIONAL
EXCELLENCE**

**DEVELOP OUR
WORKFORCE**

**STRENGTHEN OUR
PARTNERSHIPS**

5 STRATEGIC FRAMEWORK

The following strategic objectives and actions for MTHCS have been developed based on catchment population growth and health needs, availability of other service providers, and National and State policy directions and priorities.

In developing the strategic framework, MTHCS has considered the views of the Board, staff, community members, and critical friends such as Murray PHN.

Five strategic objectives, each with two to three strategic actions, were identified, summarised below.

ONE BUILD OUR FUTURE

- 1 Develop and grow a diverse service delivery portfolio that provides 'cradle to grave' services
- 2 Identify priority service gaps through a needs assessment and develop a service plan to address gaps
- 3 Develop models of care to enhance support for the mental health needs of the community

TWO ENGAGE OUR COMMUNITY

- 1 Build community engagement through strong community and volunteer networks
- 2 Prepare and implement a health literacy strategy for community members

THREE PURSUE ORGANISATIONAL EXCELLENCE

- 1 Strengthen governance and financial arrangements of the organisation
- 2 Develop and articulate Clinical Governance models that ensure accountability
- 3 Upskill management and board members through professional development activities

FOUR DEVELOP OUR WORKFORCE

- 1 Maintain and enhance a 'grow your own' approach to workforce recruitment and retention.
- 2 Engage staff in professional development to enhance confidence and capability of the existing workforce

FIVE STRENGTHEN OUR RELATIONSHIPS

- 1 Initiate and expand innovative models of care to deliver quality services
- 2 Develop and maintain a communications strategy to engage with staff, critical friends, funders and community regarding MTHCS services and programs.

Further detail on the five strategic objectives is presented in the remainder of this chapter.

5.1 STRATEGIC OBJECTIVE 1: BUILD OUR FUTURE



Rationale

MTHCS is the cornerstone of health and community services in the region. The MPS funding model has allowed a breadth of services to be engaged to best meet the needs of the community. As community needs change, and the policy and service environment evolve, MTHCS will adapt to embrace new service lines or partnerships to provide integrated care to community members.

Setting foundations for a healthy and well life in the early years will have long lasting benefits for individuals. Combined with approaches to keeping the community healthier and providing services in the community, where possible, MTHCS will provide a strong foundation for all community members.

Access to aged care in the community and in residential aged care facilities is a required resource for an ageing population, and demand for services will only increase as the expected growth of the over 65-year-old population continues to grow.

A detailed assessment of the needs of the community, projected demand for services, other service providers available in the area and emerging methods of service delivery (e.g. community versus residential care and telehealth opportunities) will enable MTHCS to fully identify the most appropriate service provision mix for the next five years and beyond.

One area already highlighted as a gap by staff, community and external stakeholders is access to mental health services. Limited visiting services plus limited transportation make it difficult for community members to access services, despite the high demand in the region. Innovative models of care including use of telehealth and case coordination could assist the growing demand for services.

Challenges

The geographic distance in the MTHCS catchment and the distance of towns from regionals centres such as Mildura and Swann Hill make it difficult for visiting service providers in the region.

Travel to regional centres or metropolitan areas is challenging as there is no public transport available in the region. As a primary producing region, there is unlikely to be an influx of population for new or emerging industries.

Affordable housing in the region attracts vulnerable families struggling in metropolitan areas. These families are not likely to be reflected in population projections and are likely to need access to public health and childcare services, with limited transportation options.

MTHCS advantage

As the primary provider of public health care and early years services in the catchment, MTHCS feels a duty of care to ensure access to necessary care in an equitable fashion for community members.

Strategic objective 1: Build our future		
Strategic Actions	Indicative timeframe	Expected outputs and outcomes
1.1 Develop and grow a diverse service delivery portfolio that provides 'cradle to grave' services	Short to medium term	<ul style="list-style-type: none"> - Needs analysis to identify service gaps and priorities (growth areas) based on statistical data, community perspectives and service environment. - Service planning will enable growth of existing services and development of new service lines, e.g. increase medical services, increase aged care services, new disability services and home care services, depending on needs identified. - New PHN commissioning models will enable an integrated approach to a stepped model of care for mental health that will provide opportunities to partner with mental health service providers to ensure a coordinated and supported approach including local touch points, improved uptake of services and greater awareness of service availability.
1.2 Identify priority service gaps through a needs assessment and develop a service plan to address gaps	Short term	
1.3 Develop models of care to enhance support for the mental health needs of the community	Short to medium term	



5.2 STRATEGIC OBJECTIVE 2: ENGAGE OUR COMMUNITY

Rationale

MTHCS catchment has a strong community focus. Community members look out for one another and build resilience through mutual support. MTHCS prides itself on the current level of community engagement and seeks to build and strengthen this in future years.

