Sunbury Community
Health Centre Inc.
All Year Round Quality Care

5

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

SUNBURY 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 2011. 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 2012.

For the first time, the processes of developing a Municipal Health Plan (MPHP) 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 a 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 Centre [1], 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.

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.

1.2 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.

1 Detailed information on project partners is available in Book 1

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.

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 and wellbeing. The fundamental conditions and resources needed for good health are:

- Peace
- Shelter
- Education
- Food
- Income

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 visual 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 Chapter 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							
Hospital based setting	1. Area-based planning and data analysis to determine the needs of the catchment						Level 1 facility
Community centre base	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 2 facility
							Level 3 facility
Outreach setting							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 Group [4] 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 meaningful involved in decision-making about health policy and planning, care and treatment, and the wellbeing of themselves 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 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	• 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	• Identifying synergies between organisations • Providing information and research • Providing overall guidance for the development of the project
Hume Health Summit - Broadmeadows	This full day forum was attended by 140 community members and staff working for health and community services in Hume City. In addition to a number of presentations, three workshops were conducted	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
Sunbury Community Consultation	This forum was attended by 25 community representatives from a variety of organisations	Participants identified key priorities for health services in Sunbury
Craigieburn Community Consultation	This forum was attended by a number of local community members and staff of local health service providers	Participants identified key priorities for the Craigieburn SLA with particular reference to new health and town centre developments
Hume City Council	Managers of all council services which will be guided by the Municipal Public Health Plan	Recommendations for priorities in line with the four environments for health as well as health protection, promotion and planning development.
Individual consultations with other stakeholder organisations	• 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	Identification of particular issues that may impact on the development of the project. These meetings also provided the opportunity as to how different stakeholder groups might advocate for specific issues by working collaboratively

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	• 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	• 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	• 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 though 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	• Directions for Your Health System: Metropolitan Health Strategy • Care in Your Community • Hospital Admissions Risk Program – Chronic Disease Management (HARP-CDM)				
Community health services	• 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	• 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	• Victorian Drug Strategy • Alcohol and Drug Sector Blueprint (to be developed in 2007)				
Aged and/or disability services	• HACC • Victorian State Disability Plan 2002-2012				
Health promotion	• Integrated Health Promotion (IHP) Priorities				
Partnerships	• 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	• 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	• 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	• Integrated area-based planning • Levels of care
Hospital Admissions Risk Program – Chronic Disease Management (HARP - CDM)	Hospital and community		• 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: - 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	• 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	• Partnerships • Service Coordination • Integrated Health Promotion
Integrated Health Promotion (IHP) Priorities	Health promotion	2007-2012	• 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	• 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	• 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	• 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	• 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	• 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	• 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. - 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	• 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	• 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	• Every child, every chance response • 35 aspects which matter most – an outcomes framework
Aboriginal Health Promotion and Chronic Care Partnership	Health promotion	2006	• 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	• Valuing diversity • Reducing inequality • Encouraging participation • Promoting the social, cultural and economic benefits of diversity
Victorian State Disability Plan 2002-2012	Disability	2002	• 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	• 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	• 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	• 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	• 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	• Capacity building • Physical Wellbeing (nutrition and physical activity) • Social Connectedness and Mental Health Promotion • Tobacco, alcohol and drugs
Hume Moreland Community Health Plan		PCP	• 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	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. • 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	• 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	• 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	The Plan strongly promotes partnerships between Council, other organisations and the community as a means of achieving better health outcomes. Priorities include: • 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	• 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	Clearly target service delivery to specific cohorts Demonstrates changes health status (longitudinal) for cohorts Focus on CDM	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. • Physical activity • Mental health and wellbeing • Protection from injury • Healthy weight/healthy eating • Smoking, alcohol and other drugs • Sexual and reproductive health
Service development	• 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	Partnerships with health services for community based care Active service models Integrated cross-government approaches to child and family wellbeing	
Disease management priorities	• Mental health • Chronic disease management • Child and family health • Chronic Obstructive Pulmonary Disease	Target groups and target programs for each priority	

3. SUMMARY OF NEEDS ANALYSIS

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.
- 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 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 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.
- 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.
- 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.
- 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.
- Anecdotal evidence suggests that a large number of younger persons with a disability have moved into Craigieburn and Sunbury SLAs. 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 to be 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 ACASCs 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. SUNBURY COMMUNITY HEALTH CENTRE

4.1 Organisational overview

Mission

The Sunbury Community Health Centre's mission is to ensure that the residents of its catchment area have access to high quality, culturally-sensitive, efficient and effective community-based primary health care services. Together these factors strengthen the understanding and skills of individuals to help them achieve and maintain health and wellbeing in a way that is consistent with the Ottawa Charter.

