Government of South Australia

Health
Eyre and Far North
Local Health Network

OFFICIAL

Far North Health Services

Service Plan 2023 - 2028

July 2023

Acknowledgements

We, the Eyre and Far North Local Health Network (EFNLHN), acknowledge the Traditional Owners of the lands on which we deliver health and wellbeing services.

We honour Elders past, present and emerging. We recognise First Nations cultural authority, and the ongoing spiritual connection to Land, Sea and Community.

We pay respect to the First Nations people who have advised us during the service planning process and who have provided valued cultural consultancy in the development of this service plan for the Far North catchment. We particularly honour the Antakirinja-Matu and Yankuntjatjara people, as Traditional Owners of the lands of Coober Pedy and surrounds.

The Far North Health Services - Service Planning Advisory Group would also like to thank the many clinicians, stakeholders and consumers who gave their time, expertise, and views to work with us to develop this service plan.

Members of the Far North Health Services – Service Planning Advisory Group

Chairperson	
Verity Paterson	CEO Eyre and Far North Local Health Network (EFNLHN)
Members	
Josephien Rio	Executive Officer/Director of Nursing Coober Pedy and Oodnadatta Hospital and Health Services, EFNLHN
Gwen Martin	Team Leader Remote Services Community and Allied Health, EFNLHN
Kathryn Cronin	Director Mental Health, EFNLHN
Sharon Bilney	Director Aboriginal Health, EFNLHN
Tim Jackson	Administrator District Council of Coober Pedy and Presiding Member, Far North Health Advisory Council
Tracy Harris	Red Cross Coober Pedy and Far North Health Advisory Council member
Fr Paul Crotty	Catholic Church and Far North Health Advisory Council member
Trevor Smith	EFNLHN Governing Board member
Bronwyn Venning	Service Design Consultant, Planning and Population Health, RSS
Ex officio	
Kerry Dix	Service Design Consultant, Planning and Population Health, RSS
Lauren MacKenzie	Data Analyst / Senior Project Officer, Planning and Population Health, RSS
Note: All members who contributed across the planning process are listed above, including temporary membership.	

Foreword

On behalf of the Eyre and Far North Local Health Network (EFNLHN) Governing Board, I am very pleased to present this Service Plan for Far North Health Services 2023-2028.

This plan supports the broader work across EFNLHN to progress our vision to be a trusted provider of accessible, responsive, and innovative health, disability, and aged care services to support the wellbeing of our diverse communities.

I would like to thank all those who attended our stakeholder forum and took the time fill in our survey and let us know what is important to them in relation to health and wellbeing.

The Far North is a place of stark contrasts, remote, beautiful and deeply spiritual, with the long-standing and deep cultural connection of Aboriginal communities to the land, home of opal mining in Australia, a diverse multi-cultural community, thriving tourist industry and even a few reality TV shows.

Providing health services in this unique set of circumstances is challenging so it has been integral to this planning process to better understand what matters to members of local communities, partners and stakeholders, so we can prioritise what is important to them.

We have heard about the challenges faced by the local community in relation to access to timely health care, gaining timely information about available services, growing older in a remote setting and the type of supports that might be helpful, and navigating what can be a confusing and complex system with different layers of government responsible for different parts of that local system.

A key challenge also is how to improve the cultural responsiveness of our services and the importance of listening to and involving Aboriginal leaders and voices in our discussions, planning and design processes.

This Plan is the next step on our journey to recognise and act on what local communities have told us matters to them. We have not been able to act on every piece of feedback in this Plan but we have listened and will use that advice to guide us moving forward.

Finally, let me thank the members of the Service Planning Advisory Group for their considered advice, energy and time in overseeing this planning project, including the Far North Health Advisory Council Inc.

Michele Smith

Chairperson

Eyre and Far North Local Health Network Governing Board

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1. Executive summary

Far North Health Services (FNHS) is part of the Eyre and Far North Local Health Network (EFNLHN). FNHS incorporates the Coober Pedy Hospital, Coober Pedy Community Health Service and Oodnadatta Clinic. Coober Pedy Hospital is funded as a multi-purpose service (MPS) with 11 acute multi-day beds and four aged care beds. The hospital provides a 24 hour a day, seven day a week (24/7) accident and emergency service, acute inpatient care, and aged care under the same roof. The Medical Practice is also operated by EFNLHN and is co-located with Community Health within the health and hospital precinct at Coober Pedy. Oodnadatta Health Services (the Oodnadatta Clinic) provides a 24/7 emergency service for Oodnadatta and the surrounding area. The Royal Flying Doctor's Service (RFDS) provides a clinic once per month.

FNHS in Coober Pedy offers services that include visiting medical specialists (cardiologist, physician, and paediatrician), adult mental health, and Eyre and Far North Country Health Connect (CHC) services (also referred to as community health services) which include specialty nursing, home and community aged care, Aboriginal Patient Pathways, allied health and early childhood disability services. CHC services are provided by a mixture of local and visiting workforce. Australian Hearing services also visit and operate from the community health services building.

FNHS is located within the Far North catchment area with a population of 2,094, and includes communities such as Coober Pedy, Oodnadatta and Marla. Service flow and the impact of the travelling population has been considered as part of this service plan with an average of around a quarter of annual emergency presentations being for people residing outside of the catchment.

The Far North catchment population is unique with a richness of cultural diversity thanks to strong First Nations cultures, and a high proportion of the population speaking a language other than English at home. The population experiences high relative socioeconomic disadvantage, with all socio-economic indexes for areas (SEIFA) scores below the mean for both South Australia (SA) and Australia. The population of the Far North is decreasing and projected to continue to decrease through to 2036, however the proportion of the population aged over 65 years is increasing and projected to keep increasing through to 2036; highlighting the need for future aged care services. In addition, the percentage of people living alone in Coober Pedy (SLA) is around twice that of the rest of SA and Australia, with access to a car or other transport comparatively low adding complexity to service access for consumers.

Air quality in the Far North is sub-optimal with a 2022 'State of the Environment' report highlighting Coober Pedy as having the highest population weighted pollution measure (PM2.5) concentrations in Australia. This type of air pollution can be linked to health problems such as diabetes, heart disease, lung conditions and stroke; all of which have a higher incidence in Coober Pedy (SLA) compared to SA and Australia.

Improving health outcomes for the First Nations community in the Far North demands attention, prioritisation, and collaboration across sectors. First Nations people continue to be over-represented in emergency presentations and hospital admissions at Coober Pedy Hospital and experience inequitable health outcomes.

The accident and emergency service at Coober Pedy Hospital experiences comparatively high levels of activity with 72 emergency presentations for every 100 people (2020-21). When compared to other multipurpose services (MPS) in similar sized regional catchment areas in SA, presentations ranged from 20 to 46 presentations for every 100 people (2020-21). Consumers and the Far North community report difficulty accessing timely primary care services such as general practitioners (GPs) and allied health services, while hospital staff report an increasing acuity of emergency presentations that would benefit from a focus on early intervention and prevention.

The development of this service plan has considered a range of information and data from a variety of sources, which highlight recent patterns of service delivery and consumer experience of health care. The service plan will assist in alignment with the Department for Health and Wellbeing's (DHW) desire to deliver a commissioning program which is strategic, collaborative and focused on population health outcomes. Implementation of initiatives within the service plan will require an ongoing collaborative approach with other key service providers to shape services to meet the needs of the catchment population in the medium to long term.

This service plan identifies and recommends a range of service improvement initiatives which will support the provision of safe, quality services closer to home and is underpinned by several key strategic drivers, including the

SA Health and Wellbeing Strategy 2020-2025 and Eyre and Far North Local Health Network Strategic Plan 2020-2025.

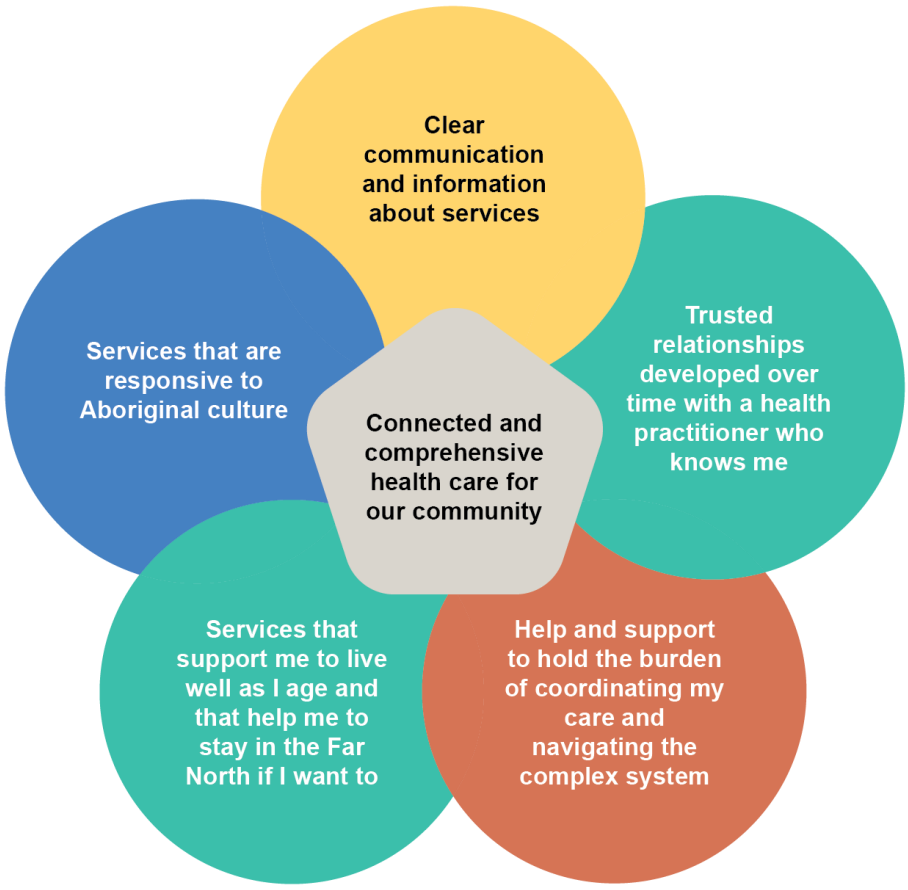
The planning process was led by the Far North Health Services – Service Planning Advisory Group (the Advisory Group) supported by the Rural Support Service (RSS) Planning and Population Health Team, with input from a range of clinicians, consumers and partner organisations who were engaged through workshops, surveys, interviews, and other methods in the last half of 2022. Advisory Group members were committed to listening and learning from health consumers and ensuring the consumer experience informed the development of the service plan.

