

LATROBE HEALTH ADVOCATE

FINAL UPDATE 2024



Latrobe Health
Advocate



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A MESSAGE FROM

Latrobe Health Advocate



As I pen this final update from the office of the Latrobe Health Advocate, I am filled with a profound sense of gratitude and reflection. Over the past six years, it has been an honor and privilege to serve as your advocate, working tirelessly alongside the incredible community of the Latrobe Valley.

Throughout 2023-24, our community engagement efforts have illuminated the pressing concerns surrounding access to healthcare services in the Latrobe Valley. From the quality of medical services to the availability of mental health support, our conversations have shed light on the multifaceted challenges faced by residents in accessing essential care.

Quality concerns regarding general practitioners (GPs) have been prominent, with community members expressing frustration over rushed consultations and difficulties in obtaining referrals to specialist services. The lack of integration between medical and support services, particularly for those with chronic illnesses, has underscored the need for a more comprehensive approach to healthcare delivery.

Transportation barriers, cost constraints, and lengthy waiting times for mental health services have further exacerbated the challenges faced by our community members. The impact of social isolation on mental health, coupled with limited engagement opportunities for young people and retirees, has highlighted the need for holistic support systems that address both physical and mental wellbeing.

In response to these challenges, my office has been actively engaging with health services and organizations in the Latrobe region, advocating for systemic changes to improve access to care. Our advocacy efforts have focused on communication of local services, provision of pathways for urgent mental health support, and addressing gaps in referring patients to community-based support services.

Additionally, we have identified key areas for advocacy for systems change, including access to healthcare, healthy lifestyles, accessible transport, and creating a safe environment for all residents. Moving forward, our advocacy efforts will be led by dedicated individuals and organizations committed to guiding the community towards a healthier, more inclusive future.

As we transition to a new phase, I am heartened by the knowledge that the legacy of our advocacy will endure. While my tenure as the Latrobe Health Advocate comes to a close, the spirit of community-driven change will continue to thrive, championed by the Gippsland Region Public Health Unit (GRPHU) and other dedicated partners.

I am immensely proud of all that we have accomplished together, but I am equally mindful of the work that lies ahead. Our journey towards improved health outcomes for the Latrobe Valley community is far from over, and it will require continued collaboration, perseverance, and constant support.

To the community members, healthcare professionals, and stakeholders who have supported our endeavors, I extend my deepest gratitude. Your passion, your insights, and your commitment have been the cornerstone of our collective success.

If you have any questions about the report or the information provided on end of Latrobe Health Advocate tenure refer to [Media release by minister](#) or please contact my office for further details or go to our website www.lhadvocate.vic.gov.au

