



Municipal Public and
Community Health Strategic
Plan 2007-2012 for Hume City

DIANELLA COMMUNITY HEALTH SERVICE PLAN



TOWARDS A HEALTHIER FUTURE

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EXECUTIVE SUMMARY

Hume City represents one of the most culturally, linguistically and socio-economically diverse communities in Victoria. The challenge of 'Working towards a healthier Hume' requires a broad range of services to be provided by a diverse range of organisations working collaboratively to support the community. The Municipal Public and Community Health Strategic Plan outlines strategies to achieve this aim and provides strategic recommendations for Hume City Council, Dianella and Sunbury Community Health.

Population Growth

The current service system is stretched to capacity and demand for services is growing more rapidly than the ability to provide those services. The needs analysis provided in this report suggests that the requirement for services will continue to grow in the years between 2007 and 2012. Significant additional infrastructure and human resources will be required to maintain current service levels given that the overall population increase in the next ten years is predicted to lie between 40,000 and 106,000 additional residents. Even the most conservative growth estimates equate to a regional city. The higher growth estimates indicate an overall growth rate of 40%, representing extremely high levels of growth by any standards. Furthermore, hidden in this overall average growth rate are extreme examples such as the suburb of Craigieburn which is predicted to grow from a population of 15,000 to 55,000 in 15 years.

Closely associated with this level of growth is the need for development of infrastructure and the expansion of health and social support services, to a similar degree as would occur in the development of a new town or regional city.

Exponential growth of the elderly population

Within the overall population growth, Hume City is predicted to experience one of the steepest growth rates in Victoria for the aged population over the next decade. Currently one of the 'youngest' municipalities with an average age of 32.5 years which lies well below the average for Victoria, this situation is set to change with the 65+ age group increasing from about 9% to at least 17% of the population by 2016.

Growth of the elderly population is a challenge to almost every municipality in Australia; however, growth of this magnitude is less common and requires significant development of infrastructure and services. More importantly, this level of growth in the elderly population, combined with the high overall growth in the population, represents what has been described as a 'double wave' of growth to drive the need for increased infrastructure and services.

High levels of disadvantage and diversity

Hume City is home to some of the most disadvantaged communities in Victoria with Dallas, Broadmeadows and Campbellfield being amongst the ten lowest ranked suburbs for economic resources, education and occupation in Victoria. Hume City also comprises six of the 20 (out of 338) lowest ranked suburbs in Melbourne for the SEIFA index of disadvantage. Some 15% of the overall population receives Centrelink benefits while some data suggests that the level of those receiving unemployment benefits in the Neighbourhood Renewal area is more than double the mean for Victoria. In the Broadmeadows SLA, the average weekly individual income lies at \$290 which is well below the Melbourne average of \$443.

In addition to the socio-economic indicators, high levels of cultural diversity also contribute to increased levels of disadvantage as access to education, resources and culturally appropriate services may be affected by lack of understanding of the service system and limited language skills. In the Broadmeadows SLA, only 46% of homes are described as speaking English only while average for Melbourne is almost 70% and Sunbury SLA lies at 94%. In Campbellfield, only 21% of homes report speaking English only.

High levels of chronic disease

Like many other parts of Australia, Hume City is faced with the growing burden of chronic diseases such as diabetes which can impact on the health and wellbeing of an individual for decades. Apart from the strain this places on primary and community health services, diabetes complications account for the largest proportion of avoidable hospital admissions in Hume. In the 2004/2005 financial year, the hospital admissions for Hume residents with diabetes increased by 21% when compared with the previous year. Other chronic illnesses, such as heart disease, arthritis and cancer, continue to represent significant demands on the health system and require a different type of care from that required to treat shorter episodes of ill health.

Health promotion and early intervention strategies aimed at preventing a significant increase to the burden of chronic disease will need to continue to be at the forefront of planning for public and community health services.

Mental illness

Mental illness represents the leading cause of illness for residents of Hume City as for the rest of Victoria. However, the rates of depression are significantly higher in Hume (33%) than for the rest of Victoria (29%) and are the leading cause for 'disability' or ill health for both men and women. A significant contributor to mental illness is alcohol and drug abuse and evidence suggests that especially young men are not accessing the services to the required degree. This is in part due to lack of available services, but also due to a lack of willingness to access these services. An increase in mental health services and alcohol and drug treatment services, as well as the promotion of these services, is strongly recommended.

Vulnerable population groups

A number of particularly vulnerable population groups have been identified as requiring targeted support from health and human services providers in order to improve the overall health of the community.

Hume City is home to about 700 Aboriginal and Torres Strait Islanders. The average life expectancy for Aboriginal males in Victoria is still 21 years lower than for the average population, indicating a poor health status overall. As a result, targeted programs and services will need to continue to work toward improving the health of this part of the community.

Over 3,000 refugees and new arrivals have become residents of Hume City between 2001 and 2005 with numbers increasing steadily every year. Anecdotal information suggests that these numbers are set to increase with new arrivals moving to Hume City from other suburbs. New arrivals face multiple challenges in adapting to the new environment and understanding how to access the service system in Australia.

Babies and young children also represent a group requiring significant levels of community support. Waiting lists for services to treat developmental delay stretch into months and even years, often well beyond the window of opportunity to provide the most effective treatment. Of particular concern is the burden of disease information which indicates that the rate of congenital abnormalities and birth defects has doubled in Hume City while it is declining in other regions. Apart from the distress this represents for these individuals and their families, these children will require significant support for the remainder of their lives.

Hume City has a higher proportion of young people than is the case for the rest of Victoria. High levels of youth unemployment, teen pregnancy, alcohol and drug abuse, represent some of the contributing factors and result in high levels of disengagement.

Older persons require significant support to meet the requirements of daily living and to care for health problems. The high levels of growth of older persons especially in the SLAs of Broadmeadows (95%) and Craigieburn (119%), mean that it will be increasingly difficult to provide adequate support without significant expansion to infrastructure and services. It also suggests that new approaches to keeping older persons healthy and independent longer will be required to deal with such unprecedented levels of growth.

Priorities

The following priorities have been recommended and agreed as over-arching strategies for strategic planning for the project partners.

Priority 1: Together we do best

A genuine culture of partnership and collaboration of organisations planning and working with each other and the community to improve services and advocate for the health of the community.

Priority 2: Investing in infrastructure and services

Sustainable infrastructure and provision of health and human services to match population growth and provide increased capacity in areas of disadvantage and the urban fringe.

Priority 3: A caring and connected community

Those who require support to address social, economic and emotional health issues receive assistance and are able to better access services, participate in and contribute to the community.

Priority 4: Keeping healthy

People who live, work or play in Hume City are protected from infection and disease and are actively encouraged to seek good health, prevent illness and manage chronic health issues.

Priority 5: Healthy design

Suburbs and neighbourhoods are developed or re-developed in ways that support healthy lifestyles and encourage increased physical activity.

1. INTRODUCTION

1.1 Background: An innovative approach for Hume City

This document represents an innovative approach to health planning which is a 'first' for the state of Victoria. This plan takes an area-based approach that will assist with the planning of health and human services for Hume City for the period 2007 to 2011.

For the first time, the processes of developing a Municipal Health Plan (MHP) and Strategic Services Plans for two Community Health Services have been combined to create a Municipal Public and Community Health Strategic Plan. The result is a planning process that takes a 'whole-of-community' and 'whole-of-government' approach and the development of three planning documents that have been merged into a cohesive whole.

More importantly, this planning process has been actively supported by a range of service providers who have provided guidance through the Expert Reference Group. In addition, many other service providers, which cannot be individually recognised in this document, play a vital role in meeting the needs of this community. While this document does not incorporate the specific planning documents of each of these organisations, they form an integral part of planning for Hume City and will continue to provide a vital role in successful partnerships.

As such, this plan provides the framework for future investment and maintenance of effort in health promotion, health protection and development of primary and community health care services. It also recognises the role of acute and sub-acute services in the area. The recommendations for this report have been summarised into five overriding goals that are then translated into more specific goals for service providers.

This innovative approach has been made possible through the cooperation of Hume City Council, Dianella and Sunbury Community Health Centre¹, which have undergone this integrated planning process to determine the best mix of services to be provided for the community and the best opportunity to create synergies which achieve optimum outcomes for the community. Each of the project partners has made a commitment to moving forward together and working to achieve synergies as well as identifying the optimal use of resources available across these organisations.

The area-based approach is built on a number of key elements relating to different service types and the need for a continuum of care. These elements include:

- Health promotion: education, advocacy and support to promote healthier lifestyles, community connectedness and healthy environments
- Health protection: minimising the risk of infectious disease, food poisoning and environmental hazards
- Community based primary care services: provision of accessible and holistic health services to individuals and families encompassing physical, mental and social wellbeing
- Ambulatory care services: a range of support services requiring a higher degree of clinical expertise which can be provided in the community rather than in acute hospital settings
- Bed based or acute services: traditional hospital based care focussed on episodes of ill health

1.2 Objectives

The objectives of the planning process reflected in this document were to:

- Identify the impact and opportunities of current health policies
- Identify key factors that will influence the mix of services and infrastructure
- Collate key strategic planning directions at a state-wide, regional and local level

An example of good health care

Experience has shown that better outcomes are achieved when service providers work together to provide a continuum of care. For example, in Hume City there are examples where patients who have left hospital following a heart attack and have received a series of rehabilitation sessions at a community health centre followed by a program at the local municipal leisure centre. In addition these patients have been able to manage aspects of care through improved health education.

¹ Detailed information on project partners is available in Chapter 8

Ottawa Charter for Health Promotion

Health promotion is the process of enabling people to increase control over, and improve, their health. Health is seen as a resource for everyday life, not the objective of living. Health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing. The fundamental conditions and resources needed for good health are:

- Peace
- Shelter
- Education
- Food
- income

1.3 The social model of health

The planning recommendations developed as part of this Municipal Public and Community Health Strategic Plan are guided by a needs-based approach which builds on the social model of health. The concept of a social model of health is an internationally accepted approach that recognises that health and wellbeing is determined by a wide range of factors, including socio-economic indicators.

This concept was enunciated and accepted at an international conference in Ottawa in 1986.

Health promotion priority action areas identified in the Ottawa Charter are:

- **Build healthy public policy:** health promotion policy combines diverse but complementary approaches, including legislation, fiscal measures, taxation and organisation change. Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors and the development of ways to remove them.
- **Create supportive environments:** the protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.
- **Strengthen community actions:** community development draws on existing human and material resources to enhance self-help and social support, and to develop flexible systems for strengthening public participation in, and direction of, health matters. This requires full and continuous access to information and learning opportunities for health, as well as funding support.
- **Develop personal skills:** enabling people to learn (throughout life) to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings.
- **Re-orient health services:** the role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Re-orienting health services also requires stronger attention to health research, as well as changes in professional education and training.
- **Moving into the future:** caring, holism and ecology are essential issues in developing strategies for health promotion. A guiding principle should be that women and men should become equal partners in each phase of planning, implementation and evaluation of health promotion activities.

1.4 The role of partnerships

1.4.1 Providing appropriate health care for the community through partnerships

This planning process recognises that health service provision is part of a complex system of organisations and individuals who all interact with members of the community to support them in managing their health. It also recognises the importance of achieving better collaboration between different parts of the health sector.

The aim of this planning process is to ensure that:

- There is more focus on primary care and self care than has been the case in the past.
- The interface issues between each of the sectors are managed more effectively.
- The most effective care possible is provided at each service point.

Many aspects of government policy development also highlight the importance of partnerships and collaboration in providing a continuum of care. For example, Care in Your Community ², a key policy document outlining a vision for the future of health care in Victoria, recognises the roles of different service providers in ensuring the best care for members of the community. Figure 1 provides a diagrammatic representation of the different parts of the service system and the importance of taking an area based approach to planning service delivery. A more detailed discussion of policy directions is provided in Section 2 of this document.

² Care in your Community, DHS, 2006

Figure 1: A diagrammatic representation of Care in Your Community policy directions

		Types of care					
		Management of chronic and complex		Episodic and urgent care		IHP and illness prevention	
Settings		Classification					
Hospital based setting	1. Area-based planning and data analysis to determine the needs of the catchment	Level 1 facility					
Community centre base		Level 2 facility					
Outreach setting		Level 3 facility					
	2. Collaborative approach to delivery of services in response to community needs, reflecting the fundamental principle of delivering in the community where it is safe and cost effective to do so	Level 4 facility					
		Inpatient admission	Same day admission	Specialist care	Primary care	Group program	Self care
		Modes of care					

1.4.2 Responding to diverse needs through effective partnerships

The needs of the population of Hume City are diverse. As the needs analysis illustrates, this local government area is one of the most cultural, religiously and linguistically-diverse regions of Victoria. In addition, it is home to some of its most disadvantaged communities.

Providing adequately for such a diverse range of needs requires the support of a range of agencies and professionals with broad-ranging skills. Partnerships between health and human service providers are therefore essential to providing good care. The recommendations provided as part of this report rely heavily on the continued development of good partnerships and networks between service providers with the common goals of caring for the needs of the community. The report also acknowledges the importance of these relationships in achieving improvements in the health and wellbeing of the community through the efforts of key contributors in the past.

1.5 Community participation

Successful provision of primary and community health care services relies on effective communication between service providers and the community to ensure that the provision of services responds to the needs and aspirations of the local community. The definition shown below is part of DHS policy frameworks and describes effective community participation.³

The project partners and members of the Expert Reference Group⁴ are committed to ensuring that the local community in Hume City is able to participate in decision making for the planning of health and human services. As a result, a range of consultation sessions and forums were an integral part of developing this plan. Table 1 provides a summary of these consultative mechanisms.

Participation occurs when consumers, carers and community members are meaningfully involved in decision-making about health policy and planning, care and treatment, and the wellbeing of themselves and the community. It is about having your say, thinking about why you believe in your views, and listening to the views and ideas of others. In working together, decisions may include a range of perspectives.

³ Doing it with us not for us: participation in your health service system 2006-09. DHS, 2006.p. 3

⁴ The members of the Expert Reference Group are listed in the acknowledgements

Table 1: Overview of consultation process for ‘Working towards a healthier Hume’

Consultation	Participants	Focus of the consultation
Expert Reference Group	<ul style="list-style-type: none"> • Hume Moreland Primary Care Partnership • Victorian Aboriginal Health Service • North West Melbourne Division of General Practitioners • Northern Health • North West Area Mental Health Service • Royal Women’s Hospital • Melbourne City Mission • UnitingCare Moreland Hall • BCNR Project 	<ul style="list-style-type: none"> • Identifying synergies between organisations • Providing information and research • Providing overall guidance for the development of the project
Hume Health Summit - Broadmeadows	<p>This full day forum was attended by 140 community members and staff working for health and community services in Hume City.</p> <p>In addition to a number of presentations, three workshops were conducted</p>	<p>Providing direct input into suggesting priorities for health and community services for each SLA within Hume City. Copies of the report on workshop outcomes can be obtained from Hume City Council</p>
Sunbury Community Consultation	<p>This forum was attended by 25 community representatives from a variety of organisations</p>	<p>Participants identified key priorities for health services in Sunbury</p>
Craigieburn Community Consultation	<p>This forum was attended by a number of local community members and staff of local health service providers</p>	<p>Participants identified key priorities for the Craigieburn SLA with particular reference to new health and town centre developments</p>
Hume City Council	<p>Managers of all council services which will be guided by the Municipal Public Health Plan</p>	<p>Recommendations for priorities in line with the four environments for health as well as health protection, promotion and planning development.</p>
Individual consultations with other stakeholder organisations	<ul style="list-style-type: none"> • Hume Moreland Primary Care Partnership • Victorian Aboriginal Health Service • North West Melbourne Division of GPs • Department of Human Services • Northern Health • North West Area Mental Health Service • Royal Women’s Hospital • Melbourne City Mission • UnitingCare Moreland Hall • BCNR Project 	<p>Identification of particular issues that may impact on the development of the project.</p> <p>These meetings also provided the opportunity as to how different stakeholder groups might advocate for specific issues by working collaboratively</p>

2. POLICY AND PLANNING CONTEXT

2.1 Introduction

Service planning and the delivery of health services are influenced by both the broader government policy context as well as regional or local priorities. This section of the document provides a summary of whole of government policy directions, government policy directions specific to health, and community wellbeing as well as key planning documents specific to the North West region or the local government area of Hume City.

2.2 Whole of government strategies

As evident from the table below, key themes articulated within the relevant whole of government policy documents, emphasise access to universal services and the continued improvement of the health of the population through a holistic integrated approach focussing on comparatively disadvantaged population cohorts and communities.

