LATROBE HEALTH ADVOCATE QUARTERLY UPDATE July - September 2023



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A MESSAGE FROM Latrobe Health Advocate



I am delighted to share with you our quarterly update, covering the period from July to September 2023. In this report, we highlight community voice and changes that are occurring in our system. The primary goal of the Latrobe communities during this quarter was Access to Services, constituting 41% of the conversations with the Advocate.

Carers for family members with disabilities continue to raise concerns about how difficult it is to navigate the NDIS system.The workload of the Local Area Coordinators is seen as preventing a detailed induction for new NDIS participants and their families, resulting in participants not knowing about local community opportunities and how to access them. Other community conversations have identified that the complexity of NDIS is also difficult for businesses wanting to employ or offer community engagement opportunities for NDIS participants.

Community members again raised their frustration with transferring their My Aged Care package between providers. Current participants have advised that services are not available for 2 months while actioning a transfer.

Several community consultations have raised issues about the impact of the cost of food on enjoying a healthy lifestyle. The closure of IGA supermarkets in smaller towns, the lack of public transport and the need to have private transport to access local community markets were all raised as barriers to healthy eating.

Community members raised concerns about the perceived financial abuse of older relatives by their children. The difficulties of assisting elderly relatives with cognitive issues has been raised by several community members as it is very hard to assist when the person involved does not wish to raise the issue with their children and they refuse external assistance. The concerned relatives have tended to pursue legal options which seem to have alarmed their relative. Community options like social interaction for the elderly relative at The Wes (a local mental health and wellbeing café) and discussions with health professionals were suggested.

During this quarter I have seen several systems changes that provide opportunities for better mental models, better policy, better relationships, better support, and integration of community voice

New Wave Gippsland self-advocacy website launched. The website provides information about services for people with a disability, designed and maintained by people with a disability.

I continue to hear from communities who share their goals, barriers, and suggestions and how they want to be engaged by governments and services across Latrobe.

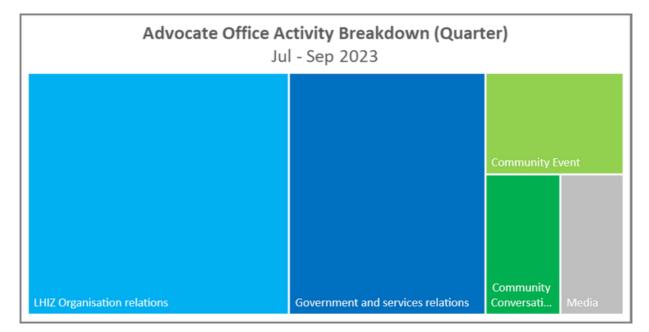
If you have any questions about the report or the information provided, please contact my office for further details or go to our website www.lhadvocate.vic.gov.au





QUARTERLY BREAKDOWN



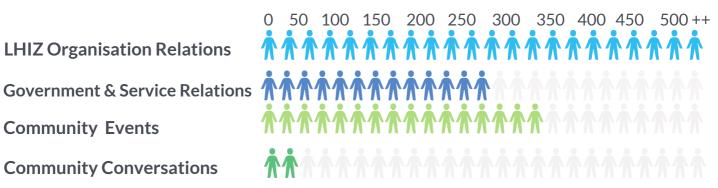


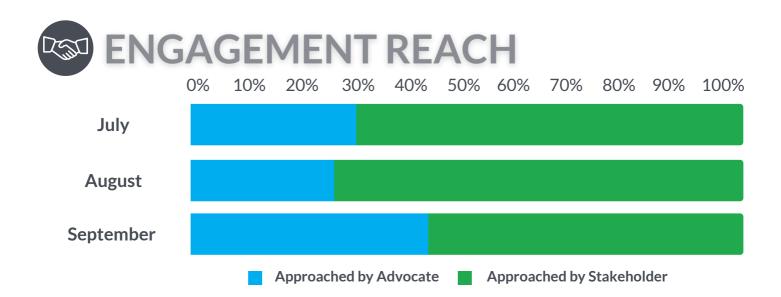
NUMBER OF PEOPLE

LHIZ Organisation Relations

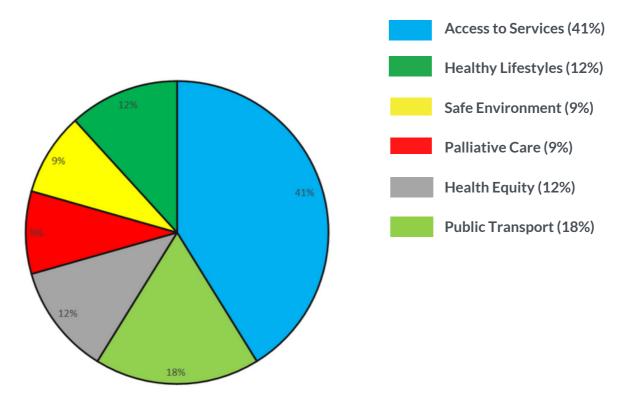
Community Events

Community Conversations





COMMUNITY ASPIRATIONS



COMMUNITY ASPIRATIONS



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41%

This quarter, the Latrobe communities' primary aspiration was Access to Services, making up 41% of the community conversations with the Advocate.

The extraordinarily difficult processes experienced by adults seeking an autism or ADHD diagnosis was raised. Two key issues were the inability to access a psychiatrist for a diagnosis and the inability to find a GP who would initiate a schedule 8 medication post-diagnosis. After being rejected by 12 psychiatrists who either didn't undertake ADHD assessments or who couldn't due to full caseloads and wait lists, one community member managed after 9 months of searching to find a virtual interstate service they could access at a cost of around \$700. After the assessment, the referring GP, and all others approached, refused to initiate a schedule 8 script as the GPs advised a special permit was required and this could only be done by a psychiatrist. The quickest access to a psychiatrist was 3 months at a cost of \$900. Fortunately, the interstate diagnosis provider had worked with a Victorian GP in Brunswick, who advised the permit system was revised 2-3 years ago. This GP obtained the permit online in seconds and initiated the schedule 8 script. The whole process took a year and severely impacted the physical health of the community member.

