Population Health Strategic Plan

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Acknowledgement of Country

Sydney Local Health District acknowledges that we are living and working on Aboriginal land. We recognise the strength, resilience and capacity of Aboriginal people on this land. We would like to acknowledge all of the traditional owners of the land and pay respect to Aboriginal Elders past and present.

Our District acknowledges Gadigal, Wangal and Bediagal as the three clans within the boundaries of the Sydney Local Health District. There are about 29 clan groups within the Sydney metropolitan area, referred to collectively as the great Eora Nation. Always was and always will be Aboriginal Land.

We want to build strong systems to have the healthiest Aboriginal community in Australia.

Together under the Sydney Metropolitan Partnership Agreement, including the Aboriginal Medical Service Redfern and in collaboration with the Metropolitan Local Aboriginal Lands Council, Sydney Local Health District is committed to achieving equality to improve self-determination and lifestyle choices for our Aboriginal community.

Ngurang Dali Mana Burudi
— A Place to Get Better

Ngurang Dali Mana Burudi — a place to get better, is a view of our whole community including health services, Aboriginal communities, families, individuals, and organisations working in partnership.

Our story

Sydney Local Health District’s Aboriginal Health story was created by the District’s Aboriginal Health staff.

The map in the centre represents the boundaries of Sydney Local Health District. The blue lines on the map are the Parramatta River to the north and the Cooks River to the south which are two of the traditional boundaries.

The Gadigal, Wangal and Bediagal are the three clans within the boundaries of Sydney Local Health District. They are three of the twenty-nine clans of the great Eora Nation. The centre circle represents a pathway from the meeting place for Aboriginal people to gain better access to healthcare.

The Goanna or Wirriga
One of Australia’s largest lizards, the goanna is found in the bush surrounding Sydney.

The Whale or Gawura
From June to October pods of humpback whales migrate along the eastern coastline of Australia to warmer northern waters, stopping off at Watsons Bay, the traditional home of the Gadigal people.

The Eel or Burra
Short-finned freshwater eels and grey Moray eels were once plentiful in the Parramatta River inland fresh water lagoons.

Source: Sydney Language Dictionary

Artwork

Ngurang Dali Mana Burudi — a place to get better

The map was created by our Aboriginal Health staff telling the story of a cultural pathway for our community to gain better access to healthcare.

Artwork by Aboriginal artist Lee Hampton utilising our story.
Foreword

The Sydney Local Health District Population Health Strategic Plan 2019–2024 outlines our vision – Excellence in health and healthcare for all – supported by our CORE values and the Foundational Principles which inform our Strategic Focus Areas. A commitment to health promotion, prevention and equity within the social determinants of health model is the foundation of the Sydney Local Health District Strategic Plan 2018–2023. The Population Health Strategic Plan builds on the District’s Strategic Plan and sets out the strategy for Population Health over the next five years.

Sydney Local Health District is growing and changing with rapid urban development and changes to the built environment that have an impact on health and wellbeing. Population Health is committed to providing agile and responsive services to meet these changing population needs.

Renee Moreton
General Manager, Population Health
Our vision, mission and principles

Our vision
Excellence in health and healthcare for all

Our mission
To work with our communities to promote:
- Co-designed and co-produced health policy, plans, new service models and research studies
- Improvements in the social and environmental factors that sustain health
- A healthcare system that is responsive to equity concerns
- Best practice prevention, health promotion and health protection programs and strategies
- Care in the community delivered close to where people live

To ensure that the community has equitable access to the highest quality patient/client and family/carer-centred care that is:
- Integrated, timely, culturally safe and competent, evidence-based and efficient
- Provided by a highly-skilled compassionate workforce who are committed, accountable, supported and valued
- Supported by leading-edge research, education and medical and information technologies
- Supportive of the healthcare of populations in other local health districts, states and territories across Australia and in other countries

Our principles
Population Health is committed to:
- Improving the health of the whole community, with particular emphasis on those with the greatest needs
- Working across all five Ottawa Charter for Health Promotion action areas: building healthy public policy, creating supportive environments for health, strengthening community action, developing personal skills, and reorienting health services
- Reducing health inequalities, including systematic differences in access, quality of services and programs, and opportunities for health, with a particular focus on inequalities that are unfair and related to socioeconomic and cultural factors
- Using and promoting the use of data and evidence to support decision making and service design
- Collaboration with:
  - Population Health units and services to maximise impact and avoid duplication
  - the broader health service, especially clinical services, to ensure an integrated approach to improving health outcomes and service access
  - priority populations and communities, including through consultation on programs and initiatives, co-designing interventions, and building community resilience
  - the Ministry of Health and other Local Health Districts to support a state-wide approach to population health issues
  - other partners, including internal partners within Sydney Local Health District, non-government organisations, local government, other state government agencies and universities
- A multi-disciplinary approach, which draws on the skills and expertise of a diverse range of practitioners
- Ensuring that we have a skilled and sustainable workforce matched to the needs of the community

Our values
Collaboration
We work in collaboration with our patients/clients, communities, our colleagues, employees and with other agencies and services.

Openness
We have transparent, clear, honest processes which feature strong community consultation processes.

Respect
We value our diverse communities and respect cultural differences. We respect and celebrate the rights and culture of Aboriginal communities, the traditional owners of the land. We treat patients/clients, carers, colleagues and employees compassionately, fairly and positively. We uphold privacy, dignity and social justice. We are committed to employment, human and health rights.

Empowerment
Our communities are empowered to contribute to the health system, to be self-reliant, resilient and to assume greater control over their health and social circumstances. Our patients, carers and families are empowered in decision-making about care. Our staff are supported to participate in the workplace and their views and opinions are valued and influential.