Jane

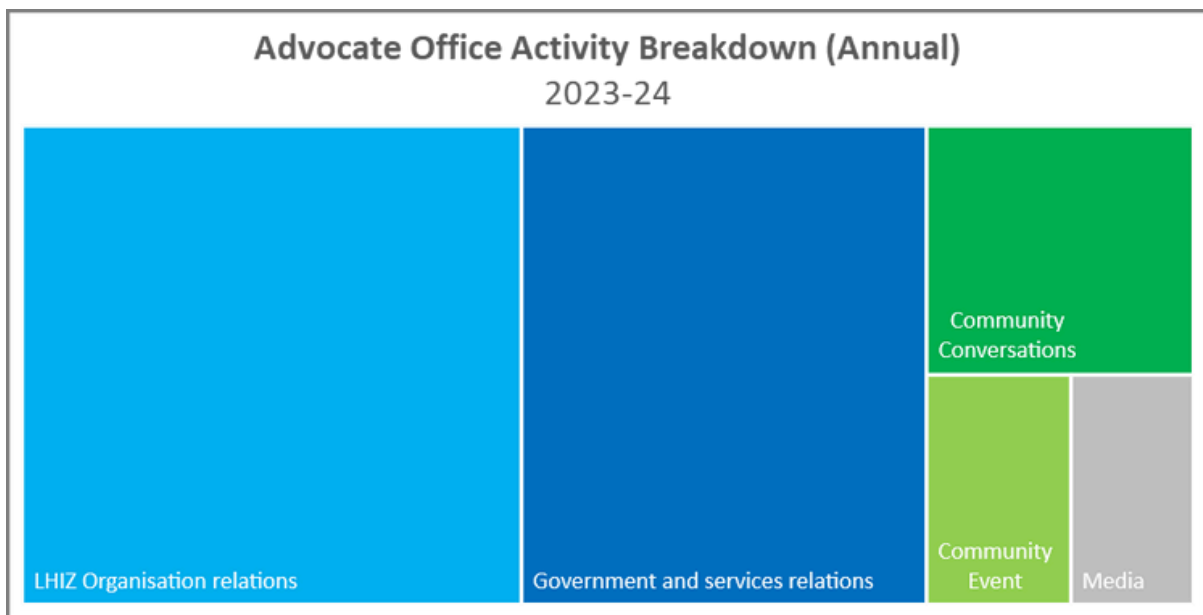
@LHAdvocate



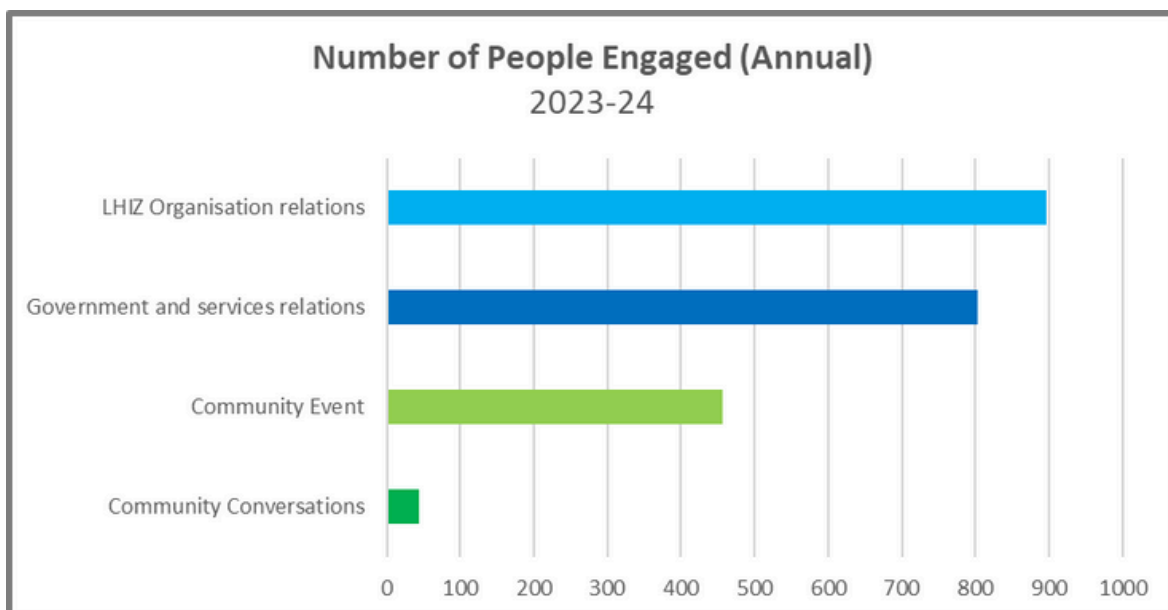
YEAR TO DATE UPDATE



OFFICE ACTIVITIES

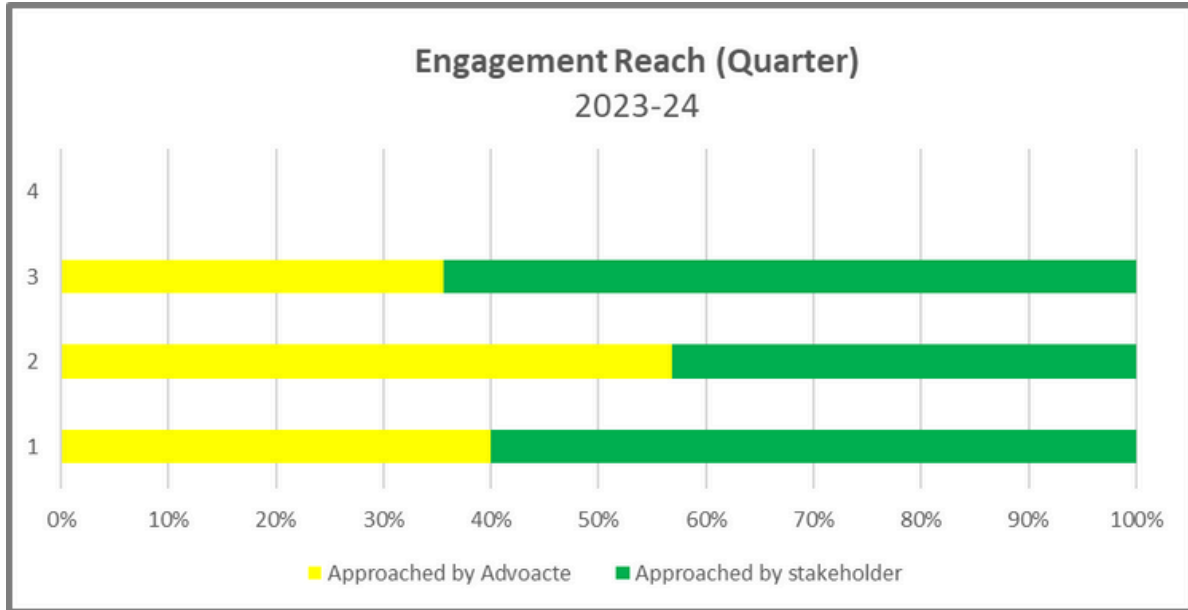


NUMBER OF PEOPLE

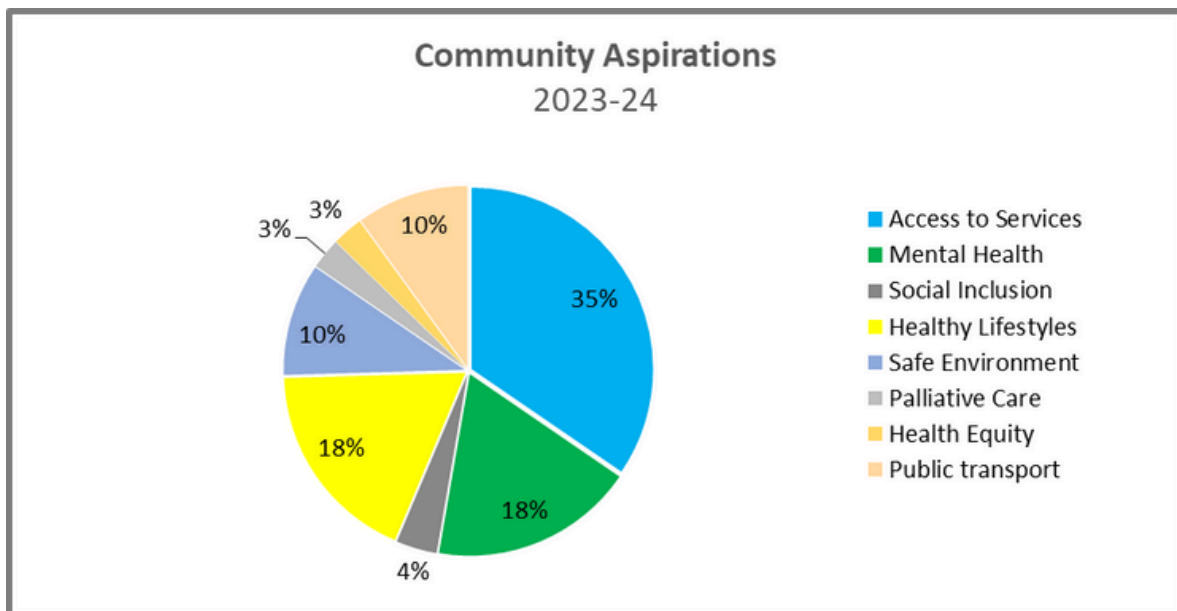




ENGAGEMENT REACH



COMMUNITY ASPIRATIONS



COMMUNITY ASPIRATIONS

Access to services was the focus of 35% of the community conversations with the Advocate.

1

Access to
Services



35%

Throughout 2023-24 community members have raised concerns about the availability and quality of medical services. The quality concerns related primarily to the services provided by general practitioners. Many community members felt that GPs are too quick to end consultations with a prescription and a repeat appointment. The most common complaints being that they don't listen and repeat appointments were needed to gain referrals to X-rays, scans or other diagnostic tools or to other specialist services. Some community members with chronic illnesses were frustrated that their general practitioner did not link them into mental health, palliative care or other services or even mention these services that could have helped them to deal with their complex and ongoing health issues. Access to specialist services remains a concern with significant delays in obtaining initial appointments. The difficulty of travelling to appointments offered due to inadequate public transport options was raised as a significant obstacle. This transport gap was raised by older residents who no longer drove, young people without access to private transport and families with only one car that wasn't available to take their children at the offered appointments time.

The cost of services were often raised as another limiting factor in accessing health services. Many community members felt that the out-of-pocket expenses for medical, diagnostic tests and allied health treatment reduced access. While several advised that bulk billing medical services were present in some areas, these often corresponded to excessive wait times for appointments.

