CESPHN Community Forums Detailed Report

Local health/service needs: Individual community forum summaries

February 2016

diverse werks

CONTENTS

INTRODUCTION

Central and Eastern Sydney PHN (CESPHN) contracted DiverseWerks to assist with a series of community forums across the CESPHN catchment. The aim of the forums was to develop an understanding of the health care needs of our community so that planning for future programs and activities is targeted to address service gaps. The forums were conducted in six locations across the region and the following report summarises feedback by forum location.

1. ARNCLIFFE

1.1 Community Forum Details

Date: Thursday 4th February

Time: 9.30 a.m. – 12.00 p.m.

Venue: 3 Bridges Community Centre, 35 Forest Road, Arncliffe

No of Participants: 22, made up of local NGOs, LHD staff and community members.

1.2 Forum Approach and Issues Coverage

The forums were organised around two approaches. The first was the presentation of pertinent factual information relevant to Local Health District and CESPHN. This information served to frame the group discussion and demonstrate the 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 statistical information already collected.

The speakers were:

- Julie Millard, Chair, Sydney Health Community Network who gave the welcome to country
- Tish Bruce, Deputy Director, Ambulatory & Primary Health Care, SESLHD who talked about local health priorities
- Nathalie Hansen, Manager Strategy and Evaluation, CESPHN who provided a snapshot of the PHN, its coverage, its role and the issues identified through analysis of data for health, access and workforce.

The second approach involved running discussion groups over the course of the afternoon. Representatives of South Eastern Sydney Local Health District (SESLHD) and CESPHN were involved in facilitating and scribing the groups' discussion around the following six topics:

- Aboriginal Health
- Aged Care
- Child & Youth Health

- Disability
- Mental Health/Drug & Alcohol
- Population Health

A plenary session was held after each round of groups. The following summary document is based on both the detailed group discussion notes and the plenary discussions.

1.3 Issue Discussion Summaries

1.3.1 Aboriginal Health

Focus Question	Discussion Summary
What is currently working well?	The discussion group focused on a number of examples that were working well, namely pinpointing programs which were responsive to Aboriginal communities through the use of specialised services, and identified positions in the health system. Such examples included: ▪ The Aboriginal Medical Service (AMS): as the service has established trust, is culturally aware and gives the appropriate level of support as a result; ▪ Bulbuwil Aboriginal Healthy Lifestyle Program was seen as an effective program; ▪ The employment of Aboriginal Liaison Officers within programs was seen as key to positive outcomes. Examples given were: Benevolent Society, Aboriginal Mental Health Team at Camperdown Hospital and Community Health Service at La Perouse. Follow up services, such as the 48 hour follow up provision for Aboriginal communities via phone on discharge from LHD hospitals, were also viewed as working well.
Current service gaps or areas not working well?	Following on from the identification of 48 hour follow up services as working well, it was also acknowledged that there were gaps in this service in the areas of mental health and drug and alcohol issues. In relation to the PHN itself, the group stated that there was a lack of community awareness as to what the PHN does, and there is a lack of input from Aboriginal communities themselves at higher levels of the organisation. At a more operational level, there was also an identified lack of input by Aboriginal communities at the program design level. The cut in transport services that

	diminished with the cessation of the Medicare Locals was also seen as a major service gap. A cultural understanding of the differences in Aboriginal communities was also seen as a gap in knowledge across the network. In relation to GPs, there was a sense from participants that Aboriginal identification is not adequately recorded as GPs are not asking if people identify as being Aboriginal / Torres Strait Islander.
Addressing gaps & improving services	In order to address these gaps, the following strategies were suggested; ▪ Aboriginal representation in program design activities within the PHN; ▪ Stronger links are forged with Aboriginal communities for representation and consultation through creating a presence at community events such as NAIDOC and meetings at Kurranulla and La Perouse; ▪ More communication around where to find services, and what their role is; ▪ Work with Aboriginal communities across all policy areas; ▪ Take the discussions to communities.
Priority Actions	The priority area highlighted by the group stressed the importance of outreach to the community, and taking the conversation to them.

1.3.2 Aged Care

Focus Question	**Discussion Summary**
What is currently working well?	The discussion raised a few areas where the system is working well. These included; ▪ The utilisation of home care assistants to ensure that older people stay at home for longer; ▪ Transitional aged care packages; ▪ An adaptable and compassionate workforce who were flexible for change; ▪ A growing integration between services and community.
Current service gaps or areas not working well?	There were a number of systemic and access issues identified by participants within the aged care sector. These included;

	▪ Lack of integration between Commonwealth and state funded services, and a lack of coordination between sectors – i.e. mental health and aged care; ▪ My Aged Care needing a number of improvements; ▪ A better incorporation of carer health and needs into the system; ▪ Access issues for dementia patients accessing rehab services; ▪ GPs not providing information on additional services available; ▪ Lack of utilisation of e-health in the aged care space.
Addressing gaps & improving services	Ideas and strategies to combat the issues and gaps detailed above included focussing more on consumer engagement, shorter aged care assessments, improved communication regarding e-health, and more centralised coordination of information and support services.
Priority Actions	The co-ordination of all information needs for consumers which spans numerous sectors including mental health, aged care and disability.

1.3.3 Child & Youth Health

Focus Question	**Discussion Summary**
What is currently working well?	There were a number of positive approaches and programs that were pinpointed by group members as contributing to the wellbeing of children and youth in the area. There was recognition that information sharing through the conduit of interagencies (in particular the St George Children and Families interagency) was key to developing appropriate services and effective strategies. Some specific programs that the group believed 'worked' in the area include; ▪ headspace; ▪ Youth Network – St George Youth; ▪ Poppy Playgroup in Kingsgrove; ▪ READY project; ▪ Sustaining vulnerable NSW families; ▪ Kookaburra Kids; ▪ 3 Bridges. There was also discussion around the importance of programs through schools targeting health, and early intervention and prevention programs.

Current service gaps or areas not working well?	There was acknowledgement that there were there were certain cohorts of youth falling through the gaps of the service system. These included; ▪ Under 18s needed assistance for drug and alcohol issues; ▪ No youth services in the Wolli Creek and Rockdale areas; ▪ Not enough culturally diverse youth services; ▪ Services for young adults 17-25 were lacking. There was also a lack of youth friendly GPs identified, and services for youth with drug and alcohol issues overall. In terms of best practice approaches, the group discussed the lack of outreach services for youth and lack of mental health and bullying education in schools. In terms of systemic concerns, there was an identified lack of follow up for children at risk of family violence, and a lack of referral pathways attached to this. There is also a lack of ownership, lack of responsibility and inconsistencies at Familiy and Community Services (FaCS).
Addressing gaps & improving services	Some strategies were discussed amongst the group, and detailed below; ▪ More breakfast groups for children; ▪ Funding which was preventative and not reactive; ▪ An integrated planning model between FaCS, Dept of Education, and other relevant departments. What resonated strongly was a need to build a holistic health care system that is trenched in early intervention approaches, and involves the whole family and child / youth. Empowering youth was seen as key to building resilience, and this could be created in the form of youth representatives and peer advocates.
Priority Actions	A holistic and integrated approach to service delivery was seen as the top priority action.

1.3.4 Disability

Focus Question	**Discussion Summary**
What is currently working well?	There were some positive areas within the disability sector identified by participants. These included; ▪ Rehabilitation and inpatient services; ▪ Physical accessibility – including increased ramps for example;

	▪ The National Disability Insurance Scheme (NDIS) viewed as a positive step towards service improvements and coordination of services; ▪ There has been a perceived reduction of stigma around disability, and an increased focus on ability and not disability.
Current service gaps or areas not working well?	Communication and systemic issues were also raised as a major concern. These included: difficulties navigating the various services, especially for those who do not have a chronic disability, lack of coordination and communication between services and long hospital waiting lists for surgery, and inconsistent carer supports across the system. Age appropriate support accommodation was also seen to be lacking.
Addressing gaps & improving services	There was an identified need to strengthen transitional care across a range of age and systemic transitions. These including focusing on the transition from children to adult services, home to hospital and hospital to support accommodation. Workforce education across all sectors around disability, including frontline staff was seen as necessary.
Priority Actions	The main priorities identified included: workforce education and resource teams.

1.3.5 Mental Health + AOD

Focus Question	**Discussion Summary**
What is currently working well?	There were a number of targeted programs that the group pinpointed as working well. These included programs targeting culturally and linguistically diverse communities such as: Transcultural Mental Health and the Arabic Mindfulness project. headspace and Partners in Recovery also received favourable mention through its function of facilitating and supporting clients to access services. Men's shed, Community Mental Health Drug and Alcohol Research Network, Poppy Playgroups all seem to be positive initiatives.
Current service gaps or areas not working well?	In comparison to what the group pinpointed as working well, there were a larger amount of service gaps and systemic issues that were identified. Those with non acute mental health issues were seen to be falling through the gaps, in particular men over 30 where this cohort is reliant on community support. Families of people with AOD issues are also falling through the gaps, with no solid support services available and waiting lists

	are around 3+ month wait for people to enter rehab services. headspace stops servicing clients after 25 years of age, and there seems to be a gap in service delivery at this transition point. In terms of systemic concerns, the group pinpointed that there is a distinct lack of integrated care – there are so many services, but there is no communication. Health strategic plans are too broad and generic and don't cater for specific LGAs. Issues for culturally and linguistically diverse groups were also raised, where it was acknowledged that there needs to be different approaches applied – for example, gambling and tobacco use in the Arabic community where the community underestimates the harm. There is a lack of culturally appropriate and simple marketing of messages. The group also listed a number of concerns in relation to GPs, these being that; ▪ There is still stigma on behalf of GPs to deal with drug and alcohol issues effectively; ▪ Some GPs don't promote harm minimisation effectively, and don't talk about prevention; ▪ GPs over prescribe medication; ▪ There is no linkage between community, pharmacies, GPs and private clinics.
Addressing gaps & improving services	Some strategies included; ▪ More synergy between larger services and smaller community orgs e.g. Multicultural health working closer with NGOs, upskilling the community on AOD issues; ▪ Increase health literacy; ▪ Value the lived experience of people living with AOD and mental health issues; ▪ Consumer advocates to be educated on health system navigation and awareness on what services are available; ▪ Need a multifaceted approach to reaching out to community; ▪ More centralised systems.
Priority Actions	PHN to lead awareness of services and service linkage. The importance of building the capacity of consumers was also highlighted.

1.3.6 Population Health

Focus Question	Discussion Summary
What is currently working well?	There were references to the strong connection with the Rockdale Council in progressing positive health outcomes from within the community. Examples of what's working well included; ▪ Early Childhood programs, including home visits, and formal evaluations; ▪ Working group with the HARP team and Rockdale Council; ▪ Pop up clinics within the community which lent itself to creating awareness; ▪ The beginning of better communication between health organisations and Rockdale council; ▪ MOU between Rockdale Council and SESLHD population health.
Current service gaps or areas not working well?	The areas of population health that are not working well mostly include systemic issues, gaps in services, and a lack of culturally appropriate services. Examples include; ▪ Gaps in mental health and chronic pain services to the Aboriginal communities; ▪ Services for the aged in Aboriginal communities are limited; ▪ Lack of bilingual workers; ▪ Limited interpreter availability; ▪ Gap in psychology services to meet the demand for treatment for anxiety and depression; ▪ Poor linkage of diabetes services; ▪ Lack of GP after hours services; ▪ Poor information sharing and coordination between government agencies, for example FaCS and health – and this means that vulnerable families are falling through the gaps; ▪ Lack of counselling services for families and children.
Addressing gaps & improving services	The discussion group advocated for a mix between addressing systemic issues, and building the capacity of consumers to navigate the system. This included employing more care coordinators to join up services, and to provide practical support and be a point of contact. There also needs to be more linked health information sharing. Person centred care needed to be the main focus, where the system looks at what the person wants and be flexible in meeting their needs.

Priority Actions	The main priority actions were – care coordination to link services, and increased partnerships.

1.4 Cross Program & Jurisdictional Issues

There were a number of cross program and jurisdictional issues raised within the Arncliffe area, and the Rockdale LGA more broadly. As with many of the other forums, the issue of a systemic lack of coordination between services was seen as a major issue. This was especially prevalent in the area of aged care, where there was a perceived lack of coordination between state and government departments. Also, there was a distinct lack of cohesion between the mental health and aged care sectors in the region.

There was a clear feeling that community engagement and participation was the key to positive outcomes for people, both in the system understanding the needs of consumers, and also consumers navigating the system effectively. This was especially noted in the mental health / drug and alcohol sectors, and the necessity for there to be more synergy between the health system and multicultural organisations for example. Initiatives stemming from within Rockdale Council were also seen to be positive across the board.

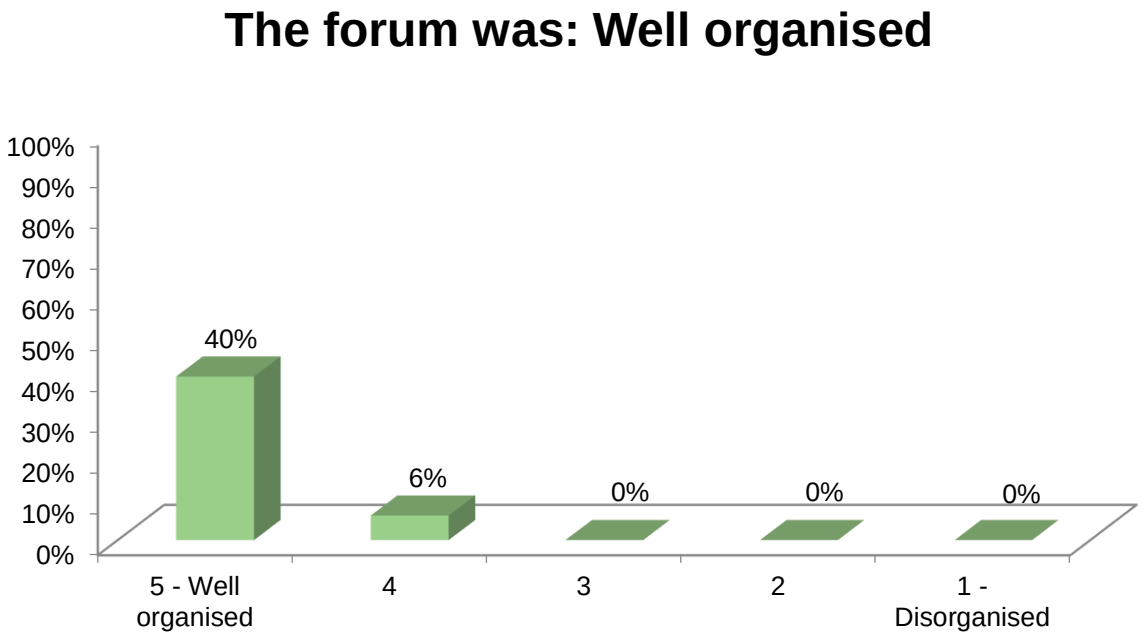
Other pertinent systemic issues within the jurisdiction included;

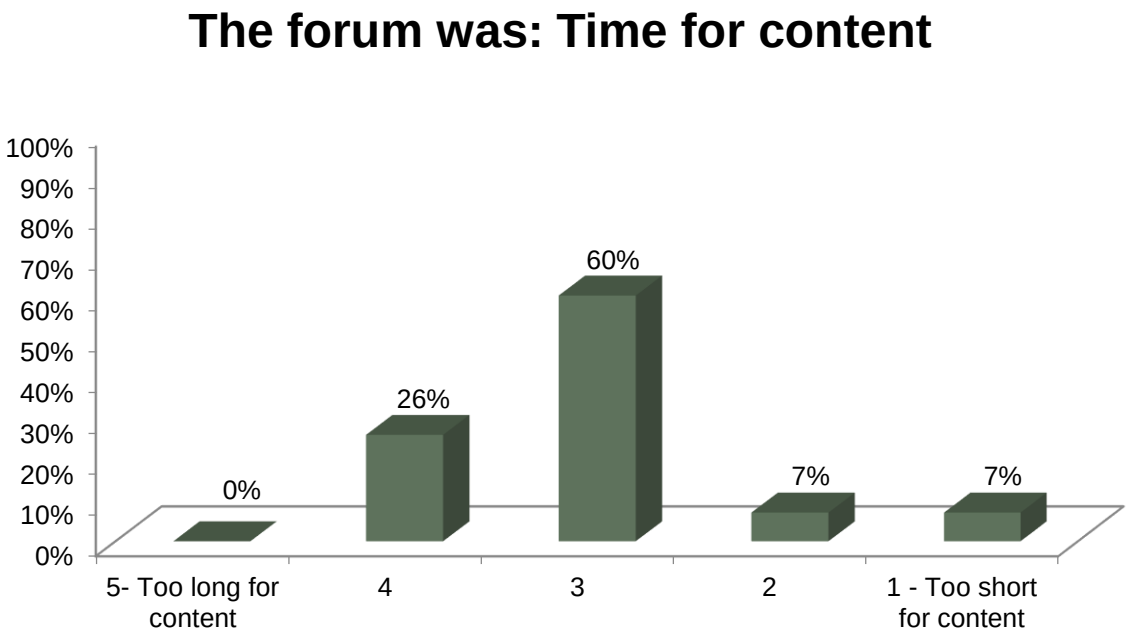
- A need for GPs to be more welcoming to younger people, and be upskilled in data collection in identifying patients from an Aboriginal or Torres Strait Islander background
- People 'falling through the gaps' in times of transition. These transitional phases comprised of the transition from child to adult services in the disability sector and home to hospital
- A perceived lack of consultation and feedback from Aboriginal communities across all health areas.

