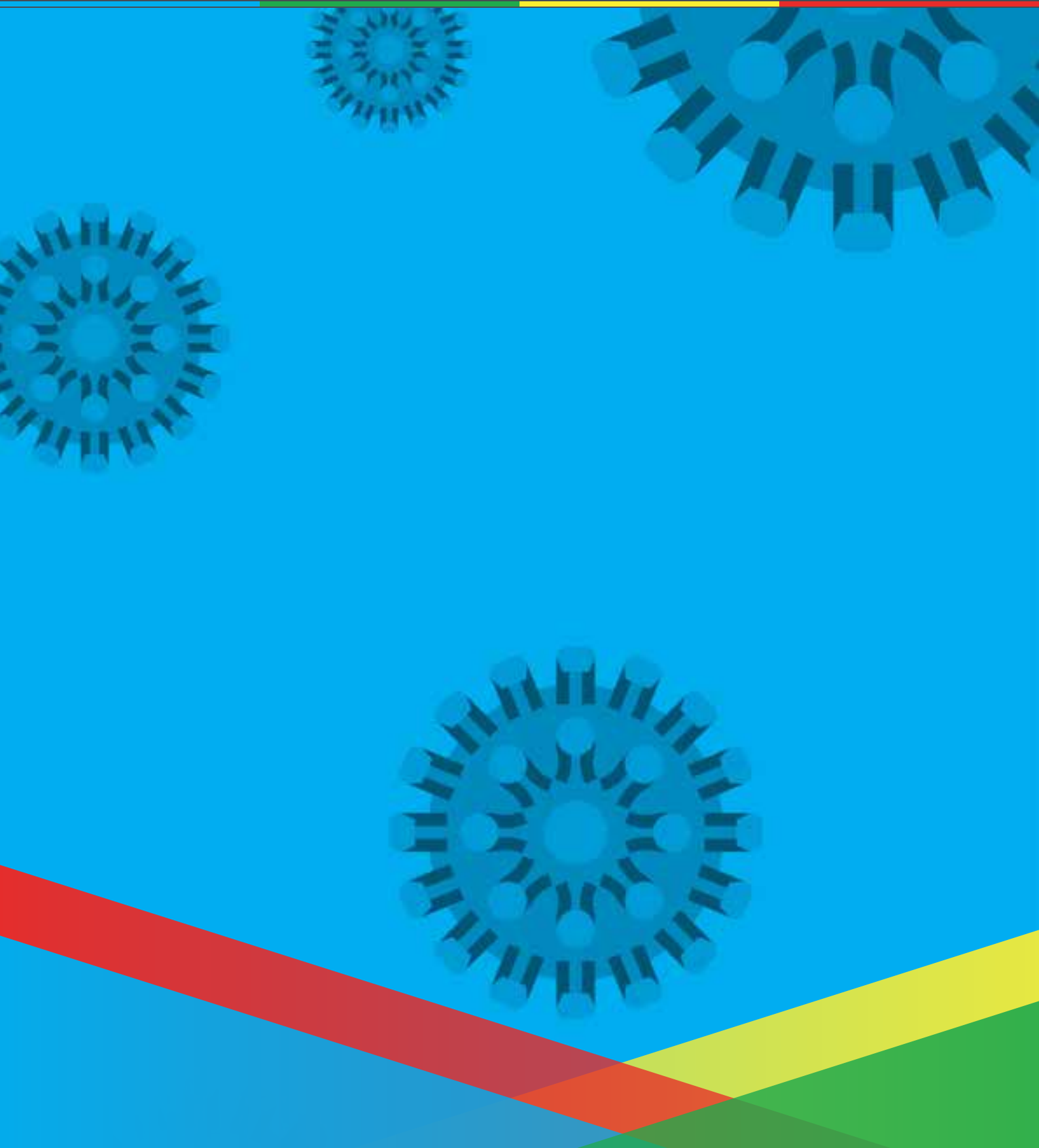




COVID-19 Impact and Recovery in Latrobe

Insights into the effects of COVID-19 on Latrobe communities in 2020 and the opportunity for future innovation and systems reform





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The Latrobe Health Advocate respectfully acknowledges Aboriginal people as the Original Custodians of the land we walk on today – the land of the Braiakaulung people of the Gunaikurnai nation and passes on respect to their Elders past and present, future and emerging.

The Latrobe Health Advocate thanks all the people who shared their time, experience, wisdom and ideas with us. It is their lived experience that we share in this document so that we might all learn to better connect, communicate with and support one another.

Foreword from the Advocate

When COVID-19 emerged as a global, national, state, and local issue during 2020, the pandemic became an important consideration for all work at my office.

I heard from communities, businesses and governments throughout 2020, identified issues and gaps in the local system and reported directly to the Chief Health Officer and Minister for Health on a regular basis. I heard about digital inclusion and exclusion, mental health and wellbeing, access to services, social connections, increases in food insecurity and financial stress.

My office has partnered with the Gippsland Primary Health Network to produce this COVID-19 impact report, which analyses conversations and engagement conducted with communities across Latrobe in 2020. The report is designed to identify system gaps, consider broader opportunities for health system reform, and provide advice to the Victorian Government and organisations within the Latrobe Health Innovation Zone about key commitments required to inform recovery.

COVID-19 has led to significant shifts in the way services and communities utilise technology, and I have heard from Latrobe communities about digital inclusion and exclusion. Digital literacy improved for some people and services, but others reported that they did not have technology or the ability to link to technology, and felt excluded as a result. Factors of digital inclusion and exclusion are applicable to everyone – individuals, communities, businesses, health services and community groups. It is time now to consider what can be done to support people to move towards a future where technology is embraced to ensure greater access to services and drive better health and wellbeing outcomes for everyone.

Services and organisations across Latrobe found new ways of working throughout COVID-19. Telehealth became an important feature of the response. Social media was commonly used as a platform to share messages. General practices streamlined processes to get scripts to pharmacies and arranged for this to be done digitally. Maintaining innovations and positive changes like these achieved throughout the COVID-19 response will be an equally important factor as we move towards recovery. There is an appetite for change in Latrobe and a shared desire and willingness for this to continue in the post-COVID-19 world.