Carers for family members with disabilities continue to raise concerns about how difficult it is to navigate the NDIS system. The workload of the Local Area Coordinators is seen as preventing a detailed induction for new NDIS participants and their families, resulting in participants not knowing about local community opportunities and how to access them. Other community conversations have identified that the complexity of NDIS is also difficult for businesses wanting to employ or offer community engagement opportunities for NDIS participants.

Community members again raised their frustration with transferring their My Aged Care package between providers. Current participants have advised that services are not available for 2 months while actioning a transfer.

'It has been an extraordinarily difficult process and I am a privileged person and it nearly broke me.' 'This was harmful'.

"If there is no support navigator, the local area coordinator is too busy and people get lost."



OTHER ISSUES RAISED



Several community consultations have raised issues about the impact of the cost of food on enjoying a healthy lifestyle. The closure of IGA supermarkets in smaller towns, the lack of public transport and the need to have private transport to access local community markets were all raised as barriers to healthy eating.

Community members raised concerns about the perceived financial abuse of older relatives by their children. The difficulties of assisting elderly relatives with cognitive issues has been raised by several community members as it is very hard to assist when the person involved does not wish to raise the issue with their children and they refuse external assistance. The concerned relatives have tended to pursue legal options which seem to have alarmed their relative. Community options like social interaction for the elderly relative at The Wes (a local mental health and wellbeing café) and discussions with health professionals were suggested.

The limitations of public transport schedules have been raised by several community members. The lack of alignment between the train and bus timetables has been raised. These are especially limiting for residents of Boolarra as no Melbourne appointment can be made in the afternoon if residents live in Boolarra as the last bus is at 5.17pm and the last train to Morwell guaranteed to meet the bus to Churchill to catch the bus to Boolarra is at 1.21pm. The 2.21pm train is theoretically an option, but it so often runs late, especially during current upgrade work, that it cannot be relied upon.Some elderly residents have expressed frustration that the limited public transport services are forcing them to try and find local specialists when they would prefer to remain with the specialists they know in Melbourne. The restrictive train and bus timetables and routes were also raised as a blockage to social inclusion and community engagement.

Issues with accessing NDIS continue to be raised. A local not for profit (NFP) offering animal rescue and support services was keen to provide a learning and community engagement opportunity for NDIS participants that provided access to community services as well as pet care skills. The volunteers at the NFP found the NDIS processes were incomprehensible. Fortunately, one volunteer knew of a consultancy that supports businesses to navigate the NDIS. This consultancy also offers free support to parents and other volunteer carers to help them to secure a NDIA plan. The need to better navigate NDIS access for new applicants and businesses is seen as a health equity gap.

Community members raised concerns about the discharge planning from palliative care. Two recent issues raised were discharge without the provision of medication for rural patients with no local chemist, and discharge home without any planning for nursing support resulting in early readmittance.

SYSTEMS CHANGE

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



OBSERVATIONS OF SYSTEM CHANGE

BETTER MENTAL MODELS

- Presentation of positive options for Latrobe's future progressed with the release of the Latrobe Valley and Gippsland Transition Plan in August 2023. The community voice is at the heart of the transition plan as local ideas were central in creating the Transition Plan.The Transition Plan focuses on how Gippsland can create quality, longterm jobs, retrain and re-skill workers in transitioning industries and improve the health and wellbeing of the community. It aims to counter the negative sentiments frequently associated with major transitions.The companion document, Gippsland 2035 Implementation, provides a summary of the actions currently being undertaken or planned to meet the goals of the Transition Plan.
- The Gippsland Primary Health Network (GPHN) advised that the new Commonwealth budget principles emphasise continuity of care and community engagement. The GPHN now have a project worker on board to progress work in this area and are planning to undertake broader community engagement. Two multi-disciplinary models based on the community led integrated health care models have been developed and were launched in July 2023.
- Federation University and the CSIRO are partnering with the community on collaborative planning for post-mining development in the Latrobe Valley. The project involves deliberative engagement, understanding community views and ideas and building positive vision for the future.

BETTER RELATIONSHIPS

- The Latrobe Valley Authority Jobs Vic New Energy Priority Workforce Project Working Group evidences a joint approach across government, community, industry to arrange work opportunities for targeted community members who are not participating in society.
- The Gippsland New Energy Conference showcased the collaboration amongst government departments, industry and community to deliver renewable energy. The presentations consistently emphasized that ongoing conversations with the community are essential to successful implementation and developing trust.

INTEGRATION OF COMMUNITY VOICE

- The design of the new buildings at the Latrobe Regional Hospital was informed by staff and community.
- Federation University launched its new social work courses that have been developed in response to the growing demand for community based social workers.
- The community voice of women is at the centre of a recent report provided by Gippsland Women's Health on the issue in relation to violence against women and gender inequality in the region. The women's voices were collected from GWH doing a roadshow across the region and going to places where women gather.

BETTER SUPPORTS

- New Wave Gippsland self-advocacy website launched. The website provides information about services for people with a disability, designed and maintained by people with a disability.
- The Department of Health and the Latrobe Health Assembly are integrating learnings and activities of Community Health Nurses in schools Program (run by Latrobe Community Health Services) into new health funding to provide a school nursing program that focusses on children in care, at risk of being in care and other children who are marginalised or heading toward the system.



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