CESPHN Community Forums Summary Report

Local health/service needs: Summary from community forums

19 February 2016

diverse werks

CONTENTS

1.   OVERVIEW

As part of a comprehensive approach to the Central and Eastern Sydney Primary Health Network (CESPHN) Needs Assessment process, a series of Community Forums were organised and held in the period Tuesday 2 February to Tuesday 9 February 2016.

The Community Forums were organised in key population hubs relevant to the two Local Health Districts (LHDs) in the CESPHN catchment. The details of the individual forums were as follows;

Locality	Address	Date/Time	Participants*
South Eastern Sydney LHD			
Arncliffe	3 Bridges Community Centre, 5 Forest Rd, Arncliffe	4th February, 9.30 pm to 12.00 pm	22
Maroubra	6 Alma Rd, Maroubra	2nd February, 9.30 am to 12.00 pm	39
Menai	Club Menai, 44-60 Allison Rd Menai	4th February, 1.30 pm to 4.00 pm	24
Sydney LHD			
Burwood	Club Burwood, 97 Burwood Rd, Burwood	9th February, 9.30 am to 12.00 pm	50
Redfern	NCIE 166-180 George St, Redfern	8th February, 9.30 am to 12.00 pm	61
Riverwood	Club Rivers 32 Littleton St Riverwood	5th February, 10.30 am to– 1.00 pm	29
Total participants			225

*Participant numbers do not include CESPHN and LHD staff in attendance or assisting with facilitation and note taking.

The forums were well attended by a diverse mix of stakeholders including consumers, carers, GPs and allied health professionals, service providers working in Aboriginal health, mental health, aged care, disability, local health district staff, and local government.

This report represents the Needs Assessment & Analysis for the 6 Community Forums taken as a whole. A separate Community Forum Summary report has been developed to record the specific discussions in each of the separate Forums. This Needs Assessment and Analysis Report is structured as follows:

- The Community Forum methodology;
- Key service needs – priorities and issues;
- Priority issues within each health need area;
- Evaluation information

It should be noted that the Community Forums represent one of a series of activities to assist CESPHN in its health needs priority setting and in its strategic planning.

DiverseWerks were engaged to provide advice about the Forum locations and structures as well provide Forum facilitation.

2. COMMUNITY FORUM METHODOLOGY

The Community Forums were delivered in partnership with Sydney and South Eastern Sydney Local Health Districts with the aim of providing valuable community level input in the form of facilitated discussions around key health areas that were derived from the following:

◗ Commonwealth Government priorities;

◗ Review of quantitative data

◗ The results of a Local Health Needs Survey conducted by CESPHN in November 2015 which sought the views of General Practitioners, Practice Nurses and Allied Health professionals on the major health issues in the region.

◗ Individual needs assessment reports undertaken by 3 Medicare Locals, all of which now make up the CESPHN.

◗ Analysis of LHD plans

To facilitate discussion, the Community Forums were focussed on 6 health areas. These were:

◗ Aboriginal Health

◗ Aged Care

◗ Child and Youth Health

◗ Disability;

◗ Mental Health/Drug & Alcohol; and

◗ Population Health.

In response to preliminary discussions about the particular needs of two client segments, Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse (CALD) backgrounds, it was decided to include Aboriginal Health as a standalone issue with issues relevant to multicultural health being picked up within the individual focus areas.

The following were variations to the above approach:

◗ Aboriginal Heath was substituted with Multicultural Heath in the Burwood Forum;

◗ Sexual Health was added to the Redfern Forum as well as splitting Mental Health/Drug and Alcohol into two groups;

◗ The Burwood Forum had sufficient level of interest from participants to warrant two full groups in both Aged Care and Mental Health.

The Forums were organised into two sections. The first was the presentation of pertinent factual information relevant to both the Local Health District where the forum was held and the Primary Health Network. This information served to frame the group discussion and demonstrate the broader needs assessment process. In this way, the stated purpose of the Forums was to provide both a validation and priority setting process within the needs based information already collected; and to allow community members and NGOs to identify or raise their health priorities.

This information was delivered by:

◗ A representative of the Sydney Health Community Network who acknowledged country and encouraged both involvement in the online survey and in the PHN community network (where none was present, this role was undertaken by the Forum facilitator);

◗ A representative of the LHD who talked about local health priorities and confirmed a commitment to joint planning;

◗ Nathalie Hansen Manager Strategy and Evaluation CESPHN, who provided a snapshot of the PHN, its coverage and its role and the catchment issues around health, health service access and workforce.