I heard that people who were experiencing loneliness and isolation before COVID-19 were feeling even more disconnected. They were separated from friendships and community services that they depend on for their general and mental health. There is considerable work being done to reduce the longer-term mental health impacts of COVID-19 on the entire community, and I am looking forward to working with

services in Latrobe to find the best opportunities for people to experience better mental health.

Industry and businesses across Latrobe were impacted by COVID-19. There was a need to achieve an appropriate balance between health and economy, understanding the importance of preventing further inequities in communities. In line with my Statement of Intent, I see health as everyone's business. My office will continue to encourage industry and business to support the health of its workforce and communities across Latrobe.

To realise the key commitments of this report, government, services, and organisations need to work together to facilitate and steer recovery. The COVID-19 response showed us what can be achieved when everyone is pulling in the same direction. While the COVID-19 impact is relatively low for Australia compared to the rest of the world, it has highlighted what is needed and what is effective when working towards strategic, system-wide change to enable good health and wellbeing. If COVID-19 has shown us anything it is that it is possible for all levels of government to collaborate to achieve a common goal.

This report draws on engagement data and events that occurred during 2020, in which Melbourne and regional Victoria were significantly impacted by measures put in place to protect communities and limit the spread of the virus. The report was prepared during the 2020-21 Victorian Government budget cycle and prior to the release of the 2021-22 budget. The most recent COVID-19 outbreak in Victoria has shown us that the pandemic will continue to have health and economic impacts in Latrobe communities, reinforcing the importance of actions to address the report's findings.

I will be working with governments and service providers to make the connection between recovery and all the social determinants of health. I'm here to listen and to help our health system understand and respond to the needs of communities in Latrobe, and I am now preparing to support and inform recovery for our region.



Jane Anderson
Latrobe Health Advocate

Responding to a new health and wellbeing priority

In May 2018, Jane Anderson was appointed by Victoria's Minister for Health, to the role of Latrobe Health Advocate. Reporting directly to the Minister, Jane's role is to provide independent advice to the Victorian Government on behalf of Latrobe Valley communities on system and policy issues affecting their health and wellbeing.

Along with the Latrobe Health Assembly, the Advocate is a key mechanism of the Latrobe Health Innovation Zone. The first of its kind in Australia, the Latrobe Health Innovation Zone is a dedicated place where people can have a say in the planning and delivery of better health outcomes by being a part of decision-making, design, planning and delivery of services and programs.

Community engagement is the Advocate's core business. The engagement model used by the Advocate was codesigned with Latrobe communities through Advocate engagement events between 2018 and 2020, largely in person.¹ This approach quickly adapted to virtual engagement during 2020 to be COVID safe.

The Advocate applies the Quadruple Helix approach in engaging with people, businesses, communities and education providers in Latrobe. The Quadruple Helix approach involves communities in the development of solutions. This method helps achieve more successful innovations and social benefits by empowering communities to actively contribute to system improvement.²

Due to the impact of COVID-19, the Advocate utilised virtual techniques for most engagement, including hearing from people experiencing financial stress. People were invited to participate in activities and share their experiences via telephone conversations or video calls. The Advocate learned that virtual engagement can provide an opportunity to gain an even greater understanding of the context in which someone lives their life. Virtual engagement is now a key feature in the way the Advocate engages (depending on the preference of community member and current COVID safe rules).

The engagement model (illustrated in *Figure 1*) continues to evolve and be updated as the Advocate hears from people about their engagement preferences.

We plan

We choose the best approach for each engagement, informed by our previous engagements and by models from around the world.

Planning questions

- What's the change we want to create?
- What are the questions we want to answer?
- Who needs to be engaged and influenced?
- What's our role(s)?
- What's our style(s)?
- How will we learn & share?

We engage

We lead (and enable) engagement with the community and Latrobe Health Innovation Zone partners.

Roles we play



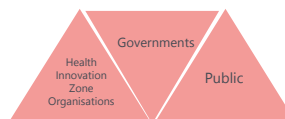
Approaches we use



We influence

We influence change in community, organisations and government through engagement events, conversations, the media and by making formal recommendations.

Audiences we influence



Ways we influence



We learn and share

We learn throughout the process. We share our engagement stories, success and setbacks.

We prompt change

Our goal is better systems of health and wellbeing in the Latrobe Valley.

Types of change

- Better relationships
- Better mental models
- Better services
- Better supports
- Better policy
- Better integration of community voice in systems

Figure 1. Latrobe Health Advocate engagement model.

The Advocate listens to the voices of diverse communities and promotes health as everyone's business. The Advocate has joined communities, industries, education and governments in thousands of engagements since commencing in 2018. The Advocate has heard from people living with disabilities, people living with chronic conditions, people from multicultural backgrounds, Aboriginal and Torres Strait Islander people, LGBTIQ people, and people experiencing financial stress. The vast and diverse nature of voices in Latrobe reflects that people are interested in improving their health and wellbeing, they have something to say, and they want to be part of positive change. People in Latrobe care about their health and wellbeing and they care about each other.

Priority issues emerge through the Advocate's engagement with communities and has led to priority projects around human connections, healthy lifestyles, access to services, palliative care and mental health. During COVID-19 the Advocate heard about the need to do things differently to improve health and wellbeing. The systems and processes that impact on health and wellbeing don't always work. The Advocate's priority projects have involved close analysis and understanding of these issues, have been informed by community need and significant research and are designed to drive system reform. The projects look for innovation, new ways to improve health and wellbeing, and how to work together to achieve common goals.