"The process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, social and mental wellbeing, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is therefore, seen as a resource for everyday life, not the objective of living."
Ottawa Charter for Health Promotion 1986

Vision and values

The Sunbury Community Health Centre strongly identifies with and promotes the social model of health. Health promotion is the core business of Sunbury Community Health Centre. Our demographics and geographic isolation create a stronger sense of community ownership of the Centre and its programs.

The Sunbury Community Heath Centre values:

- consultation with the community, consumer, carer and other key stakeholders for assessment, planning, implementation and evaluation of services and health promotion activities
- working collaboratively and in partnership with clients, key stakeholders/agencies and the community
- empowering and enabling all clients and community to make informed choices
- planning for continuity of care and sustainability of programs
- a health promotion approach to client services
- a health-promoting working environment, and
- a continuous quality improvement approach to service provision and program management, and
- excellence in best practice.

Service Goals

1. Providing a quality primary health care service through a multidisciplinary team approach
2. Striving to work with and encourage members of the community to participate in the development of their health service
3. Participating in a managed care approach in conjunction with other service providers to facilitate continuity of care
4. Actively encouraging and supporting an individual to be informed and involved in their own health care
5. Striving to provide a culturally sensitive, equitable and accessible service
6. Providing good governance and financial accountability for continued growth
7. Being committed to achieve the highest quality and standards in the management and delivery of the service
8. Being accountable to consumers, the community and the funding bodies
9. Aiming to identify and address the diverse needs of the community
10. Providing a supportive learning environment for staff to develop their potential

Current services

Sunbury Community Health Centre Inc operates from one site at 12–28 Macedon Street, Sunbury, and provides services to Sunbury, Bulla, Diggers Rest and surrounding areas. In 2005/06 almost 7,000 individuals accessed the community health centre. The table below demonstrates the range of services provided by Sunbury Community Health Centre.

Table 8: Overview of programs provided by Sunbury CHC

Community Health
The community health program provides a range of health services to support the prevention and treatment of a range of conditions in a cost effective manner. A range of allied health and other services are available including: • Audiology • Nursing • Podiatry • Physiotherapy • Health Promotion • Speech Pathology • Occupational Therapy • Dietetics • Counselling
Home & Community Care (HACC)
HACC services provide a range of services to persons with a disability or elderly people living in the community to support them in maintaining their health and independence. Programs delivered through Sunbury Community Health Centre include: • Occupational Therapy • Physiotherapy • Podiatry • Speech Pathology • Men's Shed
Children's Services
A range of programs supporting children with developmental delay or other health-related issues is provided to families living in the local community. These include: • Physiotherapy • Speech Pathology • Occupational Therapy • Psychologist
Other Services
A range of innovative programs to provide health and social support services, is provided. These vary from time to time, but typically include: • Drug and Alcohol Counselling • Financial Counselling • Domestic Violence Counselling • Men's Behavioural Change • Remedial Massage • School Focussed Youth Service • Volunteer Service • Hume Innovations Program • Early Intervention Program • Family Day Care
Dental
A range of dental services is provided and focuses on three main areas of oral health: • Adult • Adolescent • School Dental
Co-located Services
The Sunbury Community Health Centre works with a range of other service providers to provide additional services for the community. The following programs and services are provided through other service providers who are co-located in the building: • Linkages • Ante-Natal Care • Children's Mental Health • Australian Hearing • Melbourne City Mission • Victims of Crime • Gambler's Help • Broadmeadows Community Legal Service • Mental Health • Sunbury Neighbourhood House

4.2 Utilisation of services

The section below outlines the key patterns for service usage for Sunbury Community Health Centre services and includes the usage for both Community Health and Dental programs. All information in this section is based on reporting information collected by the service. [5]

Table 9: Combined services provided by country of birth

Country	Individuals	Visits
Australia	2,759	18,016
England	114	1,274
UK & Ireland	82	283
Italy40	306	
Malta	35	318
Germany	31	241
Scotland	18	241
New Zealand	10	26
Philippines	4	40
Greece	3	26
Not stated	3,667	5,780
Total	**6,763**	**26,551**

Points worth noting

Detailed data indicating country of birth has not been collected for more than half of the clients and it is therefore not possible to conduct a detailed analysis of the data. However, it is worth noting that the number of people from countries with a non-English speaking background is extremely low.