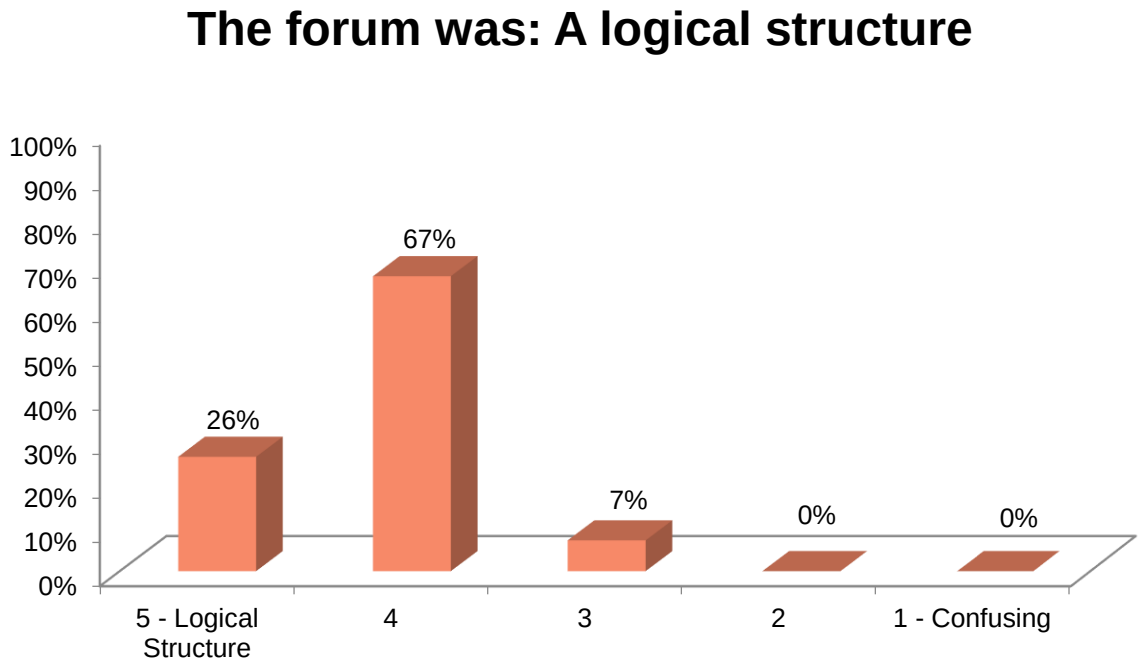
1.5 Forum Evaluation

As with all other forums, participants expressed that they really enjoyed the opportunity to meet other service providers, and connect with other people in different sectors. Participants expressed a strong desire for feedback, and in particular, requesting a follow up of strategic priorities. There was also an expressed desire for more consultation with Aboriginal communities directly. There was a strong sense that there should be more direct consumer participation and feedback.

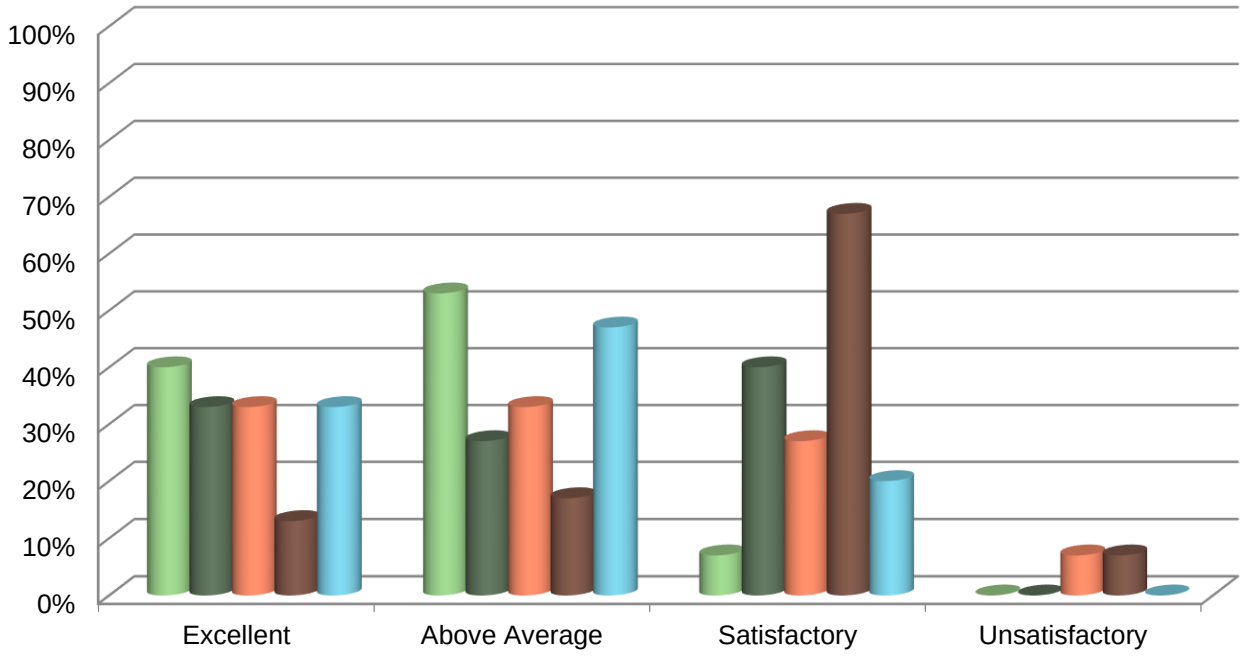
1.5.1 Structure





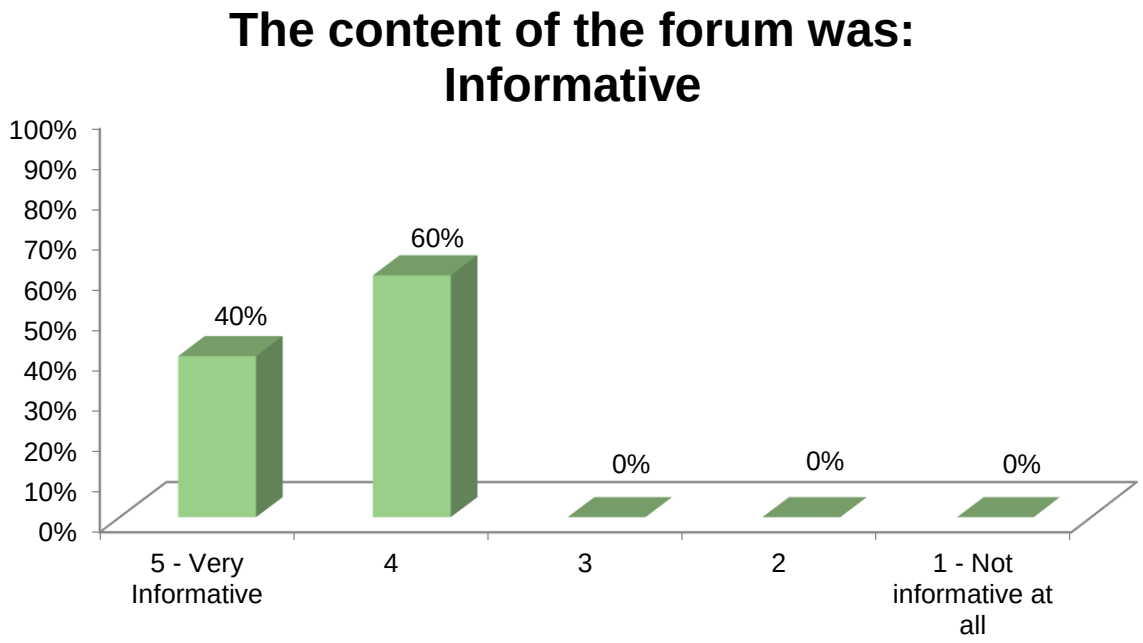


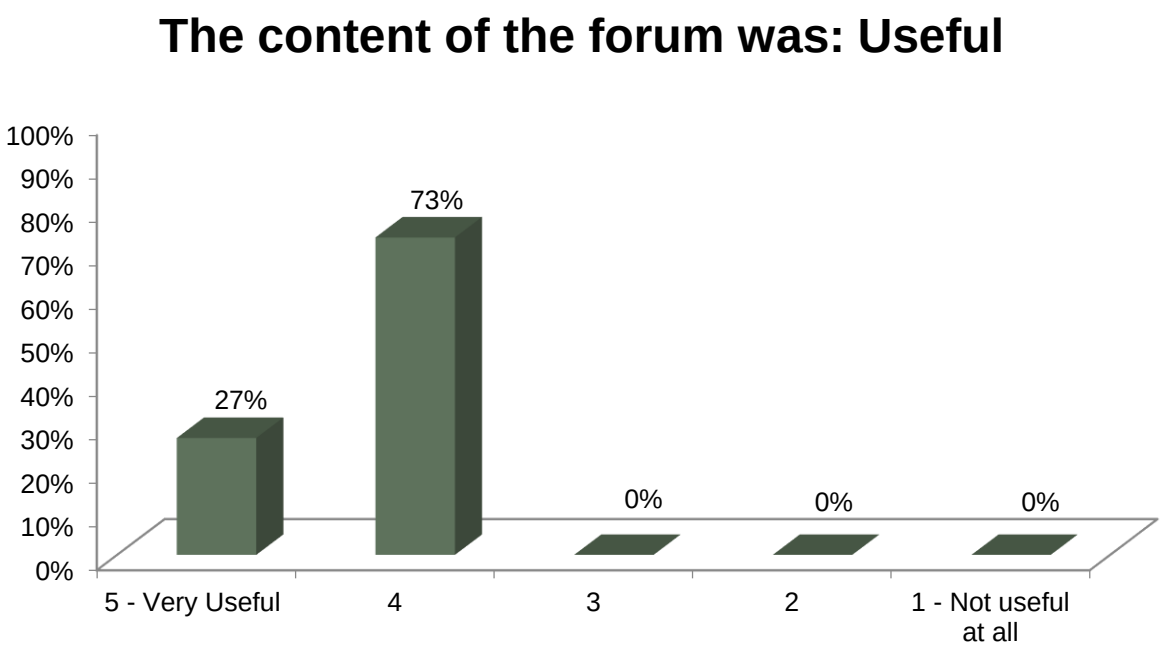
1.5.2 Logistics & Communications



	Communications with Organisers	40% (n=6)	53% (n=8)	7% (n=1)	0%
	Location of Venue	33% (n=5)	27% (n=4)	40% (n=6)	0%
	Accessibility of Venue	33% (n=5)	33% (n=5)	27% (n=4)	7% (n=1)
	Room Layout	13% (n=2)	13% (n=2)	67% (n=10)	7% (n=1)
	Catering	33% (n=5)	47% (n=7)	20% (n=3)	0%
Total of 15 Surveys filled out					

1.5.3 Content


The content of the forum was: Informative
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
40%
60%
0%
0%
0%
5 - Very Informative
4
3
2
1 - Not informative at all


The content of the forum was: Useful
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
27%
73%
0%
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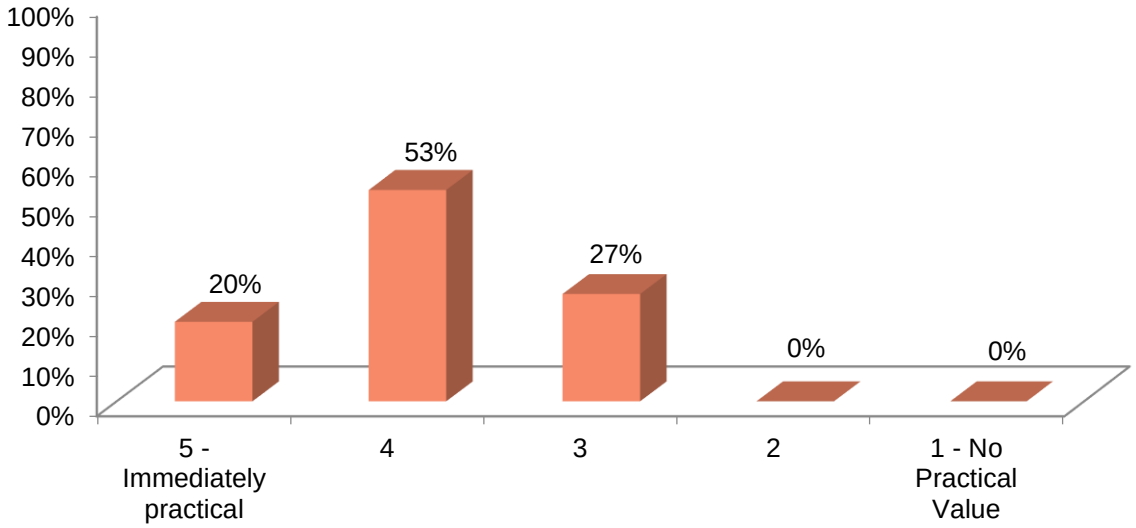
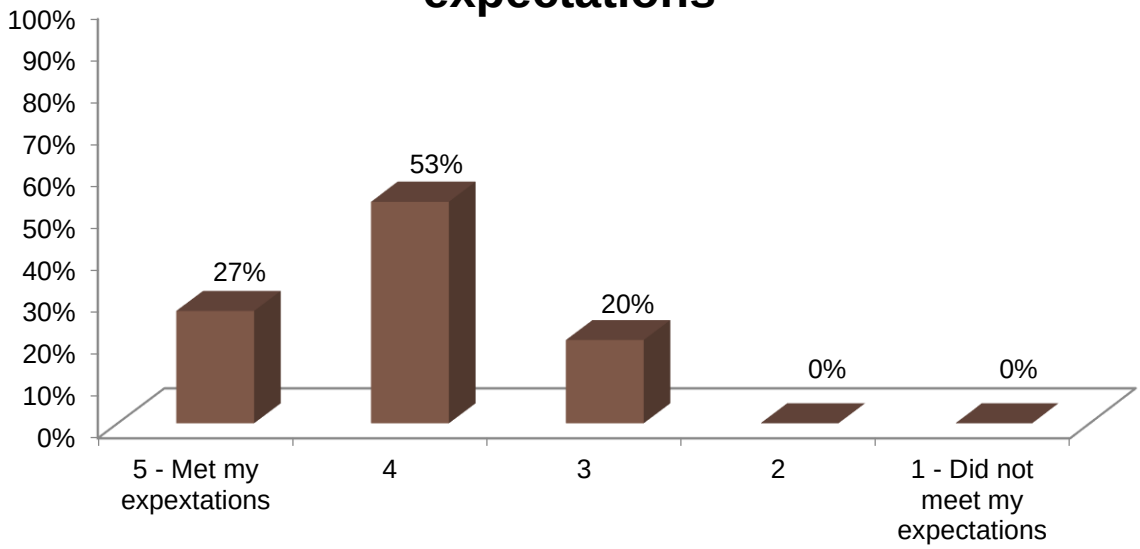
5 - Very Useful
4
3
2
1 - Not useful at all

The content of the forum was: Practical



The content of the forum: Met my expectations



2. MAROUBRA

2.1 Community Forum Details

Date:	Tuesday 2nd February
Time:	9.30 a.m. – 12.00 p.m.
Venue:	6 Alma Road, Maroubra
No of Participants:	39, made up of local NGOs, Local Government, Police, Aged Care Services, Allied Health professionals, GPs and community members as either consumers or carers

2.2 Forum Approach and Issues Coverage

The forums were organised around two approaches. The first was the presentation of pertinent factual information relevant to both the Local Health District and CESPHN. This information served to frame the group discussion and demonstrate the 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 statistical information already collected.