When COVID-19 emerged as a global, national, state and local issue during 2020, some work was temporarily put on hold to enable the Advocate to support communities through the pandemic. The Advocate's office adjusted its existing commitments and paused some projects. The Advocate's office also committed to a new COVID-19 project. The COVID-19 project aimed to:

- ensure that COVID-19 messages reached people in Latrobe, especially people who are vulnerable
- ensure the system protects mental wellbeing of people in terms of COVID response;
- prevent greater inequities;
- encourage collaboration and working together on the COVID-19 response; and
- provide insights to government and other leaders to inform systems change.

The impact of the pandemic became an important consideration for all Advocate work. The Access to Services action plan emphasises the opportunity to reset services, embrace technology, and innovate models of care. The Human Connections project has a key focus on community connections to address isolation and loneliness. The Inclusive Communities project engages directly with people to hear the voices of a range of diverse populations and communities.

The Advocate listened to communities, industries, education and governments through the COVID-19 pandemic. The Advocate monitored and identified system issues and possible innovations. Insights were reported to the Victorian Minister of Health and Chief Health Officer on a weekly basis from March to June 2020. Reporting of insights after June occurred as required. The Advocate also shared insights with the Chair of the Latrobe Health Assembly with an understanding that the information would inform Assembly discussions and the work of the foundation Assembly members.

This report presents the main themes from the Advocate's engagements during the early part of the pandemic in March to August 2020. The report describes insights and identifies options to inform a healthy and equitable COVID-19 recovery for Latrobe.

The objectives of this report are to:

- Document the impact of COVID-19 on Latrobe communities.
- Identify gaps in systems.
- Consider broader opportunity for health system reform building on innovations that occurred as a result of the COVID-19 disruption.
- Form the basis of recommendations the Advocate will provide to the Victorian Government and Latrobe Health Innovation Zone organisations who are responsible for implementing COVID-19 recovery.

COVID-19 impact and recovery in Latrobe

Insights into the effects of COVID-19 on Latrobe communities in 2020 and the opportunity for future innovation and systems reform.



Community engagement insights

-  Digital health and new ways of working
-  Digital inclusion and exclusion
-  Mental health and wellbeing
-  Access to services
-  Social connections
-  Health is everyone's business
-  Social determinants of health

Health system mega trends

-  Primary care
-  Mental health, suicide, alcohol and other drugs
-  People experiencing vulnerabilities
-  Collaboration and integrated care
-  Digital health maturity



A road map towards recovery



Better supports



Better relationships



Better policy



Better mental models



Better services



Better integration of
community voice in
systems

Understanding community engagement insights and health system mega trends

This project included a thematic analysis of engagement conducted by the Advocate between March and August 2020. The thematic analysis was conducted by Gippsland Primary Health Network (PHN) in March 2021. This offers an applied qualitative method more applicable for research in policy or practice arenas and is a method for identifying, analysing, and reporting patterns (themes) within data. It organises and describes a data set in detail. The phases of thematic analysis applied in this project are defined in *Table 1*.

The thematic template was also examined against other relevant data to help interpret and identify options for COVID-19 recovery. A final thematic map was developed to illustrate the themes.

Table 1. Phases of Thematic Analysis.³

The Latrobe Health Advocate undertook 96 engagements during the COVID-19 response, comprising 18 with community, 6 with education, 37 with government and 32 with industry. An initial thematic analysis was conducted by Advocate staff using a software package (Consultation Manager). Advocate staff then used manual coding and theming to produce 12 insight papers and two statements between March and August 2020. This represented the first phase of thematic analysis.

The second phase of analysis involved a review by Gippsland PHN of the entire dataset to produce a thematic template. The thematic template was applied to Advocate quarterly reports and 2019/20 Annual Report. A quality check of the analysis was sought via validation by Advocate office staff.

Phase	Description of the process
Preparing data	Collection of responses. Transcribing data, reading and re-reading the data, noting down initial ideas.
Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme. Produce initial template.
Reviewing themes	Apply template to full data set. Revise template as a piece of text does not fit comfortably in an existing theme. Generate a thematic 'map' of the analysis.
Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definitions and names for each theme. Quality check of analysis via respondent validation.
Producing the report	Use final template to help interpret and write up findings. Selection of compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature.

Community engagement insights

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Digital health and new ways of working

- Telehealth became an important feature of the COVID-19 response, with more digital health service delivery. Telephone was more popular than video.
- The introduction of Medicare Benefits Schedule (MBS) bulkbilled telehealth items was well received by health professionals and communities.
- A frequent thread through the Advocate's COVID-19 engagements was the idea of services finding new ways of working.
- Examples of innovation included:
 - Department of Justice Community and Safety delegated authority to a local worker to support Aboriginal people to obtain Birth Certificates, reaching out to communities in homes and neighbourhoods.
 - Government employees undertaking more regular phone calls to connect with housing tenants.
 - Police diverting their resources from licensed premises to more twilight shifts with vans on the street more.
 - General practices streamlined processes to get scripts to pharmacies and arranged for this to be done digitally.
- Maintaining innovations and positive changes achieved during the COVID-19 response was seen to be an important factor for the recovery phase.
- Conversations during the COVID-19 project captured the value of adapting communications and systems in flexible and localised ways.
- Social media was commonly used as a platform to share messages.
- Opportunities to streamline processes was identified, such as GPs and pharmacies working together to ensure people could access prescriptions in a timely way.
- 'With disruption and change comes opportunity.'