4.3 Overview of service utilisation of community health services

The Sunbury Community Health Centre is accessed primarily by residents from Sunbury but individuals from the surrounding areas also readily access the centre. In the year 2005-06, almost 7,000 individuals accessed the Sunbury Community Health Centre to access community health services.

The following table outlines the total numbers of clients from the surrounding areas and their number of visits they made during the 2005-06 year.

5 Sunbury Community Health SWITCH data

Table 10: Sunbury CHC clients and visits by suburb (2005-06)

	Individuals		Visits	
Postcodes	**Numbers**	**% of total**	**Numbers**	**% of total**
Sunbury - 3429	4327	63.69%	22121	73.51%
Macedon/Woodend- 3440,	277	4.07%	781	0.10%
Melton Shire – 3337	385	5.66%	870	0.53%
Gisborne - 3437	242	3.56%	665	1.18%
Romsey/ – 3434,	284	4.18%	746	0.75%
Kyneton - 3444	142	2.09%	384	0.16%
Diggers Rest - 3427	470	6.91%	1314	4.17%
Lancefield - 3435	106	1.56%	212	0.16%
Riddells Creek - 3431	123	1.86%	296	0.88%
Craigieburn - 3064	20	0.29%	49	0.14%
Bulla - 3428	45	0.66%	128	0.34%
Other Areas	372	5.47%	4,876	18.36%
Total	**6,793**	**100.00%**	**26,551**	**100.00%**

Points worth noting

- The largest number of clients (73.5%) comes from the immediate vicinity i.e the suburb of Sunbury.
- 5.4% of clients are recorded as coming from 'other areas', but this notation is often used when staff is uncertain about the correct postcode or have not requested specific information.
- The second highest number of clients (almost 7%) come from Digger's Rest and this number is set to rise in line with planned residential development. Sunbury Community Health Centre is not funded to cover this area as part of its catchment.
- Clients from the towns in the Macedon Ranges account for 17.3% of the total. This figure includes clients coming to the Dental service. This figure highlights the close relationship between the Macedon Ranges and Sunbury areas.

4.4 Overview of service utilisation by program or discipline

The usage of services by discipline is outlined below. These figures should not be interpreted as indicating demand for these services as the level of funding, and therefore availability of staff, is another major determinant of service utilisation. The information for HACC funded services is also provided.

Table 11: Sunbury CHC utilisation by discipline

Hours per discipline for community health services only	Individuals	Visits	% Visits
Podiatry	492	1,274	6.04%
Occupational Therapy	698	1,464	6.94%
Speech Pathology	337	1,793	1.83%
Dietetics	261	385	1.83%
Physiotherapy	1,223	4,380	20.77%
Audiology	501	761	3.61%
Nursing	1,076	3,966	18.81%
Counselling	1,429	4,823	22.87%
Health Promotion	1,024	2,240	10.62%
Total	**7,041**	**21,086**	**100.00%**

The table below indicates utilisation of HACC funded services by discipline or service type. As Planned Activity Groups (PAG) occur on a regular basis, the number of visits is higher than for other programs.

Table 12: HACC funded services by discipline

Hours per discipline for HACC funded services Hours per Discipline - HACC	Individuals	Visits
Podiatry at Centre	219	299
Podiatry at Home	5	11
OT at Centre	631	3,437
OT at Home	185	393
Speech Path at Centre	52	329
Speech Path at Home	10	16
Physio at Centre	295	1,068
Physio at Home	6	9
PAG - Core	76	12,610
PAG - High	42	7,701
Assessment & Care	25	40
Volunteer co-ordination	137	2,755
Total	**1,683**	**28,668**

4.5 Overview of service utilisation for dental services (2005-06)

In addition to the almost 7,000 clients who regularly access community health services, a further 2,308 clients utilised dental services during the 2005-06 year, the equivalent of twice a year.

