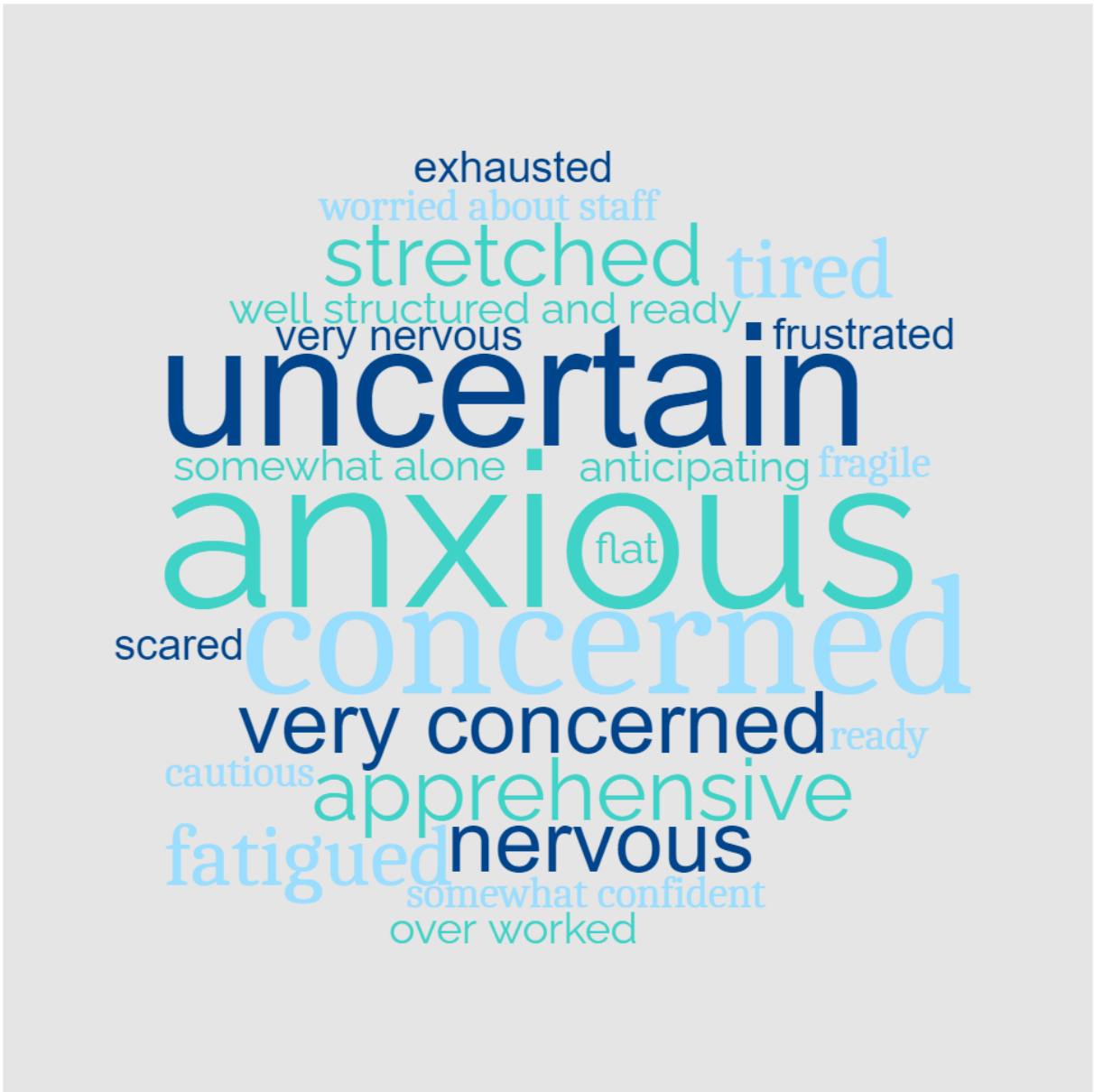


# Stabilising the system

Supporting Victoria's public health sector  
to manage sustained COVID-19 demand

December 2021





**Figure 1:** Free text 'word cloud' representation of a question asked at the Navigating COVID Peak forum held in October 2021. Participants were asked how they felt about the impact of the 'COVID peak' on their service (N=35).

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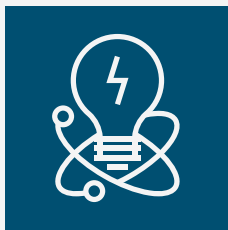
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# Executive summary

With Victoria easing public health restrictions, while facing continued pressure on its public health system and an anticipated increase in demand, the VHA held a forum for members to better understand their experience. This forum on ‘Navigating COVID Peak’, held on 28 October 2021, highlighted areas of concern, as well as opportunities to support care delivery.

Feedback from this forum, supported by further VHA research, has informed the development of a series of initiatives that are designed to support public and community health services during the current period of sustained demand and pressure.

This white paper, drawing on a strengths-based approach, highlights potential changes that can stabilise the health system’s response. The identified opportunities are grouped by three key focus areas for the public health response:



## Building on innovations from the pandemic

- Workforce wellbeing
- Telehealth
- Health data and communication



## Strengthening our whole-of-health-system approach

- Out-of-hospital care
- Workforce capacity building
- Government support for service responses



## Enabling local responses

- Communicating with communities
- Outreach to vulnerable communities
- Rural and regional support

These focus areas have been key characteristics of Victoria’s health pandemic response, covering initiatives that can be further supported, expanded or utilised in the coming months. The identified opportunities are listed in Appendix A.

# Introduction

The purpose of this white paper is to highlight potential solutions for how Victoria's healthcare system can be supported to continue to deliver its pandemic response.

At the time of this paper's publication, Victoria is transitioning towards the Post-Vaccination Phase outlined in the [National Plan to transition Australia's National COVID-19 Response](#).

Victoria's health system has been under considerable and sustained stress since the onset of the pandemic. Community health services have created innovative programs to deliver care within the community, assisting in primary care responses and vaccine delivery. Metropolitan and regional health services have provided quality healthcare when the system's workforce has been stretched to capacity, while the state's ambulances experienced record callout demand.

A renewed emphasis on building capacity, public health initiatives, system coordination and out-of-hospital care have led to new forms of health interventions that have improved the health outcomes for Victorians.