The second section involved running discussion groups. Representatives of the Local Health District and CESPHN were involved in facilitating and scribing the group discussions. A plenary session followed the group discussions to allow all participants to hear the key issues in the health area and comment on them. The discussions were focussed around four key questions:

◗ What is currently working well in [specific topic area] and on what is this assessment based?

◗ What are the current service gaps, or things that are not working well in [specific topic area]

◗ How should these gaps or service weaknesses be addressed and improved?

◗ Moving forward, if you needed to identify one priority action out of your answers to question 3, what would it be?

3. KEY SERVICE NEEDS – PRIORITIES & ISSUES (THEMATICS)

3.1 Characteristics of areas and services working well

Within each health topic, the focus on what was working well tended to be framed around individual programs and initiatives. Some of these were applicable to more than one health area such as Headspace.

The programs that were given highest praise were:

◗ Headspace;

◗ Partners in Recovery;

◗ Ability Links and Early Links;

◗ Home Modification services;

◗ The Commonwealth Home Support Program;

◗ Carers support programs;

◗ Children's health services especially as they apply to the 0-5 age cohort.

In terms of analysing this list it is important to note that while individual programs were seen as successful, this did not extend to a broader systems wide endorsement. The only service area coming close to this was the area of early childhood which was acknowledged as being well integrated, locally based and comprehensive.

Another key point was that the services identified were on the whole focussed on service support, coordination and linkage. As such these were in keeping with the perception of service gaps which tended to be around information pathways and coordination, care coordination and individual health advocacy. Services that relied on outreach and meeting individual clients' needs were acknowledged as positive.

3.2 GP specific issues

A major focus in a majority of the discussion groups across the Forums was around GPs and their role in the health environment. These applied to issues of capacity, knowledge and information to facilitate positive treatment and pathway decisions for clients. The specific areas identified around this included:

- Greater support for GPs to address priority health issues

  Practitioners indicated that GPs need to be given a lot more support to undertake the roles that the health sector and patients want from them in terms of issue knowledge and referral and care coordination. The argument was that because GPs play such a pivotal role they need to be supported to maximise the effectiveness of this role;

- Financial impediments facing the greater involvement of GPs in this area

  In support of the above, in discussion groups in which practitioners participated, the issue of financial impediments affecting the capacity of GPs to undertake this information and care coordination role was highlighted. Equally where GPs were not involved, this issue was not discussed;

- Knowledge of the service landscape around particular issues

  In discussion groups with community representatives, GPs were perceived to lack specific knowledge around the services available in specific health areas such as aged care, mental health and D&A services, both in the local area and across the CESPHN catchment. This lack of knowledge was seen to impair the efficacy of the GP as a point of information and referral to meet the individual needs of their clients. Many service providers who referred clients to GPs also commented that they wanted to know which GPs had a special interest in a particular area each such as Alcohol and Other Drugs and Mental Health.

- A need for GP education

  The issue of GP education was consistent in all discussion groups. In each of these, GPs were seen as lacking the issues-specific knowledge to affect diagnosis and treatment as well as appropriate referrals. The areas in which higher GP education needs were identified were mental health, aged care, population health and D&A;

- Practice issues around referral management and the use of support services such as interpreters

  A range of other issues related to the role of GPs were identified and included the need for practice nurses, the more consistent and appropriate use of interpreters, and more support information directed at GPs.

3.3 Service pathways

The issue of service navigation and available pathways was another consistent issue. At a time of increasing complexity and the changing nature of service delivery, participants expressed a need for simpler ways to understand what is available, the service criteria and where to access the services. This

included references to one-stop-shops, hubs, service pathway information and notional information portals.

The need for this type of information to improve access was heightened by the perceived failure of GPs and other allied health providers to provide this information in a supported fashion. In summary the priorities in service navigation were:

◗ The need for a one-stop shop;

◗ Accessible service directories and service pathway facilitation;

◗ Issue specific service portals;

◗ A focus on key transition points either within or between service types such as those relating to leaving Juvenile Justice, moving from disability to aged care, moving between child, adolescent and adult service types and access.

It should be noted that where such information mechanisms existed such as through My Aged Care, a range of access issues and information shortcomings were raised.