For the Municipal Public and Community Health Strategic Plan the implications of this at a broad level are the continued need to:

- Clearly identify the disadvantaged population cohorts and communities
- Develop detailed coordinated and integrated cross sector strategies based on the social model of health
- Allocate resources and ensure access to services
- Monitor the changes in the health and well being status of these target groups

Table 2: Summary of whole of government policies

Policy title	Department	Date	Key messages	Specific goals
Growing Victoria Together	Department of Premier and Cabinet	2005	Vision for health and prosperity through a thriving economy, quality health and education, care for the environment and caring communities	<ul style="list-style-type: none"> • Long term improvements to overall health of Victorians • Improved health and wellbeing of children • Reduced waiting time for emergency, elective and dental care • Increased levels of confidence in health and community services • Improved outcomes for the disadvantaged in health, education and housing
Fairer Victoria	Department of Premier and Cabinet	2005	Social policy statement focussed on addressing pockets of extreme disadvantage	<ul style="list-style-type: none"> • Access to universal services • Reducing barriers to opportunity • Support for disadvantaged groups • Support for disadvantaged places • Involving community in decisions • Making it easier to work with government

Table 2: Summary of whole of government policies cont.

Policy title	Department	Date	Key messages	Specific goals
Creating a fairer Victoria: Minister for Housing's Statement on Neighbourhood Renewal	Department of Premier and Cabinet	2004	Reversing the decline of disadvantaged neighbourhoods by empowering communities and organising responses around people and the place they live, learn, work and play	<ul style="list-style-type: none"> • Increasing people's pride and participation • Enhancing housing and the physical environment • Lifting employment and learning opportunities • Improving personal safety and reducing crime • Promoting health and wellbeing • Improving government responsiveness

2.3 Department of Human Services policies

2.3.1 Snapshot

The matrix below shows the positioning of key Department of Human Services policy frameworks. It encompasses the age continuum (from children through to aged care) with key directions for specific service sectors or program areas such as health services (hospitals), community health, mental health, alcohol and other drugs and disability services.

This suite of government policy documents provides the context for funding initiatives and service delivery. For the Municipal Public and Community Health Strategic Plan the implications of this are the continued need to:

- Work in accordance with these policy directions by ensuring organisational and services strategic directions act as facilitators.
- Ensure key performance and reporting processes within organisations can be linked to the relevant policy directions and desired outcomes.
- Alert the state government and policy makers to apparent gaps or emerging trends and needs as they arise that are not reflected in policy initiatives.

Table 3: Matrix of key policy frameworks by sector and community

	Population wide	Young people and families	Aged care	Aborigines	Cultural diversity
Health service /hospitals	<ul style="list-style-type: none"> • Directions for Your Health System: Metropolitan Health Strategy • Care in Your Community • Hospital Admissions Risk Program – Chronic Disease Management (HARP-CDM) 				
Community health services	<ul style="list-style-type: none"> • Community Health Services: Creating a Healthier Victoria • General Practitioners in Community Health CDM Program Management Guidelines for PCPs and CHS Services Strategy 				
Mental health services	<ul style="list-style-type: none"> • Foundations for Primary Care Mental Health Treatment Services in Victoria • Improving Mental Health Outcomes in Victoria. The next wave of reform 				
Alcohol and other drugs	<ul style="list-style-type: none"> • Victorian Drug Strategy • Alcohol and Drug Sector Blueprint (to be developed in 2007) 				
Aged and/or disability services	<ul style="list-style-type: none"> • HACC • Victorian State Disability Plan 2002-2012 				
Health promotion	<ul style="list-style-type: none"> • Integrated Health Promotion (IHP) Priorities 				
Partnerships	<ul style="list-style-type: none"> • Doing it with us, not for us: Participation in your health system 2006-09 • PCP Implementation Plan 				
Specific community	Joining the Dots: A Vision for Victoria's Children	Improving Care for Older People Dementia Framework	Aboriginal Health Promotion and Chronic Care Partnership	Cultural Diversity Guide: Multicultural Strategy	

2.3.2 Key focus and strategies

Further information about each of the key policy frameworks is provided in Table 4. From the information listed it is clear that the implications of this at a broad level for the Municipal Public and Community Health Strategic Plan include:

- The importance of positioning of community health and other community services to play a key role in hospital diversion strategies
- Structuring programs and models of service delivery to respond to the increased emphasis on chronic disease management
- Offering a universal system of support whilst managing the tension between high need and high frequency service users and those service users whereby a small service delivery episode is an effective investment in future illness prevention
- Investing in education and health promotion in recognition of the ongoing importance of well-targeted health promotion activities to reduce potential ill health in those areas shown to be effective
- Developing active models of service in partnership with the community and individuals and building community and individual capacity and responsibility
- Investing in inter-organisational and cross-program partnerships based on a social model of health and person-centred service provision that take into environmental and lifestyle factors and influences, to maximise the benefits of the service interventions.
- Promoting and participating in integrated, area-based planning
- Undertaking workforce development and capacity building to ensure a skilled and capable workforce.

Table 4: Summary of policy documents

Document Profile	Program	Date	Key focus/strategies
Community Health Services: Creating a Healthier Victoria	Community Health	2004	<ul style="list-style-type: none"> • Platform for primary care • Leadership in health promotion • Coordinated community-based disease management and ambulatory care • Expanded primary medical care • Child and family health
General Practitioners in Community Health Services Strategy	Community Health	2004	<ul style="list-style-type: none"> • Increased numbers and capacity of GPs and other medical staff • Increased bulk billing services, new medical sites and specialised medical services • More financially viable and sustainable CHS GP services • Reduced demand on hospital emergency departments
Care in Your Community Health services		2006	<ul style="list-style-type: none"> • Integrated area-based planning • Levels of care
Hospital Admissions Risk Program – Chronic Disease Management (HARP - CDM)	Hospital and community		<ul style="list-style-type: none"> • Developing preventive models of care that involve hospital and community • Target population are frequent hospital attendees who are most likely to benefit from integrated care and have the potential to reduce avoidable hospital use: people with chronic heart disease; people with chronic respiratory disease; older people with complex needs; and people with complex psychosocial needs. • The objectives of HARP CDM are to: <ul style="list-style-type: none"> - Improve patient outcomes - Provide integrated seamless care within and across hospital and community sectors - Reduce avoidable hospital admissions and Emergency Department presentation • Ensure equitable access to health care
Directions for Your Health System: Metropolitan Health Strategy	Health services	2003	<ul style="list-style-type: none"> • A framework for capital developments and bed allocations • A new approach to the provision of ambulatory care services • Improved methods and facilities to care for older patients • Initiatives to reduce unnecessary hospital admissions • Redistribution of services at a local level • A new policy direction for specialist hospitals • Determination of priority areas • A new approach to the delivery of cancer services
Implementation Plan for Primary Care Partnerships 2004-2006	PCP	2004	<ul style="list-style-type: none"> • Partnerships • Service Coordination • Integrated Health Promotion
Integrated Health Promotion (IHP) Priorities	Health promotion	2007-2012	<ul style="list-style-type: none"> • Promoting physical activity and active communities • Promoting accessible and nutritious food • Promoting mental health and wellbeing • Reducing tobacco-related harm • Reducing and minimising harm from alcohol and other drugs • Safe environments to prevent unintentional injury • Sexual and reproductive health

Table 4: Summary of policy documents cont.

Document Profile	Program	Date	Key focus/strategies
Chronic Disease Management Program Guidelines for Primary Care Partnerships Community Health Services	Chronic disease	2006	<ul style="list-style-type: none"> • Prevention through to treatment and care management for people with chronic disease, based on four levels of service intensity • Slow rate of disease progression • Improve access to quality integrated multi disciplinary care across the care continuum • Facilitate client and carer empowerment through self-management approaches • Promote and encourage protective behaviours • Engagement with GPs • Reduce inappropriate demands on acute health system • Demonstrate the contribution CHS and PCP can make to CDM
Doing it with us not for us: Participation in your health system 2006-09		2006	<ul style="list-style-type: none"> • Integrate participation into quality and safety programs • Involve community representatives in the review of system level issues • Make community involvement part of all planning and development • Provide training and education on how to improve participation • Evaluate monitor and report on participation
Improving Care for Older People: A policy for Health Services	Aged care/ health services	2003	<ul style="list-style-type: none"> • A person-centred approach to providing care and service • A better understanding of the complexity of needs • Improved integration between within community-based programs, support services providers and health services
Victorian HACC Program Expenditure Priorities Statement 2006-2009	Aged care and disability	2006	<ul style="list-style-type: none"> • HACC activities will be expanded within the overarching equity framework • Enhanced access to HACC services including planned activity groups • Increase and enhance HACC services for indigenous persons
Pathways to the Future, 2006 and Beyond: Dementia Framework for Victoria	Aged care	2006	<ul style="list-style-type: none"> • Positive ageing • Life planning • Meeting diverse needs • Education and information • Service development and enhancement • Support for people and carers • Respite and residential accommodation
Foundations for Primary Care Mental Health Treatment Services in Victoria	Mental health	2004	<ul style="list-style-type: none"> • A three-level schema is suggested based on the severity and complexity of mental health problems. The framework suggests settings in which services should be delivered. <ul style="list-style-type: none"> - Level 1: Adjustment problems - Level 2: Focal Problems - Level 3: Severe/complex/disabling

Table 4: Summary of policy documents cont.

Document Profile	Program	Date	Key focus/strategies
Improving Mental Health Outcomes in Victoria. The next wave of reform	DHS	2006	<ul style="list-style-type: none"> • Access to consumer-focused clinical services for all those in need • Connectedness between the component parts of the mental health system • Prevention and early intervention to reduce the severity over the longer term • Local partnerships and accountability to enhance the coordination of service delivery
Joining the Dots: A Vision for Victoria's Children	Children	2004	<ul style="list-style-type: none"> • Universal system of support • Resources for communities where outcomes for children are poor/high risk factors • A coordinated, system-wide and multi-disciplinary approach to service planning
The State of Victoria's children report	Children	2006	<ul style="list-style-type: none"> • Every child, every chance response • 35 aspects which matter most – an outcomes framework
Aboriginal Health Promotion and Chronic Care Partnership	Health promotion	2006	<ul style="list-style-type: none"> • Increased access to primary health care services by Aboriginal Victorians • Improved clinical service delivery, coordination and continuity of care, and support for chronic disease self-management approaches • Coordinated approaches and increased capacity for culturally sensitive services • Workforce development
Cultural Diversity Guide: Multicultural Strategy	Cultural diversity	2004	<ul style="list-style-type: none"> • Valuing diversity • Reducing inequality • Encouraging participation • Promoting the social, cultural and economic benefits of diversity
Victorian State Disability Plan 2002-2012	Disability	2002	<ul style="list-style-type: none"> • Reorient disability support • Develop strong foundations for disability support • Promote and protect people's rights • Strengthen local communities • Make public services accessible

2.4 Local and regional initiatives

In addition to the policies listed above, a number of additional policy, strategy or planning documents, developed at the regional or local government level, are pertinent to the Municipal Public and Community Health Strategic Plan. Generally speaking, these plans have been developed within the broader government policy context as described above, and provide more detailed priorities and actions for local implementation.

Documents include plans developed for the whole community, such as the Hume City Plan 2030, as well as those specific to particular service sectors or program areas, such as the Healthy Ageing in Hume City: Strategic Directions report.

The Municipal Public and Community Health Strategic Plan will need to complement and support these plans and ensure that the priorities and strategies recommended are in accordance with these directions and provide additional leverage to achieve them.

Particular areas to note include:

- The anticipated demand on council aged care services
- The important contribution of the built environment to physical activity such as through access to sporting and recreational facilities
- Services provision for aboriginal people
- The increasing emphasis on chronic disease management
- Strategies to improve the health and wellbeing of young people and families across the full spectrum of social, health and general wellbeing factors that influence such
- Specific strategies to address the health needs that have the greatest impact on people's quality of life.

Table 5: Summary of regional or local strategy and planning documents

Document title	Who	Context	Priorities
Hume City Plan 2030	Hume City Council	Establish Hume City as the ideal location for living, life-long learning, employment, recreation, enjoyment, and prosperity	<ul style="list-style-type: none"> • Community wellbeing • Health and safety • Arts, leisure and culture • Lifelong learning • Economy and employment • Environment • Appearance of the city • Transport • Council
Healthy Ageing in Hume City: Strategic Directions 2007-2012	Hume City Council	Planned approach to the development of community-based services	<ul style="list-style-type: none"> • Integrated planning • Strategic coordinated assessment/multi-disciplinary approaches • Culturally specific aged care needs • Community education and equipment • PAGs, food services, respite and carer support • Equitable and flexible funding

Table 5: Summary of regional or local strategy and planning documents cont.

Document title	Who	Context	Priorities
Hume City Leisure Strategy Plan 2006-2010	Hume City Council	Recreational and sporting opportunities improve quality of life and wellbeing of the local community	<ul style="list-style-type: none"> • Planning. Facilitate planning, development and renewal of sports, recreation and community facilities, including active and passive recreation programs, to meet the current and future needs of our community • Provide. Support the provision of leisure facilities, services and programs to meet the needs of our community, particularly groups with limited access, low participation and/or high needs • Partner. Work in partnership with the State Government, schools, clubs and other leisure providers to ensure that recreation facilities and programs meet the current and future needs of our community • Advocate and inform. Advocate to other levels of government, sporting bodies, community groups and leisure organisations for the provision of diverse, accessible and affordable leisure opportunities. Promote and provide community information on the range of leisure opportunities available, including the health and wellbeing benefits of participation
Aboriginal Services Plan 2006-2009	DHS	The region has the highest proportion of Aboriginal people in the Melbourne metropolitan area and the highest number of any region in Victoria	<ul style="list-style-type: none"> • Partnerships and sustainability • Cultural awareness and respect • Lengthening life • Children and families • Young people • Elders
Dianella Community Health – Health Promotion Plan 2006-09	Dianella CHS	The HP Plan is an important tool for ensuring that HP is a core part of services	<ul style="list-style-type: none"> • Capacity building • Physical Wellbeing (nutrition and physical activity) • Social Connectedness and Mental Health Promotion • Tobacco, alcohol and drugs
Hume Moreland Community Health Plan		PCP	<ul style="list-style-type: none"> • Health promotion – physical activity • Partnership building – CDM, planning, early childhood • Service coordination – care planning, CDM

Table 5: Summary of regional or local strategy and planning documents cont.

Document title	Who	Context	Priorities
Staying connected: solutions for addressing service gaps for young people living at the interface	Interface Councils	Issues for young people living in an interface local government area	<p>The high number of young people living in interface council areas is expected to increase and tend to have lower education, a higher prevalence of at risk behaviours and lack of access to services.</p> <ul style="list-style-type: none"> • Youth support and counselling • Adolescent health teams
Fresh start for young people: Investing in getting young people back on track!	Hume City Council, Dianella, Sunbury CHS	Hume City has lower rates of school completion and higher levels of unemployment of young people	<ul style="list-style-type: none"> • Investment of resources and brokerage funds • Longitudinal analysis of risks and protective factors • Locally based initiatives and best practice models • Addressing issues of drugs and alcohol, violence and safety, sexual health, accommodation, eating related issues and school absenteeism • Service improvements such as drop in services, activities, outreach, homework programs, sports and recreation facilities, access to GPs, social programs, etc
Drug and Alcohol Services Strategy 2005	Hume City Council	Research, analysis of demand and future projections	<ul style="list-style-type: none"> • Recommendations regarding education and harm minimisation, treatment services, parent and family support and ongoing research
Hume Health Action Plan 2001–2004	Hume City Council	Comprehensive, whole-of-council approach and a social health perspective to identify actual and emerging public health needs and define ways to address them	<p>The Plan strongly promotes partnerships between Council, other organisations and the community as a means of achieving better health outcomes. Priorities include:</p> <ul style="list-style-type: none"> • Mental health and wellbeing: mental illness, loneliness and social isolation, stress in the workplace, low self-esteem • Physical health and wellbeing: asthma, diabetes, physical inactivity, nutrition and dietary behaviour

2.5 Key themes

The policy and planning context summarised above provides a context for the planning of primary health care services. Although there are a large number of policies and strategies to take into account, there is consistency in many of the key principles and directions. These have been used to develop the proposed strategic directions in the latter chapters of this report.