The difficulty accessing mental health and alcohol and drug services continues to be consistently raised in community conversations. The difficulty of booking appointments at times of stress and awaiting call backs and referrals that do not always happen was raised by carers as creating feelings of helplessness. The lack of in person follow up after acute hospital presentations was seen as a significant issue in supporting people who are self-harming or threatening suicide.

Community members from smaller towns, especially those who had lived in the Latrobe Valley for a long time, felt that access to health services in larger regional centres often required private car transport to access. These triggered feelings of exclusion that reduced their motivation to seek medical care. Although many community members thought that support services were probably around, they found it hard to locate them and then to access them.



OTHER ISSUES RAISED



Other issues raised: Mental Health 18%; Healthy Lifestyles 18%; Accessible Transport 10%; Safe Environment 10%

The impact of social isolation on mental health was frequently raised. Although some community members were aware that services were available, several of these community members advised they had been informed local mental health services have six-month waiting lists to access them. These community members advised that the delays were exacerbating their other health issues. Other community members reported that local mental health services have not returned their calls requesting appointments.

The relationship between inadequate mental health support and self-medication through illicit drugs and alcohol was raised by community members across the age spectrum. The effect of this on feelings of safety, particularly on and around public transport, was also raised frequently. Community members of all ages felt there is not enough emphasis on engaging young people in purposeful activity. While some were aware of the support services on offer, most were not, and some who had attempted to access them had found them to be difficult to access or booked out. This feeling of isolation was also expressed by older retired community members who lamented the lack of social connection options and the reduction of community facilities since the COVID lockdowns.

Several community consultations have raised issues about the impact of the cost of food on enjoying a healthy lifestyle. The closure of independent 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. While many community members were keen to embrace a healthier lifestyle, financial constraints, lack of safe and accessible transport and difficulties in accessing mental health and other support services were all raised as constraints to achieving a healthy lifestyle. Community members without cars were frustrated about difficulties of accessing shopping centres and medical clinics.

Safety fears were frequently raised, especially in relation to public transport. Older community members and people with disabilities were especially impacted by disruptive behaviour on public transport and had reduced their social engagement as a result.