Building on these existing strengths and solutions will support the health system response in the coming months.

## About the VHA

The Victorian Healthcare Association (VHA) is the peak body supporting Victoria's public and community health services to deliver high-quality care. Established in 1938, the VHA represents Victoria's diverse public healthcare sector, including public hospitals, aged care and community health services.

As well as providing a unified voice for the sector, the VHA delivers value for its members by offering tailored professional development programs, networking opportunities, and informative events. The VHA advocates on behalf of its members on sector-critical issues by engaging and influencing key decision-makers involved in policy development and system reform.

# The Victorian public health system

Victoria's public and community health system is unique, comprised of 81 individual public health services, which among them have 55 integrated community health services that are part of rural or metropolitan health services, as well as 26 individual registered community health services.

All these services play a distinct and vital role in delivering care across the state. They deliver a range of healthcare services, including, but not limited to, acute care, emergency care, primary care, mental healthcare and community care. They are responsible for the public hospitals and urgent care centres that Victorians use every day, as well as providing the services that, in many cases, prevent Victorians from needing to enter hospital.

Public and community health services are the bedrock of care, and major employers, in Victoria.



## State funding

- Public and community health services are a core part of the state's health delivery, accounting for over **\$22 billion in state health spending** in the 2020-21 year<sup>1</sup>



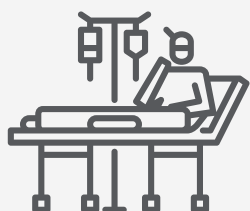
## Service profile

- **135 public hospital sites**
- **81 registered and integrated community health services**
- **178 public sector residential aged care services**, delivering approximately **10% of operational places** across Victoria – over **89%** of these facilities are in **regional and rural areas**
- **260 Ambulance Victoria stations**



## System workforce

- Over **135,000 employees**, or more than **100,000 FTE**<sup>2</sup>



## Care profile

- Nearly **1.9 million hospital separations** in 2020-21<sup>3</sup>
- Nearly **500 ICU beds**, at roughly **7.1 ICU beds per 100,000 people**, with a potential capacity of **1,493 ICU-capable beds spaces** prepared across public and private hospitals<sup>4</sup>

## The challenge: immediate solutions needed for sustained system demand

According to modelling by the Burnet Institute, Victoria's pace of vaccination uptake has resulted in the near halving of the projected number of people expected to die from COVID-19 by the end of 2021.<sup>5</sup>

The Victorian Government has stated that hospitalisation rates and average length of stay have been lower than originally predicted, a factor leading to the easing of restrictions on 21 October 2021.<sup>6</sup>

The revised modelling, which was published 19 September 2021, estimates that Victoria's health system may expect a COVID-19 demand peak of approximately 1,166 hospital beds and 317 ICU beds within forthcoming months, with a 23 per cent chance for hospitalisations and 57 per cent chance for ICU beds to reach critical levels.

These projected simulations highlight the sustained pressure the state's healthcare system will continue to face going into 2022, as pandemic-related demand is expected to remain constant. If this comes to fruition, it presents an ongoing challenge to the Victorian public health system which is already stretched in capacity.

## Guided by sector insights, informed by evidence

As part of the research and preparation of this white paper, the VHA conducted a membership forum that had more than 60 services represented to gain their insights on immediate system requirements.

Further, a specific roundtable for regional and rural health services was conducted to share their pandemic responses and insights. Dozens of rural and regional health service board directors, executives and senior leaders attended.

An evidence-base of various data sources, journal articles and studies have also been used in the preparation of the paper. Further, VHA analysis of case examples from Victorian, national and international services have also been referenced to highlight practical elements of the topics mentioned.

# NAVIGATING COVID PEAK

MEMBER FORUM  
28 OCT 2021

PRESENTER / Q&A

**Adam Horsburgh**

CEO, AUSTIN HEALTH &  
DEPUTY STATE CONTROLLER FOR HEALTH SERVICE OPERATIONS,  
DEPARTMENT OF HEALTH, VIC (4 months)

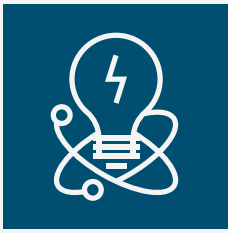
- CONSIDER:**
- 1 THE IMPACT OF THE 'COVID PEAK' ON YOUR SERVICE?
  - 2 YOUR CURRENT SITUATION?
  - 3 PREPARED TO MEET DEMAND? (next 3 months)
  - 4 HOW SECURE IS YOUR WORKFORCE? (next 3 months)
  - 5 BIGGEST AREA OF CONCERN? !!!



© Graphic Recorded by SallyMazak.com

Figure 2: Graphic recording of the Navigating COVID Peak forum held in October 2021. Graphic recording by Sally Mazak.





# Building on innovations from the pandemic

As Victoria opens up its economy and freedom of movement is restored, attention now turns to how the public health system can manage the predicted ongoing high level of activity and a later peak in December or January.

The ongoing high levels of demand, and the expected second peak, mean that there is not a lot of time for ‘silver bullet’ investments or decisions to dramatically increase the capacity and capability in the health system to improve preparedness. This is particularly the case for workforce – shortages and wellbeing are long-term issues that cannot be solved in weeks, even with the opportunity to recruit and import 1,000 international healthcare practitioners (announced by the Victorian Government on 12 October 2021).

Innovation has an important role to play in overcoming these issues. Globally, healthcare innovation has never been quicker, with a proliferation of initiatives across the world at a rate not previously seen.<sup>7</sup> It has also highlighted that innovation can be simple, such as repurposing or extending existing tools. For instance, the majority of the initiatives in the World Health Organization’s own compendium of innovative health technologies for COVID-19 and other priority diseases are derived from already available commercial products.<sup>8</sup>

This ability to innovate has helped other health systems navigate difficult scenarios. In Ontario, Canada, a new time-limited incident management system was created for the greater metropolitan area. This system was used to monitor and redirect resources where pressures were being felt the most. By April 2021, over 2,500 patients were transferred from Toronto to receive life-saving care in other cities.<sup>9</sup> Meanwhile the National Health Service (NHS) in the United Kingdom emphasised efficient discharging of medically fit patients, enabling NHS hospitals to increase their capacity substantially, as usually 20-30 per cent of patients are ready to go home but cannot be discharged while awaiting appropriate post-hospital social care or placements.<sup>10</sup>

Victoria has, similarly, seen a range of healthcare innovations since the start of the pandemic. These changes offer an opportunity, as the Victorian Government has been doing, to focus on maximising the tools and resources that are already at the disposal of Victorian public and community health services. Keeping it simple, and building on these successes, offers realistic solutions to support care delivery in the coming months.