Table 6: Policy and planning themes

Theme	Key points	Opportunities	↔	Integrated health promotion and prevention
Service planning	<ul style="list-style-type: none"> • Clear identification of disadvantaged population cohorts and communities • Development of detailed coordinated and integrated cross-sector strategies including various providers of health care services • Ensuring data collection processes are in place to monitor service outputs for these groups • Monitoring changes in the health and wellbeing status of these target groups • Ensuring outcomes are commensurate with policy directions and investment of resources • Responding to population changes and health status changes over time 	<p>Clearly target service delivery to specific cohorts</p> <p>Demonstrates changes health status (longitudinal) for cohorts</p> <p>Focus on CDM</p>		<p>The following health promotion priorities provide prevention and control of the major diseases that contribute to burden of disease in Victoria and represent cost-effective and simple measures for improving a range of health outcomes.</p> <ul style="list-style-type: none"> • Physical activity • Mental health and wellbeing • Protection from injury • Healthy weight/healthy eating • Smoking, alcohol and other drugs • Sexual and reproductive health
Service development	<ul style="list-style-type: none"> • Care provided in the community wherever possible (reduction of avoidable hospital admissions) • Responding to the anticipated demand for aged care services • Responding to children and families to improve health and wellbeing • Responding to services provision for aboriginal people 	<p>Partnerships with health services for community based care</p> <p>Active service models</p> <p>Integrated cross-government approaches to child and family wellbeing</p>		
Disease management priorities	<ul style="list-style-type: none"> • Mental health • Chronic disease management • Child and family health • Chronic Obstructive Pulmonary Disease 	<p>Target groups and target programs for each priority</p>		

3. HEALTH PROFILE

3.1 Key health messages

- The pressures facing the health system in Hume City will come from two fronts. Firstly, the overall population is forecast to grow by almost 40% by 2016.
- Secondly, the aged population (65+ years) which generally accounts for the largest uptake of health care services is forecast to grow by 65%. This age cohort accounts for almost one third of the overall growth. It is relatively common for councils to face one or the other of these challenges, but it is unusual to have the dual pressures caused by the double impact of both areas of growth.
- The dramatic increase of residents in the 65+ age group from 13,500 to 35,795 (more than 20,000 individuals) by 2016 means that primary health care initiatives will need to focus on keeping elderly people healthy and active so they can remain at home longer. This approach is in line with best practice but also will help to address the shortage of residential aged care places that is likely to occur – particularly in the northern part of the catchment.
- The growth in the Craigieburn SLA from 38,000 to an estimated 101,000 persons in fifteen years (both aged persons and families) represents growth equivalent to a regional city and will put enormous strain on infrastructure for the provision of health services and access to services for families and children. Already, health services find that there is no office space available for new services.
- Although financial incentives are provided to assist services to shift to this region, it is unlikely that provision will meet demand for space. For health service providers this means that they will need to provide the infrastructure to support their services.
- The suburbs of Dallas and Broadmeadows are two of the most disadvantaged in the state and should be the focus of additional resource allocation. Providing additional services to address social and health-related needs in these areas will need to be a high planning priority.
- The income levels in Broadmeadows SLA are significantly lower than other parts of Hume City with 37% of all individuals over the age of 15 having a weekly income of less than \$200. This SLA will therefore need to be the focus of health and social support programs.
- The needs of the unemployed as well as the potential growth in numbers of older unemployed persons will both need to continue to be a focus of social support programs – both in caring for the mental health and physical needs of this population group. In addition, the predicted downturn in Australian manufacturing, thus is likely to impact more severely on Hume City than many other parts of Australia so that unemployment may continue to grow in some suburbs.
- Hume City suffers from much lower levels of self-esteem (both individual and community) than the rest of the state. There is significant potential for Hume City Council to continue initiatives such as 'Hume's Inspiring Stories, Inspiring Faces, Inspiring Lives ...' to build pride in the local community.
- Community engagement strategies by the Community Health Centre will also provide opportunity to assist in building self-esteem.
- Service provision will need to continue to account for the needs of Islamic and non-English speaking service users.
- Additional outreach or community engagement strategies may be required in the Broadmeadows SLA in order to improve level of access by culturally-diverse groups.
- Service planning processes will need to account for the needs of the larger numbers of disadvantaged households and particularly the needs of single parents.
- It is also worth considering targeting more programs to tap into the family support systems that appear to be available in this community. For example, with the appropriate support, families may be able to play a key role in keeping older people active or in ensuring good eating habits for young children.
- Internet based information sources for health education will be less effective in Hume City than in some other municipalities because of the lower levels of access to the internet.





- Further research is required to understand the reasons for the relatively high rate of congenital abnormalities and neo-natal conditions. While it is possible that these rates are related to factors such as reduced abortion rates, it is also possible that public health or environmental initiatives may be required to reverse this negative trend.
- The focus will need to continue to be on chronic conditions. This means a shift to a longer-term, proactive relationship with consumers where care is provided in the community rather than in acute facilities that have been designed to address, short-term acute episodes.
- It is important to implement integrated chronic care models that use principles of self-management and community engagement to address needs of people with chronic conditions.
- High levels of chronic disease are likely to have a negative impact on household income. This in turn will put greater demand on cheaper housing.
- One of the most effective ways of preventing an increasing burden of mental illness in Hume City is by addressing the issues relating to alcohol and drug abuse. Current services cannot accommodate the need for treatment services. Strategies are required to increase the overall level of services but more particularly to increase the number of males accessing services.
- Further research may be required to determine the needs of the 1,600 persons with a disability who are over the age of 70. It is possible that this group may have a particularly high level of needs.
- Initiatives to improve the sense of wellbeing and reduce depression through the built, social, economic and natural environments should be considered. While these are unlikely to address the more severe forms of mental illness, there is significant evidence that these factors can impact positively on milder forms of depression.
- Programs targeted for both the prevention and treatment of alcohol abuse problems will need to be a prime means of addressing mental health issues. In particular, programs targeted to men should be considered.
- Both acute and non-acute services for mental health issues will need to be increased in order to address the very high level of needs in the community. As there is no evidence that the prevalence of mental illness is concentrated on any particular part of Hume City, services in all three SLAs will need to be increased.
- Anecdotal evidence suggests that a large number of younger persons with a disability have moved into the Craigieburn SLA. It is possible that due to high growth and limited infrastructure in these suburbs, the services provided to younger persons with a disability are inadequate.
- Increased health promotion to address key health risks will help to address and reduce the prevalence of chronic disease. In particular, programs designed to encourage men towards improved dietary habits and smoking cessation should be given priority.
- A focus on increased levels of physical activity for both men and women of all age groups will help to address a wide range of health issues and assist in healthier aging. The Hume City Council and Community Health Centres can do much to assist in this regard. In addition, improvements to the built and natural environment which encourage increased participation in sporting activities, walking and other outdoor activities, will play an important role. For example, community surveys in the BCNR area indicated that some residents are concerned for their personal safety and therefore less likely to go for walks.

- In addition to the information provided above, there is significant anecdotal evidence pointing to disengaged youth and especially young males.
- Increased community strengthening programs in the Neighbourhood Renewal Area and other areas of significant disadvantage should be designed to focus on the needs of youth.
- Health promotion programs to address intimate partner violence for women under the age of 45 should be increased and developed to address the particular needs of cultural and religious groups.
- One of the most effective means of providing support for the needs of the increasing numbers of elderly persons, is to increase strategies for keeping older people active and preventing injury. New approaches, such as Active Service Models should be developed and implemented.
- It is likely that increased numbers of allied health practitioners, in particular occupational therapists, will be required to achieve good outcomes. Additional funding for allied support is therefore recommended.
- Service providers in Hume City will need to continue providing targeted support to ensure that the health and wellbeing of the indigenous population correlates more closely to that of the general population. Services already targeted at providing support for this community will be able to draw on a wealth of experience and information to inform further planning.
- Given the geography of the Hume City and the location of major hospitals in the metropolitan area, most residents travel significant distances to reach a hospital. In addition, the hospitals accessed by different parts of the LGA differ greatly. Increased ambulatory care services provided in the community – particularly in Sunbury and Craigieburn SLAs, may help to address some of these issues.
- Additional transport services particularly from areas of particular disadvantage would also improve access to acute hospitals.
- Although overall hospital admissions are remaining relatively stable, the admissions from ACSCs are increasing rapidly, showing that increasing numbers of people are being admitted for conditions that may have been prevented if there had been earlier intervention or better prevention strategies.
- An increased focus on prevention and management of chronic disease will therefore result in substantial savings in acute admissions as well as reducing the levels of distress and discomfort for community members.
- As outlined in other sections of this report, implementation of a chronic care model as well as increased health promotion for improved diet, exercise and cessation of smoking will bring significant gains for the community.



3.2 Summary of data and implications

Some of the primary indicators of needs outlined in the report are summarised below.

Table 7: Summary of key needs identified

Indicators of need	
Rapid increase to aged population	Peri-natal issues
Rapid growth in Craigieburn	Increasing burden of chronic conditions
High disadvantage in Dallas and Broadmeadows	Health risk behaviours
Older unemployed persons	High levels of physical inactivity
Low levels of self-esteem	Mental health issues
Needs of high risk populations	High levels of depression
Cultural diversity	Alcohol abuse/dependency
Indigenous communities	Children of parents with mental illness
Increased numbers of aged and chronically ill	Disengaged youth
Avoidable hospital admissions	Intimate partner violence
Environmental threats	Increased support needs for the elderly
Environments for Health	Hospital accessibility

3.3 Priority areas of need

Based on the data a number of key areas of need have been identified.

Key Need Area 1: Improved Mental Health

Mental health issues are the greatest contributor to death and disability (DALYs) in Hume City and are significantly higher than for the region. Interventions at the primary health care level can have a significant impact on improved mental health outcomes. In addition, improvements to all the four environments for health can impact on an improved sense of health and wellbeing which can help to lower rates of depression and anxiety.

Key Need Area 2: Prevention of cancers, cardiovascular disease and diabetes

These three disease groups account for 65 % of the total DALYs for Hume. By targeting the risk factors that contribute to these diseases, the incidence of chronic illness can be lowered. As several risk factors (smoking, lack of exercise, obesity and poor nutrition) are common to all of these conditions, single health promotion interventions can be used to improve prevention within all these disease groups. It is also important that these health promotion strategies be tailored to the needs and lifestyle habits of CALD communities and other high risk population groups.

Key Need Area 3: Improved peri-natal health outcomes

Although the overall health of children is improving, Hume City has seen an increase to the burden of disease from congenital abnormalities and neonatal conditions. In addition, breastfeeding rates continue to be much lower than for the rest of Victoria. Improved peri-natal health outcomes will lead to a reduction in the levels of ill health, death and disability for the community.

Key Need Area 4: Improved management of chronic disease

Chronic diseases are now the most significant contributor to burden of disease and account for the majority of avoidable hospital admissions. Even relatively small reductions to the number of admissions as a result of diseases such as diabetes will result in significant saving for the health systems. In addition, the level of discomfort and distress to individuals as a result of chronic disease is significant.

Key Need Area 5: Support for 'at risk' or disengaged population groups

The high levels of socio-economic disadvantage and cultural diversity reflect pockets of significant disadvantage that will need to be the focus on on-going targeted programs to provide the appropriate support.

Key Need Area 6: Healthy living strategies

Hume City is a diverse outer metropolitan municipality both in geography, population groups, built and natural environment. Examples include:

- Neighbourhood renewal site
- Rapid growth in Craigieburn
- Prescribed industrial waste landfill site in Tullamarine
- Very young population together with rapid increase to the number of older persons in the community.

The most proactive approach to managing these issues varies from surveillance and monitoring to health promotion. It is important to keep people active and healthy for as long as possible.

1. Health promotion programs to promote healthy living principles and motivate people to participate in managing their own health
2. Further research into the needs of each five year cohort within the 65+ age group to provide targeted support for their needs

Key Need Area 7: Improve health infrastructure in areas of increased need

A place-based approach to addressing social and health needs of the community is consistent with major government policy directions and will be required to address some of the unique needs arising out of the socio-demographic profile of Hume City.

4. DIANELLA COMMUNITY HEALTH INC.

4.1 Organisational overview

Dianella is a significant provider of primary and community health services with a large catchment area that includes the Craigieburn and Broadmeadows SLAs.

Mission

In partnership with the community, Dianella promotes health, wellbeing and quality of life through the provision of excellent and accessible programs and services.

Vision

Dianella will continue to be a vibrant, dynamic community health service. All services offered will continue to be openly available and responsive to the expressed and changing needs of individuals and groups.

We are committed to providing services which are culturally, geographically and socio-economically accessible to our clients. We value the cultural diversity of our community and will continue to provide services which promote inclusiveness.

4.2 Current configuration of services

Current services are provided across a number of sites which comprise key service delivery points. These sites with their corresponding service mix are described below:

Broadmeadows Health Service, 35 Johnstone Street

The Broadmeadows campus is the main service site for Dianella and houses more than half of the staff. It is collocated with Broadmeadows Health Service operated by Northern Health and a number of other health service providers.

- Medical (General Practice)
- Counselling & Social Work
- Dental
- Audiology
- Community Settlement Services
- Dietetics/Nutrition Services
- Physiotherapy
- Local Links (Royal Women's Hospital)
- Parent advisor for hearing impaired children
- Health Promotion
- Psychology
- Podiatry
- Occupational Therapy
- Youth Health
- Refugee health nurse
- Community Health Nursing
- Hearing Support Impaired Program
- Planned Activity Groups (aged and disability day program)
- Needle and Syringe Program
- Diabetes education

Craigieburn, 55 Craigieburn Road

Craigieburn Community Health Service is a 650 sqm purpose-built facility built in 1991. It provides a range of services which would otherwise not be available locally.

- Physiotherapy
 - Speech Pathology
 - Counselling
 - Podiatry Youth Health
 - Dietetics/Nutrition Services
 - Psychology – Child and adolescent
 - Planned Activity Groups (Aged and Disability Day Program)
 - ATSI health nurse
 - Needle and syringe program
-

Meadow Heights, 21-27 Hudson Circuit

The Meadow Heights site provides a comprehensive range of allied health and other services with approximately 30–35 staff based at this building. It is also the head office for Dianella comprising the corporate hub and administration centre for the organisation.

- | | |
|--|---|
| <ul style="list-style-type: none"> • General Practitioners • Counselling and Social Work • Dietetics/Nutrition Services • Speech Pathology • Podiatry • Health Promotion • Occupational Therapy | <ul style="list-style-type: none"> • Youth Health • Community Health Nursing • Physiotherapy • Diabetes education • Paediatric continence nurse • Community settlement services |
|--|---|

Multicultural Health Resource Centre, 175 Glenroy Road, Glenroy

The Multicultural Health Resource Centre is a leased building located at 175 Glenroy Road, Glenroy and is located outside Dianella's primary catchment area. However, many of the services provided from this site are regional or sub-regional.

- | | |
|---|---|
| <ul style="list-style-type: none"> • Counselling and Social Work • Children's Community Asthma Program • CALD Disability Services • Drug and alcohol (co-location) • Intellectual Disability Advocacy • Parenting | <ul style="list-style-type: none"> • Social Support Groups • Dianella intake services • Communities for children contracts manager • Hume – Moreland PCP (co-located) |
|---|---|

Lynda Blundell Centre, Blair Street, Dallas

The Lynda Blundell Centre is a purpose built senior citizen's centre. Dianella operates a Planned Activity Group Program from this site six days per week. The site is one of four sites from which Dianella delivers Planned Activity Groups but is used to capacity and cannot provide for additional growth.

Finchley, 393 Camp Road, Broadmeadows

Finchley houses a Psychiatric Disability Support Service in a converted church building in Camp Road, Broadmeadows, with a staff of approximately 10 EFT. The service provides psycho-social based outreach and intensive individual support as well as daily centre-run programs for people who have experienced long term mental illness. This building is inadequate to meet the needs of the existing service.

Points worth noting:

Planned Activity Groups (Aged and Disability Day Programs) are provided from four sites and include targeted programs for:

- Frail Elderly Aged Persons (unisex and ladies groups)
- Multicultural Persons
- Turkish Group
- Acquired Brain Injury
- Multicultural (Men's Shed)
- Young Disabled person (outdoor)
- Dementia
- Italian Aged Persons

4.3 Overview of current service utilisation

The tables below provide information about how residents from different parts of the catchment from (as represented by the postcode of their residence) various postcodes access the services provided by Dianella. The following table also summarises the services accessed according to place of residence.