The value of volunteers should never be underappreciated. MTHCS is thankful for the ongoing support of the community volunteers. Increasing the strength of the volunteer network will further enhance the great community works undertaken and will support services. MTHCS would like to further engage with community of all ages, work with schools and early childhood education and care, and welcome new community members. MTHCS will work with community to improve information flow in plain language.

Challenges

Many volunteers are aging and less able to give as they have previously. Younger volunteers have competing priorities of work and family and have less spare time to give.

Health is a complicated system and it can be difficult to know what services are available and where to find them. Providing information to assist people navigate the system is a first step to improving access.

MTHCS advantage

MTHCS does not provide all services in the community, but it is a known and stable point of contact that can provide consistent messages to the community about where and how to access services.

Strategic objective 2: Engage our community		
Strategic Actions	Indicative timeframe	Expected outputs and outcomes
2.1 Build community engagement through strong community and volunteer networks	Short to medium term	<ul style="list-style-type: none"> - Volunteer networks strengthened through engagement of micro-volunteering. - New community members engaged in local activities that improve wellbeing and access to other MTHCS services. - Increased health literacy in the community.
2.2 Prepare and implement a health literacy strategy for community members	Short to medium term	



5.3 STRATEGIC OBJECTIVE 3: PURSUE ORGANISATIONAL EXCELLENCE

Rationale

Optimising organisational operation through unified policies and procedures will ensure equitable access to services across the catchment. Exploration of new funding opportunities will enable a diverse service provision that will increase sustainability and provide security.

Development of clinical governance models will enable MTHCS and critical friends to understand current capability, work within this and allow MTHCS to identify capability gaps.

Continued professional development for management and board members will ensure organisational operations are optimised.

Challenges

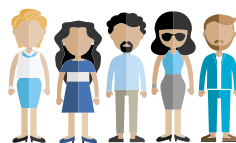
Balancing the community needs for acute / urgent care with safe clinical practice for low volume events.

MTHCS advantage

MTHCS constantly seeks to provide the best and safest care for community members.

Strategic objective 3: Pursue organisational excellence		
Strategic Actions	Indicative timeframe	Expected outputs and outcomes
3.1 Strengthen governance and financial arrangements of the organisation	Short to medium term	<ul style="list-style-type: none"> - Review and streamline organisational policies and procedures. - Prepare a capital master plan for a) refurbishment of existing assets, b) new build requirements and feasibility. - Meet and exceed clinical accreditation standards. - Undertake and implement a clinical Governance Review. - Undertake and implement Board evaluation and professional development.
3.2 Develop and articulate Clinical Governance models that ensure accountability	Medium term	
3.3 Upskill management and board members through professional development activities	Short to medium term	

5.4 STRATEGIC OBJECTIVE 4: DEVELOP OUR WORKFORCE



Rationale

Recruiting suitable health professionals to rural and remote areas is a challenge Australia wide. Research indicates that health professionals who originated from regional and rural areas are most likely to practice regionally/rurally once qualified. This highlights the importance of enabling rural and remote people to participate in health education and learning opportunities and could start as early as school promotion of health career pathways.

Providing employment opportunities to local people strengthens the community and provides greater sustainability of the workforce. Enabling health career pathways for local people through traineeships and upskilling existing clinical capacity provides opportunities to provide in-place services through a local workforce. With health being one of the top industries of employment in Ouyen, this is especially important for future sustainability.

In addition, generating employment for a local workforce will reduce the need for visiting services and/or enable a broader reach of existing visiting services, increasing service delivery options to all towns in the MTHCS catchment.

Challenges

Recruiting suitable health professionals to rural and remote areas.

Identifying people interested in pursuing a health career may be a limiting factor that could be mitigated through attractive carer pathways and the opportunity to remain local.

MTHCS advantage

MTHCS is the largest employer for health services in the catchment. It is ideally placed to support local workforce through traineeships and capacity building.

