

STRATEGIC PLAN 2023-25 UPDATE

JULY 2024



Leadership



Collaboration



Respect



Accountability



Innovation



Murray PHN acknowledges its catchment crosses over many unceded First Nations Countries, following the Dhelkunya Yaluk (Healing River).

We pay our respects and give thanks to the Ancestors, Elders and Young people for their nurturing, protection and caregiving of these sacred lands and waterways, acknowledging their continuing cultural, spiritual and educational practices.

We are grateful for the sharing of Country and the renewal that Country gives us.

We acknowledge and express our sorrow that this sharing has come at a personal, spiritual and cultural cost to the wellbeing of First Nations peoples. We commit to addressing the injustices of colonisation across our catchment, and to listening to the wisdom of First Nations communities who hold the knowledge to enable healing.

We extend that respect to all Aboriginal and Torres Strait Islander peoples.

Contents

From the Board Chair and CEO	3
Key trends, challenges and opportunities	5
Our strategic plan in detail	7
Our strategic priorities	9

We aspire to be an anti-racist organisation, embedding cultural humility as a daily practice, to improve health outcomes and health equity in our communities. We recognise cultural humility as a life-long commitment to self-reflection, personal growth and redressing power imbalances in our society.

From the Board Chair and CEO



LEONIE BURROWS
Board Chair



MATT JONES
Chief Executive Officer

As we move into the second half of our Strategic Plan for 2023 – 2025, the Board, Executive and staff of Murray PHN have taken the opportunity to review our Strategic Plan and evaluate our progress to determine how our planning should be revised and adapted to the changing face of primary health care in Australia.

Our overall strategic approach has not changed – we continue to focus on understanding and promoting the management and treatment of disease. We work directly with our partners to assist the development of our health system by linking and connecting providers of health care services, using models of care that are regionally tailored, targeted to local needs and, importantly, sustainable.

While our annual budget is a small proportion of the total yearly health expenditure in our region, Murray PHN is committed to making a difference to our communities by supporting effective and cost-efficient integrated programs and activities. The difference we seek to make is to help prevent disease, improve health and wellbeing outcomes, and to support sustainable care in communities across our region.

Now that we are more than halfway through our current Strategic Plan cycle, we have reviewed our progress on the 29 significant initiatives that we set ourselves. We were encouraged to recognise that we have achieved almost three quarters of those. With 22 completed, we have five we believe will be fully complete in 2025. Two of them will require more time and effort to achieve, so they will continue and become part of our next strategic planning cycle.

In the last year, the Government’s focus on Strengthening Medicare and the release of a new National PHN Strategy have required us to pivot our operations to further align with national primary health care reform.

Regional PHNs like Murray PHN help to connect primary health care providers for the benefit of the community. We achieve our strategic goals by continuing to support our communities and health providers to be innovative and adaptive, and to embrace new approaches and technologies. Through innovation, engagement, collaboration, and advocacy, we will work to generate health systems change and service improvement.

We are progressing in building a resilient and agile team whose members are focused on the impact we can make. We continue to work directly with providers in commissioning, coordination and capacity-building to enable our themes of health and wellbeing: sustainable rural health care, prevention and early intervention, and complex care in our communities. Throughout, we continue to live our values of leadership, collaboration, respect, innovation and accountability, as we work to deliver equitable access, high-quality services, greater sustainability and system efficiencies.

If you have any questions or comments on our revised Strategic Plan, we encourage you to email communications@murrayphn.org.au

Priority area	Total initiatives	On track	Complete	Behind schedule	Achievable in next 18 months		
					Yes	No	Likely
Integrated programs and activities	9	5	1	3	8	1	0
Health systems change	8	6	0	2	6	0	2
Impact-led organisation	12	5	1	6	8	1	3
Total	29 (100%)	16 (55%)	2 (7%)	11 (38%)	22 (73%)	2 (7%)	5 (20%)

Who we are

Murray PHN is a not-for-profit organisation, funded primarily by the Commonwealth Department of Health.