Digital inclusion and exclusion

- Digital literacy improved for some people, communities and systems.
- *'...utilising text messages to stay connected with patients with chronic conditions.'*
- Conversely, there was tension between needing to rely on technology for many activities including health services and digital exclusion.
- *'Local services have observed that some people don't have technology or the ability to link to technology and they are really feeling it.'*
- This is particularly significant for people who may already experience inequitable access.
- *'People living with disabilities have said that some of their peers understand what's happening and some don't. There is a reliance on social supports to translate complex information and provide access to technology.'*
- Access to technology hardware is fundamental to digital inclusion, e.g., computers, tablets, mobile phones, software and programs.
- Access to data is vital to enable access, e.g., reliable network coverage, affordable costs.
- Skills, knowledge, confidence and support to use the technology is the third important element in digital inclusion.
- *'...limited uptake in video appointments... Doctors do not have the time to guide patients through the practicalities.'*
- Digital inclusion and exclusion factors are relevant to individuals, communities, businesses, health services and community groups. There is broad, inequitable access to data, hardware and skills across communities, systems and sectors.
- *'A local Lions Club is struggling to stay connected with only 3 out of 13 people that own a computer. They have said this makes it difficult to communicate as a group...'*



Mental health and wellbeing

Access to services

- People experiencing social isolation before COVID-19 may not have experienced much change during the COVID-19 response.
- Some people were feeling overwhelmed with loneliness. Being separated from friendships and vital health services was difficult.
- *'University students are adapting to online classes; however they are suffering without incidental supports such as interactions with teachers and peers...'*
- Bushfires and ongoing COVID-19 response had a cumulative effect on the wellbeing of workers and communities.
- There was concern about the longer-term impact of COVID-19 on mental health and wellbeing. Some people are impacted more than others.
- Communication to promote mental health and reduce longer term mental health impacts was important.
- The impact on mental health and wellbeing is broad, affecting individuals, populations, communities, businesses, education, industry and employment sectors.
- *'A local exercise group for older people is seeing signs of people's health deteriorating as a result of not being able to participate in classes. They have observed an increase in falls and decline in mental wellbeing for some participants.'*
- Almost half of surveyed Year 11 and 12 students from Traralgon Secondary College said their mental health has been affected.
- *'Teachers have observed that there are two groups of students, those that have found it difficult and those that are more independent learners and have been able to adjust.'*
- People were worried about stigma and social media related to COVID-19, symptoms, and testing.
- People experienced fatigue with constant media about COVID-19. Some experienced increased anxiety about the future.
- People were not having routine screening and pathology tests during the COVID-19 response. Health professionals were concerned about the possible impact this could have on chronic disease management and incidence of illness.
- Health services needed to consider how to prevent people from becoming sicker as well as promote health. COVID-19 recovery will need to reorient the system towards prevention.
- *'Health professionals are concerned that reduced Emergency Department presentations and declining demand on other services such as pathology and radiology, may result in longer term complications for patients and increased burden on the health system.'*
- There were challenges for people living with mental illness who needed support from the legal system.
- There was concern about more pressure on an already stretched mental health system.
- Incidental and opportunistic interactions needed to occur, particularly for the justice system or other services where regular contact was important.
- *'Someone involved with Alcoholics Anonymous (AA) has observed a decline in newcomers. They have said the cornerstone of AA is meetings and meetings aren't happening.'*



05 06



Social connections

- Some community groups noticed they were transforming how they worked.
- Communities and people cared about each other. Community activism was a strong feature, with examples of *'strengthening community to community connections where there was once a dependency on services'*.
- The role of grass roots community groups in recovery from COVID-19 was identified as important.
- People talked about missing physical connections, incidental networks, supports and relationships.
- *'People are longing for physical connection with others and feeling the mental health impacts of isolation. They have said, "You don't get touch and hugs through a screen"'*
- Community settings offer connections. Some communities are reliant on social connections and activities.
- *'LGBTIQ communities would usually rely on local events and gatherings to prevent the impacts of feeling marginalised or detached from society. COVID-19 has meant that they are not able to get out to have fun and celebrate with each other.'*
- Workplace health was a feature of conversations. A sustained effort was needed to protect staff wellbeing.
- Volunteer and community groups found it difficult to stay connected with cancelled community activities.
- *'A local Lions Club... fear that what they are experiencing may be happening with many other community groups. They believe the longer it goes on, the harder it will be to reconnect.'*



Health is everyone's business

- Industry and businesses were impacted by COVID-19.
- *'There is a degree of nervousness within the business community.'*
- There was a need to explore the balance between health and economy, understanding the importance of preventing further inequities in communities.
- *'...more universal focus on health and wellbeing as the basis of everything, and the economy is secondary.'*
- Collective leadership, working together and collaborating was a strong theme: public and private; networks of services; localised leadership; aligning state and commonwealth funded activities; and coordinated communications.
- Protecting health and wellbeing was seen as a common goal.
- Leaders were seen to have a role in anticipating new issues in advance and being ready to respond.
- Policy and investment would be needed during the recovery phase to boost local capacity.
- A rural/local lens needs to be applied to recovery to localise government health and social programs.
- Investment would need to balance between taking new programs to scale vs flexibility at local level.



Social determinants of health

07

- Elements of food insecurity, financial stress and social isolation were identified during the COVID-19 response.
- Inequalities in health can lead to, or result from, inequalities in various other areas of life. This has been exacerbated by

COVID-19. There are opportunities for recovery programs to address determinants of health.

- There is opportunity for increased use of social prescribing to promote equitable health.
- Prevention of violence in the home was an important consideration with more people working and schooling from home.
- Police were noticing an increase in speed, drug detection and missing persons from residential care.
- Public transport in regional and rural areas is very different to public transport in metropolitan areas.
- Many rural and regional people rely on public transport to access health services.
- Changes to public transport will likely increase vulnerability for some people.

