

# LATROBE HEALTH ADVOCATE QUARTERLY UPDATE



Latrobe Health  
Advocate

JANUARY - MARCH 2023



# TABLE OF CONTENTS

---

- 01 — **Message From the Advocate**
- 02 — **Quarterly Activity Breakdown**
- 03 — **Community Aspirations**
- 04 — **Community Aspirations cont.**
- 05 — **Systems Change**
- 06 — **Systems Change cont.**



**Latrobe Health Advocate**  
2 Tarwin Street, Morwell  
Phone: 1800 319 355  
Email: [info@lhadvocate.vic.gov.au](mailto:info@lhadvocate.vic.gov.au)

# A MESSAGE FROM Latrobe Health Advocate



Jane Anderson



Here's the first quarterly update for 2023. My office has been dedicated to promoting better access to services, enhancing end-of-life palliative care, and addressing social determinants of health in Latrobe during this period.

This quarter, the Latrobe communities' primary aspiration was identified as Access to Services, making up 43% of the community conversations with me. Whenever discussing the aspiration of access to services, health equity was always mentioned in conjunction with it.

I continue to hear examples where local community members are unable to access or are delayed in accessing, the healthcare they need due to cost. When services for CT scans, psychological counselling, and occupational therapy were eventually obtained it was due to specialists or community members providing advice on free services available in other locations.

The 2023-2024 budget recently released by the Federal government features measures that aim to address the cost of living and facilitate the transition towards a new energy economy. Notably, the government demonstrated a commitment to supporting regional communities through increased funding for health and welfare programs. The investments to keep GP clinics open for longer hours and support for low-income patients to access bulk-billed services will help to address some of the challenges people have identified in accessing health services.

Improving Palliative Care continues to be an aspiration of the community and was the focus of 16% of community conversations with me.

Access to a designated ward at the Latrobe Hospital was appreciated, although the physical amenities for family members supplementing care and the variability of the nursing expertise were raised as concerns. Community members advised that they received more information on treatments and services from community palliative care nurses than in the hospital environment.

The community has raised concerns regarding mental health, social inclusion, safety, public transportation, and community engagement.

Better mental health service coordination and more flexibility were suggested as options to address the disconnect between hospital treatment, community-based support and expectations of the family.

I was advised that the lack of accessible transport and the lack of disability parking at health facilities was reducing access. Some community members indicated there was more pram-accessible parking than disability parking.

Community members expressed confusion about how to access support, were annoyed by continuing long wait times in aged care and dental care, tardiness in transferring funding between providers in aged care providers, disconnect between therapists at service providers and lack of a coordinated service plan for chronic conditions.

During this quarter my office has also seen several systems changes that can provide opportunities for better mental models, better services, better support, and integration of community voice.

Latrobe Regional Hospital (LRH) has revamped its Community Advisory Committee to diversify its membership, with people from the LGBTIQ community, Aboriginal and Torres Strait Islanders, people with a disability and the multicultural community, all now represented.

As part of my role, I prioritise the experiences of Latrobe communities and advocate for changes in systems that can improve their health and overall welfare. My focus is on reaching out to those who are often not heard and giving them a voice through a platform that can bring their aspirations and concerns to the attention of the government and services. Moreover, I strongly encourage governments and services to prioritise community input in the design and delivery of programs.

As always, I look forward to hearing from more of you in the coming months and encourage you to contact me at 1800 319 255 or via email at [info@lhadvocate.vic.gov.au](mailto:info@lhadvocate.vic.gov.au) at any time.

Remember you can follow my work on Facebook, Twitter and Instagram.

You can find copies of all the reports we publish along with this quarterly update on our website.

