Community Health Strategic Plan 2012–2017

2015 mid-term review and update
Introduction

The purpose of the Community Health Strategic Plan 2012–2017 mid-term review and update is to ensure that Community Health Services are responsive to the evolving health needs of the community of Sydney Local Health District and current health system issues.

This mid-term review reflects progress made against the priorities identified in the Strategic Plan and details the strategic focus areas for Community Health for 2016–2017.

Planned activities have been grouped under the following strategic priorities:

1. Recognising health inequities
2. Integrated patient and family centred care
3. Prevention and health promotion
4. Community engagement
5. Strengthening partnerships
6. Evidence-based innovative care
7. Effective and efficient services and programs
8. Continuing to build our workforce

The environment in which the health system operates is not static, and as a system, we must be responsive and adaptable, to ensure we deliver the best healthcare to the people of NSW. The issues of increasing health service demand and rising cost of health service delivery which are attributable to the ageing of the population, increasing chronic disease and advances in health technology, present challenges to health service delivery. These factors need to be considered in the context of our local operating environments. Achievement of strategic priorities also requires effective collaboration with other relevant entities.¹

Community Health within Sydney Local Health District is committed to working collaboratively with our partner agencies. These partnerships can take many forms including co-location of services and tenancy arrangements, collaborative planning, joint delivery of clinical services or health promotion programs, case review and care coordination of shared clients, and collaborative research. We are grateful to our partners for their ongoing willingness to collaborate.

¹ 2015–16 Service Agreement:
An agreement between Secretary NSW Health and Sydney Local Health District for the period 1 July 2015 – 30 June 2016
Collaboration in action

Inner West Sydney Child Health and Wellbeing Plan

In 2013, the alignment of the boundaries of NSW Health, NSW FACS and Medicare Locals led human service agencies in the inner west to explore opportunities for collaboration. These agencies combined with the NSW Department of Education and local NGOs to form the Inner West Sydney Partnership Committee. The focus of our combined efforts was the development of a five-year child health plan that focuses on the ‘additionality’ that comes from cross-agency collaboration and integration. The Inner West Sydney Child Health and Wellbeing Plan - Doing Better Together - 2016–2021 was launched by the Minister for Health in November 2015.

Korean Health Committee

In 2012, a Korean Health Committee was established to provide culturally appropriate health information to the Korean community regarding chronic disease risk factors and prevention. The committee is led by the Korean Australian Medical Society (KAMS) with support from Korean workers from various government and non-government organisations including our Multicultural Health Service, the Australian-Korean Welfare Association (AKWA), the Australian-Korean Nurses’ Association, Community Migrant Resource Centre and Relationships Australia.

Between 2013 and 2015, the Korean Health Committee coordinated health forums, an ethnic media campaign and local events to promote health messages for cancer and chronic disease prevention. Grants were received from various funding bodies including the Cancer Institute NSW, GlaxoSmithKline and Hepatitis NSW. Health information resources were developed on smoking cessation and hepatitis B testing and treatment. The hepatitis B resource, ‘Hepatitis B positive: What you need to know’, was acknowledged with a 2015 Multicultural Health Communications Award.
Community Health is integral to the provision of comprehensive and responsive healthcare services by Sydney Local Health District. Community Health provides accessible primary health, acute and sub-acute services in community-based settings and through client home visits. Clinical services are complemented by targeted health education and health promotion programs to support personal and community health and wellbeing, empowerment and responsibility.

Community Health has a strong equity focus. Inherent to our models of care is the purposeful design of many services and programs to address inequity. This may be explicit in the service model of care or may be enacted through the triage process.

Whilst a number of Community Health services are ‘universal’ and available to all, many are purposefully designed for those in the community who experience inequity in health outcomes and/or access to health services. These include:

- Aboriginal people
- Vulnerable children, young people and families
- Children in Out of Home Care
- Gay men
- People with HIV, hepatitis B or hepatitis C
- People who live in areas of locational disadvantage
- Sex workers
- Carers
- Women experiencing domestic violence
- People from culturally and linguistically diverse backgrounds, in particular newly-arrived migrants and refugees

The core services and programs Community Health delivers are outlined below and are grouped into three Directorates; Child and Family Health Services; Sydney District Nursing and Community Health Specialist Services.

**Child and Family Health Services:**
- Child and Family Health Nursing service
- Child and Family counselling services
- Community paediatric medical service
- Community nutrition service
- Healthy Families, Healthy Children sustained health home visiting program
- Healthy Homes and Neighbourhoods integrated care program
- Paediatric Developmental Allied Health Services
- Vision screening/orthoptics and audiometry services
- Child protection counselling service
- Out of home care program

**Sydney District Nursing Service:**
- Aboriginal Chronic Care Program
- Community nursing (general)
- HIV nursing
- Hospital in The Home nursing
- Palliative care nursing

**Community Health Specialist Services:**
- Community HIV allied health service (Positive Central)
- Heterosexual HIV service (Pozhet)
- Sexual assault counselling service
- Sexual health service
- Multicultural health/bilingual health education service
- Women’s health service
- Youth health service (Youthblock)
Our workforce

Community Health has approximately 390 staff working in 32 services and programs, making it roughly the workforce size of a small District hospital. 3.5 per cent of current staff identify as Aboriginal.

The skill mix of the multidisciplinary Community Health workforce supports ongoing competency based education, development and implementation of policies and procedures, a strong research agenda, specialised clinical services, new graduate programs, student placements, and internal supervision and mentoring.