Five main themes arose from the consumer and community engagement:

- Communication and access to information about health services.
- The importance of relationships (including a consistent, preferably resident, GP/s).
- Navigating the complex health system.
- Expanding aged care services for our ageing community.
- Prioritising First Nations health, and cultural responsiveness of services.

There was a clear and strong desire from consumers for improved information about, knowledge of, and connection to the services available locally. This extended to connection with staff and building a relationship of trust with consistent practitioners over time. People also indicated a need for assistance to navigate the complex systems in place including improvement to the patient journey when travel is required.

Figure 1: Consumer and community engagement insight themes



Key insights from the consumer and community engagement were shared at the clinician and stakeholder engagement workshop. These insights served to spark discussion between participants and to generate consumer-centred solutions as part of the workshop.

The synthesis of the detailed data analysis, and consumer, community, clinician, and stakeholder engagement has resulted in a range of service improvement recommendations across six priority areas for Far North Health Services. The priority areas are:

- Accident and emergency
- First Nations health
- Community-based and primary care services
- Aged care
- Inpatient care
- Mental health

1.1 Summary of service improvement recommendations

Please note detailed recommendations are outlined from page 22.

Accident and emergency	AE1	Expand, support, and build the capacity of the accident and emergency workforce.
	AE2	Develop partnerships and processes to support robust local responses to emergency presentations and potentially preventable re-presentations.
	AE3	Develop infrastructure to enhance the response to mental health emergencies.
First Nations health	FN1	Prioritise the development of culturally responsive services and service models.
	FN2	Bolster the First Nations workforce in direct service provision and key strategic decision-making roles.
	FN3	Nurture key partnerships with the First Nations community, and with other agencies, working collaboratively towards effective solutions.
Community-based and primary care	CH1	Expand and increase the capacity of community-based and primary care services for enhanced provision of team-based care.
	CH2	Highlight priority infrastructure improvements to enable improved provision of community-based and primary care.
	CH3	Grow our own workforce to retain and expand future services.
	CH4	Build key connections and relationships to enhance access to services, knowledge about services, and to build confidence in service navigation for the community.
	CH5	Work with community and state-wide partners to impact on relevant population health issues.

Aged care	AC1	Expand the spectrum of aged care services in the Far North, exploring innovative models.
	AC2	Bolster the aged care workforce with a particular focus on growing a local workforce.
	AC3	Boost connections between the community and aged care services.
	AC4	Update and refresh current aged care infrastructure.
Inpatient medical	IP1	Expand the workforce and improve retention of skilled staff.
	IP2	Foster collaborative team-based care, facilitating improved access to primary and preventative care from the hospital setting.
Mental health	MH1	Increase the mental health workforce to enable both broad and targeted mental health support.
	MH2	Actively partner and integrate across sectors to achieve a connected mental health response.

It was noted by the Advisory Group that while state-wide services such as Drug and Alcohol Services SA (DASSA) and Child and Family Health Services (CaFHS), Child and Adolescent Mental Health (CAMHS) and SA Dental Services have the remit to provide or fund these respective services in the Far North, EFNLHN and FNHS have a role in advocating for, and partnering with, these services to assist in early intervention and illness prevention / hospital avoidance.

A summary of infrastructure and workforce recommendations are captured from page 41 of this document.

The EFNLHN Board will have governing oversight of the plan and the EFNLHN Executive will have an operational oversight role in the implementation and monitoring of this plan.

The recommendations contained within the service plan for Far North Health Services will be prioritised in alignment with the EFNLHN Strategic and Operational Plans with a view to implementation over the next five years and beyond. Some recommendations are ready for implementation while others are dependent on a range of other factors.

2. Planning background and context

Service planning is the process of developing a strategic approach to improving health service delivery as part of the broader system to meet the current and emerging health needs of populations, catchments, or specific clinical stream cohorts.

In plain language, service planning is working out our best 'informed hunch' about what is going to happen next (using data and listening to stakeholders) and what we should do about it.

Service planning doesn't occur in isolation but within an integrated planning environment. Several strategies, frameworks and plans have informed and provided overarching strategic direction for the FNHS Service Plan. Integrated planning means planning with awareness of the system we are part of, and alignment with other elements of that system such as digital, financial, workforce, and capital infrastructure planning.

2.1 Strategic enablers

2.1.1 SA Health and Wellbeing Strategy 2020-2025

For SA Health, the SA Health and Wellbeing Strategy 2020-2025 sets the scene for health system planning, providing the overarching vision for the next level of more localised and connected LHN service planning. The aim and goals of this strategy provide focus for the improvement efforts across the system.

Aim: to improve the health and wellbeing of all South Australians

The goals of the Health and Wellbeing Strategy are to:

- Improve community trust and experience of the health system.
- Reduce the incidence of preventable illness, injury, and disability.
- Improve the management of acute and chronic conditions and injuries.
- Improve the management of recovery, rehabilitation, and end of life care.
- Improve individual and community capability to enhance health and wellbeing.
- Improve the health workforce to embrace a participatory approach to health care.
- Improve patient experience with the health system by positioning ourselves to be able to adopt cost effective emerging technologies and contemporary practice.
- Improve the value and equity of health outcomes of the population by reducing inefficiencies and commissioning for health needs.

2.1.2 SA Health Planning Framework 2021

The SA Health Planning Framework was developed as a resource to strengthen health system and health service planning, align the process of planning across the system and to define governance, roles and responsibilities in planning. The Framework supports the SA Health and Wellbeing Strategy 2020–2025.

Purpose of the Planning Framework

- To support planning concepts to align with identified key focus areas of population health need.
- To provide the SA Health system with a high-level understanding of our approach to planning.
- To provide the SA Health system with an understanding of how planning activities are prioritised.
- To support the increase of efficiencies through improved decision making and appropriate planning.
- To provide a high-level explanation of the connection between planning, commissioning, and infrastructure planning.

- To support a collaborative and integrated approach to planning, to aid in the provision of safe, high-quality services.

"…localised plans or strategies must all be consistent with the SA Health and Wellbeing Strategy 2020–2025 …to ensure that planning directly targets prioritised areas of identified population health need." (SA Health Planning Framework)

2.1.3 Eyre and Far North Local Health Network Strategic Plan 2020-2025

The purpose, vision, priorities and enablers of the Eyre and Far North Local Health Network Strategic Plan 2020-2025 closely align with the service recommendations within this Service Plan. In summary these are:

Our Purpose

To drive exceptional health and aged care services across the Eyre and Far North.

Our Vision

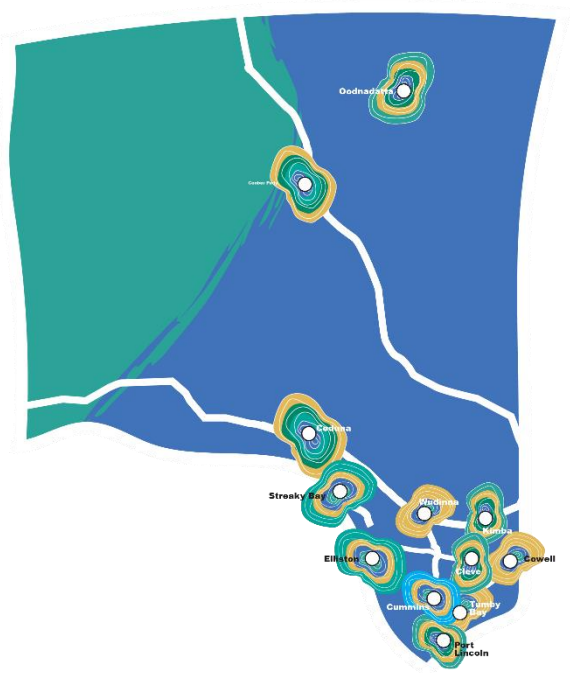
A trusted provider of accessible, responsive, and innovative health, disability, and aged care services to support the wellbeing of our diverse communities.

Strategic priorities

- Responsive Services and Care
- Skilled, Supported and Sustainable Workforce
- Aboriginal Health is Everyone's Business
- Interconnected Mental Health Services
- Vibrant Aged and Disability Care.

Strategic enablers

- Resilient Partnerships
- Community Connection
- Appropriate Infrastructure
- Digital Transformation
- Financial Sustainability.



2.1.4 Other strategic enablers that informed the service plan

Several other frameworks, plans and reports have been connected with, and considered, as part of the development of the Far North Health Services Plan and will continue to be essential in implementation.

- The South Australian Rural Health Workforce Strategy (RHWS) 2018–2022
- South Australia's Rural Aboriginal Health Workforce Plan 2021–26 (part of South Australia's RHWS)
- SA Rural Nursing and Midwifery Workforce Plan 2021–26 (part of South Australia's RHWS)
- SA Rural Allied and Scientific Health Workforce Plan 2021–26 (part of South Australia's RHWS)
- The South Australian Department for Health and Wellbeing Mental Health Services Plan 2020-2025
- Wellbeing SA Strategic Plan 2020-2025
- South Australian Areas to Act Report.