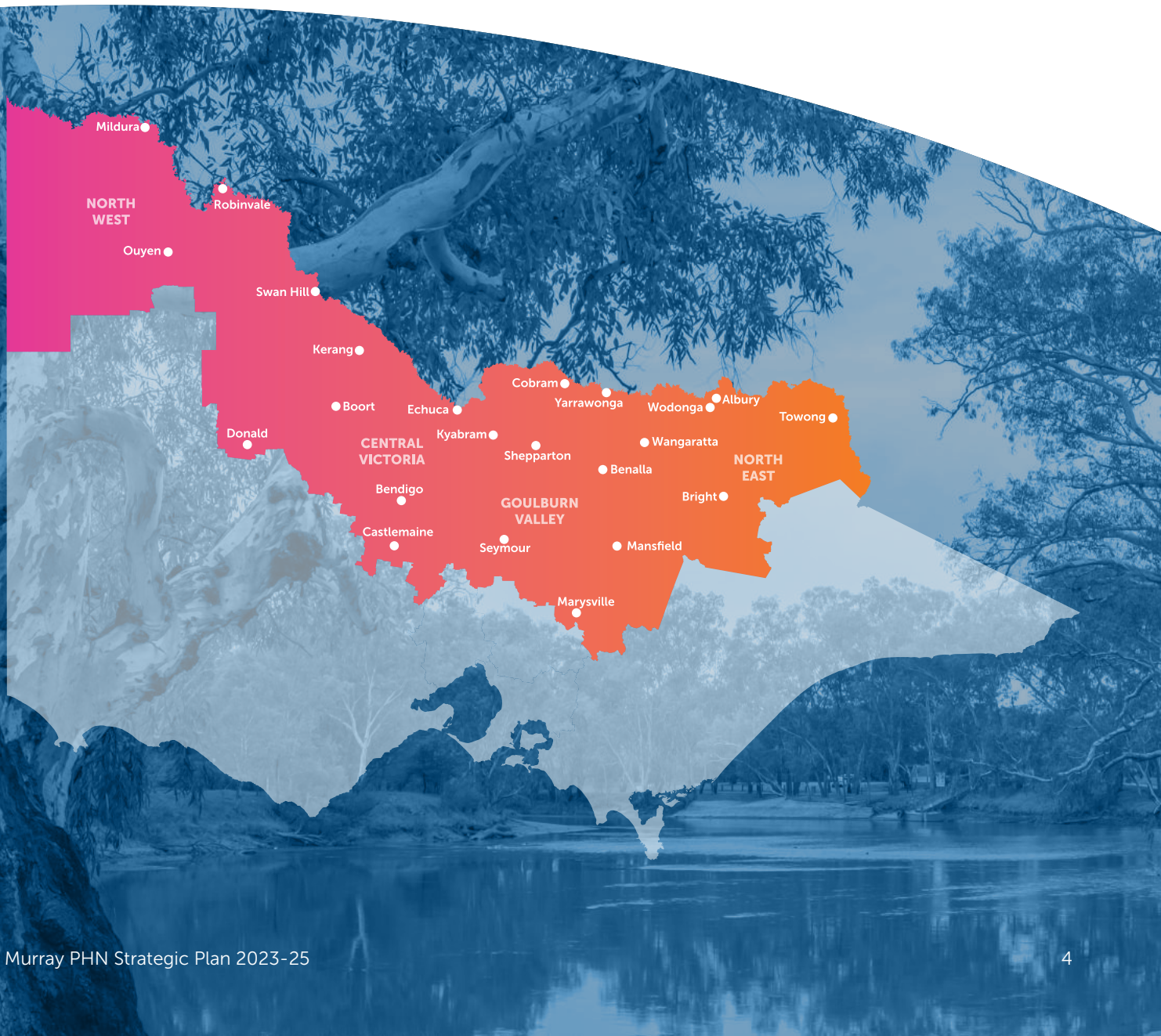
We have 106 staff predominantly based in Bendigo, Shepparton, Mildura, Swan Hill and Albury Wodonga.

As one of 31 PHNs (Primary Health Networks) in Australia, we work to increase the efficiency and effectiveness of primary health care and service systems in our region, which covers 22 local government areas across the north of Victoria and over the border to include Albury, New South Wales.

Our estimated catchment population is 650,000 people and this is projected to grow steadily for the next decade.