[www.lhadvocate.vic.gov.au](http://www.lhadvocate.vic.gov.au)

Jane

@LHAdvocate



# QUARTERLY BREAKDOWN



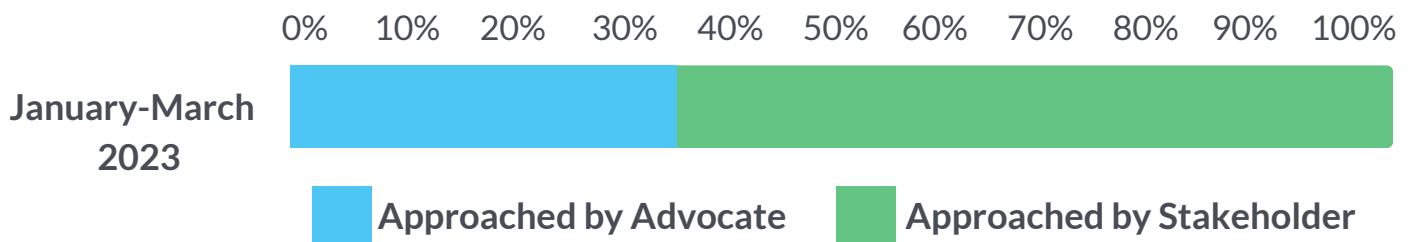
## OFFICE ACTIVITIES



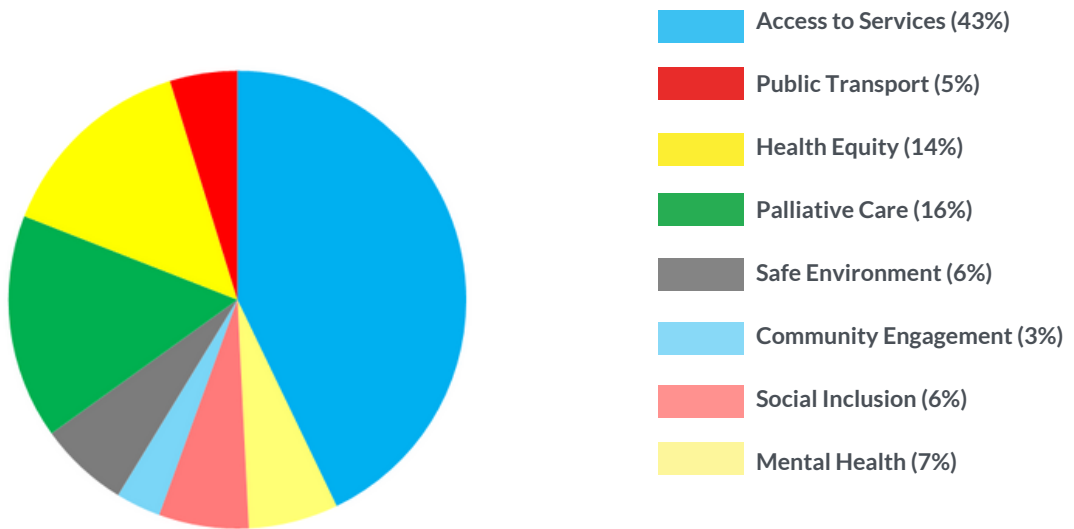
## NUMBER OF PEOPLE



## ENGAGEMENT REACH



# COMMUNITY ASPIRATIONS



## 1 Access to Services



43%

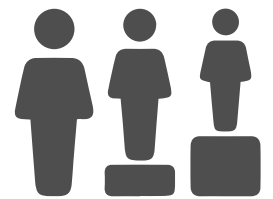
This quarter, the Latrobe communities' primary aspiration was Access to Services, making up 43% of the community conversations with the Advocate. Whenever discussing the aspiration of access to services, health equity was always mentioned in conjunction with it.

The Advocate continues to hear examples where local community members are unable to access or are delayed in accessing, the healthcare they need due to cost. Where services for CT scans, psychological counselling, and occupational therapy were eventually obtained it was due to specialists or community members providing advice on free services available in other locations.

People with complex mental and physical health needs and their carers are finding the navigation of the bureaucratic processes required to access services a significant blockage. The need for frequent care plan updates, by GPs, Aged Care and NDIS, for long-term chronic conditions is contributing to stress levels and mental ill health.