2.1.5 Commonwealth and Department of Health and Wellbeing directions

From time to time, Commonwealth or State Departments may direct changes to services within regional South Australia. Our service planning framework aims to be sufficiently agile to enable us to respond to these directions and optimise the outcomes for our local population.

As an example, following the Aged Care Royal Commission (report released in March 2021), EFNLHN is planning for how changes to the Commonwealth aged care environment will be managed and implemented locally. Planning and engagement for this service plan occurred concurrently to the development of the EFNLHN Aged Care Business Plan. The two pieces of work have been aligned where possible.

2.2 About the Far North catchment

The Far North catchment is in the very remote north of South Australia sharing its northern-most border with the Northern Territory.

The **Far North catchment** is geographically aligned to Coober Pedy Statistical Area 2 (SA2) and extends into part of the Outback SA2. The Outback SA2 also includes areas from the Hawker, Leigh Creek, Peterborough, and Roxby Downs catchments. The Coober Pedy Hospital and Health Service and Oodnadatta Clinic are located within the Far North catchment (marked as the “Coober Pedy Health Unit” in Map 1 on page 15).

The Far North catchment is part of the **Eyre and Far North Local Health Network** (EFNLHN) which covers 439,628 square kilometres, taking in the Eyre Peninsula, the western part of South Australia and north to Coober Pedy.

Located on the Stuart Highway about mid-way between Port Augusta and Alice Springs and more than 800 kilometres from Adelaide, Coober Pedy is the main town within the Far North catchment. The small town of Oodnadatta, 194 kilometres further North, also hosts a health clinic.

Coober Pedy is widely known as the “opal capital of the world” gaining its name from the First Nations language "kupa piti", meaning "white man's hole in the ground" or "white man in a hole".

In 1975 the Coober Pedy First Nations Community chose the name “Umoona”, meaning ‘long life’. Umoona is also the name for a the mulga tree found in the area.

As a town, Coober Pedy is uniquely self-sufficient, by necessity. Water is sourced from the Great Artesian Basin via a bore based 25 kilometres from the town and the Coober Pedy Hybrid Renewable Power Station provides a renewable power supply thanks to wind and solar power generation. The District Council of Coober Pedy owns the Coober Pedy Aerodrome and is responsible for its maintenance and care enabling commercial and charter flights to provide transport to and from the remote location.

The Far North is richly diverse in its population with First Nations peoples accounting for approximately 16% of the catchment population and culturally and linguistically diverse populations making up around 20%. In the 2021 census we saw Greek and Croatian cultures and languages as more predominant in the older (65+) local population, while Sri Lanka and the Philippines were more predominant countries of birth in the younger working age group.

Over the last 25 years (since the 1996 census) the population living within the statistical area of Coober Pedy has more than halved from 3,184 in 1996 to 1,566 in 2021. The population of the entire Far North catchment is predicted to continue decreasing, while the proportion of residents aged 65+ continues to increase.

A brief health history

Coober Pedy has historically been the focus of health service provision in the Far North catchment. Health services in the town have developed and morphed over time in response to population need and fluctuation in population numbers.

Bush Church Aid (BCA) flying medical services began delivering health services in Coober Pedy in 1946* with monthly doctor visits. In 1965* The Royal Flying Doctor Service (RFDS) took over the clinics and a dedicated medical centre/hospital containing four beds was opened, with two nursing staff appointed. A midwifery wing was added to the hospital in 1969* to support women who could not leave Coober Pedy to deliver their babies.

By 1974*, the RFDS clinics had increased to weekly.

A new architectural award-winning 20 bed hospital was opened in October 1982* to support the growing population.

While no formal “birthing service” existed within the new Coober Pedy Hospital, deliveries would occur supported by resident GP Dr Ernest Kamitakahara and local midwives. The birthing model was for women to leave Coober

Pedy at 36 weeks to birth at a higher-level service. The difficulty and complexity of this for local women and families resulted in deliveries occurring locally.

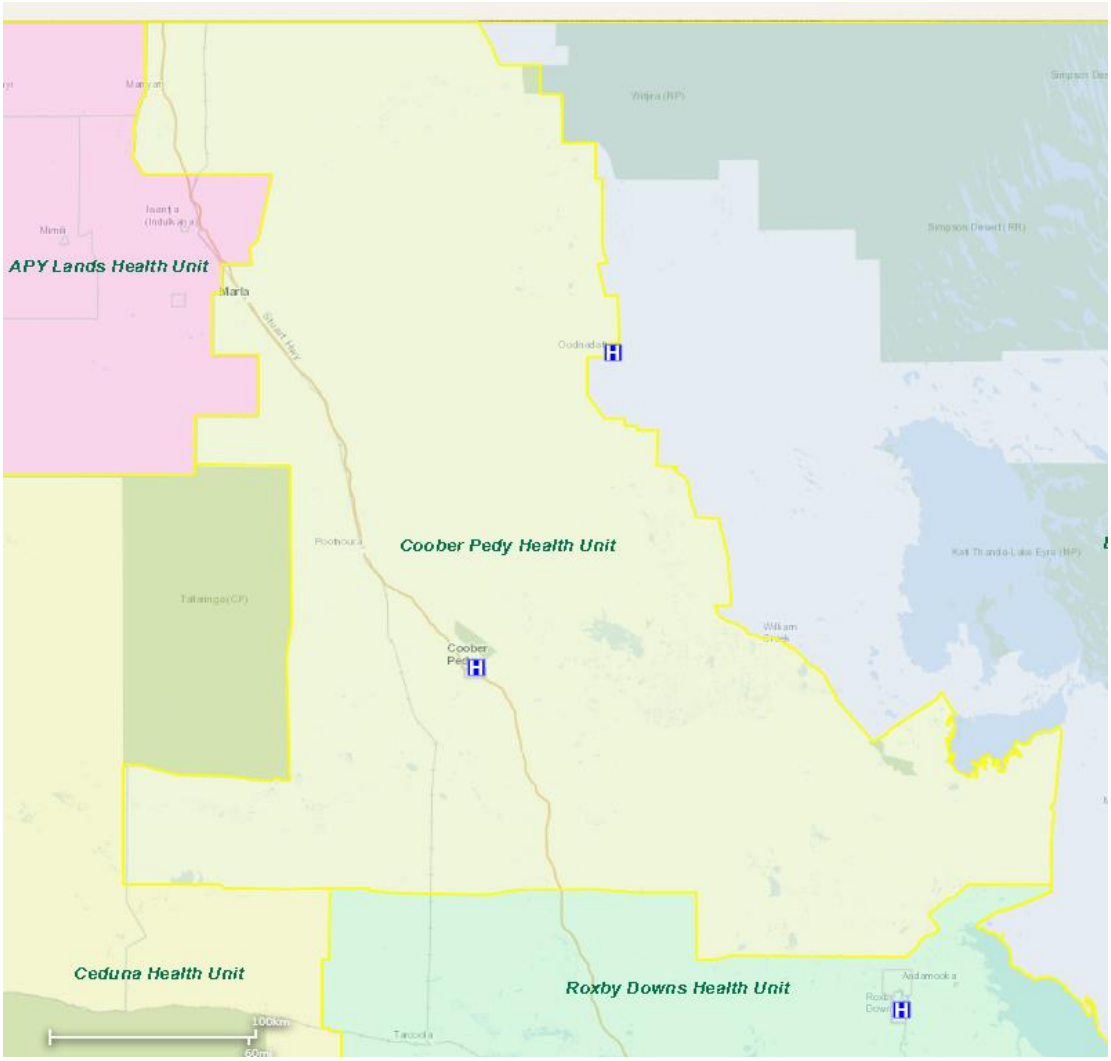
Surgical services, which had developed over time, were ceased in approximately 1998 due to a lack of available skilled workforce. Up to this point visiting procedural specialists included general surgery (Dr Chee-Meng Lee), gynaecology (Dr Oswald Petrucco) and ear nose and throat (Dr David Matison).

In 2001* aged care beds were incorporated into the hospital to assist in supporting the area's ageing population.

In 2023, a range of in-hospital, community-based and aged care services are provided within Coober Pedy and out of the Oodnadatta clinic (detailed service descriptions from page 22).