## Workforce wellbeing

Existing opportunities and initiatives should be expanded to support workforce wellbeing

The wellbeing of Victoria's health workforce has been a key priority for public and community health services, and the Victorian Government, for the entirety of the pandemic. There has been an array of initiatives that sought to help staff during this difficult period, where the health workforce experienced sustained and long-term pressure.<sup>11</sup> Services have done as much as they can to support their workers, even when it has been as simple as offering food, resources or a fun activity to make a slight difference to their day.<sup>12</sup>

The impact of the pandemic on health workers internationally, as well as in Victoria, is well documented.<sup>13</sup> One study in Victoria, based at Western Health, found that 23 per cent of nurses, midwives, doctors and allied health staff reported mild to severe symptoms of depression during the pandemic in 2020.<sup>14</sup> Another national study found that over 70 per cent of participants demonstrated symptoms of severe burnout.<sup>15</sup>

As the state is expected to face a sustained high level of hospital activity and then a potential further peak in COVID demand over the next few months, the need to protect the wellbeing of the workforce becomes even more acute. Victoria's health workforce has been stretched thin; services are highlighting it as their biggest issue.<sup>16</sup> Leveraging existing initiatives and opportunities offers the most realistic route to make a difference.



**Figure 3:** Free text 'word cloud' poll taken at the Navigating COVID Peak forum held in October 2021. Participants were asked to describe their biggest area of concern in relation to the predicted peak in COVID-19 demand (N=38).



## Workforce wellbeing (continued)

A key change that could benefit Victoria's health workers would be to ensure that existing or proposed initiatives apply as broadly as possible. For example, the launch of the Hospital Surge Support Allowance has had a negative impact on the morale of staff who are ineligible to receive it; yet they have carried out vital functions during the pandemic, including care delivery as well as administrative functions.<sup>17 18</sup>

It is also important to recognise the role that families, and protecting them, plays in worker wellbeing. There are opportunities to utilise the vaccination system to support and protect the families of the Victorian health workforce, who are majority female and disproportionately affected by school closures.<sup>19</sup> Research signals that increased COVID-19 cases can be connected to increased incidents of occupational violence, so the workforce needs to be protected during the anticipated rise in cases.<sup>20</sup> The danger in delivering care can be seen with the recent incidents at cohealth sites, so services need support to protect their staff.<sup>21 22</sup>

### Potential opportunities



**Extend the Hospital Surge Support Allowance** – Expand eligibility for the Hospital Surge Support Allowance to reflect the total contribution of the entire Victorian health workforce, including administrative and home support roles.



**Preventing occupational violence** – Provide specific funding for security at each Victorian public and community health service to protect staff at their place of work. This will help to protect the healthcare workforce from the real-world impact of misinformation.



**Prioritising frontline families** – Prioritise vaccine access for under-12 children of public and community health staff to limit the impact of the return to school on the health workforce.



## Telehealth

Services should be supported to use telehealth to enable local care

The use of telehealth in the Victorian health system has significantly increased since March 2020, enabling remote care during a period when face-to-face contact was difficult. While Australia saw a rapid rise in telehealth consults, Victoria experienced the greatest rise due to the longer implementation of lockdown restrictions and a rise in demand, particularly for mental health presentations.<sup>23,24</sup>

There were 86,000 telehealth video calls in September 2021, compared to approximately 800 for the same period in 2019.<sup>25</sup>

While telehealth has important implications that should be utilised and expanded post-pandemic, as recognised by the Victorian Government's own 30-year infrastructure strategy, it is a vital tool that should be further used to support immediate pressures.<sup>26</sup>

Services have reported that workforce issues are inhibiting the Victorian health sector's ability to respond to increased demand across the state.<sup>27</sup> Telehealth offers an opportunity to maximise the health workforce, and ensure delivery of business-as-usual care during a period of intense COVID-19 pressure. Telehealth can support care and services both in and out of hospital and, if properly utilised, can help ease current workforce issues by reducing travel and presentations. Services have already shown how quickly they can implement telehealth changes during the pandemic.<sup>28</sup>

Telehealth is not a 'silver bullet', but it is an important tool that should be effectively utilised in the coming months, and needs further government support to enable services to more effectively and efficiently use telehealth to deliver care.

### Potential opportunities



**Regional telehealth support** – Maximise the state workforce by funding rural and regional services to utilise telehealth to deliver in-patient and out-patient care.



**Support telehealth for social care** – Limit acute service demand by funding public and community health services to utilise telehealth to deliver social supports and services.



**Effective implementation of telehealth** – The Commonwealth Government confirmed on 13 December 2021 that the MBS items for telehealth will continue beyond 31 December 2021, becoming a permanent part of Medicare. The VHA welcomes this recent decision. As noted in the opportunities above, the VHA will continue to advocate for the effective implementation of telehealth across the Victorian health system.



## Health data and communication

There should be a focus on ensuring that information and communication is clear to support the pandemic response

The entire COVID-19 pandemic has highlighted how vital information and communication are to establishing and maintaining a pandemic response. It has never been more important that data and changes are clearly communicated to ensure that the Victorian health system is working as one; especially at a time when the situation and the environment are constantly evolving.

In 2020, the VHA held a series of forums for members on COVID-19 and their experience. One of the key themes to emerge, which was communicated to the Department of Health, was the need to improve communication. This has been a key advocacy area for the VHA for most of the pandemic. The Department of Health has made improvements on this issue, which is recognised by the VHA and its members, but as the sector looks towards another peak in demand, there are still areas that could be strengthened.

The pandemic has increased the availability and awareness of health data within the Victorian health system and the wider Victorian community. However, understanding of and access to this health data is not equal – some public and community health services, particularly in rural and regional areas, have highlighted issues with getting this information.<sup>29</sup> During a period when this health data is so valuable, any barriers to accessing it inhibit how services can prepare and operate, particularly with the expected increase in demand across the state as Victoria eases restrictions.