The planning process
This Strategic Plan has been developed through an inclusive District Executive, Population Health management and employee consultation process. The previous strategic framework, other District enabling plans and relevant NSW policy frameworks were reviewed as well as a review of current population demographics and facility activity. An Aboriginal Impact Statement was completed in consultation with Aboriginal members of the Population Health workforce and the Sydney Local Health District Aboriginal Unit.
Our priorities

Our facility
Consolidate population health structure and leadership including the establishment of the diversity programs and strategy hub
Increase visibility and engagement of population health across district services
 Deliver NSW population health programs and outcomes at scale for the district’s population

Our services
Ensure our programs and services models are agile and responsive to the changing demographics within our district, and meet the needs of our priority populations
Embed prevention in clinical encounters
Uptake new technology to enhance service delivery and reach

Our staff
Workforce planning and forecasting demand to service district communities
Continue to develop a strong identity and culture in population health
Identify strategies to attract, retain and develop the slhd population health workforce

Our research and evaluation
Develop a population health research and evaluation hub
Enhance engagement and inclusion of consumers, particularly people from cald backgrounds in research design and participation
Strengthen and formalise partnerships with universities

Our education
Support professional development, training and education opportunities for population health staff
Develop, deliver and promote identified education and training for district staff

Our community, partnerships, and environment
Develop and strengthen our partnerships and formalise these where appropriate
Strengthen a program of work with local councils with a focus on healthy built environment
Increase investment in place-based work in priority communities with a focus on prevention, equity and the social determinants of health

Our patients, families, carers, and consumers
Meet increasing demand for health care interpreting services
Provide district leadership for increased culturally and linguistically diverse (CALD) community and consumer engagement in health service planning and delivery, including the development of a District Cultural Diversity Strategic Plan
Enhance consumer input into population health programs and services

Population Health
Population Health is a facility within the Directorate of Clinical Services Integration and Population Health, which includes:
• Population Health
• Community Health Services
• Drug Health Services
• Oral Health Services and Sydney Dental Hospital
• Community Health Centres (Redfern, Croydon and Marrickville)
• Non-Government Organisation (NGO) Program
• Integrated Care
• HealthPathways
• Health Equity Research Development Unit (HERDU).
The Directorate provides an opportunity for strong and integrated relationships to improve the health and wellbeing of the population of Sydney Local Health District (SLHD) and beyond.

Population Health consists of the following services:
• Health Promotion Unit
• HIV and Related Programs (HARP) Unit including:
  - HARP Health Promotion Team
  - Pozhet (statewide service for heterosexual people at risk of, or living with, HIV)
• Diversity Programs and Strategy Hub including:
  - Multicultural HIV and Hepatitis Service (state-wide service)
  - Multicultural Health Service
  - Cultural Support Program (in partnership with SESLHD and CESPHN)
• Sydney Health Care Interpreter Service.

Embracing a multidisciplinary approach, we develop innovative, collaborative responses to meet the District’s growing population needs and changing models of care.

Population Health Units work in close collaboration with clinical streams, research partners and community organisations to improve health outcomes and wellbeing of our communities, and to ensure health services are responsive, well integrated, equitable and accessible.
HIV and Related Programs (HARP) Unit

The HARP Unit provides strategic oversight, planning, performance and business support to a range of HARP services in Sydney Local Health District. The HARP Unit supports services to meet the District KPIs and statewide targets in the NSW HIV/STI, Hepatitis B and C Strategies, including the virtual elimination of HIV and hepatitis C transmission in the NSW population. HARP Health Promotion Team

The HARP Health Promotion Team is responsible for the planning, implementation and evaluation of health promotion programs and initiatives to increase HIV and blood borne virus prevention, testing and treatment. The Team works closely with a range of internal and external stakeholders including clinical services, NGOs, the CESPHN, and research institutions and has a focus on community engagement of priority populations.

Pozhet (Heterosexual HIV Service)
Pozhet is a state-wide service funded by the NSW Ministry of Health and hosted by the District. The service has client-facing programs to support heterosexual people living with HIV, population level HIV prevention and testing promotion, workforce development and capacity building for health care providers. Service re-orientation to reflect the changing NSW HIV prevention, testing and treatment landscape is an ongoing challenge. The service has an important role in ensuring that knowledge of the advances in HIV prevention and treatment reach the NSW heterosexual population, particularly sub-populations at risk of HIV transmission.

Diversity Programs and Strategy Hub (Diversity Hub)
The Diversity Hub has been recently established to support the District to be responsive and adaptive to the changing culturally and linguistically diverse (CALD) population demographics and health issues. The Diversity Hub has a leadership role in the development of a District CALD strategic plan and governance frameworks including facility Multicultural Access Committees. The Diversity Hub supports the core business of clinical and non-clinical services to improve access, appropriateness and equity of health promotion/prevention and clinical care for our CALD communities. The Diversity Hub provides expertise and guidance to inform health service decision making and program development relevant to CALD initiatives. The Diversity Hub brings together the content expertise, skill sets and community connections of a range of key services, including:

Cultural Support Program (CSP)
The CSP is a newly developed three year funded partnership between Sydney Local Health District, South Eastern Sydney Local Health District and the CESPHN to establish a caseload workforce of bilingual Cultural Support Workers from priority language groups. Currently there are 18 identified language groups. These workers will add value to existing health programs and services to enhance access for CALD communities, and improve the capacity of health services to provide culturally responsive care. The CSP will also develop and implement targeted community engagement and in-language health education programs and resources, as well as support research initiatives.