Staff work out of 25 Community Health sites and are very mobile, also visiting patients in their homes, in their schools, at their playgroups or other settings.

Celebrating diversity

We celebrate the diversity of our local community and of our workforce. This includes diversity in cultural background, religion, ability and sexuality.

Bilingual/bicultural health workers are also part of our teams and provide cultural advice and expertise. Peer workers are used for some targeted services, such as HIV testing clinics.

We are indebted to those consumers who sacrifice their time to contribute to the implementation and evaluation of programs and services through formal Consumer Reference Groups, Advisory Committees, consultation forums and focus group discussions. Their contribution ensures that our programs and services remain relevant and appropriate.
On an average day in Community Health we:

• See **298** clients at our service sites
• See **366** clients in their homes
• See **295** parents/children:
  - **40** people at risk of HIV and STIs
  - **28** newborn babies
  - **11** young people
  - **7** victims of sexual assault
  - as well as other patient types
• Receive **218** referrals
• Admit **22** new patients to Sydney District Nursing
• Register **198** families to Child and Family Health Services
• See **40** Hospital in The Home patients
• Deliver **5** health education programs to **194** community members

To maximise client access our services are provided in a range of locations including patient homes, community health centres, early childhood health clinics, youth services, playgroups, schools and outreach sites. Large multidisciplinary Health Centres are located at Croydon, Marrickville, Canterbury and Redfern.
Pozhet celebrates 20 years

In addition to local services, Community Health also manages a statewide program – the Heterosexual HIV Service, Pozhet, which celebrated its 20 year anniversary in 2015.

Pozhet is the peak organisation in NSW for heterosexual people living with HIV, their partners and family and began as a volunteer phone line for heterosexuals newly diagnosed with HIV.

The service now delivers innovative online and social media strategies and education programs and develops resources to reach and engage an often invisible and marginalised group with information and support. See www.pozhet.org.au for more information.

Bill’s story
(as published on the Pozhet website, February 2014)

In late 2012 I suddenly became ill with a fever and body rash. In December a blood test confirmed I had HIV. This was a shock to me as being heterosexual and not engaging in the more ‘risky’ activities HIV was the last diagnosis I had expected. Initially I withdrew from my social circle. After all, how could I explain constant sweats and a body rash? It didn’t look good. I spent Christmas Day in 2012 alone with my little dog.

In January 2013 the Albion Centre put me in contact with Pozhet. This proved to be a God-send. They in turn put me in contact with people who were in the same situation as me. I could ask questions and get the correct answers, as earlier to my horror I had discovered that many GPs knew very little about the virus and modern treatments.

The keen team at Pozhet encouraged me to be open with these other survivors. This was great as my generally happy disposition was now being increasingly submerged by dumb, distractive, even suicidal thoughts….and I didn’t like it! I had begun to think of myself as ‘THE VIRUS’ instead of a tall good looking guy who just happens to have HIV in his system.

At Pozhet I saw people beginning to believe that having HIV doesn’t make them dirty or low-class any more than having diabetes or a heart condition does. People who, often for the first time in years, began to see hope in their lives. Pozhet….I salute you!
Aboriginal programs and services

Community Health acknowledge the people of the Eora Nation, who are the traditional owners of the land on which we deliver services.

Community Health utilises the NSW Health Aboriginal Health Impact Statement and Guidelines to ensure the needs and interests of Aboriginal people are embedded into the development, implementation and evaluation of new initiatives.

Our Aboriginal programs and services are delivered within the framework of the Sydney Metropolitan Local Aboriginal Partnership Agreement between our District, South Eastern Sydney and Northern Sydney Local Health Districts, the Aboriginal Medical Service Redfern and the St Vincent’s Hospital Network.

Community Health recognises the importance of prevention and early intervention programs and the need to address the social determinants of health as a way of ‘Closing the Gap’ for Aboriginal people.

A range of Aboriginal-specific programs are delivered by Community Health as a means of improving access to health services and health education for our local Aboriginal community:

- ‘Yana Muru’ sustained health home visiting program for Aboriginal and Torres Strait Islander families/children.
- A community paediatric medical clinic at the Aboriginal Medical Service Redfern.
- Outreach to local schools, playgroups and youth services with significant proportions of Aboriginal children and young people.
- Outreach to public housing estates in Redfern and Waterloo.
- Opportunistic testing for sexually transmitted infections at community events.
- A 48-hour follow-up program for Aboriginal patients with chronic disease who are discharged from hospital.

A range of measures are in place to ensure culturally appropriate access to our programs and services including specific Aboriginal Health Workers attached to clinical services, increasing our Aboriginal workforce overall and ensuring all staff complete Aboriginal cultural awareness education.
Our staff work out of 25 Community Health sites and are very mobile, also visiting patients in their homes, in their schools and early childhood centres and at outreach locations.
A review of the strategies committed to in the Sydney Local Health District Community Health Strategic Plan 2012–2017 indicates that almost 70 per cent of strategies have been completed by 2015.

A number of strategies have been successfully achieved, some have been modified and others will continue to have ongoing relevance.

Particular achievements are highlighted below and grouped under the themes of the Sydney Local Health District Strategic Plan.

For our clients, consumers and carers

Increase the availability of sustained health home visiting to vulnerable families

In 2015, Community Health secured enhancement funding to introduce new sustained health home visiting programs for vulnerable families in the Canterbury local government area and the City of Sydney (South) local government area. In addition, we have maintained our ‘Yana Muru'/New Directions sustained health home visiting program for Aboriginal families and our Young Parents’ Team which provides sustained health home visiting for parents under twenty years of age. These programs have been grouped under the Healthy Families Healthy Children program title.

