

Health Cluster Workshop #4

10 May 2005

FINAL REPORT FROM THE HEALTH CLUSTER



**Bruce
Callaghan
&
Associates**
ABN 25 002 561 904 Pty Ltd

P O BOX 144

BALMAIN NSW 2041

Ph: 02 9555 8700 Fax: 02 9555 7374

Email: bca@bca.net.au www.bca.net.au

1. Introduction

This is the final report of the Health Cluster. The document was developed over four full day meetings, one of which included a consultation with the community. This consultation offered a progress report on the strategies that the Cluster had developed and heard community comment on priorities. Where relevant the community inputs were incorporated into the Cluster Report.

The report is the Health Cluster's final report having been checked and approved by Cluster members. The Cluster began this process with two very basic questions:

1. **What can and should change in Redfern Waterloo?**
2. **How can this be done?**

The Cluster believed that achieving a collaborative approach to change will be challenging but there is opportunity for developing or extending partnership agreements which are accountable to the agencies and community within the Plan.

In the context of such agreements, the Cluster agreed that the agencies working in Redfern Waterloo could deliver better outcomes. It is important that agencies can move their focus from symptoms to causes, developing a preventative approach supported by all service providers.

There is broad agreement that the Plan must lead to:

1. **A more proactive cross agency approach to health promotion, health education, possibly financed from a shared fund. Prevention should be given more prominence on all agency agendas.**
2. **Dual diagnosis for mental health and drug and alcohol problems.**
3. **A coordinated response through high level inter agency agreements and active collaboration on service delivery. This would require a new assessment and reporting process and different measures for performance.**
4. **A balanced emphasis between support, rehabilitation and crisis responses**
5. **Better coordination of services delivered by health agencies for Redfern Waterloo with agencies located outside Redfern Waterloo liaising with agencies located in the community.**
6. **Formal and accountable performance agreements between health agencies and also between health agencies and community groups.**
7. **More flexible coordinated use of community transport options.**
8. **In key areas maintaining complementary services to provide choices and improve community access. Accurate information on service types and responsibilities is essential and this has to improve.**

2. Planning Principles

The Cluster endorsed nine principles which should shape the planning process.

Planning Principles for the Health Cluster

1. Outcome Orientation

The Plan must produce real, new and better outcomes for the community.

2. Focus

The Plan must achieve change and improvement in key priority areas: Health, Aboriginal Services, Youth and Families.

3. Sustainability

The Plan must deliver long term outcomes over at least 3-5 years.

4. People and the Community

The Community in Redfern/Waterloo feel better about the community because of the initiatives in the Plan.

5. Simplicity

The proposals must be as simple as they can be to achieve a result – elegant, simple solutions are the objective.

6. Integration

The Plan must bring government and non government service providers together to deliver community outcomes. (Rewarding collaboration/integration rather than encouraging competition).

7. Reality

The Plan must be written to operate within broader human service programs in NSW.

8. Uniqueness

The Plan must recognise and respond to the unique characteristics of Redfern/Waterloo.

9. Budget Responsibility

The Plan must operate with the existing global budget identified by Morgan Disney for Redfern Waterloo.

3. A Vision for Redfern Waterloo

The Cluster Group endorsed a Health Cluster Vision for Redfern Waterloo.

Vision Statement

Redfern Waterloo will be outstanding in NSW as a healthy community, a place which is preferential choice for the people who live there.

- **A community which encourages and supports good health for individuals and families and offers hope for the future.**
- **A community with pride in its own identity.**
- **A community where good health is seen as enabling choices in life.**

4. Eight Goals for Planning

The Cluster has set eight goals for planning.