Table 8: Services provided by Dianella (Broadmeadows Craigieburn) 05-06 by postcode

Service	3036 Keilor	3043 Tulla- marine Gladstone	3046 Glenroy	3047 Broad- meadows Dallas, Jacana	3048 Meadow Heights Coolaroo	3049 Attwood West -meadows	3059 Greenvale
Podiatry	0	145	277	230	91	54	46
Occupational Therapy	0	17	15	51	25	5	2
Speech Pathology	0	31	5	38	54	25	40
Dietetics	0	16	50	84	83	24	11
Physiology	1	46	58	110	147	30	19
Audiology	3	62	119	187	167	62	47
Primary Care	2	218	375	782	342	292	102
Counselling	0	40	71	117	120	26	15
Psychology	0	19	14	40	25	13	7
Podiatry	19	30	0	89	1	0	0
Occupational Therapy	5	5	1	32	0	0	0
Speech Path	2	11	2	164	0	1	1
Dietetics	6	17	0	185	1	8	8
Physiology	10	14	0	73	0	1	1
Audiology	33	27	2	276	0	20	20
Primary Care	95	47	3	674	3	28	28
Counselling	11	18	0	246	0	3	3
Psychology	3	4	0	53	0	2	2

In addition to those services provided to clients within the Dianella catchment (Hume City), almost 3,000 clients from outside the catchment are provided with services. These are summarised in the table below.

Table 9: Number of clients and contacts provided by Dianella from outside of Hume City

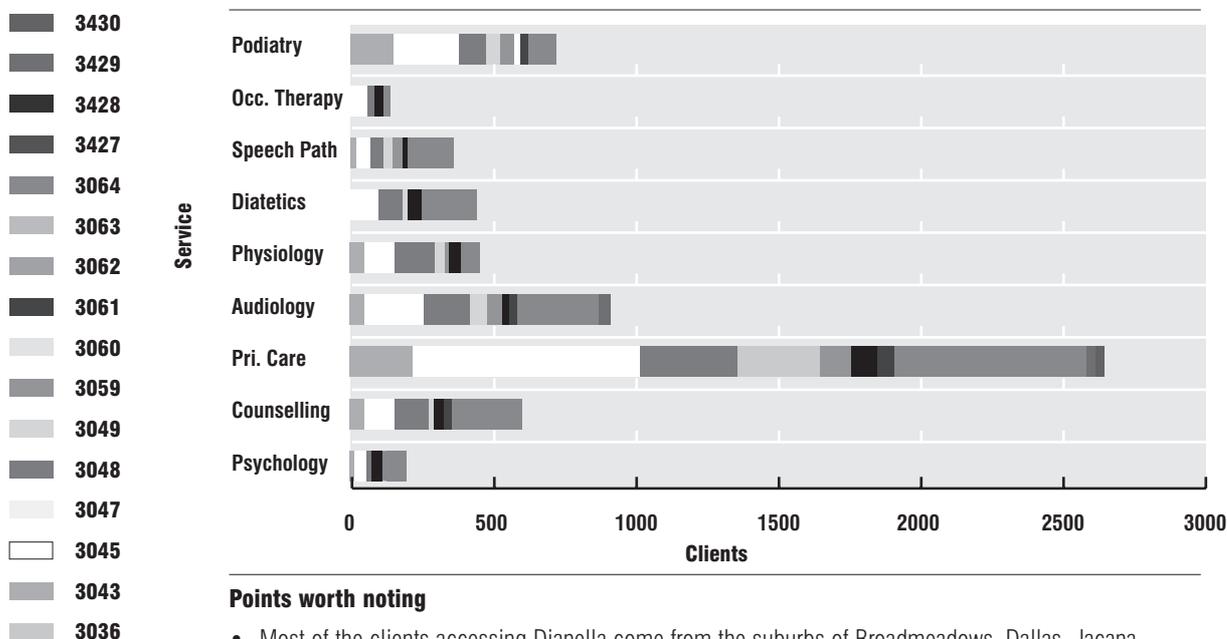
Programs	3046 Glenroy		Other (outside of Hume)		All (including Hume)	
	Contacts	Clients	Contacts	Clients	Contacts	Clients
Podiatry	597	277	28	14	2,044	1,035
Occupational Therapy	33	15	5	2	339	151
Speech Pathology	25	5	67	9	3,991	382
Dietetics	120	50	145	115	1,057	427
Physiotherapy	138	58	58	18	2,315	640
Audiology	186	119	1,023	801	2,402	1,665
Prim Care Nursing	677	375	439	280	6,367	3,246
Counselling / Casework	528	71	442	191	3,744	705
Psychology	23	14	132	31	1,265	193
HACC Pod at Centre	549	286	33	17	2,428	1,146
HACC Occ Therapy at Centre	33	10	4	1	709	194
HACC Occ Therapy at Home	40	19	6	2	817	305
HACC Dietetics Centre	13	6	25	15	38	21
HACC Dietetics Home	11	5	4	3	14	8
HACC Physio Centre	81	30	42	11	666	241
HW, ADASS ONLY Volunteers	1,806	45	179	5	6,197	186
Total	4,860	1,385	2,632	1,515	34,393	10,545

Points worth noting

- Glenroy makes up the majority of clients and contacts outside of Hume City who access Dianella.
- There are many clients (48%) for audiology coming from outside of Hume. Only a small percentage of these are from Glenroy. The clients are spread over many suburbs with no particular suburb contributing significantly, underlining the regional nature of the provision of these services.
- There are a similar number of clients from Glenroy and other suburbs outside of Hume using Dianella. However, the residents from Glenroy are returning much more often with almost twice as many contacts coming from Glenroy as those from other suburbs.

The service utilisation patterns described above are represented diagrammatically in the bar diagram below.

Table 10: Number of Clients by Service by Postcode



Points worth noting

- Most of the clients accessing Dianella come from the suburbs of Broadmeadows, Dallas, Jacana, Craigieburn, Mickleham, Kalkallo and, to a lesser extent, Tullamarine and Gladstone.

4.4 Increases to demand for services

The following information shows the rapid increase in demand for services from Dianella with an overall increase of 10% for one year. The information also shows the shift in service demand from residents in the northern part of the catchment.

Table 11: Number of Clients by Postcode from 2004/05 to 2005/06 at Dianella (Broadmeadows Craigieburn) ⁵

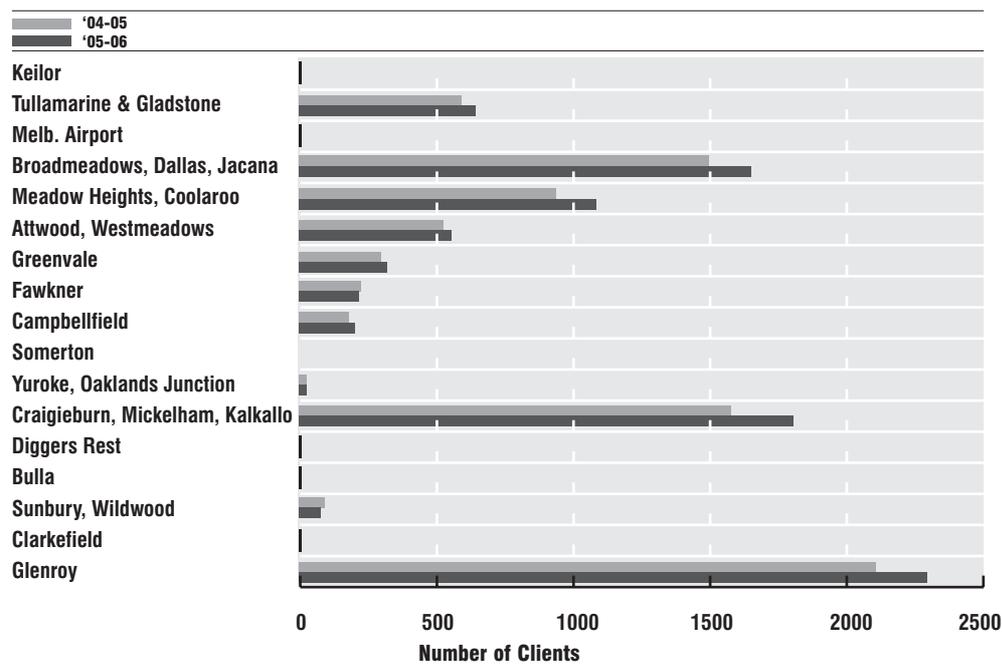
Postcode		04-05 # of Clients	05-06 # of Clients	Change +/-
3064	Craigieburn, Mickleham, Kalkallo	1,556	1,783	15%
3047	Broadmeadows, Dallas, Jacana	1,474	1,639	11%
3048	Meadow Heights, Coolaroo	912	1,054	16%
3043	Tullamarine & Gladstone	574	614	7%
3049	Attwood, Westmeadows	501	531	6%
3059	Greenvale	276	289	5%
3060	Fawkner	200	184	-8%
3061	Campbellfield	165	173	5%
3429	Sunbury, Wildwood	74	63	-15%
3063	Yuroke, Oaklands Junction	11	8	-27%
3046	Glenroy	2,062	2,328	13%
0000	Other	24	18	-25%
Total		7,829	8,684	11%

⁵ SWITCH data from Dianella Community Health Service

Points worth noting

- There has been an 11% increase in the total number of clients from 2004/05 to 2005/06. This increase has been across all key suburbs accessing services, but particularly from the northern part of the catchment as illustrated by the diagram below.

Table 12: Total number of Clients at Dianella



4.5 Service utilisation by gender and age

An important aspect of good primary health care provision includes ensuring that services are equally available and accessed by both males and females in line with their needs. The following tables provide an overview of the way in which males and females access services.

Table 13: HACC and community health program contacts and clients by gender and service for Dianella (2006) ⁶

Programs	Contacts			Clients		
	Female	Male	Total	Female	Male	Total
Physiotherapy	3,014	878	3,892	902	268	1,170
Dietetics	752	357	1,109	304	152	456
Occupational Therapy	1,048	719	1,767	361	228	589
Podiatry	3,043	1,431	4,474	1,484	688	2,172
Audiology	1,036	1,363	2,399	750	913	1,663
Primary Care Nursing	4,314	2,024	6,338	2,207	1,015	3,222
Counselling / Casework	2,922	904	3,826	526	198	724
Psychology	800	457	1,257	117	75	192

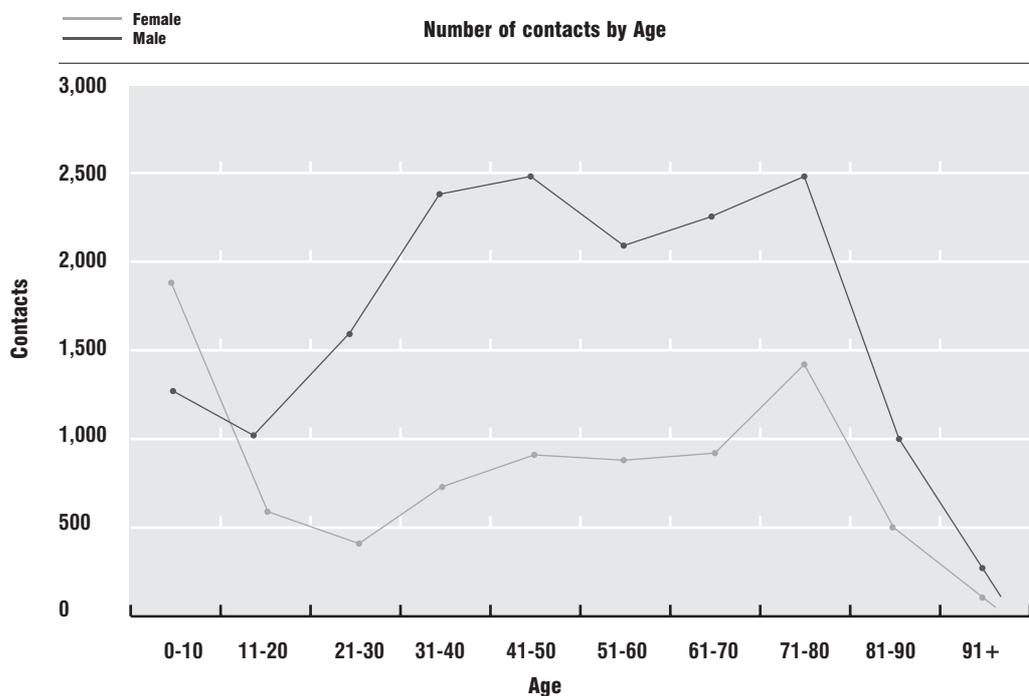
⁶ SWITCH data from Dianella Community Health Service

As shown in the table and diagram below, both males and females access services at different rates during different stages of life.

Table 14: HACC and Community Health number of contacts by gender and age for Dianella (2006) ⁷

# of contacts	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91+	TOTAL
Female	1,302	1,012	1,670	2,360	2,500	2,171	2,273	2,499	998	144	16,929
Male	1,883	670	319	708	859	782	908	1,411	517	76	8,133

The diagram below illustrates the way in which clients access services at different stages of their life.



Points worth noting:

- Between the ages of 11 and 70 years, males consistently access services at a rate that is significantly lower than that of females.
- In early childhood, young boys are more likely than girls to require the support of health services.
- In the 41-50 year age group, females access services at more than twice the rate of males.

4.6 Projected Utilisation by Program

The following section provides an overview of service utilisation and projected staff requirements for each of the main program areas at Dianella.

Service Profile: Audiology (Dianella)

Program Description

The audiology program is a centre based program for children aged 0 to 5 years. Internal reports show evidence for increasing need. Due to demand it is currently not possible to do more preventative and group screening work. Almost all time is expended on direct service delivery without time available for staff to do health education.

⁷ Community Health SWITCH for Broadmeadows & Graigieburn, 2006

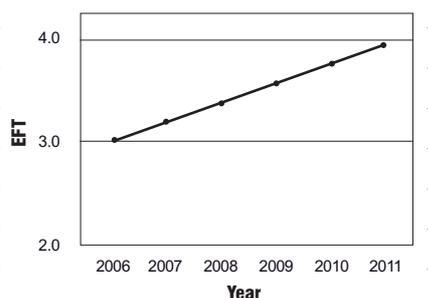
Issues

- Waiting list as this is the only ABR machine in the northern region
- Should be possible to do outreach screening through schools however current resource level does not allow this

Projected Service Requirements

Dianella - Audiology

Total catchment Population 2006	129,332
Target group: 0 to 5 years	8,634
Percentage of catchment population	7%
Number of contacts 2006	2,399
Number of clients 2006	1,663
Clients as a percent of target population	19.3%
Current EFT	3.0
Growth drivers: Waiting list	130.2%
Annual average growth rate	105.4%



EFT projection by year

Year =>	2006	2007	2008	2009	2010	2011
Base population plus population growth plus drivers	8,634	9,101	9,594	10,113	10,661	11,238
Clients serviced	1,663	1,753	1,848	1,948	2,053	2,165
Percentage coverage	19.3%	19.3%	19.3%	19.3%	19.3%	19.3%
Required EFT assuming current productivity	3.0	3.2	3.3	3.5	3.7	3.9

Recommendation

The projection for the program estimates that an additional 0.9 EFT will be required over the next 5 years. If this is bought on line sooner the waiting list may be alleviated.

Service Profile: Community Nursing (Dianella)

Program description

The Community Nursing program currently covers a range of programs including refugee support, women's health, chronic disease management and adolescent programs. Services are delivered during business hours but some additional funding is available through the after hours GP services. About 20% of services are health promotion services.

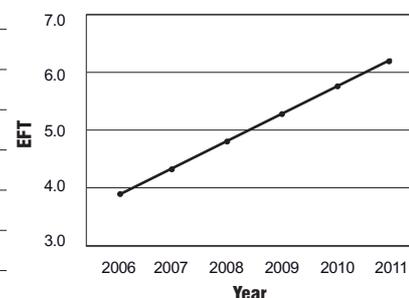
Issues

- The demand for services is growing significantly due to the increased incidence of chronic illness.
- A recent survey of hospitals referring the cardiac rehabilitation program indicated that the program needs to be run more frequently and needs to be modified to cater for the significant number of CALD clients attending.
- Dianella currently has an allocation of 0.5 EFT in outreach nursing services to clients with respiratory and cardiac failure. However due to HARP eligibility criteria, only Northern Health clients can access the program.
- In addition, there is insufficient funding for infrastructure such as cars.