3.4 Service availability at points of transition

Forum participants were keen to identify systemic weaknesses in the coverage of health issues and services that applied to identifiable points of transition. These were predominantly based around age criteria or situational circumstances for individual services. These included;

◗ Young people leaving juvenile justice facilities and their need to continue with the types of support services provided while in detention;

◗ People with disability moving into the 65+ age cohort and equally people who are older than 65 developing a disability;

◗ Children and youth turning 16 years of age;

◗ Young adults moving from children and youth oriented service to adult services across a range of heath areas;

In these situations services that may be effective for one cohort are not mobile and do not follow the individual at these transition points.

3.5 A focus on early intervention

The issue of early intervention was most prominent in the discussion of Aged Care and Mental Health, but can equally be applied to D&A, Population Heath and Sexual Health areas.

The discussion was framed around the need for the health system to be better resourced to affect the cause of health issues rather than deal with the results. This was a particular issue in the aged care discussion with the need to focus on healthy ageing and wellbeing as the corollary to good aged care services. Participants felt that this lack of focus on early intervention was a significant health system failure.

As a result participants believed that more needed to be achieved in the health literacy of the potential users of health services and their carers.

The other issue raised in this regard pertained to mental health and the perception that most services are being geared to crisis intervention. As a result the issues and needs of people with mild to medium mental health issues were not seen to be given priority with the risk of these potentially developing into more complex and severe mental health conditions.

3.6 Care co-ordination

Care coordination was a constant theme across Forums and within individual health issues discussions. What it demonstrated was a failure of individual health client having the operational knowledge around service systems and eligibility criteria to achieve care coordination. As such there is a perceived need for higher levels of care coordination. If this cannot be provided by GPs there is an expectation that systemic resources should be made available for this purpose.

The issue of service fragmentation and the need for support was evident in the positive response to care support services such as Ability Links, Partners in Recovery and the Headspace Program.

3.7 Consumer Directed Care

The implication of consumer directed approaches to service planning and delivery is that it places a far greater value and importance of the health literacy of the individual.

This health literacy can be framed as a competence that needs to be delivered so that clients can exercise informed choice. The components of the competence would be;

◗ Knowledge of the services that are available;

◗ Skills to access these services;

◗ Achieving a client attitude that they are entitled to these services.

3.8 Geographic and jurisdictional boundaries

The issue of geographic boundaries received minimal attention in all Forums except Riverwood.

The discussion in Riverwood was dominated by jurisdictional issues relevant to Riverwood, its positioning within the SLHD and the closer service relationship with Hurstville which is in the SESLHD. These jurisdictional issues were prominent across most heath area specific discussions. These were seen to result in:

◗ Gaps in available local youth services;

◗ Transport issues related to access services in other areas and localities;

◗ An identifiable service void for residents of 6 streets in Riverwood;

◗ Issues with information coordination and referral pathways.

3.9 Sub group access issues

The particular needs for identifiable sub groups were consistent across Forums. These included:

◗ People from CALD backgrounds especially in the area of aged care and mental health in terms of issues relevant to stigma, information and service access;

◗ Older people in terms of their interaction with the changing aged care environment and the focus on IT based information and service interactions;

◗ Aboriginal clients especially around the relevance and need for Aboriginal staff as part of the service interface.

4. NEEDS AND PRIORITIES IN SPECIFIC HEALTH AREAS

This section of the report provides both focus and context for the specific priority issues within individual health areas. There is a degree of cross over between this analysis and the cross jurisdictional and thematic analysis. It is also recommended that the individual Forum discussion summaries are considered to obtain a deeper understanding of the various priority issues

4.1 Aboriginal Health

The issues of Aboriginal health were primarily systemic and revolved around the interaction between Aboriginal people and the health system. The Aboriginal Health priorities were:

◗ Improving data collection relevant to Aboriginal identification and the use of this information to enhance service interaction and appropriate service delivery;

◗ Increasing organisation capacity and competency to deal with Aboriginal clients through the employment of Aboriginal staff (including traineeships and graduate programs), and training and resourcing of other staff around cultural competence;

◗ Delivering on health outcomes relevant to the Closing the Gap initiatives;

◗ Expanding on the outreach model to engage with Aboriginal communities throughout the region

4.2 Aged Care

The priorities around aged care were focussed around how to best navigate and benefit from the aged care reforms. These were:

◗ Supporting GPs to make appropriate referrals to My Aged Care and the Regional Assessment Services;

◗ Addressing access issues relevant to My Aged Care, especially for those who do not speak or read English, those with poor IT literacy and those with low levels of aged care system familiarity;

◗ Addressing the issues of interpreter provision for My Aged care interactions and assessment processes;

◗ Addressing post assessment service delays, or the delays in receiving higher level packaged support;

- ◗ Addressing the needs of Carers in the aged care system.