Multicultural Health Service (MHS)
The MHS works to improve health outcomes for priority culturally and linguistically diverse communities in Sydney Local Health District by identifying barriers to access and advocating for the provision of culturally responsive services and programs across the District. The MHS focuses on engaging with priority CALD communities to promote health and assist in the prevention of chronic and complex conditions by delivering a range of programs that foster healthy lifestyle behaviours.

Multicultural HIV and Hepatitis Service (MHAHS)
The MHAHS is a state-wide service funded by NSW Ministry of Health and hosted by the District. The MHAHS works with a range of sector partners and CALD communities to achieve the NSW goals of virtual elimination of HIV transmission and Hepatitis C, and management of Hepatitis B.

MHS works with CALD communities implementing a range of health promotion, community development and media initiatives promoting testing, prevention and treatment of blood borne viruses. The MHAHS also provides specialist bilingual/bicultural psycho-social support to CALD people living with HIV who experience complex co-morbidities and are at risk of treatment disengagement. Client support works with referring agencies and HIV clinicians, co-facilitating client engagement, cultural understanding and appropriate referral pathways.

Employment of a casual pool of bilingual and bicultural Cultural Support Workers allows the MHAHS to provide services across a diverse range of communities and languages and to respond to new and emerging communities and migration trends. MHAHS currently works across 20 languages and maintains a multilingual website – entirely navigable in language.

Sydney Health Care Interpreter Service (SHCIS)

SHCIS provides professional health care interpreting services for patients and health care providers, interpreting services in hospitals, community-based locations, and in the homes of patients. Interpreting is provided on-site and by telephone; and interpreting via videoconference is being developed. Services are provided to patients and health care providers in the District together with South Eastern Sydney Local Health District (SESLHD), St Vincent’s Hospital Network, the Children’s Hospital (Randwick), Department Forensic Medicine, Justice and Forensic Mental Health Network (Long Bay Hospital), Chris O’Brien Lifehouse and some non-government organisations (NGOs).

In the financial year 2017/2018, SHCIS provided services for 84 language groups including Auslan.

The SHCIS policy Interpreters – Standard Procedures for Working with Health Care interpreters (PD2017_044), must be adhered to by all staff across NSW Health services. It is NSW Government policy that professional health care interpreters be used to facilitate communication between people who are not fluent in English, including people who are Deaf, and the staff of the NSW public health system. The use of professional interpreters allows health professionals to fulfill their duty of care, including obtaining valid consent.

Key priorities for our facility

1. Consolidate the Population Health structure and leadership including the establishment of the Diversity Programs and Strategy Hub
2. Increase visibility and engagement of Population Health across District services
3. Deliver NSW Population Health Programs and outcomes at scale for the District population
An engaged, empowered and healthy community is the goal of Population Health, as is equitable access to care for our community and a focus on prevention. Partnerships are key to our work, as is the impact of the social determinants of health, and the built environment on health and wellbeing.

**Priority populations**

Sydney Local Health District is a richly diverse community: 44% of the population was born overseas and 55% speak a language other than English at home and we have a large GLBTQI population and Aboriginal community. Our services aim to improve the health of our entire community, with a specific focus on identified priority populations, including:

- Aboriginal people
- People from culturally and linguistically diverse (CALD) backgrounds
- Children, including those above a healthy weight
- People at risk of, or living with, blood-borne viruses:
  - Men who have sex with men (MSM) and gay men
  - People who inject drugs (PWID)
  - People living with HIV and/or Viral Hepatitis
  - Sex workers
- Heterosexuals at risk of, or living with, HIV
- Young people.

**Partnerships**

Population Health has a strong and diverse range of partnerships central to our core business and service delivery.

- Clinical services and staff within Sydney Local Health District
- Ministry of Health and NSW Office of Preventive Health
- Government Departments
- Local Councils
- Non-government and community-based organisations
- Education providers: Schools, universities, TAFE NSW, English language colleges, etc
- Peak bodies and professional associations
- Early Childhood Education Services
- Aboriginal Medical Service and other Aboriginal community organisations:
  - Babana, Mudgin-Gal, NCIE, Tribal Warrior
- Central and Eastern Sydney Primary Health Network
- Research partners
- Other Local Health Districts and Specialty Networks

Priorities will be to further develop:

- Programs of work with local Aboriginal communities and organisations
- Strategic and inclusive relationships with CALD community organisations, including an annual Multicultural Leaders Forum and the Connecting Communities Challenge small grants program
- Opportunities to formalise partnerships with universities and research partners.

**Urban development and built environment**

The coming five years will see both the continuation of urban consolidation and unprecedented levels of urban development occurring within the District’s boundaries. This development creates an opportunity to improve the health of residents.

Our goal is to support healthy urban development, which we define as urban development which supports people to be healthy (including active living and healthy eating), builds community social capital, reduces exposure to environmental hazards and contributes to a healthy natural and built environment.

Priorities will be to further develop our strategic partnerships and program of work with local councils around healthy built environment, including continuing to advocate for the use of the Building Better Health Guidelines developed by Sydney Local Health District.

**Equity and the social determinants of health**

The health and well-being of individuals and communities are strongly influenced by social, economic and environmental factors. These factors, the social determinants of health, include variables such as employment, income, housing, education, gender, age and social connection. There is considerable evidence that poverty and disadvantage lead to significantly poorer health outcomes across most health measures but especially chronic disease and mental health.