Table 13: Dental services provided by client country of birth

Dental visits by country of birth

	Individuals	Visits
Australia	2,103	4,556
England	142	326
Malta	54	118
Italy70	190	
Germany	45	109
Scotland	29	81
New Zealand	28	64
UK & Ireland	23	56
Greece	13	20
Philippines	12	19
Total	**2,519**	**5,539**

Points worth noting

- The utilisation of dental services is spread relatively evenly across the age groups with slightly lower numbers for young children under the age of six years and older persons over 70 years.
- The number of clients from non-English speaking countries appears to comprise approximately 80 individuals.

Table 14: Dental services clients and visits by suburb

Postcodes	Clients	%	Visits	%
3429 - Sunbury	1,140	49.31%	2,514	40.94%
3337/3338 - Melton/Melton South	305	13.19%	678	11.04%
3442 - Woodend	160	6.92%	390	6.35%
3437 - Gisborne	135	5.84%	268	4.36%
3434 - Romsey	134	5.80%	308	5.02%
3444 - Kyneton	123	5.32%	320	5.21%
3427 - Diggers Rest	106	4.58%	207	3.37%
3435 - Lancefield	83	3.59%	146	2.38%
3431 - Riddells Creek	65	2.81%	138	2.25%
3340 - Bacchus Marsh	57	2.47%	165	2.69%
0000 - Other		0.17%	1,007	16.40%
Total	**2,308**	**100.00%**	**6,141**	**100.00%**

Points worth noting

- While more than a third (40%) of those utilising the dental services are from Sunbury, the distribution of dental clients is more evenly spread over the different suburbs in the catchment than is the case for community health services.
- Almost 5% of clients come from the Diggers Rest area which is not part of the catchment for Sunbury CHC and is therefore not included in the funding allocation.

4.6 Utilisation by age and gender

The following information provides an analysis of service utilisation by age and gender. This information can be helpful in assessing whether the distribution of access to services matches information about the needs of the community. The table below indicates utilisation for community services.

Table 15: Community health services utilisation by age and gender (2005-06) [6]

Age	0-6	7-14	15-19	20-29	30-39	40-49	50-59	60-69	70-79	80+	Un-known	Total persons	Total Visits
Female	99	78	101	128	250	437	271	302	322	257	1,944	4,047	18,115
Male	175	84	62	87	104	117	119	100	177	116	1,549	2,716	8,436
Total	**274**	**162**	**163**	**215**	**354**	**554**	**390**	**402**	**499**	**373**	**3,493**	**6,763**	**26,6551**

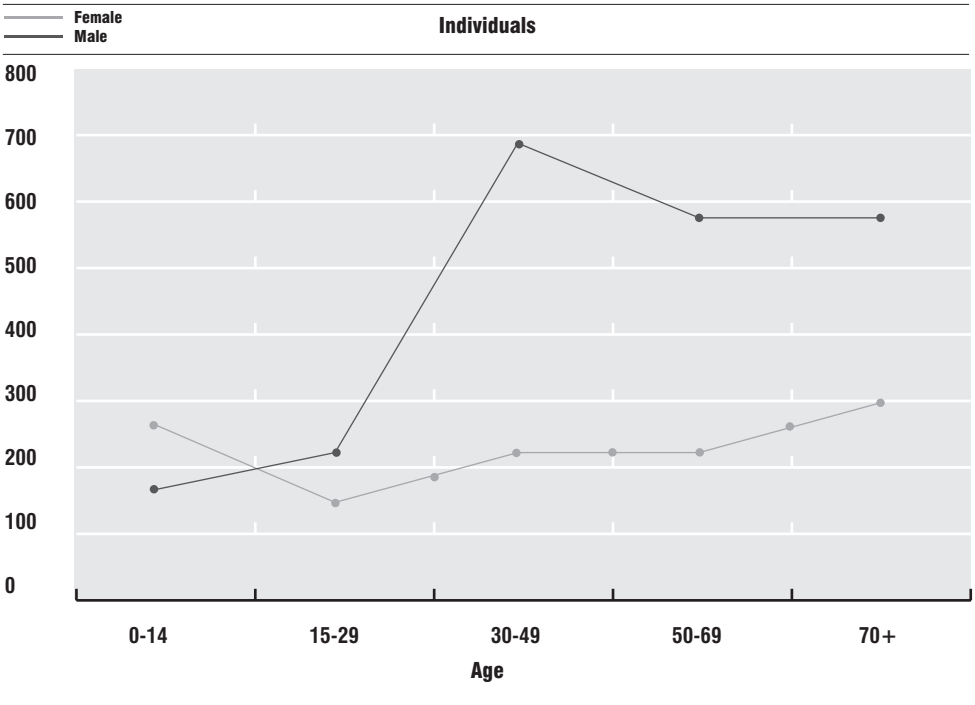
The table below provides information about utilisation of dental services.