4.3 Child & Youth Health

The priority focus in this area was almost totally around the post 0-5 age cohort for which services and attention were seen to be lacking. The specific priorities identified were:

- ◗ Addressing youth health more holistically and making it a priority in the area;

- ◗ Addressing the specific issues of sexuality, homelessness and mental health as they apply to youth and young adults;

- ◗ Increasing the focus on families through counselling and support for early childhood development;

- ◗ Addressing waiting lists for speech therapy.

4.4 Disability

The disability discussion revolved around the NDIS. The priority issues were:

- ◗ Addressing the client information needs about the NDIS environment and what is expected from them;

- ◗ Addressing any potential reduction in consumer advocacy services;

- ◗ Developing appropriate accommodation options for people with a disability currently in aged care facilities

- ◗ Organising a service expo for the PHN catchment around the disability services available in the area.

4.5 Mental Health/Drug & Alcohol

The priorities around this area were focussed around mental health and how to best navigate and benefit from mental health services. As stated previously very little attention was given to D&A in the joint discussions. The identified priorities were:

- ◗ Addressing GP misdiagnosis in mental health cases;

- Addressing the fragmentation of available services through better service mapping;

- Increasing GP education around mental health and available service pathways;

- Addressing the issue of mental health stigma in CALD communities while acknowledging that the reduction of stigma in the general community has been significant;

- Addressing the needs of family carers in both the mental health and D&A environments

4.6 Population Health

The discussion around population health was far more concerned with systemic issues than particular health issues. The information provided to Forums prior to the group discussions identified issues such as rates of immunisation, STI infections, significant increases in population concentrations in particular localities, yet none of these were given particular attention in the Population Health discussions. Having said this, the priorities identified were:

- An increased focus on health literacy across the local population;

- Focussing on GP education;

- Enhancing the GPs role as care coordinator;

- Fostering and supporting the development of health advocates to assist in navigating the health care system.

4.7 Sexual Health

The priorities identified in the Redfern Forum were as follows:

- Increasing the health literacy in the community around sexual health;

- Developing a mentoring program for clinicians and incentives for GPs to focus on the sexual health area;

- Undertaking capacity building and training for service providers around sexual health.

4.8 Multicultural Health

The issues relevant to health access for the CALD populations in the area have been picked up within the priorities for other discrete areas. The following are the priority areas identified in the Burwood Forum:

◗ Addressing the needs of the diversity within individual CALD communities especially where it involves sexual health, mental health and dementia;

◗ Addressing specific interpreter issues through TIS and through the health interpreting services;

◗ Promoting effective CALD communication to support early intervention and health literacy;

◗ Addressing the issue of Hep B in CALD communities.

5. COMMUNITY FORUM EVALUATION

An evaluation exercise followed each Community Forum. The aggregated results from these have been included in this overall summary under three specific headings: forum structure; administration and logistics; and content.

5.1 Structure

The forum was: Well Organised vs Disorganised

- 5 - Well Organised: 58%
- 4: 37%
- 3: 4%
- 2: 0%
- 1 - Disorganised: 1%
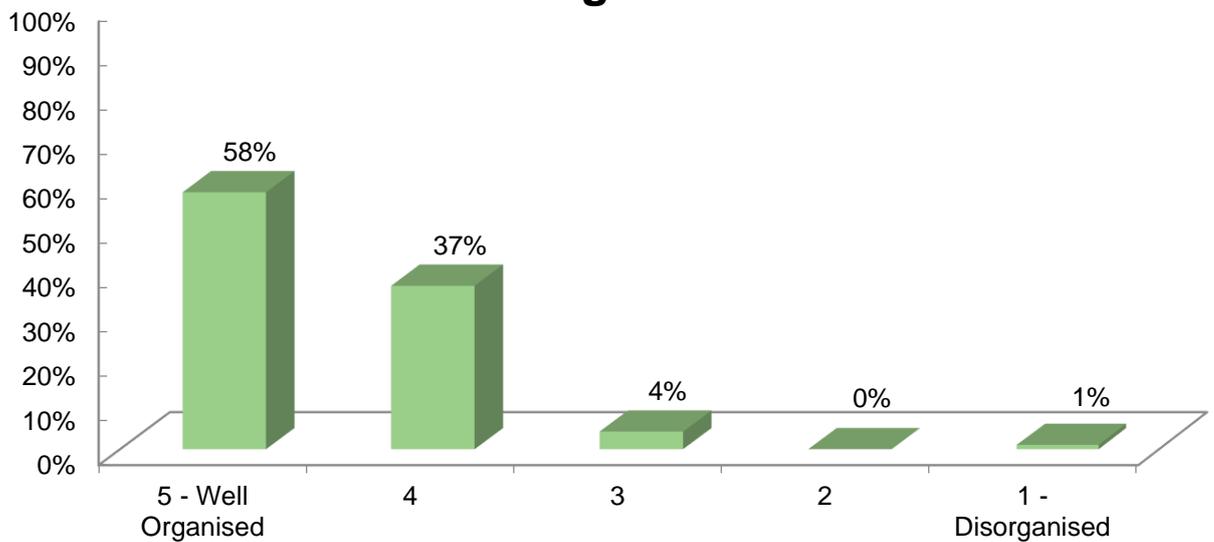
The forum was: Time for Content