Persistently long waiting times for dental care continues to be raised. Post-COVID wait lists in the order of 3 years continue despite additional Commonwealth funding for public dental services.

## 2 Health Equity



14%

Rigidity of the interpretation of Aged Care and NDIS Guidelines was raised and the need for more discretion and flexibility for service providers.

“It is costly to have a mental health issue... Not enough places that are bulk billed.”

Some of the potential solutions put forward by community members include:

- increasing availability of bulk billing
- setting a fee for providers to remove the gap
- developing a system enabling community requests for services to be recorded
- increasing the amount of disability parking at health facilities
- systems that talk to each other, especially addressing the disconnect between hospital-based and community-based services and between professionals within a service
- improving continuity of care to overcome frequent staffing changes that require significant retelling of the story
- increased range of no-gap specialists including dentists accessible through the public health system, and
- improved and ongoing communication to keep patients in the loop.

“Why isn’t oral health part of Medicare.”

“Aged care provider won’t cover Eastern medicine approved by TGA”

Improving Palliative Care continues to be an aspiration of the community and was the focus of 16% of community conversations with the Advocate.

### 3 Palliative Care



Access to a designated ward at the Latrobe Hospital was appreciated, although the physical amenities for family members supplementing care and the variability of the nursing expertise were raised as concerns. Community members advised that they received more information on treatments and services from community palliative care nurses than in the hospital environment. Some hospital-based nurses were much more proactive in advocating with medical practitioners around medication than others. The prevalence of palliative care training and expertise was raised. Staffing levels meant family members felt they needed to provide overnight care and while they were prepared to do this, having to drag a chair that folds out into a bed down to the patient’s room each night was raised as an issue.

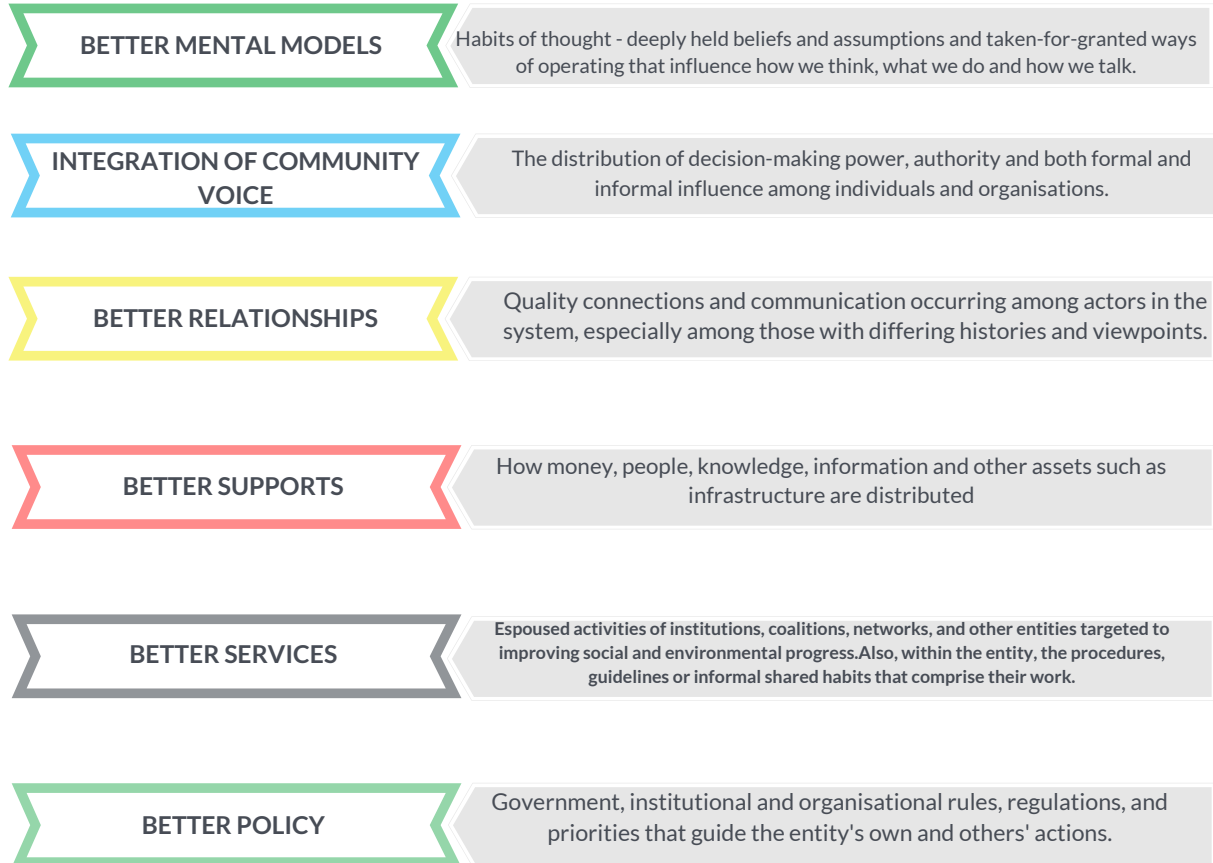
“When you are dying, you need more people looking after you. The care was excellent but they weren’t palliative care nurses.”