Population Health is committed to ensuring the equitable reach of our programs across Sydney Local Health District populations, communities and places. Priorities include continuing to support the work of the Health Equity Research Development Unit (HERDU) via the annual EquityFest, implementation of the District’s Equity Framework and Health Literacy Framework. We also aim to identify new equity and place-based research and program opportunities with District, university and community partners. In addition, Population Health will participate in planning and service delivery to identified priority areas such as Green Square, Redfern, Waterloo, Glebe, South Strathfield, Lakemba, Canterbury and Riverwood.

Key priorities for our community, partnerships and environment

1. Develop and strengthen our partnerships and formalise these where appropriate
2. Strengthen a program of work with local councils with a focus on healthy built environment
3. Increase investment in place-based work in priority communities with a focus on prevention, equity and the social determinants of health
Population Health is based on the principle that culturally safe and equitable access to the health system for people from a range of culturally, linguistically diverse and Aboriginal communities requires an understanding of culture and language.

We have a commitment to cross-cultural community-centered care, and recognise that community participation, consumer input and tailored approaches are required to create and support a healthcare system that is responsive to the varying needs of our patients and families.

The Diversity Programs and Strategy Hub is an innovative approach to working with CALD populations. The Diversity Hub will support the District to be responsive and adaptive to changing CALD population demographics, health issues and service utilisation by working with clinical and non-clinical services to improve access to prevention, health promotion and clinical care for CALD communities.

Population Health will further enhance our engagement with patients, families, carers and consumers to provide feedback and meaningful input into our health service planning and delivery via:

- Annual Multicultural Leaders Forum and Connecting Communities Challenge
- The Cultural Support Program
- Direct consumer input into Population Health service planning and delivery, including the development of a District Cultural Diversity Strategic Plan
- Enhance consumer input into Population Health programs and services

Key priorities for our community, partnerships and environment

1. Meet increasing demand for Health Care Interpreting Services
2. Provide District leadership for increased CALD community and consumer engagement in health service planning and delivery, including the development of a District Cultural Diversity Strategic Plan
3. Enhance consumer input into Population Health programs and services

We will also have a role to support the health service by:

- Providing and promoting the use and value of interpreting and translation services across the District
- Convening Multicultural Access Committees with facilities
- Participating in Patient and Family Centered Care committees
- Supporting the SLHD Consumer Advisory Council

Population Health services work collaboratively with health care workers and clinical services, community, government and non-government organisations, education facilities, research partners and media services to achieve population level scale and reach of programs.

The work of Population Health is largely driven by NSW strategic frameworks and targets seeking measurable population level outcomes in areas such as healthy weight (in both children and adults), tobacco (with an emphasis on smoking in pregnancy) and blood-borne virus prevention, testing and treatment (HIV, hepatitis B and C).

Key activity data 2017/2018

- 100 schools participating in Live Life Well@School program
- 135 children and families participated in Go4Fun program
- 272 early childhood education centres participating in Munch & Move program
- 11,845 HIV tests conducted across SLHD services
- 437 health professional referrals to Get Healthy Information and Coaching Service
- More than 1,3 million people reached through targeted social media health promotion campaigns
- 128 GP visits through promotion and education
- 1,196 occasions of service for people living with HIV providing cultural and peer support
- More than 1550 international students engaged in sexual health promotion programs
- More than 4,500 people participated in Mental Health First Aid courses
- 437 occasions of service for health care interpreting, an increase of 25.4% on the previous year
- 164,883 occasions of service for health care interpreting
- +49 media spots in ethnic media across 10 languages
- 100% removal of sugar-sweetened beverages in SLHD facilities
- 100% of workforce, adapting service models and structures, and training and professional development of staff to meet current and future population need and demand.

Data-responsiveness and service agility

As the District population changes in size, distribution and profile, the health needs of the community will also change. Monitoring and reviewing demographic, epidemiological, health service usage and immigration data will be important to ensure Population Health remains agile and responsive to meet community and District needs. We will do this through our recruitment of workforce, adapting service models and structures, and training and professional development of staff to meet current and future population need and demand.
Integration with clinical services

Strengthening whole of system engagement with prevention, health promotion and population health priorities will be a focus for the next five years. We will work collaboratively with clinical services to ensure prevention and health promotion is embedded in clinical service delivery with a particular focus on:

- Obesity
- Diabetes
- Blood borne viruses
- Smoking cessation
- Antenatal care and the first 2000 days of life
- Cancer screening
- Other modifiable and lifestyle risk factors for chronic disease.

New ways of working

Population growth, shifting migration patterns and technological changes pose challenges to healthcare. We will meet these challenges by leading, developing and implementing innovative service models to improve service integration and delivery. A key example is establishing the Diversity Hub, a new structure that brings together CALD program resources and embeds them across a range of programs.

We will also optimise our use of technology including:

- Utilising the eMR to embed prevention and health promotion in clinical practice
- Utilising social media and other communication technology to achieve targeted reach at scale across priority populations and in multiple languages
- Utilising videoconferencing, software development and other business tools to increase the productivity and efficiency of the Sydney Health Care Interpreter Service.

Developments in the availability and use of HIV and hepatitis C testing and treatments will inform future state policy frameworks and require ongoing new models of care to ensure benefits are equitably achieved.

Key priorities for our services

1. Ensure our programs and service models are agile and responsive to the changing demographics within our district, and meet the needs of our priority populations
2. Embed prevention in clinical encounters
3. Uptake new technology to enhance service delivery and reach

Population Health has a diverse workforce in relation to training, skills, experience and backgrounds. Our aim is to continue to strengthen the recruitment of staff that represents the diversity of the local community including via the Cultural Support Program.