The speakers were:

- Stephen Tait, Director, Sydney Health Community Network: who gave the Acknowledgement of Country, and talked about the Sydney Health Community Network;
- Julie Dixon, Director, Population Health & Equity, SESLHD;
- Nathalie Hansen, Manager Strategy and Evaluation, CESPHN who provided a snapshot of the PHN, its coverage, its role and the issues identified through analysis of data for health, access and workforce.

The second approach involved running discussion groups over the course of the afternoon. Representatives of South East Sydney Local Health District (SESLHD) and CESPHN were involved in facilitation and scribing the groups discussion around the following six topics:

- Aboriginal Health
- Aged Care
- Child & Youth Health

- Disability
- Mental Health/Drug & Alcohol
- Population Health

A plenary session was held after each round of groups. The following summary document is based on both the detailed group discussion notes and the plenary discussions.

2.3 Issue Discussion Summaries

2.3.1 Aboriginal Health

Focus Question	Discussion Summary
What is currently working well?	This forum covered issues relevant to the La Perouse area which includes a larger number from the Aboriginal community. Although there are still issues to be addressed (as will be discussed below), there were number of examples of what was working and what resonated with the community. Some of these examples included; ▪ Aboriginal identified positions in services have made a real difference; ▪ Wayside Chapel (although not located in the LGA), have employed Aboriginal staff and many in the area attend this service.
Current service gaps or areas not working well?	There were a number of gaps and areas not working well which were identified by the group. Wesley Mission was seen not to be engaging effectively enough with the communities in the area. In terms of specific services needed in the area, the following health needs were identified; ▪ A lack of podiatry services; ▪ Dental health – where there are inconsistencies with eligibility criteria which is a real access issue; ▪ Friendly and inviting services to treat STIs for younger people; ▪ Lack of GPs that bulk bill in Eastgardens. There was also a discrepancy between the demand for home care packages and HACC services within Aboriginal communities, and comparison to the wider population in Eastern Sydney.

Addressing gaps & improving services	A focus needs to be on community engagement, a concerted effort to create more Aboriginal identified positions and integration and communication across services.
Priority Actions	Main priority actions included increased community engagement and a focus on increased uptake of MBS items among GP practices through targeting practices located in high indigenous areas.

2.3.2 Aged Care

Focus Question	Discussion Summary
What is currently working well?	There was a general feeling within the group that consumer directed care (CDC) approaches were on the right track, and allowed for flexibility and consumer choice. The role of social workers within hospitals was also pinpointed as positive (particularly Prince of Wales Hospital), and beneficial in providing information. There was acknowledgement that there was a slight improvement in awareness of My Aged Care in the community, and a noticeable increase in community information around dementia. Working groups were also working well, such as the Older Person's Mental Health Working Group where information fact sheets have been implemented. There has been an increasingly visible campaign in toilets and other places around older people with mental health issues. Access to hospitals through Geriatric Flying Squad and Transitional Aged Care Program has been working well.
Current service gaps or areas not working well?	There were numerous concerns raised around My Aged Care, including a lack of accessibility. There are free OT services in Sutherland, however these have not been communicated to consumers. Medicare payments are a disincentive to GPs to visit people in their homes. There is also a lack of knowledge about mental health issues within the aged care sector. Additional gaps include; ▪ Private company referrals; ▪ Consumer knowledge of services.
Addressing gaps & improving services	Materials need to be translated, computer literacy increased for the aged, need for more interpreters, a need to address exploitation and abuse of older people.

	Other suggestions included; ▪ Holding off on rolling things out and measure current programs; ▪ More education for primary health care professionals and consumers; ▪ Better coordination of information; ▪ Coordination of services across sectors; ▪ Consumer education.
Priority Actions	Tools which interpret information, more mental health services in the aged care sector, headspace equivalent for aged care. Consolidation of information, independent Regional Assessment Services – it's becoming too commercialised, and independent body that advocates for consumers.

2.3.3 Child & Youth Health

Focus Question	**Discussion Summary**
What is currently working well?	There were a number of examples of programs and approaches that are working well. These include; ▪ Better identification of women with post natal depression; ▪ Screening; ▪ Interagencies; ▪ Strong community organisational initiatives as opposed to government led in the south eastern community; ▪ Play groups – soft entry approach to talk to mums about screening, prevention and services; ▪ More kids are being sent to pre school, and this leads to early diagnosis of issues; ▪ Effective speech therapy services at Prince of Wales Hospital, and the Children's hospital is well received; ▪ At Malabar there is a free clinic for aboriginal families; ▪ There is anticipation for headspace at Bondi Junction which would be positive.
Current service gaps or areas not working well?	Service gaps include; ▪ Domestic violence services not working well; ▪ Service cuts to programs targeting kids after school age;

	▪ Overseas students aren't accessing health care – no Medicare and don't have enough funds; ▪ Dental services are very poor for children and youth; ▪ Recent migrants falling through the gaps; ▪ Social determinants of health an issue – homelessness and affordable housing; ▪ Lack of service integration; ▪ Immunisation rates falling; ▪ Daceyville dental now closed.
Addressing gaps & improving services	Strategies to address gaps include; ▪ Better training for GPs/specialists; ▪ Front desk staff trained to be more engaging and friendly; ▪ More practice nurses; ▪ Improvements for Access to Allied Psychological Services program; ▪ GPs in high schools; ▪ More prevention focus.
Priority Actions	Priority actions included; ▪ More health services in the community; ▪ Cut down on waiting lists.

2.3.4 Disability

Focus Question	Discussion Summary
What is currently working well?	There were a number of programs working well in the area. These include; ▪ The increase of social media in connecting with other providers; ▪ More service reach to homes, flexibility and more of a case management role; ▪ Shift to person centred delivery and holistic approach to care; ▪ Cochlear Implant centre working well – e.g. Medicare for Cochlear Implant; ▪ Partners in Recovery – picks up the gaps for some people; ▪ Disability Action Plans in Councils; ▪ Closed captioning; ▪ Good services for the vision impaired – i.e. Vision Australia;

Current service gaps or areas not working well?	There are a number of gaps and improvements needed, these include; ▪ Awareness of service delivery; ▪ Gaps to transport funding in NDIS; ▪ Intellectual disability – issues in relation to choice and control ▪ Chronic disease is often not managed well in this space and is not seen as a priority; ▪ Access to respite for disability is lacking; ▪ Major gaps in transitional services – i.e. child to adult, change to and from health care providers; ▪ Vision services can take up to 3-5 months for a NDIS package; ▪ Funding gaps for NDIS needs to be addressed.
Addressing gaps & improving services	Some thoughts around addressing these gaps include; ▪ Creating a forum for consumers to determine their priority needs; ▪ Expo for disability – providers have stalls to allow consumers to know what's available; ▪ More education for GPs.
Priority Actions	Free access to case managers and planners to coordinate all services; Capacity building for people with disability to navigate the system needs to be a priority.

2.3.1 Mental Health/Drug & Alcohol

Focus Question	**Discussion Summary**
What is currently working well?	A number of programs were identified as working well. These included; ▪ Recovery Colleges; ▪ Mental Health Crisis line; ▪ Partners in Recovery – helping people navigate the system – person centred services; ▪ Community development approaches; ▪ Neami – housing support and wellbeing; ▪ Free services – ATAPS; ▪ Early intervention; ▪ Mental Health Association – NSW wide; ▪ Jarrah House – residential rehab for women and children; ▪ headspace.

Current service gaps or areas not working well?	There were a number of service gaps pinpointed – these included; ▪ Waiting lists; ▪ Eligibility criteria; ▪ Holistic services; ▪ Alternative therapies; ▪ Outreach services; ▪ Mental health in older people – "need a 'headspace' equivalent for older people; ▪ Lack of accessibility – e.g. parking and transport; ▪ Services that support dual diagnoses; ▪ Stigma around mental health; ▪ CALD considerations in the development of materials; ▪ Inflexible eligibility criteria.
Addressing gaps & improving services	Strategies to address gaps include; ▪ More holistic options; ▪ Stigma reduction; ▪ Counselling for the whole family; ▪ More CALD specific service – including – worker training, bilingual staff, increased cultural sensitivity; ▪ Upskilling police; ▪ A niche category for drug / ice clients separate to other mental health.
Priority Actions	Priority actions include; ▪ Focus on service navigation; ▪ More outreach; ▪ More CALD workers – residential services; ▪ More resources and better funding.

2.3.2 Population Health

Focus Question	Discussion Summary
What is currently working well?	Programs working well include; ▪ Oral health – childhood strategies and referrals to dental; ▪ Disability inclusion action plans in councils, although the progress of this is stalling with council amalgamations; ▪ Colocation of services – help with sharing of information;

	▪ Psychologists and free sessions; ▪ Increase in media reducing stigma – e.g. in domestic violence; ▪ GPs – long term relationships with elderly clients help with picking up complex issues; ▪ Kirketon Road service – supportive and welcoming environment for youth; ▪ GP/health services who are youth, ages, LGBTI friendly; ▪ "Health One" – Sutherland Shire – Sutherland Hospital – chronic disease and connecting care; ▪ PHN needs assessment – assists community organisations to deliver preventative health programs;
Current service gaps or areas not working well?	Service gaps include; ▪ GPs / primary care do not have the time or capacity to deliver community health education; ▪ Groups are falling through the gaps – e.g. CALD – many phone call lines without interpreters; ▪ Young people attending GPs which do not have youth receptive environments; ▪ Campaigns not seen by CALD populations / migrants; ▪ Transport issues – in some LGAs funding is geographical; ▪ Social activities to combat isolation aren't promoted.
Addressing gaps & improving services	Gaps and service weaknesses could be addressed through; ▪ More sign up to health pathways; ▪ More co-location of services; ▪ Better communication around NDIS to communities and service providers; ▪ More pathology services in community settings; ▪ Diabetes prevention using group number Medicare – worked but not rolled out, required a lot of administration; ▪ GPs who speak local community languages should receive more financial support to provide preventative health – already have rapport with the community. Younger doctors should also be encouraged through this idea.
Priority Actions	Strategies that are currently working should be expanded on. These include a focus on 'hub' models where services are co-located, which fosters organic relationships between providers and helps the referral process – e.g. 'Health One'.

	Health priorities should include; chronic disease, self management, preventative health and collaborative services. Engage with GPs to foster community engaging, areas of interest and welcoming services.

2.4 Cross Program & Jurisdictional Issues

The Maroubra forum placed great value on the need for additional 'hub' like facilities, where services are co-located. This was seen as an effective approach to addressing issues such as lack of communication between services, and navigational issues within the system.

As in other forums, discussion focussed on issues around GPs within the community. These included;

- Lack of bulk billing services, especially in the East Gardens area;
- Lack of welcoming practices that feel inviting to youth and LGBTI communities;
- No capacity of GPs to be involved in community education initiatives.

There was also recognition of CALD communities not being aware of services, and an identified strategy of providing bilingual GPs with incentives to enter the workforce was also raised.

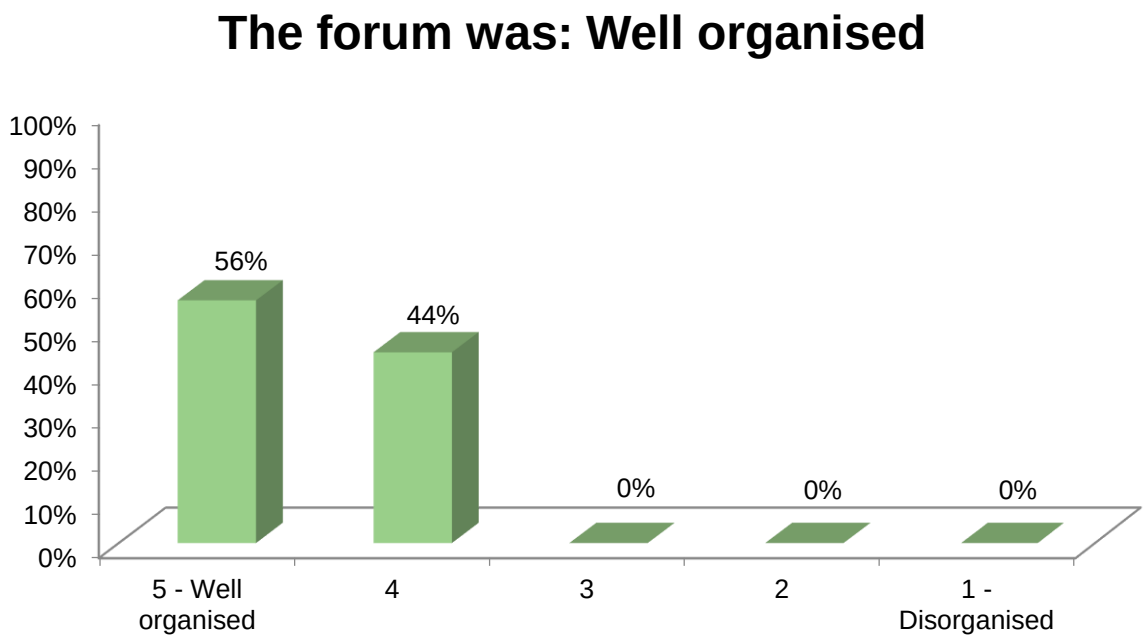
2.5 Forum Evaluation

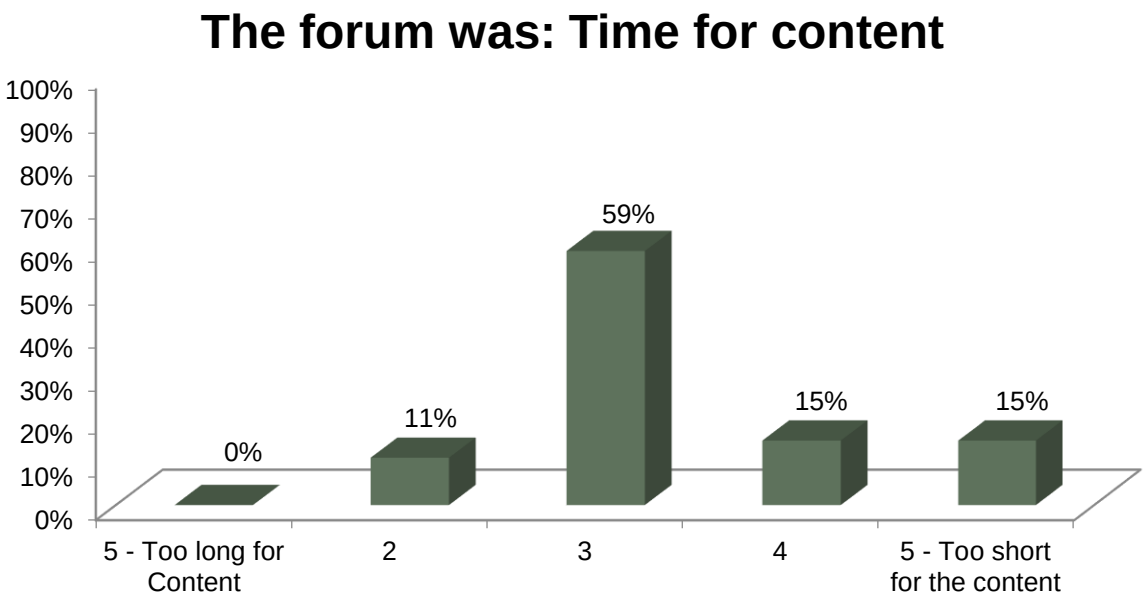
Participants particularly enjoyed the focus group structure, networking and also appreciated the initial overview from PHN.