Health system mega trends

The engagement insights were reflected in a separate analysis of information by Gippsland PHN in late 2020. The main themes from the review by Gippsland PHN are presented in *Table 2*

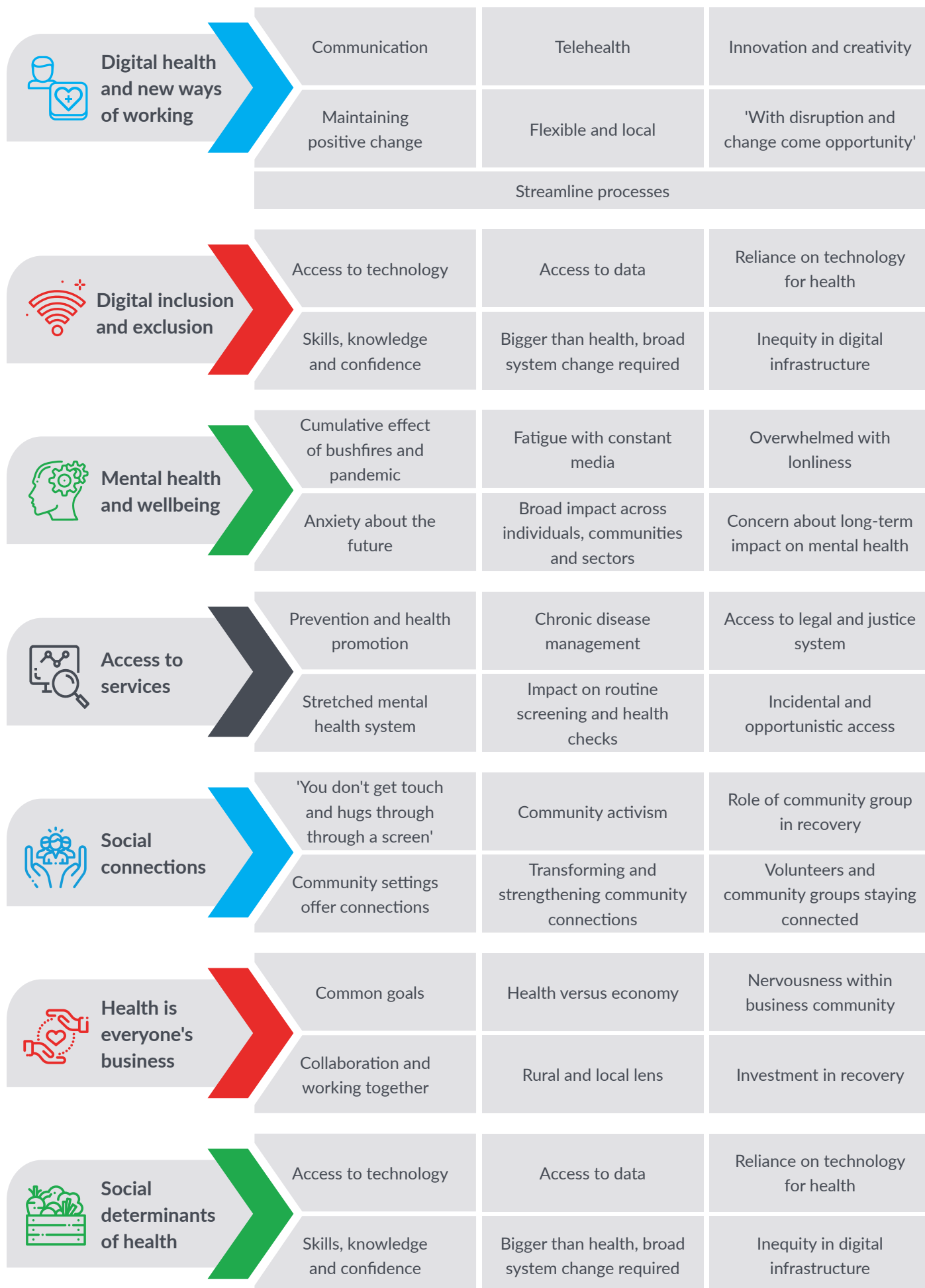
Table 2. Gippsland PHN analysis of COVID-19 mega trends, opportunities and risks.

Theme	Elements
 <p>Primary care ⁵</p>	<ul style="list-style-type: none"> • General practices responded quickly to managing patient care. • In the first week of COVID-19 telehealth MBS items being available, there were over 2,000 consultations. By 30 March 2020 there were more phone and video consultations than face-to-face in Gippsland (this was not the case across Victoria). • Telehealth consultations continued to exceed face-to-face consultations in Gippsland for parts of 2020. • People with an existing mental health condition presented to general practice more frequently. • Chronic disease did not receive the usual preventive care and management during early stages of the pandemic. • There was a reduction in cancer screening during lockdown periods.⁶
 <p>Mental health, suicide, alcohol and other drugs</p>	<ul style="list-style-type: none"> • More calls to helplines between 10 August to 6 September 2020; Beyond Blue (39%), Lifeline (15%), Kids Helpline (25%).⁷ • 20% more mental health related MBS services in the four weeks to 6 September 2020 in Victoria. • One third of MBS mental health services provided were through telehealth. • Increase in commissioned service delivery during 2020, while number of clients and care episodes have seen comparatively steady growth.⁸ • Antidepressant prescribing increased by up to 18% while anxiolytic prescribing increased by up to 20% by May 2020. • Further pressure on an already stretched workforce, including psychologists (47 per 100,000 population, compared with 103 in Victoria). • Increased Emergency Department presentations for self-harm in young people. • Increased alcohol sales and consumption.⁹ • Longer waiting times for psychological services and psychiatry. • Strong uptake of HeadtoHelp¹⁰ services from September 2020. The majority of HeadtoHelp intake assessments were of moderate intensity.
 <p>People experiencing vulnerabilities</p>	<ul style="list-style-type: none"> • 12-19% increase in family violence related ambulance attendances.¹¹ • 66% increase in calls to 1800RESPECT.¹⁰ • Increased number of people relying on government payments for an income. • Increase in people who report being isolated. • Increased demand for homelessness services since March 2020, including increasing numbers of Indigenous clients seeking support.¹² • Disease deterioration among residents of aged care homes, including dementia.¹³
 <p>Collaboration and integrated care</p>	<ul style="list-style-type: none"> • More collaboration between jurisdictions, providers and industry. • Increase in political leaders taking advice from various experts to find solutions. • Opportunity to link primary and acute care data, funding arrangements and regional coordination.¹⁴
 <p>Digital health maturity</p>	<ul style="list-style-type: none"> • The baseline digital health maturity level of Gippsland general practices was assessed ahead of implementing the “One Good Community” General Practice Program which encourages general practices to develop digital capability. • A total of 74 of 81 general practices in Gippsland participated in the assessment. • The majority (61%) were assessed at level 2 (Intermediate), with 17% at level 1 (Foundational) and 21% at level 3 (Advanced).¹⁵

A thematic map (visual) was developed to illustrate the seven themes and is presented in *Figure 2*.