Almost a third of all First Nations Peoples in Victoria live in the Murray PHN region. We have the privilege of living and working on the lands of many different Traditional Custodians and Aboriginal language groups.

In striving for a more responsive and integrated primary care system, Murray PHN seeks to introduce and support models of care that place people at the centre of their care, with access to a range of services in accordance with their needs, community, place and culture. We draw from and acknowledge the leadership of Aboriginal Community Controlled Health Organisations (ACCHOs) in offering health care that recognises the importance of effective, holistic care.



Key trends, challenges and opportunities

The 2023 Commonwealth Government Budget introduced several funding and reform initiatives based on the recommendations of the Strengthening Medicare Taskforce. The role of Primary Health Networks (PHNs) in implementing these reforms was emphasised through the allocation of specific initiatives to be delivered via national PHN programs for local implementation. General practices, Aboriginal Community Controlled Health Organisations (ACCHOs), Residential Aged Care Homes, and the health workforce in our catchment area will benefit from increased recognition of the importance of capacity building – a key PHN function identified by the national PHN strategy. Community members in our region will also have greater access to integrated and quality care because of national reforms and the implementation support provided by Murray PHN in our region. However, all PHNs face challenges related to increased delivery expectations from funders and a lack of clarity regarding the sustainability of resources for coordination, emergency management and other PHN activities outlined in the Strengthening Medicare Taskforce recommendations and national PHN strategy.



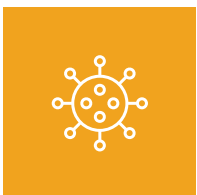
SHIFTING POPULATION NUMBERS AND DEMOGRAPHICS

We are operating in the context of a growing and ageing population that is placing greater pressure on primary health systems and providers. Population growth is in part due to refugee communities being settled across our catchment, as well as “tree-change” settlers moving outwards from urban to rural and regional areas during the COVID-19 pandemic and for the attractive natural environment our catchment offers. Through COVID-19, there has been an increase in First Nations Peoples moving back to Country and their communities in the Murray PHN region.



UNDERSERVED POPULATION GROUPS

Our unique community and catchment have incredible strengths and proven resilience. However, due to issues with the health system, a significant number of population groups in our region are experiencing health inequities. Particular groups in our community have been highlighted as more vulnerable to the issues within the primary care sector, including First Nations, LGBTIQ+, refugee and migrant communities, socially isolated older people, those in rural communities and people living with a disability. This means a continued focus on culturally responsive and inclusive care delivery, underpinned by a person-centred and anti-racism framework, is essential to address the inequities.



COVID-19 AS A CATALYST FOR INNOVATION

COVID-19 and the associated vaccination rollout have posed significant challenges, and yet fostered innovation in our region. This included community capacity building to support telehealth-based consultations and delivery of COVID-19 vaccinations, supporting remote monitoring in the home and working with the new Public Health Units. Aboriginal Community Controlled Health Organisations (ACCHOs) have played a significant role in delivering rapid, innovative, wraparound and holistic services and COVID care pathways. Such initiatives have contributed to development of our health system’s ability to respond rapidly to unprecedented challenges in ways that drive greater flexibility, efficiency and cultural responsiveness in primary health care service delivery.





FRAGMENTED HEALTH SYSTEM

The national health system comprises a complex collection of structures with varying funding constraints, relationships and arrangements. The nature of an ever-shifting political landscape is changing overarching health care and wellbeing priorities and reinforcing short-term funding cycles, with a focus on episodic and acute care. As primary health care delivery shifts to new models in digital, home and aged care settings, this presents additional challenges to engaging and coordinating the health care system to develop longer-term, person-centred health care models to improve health outcomes.



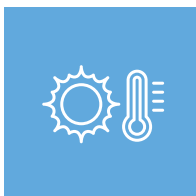
PRIMARY HEALTH CARE WORKFORCE SHORTAGES

There are significant workforce shortages in primary health due to the rurality of our catchment area. In particular, general practitioners, allied health professionals, Aboriginal health practitioners and nurse practitioners are in short supply. Due to the smaller size of clinical teams in our catchment, generalist skills are needed and the sustainability of rural primary health care teams is important. The hospital COVID-19 response, private health care and National Disability Insurance Scheme (NDIS) sectors are also competing for the same workforce and can offer more attractive remuneration options and working patterns.