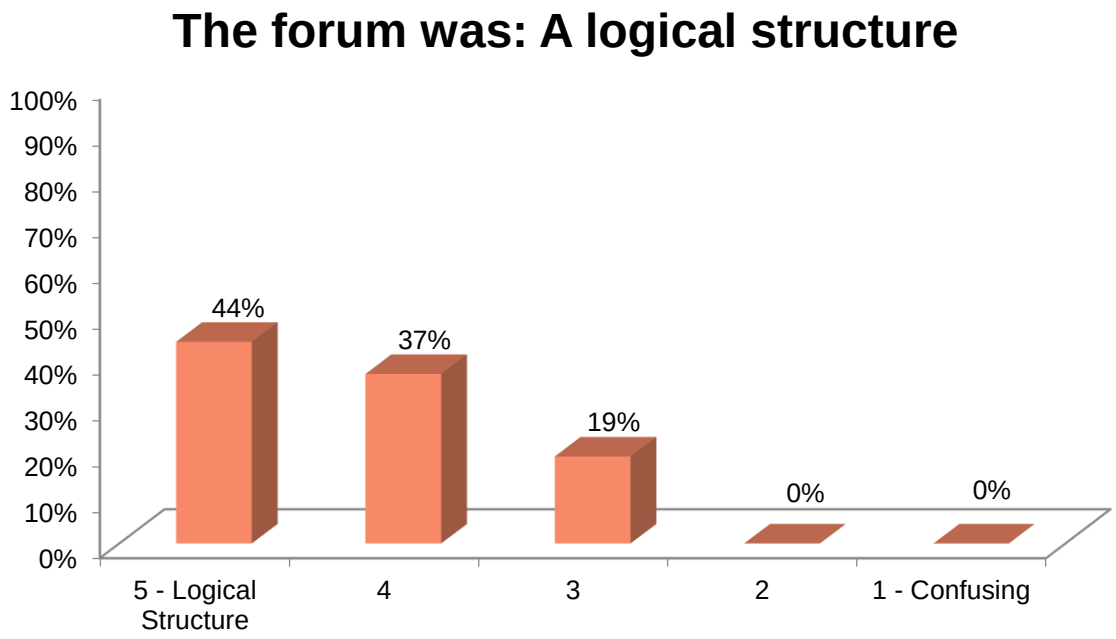
Participants wanted to be kept informed, be invited to subsequent sessions, be informed of the key outcomes, wanted a forum geared towards consumer and people with disability and a summary report on what was discussed with action plan steps.

Participants also thought the reporting section was too long however overall thought it was a beneficial forum.

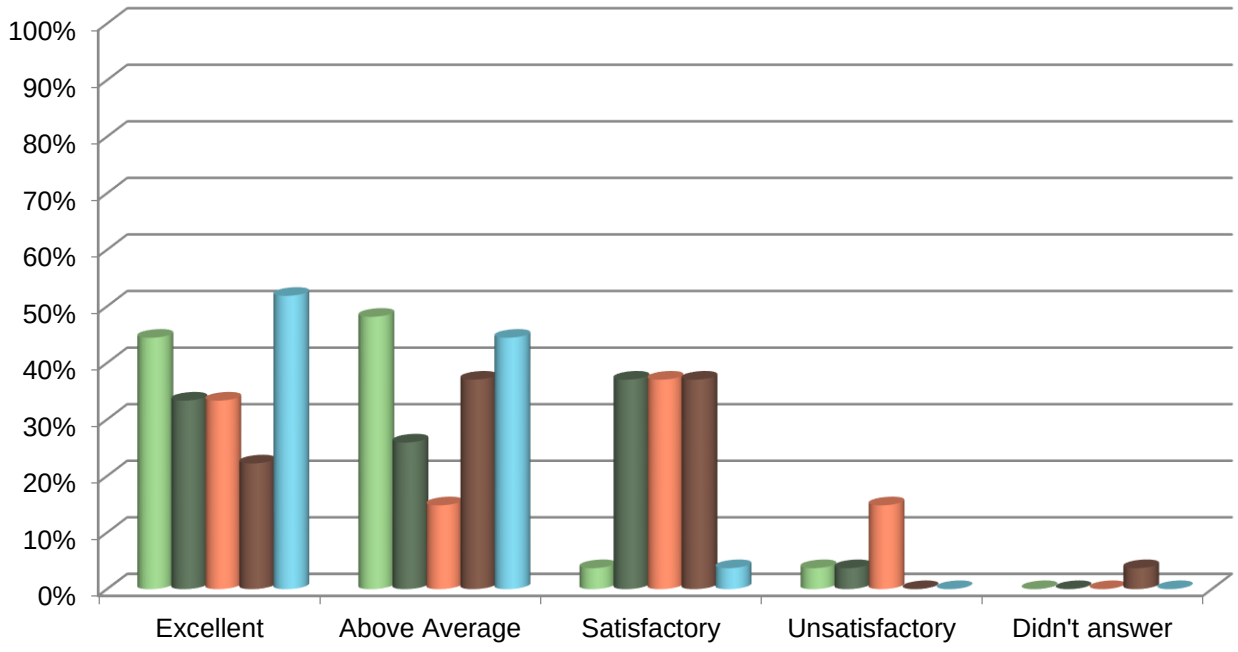
2.5.1 Structure







2.5.2 Logistics & Communications



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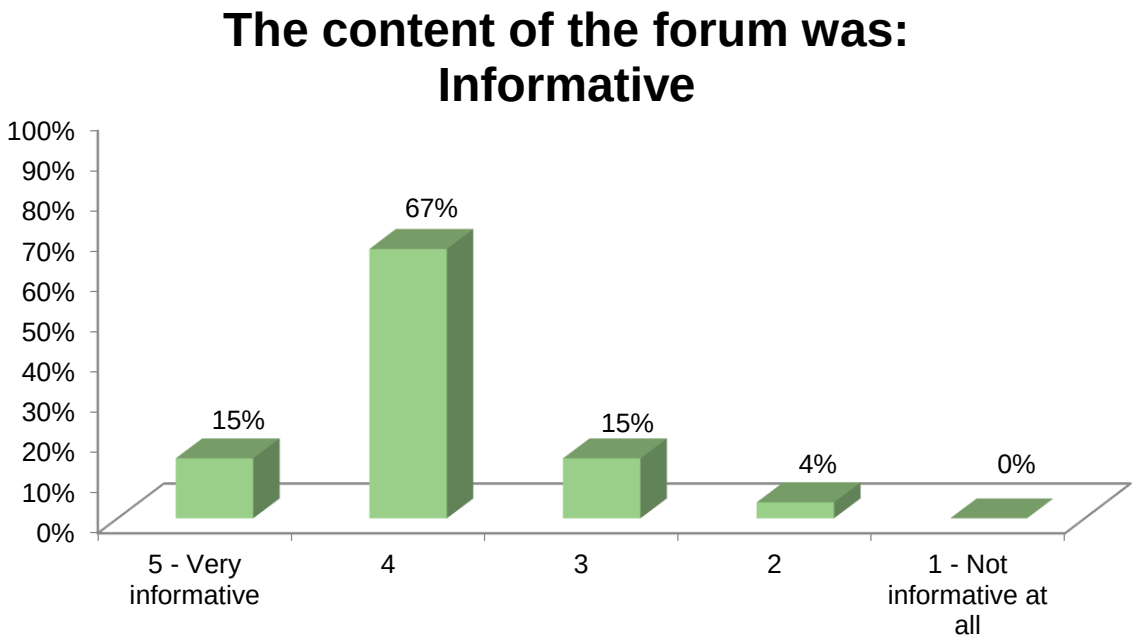
	Location of Venue	33% (n=9)	26% (n=7)	37% (n=10)	4% (n=1)	0%
	Accessibility of Venue	33% (n=9)	15% (n=4)	37% (n=10)	15% (n=15)	0%
	Room Layout	22% (n=6)	37% (n=10)	37% (n=10)	0%	4% (n=1)
	Catering	52% (n=14)	44% (n=12)	4% (n=1)	0%	0%
Total of 27 Surveys filled out						

2.5.3 Content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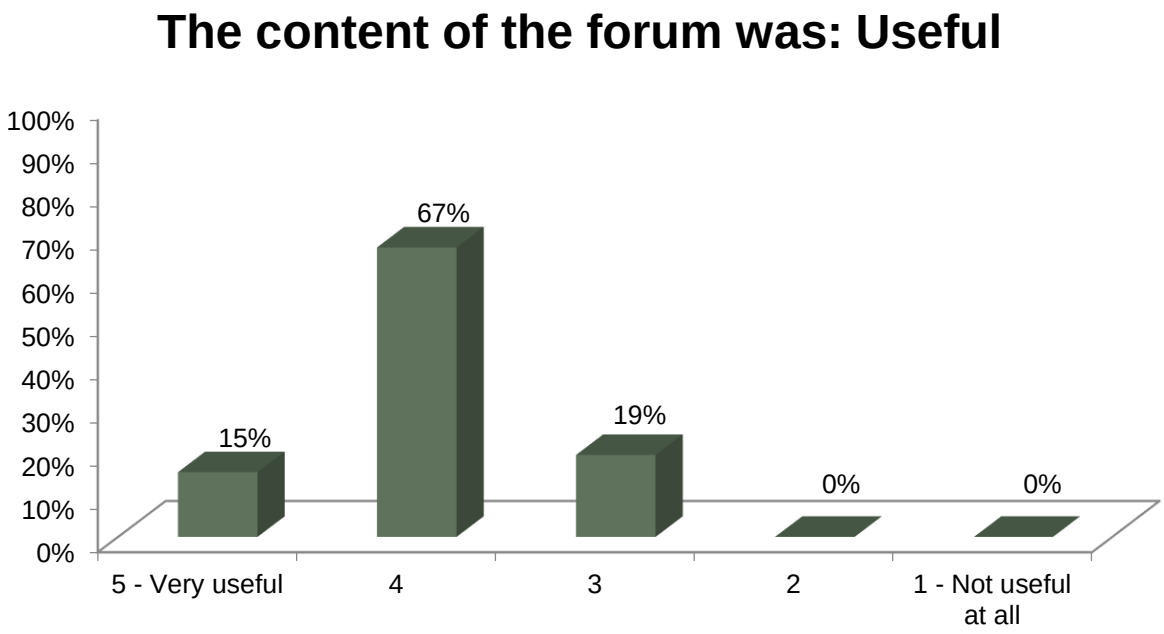
The content of the forum was: Useful
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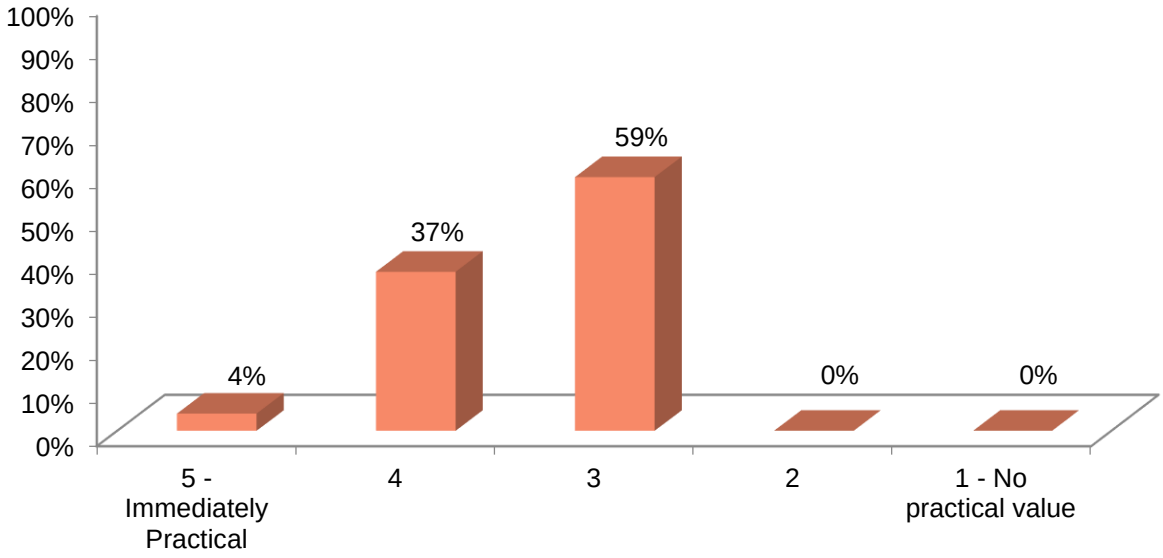
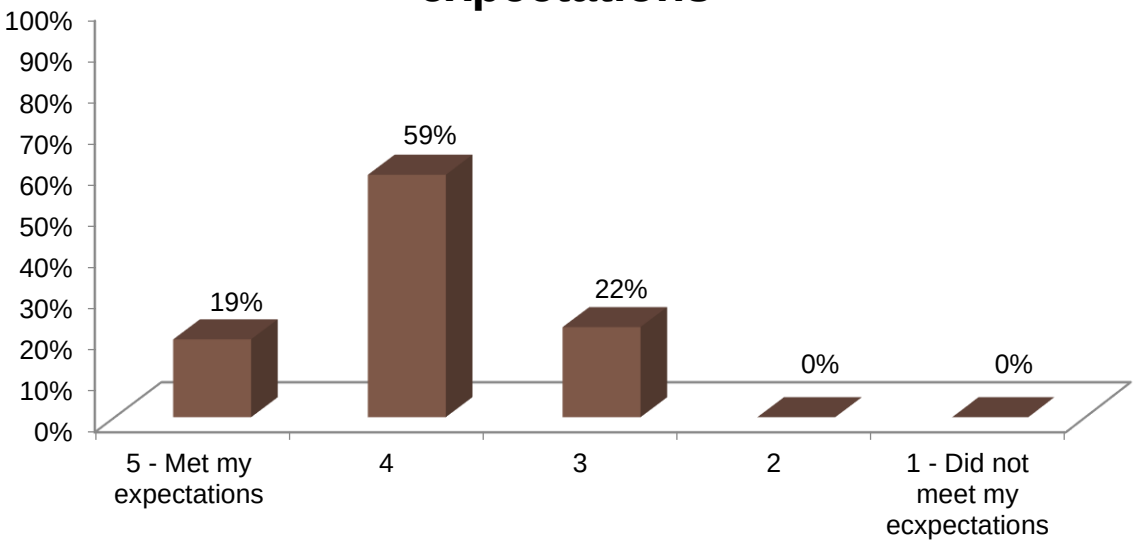
1 - Not useful at all

The content of the forum was: Practical



The content of the forum was: Met my expectations



3. MENAI

3.1 Community Forum Details

Date:	Thursday 4th February
Time:	1.30 p.m. – 4.00 p.m.
Venue:	Club Menai; 44-60 Allison Road, Menai
No of Participants:	24, made up of local NGOs, LHD staff, Local Government, Allied Health Practitioners, Aged Care Services, GPs and community members as either consumers or carers

3.2 Forum Approach and Issues Coverage

The forums were organised around two approaches. The first was the presentation of pertinent factual information relevant to both the Local Health District and CESPHN. This information served to frame the group discussion and demonstrate the 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 statistical information already collected.

The speakers were:

- Rosemary Bishop, Director, Sydney Health Community Network who encouraged both involvement on the online survey and to get involved in any of the PHN member organisations;
- Alison Sneddon, Senior Health Planner, SESLHD who talked about local health priorities;
- Nathalie Hansen, Manager Strategy and Evaluation, CESPHN who provided a snapshot of the PHN, its coverage, its role and the issues identified through analysis of data for health, access and workforce.

The second approach involved running discussion groups over the course of the afternoon. Representatives of the South East Sydney Local Health District and CESPHN were involved in facilitation and scribing the groups discussion around the following six topics:

- Aboriginal Health
- Aged Care
- Child & Youth Health

- Disability
- Mental Health/Drug & Alcohol
- Population Health

A plenary session was held after each round of groups. The following summary document is based on both the detailed group discussion notes and the plenary discussions.

3.3 Issue Discussion Summaries

3.3.1 Aboriginal Health

Focus Question	Discussion Summary
What is currently working well?	A number of services were identified as working well for the local Aboriginal communities. The ones specially identified were: ▪ Kurranulla through its 'Closing the Gap' activities and its transport for elders in the community and social support workers helping with shopping and transport; ▪ Bulbuwil with specific mention its cooking and exercise classes and provision of a legal aid service; ▪ The D&A services in the La Perouse area.
Current service gaps or areas not working well?	There is a perception of loss in funding due to the changes in aged care and the NDIS that may cause Aboriginal services in the area to close. There is a stated need to more Aboriginal support workers across the health spectrum as a significant access strategy. In particular, there was a stated lack of support for Aboriginal patients in mental health facilities in the area.
Addressing gaps & improving services	Suggestions to address gaps fell into four categories; ▪ The employment of Aboriginal staff in health service organisations; ▪ The development of cultural competency and awareness in health organisations through cultural awareness and cultural safety training and through participation in key community events such as NAIDOC week and Close the Gap Initiatives; ▪ Increased funding for Aboriginal specific services;

	▪ A focus on youth support in both Juvenile Justice releases and around schools.
Priority Actions	Developing more responsive services through targeted Aboriginal funding and the development of service cultural competency in health services in the area.