Strategic objective 4: Develop our workforce		
Strategic Actions	Indicative timeframe	Expected outputs and outcomes
4.1 Maintain and enhance a 'grow your own' approach to workforce recruitment and retention	Medium to long term	<ul style="list-style-type: none"> - Develop and implement a workforce plan to: <ul style="list-style-type: none"> - increase clinical capability of staff (upskilling) - increase number of local staff / services provided. - Greater transparency of career pathways and education / training opportunities. - Increased number of traineeships available. - Increased sustainability of the local workforce. - Annual participation in the Victorian Public Sector Commission 'People Matter Survey' to inform MTHCS of staff engagement and job satisfaction.
4.2 Engage staff in professional development to enhance confidence and capability of the existing workforce	Medium to long term	



5.5 STRATEGIC OBJECTIVE 5: STRENGTHEN OUR RELATIONSHIPS

Rationale

Access to traditional workforce models in rural Australia is challenging but has led to the development of some new and innovative processes to allow quality care to be delivered in geographically isolated areas. Embracing new models of service delivery will increase access to services and provide professional development and career opportunities for staff.

Proven innovative models of service delivery have already been implemented in sections of the MTHCS catchment such as the Nurse Practitioner model in Underbool and Murrayville, telehealth trials for Geri-connect to link elderly residents to geriatricians in regional centres / metropolitan areas, use of allied health assistants to support allied health professionals and reduce waiting times, and use of a nurse-led model of care for acute and urgent care with on-call GP support. These models have been successful and supported in the catchment and provide platforms for further expansion.

Enhanced partnerships with regional services providers including health services, private providers and local council, and connection with funding bodies such as the Department

of Education and the Department of Health and Human Services and the Primary Health Network will assist the development of new models of service delivery that best meet the needs of the MTHCS community.

Challenges

Difficulties in recruiting traditional health professionals to rural and remote areas.

Articulating a common goal among external service providers that best suits the needs of the community.

MTHCS advantage

MTHCS acts as a driving force to advocate for the health / early years care needs of the community and can rally external service providers to work towards a common goal to improve equitable access to care across the region.

MTHCS is open to and embraces innovative models of care to ensure community members have equitable access to the services they need.

Strategic objective 5: Strengthen our relationships		
Strategic Actions	Indicative timeframe	Expected outputs and outcomes
5.1 Initiate and expand innovative models of care to deliver quality services	Medium to long term	<ul style="list-style-type: none"> - Enhancement or expansion of: <ul style="list-style-type: none"> - nurse-led models of care - nurse practitioners - nurse-supported telehealth with specialists - allied health assistants for acute, community and aged care. - Formal partnerships with critical friends and a common goal / agenda set. - Communication strategy to maintain and strengthen partnerships. - Communication strategy for staff to create a unified team across all MTHCS sites. - Communication strategy for community members to allow easier navigation of MTHCS services and broader health services in the region.
5.2 Develop and maintain a communications strategy to engage with staff, critical friends, funders and community regarding MTHCS services and programs	Short to medium term	

06 Appendices

APPENDIX A, LIST OF GROUPS CONSULTED BY HMA

Community

- [Ouyen \(11 attendees\)](#)
- [Sea Lake \(7 attendees\)](#)
- [Murrayville \(3 attendees\)](#)
- [Underbool and Walpeup \(6 attendees\)](#)
- [Patchewollock \(1 attendee\)](#)

MTHCS Staff

- [Ouyen focus group 1 \(6 attendees\)](#)
- [Ouyen focus group 2 \(5 attendees\)](#)
- [Sea Lake \(6 attendees\)](#)

External Stakeholders

- [Di Thornton, Nurse Practitioner at Mallee Border Health](#)
- [Dr Ashraf Takla, General Practitioner at Ouyen Medical Centre](#)
- [David Kirby, Director of Mental Health Services at Mildura Base Hospital](#)
- [Cheree Jukes, Community Services Coordinator at Mildura Rural City Council](#)
- [Melissa Wade, Director of Clinical Services at Sunraysia Community Health](#)
- [Andrew Kalluar, Department of Health and Human Services Victoria](#)
- [Jason Minter, Executive Regional Director at Murray PHN](#)
- [Mara Richards, CEO at Robinvale District Health Service](#)
- [Margaret Kuhne, Royal Flying Doctor Service](#)