DEMAND OUTSTRIPPING SUPPLY

Protracted COVID-19 lockdowns, vaccination programs and increased hospitalisations have placed considerable strain on existing resources in the rural and regional health system in our catchment. Furthermore, the focus on acute care related to COVID-19 is likely to lead to a delayed burden of deferred chronic and complex care. There is greater multi-morbidity, such as increasing need for mental health support amid a growing and ageing population. Therefore, a targeted approach to developing sustainable models of rural primary health care and wellbeing services is even more urgently needed.



CLIMATE CHANGE

Many communities in the Murray PHN region are subject to environmental vulnerabilities such as drought, bushfires and floods caused by climate change. The health and wellbeing of people is recognised as being linked to the environment they live in.



Our strategic plan in detail

Our strategic plan outlines our goals and focus areas for the remaining year of this Strategic Plan. With our review, we have increased our focus on our organisation’s Reorientation to fit the evolving needs of our funders, our Responsibilities to our communities and our Reporting, which enables us to demonstrate our progress and successes. These three Rs play a key role in our reform work on behalf of Government, in its 3 Cs of Commissioning, Coordination and Capacity-building.

Our vision

HEALTHY RURAL AND REGIONAL COMMUNITIES WITH TIMELY ACCESS TO THE PRIMARY CARE THEY NEED

Our vision is our ultimate aspiration. It articulates what all our efforts are working towards. For us, this is about all people in our catchment being healthy and well and having access to high-quality primary health care which meets their needs and prevents disease.

Our purpose

WE STRENGTHEN PRIMARY HEALTH CARE TO KEEP PEOPLE WELL AND OUT OF HOSPITAL

Our purpose communicates, at a high level, where we will focus our efforts to achieve our vision. We strengthen primary health care through integration, coordination and capacity building. Working in partnership is at the heart of our purpose; we cannot and do not want to work in isolation – it simply won’t be effective or impactful. By increasing access to high-quality, culturally responsive and sustainable primary health care services, we support our communities to manage and improve their health and wellbeing so that fewer people need to seek acute health care and more care can be provided closer to home.

Our values

Our beliefs and values underpin all that we do as an organisation. Galvanising our people around shared principles and behaviours is essential to fulfilling our unique role within the primary health care ecosystem and broader community. Our values support us to be a unified, dynamic and diverse team. We value:

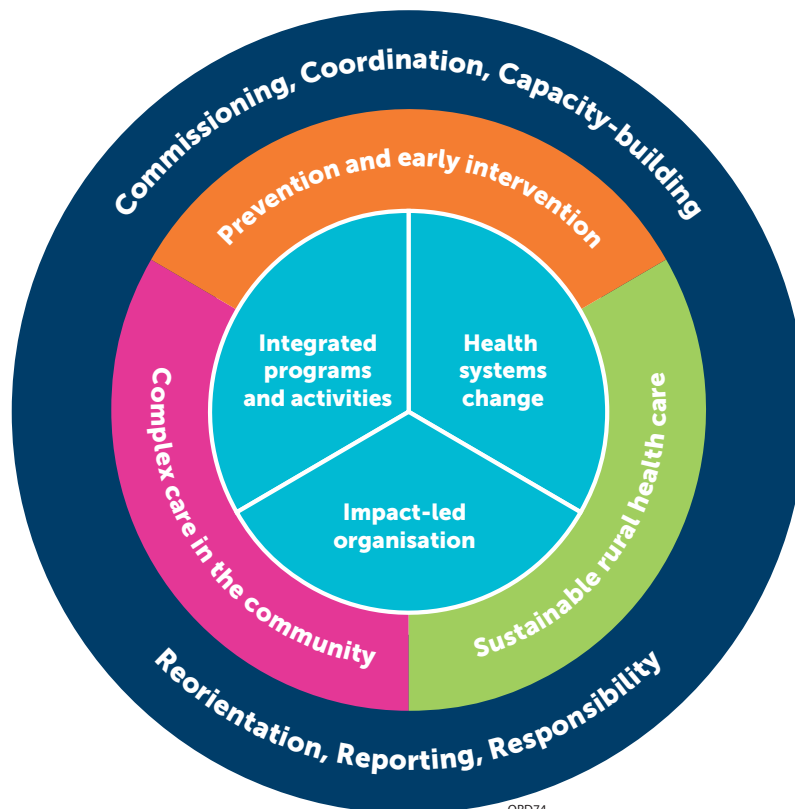
	LEADERSHIP: We commit to lead effective change in primary health care and the broader health system
	COLLABORATION: We build enduring relationships that lead to better health outcomes
	RESPECT: We value the voices and participation of every individual and respect the knowledge and wisdom our communities hold about their health needs
	ACCOUNTABILITY: We are accountable to our communities, partners, funders and co-workers
	INNOVATION: We foster new and better ways to improve health outcomes