Table 16: Dental services utilisation by age and gender (2005-06)

Age	0-6	7-14	15-19	20-29	30-39	40-49	50-59	60-69	70-79	80+	Total persons	Total Visits
Female	69	178	196	270	266	225	280	168	55	9	1,743	3,829
Male	93	32	120	86	103	122	86	211	173	33	1,059	2,212
Total	**162**	**210**	**316**	**356**	**369**	**347**	**366**	**379**	**228**	**42**	**2,802**	**6,041**

The diagram below illustrates the differences in the way that males and females access services.

Figure 2: Number of individuals at SCHC by gender



6 *Sunbury Community Health SWITCH data*

Points worth noting

- Overall, females account for 62% of all individuals accessing services.
- The difference between the level of access between males and females is most noticeable between the ages of 20 and 59.
- In these three age brackets, females account for over 72% of all individuals. This suggests that males may not be accessing services appropriate to their needs during their adult years.
- Males access dental services at a much lower rate than females between the ages of 7 and 60 years but present at almost three times the rate of women after the age of 70. Given the larger number of females in this age group, this trend is worth noting and suggests that high utilisation by males later in life may be a result of lack of dental care earlier in life.

4.7 Increased demand for services

The table below shows the rapid increase in demand for and provides details on how the community currently accesses services.

Table 17: Overall increase of clients by postcode from 2004-05 to 2005-06 at Sunbury Community Health Centre

Clients by postcode from 2004-05 to 2005-06 at Sunbury Community Health Centre				
Post Code	**Suburb**	**04-05 # of clients**	**05-06 # of clients**	**+/-**
3429	Sunbury	6,106	9,233	51%
3428	Bulla	19	22	15%
3064	Craigieburn	31	10	68%
3047	Broadmeadows	15	57	74%
3427	Diggers Rest	405	576	30%
3337	Melton	144	59	59%
3440	Macedon Ranges	667	723	9%
Total		**7,387**	**10,630**	**43%**

Points worth noting

- There has been a large increase (43%) in the number of individuals accessing services at Sunbury Community Health Centre Inc. Two of the reasons for this are an increase in Home & Community Care (HACC) funding and additional dental staff. Unfortunately this funding has not increased for administration and IT support.
- There has been a 30% increase in the number of clients from Diggers Rest. This highlights the increase in population in the Diggers Rest area. This will continue to increase as Diggers Rest is part of the Melton Shire growth corridor and a large housing development is in the planning stages.
- The increase in service provision has not been funded to provide the additional administration resources required to cover these increases. Additional resources for financial management and information technology are required immediately.

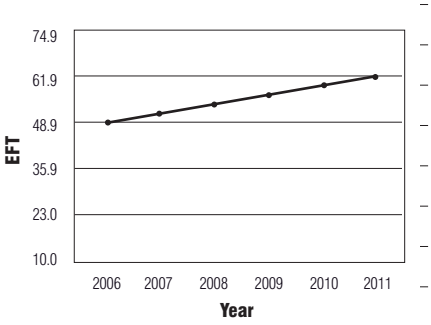
4.8 Projected resource requirements to meet future demand

In order to ensure appropriate planning for services, it is helpful to be in a position to anticipate future demand. As illustrated above, demand for services at Sunbury Community Health Centre continues to grow. In addition, service planning needs to account for population growth in the existing catchment area. In order to meet this demand, the level of service provision will need to increase. This is most easily measured in the Equivalent Full Time (EFTs) numbers of staff. Projections for the overall requirements for additional staff requirements are outlined below:

Predicted EFT for Sunbury Community Health Centre

Figure 3: Predicted EFT growth requirements for Sunbury CHC

Total EFT growth	
Total catchment Population 2006	37,797
Target group: All	
Percentage of catchment population	
Number of contacts 2006	
Number of clients 2006	
Clients as a percent of target population	
Current EFT	48.3
Growth drivers: Population growth & health status	128.0%
Annual average growth rate	105.1%



EFT projection by year						
Year =>	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Base population plus population growth plus drivers						
Clients serviced						
Percentage coverage						
Required EFT assuming current productivity	48.3	50.8	53.4	56.1	58.9	61.9

Recommendation:

In order to meet the ongoing requirements to service the communities in the Sunbury Community Health Centre's catchment, a minimum of 13.6 additional EFT will be required. However, this only covers the services currently provided by the centre. It therefore represents the minimum staffing levels required to maintain current levels of service provision and does not account for the need to improve service delivery in areas such as mental health. An additional position to cover finance and IT is required immediately.

4.9 Implications for planning

Given the recent closure of the private hospital in Sunbury, there will be scope to provide additional ambulatory care services either directly or indirectly in Sunbury Community Health Centre.

Programs targeted at men over the age of 35 should be considered to encourage men to access more of the health services provided.

Given the strong growth in clients from Diggers Rest, additional funding to recognise the extension of the catchment for Sunbury Community Health Centre will need to be provided. This is to ensure growth does not come at the expense of the designated catchment area.

5. ALLOCATION OF RESOURCES FOR PROJECTED FUTURE GROWTH

5.1 Allocation of projected staff resources to 2011

The following table outlines the required growth in EFT between 2007 and 2011. These increases will not significantly impact on the level of service provision or improve the coverage for the local community. To improve services in areas such as mental health services, it will be necessary to provide more resources than those listed below. The information below outlines the distribution of EFT across program areas by discipline or program area.

Table 18: Allocation of projected staff EFT for 2012

Service Providers	**EFT**
Allied Health Assistants	2.6
Audiology	0.5
Child Psych.	2
Community Nursing	2.6
Counselling	7.3
Dental	5
Dental Assistants	5.5
Diabetes Nurse Educator	1
Dietetics	1
Disability Respite	1
Drug and Alcohol	2
Early Intervention	3.5
Family Day Care	2.7
Health Promotion	0.7
Neighbourhood House	0.8
O.T - HACC	3
O.T - Paediatric	1
Physiotherapy	3.6
Planned Activity Group	3
Podiatry	2.2
Speech Pathology - HACC	0.5
Speech Pathology- Paediatric	1.8
Youth Counselling	1.5
Administration	
Reception	5.6
Finance	0.5
HR 0.5	
C.E.O	1
I.T. 0.5	

Table 18: Allocation of projected staff EFT for 2011 cont.

Co-located Staff	
Mental Health	2
Australian Hearing	0.5
Gamblers Help	0.2
Melbourne Citymission	1.0
Linkages	1
Sunshine Hospital - Ante-natal	0.3
Victims of Crime	0.4
	67.9

To assist with planning, the table below illustrates recommended growth in staff resource allocation for each year and indicates when specific increases will need to be implemented. These increases are based on the calculations above and are projected as being required to maintain current levels of service provision. Additional resources will be required in order to achieve substantial improvements to services.

