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| Local Health Service Networks for Victoria |
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The Victorian Government has announced 12 Local Health Service Networks. These have been designed following consultation and feedback from health services, informed by principles drawn from the Expert Advisory Committee Health Services Plan. These groupings are expected to maximise the benefits for patients and workforce achievable under the Plan.

Forensicare has not been included within a Network due to its unique role and need to integrate with the justice health system. However, Forensicare will continue to require robust connection with health service partners to ensure access to comprehensive physical care for its patients.

## Barwon

**Health services:** Barwon Health, Colac Area Health, Great Ocean Road Health, Hesse Rural Health Service.

**Population served (2026):** 384,000 **(2036)**: 455,000

The geography of this Network, spanning from the Otways to the You Yangs aligns with the historic rural region of Barwon. This Network has the highest population of all the regional Networks, exceeding 450,000 people by 2036, with the greatest population density in Geelong, spreading to the Surf Coast. Established referral patterns across the Network fostered by a lengthy history of health service collaboration, have resulted in 91 per cent of care being delivered locally.

Barwon will have a close relationship with the South West Network, given the latter’s natural pathways for high complexity care. Bilateral arrangements will be established between Barwon and South West for clinical service planning of high complexity care, complex care pathways, and specialist workforce. Existing shared services between Barwon and South West will be maintained where they continue to deliver value and patient benefits, with shared ICT arrangements being maintained in the first instance.

## Bayside

**Health services:** Alfred Health, Bass Coast Health, Calvary Health Care Bethlehem, Gippsland Southern Health Service, Kooweerup Regional Health Service and Peninsula Health

**Population served (2026):** 1.02 million **(2036):** 1.15 million

This Network groups the primary catchments of Alfred Health, Bass Coast Health, Gippsland Southern Health Service, Kooweerup Regional Health Service, Peninsula Health into a single Bayside Network. This Network reflects patterns of patient flows from the southern Gippsland region to metropolitan health services for increasing levels of complex care, and the existing clinical service supports by Peninsula Health and Alfred Health to Bass Coast Health. Formalising these arrangements will also support the Alfred Hospital’s role in the system by increasing the scale of its catchment and enhancing the sustainability of its highly complex services.

Calvary Health Care Bethlehem (denominational) is included in the Network due to its physical location and the synergies that exist with Alfred Health for specialty neurological services.

The Alfred Hospital, as a major tertiary hospital, will continue as the provider of the most complex care in the Network, supporting the delivery of greater than 85 per cent to 90 per cent of care locally over time.

## East Metro and Murrindindi

**Health services:** Alexandra District Health, Eastern Health, St Vincent’s Health, Yea and District Memorial Hospital

**Population served (2026):** 1.2 million **(2036):** 1.3 million

This Network reflects its community’s existing service flows from the peri urban region of Murrindindi to the outer and middle eastern metropolitan suburbs and then towards the central business district along the major transport routes of the Melba, Maroondah and Burwood Highways. This Network is consistent with close collaboration arrangements between Alexandra District Health and Yea and District Memorial Hospital. It also aligns with Ambulance Victoria transport routes and reflects the primary catchments of Eastern Health and St Vincent’s Health and the strong flows by residents of Alexandra and Yea localities to eastern metropolitan hospitals. This grouping will strengthen the access by residents of these areas to medium to high complexity care at Maroondah and Box Hill Hospitals, and to higher complexity care at St Vincent’s Hospital.

## Gippsland

**Health services:** Bairnsdale Regional Health Service, Central Gippsland Health Service, Latrobe Regional Hospital, Omeo District Health, Orbost Regional Health, South Gippsland Hospital, West Gippsland Healthcare Group, Yarram & District Health Service

**Population served (2026):** 248,000 **(2036):** 274,000

The geography of this Network, spanning from the peri urban region in the west to the large East Gippsland Shire, aligns well with that of the Gippsland PHN and the Gippsland Mental Health and Wellbeing Region.