Develop an assessment-focused community nursing service

Our community nursing service was successfully rebranded in 2014 and is now widely known as Sydney District Nursing. A comprehensive assessment framework has been introduced which includes a client management and documentation framework, a standardised client assessment tool, a community adult general observation chart and standardised medication chart.

Pilot approaches to improve access for priority groups

In 2014, we redesigned the Sexual Health clinic timetable to increase access for priority groups to HIV testing. An additional evening clinic was introduced as well as early morning and lunchtime appointments. Models of care were reviewed and express clinics introduced, allowing for shorter appointment times. We partnered with the peak HIV non-government organisation, ACON, to deliver an outreach clinic in Newtown providing easy access for local gay men to rapid HIV testing.

These changes supported the service to increase its volume of HIV testing occasions of service by 42 per cent.

Aboriginal Health Workers and Health Promotion Officers were trained to conduct urine chlamydia and gonorrhoea screening in outreach settings. This has been a useful way of increasing access to simple testing and supports an events-based approach to sexually transmissible infections (STI) screening.

Our Youth Health Service delivers nursing and counselling services in a range of local, community settings where young people gather including: Juvenile Justice, schools, youth refuges, Marrickville and Belmore Youth Resource Centres and the National Centre for Indigenous Excellence.

Enhance client referral pathways

We have contributed to the District’s Sydney HealthPathways by developing over thirty pathways specific to Community Health to streamline GP referral to our services.

For our organisation

Support early discharge and hospital avoidance through the expansion and implementation of Hospital in The Home services

Since 2013, Community Health has secured enhancement funding for ten additional Hospital in The Home nursing positions, and increased our Hospital in The Home referrals from five per cent of Sydney District Nursing referrals to approximately 20 per cent.

Develop workforce measurement tools and systems to collect direct and indirect clinical hours

Clinical activity benchmarks were introduced to Community Health clinical services in 2014, in preparation for the introduction of an Activity Based Funding model. An efficiency review was initiated and an audit of clinical activity. A range of mechanisms were put in place to support staff and services to meet activity benchmarks including education regarding data reporting, review of models of care, review of waiting lists, review of intake systems and appointment reminders. This initiative was recently acknowledged in the NSW Health document ‘Leading Practice: A guide to translating practice in Governance and Leadership, Quality and Safety, People and Culture and Finance’ (August 2015).
For our community

Invest in and market Community Health

A new Community Health website has been developed along with new promotional material for many of our services. A series of video vignettes have been produced which detail patient stories and illustrate the services we provide covering sexual health, Sydney District Nursing, community palliative care and youth health. These are available to view at the District’s Media Centre www.slhd.nsw.gov.au/Media and Community Health website.

Community Health participated in the development of a new publication – ‘SLHD Healthcare Services in the Community’ – which has been widely distributed to stakeholders across NSW and features many Community Health programs and services.

Our statewide heterosexual HIV service, Pozhet, redesigned its website at www.pozhet.org.au, introduced a private Facebook page and Twitter account to support peer connectivity across NSW.

Support the implementation of the partnership agreement with the Aboriginal Medical Service Redfern

Community Health partnered with the Aboriginal Medical Service Redfern to introduce a new paediatric medical clinic, which became operational in September 2015. This clinical service provides enhanced access for local Aboriginal children and their families to paediatric specialist doctors (and associated child and family health services), in the heart of Redfern.

For our education

Support training and development of current and future generations of staff

Community Health has achieved consistently high results regarding training and development opportunities for staff, scoring above 80 per cent in both the 2012 and 2014 YourSay staff surveys. These results were above the Sydney Local Health District and NSW Health averages.

Since 2012, seven staff have received District scholarships to complete Masters’ degrees in Business Administration or Health Services Management and one staff member has recently been released to complete a full-time District Nursing Leadership Program.

Community Health regularly hosts students on clinical placement and coordinates a child and family sector new graduate program annually. More than ten new graduate positions have been introduced in this period, as well as an Allied Health assistant position and Aboriginal trainee positions in administration and nursing.

For our staff

Improve the opportunities to recognise and promote the achievements of staff

The Community Health Employee Recognition Scheme encourages nominations from colleagues and managers of Community Health employees who demonstrate excellence in their performance. Twelve staff have received awards to date, with additional staff and teams acknowledged with District Quality Awards. Staff achievements such as conference presentations and publications, scholarships and program results are regularly highlighted in correspondence to all staff.

For our research

Promote a health-research positive culture in Community Health

Community Health has expanded its research agenda.

Clinical trials have been run onsite including the Study for the Prevention of Anal Cancer in Gay Men; Rapid HIV Testing Technology; and, HIV Pre-Exposure Prophylaxis (PrEP).
Formal agreements are in place with the University of Sydney, the University of NSW and Western Sydney University regarding collaborative research projects in the areas of community nursing, sexual health/HIV, sexual violence and child and family health.

A new Research and Evaluation Officer position has been introduced to strengthen service and program evaluation.

An annual Community Health Research and Evaluation Showcase Forum is held and includes local awards for new and emerging researchers. Forum attendance has increased from 46 staff in 2012 to 160 staff in 2015.

**For our services**

**Ensure that Community Health achieves accreditation**

Community Health is accredited as a stand-alone facility. In May 2015, our continued accreditation was confirmed by the Australian Council for Healthcare Standards, with an outstanding number of extensive achievement ratings.