Thematic map: COVID-19 response and recovery in Latrobe

Figure 2.



What does this mean for Latrobe communities?

The COVID-19 pandemic has offered an opportunity to review, innovate and improve processes, programs, systems and infrastructure to positively impact the health and wellbeing of people living and working in Latrobe. The Advocate has listened to people, in communities, businesses, and leaders since 2018 about how to influence better supports, better services, better policy, better mental models, and better integration of community voice in systems. The COVID-19 pandemic meant that virtual engagement was the new normal, and is expected to become a more regular feature of the Advocate's engagement in the future.

The Advocate identified many positive and notable outcomes from the COVID-19 pandemic. People cared for each other and showed resilience. People understood the importance of usual activities and staying connected to retain a kind of 'normal'. There was emerging interest in the foundations of living well. There was a common goal to protect health and wellbeing. This report documents the key themes of Advocate engagement during the pandemic.

The two most common themes related to digital capability, capacity and innovation, characterised as 'digital health and innovation' and 'digital inclusion and exclusion'. The COVID-19 pandemic caused significant disruption to all aspects of living, working and learning. This change required rapid response. It required creativity. It required enabling linkages between people, processes and systems to be made. It required technology infrastructure. It required thinking laterally and without fear.



The adjustments made to enable access to digital infrastructure and digital health solutions were commendable. People who had always depended on face to face service delivery learned how to use virtual methods. Activities previously reliant on people being together were successfully hosted via video link. Processes, programs and systems were reinvented.

People and communities who may once have missed out were now using telehealth services regularly. Conversely, some people in communities, businesses and sectors experienced challenges in accessing and using digital solutions. Some people do not have access to a computer or a mobile phone. Some people cannot afford the cost of internet or mobile data. Some geographic locations have unreliable internet services. The COVID-19 response identified a significant, system-wide gap in digital maturity. There was no clear line of responsibility for digital infrastructure and maturity during the COVID-19 pandemic.





Digital maturity is represented within other themes from the Advocate’s COVID-19 engagement. Furthermore, the digital exclusion theme extends beyond the individual to services, systems and sectors. For example, general practices have varying levels of digital maturity, as highlighted by Gippsland PHN’s recent Digital Health Maturity Assessment. Several of the key findings echo the themes from the Advocate’s COVID-19 engagement, in terms of barriers to digital inclusion:

- Embedded technology usage patterns within clinical cultures that represent barriers to digital maturity (e.g., widespread use of fax machines, limited uptake of My Health Record).¹⁶
- Immature use of telehealth (e.g., platforms not designed for health care such as Skype).
- Self-assessed “progressive culture” not always translating into the use of digital health platforms.

Nevertheless, general practices have a strong level of interest in implementing new digitally-enabled models of care. The majority of general practices are interested in implementing new models of care for chronic disease management and new models of care for mental health care. This suggests that digital health maturity can improve with investment, infrastructure and collective commitment. The COVID-19 pandemic has offered an opportunity to build on momentum to build digital maturity.

General practices are also interested in new models of care for social prescribing. This was identified as an element within the ‘social determinants of health’ theme from Advocate COVID-19

engagement and is relevant to the theme of social connections. It has been estimated that approximately 20 per cent of people consult their general practitioner for support with mainly social issues.¹⁶ Social prescribing can facilitate a consumer centred approach to health care, encouraging a focus on addressing social issues impacting on health. It complements rather than replaces traditional medical care. The potential outcomes of social prescribing are transformative: improved health, less burden on health system, improved community connections, less isolation and reduced costs of care.



The themes reflect the Advocate's broader work and insights. The 'access to services' theme resonates with the Access to Services project. The 'social connections' and 'mental health and wellbeing' themes are featured in the Human Connections and Mental Health projects. The 'social determinants of health' theme and themes relating to digital maturity are emphasised in the Inclusive Communities project. This suggests that COVID-19 engagement represents a homogenous snapshot of issues for Latrobe Valley communities, rather than a discrete project requiring a different response and recovery.

The theme of 'health is everyone's business' also echoes the range of Advocate priorities. It provides an insight to the way forward in COVID-19 recovery. However, it is perhaps the most important theme because it offers an opportunity to improve health and wellbeing more broadly. There were multiple examples of individuals, groups, organisations and sectors working together during the COVID-19 response. It is indicative of the potential for transformative change when there is a common goal. It points to the facilitators and enablers of this change. It highlights the potential outcomes that can be achieved through genuine and committed collaboration. There is a need for investment and commitment to a 'health is everyone's business' approach in order to achieve real change.

Findings in this report should be interpreted in light of the methodological limitations of thematic analysis (conducted by Gippsland PHN). Thematic analysis relies on coding and interpretation of transcripts against those codes and could be subject to researcher interpretation.¹⁷ This was mitigated in part by testing and developing the thematic template with staff from the Advocate's office. Furthermore, the extent to which the themes can be applicable to other settings is unknown. The themes reflect insights and learnings from a broad range of Advocate engagement activities during the pandemic, using an evidence-based engagement model. Nevertheless, it is not clear if the themes are representative of broader populations.

The engagement undertaken during the COVID-19 pandemic is representative of the Advocate's existing work. It indicates opportunities for investment to aid not only in COVID-19 recovery, but also to address the broader issues relating to digital infrastructure, capability and capacity, access to services, inclusive communities, mental health and wellbeing and social connections. The themes identified in this report emphasise the need for a collective, person-centred, integrated approach to improving health outcomes.

A roadmap towards recovery

This report has documented the impact of COVID-19 on Latrobe communities and identified system gaps. The main themes relate to digital infrastructure/capacity/capability, access to services, mental health/wellbeing, social connections, social determinants of health and health is everyone’s business.