### Potential opportunities



**Local case modelling** – All services should be given local and regional modelling and information to ensure that services and their staff can prepare appropriately.



**Improved communication** – There needs to be a continued focus on ensuring communication is clear and timely, information is easily accessible, available on-demand and tailored to multiple audiences, including frontline workers.



## Strengthening our whole-of-health-system approach

While Victoria's pandemic response has proven successful, greater emphasis on a holistic approach can lead to improved outcomes for peak demand management and preparedness.

A whole-of-system approach requires utilising all aspects of the healthcare system, and beyond, to deliver the care and support required. It focuses on reducing the need for care, ensuring people are cared for earlier in their health journey. This approach to integrated care, between primary, community and hospital services, has been found to lead to improved quality of care, increased patient satisfaction, and improved access to care – which is particularly important for health systems facing increased demand.<sup>30</sup>

As the Victorian health system faces an upcoming surge, demand for health services will benefit from more effective early intervention services in the community. This should support the health system's pandemic response at the time of peak pressure. Local experience has already shown that coordination between health services, community health and primary care is vital for a strong pandemic response, and that community health services have played a vital role during the pandemic.<sup>31</sup>

Victoria's pandemic response has already generated new initiatives that relied on, and strengthened, these links. Contact tracing efforts were bolstered by newly formed Local Public Health Units, and new initiatives such as the COVID-19 Positive Pathways program serves as a triage pathway between hospital and community health services.

According to forecast modelling, there is a more than one in five chance that hospitalisations will reach critical levels.<sup>32</sup> And hospital bed stock is no guarantee of withstanding the virus. South Korea, which boasts a hospital bed per capita rate nearly six times that of Victoria, has suffered significant healthcare resource shortages and required major reshaping to their treatment models.<sup>33</sup>

Given the scarcity of health service resources, the connections and collaborations between emergency services, hospitals, community health services and primary care are critical. The proposals below highlight how Victoria can utilise everything that its public health system has to offer.



## Out-of-hospital care

It is vital that there is an emphasis on treating people in the community before they need acute care, to enable greater hospital capacity and better outcomes

As Victoria prepares for the coming months of peak demand, there are ongoing opportunities to utilise its beyond-hospital capabilities to ensure its health services are not overrun.

The challenges and system strain the pandemic created have generated innovative and new models of operating in our health system. Victoria's public and community health services have partnered to deliver programs that create seamless referral pathways to deliver more care in homes or community settings, particularly the High Risk Accommodation Response and the COVID-19 Positive Pathways programs.<sup>34</sup>

Improving management of low-acuity cases will alleviate strain on the health system. Low acuity care in higher acuity settings increases operational costs, but more importantly, diverts emergency resources away from high-acuity patients. Additionally, low-acuity patients often receive more appropriate and timely care via community-based healthcare services. The health system needs to direct people to community care during this period of sustained demand, for all types of care, to support the overall health response.

Services have highlighted that the COVID-19 Positive Pathways had to be altered due to the rapid increase in cases during the recent peak, while regional and remote services have indicated a level of confusion around whether they will need to use a version of the pathway as their cases increase.<sup>35</sup> There are also concerns around the availability of GPs to support the system response, particularly in regional areas.<sup>36</sup> Victoria is already utilising advanced practice nurses, including Rural Isolated Practice Endorsed Registered Nurses (RIPERNS), to supplement and augment the role of GPs, which could support this process.<sup>37 38</sup> Services that deliver non-urgent care have also indicated that some aspects of business-as-usual care are receiving less focus, at a time when they are crucial to limit system demand – for instance there are concerns around the current and future impact of the pandemic on family violence.<sup>39</sup>

While the focus will undoubtedly be on hospitalisations and acute care, Victoria should not forget the rest of the system to ensure those worst affected by the virus can receive the intense care and support they need.

### Potential opportunities



**Strengthening primary healthcare workforce** – The Victorian Government should fund a primary health surge workforce, comprised of nurse practitioners and RIPERNS, to ensure GPs can continue to support rural and regional services and communities during the upcoming surge.



**Expanding COVID-19 Positive Pathways** – The Victorian Government should ensure all services involved in the COVID-19 Positive Pathways are able to align and collaborate, as well as expanding the initiative and establishing similar pathways state-wide.



**Growing community funding** – The Victorian Government should ensure that there is equitable funding available for public and community health services to continue to deliver care in the community during this period of sustained demand on the health system.



## Workforce capacity building

From frontline to leadership positions – workforce recruitment and retention remains the greatest challenge for the healthcare system

Across Victoria, public and community health services are facing workforce pressures; from outright shortages to ‘stretching’, the health workforce is being pulled in all directions. This is occurring in the context of a long 22 months, where the broader health workforce has been utilised during the pandemic to provide support wherever it has been necessary.

There are examples across the state of services and their staff continuing to go above and beyond to ensure that the Victorian public health system can continue to meet demand and expectations. Examples include secondment of staff between services, staff working outside and beyond their specialisms and implementation of 12-hour shifts to support care delivery.<sup>40</sup>

But these resources are ‘running dry’ – services are reporting that there are no spare parts of their workforce that are not being utilised or repurposed. While the support to recruit 1,000 international health professionals is welcome, services think it is unlikely to lead to many new recruits in rural or regional areas, where housing availability and affordability is an issue that is impacting workforce supply.<sup>41</sup>

A key issue that is inhibiting the ability of services to ensure they have adequate workforce supply to respond to the pandemic is the state’s own COVID-19 response. Incentives to staff vaccination hubs and support the metropolitan acute response, while necessary, have impacted wider workforce recruitment.<sup>42</sup>

The public health system has also seen significant changes within senior leadership positions. There has been much higher than usual turnover of CEO and executive staff, largely due to the pressures of COVID, which has had a knock-on impact on the system. This has led to an increase in the number of people moving into new leadership roles, and they need to be supported to manage in this incredibly challenging time.

### Potential opportunities



**Returning vaccination staff** – Develop and implement a plan to return healthcare staff from state vaccine hubs to public and community health services as the demand for vaccination slows, to support the sector’s response for the future demand peak, and post-pandemic care demand.



**Supporting local care models** – Provide financial support to implement local models of care that maximise capability and increase capacity.



**Pandemic workforce grants** – Provide grants for services to hire non-medical personnel to support the pandemic response, such as in coordinator roles. This will enable health professionals to work to their full capability when we need it.



