



SHAPING
MURRINDINDI'S
FUTURE

Health, Aged Care and Social Assistance

**Primary Industry
Entrepreneurial
Discovery Process**



Summary

A full day workshop in Health, Aged Care and Social Assistance was held on Tuesday 13 February 2024 at the Alexandra RSL Hall. The workshop supported using the Quad-Helix model, with participants ranging in experience and expertise across industry, government, research, and community. The aim of this workshop was to define the asset further, and link potential opportunities that will create social and economic benefit within the community. A range of opportunities were discussed, with the group unanimously agreeing that Health, Aged Care and Social Assistance should progress to Stage 3 – Innovation Working Groups.

The health, aged care, and social assistance sector faces challenges due to an aging population, limited access to specialist services, and a shortage of qualified nurses. Local service providers are collaborating to find innovative new working models to meet and exceed these challenges.

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Key Assets

Local aged and health care service providers including Kellocks Lodge, Menzies Support Services, Darlingford, and both Alexandra and Yea Hospital are working together to find new innovative ways to provide this key and important service to the community.

Strategic Competitive Advantage

The existing aged care providers are thinking creatively about how to address the needs of the local aging population and staff shortages, while enhancing their options as that population continues to grow.

There are opportunities and sufficient scale to form partnerships with expertise from outside the corridor to help design new service models and test new processes.

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Key Challenges

From community conversations, several aged care providers are struggling to find qualified registered nurses and other allied positions. Which has forced organisations like Kellock Lodge to look outside Australia to fulfill their employment requirements. Sponsoring an employee (and often associated family members), also comes at significant financial and administrative costs to the organisation.

The data clearly shows that the area is an aging population, and this demographic is projected to increase over time. As such the demand for quality service provision will also increase. Given there is a critical staff and services shortage now, this will only increase over the next 5 to 10 years as this age group increases.

Available, affordable and suitable housing, and lack of public transport has been raised multiple times by interviewees as a major barrier to encouraging professionals to live and work in the region.



Workshop Discussion (Murrindindi Health Network – Peak Body)

Collaboration of Service Providers

There is existing extensive expertise within the Health and Aged Care sector including local industry providers, workforce, and community stakeholders. The goal of this peak body would be to provide better services to community by aligning all service providers within the Shire, as one powerful and united voice. The strength of this alliance would assist in attracting increased future funding and investment, with all providers being involved and benefiting, and will help address workforce retention. There may be capacity to become a Shire wide employer. There is a need to grow existing research and education partnerships, by consolidating and upgrading technologies and services.

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Consolidation of Services – Online Application

The creation of a Murrindindi Shire wide Health and Aged Care online service app “Dindi Care Tasker” for example. The app would be utilised by a range of users – direct clients and family members looking for a service, local service providers across the Shire, local Council and service planners, and Federal and State Government agencies. The app will be able to provide a range of services, incorporating a ‘one stop shop’ approach. It will be simple to use, with integrated and seamless service, based on current apps ‘air tasker’, efficient, provide full history including out of Shire medical services, with in built capability to make or amend appointments, and have options for personal or online access for non-phone users. This would look at collecting and storing personal medical history reports and will need consideration into privacy policies and ownership.

Improved Accessibility

Accessibility and Transport could also be improved via a Cooperative Ride Share model, or transport tasker where an app allows you to schedule transport pick up either via a carpooling system or hiring a maxi taxi with wheelchair access. This model would look at volunteer recruitment and could utilise a new initiative or enhancement of the current services.



Logistics

The aim of the peak body is to allow the existing Health collaboration to grow, make it accessible to everyone, and expand on partnerships and stakeholders by involving schools and young people, local clubs and volunteers, and to build services and networks that the community want and need. Building interactions between all community groups will increase exposure and understanding of all services, careers, jobs available, and this could support growth in volunteering.

There could be provision for Council to support and facilitate interactions between providers and local schools, allowing them to come into care facilities and gain experience interacting and learning a variety of new skills. The network will be looking to connect and develop/ evolve telehealth provision to include a personal advocate/ medical administration to provide in person supports to assist with medical terminology and understanding, age and disability barriers including hearing or mobility, technology barriers either with connectivity or IT, offer mobile services such as podiatry, and provide any other support necessary.

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Logistics

The implementation of the peak body and the app will require close coordination of all services across the Shire, as well as coordination to ensure consistency of training and education. For providers, it will assist with the ability to manage and retain workforce resources more effectively. This could redefine current job roles to expand the available workforce- what jobs could school students do on a weekend in Aged Care without requiring a qualification. These could include cleaning, mopping, making beds, set tables, making breakfast etc. and diverse age demographic.

Efficiencies across the service provision will minimise duplication of processes on similar projects, governance requirements, and make better use of available funds and grant applications. Consideration is needed to determine how this body will be funded and operate financially, and what grants can support the development of the App 'Care Tasker'. The model of care will be everchanging and evolving to suit community needs.



Logistics

There is opportunity to expand and develop Retirement Wellbeing Programs within the Shire- for preventative health, to support aging in place- in their homes, and later as a social support to assist the transition to aged care facilities.

Tiny house models and mobile accommodation options were discussed, to provide alternative affordable housing for both community and key workers. Limited available childcare options are also a challenge faced by the industry and workers. In general, accessibility improvements could be made across the Shire to improve pedestrian access, offer delivery services of essentials like food and pharmaceutical, improve communication and accessibility for hearing or visual impaired, and increase specialist attendance to the region.



Infrastructure

A facility audit should be conducted in the first instance to understand current services and infrastructure needs. This will help determine best use of current facilities, and whether there is need for further expansion.

Policy and Regulation

It would be beneficial to have consistent and streamline Shire wide policies where possible for all providers within Health and Emergency services. Providers require different levels and standards of policy requirements – it will be important to understand the needs, and ensure compliance is met within the alliance Health network structure.

Conclusion

This is a viable opportunity that could be realised in the short and longer term.