**Accreditation surveyor feedback**

“Obvious collaboration and good communication between acute services and Community Health as they work collectively to achieve better outcomes across the continuum of care.”

“Distinct consumer/patient focus and evidence based approach across the continuum; definite culture of improving performance organisation-wide.”

“Widespread evidence of striving for excellence in the standard of healthcare provided.”

“Strong desire to improve clinical outcomes through various research programs.”

**Pilot new technologies to support service delivery**

Community Health was the first in NSW to implement point-of-care eMR in a community setting. In 2014, new lightweight mobile devices were introduced for all Sydney District Nursing staff which has improved access to patient information at point-of-care in the community. The devices enable clinicians to readily view a patient’s health information (including progress notes, pathology results and hospital appointments) helping to improve coordination across the continuum of care from community to acute care facilities. The introduction of these new mobile devices was the catalyst for the rollout of 1,000 new mobile devices to community nursing services across the state.

The introduction of client computer kiosks at the Sexual Health clinic allows patients to quickly and privately enter sensitive health and sexual history information into the electronic system, thus removing the need for the patient to repeat this information to a clinician during their appointment. An additional and distinct advantage is that the use of the kiosk shortens the appointment time, resulting in a more productive consultation. This is particularly beneficial as most Sexual Health clients are advised to test for HIV and other sexually transmitted infections every three months.

A new mobile website for young people was developed in partnership with SESLHD and youth NGOs. The Youth Point was launched in August 2015 and provides inner Sydney young people with easy to navigate information regarding health and social services across both SLHD and SESLHD. See: www.youthpoint.com.au

**Continue to support the rollout of the electronic medical record (eMR)**

The technologies used by Community Health support safe clinical care with contemporaneous clinical information available. Community Health will continue to build on existing technology infrastructure and is in the process of rolling out additional technology with the implementation of the NSW Community Health and Outpatient Care (CHOC) program to increase our eMR ‘footprint’.
Each quarter:
More than 1,500 families with newborns receive a Child and Family Health Nurse home visit to check on their health and wellbeing.
Patient Voice —
a snapshot of patient experience

In 2014/15, Community Health gathered feedback from 333 patients through direct distribution of patient satisfaction surveys and in-depth interviews with 98 patients.

Karen’s story –
Youthblock Youth Health Service client since 2010

Karen’s history included experiencing domestic violence, abuse and neglect in her family home and leaving home at 15 years of age.

Karen has a history of self-harming, drug and alcohol misuse, homelessness/couch-surfing and depression.

Karen has been seeing a Youthblock Counsellor for five years and could ‘write a book’ about what Youthblock has provided for her. Although Karen has mainly accessed the counselling service, she has also been seen by Youthblock nurses and doctors for sexual and reproductive and general health checks. Karen appreciates being able to be seen at her own pace, the flexibility of drop-in appointments and feels that she started to ‘really talk’ after two years of seeing the same counsellor.

Through counselling, Karen feels she can now reach her potential, has improved self-esteem and social skills and is in a healthy relationship. Karen is studying a double-degree, has a part-time job and is a regular presenter at Community Health’s ‘Engaging Young People’ workshop.

Karen feels she is a good example of ‘how a young person can blossom and recover with the right support and the right sort of service’.

Sydney District Nursing –
comments from patient surveys and patient and carer experience interviews, November 2014

‘I never felt as if I was handling my father’s situation alone. Each nurse was friendly and extremely patient with my father – for which I am extremely grateful’

‘The service goes out of its way to make the welfare of patients a prime objective. I was very fortunate to be cared for by a competent and cheerful group of professionals’

‘If death is beautiful, my Dad had it. Honestly no negatives’

‘I always knew if I needed help they were only a phone call away. They could not have done any more’

‘The nurses helped us at home, visited every week, they checked everything. We felt very supported and my husband was cared for’
Each quarter:
More than 1,000 four year olds have their vision tested in over 100 early childhood locations.
Changing demographics of our local community

Unless otherwise specified, all data reported below relates to the residents of Inner West Sydney, or the Inner West Sydney catchment.

Population growth
- Our current population is 615,800 and is expected to reach 681,500 by 2021.
- All local government areas (LGAs) are projected to increase in population size, with Canterbury and City of Sydney LGAs to experience the highest population growth.
- Significant planned urban developments in the District may further increase expected population numbers:
  - continued development in Green Square; Breakfast Point; Burwood; Strathfield/Homebush and Redfern/Waterloo
  - urban renewal along the Parramatta Road corridor
  - urban transformation of the Bays Precinct and the Central to Eveleigh corridor.

Aboriginal community
- The proportion of Aboriginal people in the District (0.9%) is lower than NSW (2.5%).
- The City of Sydney and Marrickville LGAs have the highest number of Aboriginal residents.
- 24% of the Aboriginal population is aged under 15 years, and less than 1% is aged over 65 years, compared with 15% and 12% respectively for the non-Aboriginal population.

Culturally and Linguistically Diverse
- Over 49% of residents were born overseas.
- 7.1% arrived in Australia within the last five years as immigrants or refugees from a non-English speaking country.
- Almost 43% of residents reported speaking a language other than English at home; almost twice the level of NSW as a whole.
- The proportion and numbers of people speaking another language ranged from 64% in Canterbury LGA to 15% in Leichhardt LGA.
- 7.7% of the population born in a non-English speaking country reported poor English proficiency (approximately 40,000 residents).