- 5 - Too long for content: 7%
- 4: 15%
- 3: 49%
- 2: 18%
- 1 - Too short for content: 8%
- Didn't answer: 4%
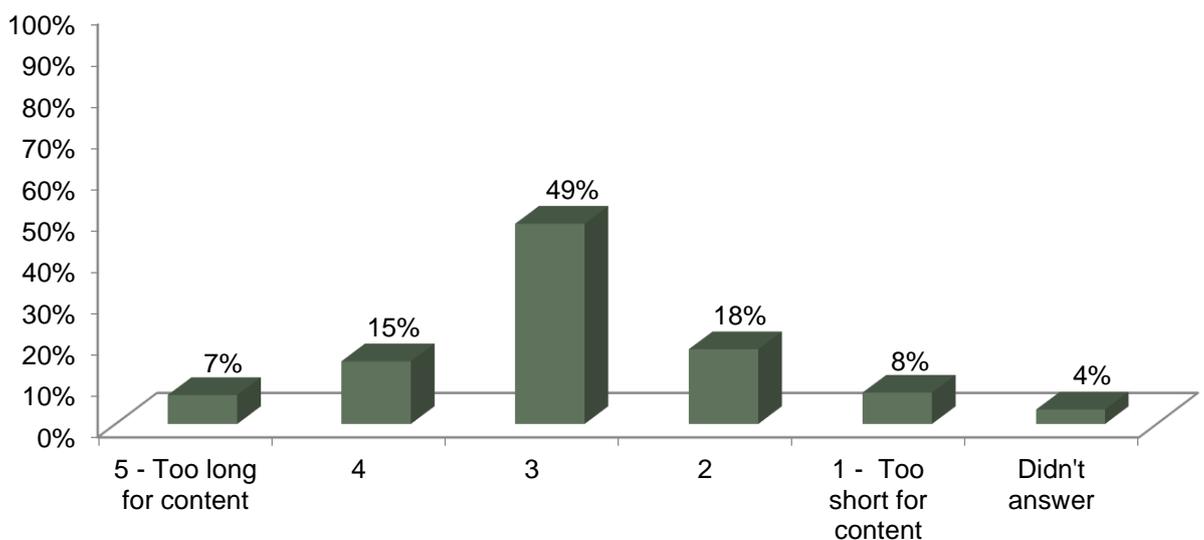
The forum had: A Logical Structure
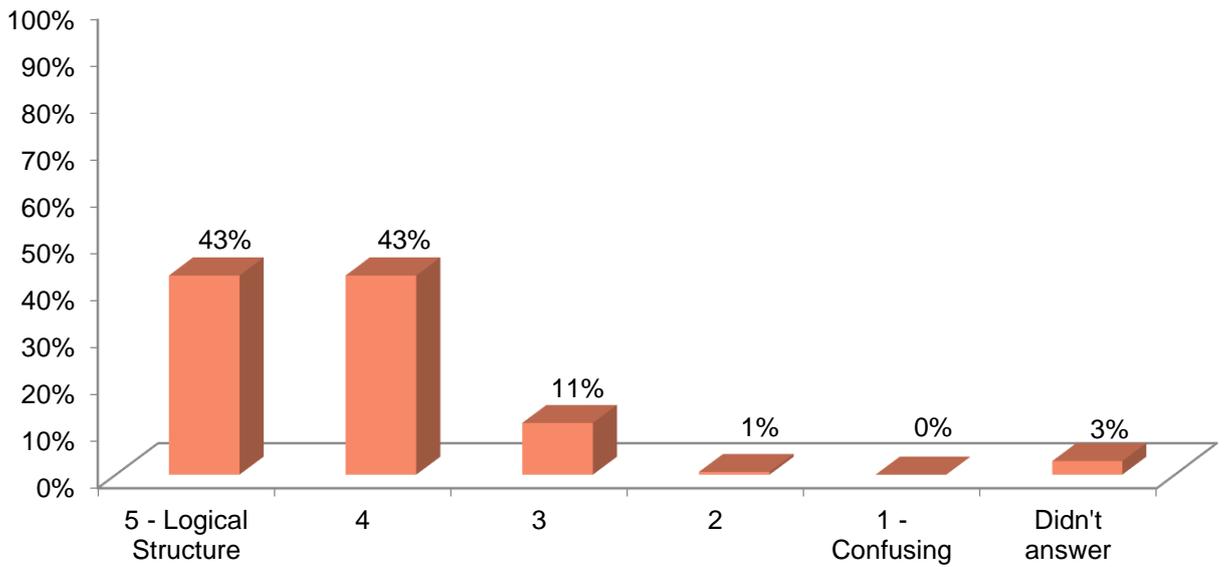
5.2 Logistics & Communications
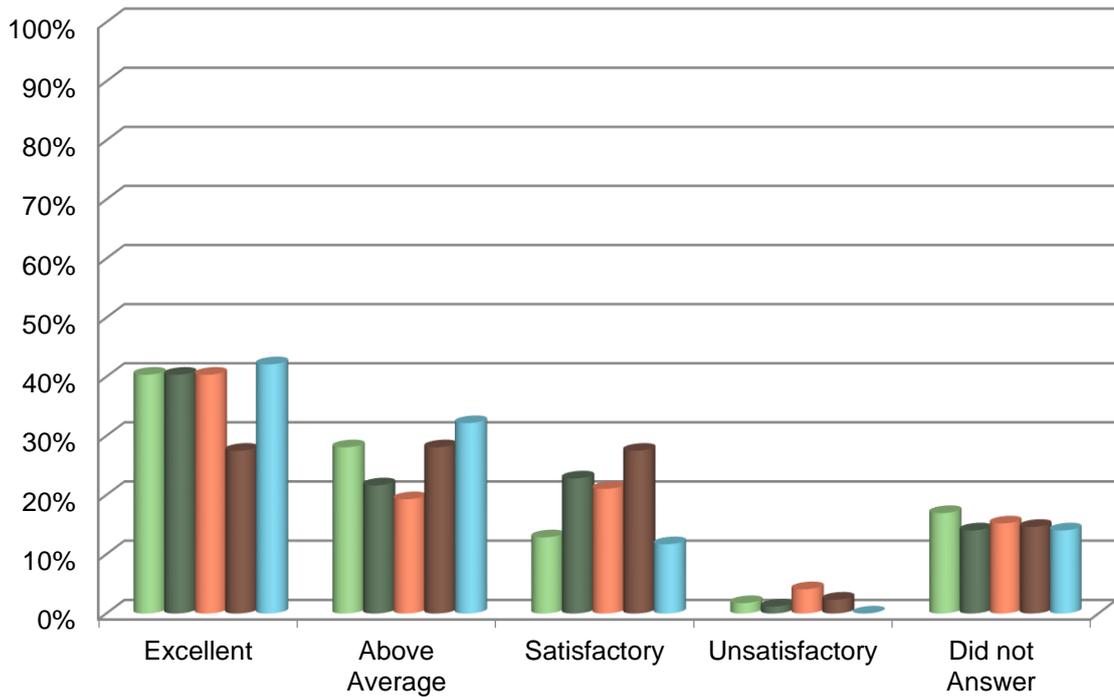
|		Excellent	Above Average	Satisfactory	Unsatisfactory	Did not Answer
	Communications with Organisers	40% (n=69)	28% (n=48)	13% (n=22)	2% (n=3)	17% (n=29)
	Location of Venue	40% (n=69)	22% (n=37)	23% (n=39)	1% (n=2)	14% (n=24)
	Accessibility of Venue	40% (n=69)	19% (n=33)	21%(n=36)	4% (n=7)	15% (n=26)
	Room Layout	27% (n=47	28% (n=48)	27% (n=47)	2% (n=4)	15% (n=25)
	Catering	42% (n=72)	32% (n=55)	12% (n=20)	0% (n=0)	14% (n=24)
Total forms = 171						