Collectively, Gippsland health services will support the delivery of greater than 85 per cent of care over time within the region. Given that the western peri urban region of the Network, notably Baw Baw Shire, has patient flow patterns to metropolitan Melbourne health services as well as flows to Latrobe, close partnership will be required between Gippsland LHSN and the metropolitan South and Bayside LHSNs to establish pathways for escalating provision of complex care.

## Grampians

**Health services:** Beaufort & Skipton Health Service, Central Highlands Rural Health, East Grampians Health Service, East Wimmera Health Service, Grampians Health, Maryborough District Health Service, Rural Northwest Health, West Wimmera Health Service.

**Population served (2026):** 250,000 (**2036):** 271,000

This Network reflects the existing Grampians Health Service Partnership and previous Grampians rural health region.

This grouping across the entire Grampians region respects the natural flows of patients between local hospitals to the higher capability sites within the region.

Some areas served by East Wimmera Health have distinct patient flows to Loddon Mallee and so the Grampians Network will need to support distinct referral pathways between these services and Bendigo Health. Similarly, some areas served by Central Highlands Rural Health have distinct patient flows to Loddon Mallee and to metropolitan Melbourne, and so will need to support referral pathways to Bendigo Health and to Melbourne Health to reflect the natural flows of their local catchments.

## Hume

**Health services:** Albury Wodonga Health, Alpine Health, Beechworth Health Service, Benalla Health, Corryong Health, Goulburn Valley Health, Kyabram District Health Service, Mansfield District Hospital, NCN Health, Northeast Health Wangaratta, Tallangatta Health Service, Yarrawonga Health,

**Population served (2026):** 254,000 (Victoria) + 107,000 (NSW)[[1]](#footnote-2) **(2036):** 277,000 (Victoria) + 135,000 (NSW)

The geography of this Network aligns with the existing transport routes, community connections and patient flows in the region. It also reflects the Hume Health Service Partnership and the historical rural health regions of Goulburn and Ovens Murray. Therefore, health services within this Network have longstanding pre‑existing connections. With health services being close together with overlapping catchment populations, the design of this single network supports collaboration and enables sufficient scale for capability, workforce and shared services.

The Hume LHSN is distinct and fortunate in that it has two high-capability, large hospitals that provide the most complex care for the people living in this region. Albury Wodonga Health, as the largest health service in Hume and the major cross border health service, will lead in providing the most complex care for the Ovens Murray subregion of Hume as well as the areas it services in NSW. While Goulburn Valley Health (Shepparton) will lead in providing the most complex care for the Goulburn Valley subregion of Hume. Together, Albury Hospital and Goulburn Valley Health (Shepparton) will be the leading providers of the highest complexity care in Hume.

## Loddon Mallee

**Health Services:** Bendigo Health, Boort District Health, Cohuna District Hospital, Dhelkaya Health, Echuca Regional Health, Heathcote Health, Inglewood and Districts Health Service, Kerang District Health, Mallee Track Health and Community Service, Mildura Base Public Hospital, Robinvale District Health Services, Rochester & Elmore District Health Service, Swan Hill District Health

**Population served (2026):** 334,000 (Victoria) + 22,500 (NSW)[[2]](#footnote-3) **(2036):** 369,000 (Victoria) + 27,000 (NSW)

The geography of this Network spans from the more densely populated Macedon Ranges Shire in the south to the remote and sparsely populated Mallee Region in the far northwest. This grouping reflects the existing patient flows which follow the main transport routes along the Murray River and down towards Bendigo and Melbourne. It aligns with the pre‑existing Health Service Partnership and rural health regions and keeps together the existing ACCO facilities operated by Mallee District Aboriginal Service in Mildura, Swan Hill and Kerang. The Network supports the scale necessary to ensure the effectiveness of collaborative workforce initiatives, shared support functions and builds on the strong existing ICT Alliance.

Whilst the Loddon Mallee region spans a wide geography, the Mallee region on its own has insufficient population scale to easily sustain capability, workforce and shared services. However, the Loddon Mallee Network should include arrangements within its governance to support a Mallee sub-network that facilitates its distinct patient flows for complex care.