Aged population
- The growth in the aged population is projected to increase by 78.1% and 98.9% in the 70–84 and 85+ age groups, respectively.
- In 2013/14, the rate for hospitalisations resulting from falls for residents aged over 65 was 3,044 per 100,000 (compared to 2,995 per 100,000 for NSW). Falls rates were significantly higher in Leichhardt and City of Sydney LGAs than NSW.

Children
- In 2014, 14.2% of the District’s total population was aged 14 years and under (approximately 99,000 residents).
- Canterbury LGA had the greatest number of children 14 years and under (almost 29,400 or 19.5% of the total Canterbury LGA population).
- Approximately 1,078 children 0–12 years identified as Aboriginal or Torres Strait Islander in 2011.
- By 2031, there are projected to be about 35,100 more children living in the District.
- Currently one in five children in NSW aged 5–16 years are classified as overweight or obese. This proportion has remained stable since 2007.
- In 2013, the District’s infant mortality rate of 2.6 deaths per 1,000 live births was lower than NSW (4 deaths per 1,000 live births) and has steadily decreased since 2001.
- In 2012/13, immunisation coverage for children aged 0–5 years (90.5%) was slightly lower than the national rate (91.7%).

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2 NSW Department of Planning & Environment Population and Household Projections, 2014
Young people
- 15.6% or 98,483 of the population are young people aged 12–24 years.
- In 2011, almost a quarter of young people who were homeless in NSW were from SLHD. City of Sydney LGA has the highest number of young people aged 12–24 years who reside in a hostel, night-shelter or refuge.
- The rate of HPV vaccination in girls aged 15 years is higher than the NSW rate in 2013.
- The number of hospital admissions due to intentional self-harm in young people aged 12–24 years has been increasing in the last three financial years.
- NAPLAN results among primary school children in all domains are higher than the NSW state average, except in Canterbury LGA. Secondary school students are generally performing better than the NSW state average on NAPLAN testing, except in Canterbury and Ashfield LGAs. Year 12 attainment is higher than the NSW state average in all eight LGAs.

Births and pregnancy
- 9,269 babies were born to SLHD mothers in 2013 (9.2% of all babies born in NSW).
- The 2013 (1.09) fertility rate for SLHD mothers has increased since 2008 (1.02).
- In 2014, approximately 3.1% of women reported smoking during pregnancy and has steadily decreased since 2001 (7.5%).
- In 2014, the rate of smoking in pregnancy for Aboriginal women (40%) was over fifteen times higher than non-Aboriginal women (2.6%). This rate has however decreased since 2010 (54%).
- In 2014, approximately 6% of non-Aboriginal and 17% of Aboriginal mothers did not attend an antenatal care visit within the first 20 weeks of their pregnancy. This proportion has steadily decreased since 2001.
- The rate of teenage pregnancy has declined over the past 10 years across SLHD and there has been an improvement in timely attendance for antenatal care, particularly in Canterbury LGA.

Domestic and family violence; abuse and neglect
- Rates of domestic violence are generally lower than the NSW average, with the exception of City of Sydney LGA where 478 assaults per 100,000 were notified in 2012.
- In 2011/12, 2,643 children aged 0 to 11 years were involved in child and young person concern reports.
- In 2011/12, the rate of reports of children and young people at risk of significant harm per 1,000 population was highest in City of Sydney LGA at 40 per 1,000, (the only LGA to be higher than the state average).

Hepatitis, HIV and Sexually Transmitted Infections
- In 2014, SLHD had the highest rate of newly diagnosed HIV infection in the state (13.4 cases per 100,000 population).
- HIV continues to be most commonly diagnosed among gay and other Men who have Sex with Men (MSM) accounting for around 80% of new diagnoses each year. Around 14% of new diagnoses are among heterosexual people with this population continuing to be diagnosed later in infection. Over the last seven years, slightly more than 2% of diagnoses were in Aboriginal people. The success of HIV antiretroviral therapy has transformed the experience of living with HIV into living with a chronic manageable health condition and reduces the risk of transmitting HIV to others.
- Between 2010 and 2014, notification rates for chlamydia remained higher compared to NSW (36.8 and 26.4 cases/100,000 population respectively).
- In 2014, the notification rates of gonorrhoea were 2–3 times greater than NSW (14.4 and 5.3 cases/100,000 population respectively).
- The infectious syphilis notification rate remained relatively stable between 2010 and 2012, but increased between 2013 and 2014 to almost three times the average annual notification rate in NSW.
- SLHD has a high concentration of gay and other MSM. The NSW Sexually Transmissible Programs Unit suggests that across NSW, 2.5% of adult males are gay or bisexual and another 8.6% have same sex attraction or same sex experience. Gay men and other MSM are disproportionately affected by STIs, including HIV.
- The hepatitis B notification rate is significantly higher than the NSW average. In 2014, it was 57 per 100,000 compared to 34 per 100,000. Hepatitis B most commonly affects
migrant communities with origins in Asia, the Pacific and Africa. Approximately 43% of people living with hepatitis B are undiagnosed with the majority contracting the infection at birth or in early childhood, when the risk of progression to chronic infection is high. All people living with hepatitis B require lifelong regular monitoring to assess liver disease progression and the need for antiviral treatment.

• The hepatitis C notification rate decreased over time and in 2014 was the same as the NSW notification rate. The vast majority of people living with hepatitis C are people who inject or have injected drugs therefore prevention efforts must continue to be strengthened. New Interferon-free treatments have recently received approval for PBS listing and have cure rates above 90%, simplified dosing schedules, shorter treatment duration and significantly reduced side effects.