The COVID-19 pandemic caused disruption and necessitated a rapid response. The themes presented in this report describe the impact of the COVID-19 response, as well as point to broader opportunities for health system reform, building on the momentum caused by the disruption. This reform can build on the new ways of working, innovative processes and practices, collaboration and commitment to a common goal demonstrated during the response phase. Reform needs to support integrated health and social care. It needs to focus on digital health, technology, and data-driven care. It needs to explore collaborative commissioning and innovative, multidisciplinary workforce models. It must recognise the value of community voice and consider this when informing models of patient-centred care.

Recommendations and next steps for COVID-19 recovery are best considered in the context of current policy, existing programs, and key stakeholders. For example, the Royal Commission into Victoria’s Mental Health System delivered its final report on 3 February 2021 and it was tabled in Parliament by the Victorian Government on 2 March 2021.¹⁸ All recommendations from the Royal Commission have been accepted by the Victorian Government.

In preparing recommendations, the 2020 Victorian Government Budget was consulted. In particular, the Budget principles of “creating secure, decent jobs, taking care of those we love, looking after families, building strong, connected communities, and strong recovery” were considered.¹⁹ Recovery investment and action underpinned by shared commitments and principles will be more likely to achieve results. Based on the themes presented in this report, a set of recommended commitments is presented in Figure 4. These commitments are framed by the Advocate’s engagement and systems change model.

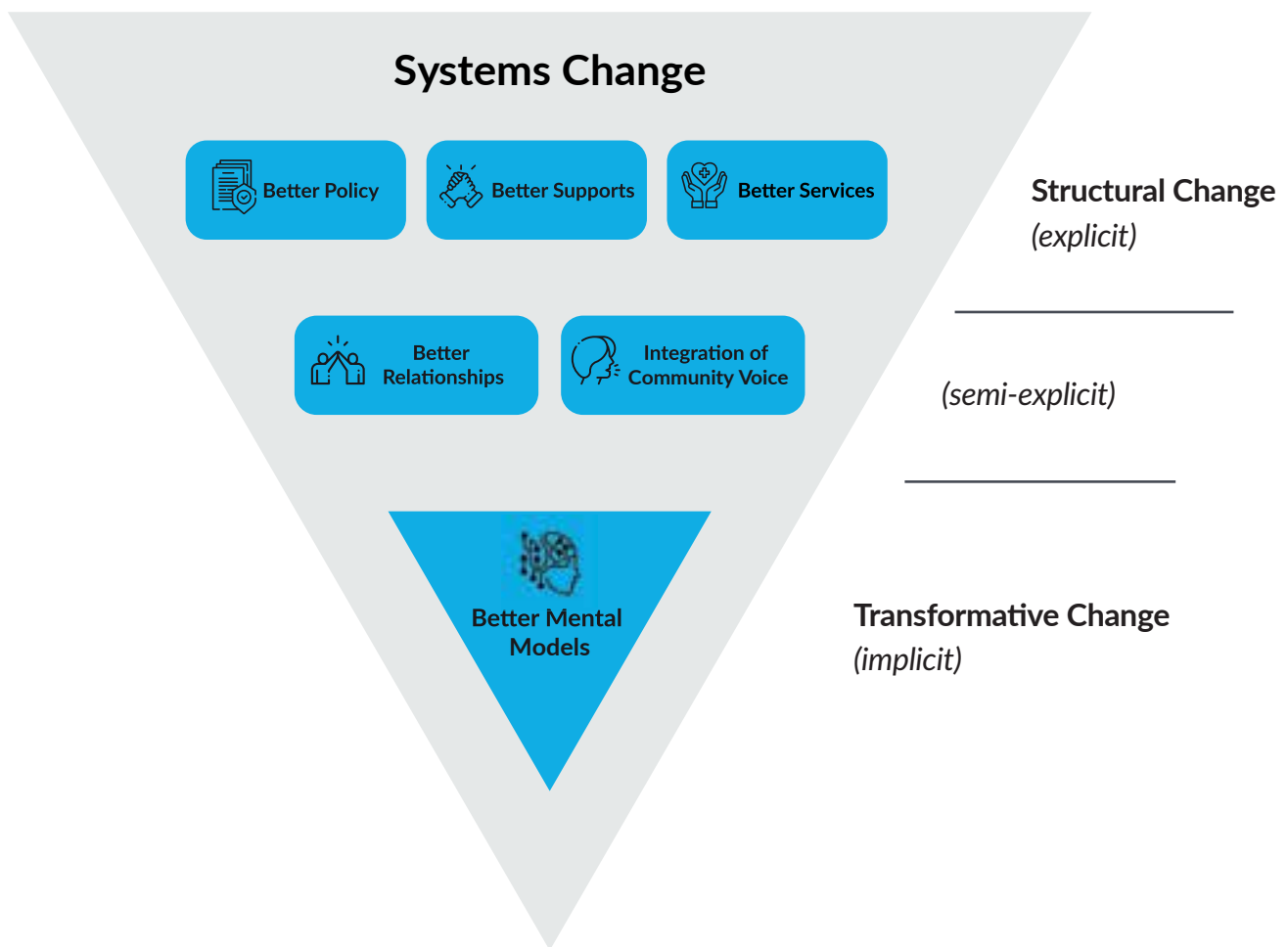
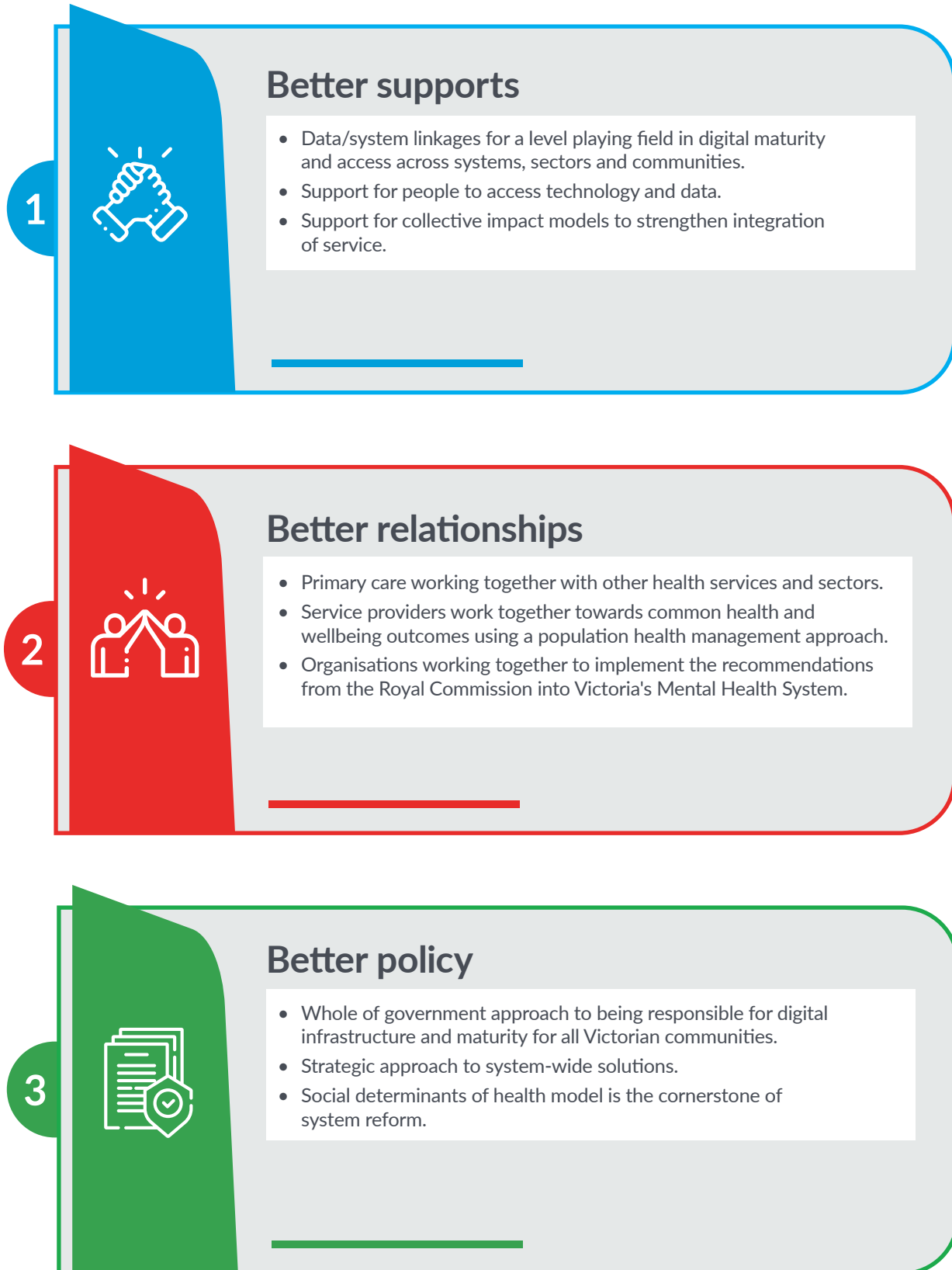