ADVOCACY FOR SYSTEMS CHANGE – ACCESS

What issues were identified and what changes have been made?	Now what? Who will progress this work?
<p>The inability to access services when needed and without significant out of pocket expenses are frequently raised community concerns. Two key changes to address this issue are the establishment of the Latrobe Priority Primary Care Centre (PPCC) in Moe and the Maryvale Private Hospital bulk billing GP clinic in Morwell. Other initiatives introduced include recruiting more GP supervisors in Latrobe, training more medical students in Gippsland, implementing the Victorian Rural Generalist Pathway in Latrobe, amending the Medicare system in a way that enables the entire Latrobe Local Government Area to be allocated as a Distribution Priority Area (DPA), and working with partners to promote the liveability of Latrobe, developed business linkages to facilitate increased job opportunities for GP's partners and education linkages to understand and address GP perceptions about schooling in the region.</p>	<ul style="list-style-type: none"> • Gippsland Primary Health Network (PHN). • Latrobe Valley Authority. • Rural Workforce Agency Victoria. • Monash Rural Health (Gippsland Regional Training Hub).
<p>The Victorian Rural Workforce Agency, Gippsland Health Workforce Stakeholder Group is undertaking a project to incorporate community experience alongside data and health professional information to understand health workforce needs.</p>	<ul style="list-style-type: none"> • Rural Workforce Agency Victoria.
<p>Perceptions that local GPs do not actively listen and are reluctant to arrange referrals for specialist services and arrange for mental health or wellbeing support have been raised with the Gippsland PHN who are progressing enhanced communication skills through their IAR (Initial Assessment and Referral) training program.</p>	<ul style="list-style-type: none"> • Gippsland Primary Health Network (Gippsland PHN)
<p>Reducing impact of GP turnover by reforming primary care through developing community-led multidisciplinary models, like the one based at the Latrobe Community Health Service in Churchill that provides care coordination, transport assistance and a multi-disciplinary approach to address family needs.</p>	<ul style="list-style-type: none"> • Gippsland Primary Health Network (Gippsland PHN)
<p>Need for more flexible and integrated palliative care services. The responses achieved were the establishment of a more homelike 4-bed unit at the Latrobe Regional hospital, a partnership between Maryvale Private Hospital and the Latrobe Regional hospital to provide access to palliative care beds at Maryvale and strengthened linkages between hospital based and community-based services. The Gippsland PHN with the support of the GRPCC worked with 11 residential aged care homes to establish and implement an imprest system for palliative care and end of life medication to facilitate timely access to palliative care and end of life care medications. Another project has recruited 6 GP clinics across Gippsland to develop resources and a Palliative Care Toolkit for General Practices. The Gippsland PHN and GRPCC are reviewing and updating existing Residential Aged Care Home referral pathways and scoping the needs for upskilling staff in aged care for palliative care.</p>	<ul style="list-style-type: none"> • Latrobe Regional Health • Maryvale Private Hospital • Gippsland Primary Health Network (Gippsland PHN) • Gippsland Regional Palliative Care Consortium (GRPCC)
<p>Difficulties in accessing allied health services are being addressed through Federation University's Physiotherapy Virtual Care Clinic. The virtual physiotherapy clinic responds to community needs and enhances student training within a collaborative partnership. With the support of the Latrobe Health Assembly, people who do not have digital connectivity in their homes are able to access the services from community locations.</p>	<ul style="list-style-type: none"> • Federation University
<p>Gaps in referring patients with chronic diseases to community-based support services by local GPs and specialists. Mechanisms that prompt doctors to proactively support the psychological health and wellbeing of their patients with chronic diseases and their families.</p>	<ul style="list-style-type: none"> • Latrobe Health Assembly
<p>The lack of local gender affirming care for transgender community members is being addressed by a project led by the Latrobe Health Advocate involving Transgender Victoria, the Gippsland Primary Health Network, the Department of Health, Latrobe Regional Health and the Latrobe Community Health Service to implement gender affirming care. The Advocate also arranged a round table for the working group with the Gippsland Pride Initiative, Monash Health, the Royal Children's Hospital and Ballarat Community Health to share experiences and expertise.</p>	<ul style="list-style-type: none"> • Gippsland Primary Health Network Gippsland PHN) • Latrobe Community Health Service
<p>The lack of prominence of inclusiveness in local service delivery has been proactively addressed by the Latrobe City Council and Latrobe Regional Health through welcoming signage and events. Latrobe Regional Health have an LGBTIQ+ representative on their Community Advisory Committee and have specifically addressed LGBTIQ+ inclusiveness in their strategic plan. The Gippsland PHN have recruited six Gippsland GP practices to undertake a training needs analysis to increase greater LGBTIQ+ inclusion in general practice.</p>	<ul style="list-style-type: none"> • Gippsland Primary Health Network (Gippsland PHN) • Latrobe Regional Health • Latrobe City Council
<p>Frequent community complaints received about delays in transferring between My Aged Care package providers were raised with the Australian Government Department of Health. The response advised that arrangements are in place to cover service delivery within the 70-day transfer period and that any reluctance of the new service provider to provide services during the transfer period should be reported to the Age Care Quality and Safety Commission on 1800 951 822.</p>	<ul style="list-style-type: none"> • Australian Government Department of Health

ADVOCACY FOR SYSTEMS CHANGE – MENTAL HEALTH

What issues were identified and what changes have been made?	Now what? Who will progress this work?
<p>People with mental health and drug and alcohol issues and their carers felt excluded from community supports due to long waiting periods to secure appointments, lack of afterhours services and unreliability in receiving call backs in response to requests for services. In response Latrobe Mental Health and Wellbeing Local has developed a drop in centres and extended service hours to cover evenings, Saturdays and Public Holidays. Appointment can also be made for Sundays. The Latrobe Health Assembly has also funded an afterhours café, The WES, providing mental health and wellbeing support.</p>	<ul style="list-style-type: none"> • Latrobe Mental Health and Wellbeing Local • Latrobe Health Assembly
<p>Fear about the transition to renewables is now recognised as a stressor for community members. Vic Grid has developed a comprehensive community consultation approach that acknowledges the history of coal as well as focussing on renewables. The Latrobe Valley Authority (LVA) established a working group to develop initiatives to improve community understanding of energy and energy transition. These approaches demonstrates the government understands the impact of the energy transition on mental health and wellbeing.</p>	<ul style="list-style-type: none"> • Vic Grid • Latrobe Valley Authority (LVA)