**Frontline to leadership support** – Provide urgent training modules and holistic support for staff in their first leadership positions.



**A regional healthcare workers taskforce** – Ensure whole-of-government analysis and action for regional workforce recruitment and retention to address issues such as housing and other related barriers.





## Government support for service responses

Services need to be enabled to take the steps necessary to support a holistic response

Public and community health services have been working together throughout the pandemic, but sometimes further government support is required to ensure that the whole-of-system response is effective.

There has been innovation across the state, with services taking the necessary steps to ensure they are prepared. But it is essential that services are enabled and funded to create pandemic responses that can endure the coming months, utilising all the system has to offer. One of the key lessons from the UK experience was the need to enable services to take the steps necessary to support care, with a relaxation of financial and governance restrictions. This enabled quick and revolutionary changes; one trust fitted an entire building with new oxygen piping and ducting within a week to ensure every bed in one building could use a ventilator.<sup>43</sup>

Similarly, encouraging partnerships has been a key feature of how the Victorian health system has managed the pandemic, best exemplified by Health Service Partnerships. These partnerships are more important than ever; however, sustained surges in demand will put these connections under pressure.

Some public and community health services have raised issues with partnership approaches that are inhibiting the pandemic response. There are variable levels of communication between public and community health services across Victoria – one service highlighted that a decision by another local service to establish a pop-up mental health centre without their involvement had led to increased local workforce demand and heightened competition for staff.<sup>44</sup> These disconnects also take place between the sector and the Victorian Government; another service reported that they had a different government contact for six days in a row for one vulnerable client.

### Potential opportunities



**Authorising environment** – Create an authorising environment to enable and fund services to take the local steps required to ensure care continuity by reducing unnecessary red tape and oversight of operational decisions.



**Service inclusion** – There should be requirements for existing partnership infrastructures, including Health Service Partnerships, to include all public and community health services in a partnership area in the pandemic response.



**Government coordination** – Appoint a single key contact for each service to resolve internal connections to support the upcoming surge response.



**Encouraging partnership** – Support communication and partnership between public and community health services within, and beyond, Health Service Partnerships.



## Enabling local responses

The Victorian public health system is unique – its devolved governance allows services to make local decisions to meet local needs. This recognises that ‘one size does not fit all’, but it still allows for collaboration.

Leaning on this place-based response has been a hallmark of the COVID-19 response to date. Public and community health services across the state have created their own pandemic plans, developing solutions, models and workarounds to meet the needs of the communities they serve and the circumstances they face. While there have been issues, these individual responses have largely held the health system firm against the pandemic and its impacts – particularly delayed demand for care.

But services have not been operating in isolation. These services, along with the Victorian Department of Health, have worked together for the benefit and health of Victorians, while representing the needs of their local areas. The creation of Health Service Partnerships enabled services to closely work together on key issues, and has been identified by the Victorian Department of Health as a key innovation to be taken from the pandemic.

Other health systems have tried to support a similarly devolved approach to limit the impact of COVID-19. For instance, in Sweden, which also has a decentralised health system, preparation was mostly undertaken by its 21 regions and councils. One region was able to triple its ICU capacity, while another used risk prediction to identify 2,500 at-risk individuals to proactively monitor their wellbeing. Despite having the second-lowest number of ICU beds per capita in Europe, Sweden’s health system was not overwhelmed.<sup>45</sup>

As the state faces a potential second peak of COVID-19 cases, utilising and emphasising this special aspect of the Victorian public health system will help to ensure that health services are prepared for those upcoming pressures. At the same time, appropriate coordination and support from government is critical to ensure services avoid needing to ‘reinvent the wheel’ for each issue and to ensure a certain state standard.



## Communicating with communities

Campaigns are needed to support services and community through the next phase

Communication with the Victorian community has been a key feature, and an ongoing issue, throughout the pandemic. Now, more than ever, community communication is required to support place-based responses during the coming months.

Public and community health services are highlighting that the reopening of the state is leading to a range of impacts that require communication to specific communities as well as the entire state.

The regional/metropolitan divide has been placed on full display as the ‘ring of steel’ and restrictions have been removed; members have reported that some in their communities are experiencing anxiety at the potential for COVID-19 cases to arrive with metropolitan visitors.<sup>46</sup> With the expected upcoming surge, which is closely aligned with the arrival of summer and internal state tourism, it is vital that all Victorians are aware of their responsibilities, and potential impact, when they visit Victoria’s regional communities. Community engagement has been found to be a vital tool in combating the virus,<sup>47</sup> and was identified by services at the Navigating COVID Peak forum as necessary to overcome these community concerns.<sup>48</sup>

Communication is also vital to ensure that public and community health services are enabled to pursue their local responses. The opening up of the state, as well as the expected second surge, means that all services are likely to be stretched in early 2022, following a period of sustained high demand. Services may be challenged in maintaining their usual standards and offerings during this period, which impacts performance.<sup>49</sup> Yet, local communities continue to expect the same care that they have always received, unaware of the intricacies of the pandemic response, adding to the pressure on the Victorian health system.<sup>50</sup> For instance, after non-emergency calls to Triple Zero (000) increased again in 2021, Ambulance Victoria relaunched their ‘Save Lives, Save 000 for Emergencies’ campaign to reduce community demand to support the paramedic response.<sup>51</sup>

### Potential opportunities



**Community communication campaign** – Create a comprehensive, plain language, multi-media communication campaign that emphasises:

- that visitors to communities should take responsibility for their actions and avoid behaviours that may put that community at risk
- the need to continue COVIDsafe behaviours and to be vaccinated, including the importance of a booster dose at the appropriate time.



**Recalibrate expectations** – Explain to Victorians the impact the pandemic has had on the capability of health services during this difficult period. This will help the public to change their behaviour and how/when they use the health system.



## Outreach to vulnerable communities

Services need to be enabled to deliver the support that vulnerable Victorians need

The impact of the pandemic on vulnerable Victorians has been well documented. There has been an increasing focus on ensuring these communities are engaged and protected. Further support is required to ensure these Victorians are not put at risk of harm during an anticipated sustained surge in service demand.