• An estimated 87% of sex workers in NSW are female, 10% male and 3% transgender. The majority work from premises or are engaged as escorts. The sex industry in NSW is culturally and linguistically diverse, with the majority of the women currently being from East and South-East Asia; many of whom are non-English-speaking. There is increasing evidence that the rates of HIV and STIs among brothel-based sex workers are at an historic low as a result of successful screening, testing and language appropriate education programs.

Chronic disease
• In 2013/14, SLHD residents were hospitalised for diabetes at a rate of 116.2 per 100,000, which was lower than NSW (151.1 per 100,000).
• Significantly more Canterbury LGA residents were hospitalised for diabetes in 2012/13 to 2013/14, when compared with NSW.
• In 2013/14 rates of hospitalisation for asthma, chronic obstructive pulmonary disease and influenza and pneumonia were all lower than NSW.
• Coronary heart disease accounted for 2,134 hospitalisations of residents in 2013/14, a rate significantly lower than the state.
• Coronary heart disease hospitalisation rates in SLHD have decreased in the period 2001/02 to 2013/14.

Areas of locational disadvantage
• Six out of eight LGAs in Inner West Sydney rate above 1,000 on the SEIFA Index of Relative Socioeconomic Disadvantage rankings, meaning the areas have a lower proportion of relatively disadvantaged people than the Australian average. Two LGAs ranked below 1,000: Burwood (996) and Canterbury (922).
• Canterbury and City of Sydney (south and west) LGAs have been identified as areas of locational disadvantage within Inner West Sydney and are a focus of activity for Community Health Services.
• Canterbury LGA is the most disadvantaged LGA within the catchment, with an index score of socio-economic disadvantage of 922. Unemployment levels in Canterbury LGA are the highest across the Inner West Sydney catchment.
• The suburbs of Punchbowl and Riverwood had the lowest index score for socio-economic disadvantage (858) in Canterbury LGA, indicating a greater level of disadvantage in the suburb when compared to Ashbury (1,057).
• The percentage of the total homeless population that are living in ‘severely’ crowded dwellings (69%) is also notably higher than the state (33%).
• Canterbury LGA is rich in cultural diversity, with 48.1% of the population born overseas and 45% born in non-English speaking countries. Canterbury LGA residents identify their primary language as being Arabic (13%; 18,175), followed by Greek (10%, 13,411) and Mandarin (6%, 7,697).
• Aboriginal and Torres Strait Islander people make up a total of 2% of the total City of Sydney south population and 1.4% of the City of Sydney west, which is the highest proportion of any LGA across the catchment.
• Approximately 57% of City of Sydney LGA residents speak English as a primary language, while smaller proportions of residents identify their primary language as being Mandarin (15%, 5,212), followed by Cantonese (9%, 3,321) and Greek (5%, 1,639).
• City of Sydney south and west Statistical Local Areas (SLA) have a high concentration of residents aged between 20 and 39 years, relative to NSW.
• The population of the City of Sydney south and west SLAs is expected to grow by 50% to 2031, which is the highest growth rate of any LGA across the catchment and according to the 2014 population projections, will add approximately 64,000 additional residents.

• The index score for socio-economic disadvantage in City of Sydney south is 1,017 and City of Sydney west is 1,022. Five suburbs within the City of Sydney LGA: Waterloo, Eveleigh, Redfern, Ultimo and Glebe have scores for socioeconomic disadvantage which fall below the national average of 1,000 indicating relatively lower socioeconomic status.

• The suburb of Waterloo had the lowest index score for socio-economic disadvantage (889) indicating a greater level of disadvantage in the suburb when compared to Alexandria (1098), Ultimo (974) and Glebe (986).

• The percentage of the total homeless population that reside in a boarding house (45%) in the City of Sydney is notably higher than the state (21%).
Strategic Priorities

What we will achieve in the next two years

In addition to the continued delivery of core programs and services, Community Health has prioritised a range of new actions which have been grouped under the following Strategic Priorities:

1. Recognising health inequities
2. Integrated patient and family centred care
3. Prevention and health promotion
4. Community engagement
5. Strengthening partnerships
6. Evidence-based innovative care
7. Effective and efficient services and programs
8. Continuing to build our workforce

Data and information will be used to inform both the development and improvement of programs and services across all strategic areas.

The actions under each Strategic Priorities that are marked * are equity-focused initiatives that describe a program or service designed to improve access for sub-groups in the community who may be disadvantaged and/or experiencing the poorest health.
1. Recognising health inequities

We will aim to:

- Improve how we address inequities in access, treatment and care and health status of disadvantaged members of our communities
- Ensure equal access to services and programs for clients and communities who are vulnerable, marginalised, disadvantaged and with the poorest health

Key actions

1.1 * Maintain and enhance specialised programs and services to improve equity of access, including: Youth Health, Sexual Health and HIV, Sexual Assault Counselling, Aboriginal Chronic Disease Program, HIV Nursing, Sustained Health Home Visiting Program and the ‘Healthy Homes and Neighbourhoods’ Program. All services will have defined priority population groups to inform triage.

1.2 * Finalise a District-wide Multicultural Health Plan.

1.3 Contribute to the development of Community Health infrastructure planning for local government areas with significant growth and insufficient service delivery settings and/or workforce.

1.4 Respond to the ‘NSW STI Strategy 2016–2020’ with local initiatives, in particular implementation of a chlamydia prevention, testing and treatment Action Plan.

1.5 Respond to the ‘NSW Hepatitis B & C Strategies 2014–2020’ with local initiatives and an emphasis on culturally and linguistically diverse and Aboriginal communities.