APPENDIX B, SUMMARY OF MTHCS CATCHMENT HEALTH NEEDS

Projected population growth by age group

Table 6.1 Estimated change in population (2016–2031) by age group and LGA

Age range	LGA			
	Buloke	Mildura	Swan Hill	Mallee
[0–6]	-13.6%	2.4%	-0.7%	0.7%
[7–19]	-32.9%	-2.4%	-11.3%	-6.7%
[20–34]	-10.4%	14.1%	-1.4%	8.5%
[35–49]	-20.2%	2.3%	7.6%	2.3%
[50–64]	-34.2%	-1.3%	-14.4%	-7.4%
[over 65]	9.5%	49.7%	29.5%	40.6%
Total % change	-15.9%	11.4%	1.5%	4.8%
2016 Census Population	5,858	53,356	20,394	89,527

Source: Australian Bureau of Statistics (2016 and 2011) Census Data, Victorian Government Department of Environment, Land, Water and Planning (2016) Victoria in Future ERP

Aboriginal and Torres Strait Islander Population

Table 6.2 Number and percentage of total population of individuals identifying as Aboriginal and Torres Strait Islander

MTHCS Service Location	Number of Aboriginal and Torres Strait Islander persons	% of total population
Sea Lake	6	0.9%
Ouyen & Walpeup	24	2%
Patchewollock	0	0
Underbool	0	0
Murrayville	4	1.4%
Manangatang	14	4.5%
Mallee	3,820	2.8%
Victoria	47,788	0.8%

Source: Australian Bureau of Statistics (2016) ‘QuickStats’ Census Data

Culturally and linguistically diverse (CALD) population

Table 6.3 Households where a language other than English spoken, by MTHCS service location

MTHCS service location	Number of households where a language other than English is spoken	% of total households
Sea Lake	6	2.0%
Ouyen & Walpeup	19	2.8%
Patchewollock	0	0
Underbool	0	0
Murrayville	3	2.3%
Manangatang	8	6.2%
Mallee	4,574	8.0%
Victoria	624,141	27.8%

Source: Australian Bureau of Statistics (2016) 'QuickStats' Census Data

Preschool aged population

Table 6.4 Number of preschool aged children in MTHCS service locations and percentage of children who are developmentally vulnerable, by LGA

MTHCS Service Location	Program type	Pop (0-4) in 2016	Attending pre-school in 2016	%	Developmentally vulnerable children (2015)	
					1+ domains	2+ domains
Ouyen & Walpeup	Kindergarten	55	16	29%	28.3%	17.4%
Underbool	Early Learning Centre	18	3	17%		
Murrayville	Early Learning Centre	11	4	36%		
Manangatang	Pre-school	11	6	55%	42.4%	21.2%
Sea Lake	Pre-school	21	3	14%	14.3%	8.6%
Patchewollock	-	5	4	80%	13.6%	13.6%
Victoria		94,970	371,220		19.9%	9.9%
Australia					22%	11.1%

Source: Australian Bureau of Statistics (2016) 'Census Data' and Commonwealth Department of Education and Training (2015) 'Australian Early Development Census' Note: Developmental statistics for Ouyen & Walpeup, Underbool and Murrayville have been collected as North West Mallee from Mildura Community, Sea Lake statistics have been collected as Northern Buloke from Buloke Community, Patchewollock statistics have been collected as Hopetoun and surrounds from Yarriambiack Community and Manangatang statistics collected from Manangatang/Boundary Bend/Nyah from Swan Hill Community.

Population health indicators

Table 6.5 Victorian Population Health Survey and VicHealth Indicators Survey results for Mallee compared to Victoria

Indicator	Buloke	Mildura	Loddon Mallee	Victorian average
Self-rated wellbeing (average score out of 100 points)	80.7	78.2	Data not available	77.3
Population with high or very high level of psychological distress	11.6%	14.0%	12.0%	12.6%
Adults with high/very high level of social isolation	10.1%	19.1%	18.5%	17.3%
Population with insufficient physical activity	44.1%	44.2%	50.4%	50.4%
Serves of vegetables consumed per day	2.3	2.3	8.2% met minimum requirement	2.2 (8.2% met minimum requirement)
Serves of fruit consumed per day	1.4	1.5	40.8% met minimum requirement	1.6 (47.8% met minimum requirement)
Population that are current smokers	18.7%	18.7%	15.1%	13.1%
Population consuming alcohol at lifetime risk of alcohol related harm	59.7%	59.3%	58.95	59.2%
Population who are overweight or obese	56.1%	53.2%	52.8%	50.0%