3.3.2 Aged Care

Focus Question	Discussion Summary
What is currently working well?	Three attributes relevant to aged care services in the area were identified as working well. These were: ▪ Home care packages; ▪ Good relationships at the local level with the flow of information being very positive; ▪ A positive perception around the skills and knowledge levels of aged care staff.
Current service gaps or areas not working well?	The service gaps in the aged care area were both systemic as well as some gaps being specific to 'special needs' groups. Overall there was a perception that there was a lack of communication and integration between the sectors involved in aged care. This included: ▪ A lack of understanding of the aged care system by GPs; ▪ A lack of geriatricians in the tertiary health sector; ▪ A lack of home care packages for high care clients. In terms of identifiable populations: ▪ 'My Aged Care' was not seen to be working for Aboriginal and CALD populations; ▪ CALD populations appear to be disadvantaged as the costs for interpreters are included in packages thus lowering their overall service delivery level.
Addressing gaps & improving services	In this area attention needs to be given to: ▪ More coordination between GPs and the aged care system; ▪ GP education around aged care;

	▪ Adopting better treatment models that shift the focus to a social model of care in which wellbeing is a focus and delivered through positive ageing.
Priority Actions	A greater focus on communicating with and engaging with aged care clients and carers to ensure that their needs are identified and met. In this there is a significant need to break down the silos.

3.3.3 Child & Youth Health

Focus Question	Discussion Summary
What is currently working well?	The strength of existing interagencies were seen as positive especially in the Sutherland area and especially around the coordination of services. Specific examples given were the Sutherland Family and Support Services, 3 Bridges and headspace. Of particular note that the strength of information about transition into schools and opportunities that sport offered for early intervention.
Current service gaps or areas not working well?	There are a number of identifiable segments that are considered to be underserviced which include: ▪ The 17 – 21 year age cohort; ▪ Children with mild intellectual disability; ▪ Health access to areas of individual therapy; ▪ A lack of allied health services. A focus on families was seen to be missing both in terms of the needs of families in supporting children and youth, a lack of family counselling and information on early childhood development. The need for translated information for CALD parents was specifically identified. In terms of specific service issues concern was expressed about waiting lists to access child speech therapy. In this the gap between diagnosis and entry into treatment was seen to be significant.
Addressing gaps & improving services	A number of systemic issues were particularly identified as needing to be addressed: ▪ Extending drugs and alcohol to cover children from age 12; ▪ Considering long term health outcomes by funding early intervention;

	▪ Greater resources being allocated to domestic violence counselling and more funding for refuges and crisis care.
Priority Actions	Prevention and early intervention as a focus on a holistic approach to children and youth health delivered through existing interagencies.

3.3.4 Disability

Focus Question	Discussion Summary
What is currently working well?	There was an appreciation that governments were allocating resources to and investing in disability service provision. The NDIS was praised for being based on entitlement rather than what was available through service specific or 'block' funding. Ability Links and Early Links were identified as positive programs for people with disability to connect to the community. Transport NSW was commended on its work to increase public transport access.
Current service gaps or areas not working well?	The discussion of issues and gaps focused on both systemic and service specific issues. The systemic issues included: ▪ The NDIS not coming to the region until 2017 and as a result interim funding has no growth; ▪ An uncertainty over the future of consumer advocacy groups ▪ A lack of coordination between the NSW and Federal Government Issue specific considerations were around the costs of services including transport costs and housing and home modification costs.
Addressing gaps & improving services	The priority areas were really clear: more information about the NDIS rollout; and better communication and coordination between the three tiers of government both in this interim stage and after scheme commencement.
Priority Actions	More information about the NDIS rollout.

3.3.5 Mental Health/Drug & Alcohol

Focus Question	Discussion Summary
What is currently working well?	There were a wide range and high number of services seen to be working well in the area around mental health and drugs and alcohol: ▪ The local mental health mobile team; ▪ headspace in the region; ▪ The Partners in Recovery program is very good; ▪ Community health services are integrated in both the Sutherland and St George areas; ▪ The Mental Health Practitioners network is a good initiative; ▪ Social housing is allowing for more and successful community integration; ▪ Awareness about mental health is now much greater (Sutherland); ▪ There is a greater awareness of the connection between mental and physical health.
Current service gaps or areas not working well?	There were two focus areas for this discussion. The first was around GPs and included: ▪ Unclear pathways between GPs and community organisations; ▪ Funding for mental health specific GPs is difficult; ▪ Addressing the financial impediments for GPs working with patients with mental health issues. The second was around gaps in both service coverage and points of transition: ▪ Issues of complex trauma and its impact on different life stages; ▪ Transition out of Juvenile Justice facilities where mental health services are provided in-house; ▪ Transition between childhood, adolescence and adult mental health services.
Addressing gaps & improving services	Service pathways and coordination for mental health especially to deal with the transition points. Equally there is a need to develop a directory of services in the area to provide a central point to navigate referrals.

	With regard to specific services the participants identified the need for a Headspace type service for adults.
Priority Actions	A focus on people who can 'fall through the cracks' through better coordination, pathway identification and transition point support.

3.3.6 Population Health

Focus Question	Discussion Summary
What is currently working well?	Resources to support CALD community access to health information are positive as is the funding of multicultural health initiatives. The Menai area is well serviced for community transport, and available after hours if required. Access to drug and alcohol (D&A) services by those under 25 was seen as good and headspace was identified as a good avenue. There are also strong networks and forums addressing homelessness and hoarding.
Current service gaps or areas not working well?	Most of the concerns around population health focussed on capacity and systemic issues facing GPs in D&A patient care. These included: ▪ Problems around care coordination as patients not comfortable giving GPs consent; ▪ A lack of GP specialty around D&A; ▪ Gaps in GP knowledge about community run services; ▪ GPs not using professional interpreters and finally; ▪ GP education around D&A patient care. The other issues identified were a need to focus on health literacy across the population and the uneven spread of community based D&A services which are mostly concentrated in the city area.
Addressing gaps & improving services	A number of service priorities were identified: ▪ Centralised information and service pathway support; ▪ A one-stop health shop; ▪ Pharmacy support and training to allow early identification and screening of the greater use of over the counter drugs in response to a reduction in available illicit drugs;

	▪ GP education around D&A.
Priority Actions	The development of a centralised information service that would focus on pathways and accessibility and eligibility screening.

3.4 Cross Program & Jurisdictional Issues

The Menai Community Forum identified a range of service access issues as well as systemic health issues which have relevant across the topic areas and as such are picked up in this summary section.

The topic areas which received that most attention were around Mental Health/Drug & Alcohol and Aged Care. While gaps in the four other areas were identified, the gaps and service issues around aged care and mental health were more detailed and of a higher order.

Equally the Menai/Sutherland area can be seen to have a range of networks, and specific service types that were valued and seen to be effective and effective specific services such as headspace, GP networks, youth interagencies and multicultural services.

The following analysis identifies the key themes that came out of the Forum.

A major focus in a majority of the discussion groups was issued around GP capacity, knowledge and information to effect positive treatment and pathway decisions for clients. Specifics around this included:

- Knowledge of the service landscape around aged care and D&A services;
- A need for GP education around aged care, mental health, D&A services;
- Financial impediments facing the greater involvement of GPs in this area;
- Greater support for GPs to address priority health issues;
- Practice issues around pathway management and the use of support services such as interpreters

A second major focus was on the need for service and information coordination. The following issues came up consistently across service/policy area discussions:

- The need for a one-stop health shop;
- Accessible service directories and service pathway facilitation;

- A focus on early intervention and the related consideration of health literacy;
- 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.

The third notable cross area consideration was in the access issues facing particular groups within the catchment. These included:

- People from CALD backgrounds especially in the area of aged care and mental health;
- 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.

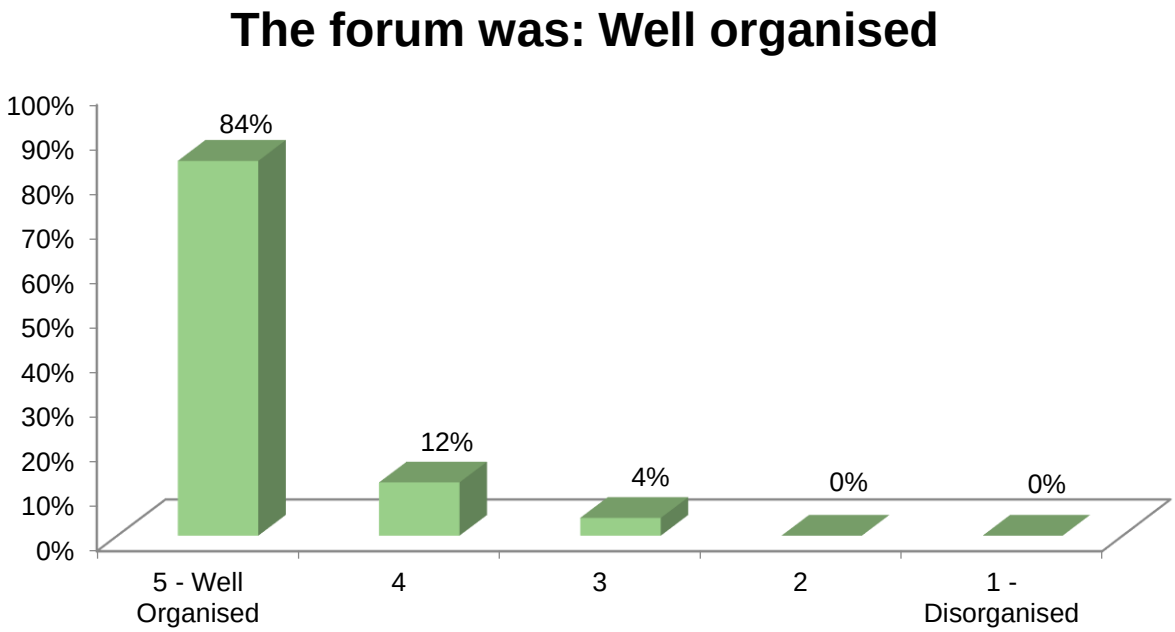
3.5 Forum Evaluation

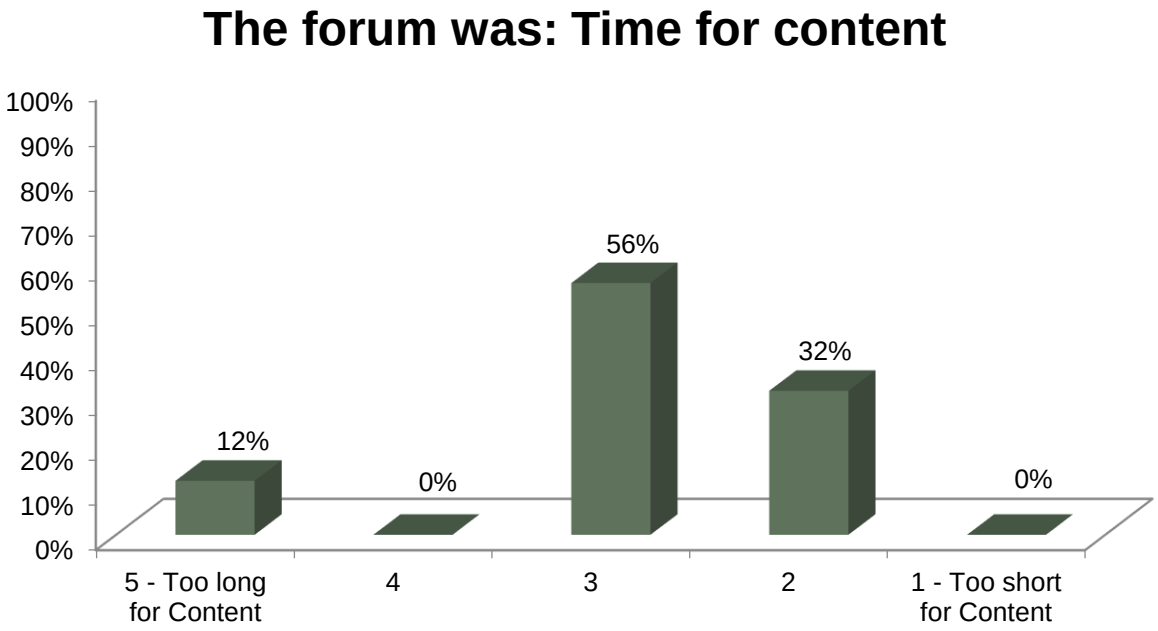
Most participants enjoyed meeting new people and learning more about what the PHN does. Most were appreciative of being able to 'feedback relevant information for change'. Some mentioned that the forum was refreshing as it was 'a focus on what is working and not just a whinge session'.

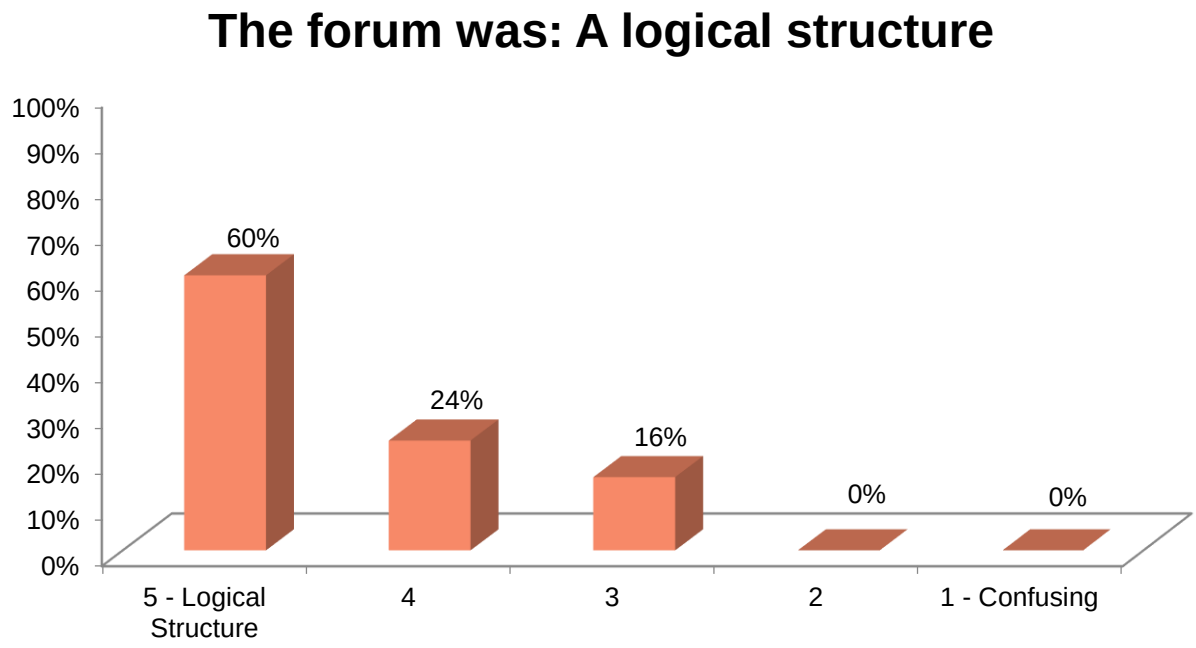
In terms of feedback, participants wanted to see feedback on all of the sessions, be emailed summaries and information on how to participate in the future, and guarantee of funding achievable action plan with KPIs and timeframes.

Many thought there was great conversation, and hope that the findings will be actioned effectively.