1. **Health**
A healthy community where services address the social determinants of health and well being
2. **Education and Employment**
Good health linked to education, employment and housing
3. **Choice and Self Determination:**
Access to human services when needed, with services focused on choice and self determination
4. **Information**
Services understood by community members who are able to make informed choices about their health
5. **Ownership**
A community which feels ownership of responsibility for good health and has influence over the services which contribute to good health
6. **Accountability**
Service providers are accountable to the community for improved health outcomes through shared and defined agreements.
7. **Community Engagement**
A community actively addressing health issues with consultation/review processes to support this
8. **Integration**
Services responding together, able to innovate in finding solutions with a focus on outcomes for people

5. Some Key Changes Required

1. **Attitudinal change**
 - Joint responsibility for outcomes between agencies and community
 - A proactive agency approach to joint solutions
 - Agencies to move from symptoms to solutions thinking
2. **Funding Arrangements**
 - Contract agreements must be transparent to the community
 - Contracts must be for periods of between 3-5 years
3. **Aboriginal Health**
 - A coordinated approach to Aboriginal health incorporating Aboriginal agencies
 - Traditional healing options for Aboriginal People, incorporating Aboriginal healing and spirituality, should be part of the Plan,
4. **Transport Access**

As all health services cannot be located in the Redfern Waterloo community, transport should be available. It is currently available in some situations but not in others.

The Cluster endorsed the following Morgan Disney proposals around health.

- Agreements on roles and referral protocols
- Formal agreements about what agencies offer the community and a means to monitor performance. (A community outcome focus)
- Simplified and standardised reporting across agencies
- Longer funding agreements: 3-5 year agreement
- Elimination of poverty traps
- A process for community discussion and community decision making
- A new community self image

Morgan Disney 2004

6. Strategic Direction

The Cluster nominated seven priority areas for the Plan:

1. Health service coordination
2. Drug Health
3. Mental Health
4. Domestic and Family Violence
5. Dual disorders
6. Adolescent Health
7. Aged Care

Other important areas such as children's health and family health have not been developed, as these will be addressed in the family and youth clusters.

7. Strategies and Targets

The Cluster looked at each priority area from a health perspective and formulated the following strategies.

Priority Area 1: Service Coordination

GOALS

- **Services provided to the community by agencies which are accountable for agreed community outcomes**
- **A capacity for services to plan and respond collaboratively with innovative solutions and a focus on joint outcomes**
- **“Informed Client Self Sufficiency” with individuals able to make choices about managing their own health.**

STRATEGIES

1. Develop a Community Representative Group (CRG) to plan and review agency agreements and achievements (not specific to health).
 - **Target: CRG in place**
2. Introduce cross agency agreements focused on achievement of client/community outcomes. Review and update current agreements where they exist.
 - **Target: All key agencies have current, signed agreements at senior level and at the community level**
3. Link and support agency providers including GP's in developing individual care agreements and mentor outcomes.
 - **Target: 2-3 GP's involved in agreements (per agency? Overall?)**
4. Consistently identify a point of coordination in each shared care agreement.
 - **Target: IT options in place to support shared care agreement**

Priority Area 2: Drug Health

GOALS

- **Reduction in drug misuse**
- **Drug dealers out of Redfern Waterloo**
- **Reduction in crime associated with drug misuse same comment as above**
- **Reduction in DV associated with drug misuse**
- **Reduction of health impacts of drug misuse**

STRATEGIES

1. Develop an accessible Health Facility to complement existing services and coordinate health initiatives in the area.
 - **Target: Service in place.**
2. Develop a joint police/community approach to removing drug dealers from Redfern Waterloo as a means of reducing drug misuse and associated criminal activity
3. Integrate health responses through government and non government agencies working within formal interagency agreements.
 - **Target: Key agreement identified and in place.**
4. Develop joint health promotion/health education program on drugs, alcohol and tobacco
 - **Target: A coordinated education program for the whole community**

5. Explore joint drug alcohol/mental health treatment model which links with training, employment and community integration.
 - **Target: Single coordinated support program by Dec 2006.**
6. Partner Aboriginal agencies in a joint drug education program in the community
 - **Target: Community drug education partnership program agreed**
7. Relocate needle and syringe program after consultation with the community.
 - **Target: Relocation**
8. Explore Aboriginal drug treatment program in partnership with Aboriginal agencies including complementary Aboriginal healing approaches.
 - **Target: Established**
9. Increase employment opportunities for people completing rehabilitation that is linked to training and education (initially working with government and non government agencies and local employers)
 - **Target: To be set**

Priority Area 3: Mental Health

GOALS

- **Raise the profile of mental health services so the community is aware of what services are available and can access them.**
- **Coordinated response agreements for all people with known mental health issues coming to Redfern Waterloo.**
- **An integrated agency response to people with mental health issues addressing symptoms, rehabilitation, and wellness.**