Projected Service Requirements

Dianella - Comm. Nursing

Total catchment Population 2006	129,332
Target group: 65+ years	12,195
Percentage of catchment population	9%
Number of contacts 2006	6,338
Number of clients 2006	3,222
Clients as a percent of target population	26.4%
Current EFT	3.9
Growth drivers: Increase in aged population	168.0%
Annual average growth rate	110.9%



EFT projection by year

Year =>	2006	2007	2008	2009	2010	2011
Base population plus population growth plus drivers	12,195	13,529	15,009	16,651	18,472	20,493
Clients serviced	3,222	3,574	3,965	4,399	4,881	5,414
Percentage coverage	26.4%	26.4%	26.4%	26.4%	26.4%	26.4%
Required EFT assuming current productivity	3.9	4.3	4.7	5.3	5.8	6.5

Recommendation

In order to maintain the current level of service, the community health nursing program will need to increase to at least 6.5 EFT by 2011.

Service Profile: Ante-natal and post-natal support for ATSI women (Dianella)

Program Description

This program is focussed on providing support to indigenous women needing ante-natal or post-natal support. Programs are delivered as outreach group programs.

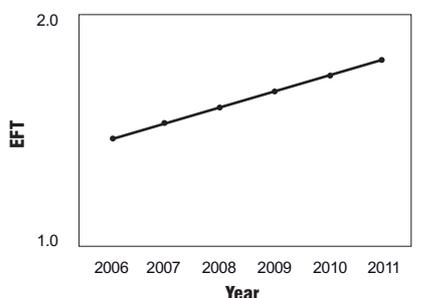
Issues

- This program needs to be better integrated with other mainstream and ATSI programs to allow seamless service provision.

Projected Service Requirements

Dianella - ATSI

Total catchment Population 2006	675
Target group: ATSI women	325
Percentage of catchment population	48%
Number of contacts 2006	
Number of clients 2006	
Clients as a percent of target population	
Current EFT	1.4
Growth drivers: Increase to acc. broader ATSI needs	120.0%
Annual average growth rate	103.7%



EFT projection by year

Year =>	2006	2007	2008	2009	2010	2011
Base population plus population growth plus drivers	325	337	350	363	376	390
Clients serviced	0	0	0	0	0	0
Percentage coverage	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Required EFT assuming current productivity	1.4	1.5	1.5	1.6	1.6	1.7

Recommendation

In order to maintain the current level of service, the ATSI women's program will need to increase to at least 1.7 EFT by 2011. To achieve care that is better coordinated, or in order to expand services to the broader ATSI community, considerably more resources would be required.

Service Profile: Child Psychiatry (Dianella)

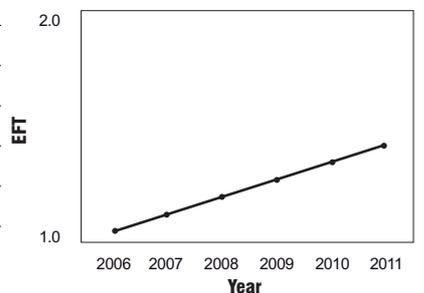
Program Description

This program is focused on providing psychiatric support services to young children.

Projected Service Requirements

Dianella - Child Psych

Total catchment Population 2006	129,332
Target group: 0 to 5 years	8,634
Percentage of catchment population	7%
Number of contacts 2006	
Number of clients 2006	
Clients as a percent of target population	
Current EFT	1.1
Growth drivers: Mental health BOD suggests significant increase required, population growth (10%)	130.2%
Annual average growth rate	105.4%



EFT projection by year

Year =>	2006	2007	2008	2009	2010	2011
Base population plus population growth plus drivers	8,634	9,101	9,594	10,113	10,661	11,238
Clients serviced	0	0	0	0	0	0
Percentage coverage	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Required EFT assuming current productivity	1.1	1.2	1.2	1.3	1.4	1.4

Recommendation

In order to maintain the current level of service, 1.4 EFT will be required by 2011.

Service Profile: Counselling and Social Work (Dianella)

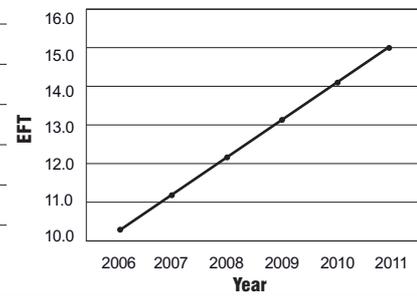
Program Description

This program currently provides primarily centre-based counselling services.

Projected Service Requirements

Dianella - Counselling

Total catchment Population 2006	129,332
Target group: All	129,332
Percentage of catchment population	100%
Number of contacts 2006	3,826
Number of clients 2006	724
Clients as a percent of target population	0.6%
Current EFT	10.7
Growth drivers: Mental Health BOD suggests increase required	141.1%
Annual average growth rate	107.1%



EFT projection by year

Year =>	2006	2007	2008	2009	2010	2011
Base population plus population growth plus drivers	129,332	138,544	148,413	158,985	170,309	182,440
Clients serviced	724	776	831	890	953	1,021
Percentage coverage	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%
Required EFT assuming current productivity	10.7	11.4	12.2	13.1	14.0	15.0

Recommendation

In order to maintain the current level of service, an additional 4.3 EFT will be required by 2011. Given the relatively high level of mental health issues, additional growth in this program may be warranted.

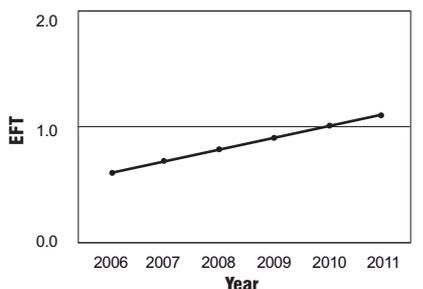
Service Profile: Diabetes Nurse Educator (Dianella)

Program Description

The Diabetes Nurse Educator provides information and advice to people with diabetes.

Dianella - Diabetes Nurse Educator

Total catchment Population 2006	129,332
Target group: 65+ years	12,195
Percentage of catchment population	9%
Number of contacts 2006	
Number of clients 2006	
Clients as a percent of target population	
Current EFT	0.6
Growth drivers: Diabetes BOD suggests increase required; significant growth of aged population (68%)	188.0%
Annual average growth rate	113.5%



EFT projection by year

Year =>	2006	2007	2008	2009	2010	2011
Base population plus population growth plus drivers	12,195	13,837	15,700	17,813	20,211	22,932
Clients serviced	0	0	0	0	0	0
Percentage coverage	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Required EFT assuming current productivity	0.6	0.7	0.8	0.9	1.0	1.1

Recommendation

In order to maintain the current level of service, an additional 0.5 EFT will be required by 2011. Given the high forecast for Diabetes within the general population and the increased emphasis on chronic disease management, additional growth in this program is strongly recommended. The recently appointed diabetes educator already has significant waiting lists. Given that there has been a 90% increase in diabetes in Hume since 2001 significant EFT increases are needed in this area.

Service Profile: Dietetics (Dianella)

Program Description

The dietetics service offers group and individual service provision. The program works closely with the Diabetes Educator to focus on diabetes as well as some work with obese children and those with eating disorders. Health promotion activities account for 30%-40% which means that the current allocation of 1.6 EFT can only provide the equivalent of 1.0 EFT in terms of service delivery.

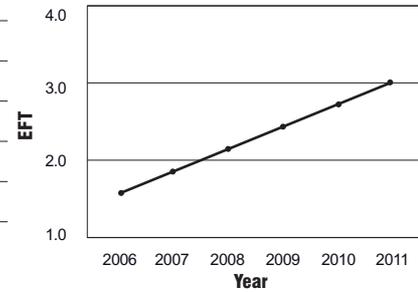
Issues

- Long waiting lists (4-5 months).
- Gap in provision in earlier years (paediatrics dietician).
- No clinician north of Meadow Heights.
- Evidence that earlier intervention more effective.
- Increase in adolescent diabetes Type 2 expected within five years.

Projected Service Requirements

Dianella - Dietetics

Total catchment Population 2006	129,332
Target group: All	129,332
Percentage of catchment population	100%
Number of contacts 2006	1,109
Number of clients 2006	456
Clients as a percent of target population	0.4%
Current EFT	1.6
Growth drivers: Diabetes prevention and treatment required	188.0%
Annual average growth rate	113.5%



EFT projection by year

Year =>	2006	2007	2008	2009	2010	2011
Base population plus population growth plus drivers	129,332	146,743	166,498	188,913	214,345	243,201
Clients serviced	456	517	587	666	756	857
Percentage coverage	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%
Required EFT assuming current productivity	1.6	1.8	2.1	2.3	2.7	3.0

Recommendation

In order to maintain the current level of service, the EFT will need to almost double by 2011. Given the high forecast for Diabetes within the general population, waiting lists and the importance of early intervention, additional growth in this program may be warranted.

Service Profile: Family Support Funding (Dianella)

Program Description

The Family Support program has 1.7 EFT to work with ethno specific families including Turkish and Chinese.

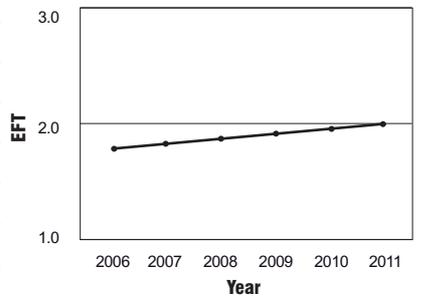
Issues

- Chinese and multi-cultural groups only 0.4 and need more support.
- Recruitment of staff is very difficult because of the lack of Arabic speaking staff.
- Given the restructure of children and family support funding, it is not clear where these positions will fit because of their specialist role.

Projected Service Requirements

Dianella - Ethnic Family Support

Total catchment Population 2006	129,332
Target group: 10 to 18 years	38,499
Percentage of catchment population	30%
Number of contacts 2006	
Number of clients 2006	
Clients as a percent of target population	
Current EFT	1.7
Growth drivers: Required in areas of high CALD	117.9%
Annual average growth rate	103.3%



EFT projection by year

Year =>	2006	2007	2008	2009	2010	2011
Base population plus population growth plus drivers	38,499	39,788	41,121	42,498	43,922	45,393
Clients serviced	0	0	0	0	0	0
Percentage coverage	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Required EFT assuming current productivity	1.7	1.8	1.8	1.9	1.9	2.0

Recommendation

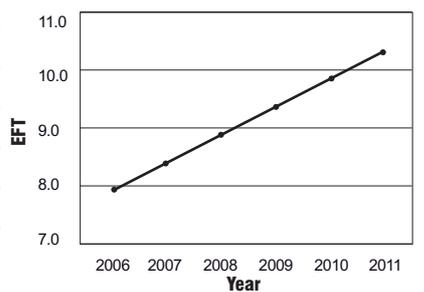
In order to maintain the current level of service, an additional 0.3 EFT will be required by 2011.

Service Profile: General Practice (Dianella)

Projected Service Requirements

Dianella - GP

Total catchment Population 2006	129,332
Target group: All	129,332
Percentage of catchment population	100%
Number of contacts 2006	
Number of clients 2006	
Clients as a percent of target population	
Current EFT	7.9
Growth drivers: Population growth and increased demand due to chronic disease	131.1%
Annual average growth rate	105.6%



EFT projection by year

Year =>	2006	2007	2008	2009	2010	2011
Base population plus population growth plus drivers	129,332	136,522	144,112	152,123	160,580	169,507
Clients serviced	0	0	0	0	0	0
Percentage coverage	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Required EFT assuming current productivity	7.9	8.3	8.8	9.3	9.8	10.3

Dianella Community Health Service Plan

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Recommendation

In order to maintain the current level of service, an additional 2.4 EFT will be required by 2011.

Service Profile: Health Promotion (Dianella)

Program Description

Although figures below related to staff with a specific role in health promotion, there is a requirement for staff in other areas to ensure that 20-30% of service delivery is in the form of health promotion.

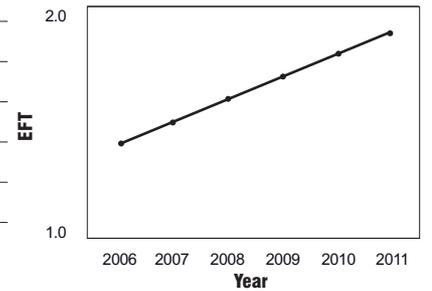
Issues

Because the health promotion function is a responsibility for most staff in physical services, the equivalent of 7.2 EFT is distributed across 29 staff. While this ensures that health promotion becomes a component of all service delivery, it does not allow for proper project management and preventative work. If more resources were available in this area, it would make a significant difference to driving primary prevention of mental and physical health issues.

Projected Service Requirements

Dianella - Health Promotion

Total catchment Population 2006	129,332
Target group: All	129,332
Percentage of catchment population	100%
Number of contacts 2006	
Number of clients 2006	
Clients as a percent of target population	
Current EFT	1.4
Growth drivers: Population increase and need for prevention	131.1%
Annual average growth rate	105.6%



EFT projection by year

Year =>	2006	2007	2008	2009	2010	2011
Base population plus population growth plus drivers	129,332	136,522	144,112	152,123	160,580	169,507
Clients serviced	0	0	0	0	0	0
Percentage coverage	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Required EFT assuming current productivity	1.4	1.5	1.6	1.6	1.7	1.8

Recommendation

In order to maintain the current level of service, an additional 0.4 EFT will be required by 2011. However, given the increased emphasis on health promotion and the benefits of early intervention, additional growth in this program is recommended.

Service Profile: Occupational Therapy (Dianella)

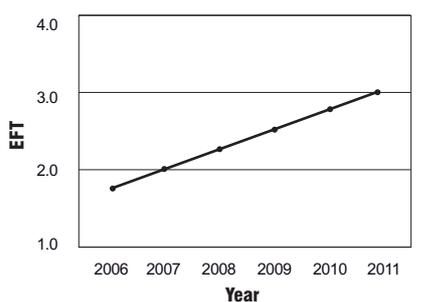
Program Description

The OT service is currently able to meet demand however demand pressure is likely to increase as the population ages. There is limited access to paediatric OT which is reported as an issue, for example, access for younger children with disabilities.

Projected Service Requirements

Dianella - Occupational Therapy

Total catchment Population 2006	129,332
Target group: 65+ years	12,195
Percentage of catchment population	9%
Number of contacts 2006	1,767
Number of clients 2006	589
Clients as a percent of target population	4.8%
Current EFT	1.8
Growth drivers: Increase in aged population	168.0%
Annual average growth rate	110.9%



EFT projection by year

Year =>	2006	2007	2008	2009	2010	2011
Base population plus population growth plus drivers	12,195	13,529	15,009	16,651	18,472	20,493
Clients serviced	589	653	725	804	892	990
Percentage coverage	4.8%	4.8%	4.8%	4.8%	4.8%	4.8%
Required EFT assuming current productivity	1.8	2.0	2.2	2.5	2.7	3.0

Recommendation

In order to maintain the current level of service, an additional 1.2 EFT will be required by 2011. However, given reported gap for paediatric OT additional growth in this program may be warranted.

Service Profile: PAG (Dianella)

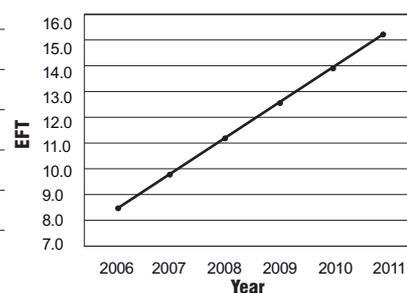
Program Description

Planned activity groups for frail older people and their carers become increasingly under demand as the population ages.

Projected Service Requirements

Dianella - PAG

Total catchment Population 2006	129,332
Target group: 65+ years	12,195
Percentage of catchment population	9%
Number of contacts 2006	
Number of clients 2006	
Clients as a percent of target population	
Current EFT	8.6
Growth drivers: Increase in aged issue and projected dementia increases	178.0%
Annual average growth rate	112.2%



EFT projection by year

Year =>	2006	2007	2008	2009	2010	2011
Base population plus population growth plus drivers	12,195	13,686	15,360	17,238	19,347	21,713
Clients serviced	0	0	0	0	0	0
Percentage coverage	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Required EFT assuming current productivity	8.6	9.7	10.8	12.2	13.6	15.3

Recommendation

This program is likely to experience increasing levels of demand over the next five years. Based on the increase of the population aged 65 years and over it is estimated that in order to maintain the current level of service, an additional 6.7 EFT will be required by 2011. New models of service such as HACC Active Service Models may act to temper this growth.

Service Profile: Physiotherapy (Dianella)

Program Description

This program provides individual and group centre based services to people aged 60 years and over. Health promotion accounts for 25% of activity at present however due to demand for service this may need to be lowered.