Public and community health services have signalled that there are ongoing issues in regards to connecting vulnerable Victorians with testing and vaccination services. This is particularly acute in rural and regional areas due to transport issues, but continues to be an issue across Victoria.<sup>52</sup> This makes it tougher for these Victorians to comply with restrictions and guidance, exacerbated by economic insecurity.

Individual services are finding various ways to engage and support these Victorians, including the repurposing of a bus for vaccinations in one area,<sup>53</sup> but they need government support to augment these efforts during the upcoming surge. These services should be allowed to lead their local efforts as they have the best understanding of the factors at play; for instance, taxi vouchers, which the Victorian Government has distributed to mitigate the transportation issue, are not effective if there is little or no taxi availability in the local area. Similarly, increased availability of rapid antigen tests should support more effective screening in hard-to-engage communities.

### Potential opportunities



**Expand call-to-test** – Expand call-to-test state-wide to engage hard-to-reach communities, with a focus on expanding availability in rural areas.



**Outreach grants** – Provide grants to public and community health services to facilitate outreach and transport for testing and vaccination for vulnerable Victorians for the next three months.



**Health literacy campaign** – A campaign to augment community understanding of compliance and the support available to vulnerable communities.



## Rural and regional support

There needs to be further support for rural and regional services during the surge

While the pandemic has been a state-wide issue, the experience has not been equal, and any support must recognise, acknowledge, and address this in coming months.

The lion's share of the COVID-19 burden and activity has fallen on metropolitan public and community health services, as that is where most cases have occurred. This also means that metropolitan services, while still facing sustained demand and pressure, have built systems and responses to deal with high case numbers that rural and regional services have not had the need to implement in the same way.

Public and community health services in rural and regional Victoria have not been immune to the impact of the pandemic, but that impact has been substantially different. Only now are services starting to face the real possibility of widespread community transmission as Victorians are once again allowed to move around the state.<sup>54</sup> Rural and regional services are already stretched from responding to the virus and high demand for care, and this is an additional burden.

The services in rural and regional areas need to be given specific support over the coming months to meet the surge in demand. Members have highlighted to us an array of issues specific to rural areas, including cross-border workforce pressures, lack of viable isolation locations, and local GPs struggling to support the response.<sup>55</sup> Border services, in particular, have faced issues around workforce – best exemplified by Albury-Wodonga Health having to open recruitment for its COVID-19 surge workforce to local residents during its recent outbreak.<sup>56</sup> Some services have indicated that, largely due to patient and infrastructure issues, that they may have to restrict access to their services if there is a significant outbreak – and the patients, and the stress, will be passed onto the rest of the system.<sup>57</sup> It is vital that public and community health services are supported to ensure there is a coherent and effective response to ongoing demand surges.

### Potential opportunities



**Supporting border services** – Provide further funding to near-border public and community health services to ensure they can continue to respond to changes by neighbouring states, including any impacts on staff movement.



**Regional isolation facilities** – Develop isolation and quarantine spaces in rural and regional areas. This will enable and encourage vulnerable Victorians to get tested.



**Contingent positive case funding** – Ensure public health services have access to contingent funding and support processes in case of rising numbers of COVID-19 cases, including if they need to close facilities due to outbreaks.

# Conclusion

The purpose of this publication is to highlight immediate viable options to strengthen the Victorian public health system. It is vital that public and community health services continue to be supported during a sustained period of increased demand.

The key issues in this paper have been identified and prioritised by executives and board directors from the public health system, with policy recommendations informed by the latest evidence and international and local experiences.

In engaging on this issue, a strengths-based approach, which is used to support individual care across the world, has emerged.<sup>58</sup> The emphasis is on identifying, and building on, strengths and not dwelling on deficits, with a focus on outcomes.

And the Victorian public health response to the pandemic has been strong. The VHA wants to congratulate public and community health services and the Victorian Government for all that they have done to ensure that Victorians continue to receive vital and quality care during this difficult period. However, while Victoria's health response has been robust so far, there are opportunities to build on these strengths – utilising existing innovations, a whole-of-system response and local responses. Solutions have been presented on how this can be implemented.

The VHA hopes that this paper is a starting point to generate further innovation and action by sector policy leaders and decision makers.

# Appendix A - Potential opportunities

Theme	Topic	Potential opportunities
Building on innovations from the pandemic	Workforce wellbeing	<ul style="list-style-type: none"> <li>• Extending Hospital Surge Support Allowance</li> <li>• Preventing occupational violence</li> <li>• Prioritising frontline workers</li> </ul>
	Telehealth	<ul style="list-style-type: none"> <li>• Regional telehealth support</li> <li>• Support telehealth for social care</li> <li>• Effective implementation of telehealth</li> </ul>
	Health and data communication	<ul style="list-style-type: none"> <li>• Local case modelling</li> <li>• Improved communication</li> </ul>
Strengthening our whole-of-health-system approach	Out-of-hospital care	<ul style="list-style-type: none"> <li>• Strengthening primary healthcare workforce</li> <li>• Expanding COVID-19 Positive Pathways</li> <li>• Growing community funding</li> </ul>
	Workforce capacity building	<ul style="list-style-type: none"> <li>• Returning vaccination staff</li> <li>• Supporting local care models</li> <li>• Pandemic workforce grants</li> <li>• Frontline to leadership support</li> <li>• A regional healthcare workers taskforce</li> </ul>
	Government support for service responses	<ul style="list-style-type: none"> <li>• Authorising environment</li> <li>• Service inclusion</li> <li>• Government coordination</li> <li>• Encouraging partnership</li> </ul>
Enabling local responses	Communicating with communities	<ul style="list-style-type: none"> <li>• Community communication response</li> <li>• Recalibrate expectations</li> </ul>
	Outreach to vulnerable communities	<ul style="list-style-type: none"> <li>• Expanding call-to-test</li> <li>• Outreach grants</li> <li>• Health literacy campaign</li> </ul>
	Rural and regional support	<ul style="list-style-type: none"> <li>• Supporting border services</li> <li>• Regional isolation facilities</li> <li>• Contingent positive case funding</li> </ul>