Key priorities for our staff

1. Workforce planning and forecasting demand to service CALD communities
2. Continue to develop a strong identity and culture in Population Health
3. Identify strategies to attract, retain and develop the District’s Population Health workforce

We recognise the need to support the entry, retention, career progression and development of our Aboriginal and CALD workforce. We are committed to meeting our Facility Aboriginal workforce target and growing our Aboriginal workforce.

A particular challenge is ensuring a health care interpreter workforce to meet the growing demand and to provide services for newly arrived migrant and refugee communities. The service will work with TAFEs, Universities and NAATI to develop/provide pathways for people entering the interpreting and translating industry.

Within Population Health we want to build a strong culture and workforce with resilience to change and that is receptive to new ideas and new ways of working. We are committed to providing opportunities for career development, succession planning and supporting emerging leaders. Finalising the Population Health structure and senior executive recruitment is an immediate priority.
Our research and evaluation

Research and evaluation is essential to the implementation and success of each service’s work. We are leaders in developing evidence and translational research, we play a key role in supporting research of partners and we continuously aim to grow and build our research capacity.

What we lead
Population Health is a leader of research within the District. We develop and document evidence for what works locally, while contributing to statewide, national and global research and practice. We evaluate our programs, obtain research funding (for example, Translational Research Grants, NHMRC), pilot innovative programs, publish in peer reviewed journals, and ‘translate’ research into practice.

In the Health Promotion Unit, Healthy Beginnings is the largest randomised controlled trial in the world to address early childhood obesity prevention with 1155 women recruited from the third trimester of pregnancy from four Local Health Districts. Healthy Beginnings will be incorporated into the NSW Get Healthy in Pregnancy program for state-wide rollout.

What we support
Population Health services including MHAHS, HARP and Pozhet play a support role in research projects led by our partners such as the BBV and STI Research, Intervention and Evaluation (BRISE) research consortium. Our services have supported research development, recruitment and participation in a number of significant policy-relevant studies and trials informing implementation of the NSW BBV strategies such as the following.

The Expanded PrEP Implementation in Communities (EPIC) in NSW
A trial led by the Kirby Institute to roll out PrEP to people at high risk of HIV infection.

Dried Blood Spot (DBS) Testing
A trial led by the Ministry of Health aiming to provide an alternative home testing option to priority populations that is easy, private and accurate to test for HIV and hep C.

Sydney Gay Asian Men Periodic Survey
A study designed to provide a comprehensive assessment of key HIV and STI-related practices and health needs amongst gay and other men who have sex with men of Asian background in Sydney.

My Health, Our Family
A study to understand what serodiscordance families mean in the context of a stigmatised infectious disease, everyday family life, and how to build on the contributions of families to enhance the prevention, management and treatment of these infections.

Talking Story – Learning from Aboriginal Young People About Sexual Health
A qualitative study in partnership with the Kirby Institute to enhance the accessibility of sexual health promotion and clinical services to young Aboriginal people in the District.

What we want to grow
The priority for Population Health in the coming five years will be developing a Population Health Research and Evaluation Hub which will build on existing achievements to increase the capacity and reputation of the District in the field, and establish a strong research and evaluation culture in Population Health. The Research and Evaluation Hub will aim to:

• Maximise the use of existing data to provide timely and accurate information that is relevant to decision makers within Population Health and the District
• Use targeted research to address service-relevant gaps in existing evidence
• Promote and support the evaluation of existing services to ensure they are effective, efficient and equitable
• Build research and evaluation capacity both within Population Health and the District by promoting and supporting population health research and providing education and publication support to staff
• Enhance research collaboration with university partners, Sydney Research, Sydney Health Partners, the Public Health Observatory, HERDU and the Sydney Institute for Women, Children and Their Families.

Additionally, the Diversity Hub will have a role to increase inclusion of CALD communities in all stages of research, that is, the development of, participation in, and benefits from research across the District.

Key priorities for our research and evaluation
1. Develop a Population Health Research and Evaluation Hub
2. Enhance engagement and inclusion of consumers, particularly people from CALD backgrounds in research design and participation
3. Strengthen and formalise partnerships with universities
Population Health recognises the need to develop our workforce, as well as to build capacity of the broader Sydney Local Health District workforce in prevention, health promotion, cultural competence, equity and the social determinants of health.

To continue having a positive impact on our community it is essential that the Population Health workforce develops contemporary capabilities for emerging trends and issues, and changes to the policy and health service landscape. Within the next five years, identified areas of capability development include:

- Working more effectively across social determinants of health, including affordable housing
- Healthy built environment, climate change and health
- New technologies and social media skills for community engagement and communication
- Keeping up to date with further advances in blood borne virus prevention, testing and treatment
- Health Promotion Practitioner Accreditation via the Australian Health Promotion Association
- Evidence-based health promotion practice
- Skill and knowledge development of our casual workforce of Cultural Support Workers.

Population Health will also have a focus on building skills and capacity across Sydney Local Health District to work with CALD clients and populations including by:

- Reviewing and updating cultural competence training for the District workforce
- Working with interpreters training incorporated into orientation, Health Education and Training Institute (HETI) online training; and targeted in-service training.

Opportunities to embed prevention, equity and social determinants of health in training and development across the District will also be explored in partnership with the Centre for Education and Workforce Development (CEWD).