16%

Specifically including palliative care in a designated dental service pathway that requires a minimal wait time, ideally shorter than the wait time for Pathway 1 which is 3 months, was suggested. The Pathway 1 waiting time requirement is a concern as it does not reflect the impact deteriorating health and medication have on dental hygiene and nutrition.

# SYSTEMS CHANGE

The Advocate sees better systems of health and wellbeing driven by six elements:



## BETTER MENTAL MODELS

Latrobe Regional Hospital (LRH) has revamped its Community Advisory Committee to diversify its membership, with people from the LGBTIQ community, Aboriginal and Torres Strait Islanders, people with a disability and the multicultural community, all now represented. LRH has also been engaging closely with the Gippsland Pride Initiative (GPI).

The Latrobe Health Assembly has funded Ladder to develop a program that focuses on young people in the context of their family and recognises parents as 'professionals' in a young person's life. Program developments resulting from consultations with alumni, especially during COVID, have shifted focus to relationship building at the start of the program and more gradual entry into the program.

One Gippsland, a peak regional advocacy body that connects business, government and community, is providing a shared leadership and vision for the Gippsland region. One Gippsland has a consistency in messaging and the leaders involved have developed into a stable group that knows each other well. A recent example is the progress being made on the offshore wind energy project where the benefits to the broader Gippsland region are acknowledged and understood.

## INTEGRATION OF COMMUNITY VOICES

Rural Workforce Agency Victoria (RWAV) facilitated a conversation about collaborative ways to boost community participation in the development of the Rural Health Workforce Census.

## BETTER SERVICES

An analysis is being undertaken by family violence and family services organisations to look at the mix of services being accessed by families. The work being undertaken aims to develop mechanisms for shared plans and better care coordination.

## BETTER SUPPORT

GippSport has been funded by Volunteering Victoria to support Volunteer Management Activity (VMA) with two distinct but complementary programs of work: Breaking Down Barriers (BDB) Program for First Nations people, People with Disabilities and New Migrants in Gippsland; and providing an online resource of best practice training resources and a networking platform for Volunteer Involving Organisations (VIOs). The VMA aims to increase opportunities for people to participate in the social and economic life of their broader community through:

- building effective volunteering practices and opportunities within organisations and communities.
- increasing the diversity of volunteers
- improving access to information on volunteering
- providing access to the training, resources, and support volunteers and VIOs need





Latrobe Health Advocate

PO Box 108  
2 Tarwin Street, Morwell  
Victoria 3840 Australia

1800 319 255

[info@lhadvocate.vic.gov.au](mailto:info@lhadvocate.vic.gov.au)

[www.lhadvocate.vic.gov.au](http://www.lhadvocate.vic.gov.au)



© Latrobe Health Advocate 2022