## North Metro and Mitchell

**Health services:** Austin Health, Mercy Health (Mercy Hospital for Women), Northern Health, and Seymour District Health

**Population served (2026):** 0.98 million (**2036)**:1.2 million

This Network encompasses the northern suburbs of Melbourne from the City of Darebin in the inner city to the suburban fringe areas of Whittlesea and Nillumbik Cities, and the peri urban area of Mitchell Shire. Most notably, it includes the northern growth corridor, which has Victoria’s largest projected population growth over the next 15 years.

Grouping Austin Health, Northern Health and Mercy Health (Mercy Hospital for Women) will provide robust referral pathways for moderate and high complexity care, increasing the overall effectiveness of this Network in caring for its community.

## Parkville

**Health services:** Dental Health Services Victoria, Parkville Youth Mental Health and Wellbeing Service, Peter MacCallum Cancer Centre, Royal Children’s Hospital, Royal Victorian Eye and Ear Hospital, Melbourne Health, Royal Women’s Hospital

**Population served (2026):** 450,000 (**2036):** 530,000 (local population) plus population for statewide services.

Collectively, these health services provide highly specialised care at a statewide level, as well as local care to residents of their immediate catchment for generalist care. Given the specialist nature of many of these health services, their primary patient population may be broader than the immediate geography. The grouping of these health services as a single Network, with three of them accommodated on the one site, will foster strong clinical interdependencies between the services.

The grouping of these health services into a central Network will facilitate seamless care for patients across the entire lifespan from birth to old age, and for patients with complex conditions. It will also create an academic and research health institution of sufficient scale and capability to be highly competitive with major international institutions, and provide greater opportunities to drive innovative, translational research in partnership with universities and eminent research institutes co‑located in this unique precinct.

Bilateral arrangements will continue between Royal Victorian Eye and Ear Hospital and St Vincent’s for access to more complex care due to their proximity and existing clinical service relationships.

## South Metro

**Health service:** Monash Health

**Population served (2026):** 1.2 million **(2036):** 1.4 million

This Network builds on the existing primary catchment of Monash Health in the southeastern suburbs of Melbourne. The Network will consist of the four metropolitan hospitals and numerous other Monash campuses in the southeast of Melbourne and will provide a mature networked service delivering care to a large and growing population across the region.

Monash Medical Centre Clayton would be the provider of the most complex care in the Network, supporting the delivery of greater than 85 per cent of care locally over time.

## South West

**Health services:** Casterton Memorial Hospital, Heywood Rural Health, Moyne Health Services, Portland District Health, South West Healthcare, Terang and Mortlake Health Service, Timboon and District Healthcare Service, Western District Health Service.

**Population served (2026):** 106,000 **(2036):** 108,000

The geography of this Network, spanning from Glenelg on the South Australian border to the Otways, aligns with the historic rural region of South West. Due to its distance from Geelong and metropolitan health services, and sufficient scale for capability and workforce, established referral patterns across the Network have resulted in 85 per cent of care being delivered locally.

Bilateral arrangements will be supported between South West LHSN and Barwon LHSN for clinical service planning of high complexity care, care pathways, and specialist workforce.

Existing shared services between South West and Barwon and will be maintained where they continue to deliver value and patient benefits, with shared ICT arrangements being maintained in the first instance.

## West Metro

**Health services:** Mercy Health (Werribee Mercy Hospital) and Western Health

**Population served (2026):** 1.1 million **(2036):** 1.4 million

This Network’s geography encompasses populations in the rapidly growing western suburbs of Melbourne, which are experiencing major changes in demographics and health care needs. The Network reflects the existing primary catchments of Western Health and Mercy Health (Werribee Mercy Hospital) and will include three new health service sites when completed – Footscray Hospital, Melton Hospital and Point Cook Community Hospital – and the effective incorporation of these new health service sites will be fundamental to the Network providing increased scope and access to care locally.

1. Based on NSW bordering LGAs immediately adjacent to Network area (Albury, Berrigan, Federation, Greater Hume Shire, Murrumbidgee, Snowy Valleys) [↑](#footnote-ref-2)
2. Based on NSW bordering local government areas (LGAs) immediately adjacent to Network area (Balranald, Murray River, Wentworth). [↑](#footnote-ref-3)