Our primary health care priorities

We support holistic community health and wellbeing through strategic organisational and thematic priorities that integrate the following 10 interrelated focus areas:



Our approach to promoting good health and controlling preventable diseases is depicted in the diagram below, which visually represents our inside-out change model. Through sustained focus on our three organisational priorities (represented in the blue circle below), we aim to support development of projects and initiatives that respond to need in the three thematic streams of health and wellbeing represented in the coloured segments of the circle. We deliver to our communities through partnership and collaboration.



Our strategic priorities

Through sustained focus on our three organisational priorities, we aim to support development of projects and initiatives that respond to need in the three thematic streams of health and wellbeing represented in the coloured segments of the circle. We deliver to our communities through partnership and collaboration.

PRIORITY AREA 1: INTEGRATED PROGRAMS AND ACTIVITIES

We are committed to fostering effective collaboration among primary healthcare services in our catchment. Our focus lies in commissioning, coordinating and capacity building through programs and activities that address population needs, supported by the best available evidence. By scaling innovation, we strive to enhance the quality, sustainability, and value generated by our regional primary healthcare system. These efforts align with the quintuple aims of national primary healthcare reform: better care, efficiency, equity, improved population health, and provider working conditions.

- 1.1 Keep informed about rural and regional primary healthcare needs.
- 1.2 Regularly review primary healthcare activity and performance to deliver our strategy and objectives.
- 1.3 Build partnerships and models of care based on trust and collaboration to advance regional primary healthcare as part of national reforms.

PRIORITY AREA 2: HEALTH SYSTEMS CHANGE

Murray PHN does not operate in isolation. We must engage and influence a diverse range of stakeholders, including partners who collaborate with us and influencers in our region's primary care system, both inside and beyond our immediate catchment area. This engagement ensures that we incorporate their interests into all our activities, aiming for transparency and accountability. By doing so, we enable effective collaboration with stakeholders to achieve shared outcomes, ultimately leading to improved population health and a robust, sustainable primary care system in our region. This will directly benefit communities within the Murray PHN catchment area and beyond.

- 2.1 Advocate for the needs of our communities and primary healthcare system at regional, state and national levels.
- 2.2 Collaborate with partners for shared and sustainable investment in our regional primary care system.
- 2.3 Advance anti-racist, culturally responsive policy and practice within the primary healthcare system.

PRIORITY AREA 3: IMPACT-LED ORGANISATIONAL DEVELOPMENT

Our people make us unique. To enable our teams to do their best work, we are committed to building a resilient, agile organisation with a shared focus on performance, outcomes and impact. This means making sure our infrastructure, technology and processes are fit-for-purpose. Above all, it means making sure each of us feels safe, respected, and valued as part of a diverse, inclusive and innovative culture.

- 3.1 Develop a capable and engaged workforce.
- 3.2 Advance anti-racism, diversity and inclusion across our team.
- 3.3 Use our data and outcomes-focused approach to drive decisions, increasing our impact and accountability to funders and our community.
- 3.4 Enhance our systems technology and processes to support strategy implementation.
- 3.5 Increase our financial sustainability and resilience.



phn

MURRAY

An Australian Government Initiative

If you have questions, comments or feedback about our strategy, please get in touch.

T: 03 4408 5600
3-5 View Point,
Bendigo VIC 3550

www.murrayphn.org.au