1.6 * Collaborate with the Aboriginal Medical Service Redfern and the SLHD Aboriginal Health Unit to expand the paediatric medical clinic at the Aboriginal Medical Service Redfern.

1.7 Further increase HIV testing options for local gay and homosexually active men and consider new District sites for delivery of rapid HIV testing; fully implement express clinic models of care and work with our NGO partner (ACON) to increase awareness of testing recommendations and local services.

1.8 Participate in the Expanded Pre-Exposure Prophylaxis Implementation in Communities in NSW (EPIC) Trial and offer pre-exposure prophylaxis therapy (PrEP) to high risk individuals through our sexual health clinic.

1.9 Restructure our Sexual Assault and Women’s Health Services to increase our capacity to:

- Respond to the NSW Domestic and Family Violence Reforms by developing a local Domestic Violence Action Plan and increasing clinical capacity to participate in local Safety Action Meetings
- Improve access to sexual assault, domestic violence and sexual health services for Aboriginal women

1.10 * Establish new Sustained Health Home Visiting programs in the Canterbury and City of Sydney (South) local government areas. These programs will complement our existing programs for Aboriginal families (‘Yana Muru – Walking Together’) and young parents. The programs are designed for families with Level two and three vulnerabilities and provide sustained contact with our child and family health services until the child reaches two years of age. Rigorous evaluation and monitoring and associated research will be integral to program implementation.

*equity-focused initiatives
2. Integrated patient and family centred care

We will aim to:

- Ensure collaboration, partnerships and good communication between primary, acute and Community Health services as we work collectively to achieve better health outcomes across the continuum of care.
- Build Community Health services that place the patient, family and their community at the centre, while ensuring a targeted approach for communities that have especially poor health or marginalised status.

Key actions

2.1  
* Continue to implement the cross-agency care coordination program for vulnerable families, ‘Healthy Homes and Neighbourhoods’. This integrated care initiative provides long-term care coordination for vulnerable families with complex health and social care needs, who are disconnected from key services, require multi-agency support to have their complex health and social needs met; and to keep themselves and their children safe and connected to society. Stage 2 of program implementation will be in the Canterbury local government area and will focus on culturally and linguistically diverse families.

2.2  
Collaborate with SLHD Palliative Care Services to develop a District-wide model of care, complemented by the after-hours enhanced palliative care program (PEACH).

2.3  
Continue to deliver post and sub-acute nursing care to support clients in their discharge from hospital and work with our acute facilities to improve discharge and referral practices.

2.4  
Collaborate with the District’s Hospital in the Home units to expand the program to accept referrals from general practice and Residential Aged Care Facilities.

2.5  
Implement relevant initiatives from the Inner West Sydney Child Health and Wellbeing Plan 2015–2020, in collaboration with identified partner agencies. Take a lead role in coordination of cross-agency implementation, monitoring and reporting.

2.6  
Continue to strive for patient and family centred care through:

- Increased consumer participation, including the introduction of formal consumer participation mechanisms for Child and Family Health Services and Sydney District Nursing and the maintenance of existing consumer participation forums in our Youth Health, Sexual Health and HIV services.
- Undertake a systematic patient feedback process through the automatic distribution of a Client Satisfaction Survey at the point of discharge from Sydney District Nursing and/or Child and Family Health Services. Complete a minimum of 25 in-depth patient experience interviews annually.

*equity-focused initiative
3. Prevention and health promotion

**We will aim to:**

- Collaborate with our partners to provide a coordinated and sustainable approach to prevention, early intervention and self-management in order to prevent disease, illness and injury, and reduce the likelihood of poorer health outcomes for our local community.

**Key actions**

3.1  *Support clinical service delivery with targeted health promotion programs in the areas of youth health, sexual health and HIV, women’s health and chronic disease prevention and management.*

3.2  Collaborate with our NGO partners to implement the ‘Yhunger’ healthy eating program for young people in youth homelessness services and related youth services.

3.3  Evaluate our Universal Health Home Visiting program for newborns collaboratively with the Health Equity Research Development Unit and South Eastern Sydney Local Health District to determine variations in program models, effectiveness in identifying vulnerabilities in families and referrals and any opportunities to strengthen program design and implementation.

3.4  *Establish new Sustained Health Home Visiting programs in the Canterbury and City of Sydney (South) local government areas, and maintain existing programs for Aboriginal families and for young parents.*

3.5  *Continue to develop the capacity of general practice to work with priority populations; with a focus on HIV and sexually transmitted infections, cervical screening, child health and youth-friendly practice. This will include the development of online education modules on issues specific to HIV heterosexuals and Well Child checks.*

3.6  Staged roll-out and evaluation of a new interactive hearing game, Sound Scouts, that assists in detecting undiagnosed hearing issues in 4–5 year olds prior to school commencement.

*equity-focused initiatives*
4. Community engagement

We will aim to:
• Improve the health literacy of our community and engage them in designing locally focused, responsive and sustainable services and programs.

Key actions

4.1 Improve community awareness of the broad range of Community Health services and programs by further developing our websites, implementing social marketing campaigns, updating promotional material and introducing mobile apps to complement printed material.

4.2 Contribute to the development of SLHD Healthcare Services in the Community annual publication to improve stakeholder awareness of Community Health services, programs and innovation.

4.3 Strengthen community development approaches with clients and communities who are vulnerable by allocating a location-specific community development portfolio to local teams at major Health Centre sites.

4.4 Hold public forums with key consumer and community groups when developing new services and programs to enable their input into models of care.