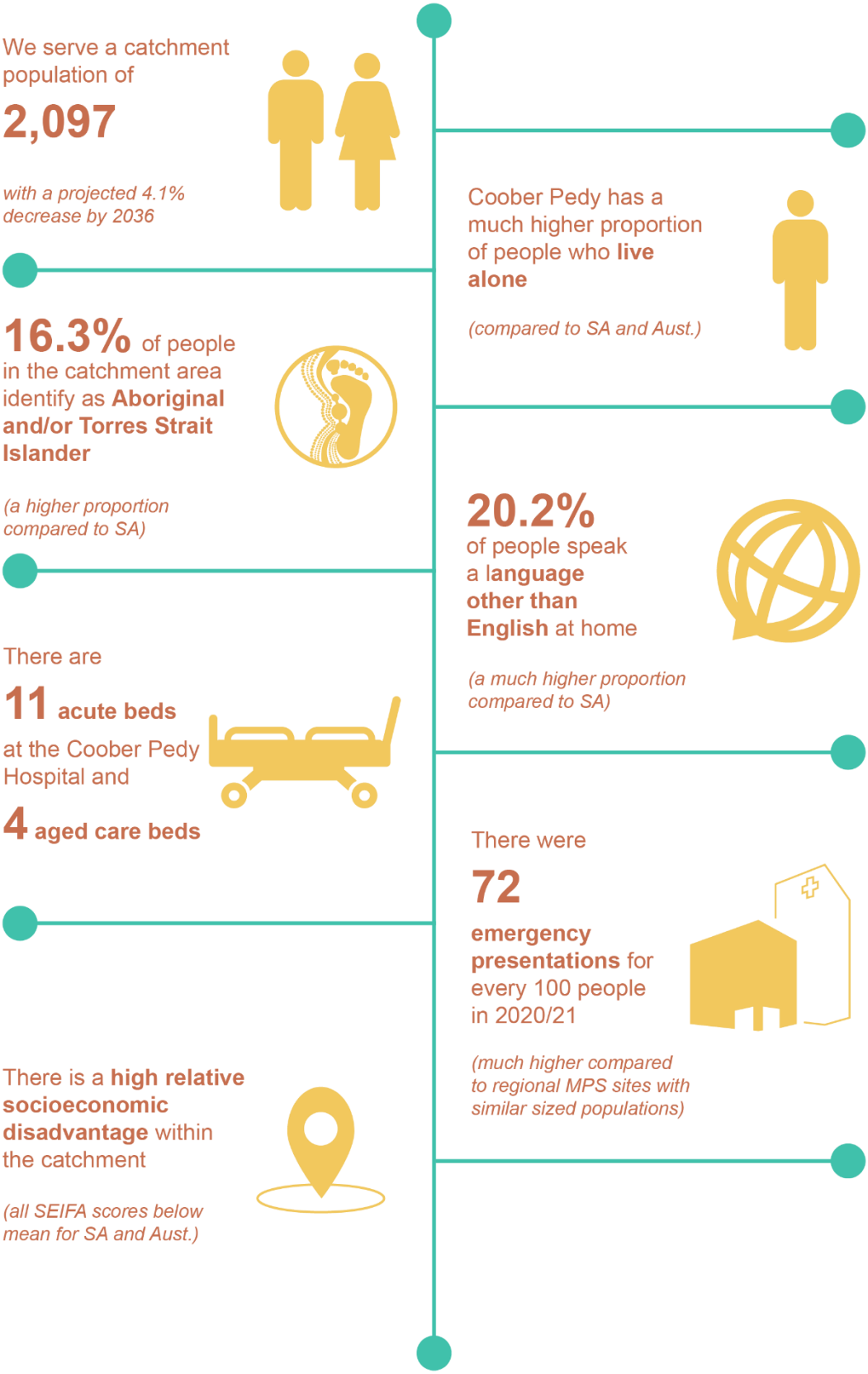
*(*Reference: https://cooberpedyhealthhistory.com/)*

Map 1: Far North catchment



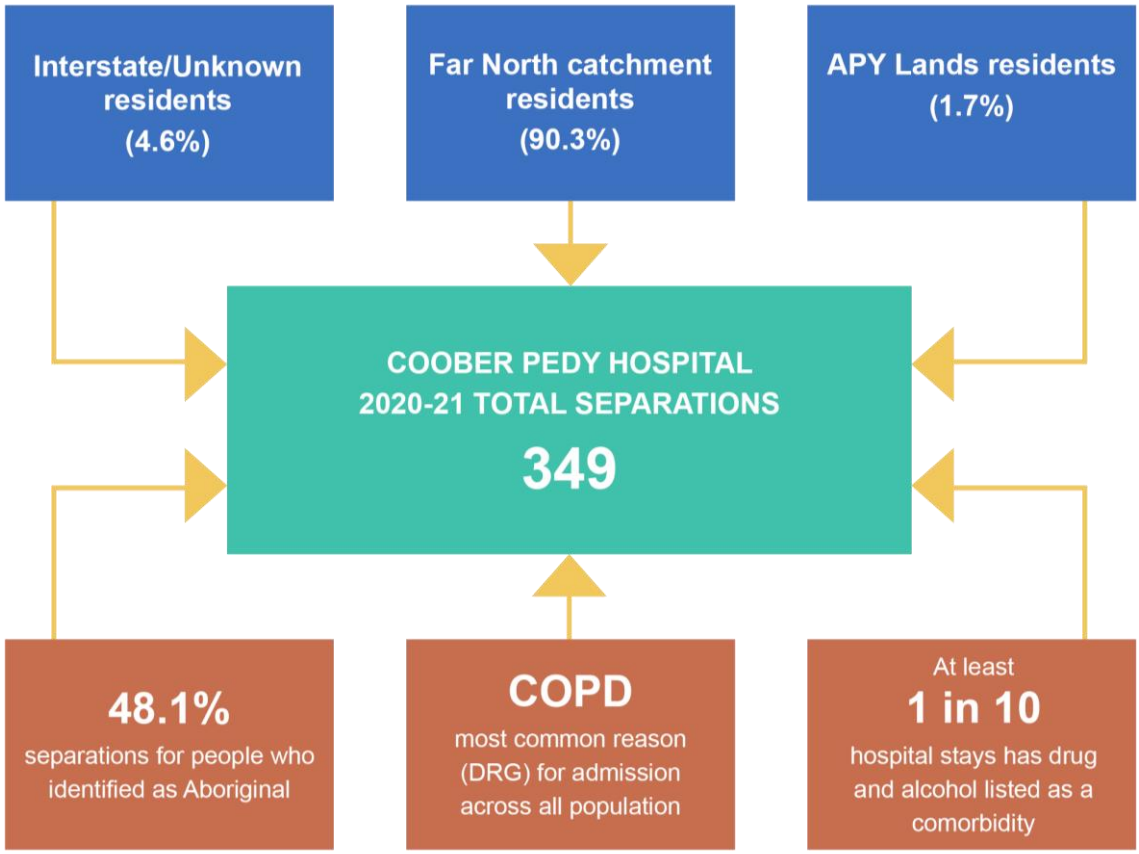
Source: SA Health Data & Reporting Services Branch
Far North catchment indicated by central yellow shading

Figure 2: Snapshot of the Far North catchment



- The Far North catchment has 11.5% of the population aged under 14 years, and 24.8% aged over 65 years. The Far North catchment has a **higher proportion of persons aged 65 years and over** compared the South Australian population.
- The resident population of the Far North catchment is **expected to decline through to 2036.**
- The resident population aged **80+ is expected to grow by 99.4%** from 2021-2036.
- Of the Coober Pedy Hospital's **11 acute beds,** an average of 2.0 were occupied each night in 2020-21.
- **90.3%** of separations at Coober Pedy Hospital were for **Far North catchment residents** in 2020-21 (4.6% Interstate/Unknown).

Figure 3: Separations (%) at Coober Pedy Hospital by patient residence, 2020-21



- **Mental health separations** accounted for **4.3%** of all separations, and **drug and alcohol separations** accounted for **2.6%** of all separations at Coober Pedy Hospital in 2020-21.
- **Separations for First Nations people accounted for 48.1%** of all separations at Coober Pedy hospital in 2020-21.
- In 2020-21 there were **24 births** for women from the Far North catchment at South Australian public hospitals. Of this number, **96% were at public hospitals outside of EFNLHN.**
- There were **1,700 emergency presentations** at the Coober Pedy Hospital in 2020-21. This is broken down by 66 triage 1 or 2 presentations, 238 triage 3 presentations, and 1,396 triage 4 or 5 presentations.
- The **abdomen/gastrointestinal** presenting problem had the highest number of presentations to emergency at the Coober Pedy Hospital in 2020-21.
- 48.4% of emergency presentations were for First Nations people (2020-21)
- 64.1% of psychosocial presentations were experienced by First Nations people with a large proportion in the 25-44 age group (2020-21).

(Note: A 'separation' in the context of admitted patient care refers to the administrative process by which a hospital records the cessation of an episode of care for a patient within the one hospital stay. This is used as a measure of hospital utilisation).

2.3 Service planning process

2.3.1 Overview

The service planning process was led by the Far North Health Services - Service Planning Advisory Group (membership listed on page 3), established in May 2022. The Advisory Group met regularly and were supported by the RSS Planning and Population Health Team in a collaborative health service planning framework. A range of clinicians, consumers, community members and stakeholders contributed to the development of the service plan via participation in workshops, surveys, focus groups and interviews.

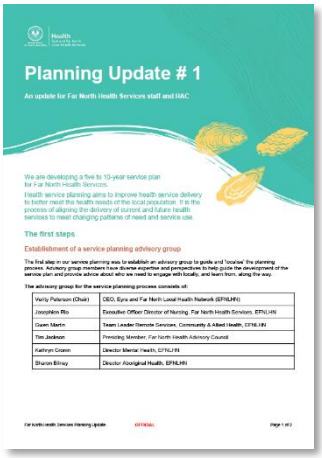
The role of the Advisory Group was to:

- Assist in identifying strengths, weaknesses opportunities and threats within the local health service context.
- Review existing health utilisation data and projected population demographics to quantify and predict future service demand and need.
- Consider existing plans for the Coober Pedy and surrounding catchment to determine any future implications for the Health Service.
- Examine local service integration with the system at-large.
- Provide advice on future self-sufficiency potential for Far North Health Services.
- Provide advice on, and seek examples of, best and innovative practice for consideration.
- Develop system-level insights based on investigation of diverse consumer experiences and seeking to understand challenges and pain points that consumers experience.
- Identify and assist in engaging other stakeholders (including clinical leaders) as required to deeply understand current barriers and opportunities.
- Receive ideas, advice and recommendations from any engagement processes and ensure its consideration in the development of the service plan.
- Assist in the iteration of recommendations and priorities as they are developed.
- Ensure that a draft service plan balances feasibility, desirability, and viability.
- Provide advice to the LHN Executive and the Board in the form of a service plan which outlines future scope of services and capacity required based on the investigation of data, local knowledge and best practice.

Throughout the planning process, the Advisory Group analysed a range of:

- Health utilisation data.
- Population and demographic data.
- Patient journey trends and consumer engagement insights.
- Clinician, stakeholder, and community engagement findings.

Following each meeting, a brief meeting summary outlining discussion points, issues and actions was distributed to FNHS staff and the Far North Health Advisory Council (HAC).


Planning Update # 1

An update for Far North Health Services staff and HAC

We are developing a five to 10-year service plan for Far North Health Services.

Health service planning aims to improve health service delivery to better meet the health needs of the local population. It is the process of aligning the delivery of current and future health services to meet changing patterns of need and service use.

