

World Café Community Consultation

21/04/2017

Start: 10:38

Mark

- Acknowledgement of traditional owners
- Thanks
- Explanation of service planning
 - Long term goals
 - Managing expenditure and revenue
 - Process is to capture voices

Katie Warner, Board Chair

- Thanks
- What do our communities need from BHS moving forward?
- Thinking innovatively, outside the square
- Bring different ideas together

BHS

- Think about change
- CEO and board's job is to safeguard BHS for their successors, and ensure it is financially secure, good relationships with staff and community
- BHS will change, older population
- Changing policy positions
- Pressures: keep people healthy, reduce hospital stays
- Technology is a large change
 - Build networks
 - Connect with people
 - Access to information
- New staff
- Where are we now? Where will we be?

What are the challenges?

- Changing environment of expectation re safety
 - Duckett Review
 - Build relationships
 - Risks and opportunities
 - Risk: maintain level of expertise
 - Opportunities: changing direction. Ways in which BHS can seize these opportunities
- Patients have certainty that their care will continue
- BHS maintaining its identity
- BHS is small, but has an important role in helping people to access services not provided by BHS, in part by developing partnerships
- Opportunity to grow services
 - Social determinants of health, and more efficient and effective ways to address them

- Healthy and old who don't require providers, but do need to connect with health service (volunteers)
 - Pathways for community to be involved with the health service
 - Members of community with no access to BHS
 - Lots of people go to Wangaratta and/or Albury Wodonga
 - Want a little bit of health
 - Some cohorts have limited knowledge of BHS
 - Demographic data:
 - Increased incidence of cancer
 - High rates of inflammatory diseases
 - Low rates of screening
 - Screening in low cost and easy to implement
 - Feasible to expand in this area
 - Huge benefit to community
- How do we attract/keep attracting and retaining good staff
 - Staff: nowhere to go with career progression; although partnerships provide opportunity for advancement: shared opportunity for growth
 - Lots of local courses staff can do
 - Need a nurse educator in neurological diseases
 - Cuts down visits to Melbourne and admission rates
 - Human resources network group: looking at secondments
 - Tap into other organisations
- Technology:
 - Older people are less likely to have access to computers
 - Older people too much effort into how to use it to their own benefit
 - Still need the personal touch
 - Out of service being responsive to community
 - Navigating my aged care
- BHS services large area
 - Older people with no transport struggle
 - Yackandandah people go to Albury rather than BHS

Six groups of participants each addressed one topic area:

1. Health is not just health services
 - a. What does "health and wellbeing" look like for this community
 - b. What is BHS' role in making that happen
2. Attracting people and keeping great staff
 - a. Education
 - b. How do BHS attract people, educate them and retain them?
3. Access: what are the barriers, and how do we knock them down?
 - a. Technology
 - b. Outlying communities
 - c. Isolated people (poor education, mobility)
4. Opportunities to expand: what can safely and appropriately be provided?
 - a. In partnership, are there service BHS should provide but doesn't
5. Engagement with the community: it's a two-way conversation
 - a. Volunteers
 - b. Making people aware of what BHS does, how do we target those people, two way partnership
 - c. How should BHS be communicating with its community
6. Regional partnerships

- a. BHS has unique role with community, but has to have partnerships with Albury Wodonga Health, metropolitan services, and other local services

Table 1: Health—not just health services

- People want to maintain their independence and confidence
- Newspaper as an information source is losing importance
- These days, there is more technology for health providers to use
- Older people in the group worried that you couldn't do anything these days without going online
 - Business matters
 - Social services
- People feel threatened if you don't have the knowledge to navigate technology; they don't want to be excluded
- It is important that non-technology communication channels are kept open; alternatives to technology
- Problem with technology is if you don't go seeking the information you don't get it
- Suggested BHS policy:
 - *No one should be disadvantaged through their inability to navigate existing/future technology*
- The group suggested a 'concierge' service:
 - Someone to teach older people to manage their health via technology
 - A volunteer
- Maybe a family service to help children get away from technology
- Note people are IT users, semi-users or non-users. Different strategies needed for each group.

Table 2: Staff—how to recruit, retain and train great staff

- More specialised education in neurological illnesses:
 - staff have poor knowledge of these diseases
 - general practitioners have poor knowledge of medication
 - People are being admitted to nursing homes too early
- A way to fix this is through a partnership approach, perhaps with Albury Wodonga Health
 - For example, Goulbourn Valley Health has a nurse educator who has reduced bed days from 10 to 4
 - This nurse would cost \$100,000 per year, but could be shared among the region
- There is an opportunity for BHS to specialise in this area (ie neurological diseases)
- Current staff processes could be tightened
 - Offering scholarships
 - There are performance appraisals
 - Improve survey

Table 3: Access—what are the barriers and how do we knock them down?