Source: VicHealth (2016) 'VicHealth Indicators Survey 2015' and Victorian Government Department of Health and Human Services (2015) 'Victorian Population Health Survey Selected Results, 2014'

Chronic disease prevalence

Table 6.6 Percentage of the population with selected chronic conditions in 2014

Chronic condition	Buloke	Mildura	Loddon Mallee	Victoria
Heart Disease	5.3%	7.0%	6.5%	7.2%
Stroke	1.6%	2.7%	2.3%	2.4%
Cancer	6.7%	9.7%	8.0%	7.4%
Osteoporosis	4.1%	6.5%	6.1%	5.2%
Arthritis	17.7%	19.9%	22.3%	19.8%
Type 2 Diabetes	10.3%	6.7%	5.3%	5.3%
Depression or anxiety	32.8%	27.0%	25.8%	24.2%
At least one chronic disease	50.4%	48.8%	49.5%	47.1%

Victorian Government Department of Health and Human Services (2015) 'Victorian Population Health Survey Selected Results, 2014'

Screening rates and use of clinical services

Table 6.7 Proportion of the population accessing cancer screening and other clinical services

Services Accesed	Buloke	Mildura	Loddon Mallee	Victoria
Adults who visited a GP in past 3 months	61.1%	65.2%	58.1%	59.9%
Adults who have had their blood pressure checked	80.9%	84.3%	79.3%	79.9%
Adults who have had their cholesterol checked	58.3%	52.8%	55.6%	59.5%
Adults who had their blood sugar checked	60.3%	59.5%	53.9%	53.1%
Population who sought professional help for a mental health problem	22.0%	21.9%	18.5%	16.0%
Adults who took part in bowel cancer screening	58.6%	68.1%	66.9%	59.9%
Women aged 50–74 who have had a mammogram in the past two years	77.3%	79.2%	76.1%	73.0%
Population who have had an eye test by a professional	91.0%	89.6%	90.8%	89.1%

Industries of employment

Industry of employment, top responses (employed people aged 15 years and over)	Ouyen		Walpeup		Patchewollock		Underbool		Murrayville		Sea Lake		Victoria		Australia	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Other Grain Growing	42	9.8	6	12.8	9	36	24	29.6	12	11.8	29	16.7	3,684	0.1	19,053	0.2
Grain-Sheep or Grain-Beef Cattle Farming	24	5.6	11	23.4	7	28	19	23.5	21	20.6			2,301	0.1	15,056	0.1
Sheep Farming (Specialised)			8	17	3	12	7	8.6					4,974	0.2	18,197	0.2
Vegetable Growing (Outdoors)									5	4.9			3,278	0.1	14,911	0.1
Other Fruit and Tree Nut Growing													425	0	6,413	0.1
Other Agricultural Product Wholesaling					3	12							2,798	0.1	10,610	0.1
Grain Storage Services									7	6.9			615	0	2,683	0
Primary Education							6	7.4					52,964	1.9	231,198	2.2
Secondary Education	18	4.2											43,766	1.6	177,487	1.7
Combined Primary and Secondary Education									11	10.8	19	10.9	28,778	1.1	122,286	1.1
Other Allied Health Services	44	10.3	8	17			6	7.4					19,354	0.7	68,701	0.6
Hospitals (except Psychiatric Hospitals)											17	9.8	110,827	4.1	411,808	3.9
Local Government Administration	19	4.4									9	5.2	38,163	1.4	142,724	1.3
Supermarket and Grocery Stores			4	8.5							12	6.9	65,341	2.4	254,275	2.4

APPENDIX C, CATCHMENT STATISTIC SUMMARY BY TOWN

OUYEN



LGA: Mildura
Department of Education: North West Region

Population

1,191

ERP 2021 ▼ -6%
ERP 2026 ▼ -12%

Median age: 52

Early Years (0-4)

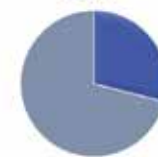
4%



VIC: 6.3%
ERP 2021 ▼ -8%
ERP 2026 ▼ -12%

Seniors (65+)