The first steps

Establishment of a service planning advisory group

The first step in our service planning was to establish an advisory group to guide and 'localise' the planning process. Advisory group members have diverse expertise and perspectives to help guide the development of the service plan and provide advice about who we need to engage with locally, and learn from, along the way.

The advisory group for the service planning process consists of:

Verity Paterson (Chair)	CEO, Eyre and Far North Local Health Network (EFNLHN)
Josephien Rio	Executive Officer Director of Nursing, Far North Health Services, EFNLHN
Gwen Martin	Team Leader Remote Services, Community & Allied Health, EFNLHN
Tim Jackson	Presiding Member, Far North Health Advisory Council
Kathryn Croser	Director Mental Health, EFNLHN
Sharon Bilney	Director Aboriginal Health, EFNLHN

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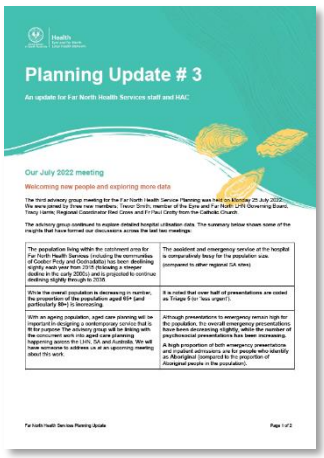
Planning Update # 3

An update for Far North Health Services staff and HAC

Our July 2022 meeting

Welcoming new people and exploring more data

The third advisory group meeting for the Far North Health Service Planning was held on Monday 25 July 2022. We were joined by three new members, Trevor Smith, member of the Eyre and Far North LHN Governing Board, Tracy Harris, Regional Coordinator Red Cross and Fr Paul Canty from the Catholic Church.

The advisory group continued to explore detailed hospital utilisation data. The summary below shows some of the insights that have formed our discussions across the last two meetings.

The population living within the catchment area for Far North Health Services (including the communities of Coober Pedy and Oodnadatta) has been declining slightly each year from 2015 (following a steeper decline in the early 2000s) and is projected to continue declining slightly through to 2036.	The accident and emergency service at the hospital is comparatively busy for the population size. (compared to other regional SA sites)
While the overall population is decreasing in number, the number of people in the population aged 65+ (and particularly 80+) is increasing.	It is noted that over half of presentations are coded as Triage 5 (or 'less urgent').
With an ageing population, aged care planning will be important in designing a contemporary service that is fit for purpose. The advisory group will be linking with the concurrent work into aged care planning happening across the LHN, SA and Australia. We will have someone to address us at an upcoming meeting about this work.	Although presentations to emergency remain high for the population, the overall emergency presentations have been decreasing slightly, while the number of psychosocial presentations has been increasing. A high proportion of both emergency presentations and inpatient admissions are for people who identify as Aboriginal (compared to the proportion of Aboriginal people in the population).

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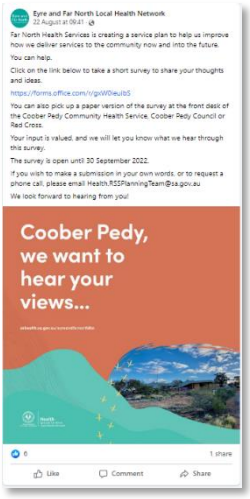
2.3.2 Clinician, consumer, and stakeholder engagement

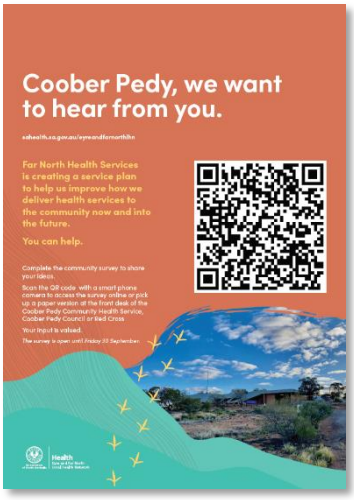
The health service planning process for FNHS has been grounded in a multi-faceted approach to community and clinician engagement. Learning from stakeholders, including service users, enables the service planning to be informed by real world experiences, pain points and opportunities from a range of perspectives. Running from July 2022 to November 2022, the combined engagement approach amassed around 90 direct in-person or written contacts across various audiences and many more via indirect qualitative data gathering and analysis. The approach to this formal and informal "experience data" gathering included:

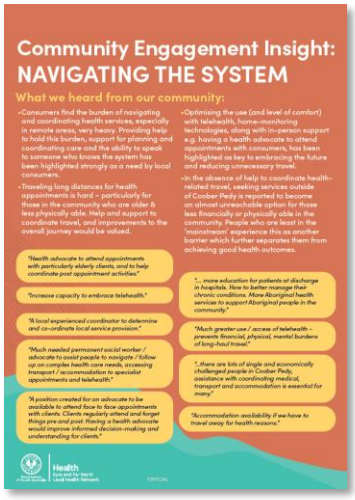
- Linking (via a local cultural connector) with a First Nations Reference Group.
- Face to face discussion with members of the Far North HAC.
- Examination of HAC consultation data from their regular spot at the local IGA supermarket (2016-2022).
- Examination of Consumer Feedback qualitative data via the Safety Learning System (SLS).
- Social media scan for relevant content about local health services.
- A visit to the Sobering Up Centre.
- A community survey (online and paper).
- Targeted staff/partner interviews.
- A face-to-face engagement workshop for clinicians and partner organisations in Coober Pedy.
- Examining other recent engagement work in the area e.g., 'Coober Pedy Together' report and EFNLHN Strategic Planning engagement data.

The insights generated by this engagement have comprehensively informed the development of the service plan recommendations and the detailed content has been compiled into an extensive, internal background document; '*Listening to our Community, Clinicians and Partners; A summary of engagement as part of the Far North Health Services – service planning process; November 2022'*

Examples of some of the engagement materials







3.0 Service Plan

3.1 Current service description

Far North Health Services includes the Coober Pedy Hospital and Health Services, and the Oodnadatta clinic. The Coober Pedy Hospital has 11 acute multi-day beds and four aged care beds. Under an MPS funding model, acute beds can be used flexibly e.g., for additional respite when required.

Coober Pedy Hospital provides a 24 hour a day, seven day a week (24/7) accident and emergency service, acute inpatient care, aged care, and palliative care.

Community-based services include adult mental health in addition to Eyre and Far North Country Health Connect (CHC) services including specialty nursing, home and community aged care, Aboriginal patient pathways, allied health, and early childhood disability services. CHC services are provided by a mixture of local and visiting workforce.

Accident and emergency medical, inpatient medical and medical clinic-based services are provided by locum General Practitioners (GPs) and virtual consultations via SA Virtual Emergency Service (SAVES).

Oodnadatta Health Services provides a 24/7 emergency service for Oodnadatta, and the surrounding area staffed by a Remote Area Nurse, Aboriginal Health Practitioner. Local staff work with the ambulance service and arrange retrieval services when required. The RFDS provides a doctor's clinic once per month.

3.2 Clinical Services Capability Framework

The SA Health Clinical Services Capability Framework (CSCF) 2016 has been designed to guide an integrated approach to health service planning and delivery in South Australia. The CSCF is a set of 30 service modules for clinical service areas. The modules detail the minimum service and workforce requirements, risk considerations and support services to provide safe and quality care at South Australian hospitals. It is an important tool for state-wide planning, defining the criteria and capabilities required for health services to achieve safe and supported clinical service delivery. It also provides planners and clinicians with a consistent approach to the way clinical services are described and identifies interdependencies that exist between clinical areas. For regional LHNs it helps to plan what services can safely and reasonably be provided close to home and what services will need to involve travel to, and partnership with, a metropolitan-based tertiary health service.

The information in the service improvement priority tables below relates to the CSCF level criteria currently assigned to Far North Health Services.

3.3 Service improvement priorities

The priority tables below outline the proposed service improvement priorities for Far North Health Services for the next five to 10 years.

Accident and Emergency

Current Clinical Services Capability:
Far North Health Services provides **level 2** emergency services based on the CSCF. This is described as: • On-site, 24-hour access to nursing staff and triage of all presentations. • Capable of providing treatment for minor injuries and illnesses and limited treatment of acute illnesses and injuries. • Provides basic resuscitation and limited stabilisation, prior to transfer to higher level service.
Current Service Summary
• A registered nurse offers assessment and treatment, and a doctor is available on call. • 24/7 service. • Includes medical imaging – plain film x-ray. • Provides triage, assessment and treatment of all presentations including planned and unplanned presentations. • Stabilisation and resuscitation of critically unwell patients. • Minor procedures. • Receives patients via South Australian Ambulance Service (SAAS), walk-ins or from other external agencies. • Coordinates and collaborates remotely with metropolitan services for care prior to transfer. • Coordinates and collaborates care with MedSTAR state-wide retrieval services.
Future Service Proposal: Maintain and stablise level 2 accident and emergency services by improving retention of skilled workforce and optimising scope of services provided.
SERVICE IMPROVEMENT RECOMMENDATIONS:

AE1. Expand, support, and build the capacity of the accident and emergency workforce.		
	AE1.1	Optimise the support provided to skilled nursing staff and medical staff to assist in retention. E.g., travel / accommodation subsidies, mentorship, and coaching. Increase equity between direct employees and locum / agency staff.
	AE1.2	Develop partnerships with metropolitan public and private hospitals to gain access to experienced medium-term workforce in return for remote health generalist professional development and experience.
	AE1.3	Continue to support, and seek ongoing funding for, two regular doctors who both work across the clinic and hospital, exploring the most feasible and viable model.
	AE1.4	Continue to provide graduate nurse placements and student placements to assist with recruitment and development of rural generalist and remote health experience base.
	AE1.5	Provide training for all doctors in use of Medical Director to ensure proficiency.
	AE1.6	Provide ongoing education and support for emergency staff around de-escalation for working with people with mental ill-health.
	AE1.7	Advocate for a nurse practitioner role to be funded and established to work in accident and emergency.
	AE1.8	Sustain and build on the training available to enable nurses to work at the top of their scope in areas such as wound closure, canulation, x-ray etc. including providing backfill for nurses to attend training.
AE 2. Develop partnerships and processes to support robust local responses to emergency presentations and potentially preventable re-presentations.		
	AE2.1	Continue to optimise the use of SA Virtual Emergency Service (SAVES) and the SA Virtual Care Service.
	AE2.2	Improve the process for referrals to community services following an emergency presentation to ensure follow-up occurs to prevent re-presentation.