Table 19: Rate of projected EFT increases to 2011

Summary of EFT Projections						
Program	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Allied Health Assistants	2.6	2.6	2.6	2.6	2.6	2.6
Audiology	0.4	0.4	0.4	0.4	0.4	0.5
Child Psych.	1.0	1.0	1	1	2	2
Community Nursing	2.4	2.4	2.4	2.4	2.4	2.6
Counselling	7.3	7.3	7.3	7.3	7.3	7.3
Dental	3.0	3.0	4	5	5	5
Dental Assistants	3.5	3.5	4.5	5.5	5.5	5.5
Diabetes Nurse Educator	0.4	0.4	0.6	0.6	0.8	1
Dietetics	0.4	0.6	0.8	0.8	1	1
Disability Respite	0.5	0.5	0.5	1	1	1
Drug and Alcohol	1	1.5	1.5	1.5	1.5	2
Early Intervention	2.8	2.8	2.8	2.8	3.5	3.5
Family Day Care	2.7	2.7	2.7	2.7	2.7	2.7
Health Promotion	0.5	0.5	0.5	0.5	0.5	0.7
Neighbourhood House	0.8	0.8	0.8	0.8	0.8	0.8
O.T - HACC	2.2	2.2	2.4	2.4	2.6	3
O.T - Paediatric	0.7	0.7	0.7	0.7	1	1
Physiotherapy	3.2	3.2	3.2	3.2	3.4	3.6
Planned Activity Group	3	3	3	3	3	3
Podiatry	1.2	2.2	2.2	2.2	2.2	2.2
Speech Pathology - HACC	0.3	0.5	0.5	0.5	0.5	0.5
Speech Pathology- Paediatric	1.6	1.6	1.6	1.8	1.8	1.8
Youth Counselling	0.8	1	1	1	1.5	1.5

Table 19: Rate of projected EFT increases to 2011 cont.

Administration						
Reception	4.6	4.6	4.6	5.0	5.0	5.6
Finance		0.5	0.5	0.5	0.5	0.5
HR	0.4	0.4	0.4	0.4	0.4	0.5
C.E.O	1	1	1	1	1	1
I.T.	0.5	0.5	0.5	0.5	0.5	
Total	**48.3**	**51.4**	**54.0**	**57.1**	**59.9**	**62.4**

The increases recommended above will ensure that Sunbury CHC can continue to provide the same level of service delivery as is currently provided, while keeping pace with population increases and some of the key burden of disease indicators. Additional resources would be required in order to improve the level of service delivery or the project partners.

6. SUNBURY SLA COMMUNITY HEALTH PLANNING RECOMMENDATIONS

6.1 Overview of community health care services provision for the Sunbury SLA

6.1.1 Introduction

A range of primary and community health service providers care for the health needs of the community in the Sunbury SLA. It is not within the scope of this plan to provide a strategic services plan for all of these providers. This plan, however, will provide specific recommendations in relation to Sunbury Community Health Centre as the one of the key providers for this SLA.

6.1.2 Future Needs

A total EFT forecast is shown in Table 18. This indicates that an estimated additional 14.1 EFT by 2011 will be required to maintain current levels of service given the population changes and needs over the next five years.

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.

Whilst this increase in EFT may appear significant over the five year time span, it represents a comparatively conservative growth rate of 5.1% per year. It should be noted that whilst policy trends and health status have been included where possible, new models of care, technological advances, the actions of other health service providers and societal changes can also impact on demand and service needs.

Sunbury Community Health Centre has a number of local contextual factors which also impinge on the planning for service. For example, the recent closure of a private hospital, combined with moderate population growth and significant burden of disease factors, means that the service would be well-placed to add an additional level to the current building in order to ensure adequate infrastructure.

6.2 Sunbury Community Health Centre recommendations

The following section lists a number of strategic recommendations for Sunbury Community Health Centre. These have been aligned with the priorities agreed for the development of the Municipal Public Health Plan for Hume City Council (see Chapter 10) and are listed below:

Priority 1: Together we do best

Recommendation: Work with acute service providers to provide optimum levels of care in the newly developed facilities

Priority 2: Investing in infrastructure and services

Recommendation: Provide leadership in the development of new infrastructure and services for the second floor of the Community Health Centre

Priority 3: A caring and connected community

Recommendation: Increase mental health services for families and older persons to reduce the level of burden of disease due to mental health issues

Priority 4: Keeping healthy

Recommendation: Focus on preventing chronic illness and avoidable hospital admissions by increasing programs to reduce smoking, target healthy weight and increase physical activity.

Priority 5: Healthy design

Recommendation: Apply the principles of healthy design for the expansion of services on the second floor of the Community Health Centre and any other service reconfiguration or refurbishment

6.3 Specific Strategies for implementation of priorities

The following strategies are recommended to ensure that the planning priorities agreed as part of the Municipal and Public Health Plan for Hume City can be implemented at Sunbury Community Health Centre.