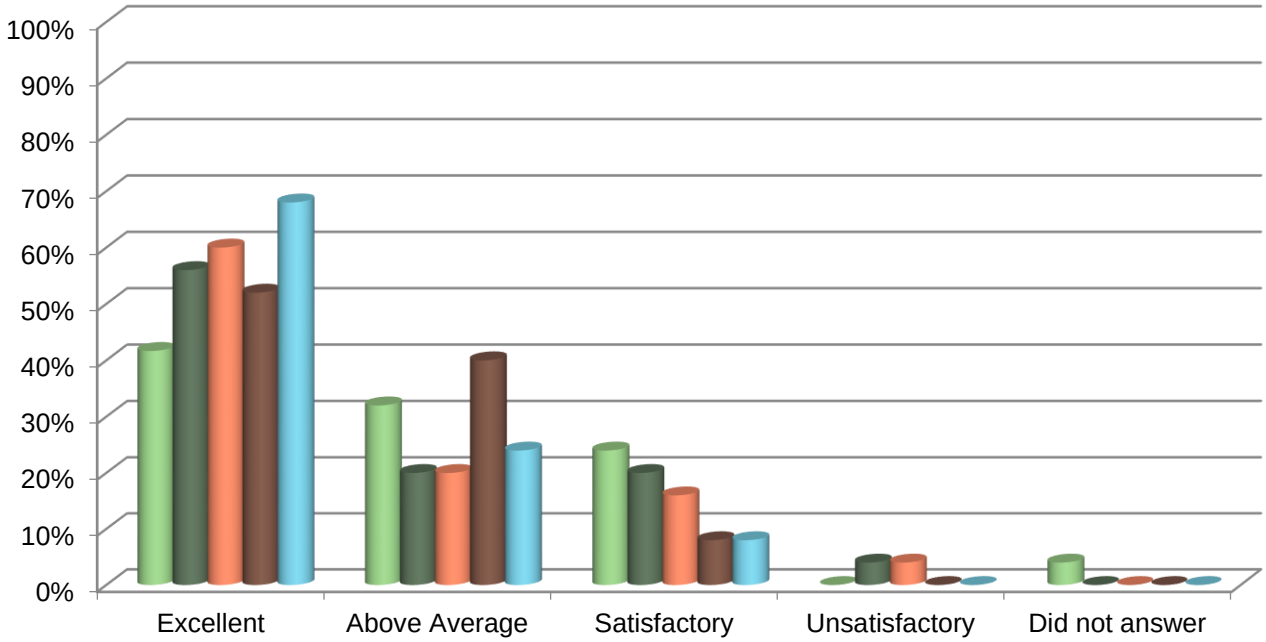
3.5.1 Structure





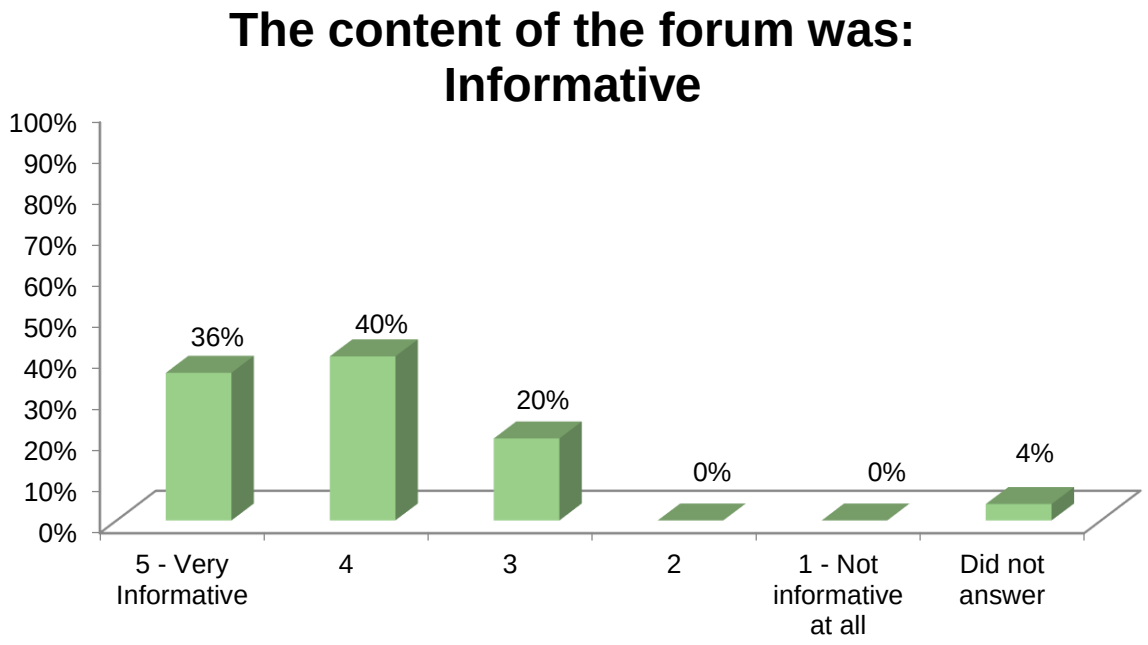


3.5.2 Logistics & Communications



	Communications with Organisers	42% (n=10)	32% (n=8)	24% (n=6)	0%	4% (n=1)
	Location of Venue	56% (n=14)	20% (n=5)	20% (n=5)	4% (n=1)	0%
	Accessibility of Venue	60% (n=15)	20% (n=5)	16% (n=4)	4% (n=1)	0%
	Room Layout	52% (n=13)	40% (n=10)	8% (n=2)	0%	0%
	Catering	68% (n=17)	24% (n=6)	8% (n=2)	0%	0%
Total of 25 Surveys filled out						

3.5.3 Content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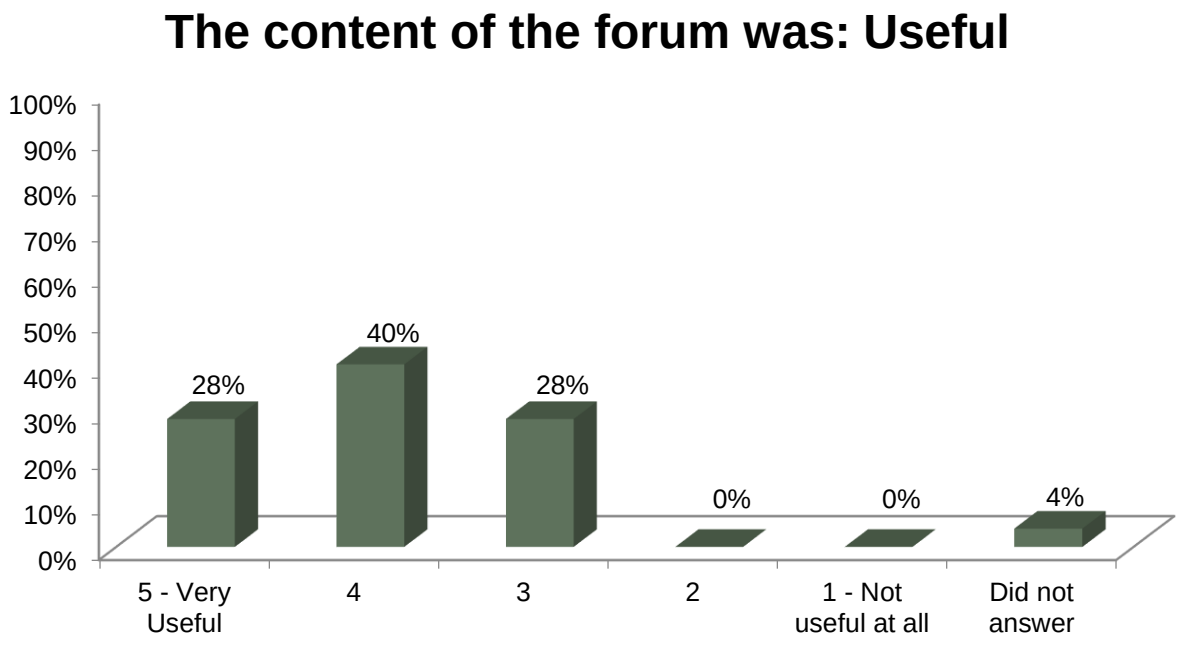
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1 - Not useful at all
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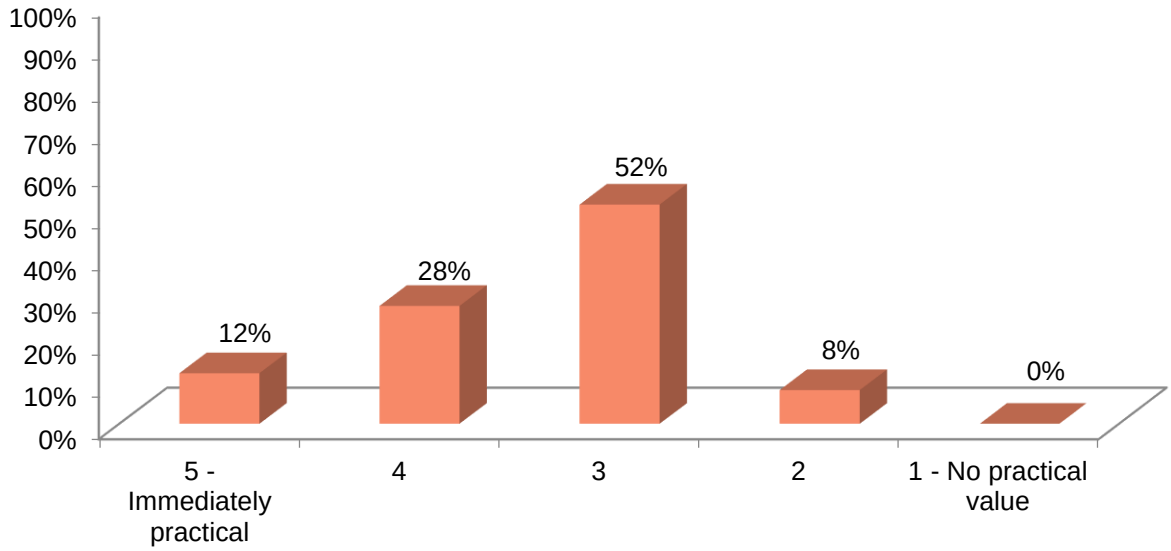
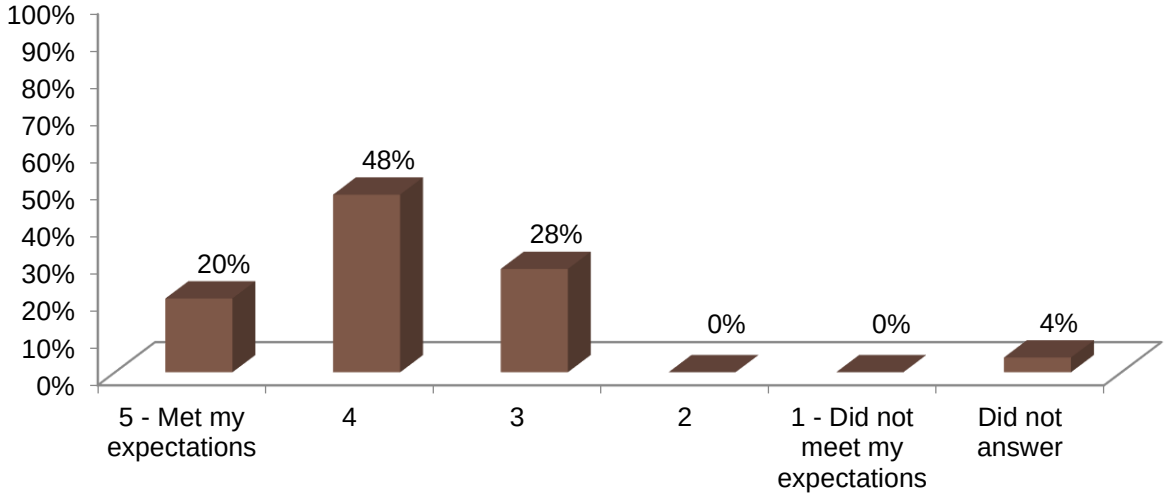
The content of the forum was: Practical



The content of the forum was: Met my expectations



4. BURWOOD

4.1 Community Forum Details

Date:	Tuesday 9th February
Time:	9.30 a.m. – 12.00 p.m.
Venue:	Club Burwood; 97 Burwood Road, Burwood
No of Participants:	50, made up of local NGOs, aged care services, Allied Health Professionals, Local Government, LHD staff and community members as either consumers or carers

4.2 Forum Approach and Issues Coverage

The forums were organised around two approaches. The first was the presentation of pertinent factual information relevant to both the Local Health District and CESPHN. This information served to frame the group discussion and demonstrate the 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.

The speakers were:

- Dr Pam Garrett, Director of Planning, SLHD who talked about local health priorities;
- Nathalie Hansen, Manager Strategy and Evaluation, CESPHN who provided a snapshot of the PHN, its coverage, its role and the issues identified through analysis of data for health, access and workforce.

The second approach involved running discussion groups over the course of the morning. Representatives of the Sydney Local Health District and CESPHN were involved in facilitation and scribing the group discussions.

Given the large number of participants the plan was to add Sexual Health as a topic area and to replace Aboriginal Health with a discussion group that would focus on Multicultural Health issues.

Participants indicated a low level preference for a Sexual Health discussion; equally, smaller numbers were interested in the Disability and Population Health discussions. As a consequence, the following discussion groups were run:

- Aged Care (2 Groups)

- Child & Youth Health
- Disability
- Mental Health/Drug & Alcohol (2 Groups)
- Multicultural Health
- Population Health

A plenary session was held at the completion of these eight discussion groups. In this plenary discussion aged care and metal health group reporting were combined. The following summary document is based on both the detailed group discussion notes and the plenary discussions.

4.3 Issue Discussion Summaries

4.3.1 Aged Care

Focus Question	Discussion Summary
What is currently working well?	There was a high level response to what was working well in the aged care area. These included: ▪ Regional Assessment Services working well with feedback from clients indicating satisfaction with their care plans; ▪ Consumer directed care being a positive move for aged care, while appreciating that there are a range of access and competency issues for clients to be able to get the most out of CDC; ▪ Inner West Home and Community Services are working more collaboratively since the implementation of the aged care reforms; ▪ Infrastructure resources such as the HACC District Officer are effective in keeping the sector informed about charges and benefitting from their active linkage of services; ▪ Access to and satisfaction with the home maintenance and modification services.
Current service gaps or areas not working well?	Service access post assessment was identified as a key service issue and included: ▪ A significant time lag in accessing and entering services post assessment; ▪ Minimal response to clients on why they may have their service requests declined;

	▪ Failure of My Aged Care to identify provider capacity and issues around service provider registration on the site that may preclude them from being identified; ▪ Long wait lists for particular services such as centre based day care, domestic assistance, home modification and respite care In terms of access to aged care information there were a range of issues that were particularly related to My Aged Care: ▪ Issues for people from CALD backgrounds, and those with low IT literacy to access the information directly; ▪ A minimal use of interpreters indicating low level engagement for non-English speakers with the site. GPs are not getting enough information about changes to aged care and how to assist their clients to access aged care services. There are a range of issues around Carer support; ▪ It is challenge for carers to access services and support information they need. Interestingly the new Carer Portal was not mentioned or referenced; ▪ Carer needs support to encourage them to seek help; ▪ There is a need for more community carer respite services. The other issues that was given priority was the lack of specific or specialised mental health funding, and a noting that more mental health services were available for young people than those who are ageing.
Addressing gaps & improving services	Given the plethora of issues and gaps raised the following were identified as key to enhancing both information and service access: ▪ Education for GPs on aged care changes; ▪ Education for nurses on the role of service providers in the aged care area and appropriate referral; ▪ Enhancements to My Aged Care to allow for real time updates, improved service information and most importantly feedback on the service provision for listed services.
Priority Actions	Given the level of participation in these aged care discussions, a number of priorities have been identified: ▪ GP and nurse education through the PHN and focussing on working with HACC District Officer to strengths links and knowledge between primary health care providers and aged care service providers;

	▪ Enhancing My Aged Care with more skilled operatives; ▪ Strengthen RAS capacity to meet the needs of CALD assessment applicants; ▪ Focus on CALD education and enablement in accessing service assessments and appropriate services.

4.3.2 Child & Youth Health

Focus Question	Discussion Summary
What is currently working well?	There were a range of service types and areas working well, especially in child health. These included: ▪ An abundance of child health services; ▪ headspace services are working well; ▪ A focus on early intervention services to address problems before starting school; ▪ Transition Coordinators from Children's hospital to home working well; ▪ The existence of home based mental health services. Overall the Inner West Sydney Child and Wellbeing Plan in which the PHN and SLHD are partners is seen to be particularly comprehensive and effective.
Current service gaps or areas not working well?	The resources for child health are not replicated in youth health and there are service gaps once the child turns 16. There are a range of other factors influences youth health such as homelessness, sexual identity. There is pressure on schools to address issues for young people who have 'fallen thought the gap'. There is a need for specific services to address the health needs of youth: ▪ Youth nursing/group homes and care; ▪ Emergency accommodation; ▪ Support for youth carers; ▪ Health service affordability for young people.

Addressing gaps & improving services	The response to these gaps should involve the following: ▪ Increase the level of health services available to youth; ▪ Focus on early intervention services; ▪ Support schools in their health and wellbeing roles; ▪ Promote headspace services to youth; ▪ Provide emergency accommodation for youth and age appropriate care facilities. Overall there was a stated need for better service mapping for young people to let them know what services are available and where to look for them.
Priority Actions	Increase youth health profiling in the area and promote an inter-sectoral approach to meeting the health needs of this group.