4.5 *Identify the health literacy needs of patients and communities and respond in culturally sensitive and evidence-based ways, for example by building a comprehensive bilingual community education program.

*equity-focused initiative
We will aim to:
Community Health is committed to working collaboratively with our partner agencies. These partnerships can take many forms
- co-location of services and tenancy arrangements
- collaborative planning
- joint delivery of clinical services or health promotion programs
- case review and care coordination of shared clients
- collaborative research.

Key actions

5.1 Maintain strong stakeholder relationships, including our primary relationships with: Family and Community Services (Sydney District), ACON, University of Sydney, University of NSW, Western Sydney University, Central and Eastern Sydney PHN, Aboriginal Medical Service Redfern, Department of Education, ethnic community organisations and local councils.

5.2 Work to develop new relationships with local councils, as ‘Fit for the Future’ is implemented and council boundaries adjusted, through routine contribution to council planning processes, developing joint projects of mutual interest and sharing local data and briefings on major issues.

5.3 Continue to work with our partners to implement the Inner West Sydney Child Health and Wellbeing Plan 2015–2021, with close monitoring and evaluation by an implementation committee.

5.4 Develop a cross-agency Inner West Sydney Youth Health and Wellbeing Plan with identified partners, to provide a framework for shared governance, collaboration and a common vision for youth health outcomes.
6. Evidence-based innovative care

We will aim to:
• Undertake high-quality translational research to deliver the most effective, efficient and accountable Community Health services that support the best outcomes for the community.

Key actions

6.1 Continue to build the research skills of our staff and further develop the Community Health research and evidence base by:
  – Maintaining an annual Community Health Research and Evaluation Showcase Forum
  – Maintaining formalised partnerships with the University of Sydney, University of NSW and Western Sydney University.
  – Progressing research themes for Sydney District Nursing in the areas of palliative care, Hospital in The Home, wound care and HIV.
  – Awarding an annual prize for a new and emerging researcher.

6.2 Evaluate our Universal Health Home Visiting program, collaboratively with the Health Equity Research Development Unit and South Eastern Sydney Local Health District to determine variations in program models, effectiveness in identifying vulnerabilities in families and referrals and any opportunities to strengthen program design and implementation.

6.3 Conduct research related to implementation of the Sustained Health Home Visiting Program for vulnerable families in collaboration with our academic partners.

6.4 Contribute local implementation results to inform the NSW Expanded Pre-Exposure Prophylaxis Implementation in Communities in NSW (EPIC) Trial.

6.5 Complete a youth health needs assessment to inform the development of a cross-agency Youth Health and Wellbeing Plan.

6.6 Evaluate the Healthy Homes and Neighbourhoods integrated care coordination program.
7. Effective and efficient services and programs

We will aim to:

- Ensure transparent performance monitoring and ongoing quality improvement to support the delivery of quality community-based health care.
- Invest in information technology that will enhance the delivery of Community Health services.

Key actions

7.1 *Ensure Community Health ‘readiness’ for the roll-out of the National Disability Insurance Scheme in 2017.

7.2 Conduct a mid-term review of the SLHD Sexual Health Strategy 2013–2018 and develop an associated Action Plan to address priorities.

7.3 Introduce a new data manager position to enable ease of access to quality clinician and service level activity data and reporting functions.

7.4 Ensure a sustainable Community Health model by maintaining strong activity levels measured against established benchmarks, accurate data collection, good performance management and solid program evaluation.

7.5 Implement key recommendations from the external review of Sydney District Nursing:

- Cost/benefit modelling to determine impact of investment and/or changes in activity across different service types.
- Ensure capture of revenue from private patients.
- Improve access to quality data and reporting functions.
- Explore cross-border/LHD KPIs to benchmark performance.
- Further invest in internal relationships.

7.6 Explore new ways of reducing ‘on road’ time and improving access for our patients. This will include consideration of new satellite locations for our Sydney District Nursing service and mobile vans that can be parked in areas of locational disadvantage and operate outside of standard business hours.

7.7 Establish a new Child and Family Health intake service to improve access for children and their families to the range of multidisciplinary child and family health services available. The Intake Service will enable families to more easily make appointments, seek information, support and referral.

*equity-focused initiative
8. Continuing to build our workforce

We will aim to:
Grow and support a skilled and compassionate workforce.
Improve and sustain a workforce that is committed, supported and optimally trained to deliver evidence-based quality care to the local community.

Key actions

8.1 Continuous review of orientation and education programs and professional development opportunities, development of Community Health specific CORE values and ongoing emphasis on patient and family centred care and participation in the District’s mindfulness program.

8.2 Finalise the Child and Family Health Service allied health structure to strengthen allied health governance with the introduction of a new allied health manager position.

8.3 Strengthen nursing governance across all Community Health directorates and services.

8.4 Targeted recruitment of people with disabilities (PWD) to improve representation and opportunities for PWD across the Community Health workforce.

8.5 Update role descriptions for Aboriginal health education officers to reflect the new Aboriginal Health Worker Award and consider opportunities to introduce an Aboriginal health practitioner position.

8.6 Expand the Child and Family Allied Health Service new graduate program by introducing additional new graduate positions in paediatric occupational therapy, physiotherapy and speech pathology.

8.7 Strengthen performance management by developing a suite of generic and discipline-specific KPIs that are included in all staff performance review templates.

8.8 Support managers to further develop their performance management skills by providing new opportunities for education and training, coaching and mentoring.
We celebrate the diversity of our local community and of our workforce. This includes diversity in cultural background, religion, ability and sexuality.