The content of the forum was: Informative
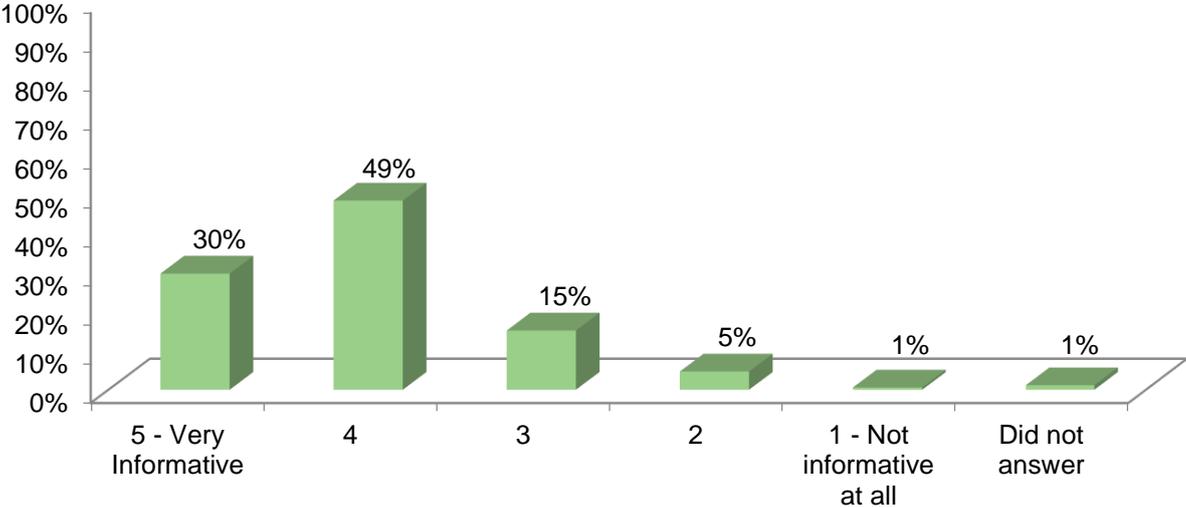
The content of the forum was: Useful
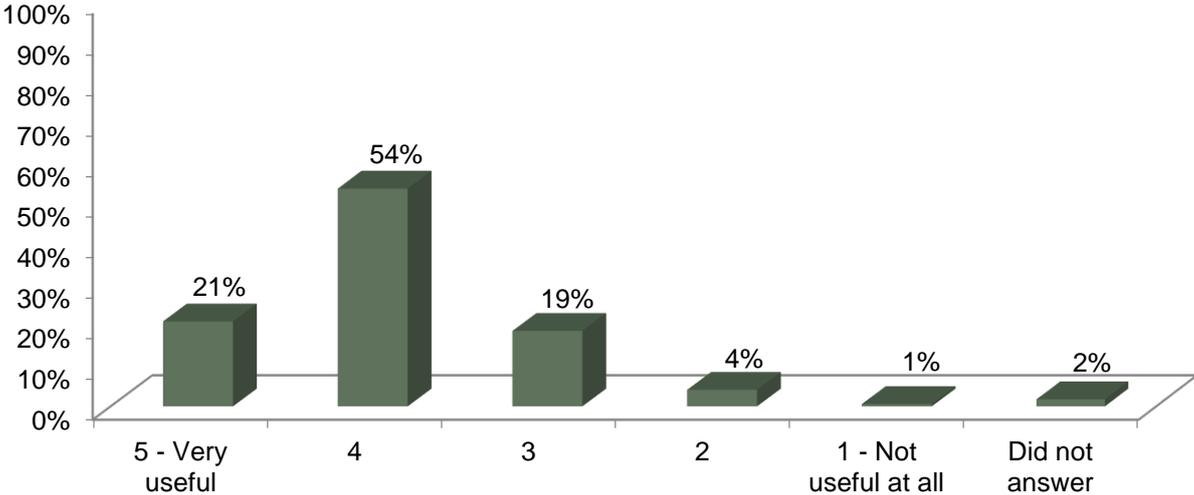
The content of the forum was: Practical