	AE2.3	Undertake a project to further unpack, understand and address psychosocial emergency presentations, particularly in the 25-44 age group of the First Nations population in partnership with other relevant local service providers.
AE 3. Develop infrastructure to enhance the response to mental health emergencies.		
	AE3.1	Work towards the establishment of a safe, mental health quiet room in the hospital using the *Regional Local Health Networks Guidelines for Quiet Rooms in Country Hospitals (February 2022).*

First Nations Health

Current Service Summary
• Aboriginal Patient Pathways Officers (APPOs) provide support to local First Nations people in navigating services. There are currently 2 x 0.5 full time equivalent (FTE) APPOs, one male and one female. • Early childhood programs provide services to local First Nations children and families and often work in partnership with the childcare and early years services in Coober Pedy. • Currently few First Nations community access services from mainstream community health. • Umoona Tjutagku Health Service operates across the road from the Hospital and Community Health and provides a range of services. • First Nations people present to emergency and are admitted to the hospital at a rate that is around 3 times the rate of proportion of the population who identify as First Nations.
Future Service Proposal: Prioritise improvement to health service access and delivery for First Nations community members using authentic co-design approaches.
SERVICE IMPROVEMENT RECOMMENDATIONS:

FN1. Prioritise the development of culturally responsive services and service models.		
	FN1.1	Ensure a strong First Nations voice in service design through creating systems that enable ongoing listening and collaboration. Establish an ongoing First Nations Reference Group to help achieve this.
	FN1.2	Create a model that can respond to “walk ins”, providing a peer worker or APPO to speak with about priorities, needs and goals; facilitating appointments with clinicians, liaising with the GP etc. Trial for an extended period, ensuring robust data collection as a pilot or research opportunity (links with CH3.1)
	FN1.3	Use artwork across the service to connect staff to the community and enhance community connection with the service and health service environment.
	FN1.4	Ensure Medical Clinic registration for Closing The Gap to enhance access to medications and care planning for First Nations community members.

	FN1.5	Provide a “service snapshot” which communicates all available services and design with the First Nations community.
	FN1.6	Upgrade the playground in community health to enable use as an engagement and therapeutic tool. Do this in partnership with the local community.
	FN1.7	Create a fire-pit yarning circle on site.
	FN1.8	Increase the use of Ngangkari services and educate staff on how to appropriately access and use.
	FN1.9	Co-lead the development of a local child health partnership between health, Child and Family Health Services, Education (visiting Department staff and the local school), Child Protection, early childhood services, First Nations community, Umoona Tjutagku Health Service, and other relevant local partners. Build on the strengths of similar partnerships from the past.
	FN1.10	Create a culture where clinicians work alongside and in partnership with First Nations people.
	FN1.11	Optimise use of the Patient Assisted Transport Scheme (PATS) by First Nations people and actively work to implement the *‘Supporting a greater uptake of PATS for Aboriginal clients’* strategy with a focus on advance payment and closest specialist rules.
	FN1.12	Facilitate cultural cleansing of the Hospital and Health Service Facilities.
FN2. Bolster the First Nations workforce in direct service provision and key strategic decision-making roles.		
	FN2.1	Provide localised cultural awareness training to local and visiting staff to increase responsiveness to local First Nations culture.
	FN2.2	Provide funding and mentoring for current APPOs to develop professionally according to their goals and preferences.
	FN2.3	Seek funding options to increase APPO positions to full-time (to 2.0 FTE in total) with future increases considered based on changing models of care and “growing our own workforce” initiatives.
	FN2.4	Explore the potential for Medicare to fund an additional 0.5 FTE to bolster the Aboriginal Liaison Officer (ALO) capacity to work within the medical clinic, hospital, and community health and consider the development of additional Aboriginal Health Worker and Aboriginal Health Practitioner roles based in the community health setting.

	FN2.5	Maintain a local First Nations presence in leadership and management including in governance and on committees where decisions are made that will impact First Nations people and to facilitate authentic co-design of services
	FN2.6	Increase the number of First Nations people who are employed across local services e.g., acute services, community health, medical clinic, aged care, and administration.
FN3. Nurture key partnerships with the First Nations community, and with other agencies, working collaboratively towards effective solutions.		
	FN3.1	Advocate with Housing SA to address shelter as a key determinant of health.
	FN3.2	Continue to fund the Sobering Up Unit and explore options to expand the service including links to DASSA and rehabilitation services for more collaborative service provision.
	FN3.3	Partner to provide early intervention clinical services for children in childcare, school students, post-school and in the community.

Community-based and primary care services

Current service summary		
Community-based services are largely provided by Eyre and Far North CHC. Services include specialty nursing, home and community-based aged care, Aboriginal Patient Pathways, allied health, and early childhood disability services. CHC services are provided by a mixture of local and visiting workforce. The Medical Practice is also operated by EFNLHN and is co-located with Community Health within the health and hospital precinct at Coober Pedy. RFDS are contracted to provide a monthly clinic at Oodnadatta.		
Future Service Proposal: Develop and strengthen primary care and community health services, exploring and implementing models that improve service navigation and access.		
SERVICE IMPROVEMENT RECOMMENDATIONS:		
CH1. Expand and increase the capacity of community-based and primary care services for enhanced provision of team-based care.		
	CH1.1	Expand access to, and connection with, telehealth home monitoring services (iCCnet) to support people living with chronic disease with a strong focus on diabetes and chronic obstructive pulmonary disease (COPD).
	CH1.2	Expand access to allied health via telehealth in between fly-in-fly-out (FIFO) visits; including the local workforce coordination needed and the technology and transport required to enable access.
	CH1.3	Expand the capacity for community health nurses to proactively follow up out of hours emergency presentations in the days following an emergency presentation.
	CH1.4	Clarify and communicate pathways for consumers to access, and self-refer to, local services such as community nursing and diabetes education.
	CH1.5	Promote opportunities to private National Disability Insurance Scheme (NDIS) providers for providing services to people over the age of eight in the Far North, as a means increasing the capacity of available services to respond to needs.
	CH1.6	Establish an expedient pathway for patients to access a GP for time-sensitive prescriptions and routine medications.

	CH1.7	Map out existing, and advocate for increased access to, state-wide services such as DASSA, CaFHS, Child and Adolescent Mental Health Service (CAMHS) and South Australian Dental Service (SADS).
	CH1.8	Advocate for a Community Paramedic-type program to be established in Coober Pedy, or similar community care program such as Health on The Streets (HoTS), providing preventative care in the community as a means of reducing emergency presentations.
	CH1.9	Continue to support existing visiting specialists and investigate the feasibility for a remote specialist assessment service for ophthalmology, orthopaedics, gastroenterology and respiratory to reduce travel for consumers (learning from the Statewide Children's Audiology Service – remote ENT service (Women's and Children's Health Network (WCHN)).
	CH1.10	Expand community-based palliative care services.
	CH1.11	Provide access to training and capacity building in navigating the NDIS system for staff and the community.
CH 2. Highlight priority infrastructure improvements to enable improved provision of community-based and primary care		
	CH2.1	Advocate for improvements to mobile phone and internet service coverage in the catchment.
	CH2.2	Advocate for a new community health and medical clinic building that is fit for purpose to provide a range of integrated services for residents, particularly First Nations people, those who are ageing or who are living with chronic conditions. The building would be an important venue for new and partner services, programs, community meetings or activities that support health and wellbeing. Local artwork could be incorporated to forge a strong cultural connection between the building and the local community.
CH 3. Grow our own workforce to retain and expand future services		
	CH3.1	Establish a peer workforce / patient pathway workforce in community health; roles created for local people to be upskilled to work alongside community members to better understand their individual needs, provide non-clinical support to community members, assist with navigation of the health system, and support personalised goal setting. It may be feasible to implement this initiative as part of a research opportunity and link with elements of the Nuka System of Care (Alaska). (Links with AH1.2.)
	CH3.2	Plan for the extended workforce required to support people undergoing local dialysis treatment in future i.e., podiatry and dietetics

	CH3.3	Partner with the Coober Pedy TAFE campus and other training providers to bring relevant health care training to Coober Pedy and to increase the use of technology in making training available locally.
	CH3.4	Develop an internship/traineeship program for local young people to learn peer support and patient pathways skills with a view to creating the future workforce.
	CH3.5	Sustain and clarify the role of community health leadership based at Coober Pedy to enable local impact on service delivery based on feedback.
CH 4. Build key connections and relationships to enhance access to services, knowledge about services, and to build confidence in service navigation for the community.		
	CH4.1	Build the capacity for an allied health assistant to supervise some therapeutic interventions e.g., exercises in between allied health professional (AHP) visits.
	CH4.2	Provide assistance and support for people travelling for health services to coordinate travel and relevant PATS applications; including assisting people who have been discharged from metropolitan hospitals to return home. Promote the role of the Rural Liaison Nurse to patients travelling to metropolitan hospitals.
	CH4.3	Investigate and advocate for alternative and more supportive transport options for people travelling to Port Augusta for health appointments.
	CH4.4	Develop a communication strategy to promote available health services in the Far North and how to access them.
	CH4.5	Advocate for the re-establishment of the community Senior Leaders Team and actively participate as a means of building relationships between services.
	CH4.6	Boost opportunities for visiting staff to be involved in community events to meet the local community in informal settings.
	CH4.7	Translate health information into a range of common local languages and co-create future health information with community members.
	CH4.8	Continue to partner with schools and childcare centres to provide early intervention services on their sites to increase access.