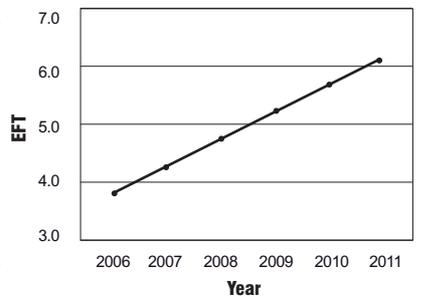
Issues

- 7 month waiting list (86 on waiting list and 20 not entered yet).
- No gym at Broadmeadows – main gym at Meadow Heights but demand is at Broadmeadows.
- Difficult to have gyms in various locations because of infrastructure issues.

Projected Service Requirements

Dianella - Physio

Total catchment Population 2006	129,332
Target group: 65+ years	12,195
Percentage of catchment population	9%
Number of contacts 2006	3,892
Number of clients 2006	1,170
Clients as a percent of target population	9.6%
Current EFT	3.7
Growth drivers: Significant growth in aged population	168.0%
Annual average growth rate	110.9%



EFT projection by year

Year =>	2006	2007	2008	2009	2010	2011
Base population plus population growth plus drivers	12,195	13,529	15,009	16,651	18,472	20,493
Clients serviced	1,170	1,298	1,440	1,597	1,772	1,966
Percentage coverage	9.6%	9.6%	9.6%	9.6%	9.6%	9.6%
Required EFT assuming current productivity	3.7	4.1	4.6	5.1	5.6	6.2

Recommendation

This program is likely to experience increasing levels of demand over the next five years. Based on the increase of the population aged 65 years and over it is estimated that in order to maintain the current level of service, an additional 2.5 EFT will be required by 2011. New models of service and the increasing emphasis on healthy ageing and physical activity may act to temper this growth.

Service Profile: Podiatry (Dianella)

Program Description

The podiatry service has 2.7 FTE with some additional growth funding for 2007. A chair at Meadow Heights. A small amount of health promotion is undertaken through diabetes groups.

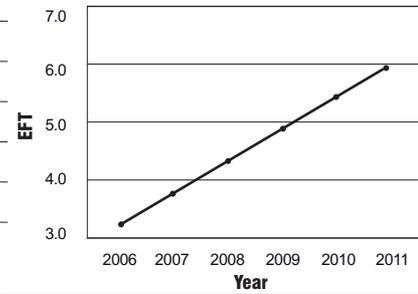
Issues

- Broadmeadows case load could be redistributed once the new chair at Meadow Heights is operational however, this will not meet all demand for the southern region.
- Have closed some of the lists to ensure only local catchment is serviced.
- Will be increased demand through diabetes and ageing population that cannot be met with current facilities and resources.

Projected Service Requirements

Dianella - Podiatry

Total catchment Population 2006	129,332
Target group: 65+ years	12,195
Percentage of catchment population	9%
Number of contacts 2006	4,474
Number of clients 2006	2,172
Clients as a percent of target population	17.8%
Current EFT	3.3
Growth drivers: Increased aged population and diabetes link	178.0%
Annual average growth rate	112.2%



EFT projection by year

Year =>	2006	2007	2008	2009	2010	2011
Base population plus population growth plus drivers	12,195	13,686	15,360	17,238	19,347	21,713
Clients serviced	2,172	2,438	2,736	3,070	3,446	3,867
Percentage coverage	17.8%	17.8%	17.8%	17.8%	17.8%	17.8%
Required EFT assuming current productivity	3.3	3.7	4.2	4.7	5.2	5.9

Recommendation

This program is likely to experience increasing levels of demand over the next five years. Based on the increase of the population aged 65 years and over it is estimated that in order to maintain the current level of service, an additional 2.6 EFT will be required by 2011.

Service Profile: PDRSS (Dianella)

Program Description

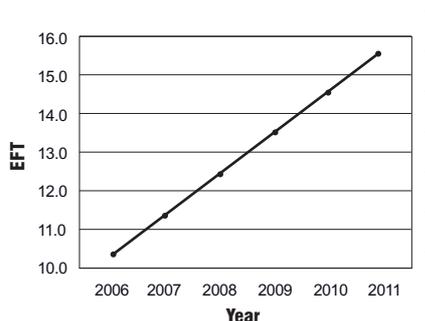
The PDRSS program provides community-based support to people suffering or recovering from psychiatric illnesses.

Issues

- Mental health rates highly in BOD data and is linked to low socio-economic status.

Dianella - PDRS

Total catchment Population 2006	129,332
Target group: All	129,332
Percentage of catchment population	100%
Number of contacts 2006	-
Number of clients 2006	-
Clients as a percent of target population	-
Current EFT	10.3



Growth drivers: Mental health BOD suggests increase required plus feedback from providers and consultation process suggest increase required

151.1%

Annual average growth rate 108.6%

EFT projection by year

Year =>	2006	2007	2008	2009	2010	2011
Base population plus population growth plus drivers	129,332	140,455	152,535	165,654	179,901	195,374
Clients serviced						
Percentage coverage						
Required EFT assuming current productivity	10.3	11.2	12.1	13.2	14.3	15.6

The projection for the PDRSS estimates that an additional 5.3 EFT will be required over the next 5 years.

Service Profile: Speech Pathology (Dianella)

Program Description

The speech pathology program offers individual and group centre-based programs during business hours for children aged 0 to 5 years. There is little opportunity for health promotion except for some smaller programs as most of the resources are used for clinical direct delivery of services. Some additional funding is occasionally available through Best Start. A report has confirmed the decline in services against the population growth.

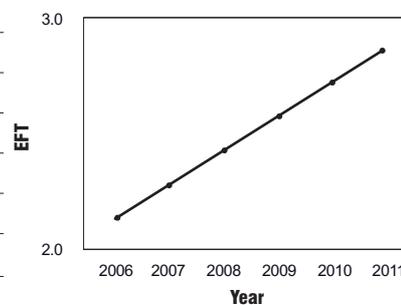
Issues

- Waiting list (up to 18 months or two years) in spite of prioritisation.
- Many children lack support in language development.
- Early intervention improves outcomes so long waiting lists make the problems greater. Window of opportunity is very limited.

Projected Service Requirements

Dianella - Speech Pathology

Total catchment Population 2006	129,332
Target group: 0 to 5 years	8,634
Percentage of catchment population	7%
Number of contacts 2006	
Number of clients 2006	
Clients as a percent of target population	
Current EFT	2.2
Growth drivers: Population increase and large wait list	125.2%
Annual average growth rate	104.6%



EFT projection by year

Year =>	2006	2007	2008	2009	2010	2011
Base population plus population growth plus drivers	8,634	9,030	9,445	9,878	10,332	10,806
Clients serviced	0	0	0	0	0	0
Percentage coverage	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Required EFT assuming current productivity	2.2	2.3	2.4	2.5	2.6	2.8

Recommendation

This program requires resources to address demand and ensure language development before school entry. Based on the population growth in this age cohort and waiting list an additional 0.6 EFT is required.

Service Profile: Youth (Dianella)

Program Description

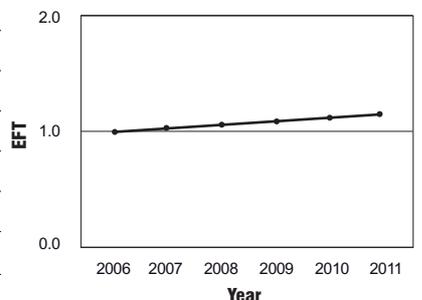
This program facilitates capacity building for organisations (schools) to prevent mental health issues for the target age group of 10 to 18 years. 100% of activities have a health promotion/illness prevention focus.

Issues

- CALD ATSI have no specific programs.
- Continuation of funding – 3-year funding being evaluated at state-wide level at present.

Projected Service Requirements

Dianella - Youth	
Total catchment Population 2006	129,332
Target group: 10 to 18 years	19,935
Percentage of catchment population	15%
Number of contacts 2006	
Number of clients 2006	
Clients as a percent of target population	
Current EFT	1.0
Growth drivers: Disengagement of youth	122.9%
Annual average growth rate	104.2%



Year =>	2006	2007	2008	2009	2010	2011
Base population plus population growth plus drivers	19,935	20,775	21,649	22,561	23,511	24,501
Clients serviced	0	0	0	0	0	0
Percentage coverage	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Required EFT assuming current productivity	1.0	1.0	1.1	1.1	1.2	1.2

Recommendation

The projection for the youth program estimates that an additional 0.2 EFT will be required over the next 5 years.

Service Profile: Paediatrics (Dianella)

Program Description

This program provides paediatric specialist services.

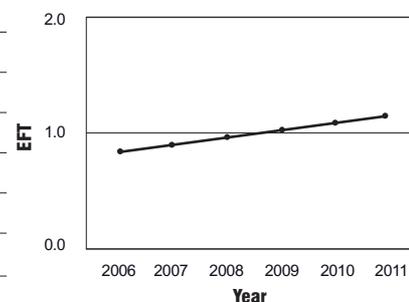
Issues

- Increased demand.
- Early childhood has been identified as a priority needs area.

Projected Service Requirements

Dianella - Paediatrician

Total catchment Population 2006	129,332
Target group: 0 - 18 years	19,935
Percentage of catchment population	15%
Number of contacts 2006	
Number of clients 2006	
Clients as a percent of target population	
Current EFT	0.8
Growth drivers: Population growth (5.3%), high demand	145.3%
Annual average growth rate	107.8%



EFT projection by year

Year =>	2006	2007	2008	2009	2010	2011
Base population plus population growth plus drivers	19,935	21,480	23,146	24,940	26,874	28,957
Clients serviced						
Percentage coverage						
Required EFT assuming current productivity	0.8	0.9	0.9	1.0	1.1	1.2

Recommendation

The projection for the paediatric program estimates that an additional 0.4 EFT will be required over the next 5 years to maintain the current level of service. However, if the current level of service and base figure is inadequate, additional resources will be required.

5. PLANNING RECOMMENDATIONS FOR COMMUNITY HEALTH (BROADMEADOWS AND CRAIGIEBURN SLAS)

5.1 Community health services provision in the Broadmeadows and Craigieburn SLAs

A range of primary and community health services providers care for the health needs of people living in Broadmeadows and Craigieburn SLAs. While it is not within the scope of this plan to provide a strategic services plan for all of these service providers, this section will provide specific recommendations in relation to Dianella and the role it plays in providing services in these two SLAs.

Dianella currently provides a diverse range of services to the Broadmeadows and Craigieburn SLAs. For the purposes of forecasting future EFT needs, these SLAs have been combined in the program profiles and forecasts shown in section 8.4. Key indicators of need within the calculated forecast include the population changes/growth by age cohort, burden of disease data linked to age cohorts where possible and qualitative information such as demand pressures.

Should the EFT growth be less than that forecast, Dianella will still require capital expenditure over the next five years to meet infrastructure requirements as the current infrastructure is at capacity and does not allow for any increase in service provision.

5.2 Recommendations

The following section lists a number of strategic recommendations for Dianella. The recommendations are based on the broad priorities agreed as part of the Municipal Public and Community Health Plan outlined in Chapter 10.

Priority 1: Together we do best

Recommendation: Continue to develop goal focussed strategic partnerships with service providers using a place-based approach to planning wherever possible in order to improve the access to appropriate care for the community.

Priority 2: Investing in infrastructure and services

Recommendations:

- In conjunction with other local and regional service providers, realign service delivery to accommodate growth in Craigieburn and better address the presenting needs in the Neighbourhood Renewal Area.
- Improve coordination and delivery of services focusing on the needs of children and families, people with chronic illnesses and the aged.

Priority 3: A caring and connected community

Recommendation: Continue to focus on increasing mental health and social support services. Provide services and health promotion programs that support vulnerable communities and families in order to reduce the incidence of mental illness.

Priority 4: Keeping healthy

Recommendation: Promote the health of the community by investing resources in Health Promotion and early intervention with the goal of:

- preventing the development of chronic illnesses through reducing risk factors
- maintaining the health of people with chronic illnesses through provision of comprehensive treatment and secondary prevention programs
- improving the health of vulnerable groups within the community (as outlined in the Dianella Health Promotion Plan and the Municipal Public Health Plan).

Priority 5: Healthy design

Recommendation: Ensure that new facilities are developed in line with the principles of healthy design to promote and encourage healthy lifestyles.

5.3 Specific Strategies for implementation of recommendations

**Priority 1
Together
we do best**

- Establish place-based partnerships to address the specific needs of the BCNR area and the development of services in Craigieburn
- Continue to participate in regional and sub-regional partnerships including the Hume Moreland PCP
- Develop a partnership approach to addressing the need for increased service delivery capacity from the Broadmeadows Health Service site
- Seek innovative approaches to ensure that participation in partnerships results in a reduction of effort and increased synergies for each partner organisation
- Work with Hume City Council and Northern Health to optimise opportunities arising from new developments in Craigieburn
- Work with other service providers to address health issues identified in this plan including alcohol and drugs and mental health issues

**Priority 2
Investing in
infrastructure
and services**

Infrastructure

- Relocate all Glenroy-based services to the proposed community hub as part of BCNR area
- Relocate Finchley PDRSS to the Neighbourhood Renewal Area with a satellite service at Craigieburn
- Identify means of providing infrastructure for Royal Women's Hospital Services expansion
- Build Community Services Hub in the Neighbourhood Renewal Area in the vicinity of the Olsen Place Shops as a co-located facility with other service providers such as local government, Victorian Aboriginal Health Service, Royal Women's Hospital etc
- Relocate clinical services at the Craigieburn site to Craigieburn Health Services site and contribute to the development of the proposed health precinct
- Locate new dental services expansion on the Craigieburn Health Services site

Service Delivery

- Continue to improve coordination of service delivery, assessment of clients and access to services to ensure optimal client care is provided
- Continue to develop chronic disease management models of care that focus on self-management and coordination of services.
- Re-badge existing Craigieburn CH site as a social support service point and actively attract services such as Melbourne City Mission, Aboriginal Health Service etc to use the facilities as a service base
- Develop longer-term strategies to increase the capacity to deliver services from the Broadmeadows Health Service site
- Maintain relative level of service provision through an increase of 31 EFT by 2011 at a rate of approximately 5 EFT per year

Priority 3	Service Development and Health Promotion
A caring and connected community	<ul style="list-style-type: none"> • Continue to develop health and human services for indigenous and disengaged youth from sites in Broadmeadows and Craigieburn • Develop services and programs for refugees and newly arrived communities that address barriers to service access, health and mental health issues and respond to social needs
	Health Promotion
	<ul style="list-style-type: none"> • Implement recommendations in the Health Promotion Plan for improving social connectedness, capacity building and mental health promotion • Work in partnership with Hume City Council, and other local services on community development strategies that build the knowledge, skill and confidence of residents in disadvantaged communities • Assist where possible in the development of unique and positive identity for the emerging communities around Craigieburn rather than seeing them develop as an extension of Broadmeadows or other parts of Hume City

Priority 4	Keeping healthy
	<ul style="list-style-type: none"> • Reduce chronic illness caused by cardiovascular disease, cancer and diabetes by focussing on smoking reduction, healthy weight and increased physical activity as outlined in the Health Promotion Plan • Reduce the impact of chronic illness within the community by providing comprehensive services and programs that focus on education and self-management • Implement positive ageing strategies that enable the ageing population in Hume to maximise opportunities to maintain their health and remain active and independent

Priority 5	Healthy design
	<ul style="list-style-type: none"> • Use the principles of healthy design in developing recommendations for new service developments recommended for the BCNR area • Support the development of a healthy approach to developing the new town centre for Craigieburn • Utilise health design principles for new facilities that will take into consideration: water usage, energy efficiency, waste reduction, air quality and natural light

5.4 Summary of current and forecast staff requirements for Dianella

This section provides a summary of the projected staff Equivalent Full Time (EFT) positions for direct service delivery as detailed in section 8.4. However, as outlined in section 8.4, the projected indicative staff requirements have been calculated based on the assumption of maintaining current service or coverage levels.

5.4.1 Current distribution of EFT for Craigieburn and Broadmeadows SLAs.

The information below indicates the distribution of staff (expressed as EFT) across the current service delivery sites for Dianella.