STRATEGIES

1. Plan a cross agency information campaign to clarify agency roles and access criteria
2. Screen and develop support agreements prior to the allocation of public housing for people with mental health issues, to assist them in maintaining tenancies.
3. Create agreements for joint responses to people with mental health issues who currently live in the community
 - **Target: Health/Housing agreement in place.**
4. Renegotiate health agency priorities so some funding is moved to a wellness and community support model
 - **Target: Model agreed, budget assigned and a process for accountability in place.**

Priority Area 4: Domestic and Family Violence

GOALS

- **Reduction in domestic and family violence – a safe community (measures to be set)**
- **Effective education on Domestic Violence combined with safer reporting procedures**
- **Partnership between Police, DOCS and key support agencies on community violence**

STRATEGIES

1. A coordinated domestic violence education strategy for the community focused on underlying causes
 - **Target: Strategy agreed and in operation.**
2. Create a perpetrator 're-education' program for the community.

- **Target: Coordinated perpetrator education response in place.**
- 3. Review reporting processes and develop coordinated safe reporting protocols with Police that are focused on increasing early intervention.
 - **Target: Coordinated program with cross agency agreements.**

Priority Area 5: Dual Disorders

GOAL

- **An integrated response to mental health/drug misuse**

STRATEGIES

1. Introduce dual diagnosis and dual response agreements for agencies dealing with mental health and drug misuse issues.
2. Introduce linked rehabilitation programs for mental health and drug alcohol problems through agreements.
 - **Target: A community wide agreement on managing dual disorders.**

Priority Area 6: Adolescent Health

GOALS

- **An integrated response to Adolescent health.**
- **A three tier approach to young people with mental health problems which includes accommodation, life skills and support**

STRATEGIES

1. Develop an adolescent specialist youth health service located to encourage youth access.
2. Assist refugees to manage young people with mental health issues through shared service agreements.

Priority Area 7: Aged Care

GOALS

- **Aged care services that respond to the needs of this diverse community with special needs.**
[NB. 10% Waterloo residents aged 75+ years, 10.6% if residents in Redfern Waterloo have a disability, 35% Redfern Waterloo residents live in Department of Housing accommodation, 50% of residents speak a language other than English at home, and 4.4% of residents are indigenous people.]
- **Joint ACAT /Commonwealth Department of Health and Ageing use of case management for delivery by Aged Care Health Services for special needs groups.**
- **Coordinated, integrated Health services provided by NSW Government to residents of Redfern Waterloo through SSWAHS (eastern Zone) and key agencies eg Department of Housing.**
- **Alignment of HACC and Health boundaries to allow residents of Redfern Waterloo to access HACC funded Health services such as frail aged and dementia Day Centre services and Community Options package.**
[NB. Redfern Waterloo is inside the SSWAHS Health boundary but outside the SW HACC boundary so that HACC founded health services may potentially be provided by neither SSWAHS nor SHE. Currently 20% SSWAHS Day Centre clients and 10% of Community Options clients in the Eastern Zone are residents of Redfern Waterloo. There is an expectation that future referrals for residents of Redfern Waterloo will be accepted by other HACC funded services in South East Sydney where appropriate.]

STRATEGIES

1. Development agreement between SSWAHS Aged Care Community Services and Department of Housing to facilitate the timely development and implementation of ACAT recommendations regarding home modifications for residents living in Department of Housing accommodation in Redfern Waterloo.
 - **Target: Agreement within 6 months of Plan being ratified.**
2. Consider provision of Department of Housing “shared services “ buildings for older residents particularly those living alone (29% of Waterloo residents live alone and are predominately older people (Morgan Disney pg6)).
 - **Target: Shared service building within 24 months of Plan being ratified.**
4. Review provision of HACC funded Aged Care Health services such as frail aged and dementia Day Centre services and Community Options packages in Redfern Waterloo area.
 - **Target: Review complete within 12 months of Plan being ratified.**
5. Review need for appropriate residential Aged Care facilities for residents of Redfern Waterloo where CACP and EACH is not appropriate.
 - **Target: Within 12 months of Plan being ratified.**