	CH4.9	Ensure all community noticeboards are up to date and easy to see e.g., IGA, Croatian Club
	CH4.10	Develop a noticeboard of upcoming dates / health visits at / outside community health. Use this as an opportunity to design in collaboration with the community.
	CH4.11	Offer a regular “health spot” on local Dusty Radio to assist in the promotion of services and how to access them.
	CH4.12	Strengthen the partnership with Umoona Tjutagku Health Service (UTHS).
CH 5. Work with community and State-wide partners to impact on relevant population health issues.		
	CH5.1	Work with Wellbeing SA, Environment Protection Authority, and other local groups to improve air quality / reduce dust e.g., responsible greening and planting, as a population health approach to addressing respiratory disease

Aged care

Current Service Summary		
• There are four aged care beds within the Coober Pedy MPS. • Integrated health and aged care services for older residents of the Far North i.e., aged care beds within the hospital setting – shared staff. • Commonwealth Home Support Program from Community Health (via Country Health Connect). • Home Care Packages delivered from Community Health (via Country Health Connect).		
Future Service Proposal: Expand the type and delivery of aged care services in the Far North and assist the community to access and navigate aged care.		
SERVICE IMPROVEMENT RECOMMENDATIONS:		
AC1. Expand the spectrum of aged care services in the Far North, exploring innovative models.		
	AC1.1	Continue to support, expand, and promote home care actively in the community including cleaning, gardening, shopping, and transport, exploring the potential to provide health-related transport out of hours (e.g., to catch the bus to Port Augusta for health appointments).
	AC1.2	Explore the feasibility and viability of providing additional independent living units or transitional accommodation for older people that are supported by in-reach community home support to assist in ageing in place. Investigate the potential to partner with existing accommodation in Coober Pedy to achieve this e.g., creation of “aged care hotels”. Work collaboratively with Umoona Aged Care.
	AC1.3	Optimise the benefits and flexibility of MPS funding for different approaches to aged care by looking at examples from other areas within the state and nation.
	AC1.4	Establish a clear pathway for provision of transitional care packages in the Far North and promote access to these with a focus on older people and people who live alone returning home from a hospital stay outside of the LHN. Optimise telehealth opportunities as part of the model.
	AC1.5	Explore opportunities to support / encourage private residential aged care providers to establish a facility in the Far North.

AC2. Bolster the aged care workforce with a particular focus on growing a local workforce.		
	AC2.1	Work with the Coober Pedy TAFE campus to bring relevant aged care training to Coober Pedy and to increase the use of technology in making training available locally.
	AC2.2	Seek opportunities for local people / families to “host” health workforce who are new to Coober Pedy, for a determined period.
	AC2.3	Explore the viability of employing personal care workers to assist in hospital-based aged care, with a view to upskilling local people and building a local workforce (linked to IP1.1)
AC3. Boost connections between the community and aged care services		
	AC3.1	Work with Red Cross and other local partner agencies to better identify vulnerable older people and link them with health supports.
	AC3.2	Expand volunteer opportunities for community members in and around the hospital and health service as a way of enhancing connection.
	AC3.3	Routinely promote positive feedback about services to the community and invite feedback about positive experiences as well as complaints.
AC4. Update and refresh current aged care infrastructure.		
	AC4.1	Update the current aged care rooms to be more “home” than “hospital” and develop a larger aged care day/lounge area.
	AC4.2	Consider the needs of people with dementia in any future redesign and seek advice on design from Dementia Training Australia and other relevant sources.

Inpatient (medical)

Current Clinical Services Capability:

Far North Health Services provides level 2 medical services based on the CSCF. This is described as:

- May be provided as either ambulatory service or inpatient service providing overnight nursing care.
- Patients under care of medical practitioner.
- Inpatient services usually provided for low- to medium-acuity, single-system medical conditions with significant but stable comorbidities.
- Patients with pre-existing significant comorbidities typically not admitted at this service level except in palliative care situations.
- May host outreach services (including outreach and hospital services in residential aged care facilities).

Current Service Summary

- The Coober Pedy Hospital has 11 acute beds.
- Provides inpatient overnight care for medical patients for both planned and unplanned admissions.
- Includes palliative care.
- Stabilises patients prior to transfer where higher level of care is required.
- Liaises with Metropolitan services to coordinate care prior to transfer.

Future Service Proposal:

Maintain a level 2 inpatient medical service, fortify the workforce, and develop structures for team-based care.

SERVICE IMPROVEMENT RECOMMENDATIONS:

IP1. Expand the workforce and improve retention of skilled staff.

	IP1.1	Explore the potential to use MPS funds to employ personal care workers to assist aged care residents and release RN/EN for higher scope tasks (Linked to AC2.3).

	IP1.2	Promote available roles to local First Nations people and use the Aboriginal Employment Register to increase the First Nations workforce.
	IP1.3	Continue to actively participate in the promotion of traineeships, career expos, placements, and work experience to enhance recruitment and explore opportunities to create a local “school to health” employment pipeline (using learnings from the Nuka System of Care “Raise” program)
	IP1.4	Explore promotion of available roles to the skilled travelling community for medium term appointments e.g., 3-6 months, particularly as backfill for leave.
	IP1.5	Optimise the financial incentives available to support new staff to relocate to the Far North for work.
	IP1.6	Develop a site escalation plan to avoid the EODON being on call at all times.
	IP1.7	Explore a mentorship or peer support program for any staff based in Coober Pedy – to support, retain and develop the local workforce.
IP2. Foster collaborative team-based care, facilitating improved access to primary and preventative care from the hospital setting.		
	IP2.1	Increase the flow of referrals to allied health, community nursing and other community-based services on hospital discharge to reduce preventable readmissions.
	IP2.2	Increase referrals to telehealth programs e.g., iCCnet chronic disease program, for inpatients with chronic disease for supportive home monitoring, with a particular focus on people experiencing recurrent admissions.
	IP2.3	Establish multi-disciplinary virtual meetings with allied health at the bedside, in between FIFO schedule for enhanced team care of inpatients.
	IP2.4	Continue to improve communication between community health and the hospital.
	IP2.5	Enhance communication pathways between visiting staff and local health workers with a focus on coordination and care planning.

	IP2.6	Continue to support the renal bus visits and the development of a local renal unit along with appropriate clinical governance and training for local nurses / staff to enable a feeling of competency around escalation for adverse renal events.

Mental health

Current Clinical Services Capability:

Far North Health Services provides **level 2 adult acute inpatient mental health** services based on the CSCF. This is described as:

- Capable of providing limited short-term or intermittent inpatient mental health care to low-risk/complexity voluntary adult mental health consumers.
- Provides general healthcare and some limited mental health care 24 hours a day.
- Delivered predominantly by team of general health clinicians within a facility without dedicated mental health staff (on-site) or allocated beds.
- Medical services provided on-site or in close proximity to provide rapid response at all times.
- Service provision typically includes: assessment, brief interventions and monitoring; consumer and carer education and information; documented case review; consultation-liaison with higher level mental health services; and referral, where appropriate.

Current service summary

Eyre Mental Health Services, based in Port Lincoln, provides mental health services to Coober Pedy for people aged 16 years and over in the context of moderate to severe mental illness through an outreach community mental health model, with a strong emphasis on liaison with other health professionals and linkages with Non-Government Organisations (NGOs).

A dedicated mental health clinician travels to Coober Pedy once a month and provides mental health support services ranging from direct mental health client support, GP and pharmacy liaison, education, and assisting tele-psychiatry.

Referrals are directed to the Port Lincoln team via fax, letter or phone contact and are triaged via the daily duty worker. The service operates weekdays (excluding public holidays) 8:30 to 4:30pm
Psychiatry and after-hours support are provided by the Emergency Triage Liaison Service (ETLS) telephone service based in Adelaide.

Future Service Proposal: Sustain a level 2 inpatient mental health service and bolster community-based mental health service capacity.		
SERVICE IMPROVEMENT RECOMMENDATIONS:		
MH1. Increase the mental health workforce to enable both broad and targeted mental health support.		
	MH1.1	Bolster the mental health workforce to enable a full-time local presence and provide relevant supports for the person in this role to improve sustainability and retention.
	MH1.2	Consider the development of a youth peer workforce for mental health and wellbeing.
MH 2. Actively partner and integrate across sectors to achieve a connected mental health response.		
	MH2.1	Work with NGO service providers to better understand and communicate respective service levels, map mental health services, and communicate clearly to the community what is available, from who, and how they can access.
	MH2.2	Participate in the project (AE2.3) to further understand and address large numbers of psychosocial emergency presentations for 25-44-year-old First Nations people with a view to developing appropriate service approaches in collaboration with Umoona Tjutagku Health Service (UTHS).
	MH2.3	Hold an event or have a presence at the annual Opal Festival to communicate and promote available services.
	MH2.4	Promote the 24/7 Rural and Remote Emergency Triage Liaison Service for urgent mental health assistance (ETLS - 13 14 65).
	MH2.5	Promote appropriate access to mental health care plans through the GP.

Maternity and Neonatal

Current Clinical Services Capability:

Far North Health Services provides level 1 maternity and neonatal services based on the Clinical Services Capability Framework (CSCF). This is described as:

Maternal

- No routine management of the pregnant woman but will have appropriate formal policy/protocols to guide staff, in the safe, local management of the woman presenting with an unexpected emergency in pregnancy.
- Capacity to provide emergency care to support obstetric women until her transfer of care or a retrieval service is available.
- Some local registered medical officer services may be available in the local area for the management of the postpartum women with no identified risk factors.
- In some instances the postpartum women may be supported by a community midwifery service.

Neonatal

- No routine management of the neonate.
- Some local registered medical officer services may be available in the area for the management of the healthy newborn baby who has no identified risk factors.
- In some instances, the healthy newborn may be supported by a community midwifery service.