**Key priorities for our education**

1. Support professional development, training and education opportunities for Population Health staff
2. Develop, deliver and promote identified education and training for District staff

**Timeframes**

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<th>Short term</th>
<th>Medium term</th>
<th>Long Term</th>
<th>Ongoing</th>
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<td>0–12 months</td>
<td>1–3 years</td>
<td>4–5 years</td>
<td>Ongoing</td>
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Strategic Action Plan 2019–2024
### Focus area 1: Our communities, partnerships and environment

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<th>Strategy</th>
<th>Timeframe</th>
<th>Responsibility</th>
<th>Outcomes/Measures</th>
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<tbody>
<tr>
<td><strong>Priority 1: Develop and strengthen our partnerships and formalise where appropriate</strong></td>
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<tr>
<td>Formalise partnerships where appropriate, e.g. by establishing Memorandums of Understanding</td>
<td>Ongoing</td>
<td>All units</td>
<td>Number of formal partnerships established</td>
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<tr>
<td>Develop and strengthen programs of work with local Aboriginal communities and organisations</td>
<td>Medium term</td>
<td>HARP Unit; Health Promotion Unit</td>
<td>Number of new programs and partnerships established</td>
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<td>Identify and develop strategic and inclusive partnerships with CALD community organisations</td>
<td>Ongoing</td>
<td>Diversity Programs and Strategy Hub</td>
<td>Number and range of partnerships established</td>
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<td><strong>Priority 2: Strengthen a program of work with local councils with a focus on healthy built environment</strong></td>
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<td>Develop and formalise a local council network and action plan</td>
<td>Short term</td>
<td>Health Promotion Unit</td>
<td>Local council network established</td>
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<td>Support the Public Health Observatory in the development of a set of urban health indicators</td>
<td>Short term</td>
<td>GM Unit</td>
<td>Urban Health Indicators developed and used with local councils</td>
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<td>Utilise Building Better Health Guidelines to influence healthy built environment planning</td>
<td>Ongoing</td>
<td>Health Promotion Unit</td>
<td>Building Better Health Guidelines updated Input provided into local council planning processes</td>
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<td><strong>Priority 3: Increased investment in place-based work in priority communities with a focus on prevention, equity and the social determinants of health</strong></td>
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<td>Ensure equitable reach of statewide HEAL and Healthy Children Initiative (HCI) programs in priority communities</td>
<td>Ongoing</td>
<td>Health Promotion Unit</td>
<td>HCI Key Performance Indicators</td>
</tr>
<tr>
<td>Support HERDU in the implementation of key District equity activities:</td>
<td>Ongoing</td>
<td>All units</td>
<td>EquityFest evaluation Range of partnership activities with HERDU</td>
</tr>
<tr>
<td>• SLHD Equity Framework</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Equity Challenge</td>
<td></td>
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</tr>
<tr>
<td>• Annual EquityFest</td>
<td></td>
<td></td>
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<tr>
<td>• CanGetHealth</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• Promotion of the HETI online training to SLHD staff (Equity and the Social Determinants of Health)</td>
<td></td>
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</tr>
<tr>
<td>Enhance equitable access to HIV and viral hepatitis prevention, testing and treatment in priority communities</td>
<td>Ongoing</td>
<td>HARP Unit MHAHS</td>
<td>Number of initiatives in targeted priority communities HIV and Hep C KPIs in the SLHD Service Agreement</td>
</tr>
<tr>
<td>Identify best practice health promotion and place-based research and program opportunities with District, university and community partners (e.g. pilot Prevention Tracker model)</td>
<td>Medium term</td>
<td>Health Promotion Unit</td>
<td>Number of initiatives implemented</td>
</tr>
</tbody>
</table>

### Focus area 2: Our patients, families carers and consumers

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Timeframe</th>
<th>Responsibility</th>
<th>Outcomes/Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority 1: Meet increasing demand for Health Care Interpreting Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment of permanent and sessional Interpreters</td>
<td>Ongoing</td>
<td>Sydney Health Interpreter Service</td>
<td>Number of staff and sessional interpreters</td>
</tr>
<tr>
<td>Re-orientate service to integrate new technologies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Priority 2: Provide District leadership for increased culturally and linguistically diverse (CALD) community and consumer engagement in health service planning and delivery</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Multicultural Leaders Forum</td>
<td>Ongoing</td>
<td>Diversity Programs and Strategy Hub</td>
<td>Number of participants in the Annual Multicultural Leaders Forum</td>
</tr>
<tr>
<td>Annual Connecting Communities Challenge</td>
<td>Ongoing</td>
<td>Diversity Programs and Strategy Hub</td>
<td>Number of projects funded via the Connecting Communities Challenge</td>
</tr>
<tr>
<td>Lead the development of a District CALD Strategic Plan, including governance structure to support implementation</td>
<td>Short term</td>
<td>Diversity Programs and Strategy Hub</td>
<td>District plan developed and implemented</td>
</tr>
<tr>
<td>Reinigorate and convene Multicultural Access Committees (MACs) for all SLHD facilities to ensure culturally appropriate care/services/programs</td>
<td>Ongoing</td>
<td>Diversity Programs and Strategy Hub</td>
<td>MACs reconvened with revised Terms of Reference and quarterly meetings held</td>
</tr>
<tr>
<td>Deliver and evaluate the Central and Eastern Sydney Cultural Support Program (CSP)</td>
<td>Short medium term</td>
<td>Diversity Programs and Strategy Hub</td>
<td>CSP workforce recruited CSP evaluation report</td>
</tr>
<tr>
<td>Promote the use of interpreting and translation services across the District</td>
<td>Ongoing</td>
<td>Sydney Health Care Interpreter Service</td>
<td>Annual communication and education plan implemented</td>
</tr>
<tr>
<td><strong>Priority 3: Enhance consumer input into Population Health programs and services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain and improve consumer input into Population Health services and programs such as:</td>
<td>Ongoing</td>
<td>All units</td>
<td>Consumer Reference Groups convened Consumer input into resources and programs</td>
</tr>
<tr>
<td>• The Poshet Consumer Reference Group</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>• Co-design and consumer input into health promotion resources, multilingual campaigns and resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Consultation and engagement with the Aboriginal community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain a strong Population Health participation in the Patient and Family Centered Care (PFCC) Working Groups, Steering Committees and future strategic planning</td>
<td>Ongoing</td>
<td>All units</td>
<td>Membership of PFCC committees</td>
</tr>
<tr>
<td>Support peer models with partner NGOs and SLHD services</td>
<td>Ongoing</td>
<td>HARP Unit</td>
<td>Number of partnerships supported Peer model evaluation report</td>
</tr>
</tbody>
</table>
## Focus area 3: Our services