29%



VIC: 15.8%
2021 ▲ +13%
2026 ▲ +26%

Industry

10.3%



Health

Income / Rent

Median weekly income
\$878
VIC: \$1,419

Median weekly rent
\$130
VIC: \$325

Core activity need for assistance (15+)
8%

Unpaid assistance (15+) to a person with a disability
9%

WALPEUP



LGA: Mildura
Department of Education: North West Region

Population

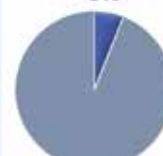
158

ERP 2021 ▼ -6%
ERP 2026 ▼ -12%

Median age: 50

Early Years (0-4)

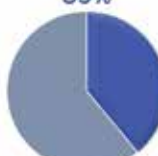
6%



VIC: 6.3%
ERP 2021 ▼ -8%
ERP 2026 ▼ -12%

Seniors (65+)

39%



VIC: 15.8%
2021 ▲ +13%
2026 ▲ +26%

Industry

23.4%



Grain-sheep,
grain-beef

Income / Rent

Median weekly income
\$915
VIC: \$1,419

Median weekly rent
\$125
VIC: \$325

Core activity need for assistance (15+)
8%

Unpaid assistance (15+) to a person with a disability
15%

UNDERBOOL



LGA: Mildura
Department of Education: North West Region

Population

215

ERP 2021 ▼ -6%
ERP 2026 ▼ -12%

Median age: 48

Early Years (0-4)

8%



VIC: 6.3%
ERP 2021 ▼ -8%
ERP 2026 ▼ -12%

Seniors (65+)

26%



VIC: 15.8%
2021 ▲ +13%
2026 ▲ +26%

Industry

29.6%



Other grain
growing

Income / Rent

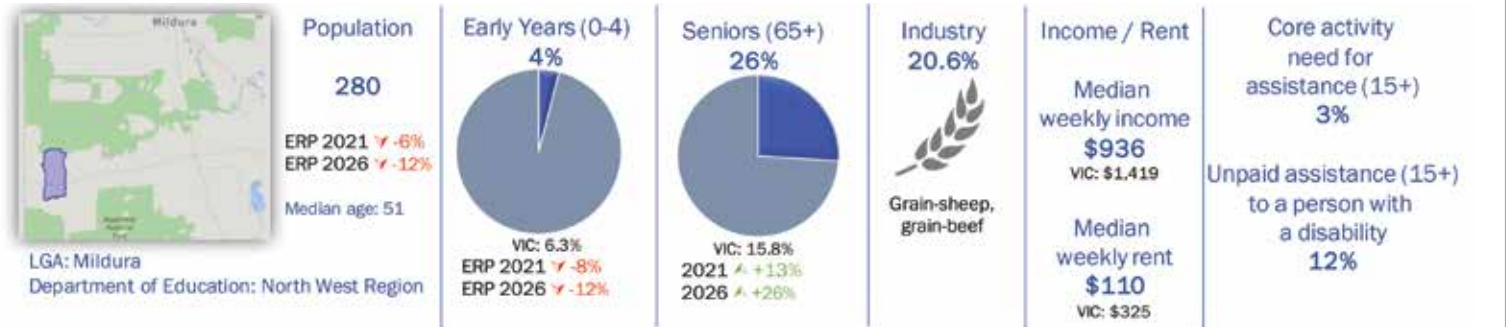
Median weekly income
\$1,111
VIC: \$1,419

Median weekly rent
\$65
VIC: \$325

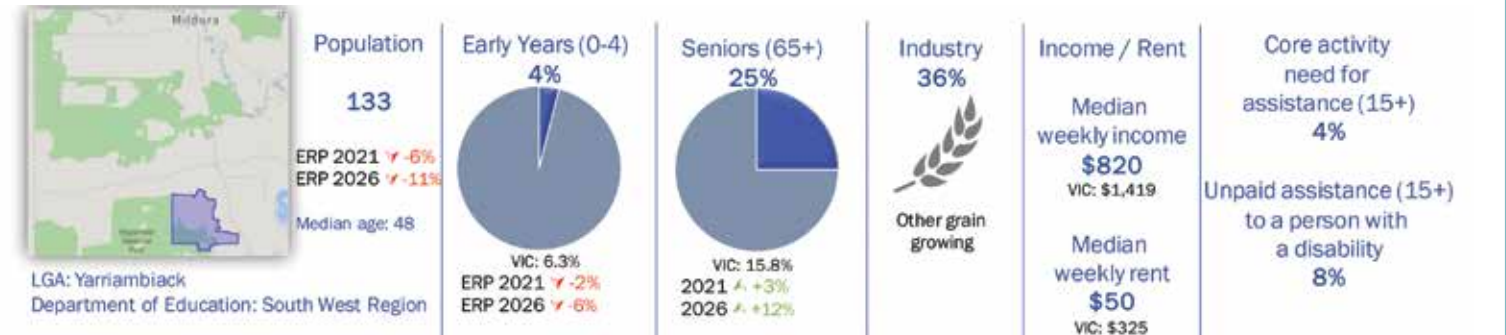
Core activity need for assistance (15+)
3%