Values (left to right):
- 5 - Immediately practical: 11%
- 4: 29%
- 3: 48%
- 2: 8%
- 1 - No practical value: 2%
- Did not answer: 1%
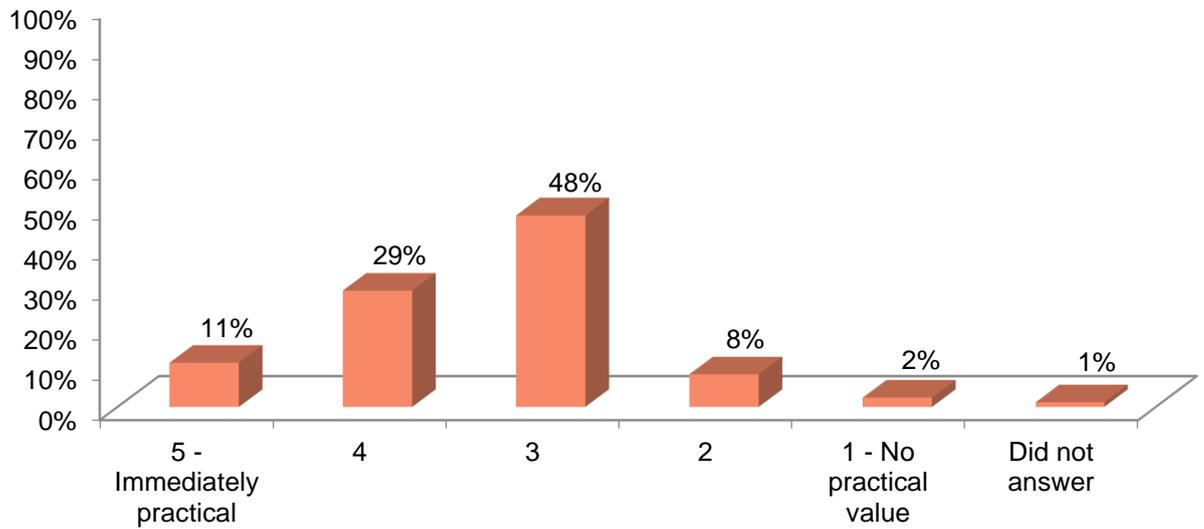
The content of the forum: Met my expectations