# References

- 1 Victorian Department of Health. (2021). *Annual Report 2021*. Victorian Government. Retrieved from [https://www.parliament.vic.gov.au/file\\_uploads/Department\\_of\\_Health\\_annual\\_report\\_2020-21\\_9tzTLWF3.pdf](https://www.parliament.vic.gov.au/file_uploads/Department_of_Health_annual_report_2020-21_9tzTLWF3.pdf)
- 2 Victorian Department of Health. (2021). *Knowledge Bank: Victoria's Health and Human Services Workforce Information Portal*. Retrieved from <https://vicknowledgebank.net.au/>: <https://vicknowledgebank.net.au/current-workforce/public-health-workforce/>
- 3 Wallace, E. (2021). Public Accounts and Estimates Committee Inquiry into 2020–2021 Financial and Performance Outcomes. Victorian Department of Health. Retrieved from [https://parliament.vic.gov.au/images/stories/committees/paec/finance\\_performance\\_outcomes/2020-21/Presentations/8\\_Nov/DH\\_PAEC\\_FPO\\_Presentation\\_-\\_8\\_November\\_2021.pdf](https://parliament.vic.gov.au/images/stories/committees/paec/finance_performance_outcomes/2020-21/Presentations/8_Nov/DH_PAEC_FPO_Presentation_-_8_November_2021.pdf)
- 4 Litton, E. e. (2021). *Increasing ICU capacity to accommodate higher demand during the COVID-19 pandemic*. *The Medical Journal of Australia*. Retrieved from <https://onlinelibrary.wiley.com/doi/10.5694/mja2.51318>
- 5 Burnet Institute. (n.d.). *COVASIM: Modelling COVID-19*. Retrieved from [www.burnet.edu.au](http://www.burnet.edu.au): [https://www.burnet.edu.au/projects/467\\_covasim\\_modelling\\_covid\\_19](https://www.burnet.edu.au/projects/467_covasim_modelling_covid_19)
- 6 Premier of Victoria. (2021). *Victorians' Hard Work Means Hitting Target Ahead Of Time*. Retrieved from <https://www.premier.vic.gov.au/>: <https://www.premier.vic.gov.au/victorians-hard-work-means-hitting-target-ahead-time>
- 7 Palanica, A. a. (2020). COVID-19 has inspired global healthcare innovation. *Canadian journal of public health*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7453854/>
- 8 World Health Organisation. (2021). *WHO compendium of innovative health technologies for low-resource settings*. Retrieved from WHO: <https://www.who.int/publications/i/item/9789240032507>
- 9 Victorian Healthcare Association. (2021). *Seven lessons from the global response to COVID-19: A deep-dive article*. Retrieved from <https://vha.org.au>: <https://vha.org.au/case-studies/seven-lessons-covid/>
- 10 Ibid.
- 11 Premier of Victoria. (2020). *New Wellbeing Package For Our Health Heroes*. Retrieved from [www.premier.vic.gov.au](http://www.premier.vic.gov.au): <https://www.premier.vic.gov.au/new-wellbeing-package-our-health-heroes>
- 12 Anon. (2021, October 28). Navigating COVID Peak Forum. (V. H. Association, Interviewer)
- 13 Adelson P, F. J. (2021). *COVID-19 and workforce wellbeing: A survey of the Australian nursing, midwifery and care worker workforce*. A report prepared for the Australian Nursing and Midwifery Federation. University of South Australia. Retrieved from [https://unisa.edu.au/contentassets/0429d3a6ea70464b80a0b37aa664aa0c/covid-19-and-workforce-wellbeing-survey\\_report\\_final.pdf](https://unisa.edu.au/contentassets/0429d3a6ea70464b80a0b37aa664aa0c/covid-19-and-workforce-wellbeing-survey_report_final.pdf)
- 14 Holton Sara, W. K. (2021). Immediate impact of the COVID-19 pandemic on the work and personal lives of Australian hospital clinical staff. *Australian Health Review*. Retrieved from <https://www.publish.csiro.au/ah/ExportCitation/AH21014>



## References (continued)

- 15 Smallwood N, K. L. (2021). High levels of psychosocial distress among Australian frontline healthcare during the COVID-19 pandemic: a cross-sectional survey. *General Psychiatry*. Retrieved from <https://gpsych.bmj.com/content/gpsych/34/5/e100577.full.pdf>
- 16 Victorian Healthcare Association. (2021). *Rural Regional Roundtable on COVID-19 preparedness*. Retrieved from VHA: <https://vha.org.au/news/rural-regional-roundtable-on-covid-19-preparedness/>
- 17 Anon. (2021, October 28). Navigating COVID Peak Forum. (V. H. Association, Interviewer)
- 18 Billings, J. E. (2021). *What support do frontline workers want? A qualitative study of health and social care workers' experiences and views of psychosocial support during the COVID-19 pandemic*. Plos One. Retrieved from <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0256454>
- 19 Ibid.
- 20 McGuire, S. S. (2021). Impact of the COVID-19 pandemic on workplace violence at an academic emergency department. *The American journal of emergency medicine*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8457914/>
- 21 cohealth. (2021, September 23). *Condemning harassment of vaccination workers*. Retrieved from cohealth: <https://www.cohealth.org.au/media-releases/condemning-harassment-of-vaccination-workers/>
- 22 Estcourt, D. &. (2021, November 30). *'Pretty brutal': Man arrested after allegedly mowing down worker at COVID testing site*. Retrieved from The Age: <https://www.theage.com.au/national/victoria/man-arrested-after-nurse-injured-in-collision-at-collingwood-covid-testing-site-20211130-p59di6.html>
- 23 Reay, R. K. (2021). Better Access: substantial shift to telehealth for allied mental health services during COVID-19 in Australia. *Australian Health Review*. Retrieved from <https://www.publish.csiro.au/ah/pdf/AH21162>
- 24 Snoswell, C. C. (2021). *Telehealth and coronavirus: Medicare Benefits Schedule (MBS) activity in Australia*. Retrieved from Centre for Online Health: <https://coh.centre.uq.edu.au/telehealth-and-coronavirus-medicare-benefits-schedule-mbs-activity-australia>
- 25 Wallace, E. (2021). Public Accounts and Estimates Committee Inquiry into 2020-2021 Financial and Performance Outcomes. Victorian Department of Health. Retrieved from [https://parliament.vic.gov.au/images/stories/committees/paec/finance\\_performance\\_outcomes/2020-21/Presentations/8\\_Nov/DH\\_PAEC\\_FPO\\_Presentation\\_-\\_8\\_November\\_2021.pdf](https://parliament.vic.gov.au/images/stories/committees/paec/finance_performance_outcomes/2020-21/Presentations/8_Nov/DH_PAEC_FPO_Presentation_-_8_November_2021.pdf)
- 26 Infrastructure Victoria. (2021). *Victoria's Infrastructure Strategy 2021-2051*. Victorian Government. Retrieved from <https://www.infrastructurevictoria.com.au/wp-content/uploads/2021/08/1.-Victorias-infrastructure-strategy-2021-2051-Vol-1.pdf>
- 27 Anon. (2021, October 28). Navigating COVID Peak Forum. (V. H. Association, Interviewer)
- 28 Snoswell, C. C. (2021). *Telehealth and coronavirus: Medicare Benefits Schedule (MBS) activity in Australia*. Retrieved from Centre for Online Health: <https://coh.centre.uq.edu.au/telehealth-and-coronavirus-medicare-benefits-schedule-mbs-activity-australia>