- Do we expand our services?
 - Outreach: physio, diabetes education
- OR, do we get people in to BHS?
 - Community bus
 - Volunteer drivers
 - There is nothing to get people in
 - The Physio ladies share a taxi
- Is everyone able to get here?

- Do we need more outreach?
- Perhaps there should be a short term project to look at how rural people access our services: consider Beechworth, Yackandandah, Stanley, Tangambalanga, Murrumbidgee, Bruarong and other small towns. What services currently exist, what are the gaps, to what extent can BHS assist
- Promotional activity for BHS: engage with rural communities around health needs
- Technology: concerns about capacity of individuals to navigate, particularly MyAgedCare website. Could BHS volunteers support people to access? Or train other agencies (eg library, Council) to support people to access?
- Many people would like to learn about computers: can BHS assist?
- Need to advocate to Aust Government about difficulties of access to MyAgedCare website
- We assume it is only people aged 65+ who have difficulties with digital world: not necessarily the case

Table 4: Partnerships—what is the role of BHS in north-eastern Victoria?

- Current partnerships include local general practice, Northeast Health Wangaratta, Indigo North Health, Indigo Shire, Yackandandah Bush Nursing Hospital, Primary Health Network, Gateway Health, Primary Care Partnership, schools, THS, UMHLS
- Value of partnerships: better services for clients, knowledge-sharing, education, resources, consistent messaging about health, coordination of care, access to specialist care, creating certainty for the community
- Acknowledge the roles of all in the health system
- Risks: creates complexity, can dilute focus, can have conflicting agendas
- Challenges: how can the the community really be part of the service?
- Foster the relationships, then hand back ownership where it makes sense to do so
- Opportunities: better pathways to local services; workforce eg mentoring, joint appointments, secondments, education, career progression; capacity building; increased access to allied health services; new care pathways; more outreach models; partnerships with private providers
- Supporting people to stay healthy
- Regional agreement about the definition of health and wellbeing, and how to improve

Table 5: Community engagement—it's a two-way conversation

- Current strategies include webpage, facebook page, newspaper, community engagement officer, school newsletter, presentations to groups, health promotion activities in schools and other settings, consumer engagement group, community member representatives on health service committees
- Could expand by engaging with more groups, providing public sessions eg in the library, liaison with general practice, school newsletter, pop-up shopfront showcasing health themes
- What/who is our community?
- Screening is an opportunity to connect
- Make sure people know what we do
- How do we reach people who don't know they could benefit from a service?

Table 6: Opportunities for growth

- Service opportunities should be pursued within partnerships context
- Options include low level cancer care, low level maternity support, NDIS-funded services, screening, dialysis?, subacute services, telehealth, palliative care
- Need to know why we would seek any particular expansion, based on current expertise, role

- Collaborations to address issues that can't be addressed individually: paramedics, other health services
- Social connectedness, dementia care: no one service's responsibility; need to work with many services
- Clinical rotations could support staff to develop and maintain more-specialised skills
- More aged care beds?

Good ideas

- Beechworth could operate a 'concierge' service to help people access care
- Cross regional nurse practitioner specialising in neurological disease
- Training volunteers to assist people access services
- Increasing and maintaining skill set through clinical rotation
- Running sessions to navigate health at library, my aged care, pop up shop
- Partnerships with community
- Short term project to identify how outlying patients access services
- How can the community really be part of the service
- Transparent pathways to care and/or treatment
- Transition to retirement
- Geographic access: running a community bus
- Developing collaborations to enable seamless care
- Articles in school newsletter
- Foster relationships, hand back momentum to those services, community enablement, facilitating role
- Technology pathways for users, semi-users and non-users
- Look at services as a whole, rather than fragmented pieces
- Remain customer focussed
- Help people to stay at home as long as possible
 - Expand this role

Principles for service planning:

- BHS doesn't do everything for everybody, but will work with everybody
- Focus on independence
- How does BHS work with people in outlier communities?
- Do things only if there's benefit to the community
- Tie in with values, mission, etc
- Advocacy will be a key role for BHS
- Local services delivered locally, and certainty around how to access non-local services

Board: Entreaty for everyone to implement the service plan.

Close: 12:12