4.3.3 Disability

Focus Question	Discussion Summary
What is currently working well?	The focus of discussion on what is working well was on the development of more accessible physical infrastructure for people with disability.
Current service gaps or areas not working well?	The discussion of gaps focussed on two main areas, physical infrastructure and disability service appropriateness and access. In terms of physical infrastructure, the discussion revolved around Councils' responsible for accessible infrastructure such as footpaths, access to shops, and the management of building approvals to ensure accessibility. In terms of services the gaps identified were: ▪ Young people with disability living in aged care facilities; ▪ Suitable and affordable services; ▪ Information on local disability services The key question asked as what happens to people with disability over 65 in the NDIS environment?
Addressing gaps & improving services	The focus of the group was the development of purpose built care facilities for younger people as a priority. Other service requirements identified were:

	▪ More flexible disability services for young people with greater support to attend activities; ▪ More support services to facilitate living at home; ▪ More accessible service and pathway information for people with disability; ▪ More Ability Links type services to allow community integration and service maximisation. GP education on available disability service was also identified as a priority.
Priority Actions	Purpose built facilities for young people with disability for residential care and respite care. A local joint CESPHN/SLHD Expo showcasing disability services in the area.

4.3.4 Mental Health

Focus Question	Discussion Summary
What is currently working well?	Discussion in both groups indicated a high level of mental health services working well. ▪ The key attribute of this was in the effective working relationships between mental health services and NGOs; ▪ SLHD committees foster this level of collaboration; ▪ The employment of bilingual staff provides both better access to mental health services as well as assisting in reducing stigma. A number of services were identified as positive and working well. These included: ▪ The Mobile Assertive Treatment Team/Mobile Rehab Team in Camperdown ▪ Partners in Recovery; ▪ The HASI Boarding Houses that transition tenants to independent living
Current service gaps or areas not working well?	As with aged care the discussion around gaps and issues in the two groups was extensive and covered a diversity of considerations. The first area concerns the positioning of services: ▪ Services are considered to be fragmented;

	▪ Knowing what is available in the mental health space requires almost expert knowledge which many clients, family members and GPs do not have; ▪ There is a need for more detailed information about available services and the navigation to access them; Equally issues to do with continuity of care and the current crisis level focus were identified as a gap: ▪ Care coordination is missing in the mental health system; ▪ There is a gap in services for people with low/moderate mental health needs as most services are directed at crisis intervention and support; ▪ As such there is a lack of early intervention focus and a focus in mental health wellness; ▪ As a consequence, there is a need for a stepped approach to service relevance and access to deliver more effective early intervention; ▪ The system is inflexible in which the restrictions around individual services working against achieving a continuity of care. In terms of GP issues around mental health the following were identified: ▪ The perception and experience of misdiagnosis; ▪ GPs not being aware of mental health services and resources; ▪ The need the practitioner and GP education around mental health. The impact of stigma was identified as a particular inhibitor of service access for both CALD groups and young people.
Addressing gaps & improving services	The role of the GP was identified as critical to service access as such priority needs to be given to both training, and the provision of incentives to increase GP engagement with mental health. There is a need to focus on system fragmentation both across the mental health continuum and between mental health services provided by various departments such as Health, Housing, and domestic violence. Within this increasing the focus on low/moderate mental health issues and early intervention were seen as priority actions. This should be the result of extra resources not taking away from the current provision of crisis care. The other improvements suggested were: ▪ Addressing issues of service affordability; ▪ Providing carer support; ▪ Incorporate consumer feedback into services;

	▪ Work to reduce the stigma in CALD communities.
Priority Actions	Each of the two groups identified a different priority action: The first group stressed the need to address the education needs of GPs to ensure correct diagnosis and appropriate information and referral. The second group identified the reduction of fragmentation and a stepped model to support both wellness and recovery.

4.3.5 Multicultural Health

Focus Question	Discussion Summary
What is currently working well?	The consideration of multicultural health issues was seen to be embedded in the policy and program infrastructure of health services and priority setting. The specific attributes identified were: ▪ The role of GPs in CALD communities as a key pathway to the health system. This was especially the case for bilingual GPs; ▪ Effective outreach and community development models for CALD communities in the health domain; ▪ The integration of cultural responsiveness in services through staffing initiatives through recruitment and training, data collection and the provision of multilingual information.
Current service gaps or areas not working well?	There were a range of gaps identified for this segment. ▪ Limitations for CALD clients to be able to access services without the support of family members; ▪ A lack of comprehensive information about service availability and appropriateness especially in the aged care area; ▪ A need to redefine access mechanisms especially in systems in which people have been replaced by online or machine (apps) based information; ▪ The need to move beyond the tokenistic translated information piece to allow person centred approaches that understand the information needs and information access capacities of the client; ▪ The experience of long waiting times to access telephone interpreting.

	In terms of specific health issues, participants identified GP knowledge of Hep B as lacking especially those working in smaller practices.
Addressing gaps & improving services	A range of initiatives were identified to address Multicultural Health issues. These were: ▪ Comprehensive cultural competency training; ▪ Addressing CALD community stigma around issue to do with disability, dementia and metal health; ▪ More fine level targeting of identifiable CALD communities relevant to high health issues prevalence by region; ▪ Training of interpreters in specific health issues; ▪ Involving CALD organisations as partners in projects.
Priority Actions	More effective liaison with CALD communities to identify health needs and to develop corresponding health responses.

4.3.6 Population Health

Focus Question	**Discussion Summary**
What is currently working well?	A number of services were seen as excellent in the population health area. These included: ▪ Partners in Recovery; ▪ Health Link; ▪ Chronic Care Clinical Nurse Consultants; ▪ HIV services and referral pathways to these.
Current service gaps or areas not working well?	There was one clear gap in this area which was the need for whole-of-person wrap around care. This consideration was applied to youth who lacked information about available services and older people who potentially have too much information and limited capacity to analyse this information and act on it. Within this, health system navigation capacity was seen as a major deficit.
Addressing gaps & improving services	The focus should be on developing capacity for people to be assisted by a 'health advocate' or care coordinator. This service intermediary was seen as particularly relevant to broader issues of population health which lacked an overarching system such as disability or aged care.

	Equally health advocates could be utilised by health services to understand clients' needs and commensurate service responses.
Priority Actions	The funding of care coordinators and health system advocates providing whole-of-person considerations.

4.4 Cross Program & Jurisdictional Issues

The Burwood Community Forum identified a range of service access issues and well as systemic health issues which have relevant across the topic areas and as such are picked up in this summary section.

The health issues discussed in this group by order of priority were:

- Aged Care
- Mental Health
- Disability with a particular focus on young people's accommodation needs
- Multicultural Health
- Children and Youth
- Population Health

This assessment was based both on the level of participant interest in the area as well as the level of detail recorded in the discussion.

The following analysis identifies the key themes that came out of the Forum.

There was a focus on individual segments within health service areas that were either missing out or needed a focus. These included:

- Young people with disabilities in aged care facilities;
- The needs of adolescents and young adults not receiving a focus or services;
- People with low to medium mental health issues missing out in favour of crisis responses and care;
- The impact of stigma for CALD populations and young people impairing service interest and usage;

A focus in all groups was on the need for service and information coordination. The following issues came up consistently across service/policy area discussions:

- The need for a one-stop health shop;
- Accessible service directories and service pathway facilitation;
- A focus on early intervention and the related consideration of health literacy;
- The funding of care coordinators and health advocates to mitigate systemic complexities

The other consistent issue was around GP capacity (including misdiagnosis), knowledge and information to effect positive treatment and pathway decisions for clients. Specifics around this included:

- Knowledge around the service landscape around aged care, disability and mental health services;
- A need for GP education around aged care, disability and mental health services;
- Greater support for GPs to address priority health issues;
- Greater incentives for GPs to take on broader care coordination roles

The fourth notable cross area consideration was in the access issues facing particular groups within the catchment. These were particular to:

- People from CALD backgrounds especially around stigma, and information access issues;
- Older people in terms of their interaction with the changing aged care environment and their need for traditional information types to deliver awareness, service knowledge and service access;
- The needs of carers across a number of health areas including mental health, children and youth, disability and aged care.

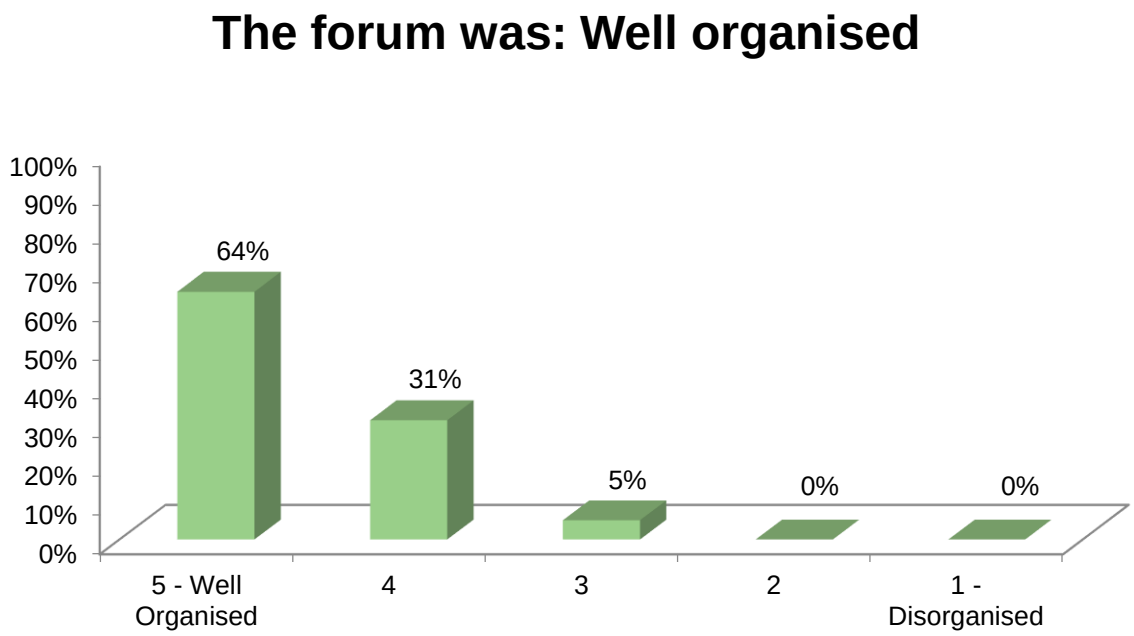
4.5 Forum Evaluation

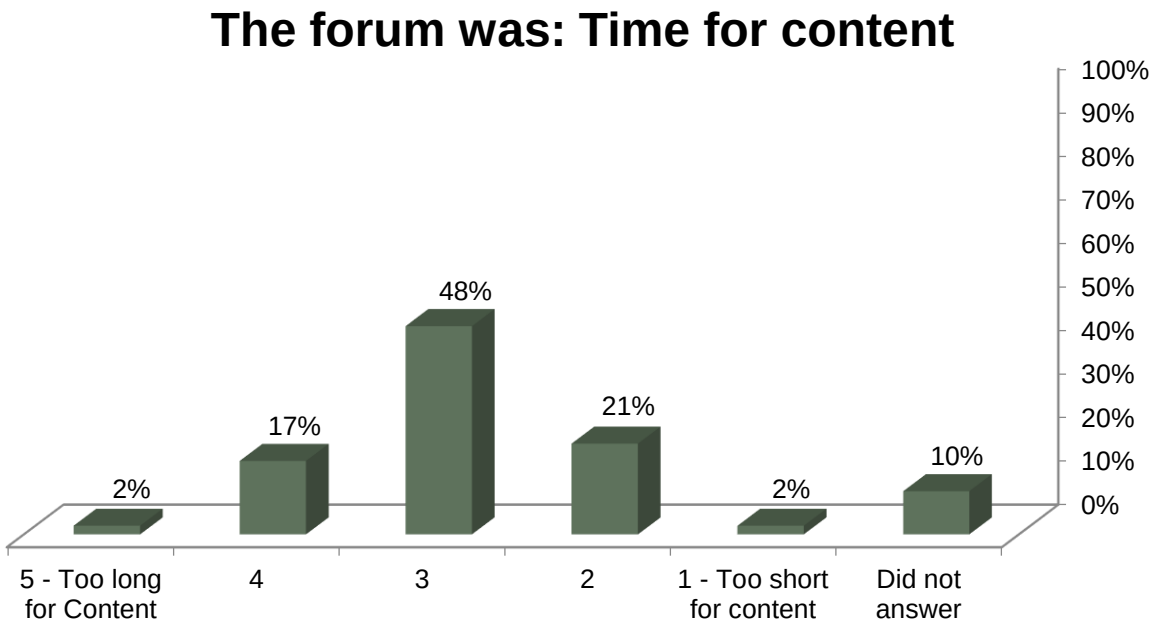
Participants appreciated learning what services are out there, workshopping with community workers, small group discussions, hearing about PHN, appreciated SLHD input, liked hearing from clients and carers and their personal stories, and appreciated the facilitation.

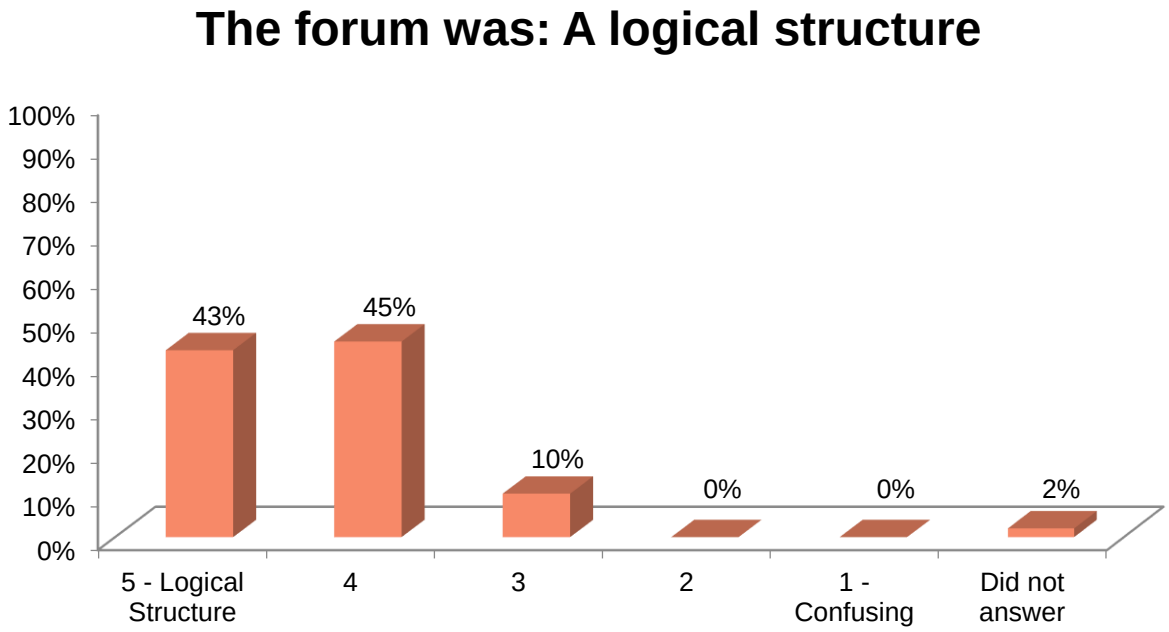
In terms of feedback, participants requested a summary report and list of priorities, wanted this to be fed back to the Department, wanted more involvement from participants in the implementation stage and wanted summary information on PHN website.

Participants expressed that they: needed more time, needed a separate table for consumers, carers seemed to be dominating the discussion.