## References (continued)

- 29 Anon. (2021, October 28). Navigating COVID Peak Forum. (V. H. Association, Interviewer)
- 30 Baxter, S. J. (2018). The effects of integrated care: a systematic review of UK and international evidence. *BMC Health Services Research*. Retrieved from <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-3161-3>
- 31 Victorian Healthcare Association. (2021). *The community health response to the COVID-19 pandemic*. Retrieved from <https://vha.org.au/>: <https://vha.org.au/wp-content/uploads/2021/06/The-community-health-response-to-the-COVID-19-pandemic-report.pdf>
- 32 Burnet Institute. (n.d.). *COVASIM: Modelling COVID-19*. Retrieved from [www.burnet.edu.au](http://www.burnet.edu.au): [https://www.burnet.edu.au/projects/467\\_covasim\\_modelling\\_covid\\_19](https://www.burnet.edu.au/projects/467_covasim_modelling_covid_19)
- 33 Victorian Healthcare Association. (2021). *Seven lessons from the global response to COVID-19: A deep-dive article*. Retrieved from <https://vha.org.au/>: <https://vha.org.au/case-studies/seven-lessons-covid/>
- 34 Victorian Healthcare Association. (2021). *The community health response to the COVID-19 pandemic*. Retrieved from <https://vha.org.au/>: <https://vha.org.au/wp-content/uploads/2021/06/The-community-health-response-to-the-COVID-19-pandemic-report.pdf>
- 35 Anon. (2021, October 28). Navigating COVID Peak Forum. (V. H. Association, Interviewer)
- 36 Ibid.
- 37 Currie, F. N. (2016). The Value of Rural Isolated Practice Endorsed Registered Nurses in a Small Rural Health Service. *Research in Health Science*. Retrieved from <https://core.ac.uk/download/pdf/268085694.pdf>
- 38 Lowe, G. T. (2021). Nurse practitioner work patterns: A cross-sectional study. *Nursing Open*. Retrieved from <https://onlinelibrary.wiley.com/doi/full/10.1002/nop2.705>
- 39 Anon. (2021, October 28). Navigating COVID Peak Forum. (V. H. Association, Interviewer)
- 40 Ibid.
- 41 Ibid.
- 42 Ibid.
- 43 Victorian Healthcare Association. (2021). *Seven lessons from the global response to COVID-19: A deep-dive article*. Retrieved from <https://vha.org.au/>: <https://vha.org.au/case-studies/seven-lessons-covid/>
- 44 Anon. (2021, October 28). Navigating COVID Peak Forum. (V. H. Association, Interviewer)
- 45 Victorian Healthcare Association. (2021). *Seven lessons from the global response to COVID-19: A deep-dive article*. Retrieved from <https://vha.org.au/>: <https://vha.org.au/case-studies/seven-lessons-covid/>
- 46 Anon. (2021, October 28). Navigating COVID Peak Forum. (V. H. Association, Interviewer)

## References (continued)

- 47 Gilmore B, N. R. (2020). Community engagement for COVID-19 prevention and control: a rapid evidence synthesis. *BMJ Global Health*. Retrieved from <https://gh.bmj.com/content/5/10/e003188>
- 48 Anon. (2021, October 28). Navigating COVID Peak Forum. (V. H. Association, Interviewer)
- 49 Victorian Agency for Health Information. (2021). *Victorian Health Services Performance*. Retrieved from VAHI: <https://vahi.vic.gov.au/reports/victorian-health-services-performance>
- 50 Anon. (2021, October 28). Navigating COVID Peak Forum. (V. H. Association, Interviewer)
- 51 Victorian Minister for Health. (2021, October 21). *Save Lives By Saving 000 For Emergencies*. Retrieved from Premier of Victoria: <https://www.premier.vic.gov.au/save-lives-saving-000-emergencies>
- 52 Anon. (2021, October 28). Navigating COVID Peak Forum. (V. H. Association, Interviewer)
- 53 Ibid.
- 54 Victorian Healthcare Association. (2021). *Rural Regional Roundtable on COVID-19 preparedness*. Retrieved from VHA: <https://vha.org.au/news/rural-regional-roundtable-on-covid-19-preparedness/>
- 55 Anon. (2021, October 28). Navigating COVID Peak Forum. (V. H. Association, Interviewer)
- 56 Ellis, V. (2021, September 2021). *300 respond to Albury Wodonga Health COVID staff recruitment drive*. Retrieved from The Border Mail: <https://www.bordermail.com.au/story/7441424/surge-workforce-recruited-in-case-of-more-cases-and-exposure-sites/>
- 57 Anon. (2021, October 28). Navigating COVID Peak Forum. (V. H. Association, Interviewer)
- 58 Social Care Institute for Excellence. (2021). *Strengths-based approaches*. Retrieved from SCIE: <https://www.scie.org.uk/strengths-based-approaches>

The Victorian Healthcare Association (VHA) is the peak body supporting Victoria's public and community health services to deliver high-quality care. Established in 1938, the VHA represents Victoria's diverse public healthcare sector, including public hospitals, aged care and community health services.

As well as providing a unified voice for the sector, the VHA delivers value for its members by offering tailored professional development programs, networking opportunities, and informative events. The VHA advocates on behalf of its members on sector-critical issues by engaging and influencing key decision-makers involved in policy development and system reform.

**Stabilising the system: Supporting Victoria's public health sector to manage sustained COVID-19 demand**

Authorised by:

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