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Timeframe</th>
<th>Responsibility</th>
<th>Outcomes/Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1: Ensure our programs and services are agile and responsive to the changing demographics within our district, and meet the needs of our priority populations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor, review and respond to relevant data and policy including demographic, epidemiological and immigration in partnership with the Public Health Observatory and the Planning Unit</td>
<td>Annually</td>
<td>All units</td>
<td>Trends identified and incorporated into annual business planning of services</td>
</tr>
<tr>
<td>Priority 2: Embed prevention in clinical encounters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify actions to strengthen collaborative strategies with clinical services to ensure prevention and health promotion is part of every encounter with a particular focus on obesity, diabetes, CVD, antenatal care, blood borne viruses and smoking cessation</td>
<td>Ongoing</td>
<td>All units</td>
<td>Population Health KPIs (smoking; HIV testing; hep C treatment; Get Healthy Service referrals) Implementation of the SLHD Diabetes Plan (prevention, community, ambulatory and primary care)</td>
</tr>
<tr>
<td>Collaborate and partner with clinical services to facilitate or establish referral pathways to state-wide services (such as the Get Healthy Services) aimed at improving lifestyle through behavioural change, including via Cerner/eMR</td>
<td>Ongoing</td>
<td>Health Promotion Unit</td>
<td>Referrals into the Get Healthy Service (KPI) Cerner/eMR referral forms</td>
</tr>
<tr>
<td>Priority 3: Uptake of new technology to enhance service delivery and reach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilise social media and other communication technology to achieve targeted reach at scale across priority populations and in multiple languages</td>
<td>Ongoing</td>
<td>All units</td>
<td>Number and reach of social media and online campaigns New technology implemented to deliver programs</td>
</tr>
<tr>
<td>Utilise videoconferencing, software development and other business tools to increase productivity and efficiency of the Sydney Health Care Interpreter Service</td>
<td>Short to medium term</td>
<td>Sydney Health Care Interpreting Service</td>
<td>Virtual Interpreter Room established in partnership with eHealth in preparation for Video Interpreting development Service Centre re-design completed LangManager mobile app rolled out to Sessional Interpreters</td>
</tr>
</tbody>
</table>

## Focus area 4: Our facility

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Timeframe</th>
<th>Responsibility</th>
<th>Outcomes/Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1: Consolidate Population Health structure including the establishment of the Diversity Programs and Strategy Hub</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finalise recruitment to key positions</td>
<td>Short term</td>
<td>GM Unit</td>
<td>Recruitment completed</td>
</tr>
<tr>
<td>Priority 2: Increase visibility and engagement of Population Health across SLHD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain and regularly update Population Health website(s) including development of a multilingual website to increase engagement, access and equity</td>
<td>Short term and ongoing</td>
<td>All units</td>
<td>Regularly updated Population Health website(s)</td>
</tr>
<tr>
<td>Continue to strengthen links with clinical and other services, including via implementation of statewide programs and policies (e.g. Food and Drinks Framework; HIV testing policy, hep C treatment targets, smoking in pregnancy, Get Healthy@Work, etc.)</td>
<td>Ongoing</td>
<td>All units</td>
<td>Relationships across SLHD services developed Population Health KPIs in the SLHD Service Agreement</td>
</tr>
<tr>
<td>Priority 3: Deliver NSW Population Health Programs and outcomes at scale for the SLHD population</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue local implementation of statewide programs and policies (e.g. HCI strategies, enhanced access to HIV and hep C testing and treatment, etc.)</td>
<td>Ongoing</td>
<td>All units</td>
<td>Population Health KPIs in the SLHD Service Agreement</td>
</tr>
</tbody>
</table>
### Focus area 5: Our staff