Unpaid assistance (15+) to a person with a disability
10%

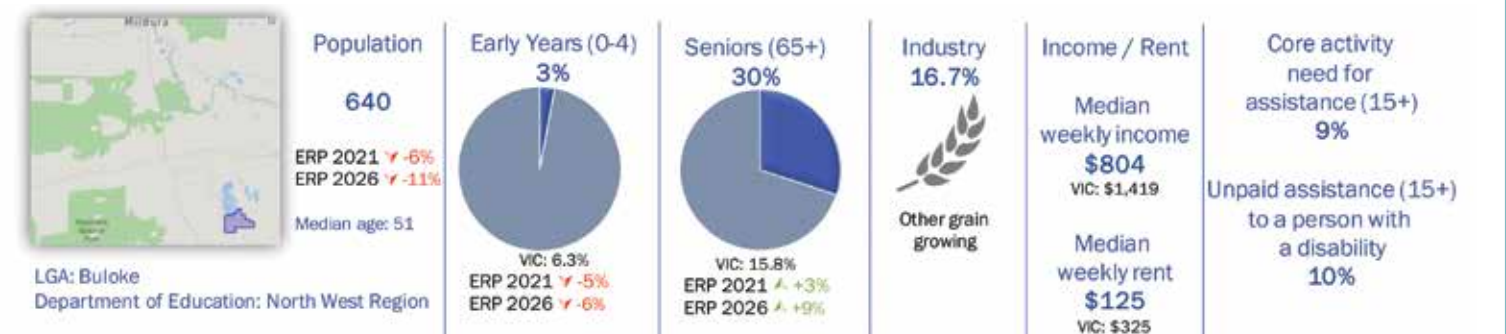
MURRAYVILLE



PATCHEWOLLOCK



SEA LAKE



MANANGATANG



APPENDIX D, REFERENCES

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- [16] <http://www.shdh.org.au/media-releases/new-sub-acute-services>

LOCATIONS

OUYEN

The Ouyen Health Service is located at 28 Britt Street, Ouyen. Telephone 03 50921111 Fax 03 50921177

Ouyen Neighbourhood House is located at 46 Oke Street, Ouyen. Telephone 03 50922557.

Pattinson House is located at 63 Hughes Street, Ouyen. Telephone 03 50922559.

Mallee Minors Child Care Centre is located at Hughes Street, Ouyen. Telephone 03 50921077.

Ouyen Preschool is located at 78 Oke Street, Ouyen. Telephone 5092 1347. (Monday, Tuesday and Thursday)

SEA LAKE

The Sea Lake Health Service is located at 33-43 McClelland Avenue, Sea Lake. Telephone 03 50702155.

Sea Lake Neighbourhood House 200 Best St, Sea Lake VIC. Telephone 03 50701448.

Mallee Minors Child Care and Preschool Centre is located at 55 Mudge St, Sea Lake. Telephone 03 50910292

**FOR MORE INFORMATION
VISIT: WWW.MTHCS.COM.AU**

MURRAYVILLE

The Service Centre and Neighbourhood House are located in Gray Street, Murrayville. Telephone 03 50952070 (Service Centre) and 03 50952205 (Neighbourhood House).

Mallee Minors Child Care and Early Learning Centre is located at the corner of Francis St and Gray St, Murrayville. Telephone 03 50952137 (Wednesday and Friday)

UNDERBOOL

The Service Centre is located in Monash Avenue, Underbool. Telephone 03 50946272.

Mallee Minors Child Care and Early Learning Centre is located at Cotter Street, Underbool. Telephone 03 50946273 (Tuesday and Thursday)

PATCHEWOLLOCK

The Service Centre is located in Algerian Street, Patchewollock. Telephone 03 50921111

MANANGATANG

The Preschool is located at Sea Lake Road, Manangatang. Telephone 03 5035 1368. (Tuesday, Wednesday and Thursday)