Priority 1	• Establish place-based partnerships to address the specific needs of the Sunbury community • Work with the selected acute services provider to develop good clinical governance systems for new services • Continue to develop relationships with service organisations and NGOs to assist in promoting messages about healthy lifestyle in the local community • Continue to foster good relationships with services co-located at the Community Health Centre
Priority 2	• Develop the second floor of Sunbury CHC to provide new ambulatory care services as required in the local community • Identify the best mix of ambulatory care services that address the needs of the local community in planning for second floor expansion • Increase programs to address early childhood issues such as developmental delay • Develop targeted support programs for families in recognition of the growing number of families moving into the area • Continue to expand Planned Activity Groups and other programs to support the growing elderly population • Plan for a minimum of additional 14.1 EFT to deliver services at current levels and plan for additional resources in order to improve service coverage • Ensure that Digger's Rest is included as part of Sunbury CHC catchment as part of funding negotiation cycles
Priority 3	• Expand mental health services in collaboration with North West Mental Health Alliance to increase capacity to provide counselling and acute mental health services • Increase awareness of the geographical isolation of Sunbury which results in this area being under resourced from the service coverage by North West Area Mental Health services and Royal Children's Hospital Mental Health Services • Continue to expand services for men – particularly those who are isolated or disengaged due to unemployment or illness • Assist with development of programs and services that encourage connectedness of older persons with the broader community
Priority 4	• Increase health promotion programs focussed on reducing chronic illness caused by cardiovascular disease, cancer and diabetes by focussing on smoking reduction, healthy weight and increased exercise • Actively work to increase community awareness of the desirability of reducing hospital admissions and keeping people healthy • Encourage development of innovative approaches such as the 'greyhound bus' to encourage participation in physical exercise – particularly for older people
Priority 5	• Use the principles of healthy design in developing new infrastructure on the second floor • Encourage use of healthy design principles when providing input into planning processes for other developments in the local community • Advocate for increased awareness of healthy design principles in planning of new developments as well as redevelopment or refurbishment of existing facilities in the catchment area.

6.4 Recommended planning considerations for future developments

A number of issues should be considered in any future planning initiatives for Sunbury Community Health Centre:

- Although Sunbury is considered part of metropolitan Melbourne, it is relatively isolated from a range of services that would be more accessible to communities in other parts of Melbourne.
- Sunbury does not fit comfortably into the catchment area for a range of health services and is often situated between two designated catchments. This is particularly critical in areas such as mental health or ambulatory care services.
- Community feedback suggests that the recent closure of the Sunbury Private Hospital will leave a gap in services. Further consideration should be given to the need for additional ambulatory care or day services to be provided in a second floor expansion of the Community Health Centre. As this will require support of a hospital and health service and a range of other providers, a place-based partnership is recommended for Sunbury.
- The close relationship between the Macedon Ranges area and the Sunbury area needs to be taken into account in the planning of ambulatory care services.
- A place-based working group for Sunbury should include the relevant hospitals and health services, representatives from co-located health services, the Division of General Practice, North West Area Mental Health Service. Hume City Council. The objectives of the working group could include:
  - Providing advice on specific development of the second floor extension
  - Ensuring a collaborative approach to service delivery for the Sunbury SLA using the Sunbury CHC building as a health services hub
  - Providing advice on changes to the existing parts of the building that may require re-designing following the development of the second floor extension.
- To provide Sunbury residents with appropriate access to primary and community health services, it is considered important that agencies have a local presence. This may be in the form of domiciliary outreach services, or through activity groups that operate in local community facilities.
- The Sunbury Community requires significant service provision to meet the needs of young families and the older population to ensure improved health outcomes.
- In spite of the relatively high socio-economic status of this community, there is considerable evidence that the mental health support needs of Sunbury are similar to those of the rest of Hume City. An increase in the provision of mental health services would therefore be considered imperative.
- At present Diggers Rest is not part of the designated catchment for Sunbury CHC. While this has not been an issue previously residential development will result in an increased need for health services. Already Sunbury CHC is experiencing steady growth in clients from Diggers Rest with at least 7% of its client base coming from this area. As this continues to increase in the future, these changes should be recognised in future funding formulas.

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