Table 15: Current EFT distribution by site for Dianella

	Total EFT Feb 2007	Broad -meadows Health Service	Meadow Heights	Craigieburn Community Health Service	Finchley PDSS	Glenroy Multi -cultural Health Resource Centre	Lynda Blundell Centre
Corporate Administration							
Accounts	0.80		0.80				
Admin Support	1.70		1.20			0.50	
Medical Records	1.60	1.60					
Payroll Officer	0.80		0.80				
Reception	10.27	7.27	1.00	1.00		1.00	
Administration Total	15.17	8.87	3.80	1.00	0.00	1.50	0.00
Management							
CEO	1.00		1.00				
Clinical Governance Director	1.00	1.00					
Contracts Manager (C4C Project)	0.60					0.60	
Finance Manager	1.00		1.00				
Primary Health & HP Director	1.00		1.00				
HR Manager	0.60		0.60				
Intake Manager	1.00					1.00	
IT Manager	1.00		1.00				
Medical Practice Manager	1.00	1.00					
Reception Manager	0.80	0.80					
Management Total	9.00	2.80	4.60	0.00	0.00	1.60	0.00
Social Health							
ATSI Health Worker	0.40			0.40			
Audio	2.00	2.00					
Community Asthma	3.00					3.00	
Child Psychiatrist	1.10	1.10					
Community Nursing	4.65	2.40	1.10	1.15			
Community Engagement	1.00					1.00	
Counselling	11.60	4.50	2.60	2.80		1.70	
Social Health Total	23.75	10.00	3.70	4.35	0.00	5.70	0.00

Table 15: Current EFT distribution by site for Dianella cont.

	Total EFT Feb 2007	Broad -meadows Health Service	Meadow Heights	Craigieburn Community Health Service	Finchley PDSS	Glenroy Multi -cultural Health Resource Centre	Lynda Blundell Centre
Dental							
Dental Nurse	4.32	4.32					
Dentist	4.06	4.06					
Dental Therapist	0.00						
Dental Total	8.38	8.38	0.00	0.00	0.00	0.00	0.00
Clinical Staff							
Diabetes Nurse Educator	0.50		0.50			0.00	
Dietetics	1.00	1.00					
Disability (Paediatric Continence)	0.60		0.60				
Disability (CALD Case Management)	1.00					1.00	
CALD Family Support	1.70		1.00			0.70	
General Practitioners	8.81	8.00	0.81				
Clinic Nurses	1.50	1.50					
Health Promotion	2.00	2.00					
Intake Worker	1.60		0.40			1.20	
OT	1.80	0.80	1.00				
PAGS	8.60	4.50		2.10			2.00
Parent Advisor - Hearing Impair	1.00	1.00					
PDRSS	11.88				11.88		
Paediatrician	0.80	0.60	0.10	0.10			
Physiotherapy	3.70	1.00	1.90	0.80			
Podiatry	3.30	1.80	0.80	0.70			
Psychologist	2.30	0.60	0.60	1.10			
Speech	2.20		1.00	1.20			
Transport Personnel	0.66	0.66					
Welfare Worker	2.10			1.00		1.10	
School Focussed Youth Services	1.00	1.00					
Clinical Staff Total	58.05	24.46	8.71	7.00	11.88	4.00	2.00
Total Current EFT	114.35	54.51	20.81	12.35	11.88	12.80	2.00

5.4.2 Recommended distribution of EFT for Craigieburn and Broadmeadows SLAs

Given the level of demand for current services, and the need to continually improve capacity to support the community in the Broadmeadows and Craigieburn SLAs, projections based on maintaining current levels of service provision for weighted population growth projections, are likely to be inadequate. This is particularly the case with medical and dental services where current demand far outstrips supply. The information in Table 121 below provides projections which would provide capacity to improve the level of services and meet known demand.

These calculations are based on the detailed projections in Section 8 with an additional allowance for known service access issues and shortfalls. A rationale for each of the projections is provided in the notes below.

As a result, the overall recommendation for Dianella to 2011 is for approximately 100 additional EFT. This includes medical (4 EFT), clinic nursing (5 EFT), dental health (31.7 EFT) and an increase in co-located services (14 EFT).

The table below also provides a suggested distribution of the increased staffing levels for Dianella EFT between the proposed sites. In addition, the suggested distribution attempts to address the current imbalance in staff distribution between the two SLAs as currently 91% of direct service delivery staff resources are located in the Broadmeadows SLA.

Table 16: Suggested distribution of projected EFT by site for Dianella

	EFT Feb 2007	EFT 2011	Broad -meadows Health Service	Proposed Neighbourhood Renewal Site	Meadow Heights Community Health	Linda Blundell Community Centre	Craigieburn Community Health Service	Craigieburn Health Precinct	Refer to note below*
Corporate Administration									
Accounts	0.80	1.00			1.00				A
Admin Support	1.70	2.00		0.50	1.50				A
Medical Records	1.60	2.00	2.00						A
Payroll Officer	0.80	1.00			1.00				A
Reception	10.27	13.00	7.00	2.00	1.00	0.00	1.00	2.00	A
Administration Total	15.17	19.00	9.00	2.50	4.50	0.00	1.00	2.00	
Management									
CEO	1.00	1.00			1.00				A
Clinical Governance Director	1.00	1.50	1.50						A
Contracts Manager (C4C Project)	0.60	0.00							A
Finance Manager	1.00	1.00			1.00				A
Primary Health and Health Promotion Director	1.00	1.00			1.00				A
HR Manager	0.60	1.00			1.00				A
Intake Manager	1.00	1.00		1.00					A
IT Manager	1.00	1.50			1.50				A
Medical Practice Manager	1.00	1.50	1.00				0.50		A
Reception Manager	0.80	1.00	1.00						A
Management Total	9.00	10.50	3.50	1.00	5.50	0.00	0.50	0.00	

Table 16: Suggested distribution of projected EFT by site for Dianella cont.

Social Health								
ATSI Health Worker	1.40	1.70	1.00				0.70	B
Audiologist	2.00	3.90	2.00					1.90 C
Community Asthma	3.00	3.20		3.20				D
Child Psychiatrist	1.10	1.40		0.40	0.50			0.50 E
Community Nursing	4.65	6.50	2.00	1.00	1.00		2.50	F
Community Engagement	1.00	1.00		1.00				G
Counselling	11.60	15.00	2.00	3.00	5.00		5.00	H
Social Health Total	24.75	32.70	7.00	8.60	6.50	0.00	8.20	2.40
Dental								
Dental Nurse	4.32	16.00	6.00					10.00 I
Dentist	4.06	12.00	4.00					8.00 I
Dental Therapist	0.00	4.00	2.00					2.00 I
Dental Total	8.38	32.00	12.00	0.00	0.00	0.00	0.00	20.00
Clinical Staff								
Diabetes Nurse Educator	0.50	1.10	0.80					0.30 J
Dietetics	1.60	3.00	1.50		0.50			1.00 K
Disability (Paed.Continence)	0.60	0.80	0.80					L
Disability (CALD Case Management)	1.00	1.20		1.20				M
CALD Family Support	1.70	2.00		2.00				N
General Practitioners	8.81	14.00	8.00		2.00			4.00 O
Clinic Nurse	2.50	5.40	3.10		0.80			1.50 P
Health Promotion	1.40	1.80		1.00			0.8	Q
Intake Workers	1.60	3.00		3.00				R
Occupational Therapists	2.80	3.00	1.00	0.50	0.50			1.00 S
PAGS	8.60	15.50	2.60	5.10	2.60	2.60	2.60	T
Parent Advisor - Hearing Impaired	1.00	1.00	1.00					U
PDRSS	11.88	15.6		10.60			5.00	V
Paediatrician	0.80	1.20	0.40		0.40			0.40 W
Physiotherapists	3.70	6.20	2.00		1.50			2.70 X
Podiatrists	3.30	5.90	3.00		0.90			2.00 Y
Psychologists	2.30	3.00		1.00	1.00		1.00	Z
Speech Pathologists	2.20	2.80	1.00		1.00		0.80	AA
Transport Personnel	0.66	1.00	1.00					AB
School Focus Youth Services	1.00	1.00		1.00				AC
Clinical Staff Total	57.95	88.50	26.20	25.40	11.20	2.60	10.20	12.90
Total directly employed staff	115.25	182.70	57.70	37.50	27.7	2.60	18.90	37.30

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Table 16: Suggested distribution of projected EFT by site for Dianella cont.

	EFT Feb 2007	EFT 2011	Broad -meadows Health Service	Proposed Neigh- bourhood Renewal Site	Meadow Heights Community Health	Linda Blundell Centre	Craigieburn Community Health Service	Craigieburn Health Precinct	Refer to note below*
Social Health									
ATSI Health Worker	1.40	1.70	1.00				0.70		B
Co-located Staff									
Royal Women's Hospital	4.00	7.00	5.00					2.00	AD
Dental Therapist	2.00	0.00							AE
Dental Nurse	2.00	0.00							AE
Primary Care Partnership	2.00	2.00		2.00					AF
District Nursing	0.00	4.00	2.00					2.00	AG
Drug and Alcohol	1.00	4.00		2.00			2.00		AH
Family and Community Services Agencies	4.00	12.00		6.00			6.00		AI
Total co-located staff	15.00	29.00	7.00	10.00	0.00	0.00	8.00	4.00	
Total Staffing	130.25	211.70	54.70	37.50	27.70	2.60	26.90	41.3	

*Notes to Table 16

As outlined in the introduction to Section 5, the projections for staff requirements provided in Table 16 are based on the projections in Section 4 with additional allowances for areas where specific needs have been identified. The notes below provide a brief explanation or rationale for the basis on which each recommendation has been calculated.

Note A: Corporate Support and Management

Corporate support and management has been assessed as growing modestly (6.3 EFT or 26%) with the majority of growth occurring in the area of reception (3.7 EFT) in line with growth of medical, allied health and dental services. The modest figure of 3.7EFT for reception staff is counter-balanced by an increased emphasis on a separate Intake function (refer Note R below).

Note B: Aboriginal and Torres Strait Islander Health

EFT for this service at February 2007 is 1.4 EFT. This is expected to increase to increase to 1.7 EFT by 2011 in accordance with section 4 of this document. Incorporated into this figure is allowance for some nursing staff associated with Aboriginal Health Screenings funded through the Commonwealth.

Note C: Audiology

Currently restricted by room availability, this service is expected to increase to 3.0 EFT in the short-term as resources are allocated to the Craigieburn Health Service site. Over the period to 2011, this will increase to 3.9 EFT in accord with the projection in section 4.

Note D: Community Asthma

The Community Asthma Project is a mainstreamed HARP project. While growth will occur in this area, it is anticipated that the majority of this will occur at other community health services which are either 'out posted' or funded directly to those services. Consequently, growth has been assessed to be in the modest range of 3.0 EFT to 3.2 EFT.

Note E: Child Psychiatry

Child psychiatry has been assessed as requiring an increase from 1.1 EFT to 1.4 EFT based on the population projections in Section 4 of the report.

Note F: Community Nursing

At 4.65 EFT, a significant component of the current effort of these positions is undertaking work with the ATSI community. Over time, these resources will be transitioned back to specialist workers in that area (refer note B above). The expectation of an increase from the current underlying level of 3.9 EFT to 6.5 EFT is consistent with the projection in section 8.4 of this document.

Note G: Community Engagement

Community Engagement is spread across a number of staff in the organisation, but co-ordinated by one staff member. This position is also responsible for coordination of translator and interpreter services. This is expected to remain at its current level of 1.0 EFT.

Note H: Counselling and Social Work

This area is expected to increase to 15.0 EFT in accordance with the population projection in section 8.4 of this document.

Note I: Dental Services

A recent report commissioned jointly by DHSV and Dianella into the requirements for dental services provided through Dianella has identified the need for a total of 10 additional dental chairs at Craigieburn in the medium to longer term.

This includes four additional adult chairs and two school dental chairs that would be required immediately and could be provided in a purpose-built prefabricated building at the Craigieburn campus for later relocation to the health services precinct. This would also assist in addressing current shortages for dental services in the Broadmeadows area.

This represents the most significant increase in EFT as these chairs are staffed with a dental nurse and dentist each. It is also planned that in accordance with current government policy, dental therapists and associated support staff currently employed by DHSV will be relocated to a community health auspice. As this is a very labour-intensive area, the projected increase of 40 EFT is overwhelmingly the most significant area of growth for the organisation. All of this growth will occur at the Health Precinct in Craigieburn. Restorative care will be focussed on the health precinct with a greater emphasis on emergency care at the Broadmeadows Health Service.

Note J: Diabetes Nurse Educator

This area is expected to increase in accordance with the population estimates in section 4 of this report.

Note K: Dietetics

This area is expected to increase in accord with the population estimates in section 4 of this report.

Note L: Disability (Paediatric Continence)

This area is expected to increase in accordance with the population estimates in section 4 of this report.

Note M: Disability (CALD Case Management)

This area is expected to increase in accordance with the population estimates in section 4 of this report.

Note O: General Practitioners

Section 8.4 of this report indicates a growth from 7.9 EFT to 10.3 EFT to maintain current levels of coverage. However, severe limitations of current services (up to 9 weeks wait for some Dianella GPs) coupled with a low ratio of GPs in Craigieburn SLA, means that this increase, funded from Medicare, should be modestly forecast at 14 EFT.

Note P: Clinic Nurse

There is an increasing focus on the provision of clinic nursing in light of the national shortage of General Practitioners and an increasing focus by both the Commonwealth and the State on the important role that nursing can play in meeting demand for primary health services. Dianella has concrete plans to increase its current complement of clinic nurses from 2.5 EFT to 3.50 EFT over the next six months (funded from new chronic disease item numbers in the Medicare Benefits Schedule). In this environment, it is reasonable to anticipate growth to 5.4 EFT by 2011 in accordance with the population projections in section 4.

Note Q: Health Promotion

Currently health promotion has 1.4 of dedicated EFT, but, due to many staff having a dual role of service delivery and health promotion, a total of 7.2 EFT is currently funded. In order to implement the health promotion strategies within this plan, a minimum of 30% growth in this area will be needed.

Note R: Intake Workers

With increasing complexity of care, service intake is increasingly becoming a function requiring a more targeted skill set so that dedicated staff will be required to undertake this role. This function will at least double to 3.0 EFT by 2011. An appropriate allowance has been made for this in the projection of increased reception staff (refer note A above).

Note S: Occupational Therapy

This area is expected to increase in accordance with the population estimates in section 4 of this report.

Note T: Planned Activity Groups

This area is expected to increase in accordance with the population estimates in section 4 of this report.

Note U: Parent Advisor - Hearing Impaired

This regional service is not greatly impacted by the growth within Hume City and is expected to remain static at 1.0 EFT.

Note V: Psych Disability Rehabilitation Service

On a straight line growth projection this service is expected to increase to 15.6 EFT by 2011 as indicated in Section 4. However, it is known that there is a latent demand that is not reflected in current service utilisation figures as few clients from the Craigieburn SLA utilise the existing service. With an increasing focus on providing services for mental illness at both a Commonwealth and State level, it is reasonable to expect this service will grow to at least 10 EFT. Some of this additional growth may be funded through Medicare funded services either contracted or directly employed.

Note W: Paediatrician

This area is expected to increase in accord with the population estimates in section 4 of this report.

Note X: Physiotherapy

This area is expected to increase in accord with the population estimates in section 4 of this report.

Note Y: Podiatry

This area is expected to increase in accord with the population estimates in section 4 of this report.

Note Z: Psychologist

This area is expected to increase in accord with the population estimates in section 8.4 of this report.

Note AA: Speech Pathology

On a straight line growth projection this service is expected to increase to 2.8 EFT by 2011 as indicated in section 8.4. However, it is known that there is a latent demand and increasing waiting lists. With an increasing focus on paediatric services this has been identified as a particular focus for future growth and an allowance of 5.0 EFT has been made.

Note AB: Transport Personnel

This area is expected to increase in accordance with the population estimates in section 4 of this report.

Note AC: School Focus Youth Services

This brokerage service is expected to remain neutral in growth.

Note AD: Royal Women's Hospital

This area is expected to increase in accord with the population estimates in section 4 of this report.

Note AE: Dental Therapist and Dental Nurse

The responsibility for this service is expected to transfer to Dianella and has been provided for elsewhere in the forecast (refer note I).

Note AF: Primary Care Partnership

This service is expected to continue at its current level.

Note AG: District Nursing

One of the local service providers, MECWA, has expressed an interest in being co-located with Dianella. This would greatly enhance coordinated care planning and is therefore recommended.

Note AH: Drug and Alcohol

Drug and Alcohol Services have been identified both in this report and in past Municipal Health Plans as a critical area of service shortfall. The lack of local infrastructure to house such services in a co-ordinated manner is often cited as the most significant impediment for regional providers, such as Moreland Hall, to base services locally.

Note AI: Family and Community Support Agencies

Family and Community Support Agencies frequently cite the lack of local appropriate facilities as the most significant impediment to the relocation of services regionally as the population moves to the outer growth ring. A conservative allowance of an additional 8.00 EFT is recommended in order to improve this situation.