Figure 3. Adapted Waters of Systems Change model ²⁰

A roadmap towards recovery

The Advocate recommends that the Victorian Government, and local organisations involved in the COVID-19 response and recovery, work across all of the six systems change domains and key commitments listed below.

Figure 4. Key commitments required to support COVID-19 recovery.



4



Better mental models

- Collective leadership and systems driven by authenticity and empathy.
- Common goal to achieve community defined, measurable health and wellbeing outcomes.

5



Better services

- Innovative, multidisciplinary models of care.
- Patient-centred care.

6



Better integration of community voice in systems

- Community defines and leads recovery.
- Community needs are central.
- Services respond directly to needs of community.

A roadmap towards recovery

To achieve the recommended commitments outlined in *Figure 4*, a collective approach between organisations and services needs to be established to facilitate and steer recovery. This requires whole of government responsibility for the solution, an established shared understanding, and common goals. Collaboration with key stakeholders will be integral to build cross-sector digital infrastructure, access and maturity. Just as services and organisations were aligned during the response to COVID-19, the same degree of consistency and partnership must be established when working towards recovery.

Expertise in data and evaluation is also required to support a population health (social determinants) model with agreed, community-defined, measurable outcomes. Most importantly, the inclusion of community voice will be central to the success of such an approach.

Humans are adept at identifying problems and fixing those problems. History shows that the best solutions can come from the most challenging situations. While the COVID-19 impact is comparatively less for Australia than the rest of the world, it has crucially shown us the way forward to strategic, system-wide change to facilitate health and wellbeing. This is the time to be bold and to reach for the most aspirational targets. Most significantly, now is the time to work together to achieve real change.

The layers of government and bureaucracy in Australia should not be an obstacle to this new way of working together. We have seen in the past unnecessary duplication and competition resulting in a complex web of systems and processes, many of which are inefficient and have limited impact. However, it is possible for all levels of government to collaborate for the same desired goal. Is the consumer of a service interested in the source of funding for the service? Isn't it imperative for the service to be safe, providing quality and best practice? Don't we want our communities to be inclusive, be safe, be connected and have access to the right services at the right time? These should be our fundamental goals.



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What about people who don't have a phone?

Mental health will be an impact into the future for Latrobe

It is not time for ideology but it is the time for compassion and care to make sure everyone can move forward.

We are social creatures and suddenly told we can't do it

People are enjoying working remotely and we need to look at how we do this into the future

It is different now because people smile in the street because they are happy to see someone, they have a different appreciation

I can only go to the shop to get something, and it is scary when I go down the street

People are confused about what they can and can't do

They are bombarded by too much information

Many people are not connected, can't Zoom ... there is a big gap of people that cannot connect in that way, no one is checking on them



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