Values (left to right):
- 5 - Met my expectations: 18%
- 4: 40%
- 3: 25%
- 2: 1%
- 1 - Did not meet my expactations: 1%
- Did not answer: 15%

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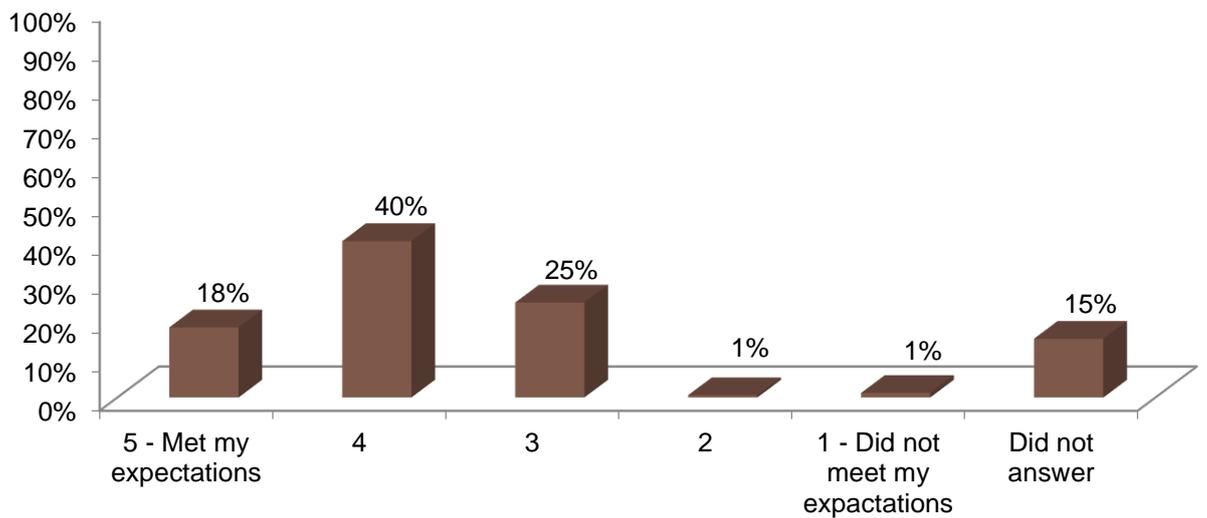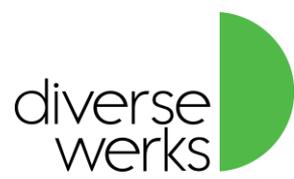
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