5.5 Recommendations for future utilisation of individual sites

The following section outlines key issues in relation to each of the sites managed by Dianella and makes recommendations to support the recommendations for services for the period 2007-2011.

It is worth noting that these recommendations relate primarily to business planning for Dianella. While these recommendations include service delivery opportunities which involve other organisations, the recommendations are not designed to suggest planning priorities for those organisations.

5.5.1 Broadmeadows Health Service site

Dianella Community Health at Broadmeadows Health Service, 35 Johnstone Street

Role in future configuration	<p>Main service delivery point for broad-based community and primary health care services for Dianella with a primary focus on the southern part of the catchment but with broader reach for some programs.</p> <p>Special focus: Needs of CALD clients, support for aged care, paediatrics and ATSI clients, early intervention and chronic disease management</p>
Current Situation	<p>The facility is currently the main service delivery point for Dianella and provides a broad range of community health and primary health care services.</p>
Lease arrangements	<p>Broadmeadows Health Service is a multi-purpose health services site owned and operated by Northern Health. The current lease for Dianella expires in 2013 and no agreement has been reached about arrangements beyond that point.</p> <p>It is recommended that Dianella, in conjunction with the members of the place-based planning group, develop specific plans to support a proposal for the extension of the lease and possible extension to the facilities and infrastructure. Fundamental to this arrangement is the ability to negotiate a lease contract that is financially sustainable for both Dianella and Northern Health and ensures that the current co-location continues to develop a collaborative approach which creates synergies and provides an improved range of services for clients.</p> <p>Should it become clear that an on-going lease of the building is not possible, the development of a site in the immediate vicinity of the Broadmeadows town centre should be investigated. However, given the difficulties in securing new land and developing additional facilities in such a prime location and the imperative to work in a collaborative manner as far as possible, this should be considered a 'last resort' option.</p>

Health at Broadmeadows Health Service, 35 Johnstone Street cont.	
Recommended future strategy	It is recommended that this site continues to operate as the main service delivery point for the southern part of the catchment. While space at this facility is limited, the location is well suited to serving the catchment area and is within easy reach of other community facilities and transport routes. In addition, the facility lends itself to a collaborative approach to service delivery as a number of service providers operate from this site.
Recommended service mix	<p>The following mix of services is recommended for this site for 2007-2011 period:</p> <ul style="list-style-type: none"> • Health Promotion • Diabetes education • Aboriginal and Torres Strait Islander Services • Speech Pathology (not currently available at this site) • Medical (General Practice) • Counselling and Social Work • Dental • Audiology • Dietetics/Nutrition Services • Physiotherapy • Local Links (Royal Women's Hospital) • Disability Support (not currently available at this site) • Planned Activity Groups • Podiatry • Paediatrics • Asthma (HARP) • Occupational Therapy • Community Health Nursing • Intake.
Other considerations	The Royal Women's Hospital has identified the opportunity to provide additional outreach services in partnership with Dianella. Given the space limitations at the BHS and the need for additional services in the BCNR area, it may be worth considering the option of providing some services at that location.
Staff requirements	Current and future staff requirements for Dianella are outlined below. In order to provide the range of services, facilities to accommodate 65 staff would be required to maintain services at the current level while accounting for population growth 2011.
Place-based approach	<p>In order to ensure a collaborative approach to planning community health services for the Broadmeadows Health Service site, a planning group incorporating the following agencies is recommended:</p> <ul style="list-style-type: none"> • Northern Health • Hume City Council • Victorian Aboriginal Health Services • Royal Women's Hospital • Dental Health Services Victoria. <p>Suggested key objectives of the group could include but not be limited to:</p> <ul style="list-style-type: none"> • Ensure that additional staff can be accommodated through a gradual increase to available space resulting in an increase of 11 EFT by 2011 • Develop more collaborative approaches to service delivery • Identify synergies between the organisations that would be of benefit to clients • Identify local service needs and propose the development of additional facilities to accommodate the required growth.

5.5.2 Community Support Hub Broadmeadows Community Neighbourhood Renewal area (proposed)

Community Support Hub – BCNR area

Role in future configuration Services hub for community health and community services in the BCNR
Special focus: Counselling, mental health, aged care support and social support services

Current Situation There is no facility for delivery of community health services from this location. However, a number of those services proposed below are currently being delivered from leased buildings in Glenroy which lies outside the Dianella catchment area. The PDRSS services referred to below are currently being delivered from Finchley Support Services in Camp Road.

Recommended future strategy It is recommended that a new community support hub be established in the immediate vicinity of the BCNR area. Given the imminent relocation of a school in the Camp Meadows area, new public land may become available that could perhaps be used for this purpose. The community support hub is recommended to become the key service delivery point for the eastern part of Broadmeadows and provide additional facilities to support the needs of the community around the Neighbourhood Renewal Area.

Rationale The BCNR is home to some of the most disadvantaged communities in Victoria. In line with State Government policy, it is important that place-based resources are channelled towards designated areas of need. This community is also affected by a lack of access to public amenities as most residents are reliant on public transport and transport routes are very limited to the suburbs to the east of the railway line. As a result, members of this community do not have access to health services comparable to that of other Victorians.

Burden of disease data suggests a high degree of mental illness and depression in Broadmeadows and the need to provide additional services to both prevent and provide support for mental health problems. There is significant evidence to suggest that appropriate treatment of mental health issues can help to avoid the need for other health and social support services and therefore represents a very effective investment of resources. In addition, the community surrounding the BCNR is aging rapidly with the suburb of Broadmeadows projected to see a 95% increase in the number of residents over the age of 65 years by the year 2016.

The opportunity exists to build on the work already done as part of the Neighbourhood Renewal project and to engage additional partnering organisations to deliver a range of services using a collaborative approach to service planning and delivery.

In addition, the establishment of this site provides the opportunity to relocate services currently operating from facilities in Glenroy which lie outside the catchment for Dianella. In addition, the current lease costs for the Glenroy facilities amount to approximately \$100,000 per annum and could be used to contribute to the cost of operating this new facility.

Recommended service mix The recommended mix of services for this site is as follows:

- Health Promotion services to support community development work with the BCNR project
- Psychiatric Disability Rehabilitation Services
- Community Nursing
- Child Psychology
- Counselling
- Disability Support
- Ethnic Family Support
- Planned Activity Groups
- Youth Services
- Dietetics.

Funding It is recommended that the Department of Human Services be approached to provide support for the establishment of the new community support hub. In addition, other government grants may be available through Neighbourhood Renewal funding and through other agencies collaborating in this project. Funding currently required to lease properties in the Glenroy area and at Finchley, could also be used toward establishment of this project.

Community Support Hub – BCNR area cont.

Place-based approach	<p>In order to ensure a collaborative approach to planning services for the community support hub and the eastern part of the southern catchment for Dianella, a planning group incorporating the following agencies is recommended:</p> <ul style="list-style-type: none">• BCNR Project• Moreland Hall (drug and alcohol services)• Hume City Council• Victorian Aboriginal Health Services• Royal Women's Hospital <p>The key objectives of the group would be to:</p> <ul style="list-style-type: none">• Provide leadership in the planning for the provision of health and human services in the BCRNA and surrounding neighbourhoods• Ensure the appropriate linkages between the proposed community hub and the wider service system• Support the development of collaborative approaches to providing services• Advise on the infrastructure requirements for the new facility
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Staff requirements	The requirements for accommodation of staff are outlined in Table 121. The majority of these staff would be relocated from existing sites.
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5.5.3 Meadow Heights Health Service site

Dianella – Meadow Heights Health Service, 21-27 Hudson Circuit

Role in future configuration	<p>Key service delivery site for the central part of the Dianella catchment with facilities to accommodate corporate offices for Dianella.</p> <p>Special focus: Broad range of locally delivered community health services for the central part of the Dianella catchment.</p>
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Current Situation	<p>This site currently delivers a broad suite of community health and primary care services. It is accessed predominantly by clients from the surrounding neighbourhoods and thus provides an effective base for supporting the central section of the Dianella catchment.</p> <p>Currently few groups operate from this site. There are plans to increase groups for clients with chronic illnesses at Meadow Heights site.</p>
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Recommended future strategy	It is recommended that this site continues to operate as a generalist service site delivering a broad range of health and community programs for the local community. However, in order to meet the needs of the growing population and changes to the burden of disease profile, a significant increase to the current level of services is recommended.
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Dianella – Meadow Heights Health Service, 21-27 Hudson Circuit cont.

Recommended service mix The recommended mix of services for this site is as follows:

- Child Psychology
- Counselling
- Community Nursing
- Dietetics
- GP Services
- Occupational Therapy
- Planned Activity Groups
- Paediatrics
- Physiotherapy
- Speech Pathology
- Social Work
- Health Promotion
- Diabetes Education (including health promotion)
- Podiatry (including health promotion).

Staff requirements The requirements for accommodation of staff are outlined in table 121.

Total figures include corporate support, but should additional space be required to accommodate additional clinical staff, corporate offices could be relocated to another site.

5.5.4 Craigieburn Community Health Service site

Dianella Community Health Services (Craigieburn,) 55 Craigieburn Road

Role in future configuration Key service delivery site for primary health and social support services in the northern part of the Dianella catchment.

Special focus: targeted social support programs and counselling and mental health services and provision of an operational base for other service organisations.

Current Situation Craigieburn Community Health Service is a 650 sqm purpose built facility built in 1991. It provides a range of basic community health and social services which would otherwise not be available locally. The facility is in good condition and should be considered an asset to Dianella. It is well located on a main access road near the current town centre for Craigieburn and less than one kilometre from the Craigieburn Health Services site and the proposed relocated town centre.

Recommended future strategy It is recommended that Dianella retains this facility as there will be continued demand for additional services given the significant population growth forecasts for the northern part of the Dianella catchment.

Dianella Community Health Services (Craigieburn,) 55 Craigieburn Road cont.

Rationale

Recommendations to retain this site for Dianella recognises the context of service developments in Craigieburn. Although the proposed changes to the location of the new town centre will mean that the facility is not located as centrally, this should not impact on accessibility of this facility as future transport routes will not disadvantage this site. A range of other services operated by Hume City Council will also continue to operate in this area. Consultation with the community suggests that this asset is valued and that the community would not like to see it lost to overall health service infrastructure for the community.

Similarly, the community and others have indicated strong support for contributing to the new health services precinct. Planning for the operations of this site should therefore occur in tandem with planning for additional services at the new Broadmeadows Health Services site. In addition the community is keen to retain this site as the rapid population growth in Craigieburn means there is very limited office accommodation for service providers. This site provides the opportunity to provide accommodation for other related services.

In general terms, this facility is ideally suited to providing general social support services to the local geographic area and should be seen as an extension of the health services precinct as it is unlikely that primary health care services will be provided from the Craigieburn Health Service site in the immediate future.

Recommended mix of services

The following mix of services is recommended for this site:

- ATSI
- Community Nursing
- Counselling
- Health Promotion
- Psychiatric Disability Support Services
- Social Work
- Speech Pathology
- Planned Activity Groups
- Youth Services
- GP Services
- Women's health
- Alcohol and Drug services.

Staff requirements

The requirements for accommodation of staff are outlined in Table 121.

5.5.5 Craigieburn Health Service (Precinct) proposed site

Craigieburn Health Services site	
Role in future configuration	Delivery point for a limited range of clinical services that align well with other acute ambulatory services being provided by Northern Health.
Recommended future strategy	It is recommended that Dianella contribute to the provision of services through co-location at the Craigieburn Health Services site. This positions Dianella to contribute to the development of a health services precinct and also provides a better range of services for the community as a result of a collaborative approach to service provision.
Recommended service mix	<p>The recommended mix of services for this site is as follows:</p> <ul style="list-style-type: none"> • Audiology • Child psychology • Dental services • Community Health Nursing • Diabetes education • Dietetics • Occupational Therapy • Paediatrics • Paediatric continence • Physiotherapy • Podiatry • District Nursing • Reproductive and sexual health • Women's health (Royal Women's Hospital)
Place-based approach	<p>In order to ensure a collaborative approach to planning service delivery by Dianella for Craigieburn and the northern part of the Dianella catchment, the development of a place-based working group is recommended. It is recommended that both Craigieburn sites are considered as part of one local service delivery system. Possible participants would include:</p> <ul style="list-style-type: none"> • Northern Health • Moreland Hall (Drug and alcohol services) • Hume City Council • Victorian Aboriginal Health Services • Royal Women's Hospital <p>Suggested key objectives of the group could include, but not be limited to:</p> <ul style="list-style-type: none"> • Provide leadership in the planning for the provision of health and human services Craigieburn and the northern part of the Dianella catchment. • Support the development of collaborative approaches to providing services • Advise on the infrastructure requirements for the community health facilities at Craigieburn Health Service.
Staff requirements	<p>The requirements for accommodation of staff are outlined in Table 121. These include the provision of 10 dental chairs in line with recommendations outlined in section 11.4.2 above.</p> <p>Unlike planning for services at existing sites where the recommended increases to 2011 can be implemented gradually, this site would require facilities for the majority of staff to be available from the opening of the facility with a further accommodation being provided in subsequent years.</p>

5.6 Key messages for Dianella Community Health Services

Dianella has a long history of providing much-needed services to some of the most disadvantaged communities in Victoria. This has been made possible through the dedication and commitment of staff, management and community volunteers. Many of the services have been provided in cramped conditions or in rented buildings that represent temporary solutions because of inappropriate location and the cost of leasing.

However, Dianella faces a significant challenge, driven by the combined pressures of a population explosion in the north, exceptionally rapid increase in the proportion of the aged population and a population health-need driven by the growth in diabetes and other chronic illnesses. Any one of these factors would place significant strain on health service providers, but it is unusual to have a combination of three such critical pressures impacting on a health service provider at the same time.

The challenges of the future present against a backdrop of a range of existing needs of a community which includes four of the ten most disadvantaged suburbs in Melbourne. This is unlikely to improve given the shrinking manufacturing sector and the likely decrease in employment opportunities for the skills available in this community. In addition, the Hume LGA continues to absorb large numbers of new arrivals and refugees in an area that is already home to one of the most culturally, linguistically and religiously diverse communities in Victoria.

In spite of the considerable investment by government and community organisations, the current health status data points to significant needs for further service expansion in the Dianella catchment area. These include:

- **Establishing services in the areas of greatest disadvantage.** The Victorian Government has identified the BCNR area as a priority for addressing place-based disadvantage. A community health hub operated by Dianella in conjunction with relevant partner organisations would help to address health and social needs of this community. This facility would also provide the capacity to relocate services currently using rented facilities in Glenroy.
- **Extending service provision for community based programs in Craigieburn growth corridor.** While the proposed Craigieburn Health Service facilities will provide many primary and ambulatory care services, there will be a need to provide community health services through Dianella to prevent further demands on an over-stretched acute health system.
- **Providing infrastructure and growth funding to maintain the current level of service provision.** An increase of at least 29 direct service EFTs by 2011 will be required to simply maintain the current level of service provision in line with population growth and increased levels of chronic disease. Current infrastructure cannot support any further growth as facilities are already 'bursting at the seams'.

- **Increasing service provision where service levels are currently inadequate.** The following areas have been identified as needing a significant boost to services in order to avert negative future population health outcomes.
 - Alcohol and drug services are currently under-represented in Hume City as compared with other parts of Melbourne. Health data suggests that the current levels of service are not adequate. Improved services will also have a direct positive impact on mental health issues, particularly for males.
 - Mental health services for both acute and non-acute services are urgently required in order to cater for current mental health needs. The burden of disease for mental disorders is at least 6% higher for this LGA than for the rest of Victoria.
 - Early childhood services to prevent future health challenges as a result of development delays, birth defects and poor socialisation skills.
 - Chronic disease management models to support improved levels of integrated care for chronic illness with a particular focus on diabetes prevention and early intervention.
 - Increased investment in innovative approaches to support the ageing population. In particular, development of active service models and other approaches which help to increase the ability of elderly people to remain independent.
 - Increase investment in health promotion that complements the service delivery components of all of the above strategies by:
 - focusing on primary prevention of conditions such as obesity, mental illness and heart disease
 - and prioritises working with vulnerable groups in the community to strengthen their skills and resources, including refugees, Aboriginal and Torres Strait Islanders and residents of highly disadvantaged suburbs within Hume

Investment in further infrastructure for services provided by Dianella in partnership with other health service providers, will ensure that these marginalised communities have maximum opportunities for health and wellbeing.

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