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Timeframe</th>
<th>Responsibility</th>
<th>Outcomes/Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1: Workforce planning and forecasting demand to service SLHD communities</td>
<td>Ongoing</td>
<td>GM Unit and all Managers</td>
<td>Size and retention of CALD workforce</td>
</tr>
<tr>
<td>Develop initiatives which support the entry, retention, career progression and development of our Aboriginal and CALD workforce including via the APHTI program and the Cultural Support Program</td>
<td>Ongoing</td>
<td>GM Unit and all Managers</td>
<td>Scope models and resources to establish a Population Health Research and Evaluation Hub to facilitate a strong research and evaluation culture</td>
</tr>
<tr>
<td>Support training and entry into the profession of interpreting and translating through partnerships with TAFEs, universities and NAATI</td>
<td>Ongoing</td>
<td>Sydney Health Care Interpreter Service</td>
<td>Partnerships in place</td>
</tr>
<tr>
<td>Identify and respond to future interpreter service workforce needs</td>
<td>Ongoing</td>
<td>Sydney Health Care Interpreter Service</td>
<td>Workforce Management Plan</td>
</tr>
<tr>
<td>Priority 2: Development of a strong identity and positive culture in Population Health</td>
<td>Short term</td>
<td>GM Unit and all Managers</td>
<td>Population Health orientation program developed</td>
</tr>
<tr>
<td>Review and update Population Health facility orientation and warm welcome for new staff</td>
<td>Short term</td>
<td>GM Unit and all Managers</td>
<td>Population Health Culture Working Group established</td>
</tr>
<tr>
<td>Implement the People Matter Employee Survey action plan</td>
<td>Ongoing</td>
<td>GM Unit and all units</td>
<td>Quarterly progress reports on the People Matter Employee Survey action plan implementation</td>
</tr>
<tr>
<td>Continue to run twice yearly Population Health Staff Forums</td>
<td>Ongoing</td>
<td>GM Unit, Population Health Culture Working Group</td>
<td>Evaluation of staff forums</td>
</tr>
<tr>
<td>Establish staff recognition program for Population Health (e.g. employees, project or team of the month nominations)</td>
<td>Short term</td>
<td>GM Unit and all Managers</td>
<td>Staff recognition program established</td>
</tr>
<tr>
<td>Priority 3: Identify strategies to attract, retain and develop the SLHD Population Health workforce</td>
<td>Ongoing</td>
<td>Health Promotion Unit</td>
<td>Number of registered health promotion practitioners</td>
</tr>
<tr>
<td>Support staff to develop competencies to increase their eligibility prospects to become registered practitioners, for example, Australian Health Promotion Association (AHPA) accreditation</td>
<td>Ongoing</td>
<td>GM Unit and all Managers</td>
<td>Expressions of Interest routinely offered for acting and higher grade duty arrangements</td>
</tr>
</tbody>
</table>

### Focus area 6: Our research and evaluation

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Timeframe</th>
<th>Responsibility</th>
<th>Outcomes/Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1: Development of a Population Health Research and Evaluation Hub</td>
<td>Short to medium term</td>
<td>GM Unit</td>
<td>Research and Evaluation Hub established with a 3-5 year action plan</td>
</tr>
<tr>
<td>Scope models and resources to establish a Population Health Research and Evaluation Hub to facilitate a strong research and evaluation culture</td>
<td>GM Unit</td>
<td>Research and Evaluation Hub established with a 3-5 year action plan</td>
<td></td>
</tr>
<tr>
<td>Priority 2: Enhance engagement and inclusion of consumers, particularly people from CALD backgrounds in research design and</td>
<td>Ongoing</td>
<td>Population Health Research and Evaluation Hub; and the Diversity Programs and Strategy Hub</td>
<td>Research partnerships established</td>
</tr>
<tr>
<td>Strengthen research partnerships with services and organisations that work with consumers including CALD communities</td>
<td>Ongoing</td>
<td>Population Health Research and Evaluation Hub; and the Diversity Programs and Strategy Hub</td>
<td>Research partnerships established</td>
</tr>
<tr>
<td>Encourage and advocate research design that engage and include CALD communities across all facilities and services in the District</td>
<td>Ongoing</td>
<td>Population Health Research and Evaluation Hub; and the Diversity Programs and Strategy Hub</td>
<td>CALD participation in SLHD research</td>
</tr>
<tr>
<td>Priority 3: Develop and formalise research partnerships</td>
<td>Short term</td>
<td>GM Unit and Population Health Research and Evaluation Hub</td>
<td>Formal partnerships in place</td>
</tr>
<tr>
<td>Explore and foster new partnerships with the university or other research institutes</td>
<td>GM Unit and Population Health Research and Evaluation Hub</td>
<td>Formal partnerships in place</td>
<td></td>
</tr>
<tr>
<td>Strengthen Population Health links with Sydney Health Partners/Sydney Research, the Public Health Observatory, HEROU and the Sydney Institute for Women, Children and Their Families</td>
<td>Ongoing</td>
<td>GM Unit and Population Health Research and Evaluation Hub</td>
<td>Links and research projects established</td>
</tr>
<tr>
<td>Continue to work with Ministry of Health on rapid translation of research to practice by incorporating Healthy Beginnings into statewide Get Healthy in Pregnancy service</td>
<td>Short to medium term</td>
<td>Health Promotion Unit</td>
<td>Healthy Beginnings incorporated into Get Healthy in Pregnancy</td>
</tr>
</tbody>
</table>
## Focus area 7: Our education

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Timeframe</th>
<th>Responsibility</th>
<th>Outcomes/measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1: Support professional development, training and education opportunities for Population Health staff</td>
<td>Ongoing All units</td>
<td>All staff have access to relevant training and development</td>
<td></td>
</tr>
</tbody>
</table>

- **Raising needs of staff and units routinely identified via individual performance reviews and service planning processes**
- **Priority 2: Develop, deliver and promote identified education and training for SLHD staff**

<table>
<thead>
<tr>
<th>Strategy</th>
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<th>Responsibility</th>
<th>Outcomes/measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and re-design cultural competence training in SLHD to complement updated HETI on-line modules</td>
<td>Short to medium term Diversity Programs and Strategy Hub</td>
<td>Cultural competence training platforms and sessions delivered across SLHD</td>
<td></td>
</tr>
<tr>
<td>Working with Interpreters training incorporated into orientation; HETI online training; and targeted in-service training</td>
<td>Ongoing Sydney Health Care Interpreter Service</td>
<td>Training sessions delivered</td>
<td></td>
</tr>
<tr>
<td>Explore opportunities to embed prevention, equity and social determinants of health in training and development across SLHD in partnership with CEWD</td>
<td>Medium term Health Promotion Unit</td>
<td>Review of training and development courses completed</td>
<td></td>
</tr>
</tbody>
</table>
Sydney, it's your local health district