Current Service Summary

- No routine management of pregnant women locally.
- Staff assist with emergency care to support obstetric women until transfer of care, or a retrieval service is available.
- Midwife services as part of community health monthly FIFO model.

Future Service Proposal:

Maintain current service level and investigate options for optimising pre- and post-natal local support.

SERVICE IMPROVEMENT RECOMMENDATIONS:

MN1. Develop systems and processes to support and optimise pre- and post-natal care.

	MN1.1	Expand the ability of local roles to provide proactive and responsive pre- and post-natal care, including arranging for remote support by a clinician via telehealth where necessary, and ensuring close working partnerships between the visiting community midwife and the birthing site of choice.

3.4 Clinical support services

3.4.1 Medical Imaging

Current Clinical Services Capability:
Far North Health Services provides level 1 medical imaging based on the CSCF. This is described as: • Provides low-risk ambulatory care services during business hours and may provide some limited after-hours services. • Involves a mobile or fixed, general x-ray unit and is predominantly delivered by x-ray operators. • Computed radiography equipment is available to acquire images and facilitate image transfer. • Must be able to provide resuscitation and stabilisation of patient emergencies until transfer or retrieval to a back-up health facility. • Must have documented processes with a public or suitably licensed private health facility for patient referral and transfer to/from a higher level of service. • Transfer occurs within 24 hours.
Current service summary
• 24/7 service (in emergency). • Nurses trained to operate x-ray. • Adult and paediatric x-rays. • Remote radiologist.
Future Service Proposal: Maintain current service level.

3.4.2 Pathology

Current Clinical Services Capability:
Far North Health Services provides level 2 pathology services based on the CSCF: • No on-site laboratory but has access to point of care testing (PoCT). • Qualified staff available to collect and transport specimens to nearest laboratory. • May have on-site blood storage, but cross-matched blood— managed by off-site laboratory—is available locally, where this is applicable to the facility.
Current service summary
• Inpatient / Emergency Pathology. • Blood and diagnostic specimen collecting services (inpatients and emergency only). • Point of care testing (PoCT). • Outpatient pathology collection at Medical Clinic • Air transportation of specimens 3 days per week.
Future Service Proposal: Maintain current service level.

3.5 Summary tables

3.5.1 Infrastructure and capital

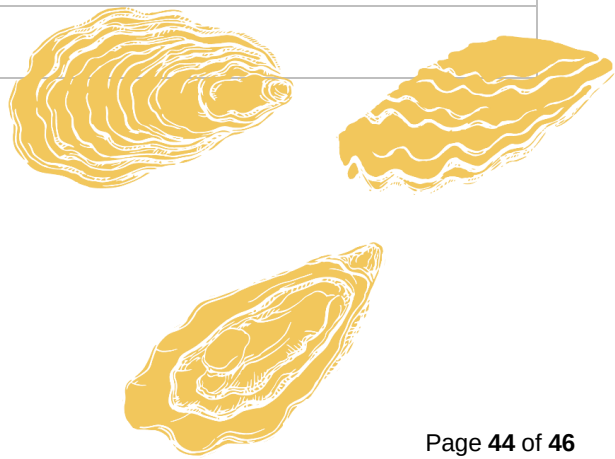
This table contains a summary of service improvement priorities outlined in this plan, related to infrastructure and capital. This summary may assist in informing future master planning.	
Table reference	**SERVICE IMPROVEMENT RECOMMENDATION**
AE3.1	Work towards the establishment of a safe, mental health quiet room in the hospital using the *Regional Local Health Networks Guidelines for Quiet Rooms in Country Hospitals (February 2022).*
CH2.1	Advocate for improvements to mobile phone and internet service coverage in the catchment area.
CH2.2	Advocate for a new community health and medical clinic building that is fit for purpose to provide a range of integrated services for residents, particularly those who are ageing or who are living with chronic conditions. The building would be an important venue for new and partner services, programs, community meetings or activities that support health and wellbeing. Local artwork could be incorporated to forge a strong cultural connection between the building and the local community.
AC4.1	Update the current aged care rooms to be more “home” than “hospital” and develop a larger aged care day/lounge area.
AC4.2	Consider needs of people with dementia in any future redesign and seek advice on design from Dementia Training Australia and other relevant sources.

3.5.2 Workforce

This table contains a summary of service improvement priorities outlined in this plan, related to workforce. This summary may assist in mapping initiatives to other workforce strategies and plans.	
AE1.1	Optimise the support provided to skilled nursing staff and medical staff to assist in retention. E.g., travel / accommodation subsidies, mentorship, and coaching. Increase equity between direct employees and locum / agency staff.
AE1.2	Develop partnerships with metropolitan public and private hospitals to gain access to experienced medium-term workforce in return for remote health generalist professional development and experience.
AE1.3	Continue to support, and seek ongoing funding for, two regular doctors who both work across the clinic and hospital, exploring the most feasible and viable model.
AE1.4	Continue to provide graduate nurse placements and student placements to assist with recruitment and development of rural generalist and remote health experience base.
AE1.5	Provide training for all doctors in use of Medical Director to ensure proficiency.
AE1.6	Provide ongoing education and support for emergency staff around de-escalation for working with people with mental ill-health.
AE1.7	Advocate for a nurse practitioner role to be funded and established to work in accident and emergency.
AE1.8	Sustain and build on the training available to enable nurses to work at the top of their scope in areas such as wound closure, canulation, x-ray etc. including providing backfill for nurses to attend training.
FN2.1	Provide funding and mentoring for current APPOs to develop professionally according to their goals and preferences.
FN2.2	Seek funding options to increase APPO positions to full-time (to 2.0 FTE in total) with future increases considered based on changing models of care and “growing our own workforce” initiatives. Consider the development of Aboriginal Health Worker and Practitioner roles based in Community Health.
FN2.3	Provide localised cultural awareness training to local and visiting staff to increase responsiveness to local First Nations culture.

FN2.4	Explore the potential for Medicare to fund an additional 0.5 FTE to bolster the Aboriginal Liaison Officer (ALO) capacity to work within the medical clinic, hospital, and community health.
FN2.5	Maintain a local First Nations presence in leadership and management including in governance and on committees where decisions are made that will impact First Nations people and to facilitate authentic co-design of services.
FN2.6	Increase the number of First Nations people who are employed across local services e.g., acute services, community health, medical clinic, aged care, and administration.
CH3.1	Establish a peer workforce / patient pathway workforce in community health; roles created for local people to be upskilled to work alongside community members to better understand their individual needs, provide non-clinical support to community members, assist with navigation of the health system, and support personalised goal setting. It may be feasible to implement this initiative as part of a research opportunity and link with elements of the Nuka System of Care (Alaska). (Links with AH1.2.)
CH3.2	Plan for the extended workforce required to support people undergoing local dialysis treatment in future i.e., podiatry and dietetics.
CH3.3	Partner with the Coober Pedy TAFE campus and other training providers to bring relevant health care training to Coober Pedy and to increase the use of technology in making training available locally.
CH3.4	Develop an internship/traineeship program for local young people to learn peer support and patient pathways skills with a view to creating the future workforce.
CH3.5	Sustain and clarify the role of community health leadership based at Coober Pedy to enable local impact on service delivery based on feedback.
CH4.1	Build the capacity for an allied health assistant to supervise some therapeutic interventions e.g., exercises in between allied health professional (AHP) visits.
AC2.1	Work with the Coober Pedy TAFE campus to bring relevant aged care training to Coober Pedy and to increase the use of technology in making training available locally.
AC2.2	Seek opportunities for local people / families to “host” health workforce who are new to Coober Pedy, for a determined period.

AC2.3	Explore the viability of employing personal care workers to assist in hospital-based aged care, with a view to upskilling local people and building a local workforce (linked to IP1.1)
IP1.1	Explore the potential to use MPS funds to employ personal care workers to assist aged care residents and release RN/EN for higher scope tasks (Linked to AC2.3).
IP1.2	Promote available roles to local First Nations people and use the Aboriginal Employment Register to increase the First Nations workforce.
IP1.3	Continue to actively participate in the promotion of traineeships, career expos, placements, and work experience to enhance recruitment and explore opportunities to create a local “school to health” employment pipeline (using learnings from the Nuka System of Care “Raise” program).
IP1.4	Explore promotion of available roles to the skilled travelling community for medium term appointments e.g., 3-6 months, particularly as backfill for leave.
IP1.5	Optimise the financial incentives available to support new staff to relocate to the Far North for work.
IP1.6	Develop a site escalation plan to avoid the EODON being on call at all times.
IP1.7	Explore a mentorship or peer support program for any staff based in Coober Pedy – as a way to support, retain and develop the local workforce.
MH1.1	Bolster the mental health workforce to enable a full-time local presence and provide relevant supports for the person in this role to improve sustainability and retention.
MH1.2	Consider the development of a youth peer workforce for mental health and wellbeing.



4.0 Appendix

4.1 Glossary of Acronyms

ALO	Aboriginal Liaison Officer
APPO	Aboriginal Patient Pathways Officer
CaFHS	Child and Family Health Service
CHC	Country Health Connect
CSCF	Clinical Services Capability Framework
DASSA	Drug and Alcohol Services SA
DHW	Department for Health and Wellbeing
EFNLHN	Eyre and Far North Local Health Network
EODON	Executive Officer Director of Nursing
ETLS	Emergency Triage and Liaison Service
FIFO	Fly in fly out (worker / model of care)
FNHS	Far North Health Services
GP	General Practitioner
MI	Medical imaging
MPS	Multi-purpose Service
NDIS	National Disability Insurance Scheme
NGO	Non-Government Organisation
PATS	Patient Assisted Transport Scheme
PoCT	Point of care testing
RFDS	Royal Flying Doctor Service
RN	Registered Nurse
SAAS	South Australian Ambulance Service

For more information

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