ADVOCACY FOR SYSTEMS CHANGE – HEALTHY LIFESTYLE

What issues were identified and what changes have been made?	Now what? Who will progress this work?
<p>The work being undertaken by the Latrobe Health Assembly, Latrobe Community Health Service (LCHS) and the Department of Health (DH) to incorporate the current Assembly funded 'Community health nurses in schools' program into a DH 2023 budget initiative to improve support to vulnerable young people in schools evidences that new ways of thinking about program development are happening. By incorporating local community experience a more flexible prevention focused model is being developed.</p>	<ul style="list-style-type: none"> • Latrobe Health Assembly • Latrobe Community Health Service (LCHS) • Department of Health (DH)
<p>Provision of information about services for people with a disability have been improved by developing services designed and maintained by people with a disability.</p>	<ul style="list-style-type: none"> • Life Skills Victoria working with the Gippsland Disability Advocacy Institute and New Wave
<p>Gaps identified in the induction processes for new NDIS clients and their carers has been addressed by changes to the NDIS Local Area Coordination (LAC) services provided by the Latrobe Community Health Service. These improvements have been achieved through more work upfront with clients and community partners. Community connections and links to community now form a key part of NDIS plans and this has improved access for people with disabilities to non-NDIS community-based services.</p>	<ul style="list-style-type: none"> • Latrobe Community Health Service
<p>Partnership between community groups, businesses and the Department of Education and Training (DET) to provide support for children experiencing barriers to their engagement with education has resulted in improved educational engagement from vulnerable children.</p>	<ul style="list-style-type: none"> • Latrobe Health Assembly
<p>Gaps identified by community members across all age groups in access to and availability of community activities to address social isolation. The Latrobe City Council is working on events and activities to improve social connections across Latrobe. The Latrobe Health Assembly is looking at mechanisms to incorporate more interventions into the Social Prescribing model.</p>	<ul style="list-style-type: none"> • Latrobe City Council • Latrobe Health Assembly
<p>Frequent complaints about the difficulties community members experience in learning about the availability of health and wellbeing services are being actively addressed by the Latrobe Community Health Service who have reinstated their full-page editorials in the Express bimonthly and are talking to Latrobe Regional Health about a Latrobe health magazine or newspaper insert.</p>	<ul style="list-style-type: none"> • Latrobe Community Health Service (LCHS)
<p>The access to digital connectivity remains an issue across Latrobe. It relates to the quality and reliability of services, cost of service access and low levels of digital literacy. This issue is a priority area for the Gippsland Regional Partnership.</p>	<ul style="list-style-type: none"> • Gippsland Regional Partnership

ADVOCACY FOR SYSTEMS CHANGE – SAFE ENVIRONMENT

What issues were identified and what changes have been made?	Now what? Who will progress this work?
<p>Latrobe has the highest rates of family and domestic violence in Victoria. New partnerships have been established between Gippsland Women's Health, the energy industry and Gippsland regional leaders to address the issue of violence. The Gippsland Primary Health Network (GPHN) is establishing a new program responding to family violence and sexual violence that is commissioning trauma informed mental health supports and specific mental health supports focussed on anxiety and depression</p>	<ul style="list-style-type: none"> • Gippsland Women's Health • Gippsland Primary Health Network (GPHN)
<p>Experiences of antisocial behaviour in public places are triggering feelings of insecurity and anxiety as well as reducing community engagement. Suggestions included more outreach support by mental health and drug and alcohol services in public gathering places, like transport hubs; more activities in public places; as well as more police presence. Latrobe City Council is working with VicPol, local State Government members and NGOs to address these concerns.</p>	<ul style="list-style-type: none"> • Latrobe City Council

ADVOCACY FOR SYSTEMS CHANGE – PUBLIC TRANSPORT

What issues were identified and what changes have been made?	Now what? Who will progress this work?
<p>The lack of accessible transport is a common area of frustration for community members. DTP through the Gippsland Line Upgrade has worked to make stations safer and more inclusive. DTP will apply an Accessibility Assessment Tool to measure the gap in performance and support inclusive accessibility at public transport stops and interchanges. Gap assessments will be used to prioritise access for all ages and abilities at the Latrobe Valley train stations and important bus interchanges.</p>	<ul style="list-style-type: none"> • Department of Transport and Planning (DTP)
<p>DTP is working with local Councils on integrated transport planning including in activity centres. The Movement and Place Framework is used as a basis to ensure best possible accessibility outcomes. DTP in partnership with Councils has identified strategic cycling corridors and priority pedestrian paths (often shared paths) to promote healthy active transport options.</p>	<ul style="list-style-type: none"> • Department of Transport and Planning (DTP) • Latrobe City Council



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