4.5.1 Structure







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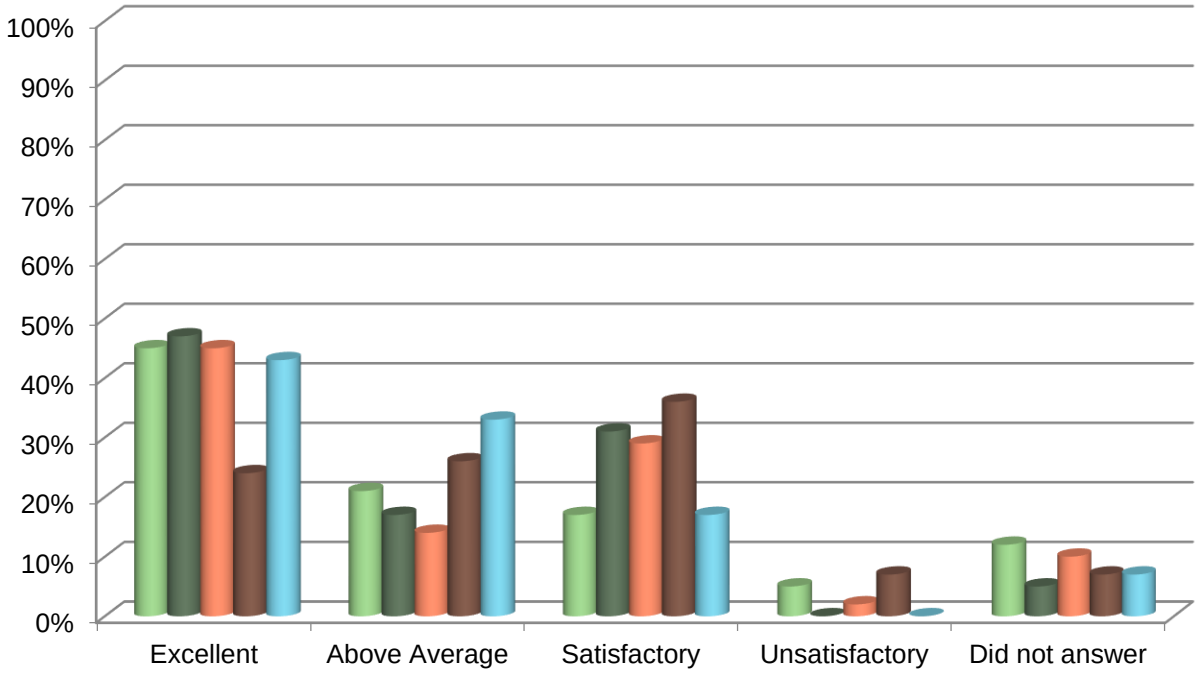
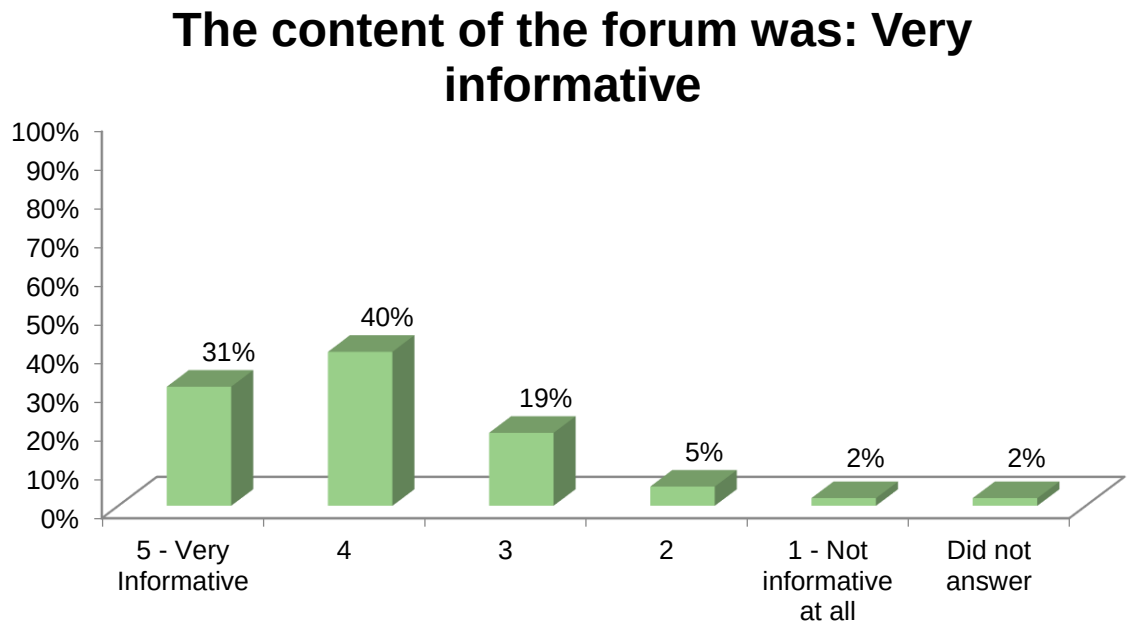


	Communications with Organisers	45% (n=19)	21% (n=9)	17% (n=7)	5% (n=2)	12% (n=5)
	Location of Venue	47% (n=20)	17% (n=7)	31% (n=13)	0%	5% (n=2)
	Accessibility of Venue	45% (n=19)	14% (n=6)	29% (n=12)	2% (n=1)	10% (n=4
	Room Layout	24% (n=10)	26% (n=11)	36% (n=15)	7% (n=3)	7% (n=3)
	Catering	43% (n=18)	33% (n=14)	17% (n=7)	0%	7% (n=3)
Total of 42 Surveys filled out						

4.5.3 Content


The content of the forum was: Very informative
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5 - Very Informative
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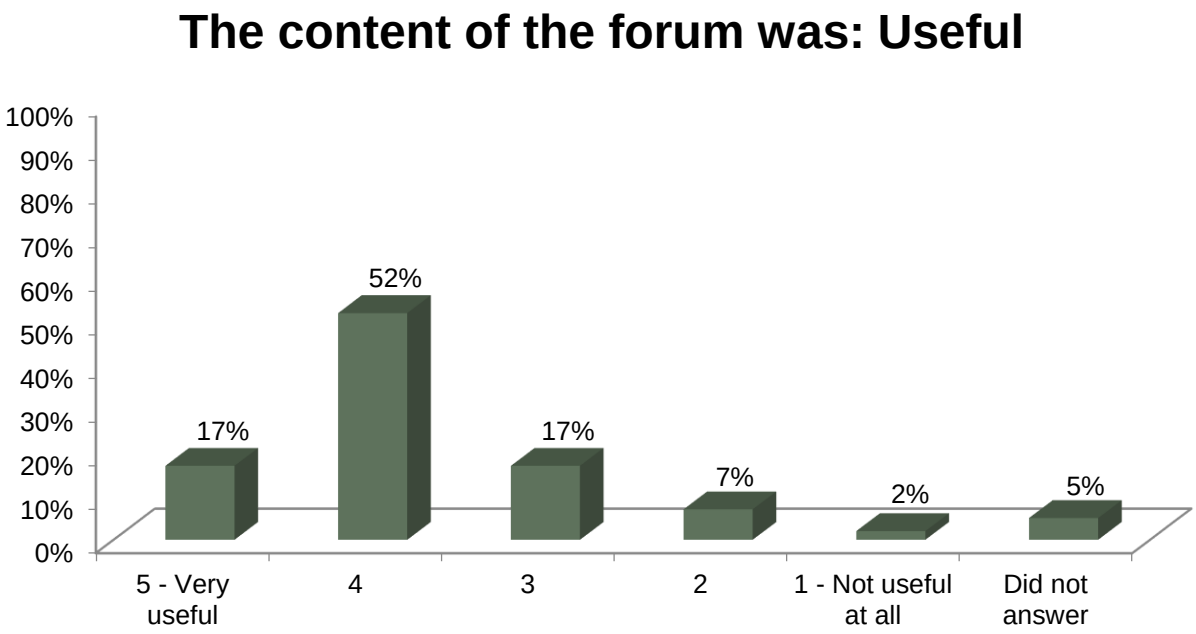
1 - Not informative at all
Did not answer


The content of the forum was: Useful
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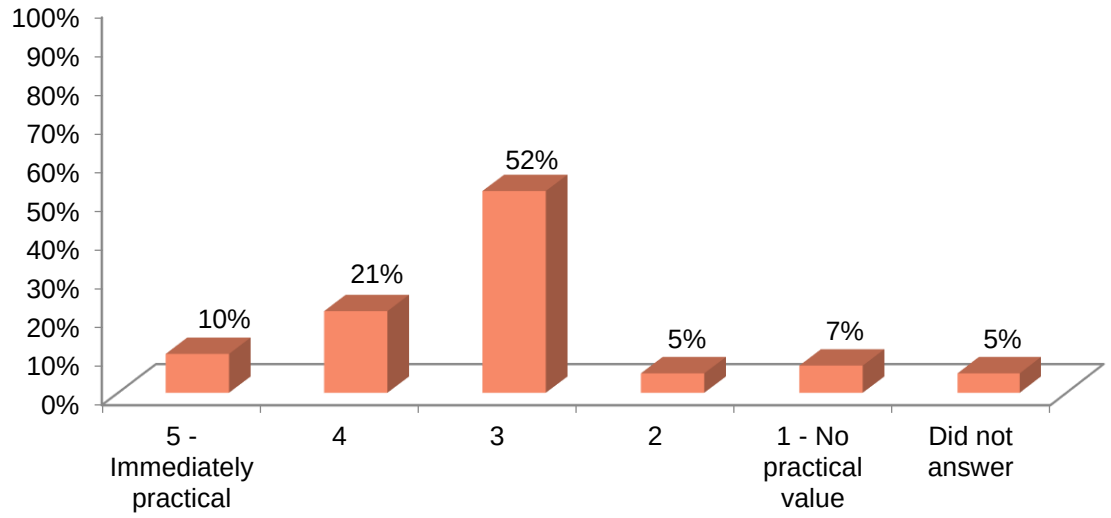
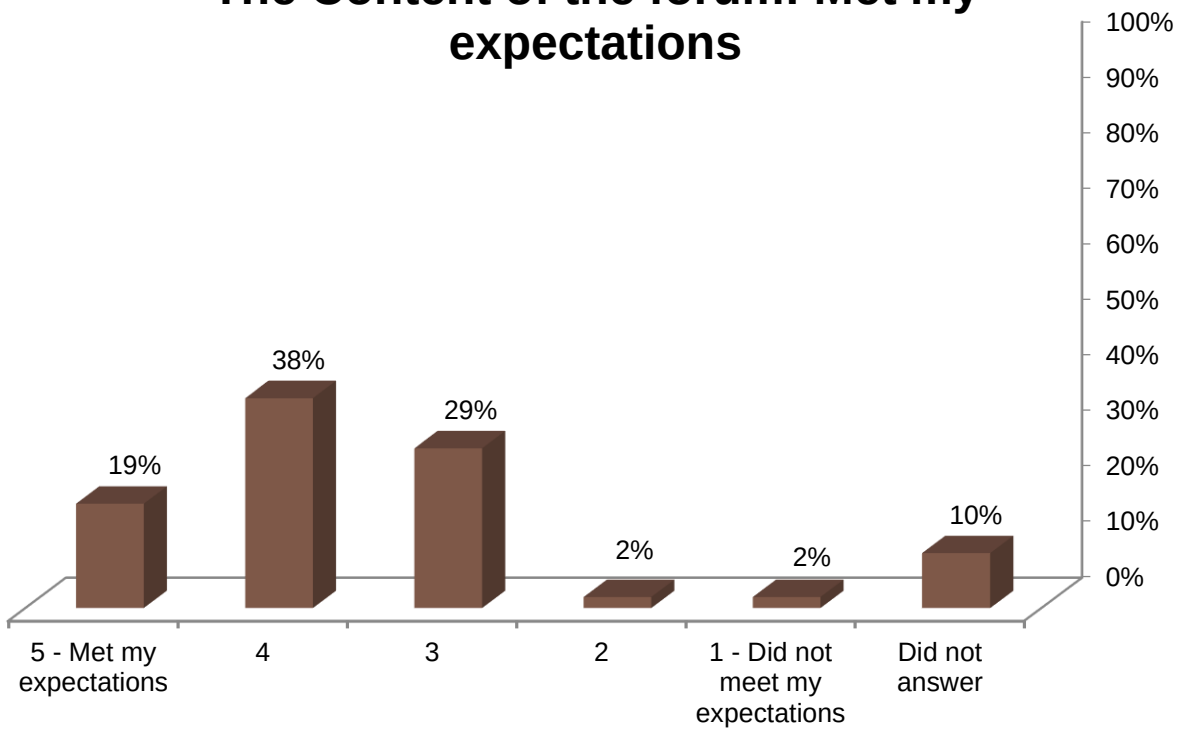
1 - Not useful at all
Did not answer

The content of the forum was: Practical



The Content of the forum: Met my expectations



5. REDFERN

5.1 Community Forum Details

Date:	Monday 8th February
Time:	9.30 a.m. – 12.00 p.m.
Venue:	166 – 180 George Street, Redfern
No of Participants:	61, made up of local NGOs, peak bodies, local government, Sydney Children's Hospital Network staff, LHD staff, FACS staff and community members as either consumers or carers

5.2 Forum Approach and Issues Coverage

The Forums were organised around two approaches. The first was the presentation of pertinent factual information relevant to both the Local Health District and CESPHN. This information served to frame the group discussion and demonstrate the 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 statistical information already collected.

The speakers were:

- Stephen Tait, Director, Sydney Health Community Network who gave the Welcome to Country, and talked about the Sydney Health Community Network service;
- Dr Pam Garratt, Director of Planning, Sydney Local Health District;
- Nathalie Hansen, Manager Strategy and Evaluation, CESPHN who provided a snapshot of the PHN, its coverage, its role and the issues identified through analysis of data for health, access and workforce.

The second approach involved running discussion groups over the course of the morning. Representatives of the Sydney Local Health District and CESPHN were involved in facilitation and scribing the group discussion around the following eight topics:

- Aboriginal Health
- Aged Care
- Child and Youth Health

- Drug and Alcohol
- Disability
- Sexual Health
- Mental Health
- Population Health

5.3 Issue Discussion Summaries

5.3.1 Aboriginal Health

Focus Question	Discussion Summary
What is currently working well?	There are both a number of approaches, and a number of specific programs which the discussion group pinpointed as working well. Approaches included; ▪ Partnerships between organisations to work together to make things happen; ▪ Outreach programs and follow up services – where the approach is not so much as a 'health service', but more casual friendly strategy to engagement to combat community mistrust of health services; ▪ Increased networking and communication between services. Specific positive programs and services identified include; ▪ Healthy homes and neighbourhoods; ▪ Close the Gap team; ▪ La Perouse Aboriginal Health Centre – for audiology and dental; ▪ La Perouse Child outreach; ▪ Ngalanangami Parent Group; ▪ Malabar Mums and Bubs group – 0-5; ▪ The Shack; ▪ 'Cool Kids'.
Current service gaps or areas not working well?	There were a multitude of issues and gaps identified by the group. Main points included systemic issues, access concerns and a general lack of cultural awareness within the system. Issues identified included the following;

	▪ Redlink was inaccessible, even though there were lots of services available there are limited resources; ▪ No support services for families when kids are in care – there is a lack of cultural understanding around intergenerational trauma, and as a result, the system isn't set up to provide services that help the family throughout this time, and address the deep mistrust of the family services; ▪ In the disability space, some Closing the Gap GPs – not working. There has been breaches of confidentiality; ▪ Some pharmacies won't process CTG scripts; ▪ Health professionals don't ask people if they identify as Aboriginal, which is systemically prevalent across the board; ▪ The change in Medicare Local to PHN necessitates the need for PHN to start establishing those relationships all over again; ▪ Major gaps in transportation – which has created great access issues, example AMS don't offer transport before 8am, dialysis support doesn't provide transport; ▪ Environmental issues causing health problems – i.e. people stuck in a bad cycle of ill health, surrounding environment means that they don't leave the house, older people feel unsafe in social housing which leads to immobility and isolation; ▪ People are unaware of Aboriginal Liaison officers in hospitals; ▪ Some organisations have a 'tick a box' style of community engagement to fulfil government contractual requirements.
Addressing gaps & improving services	A number of strategies were discussed in order to address the above gaps. These included tackling access issues and community education. There needed to be more Aboriginal workers who were better connected with community, more education campaigns for GPs and hospital workers, more support and mentorship for the existing Aboriginal health workforce and better linkages with Housing NSW to address social determinants of health and the implications of a poor environment to positive health outcomes.
Priority Actions	The greatest priority was a catch all for many of the aforementioned issues. This included an overarching focus on community and service engagement. The group believed that it needed to be led by community, and committed to by the PHN.

5.3.2 Aged Care

Focus Question	Discussion Summary
What is currently working well?	In comparison to the issues that were not working well, there was a lack of suggestions around services or approaches that were making a positive impact in the sector. There was an acknowledgment that the aged care workforce was generally committed to their work, and collectively had a lot of experience. There are renovations occurring at many nursing homes, and the future of My Aged Care is promising (albeit with a lot of issues to iron out at present). Free training at ACON around aged care and LGBTI awareness was also seen to be a positive.
Current service gaps or areas not working well?	There was a long list of service gaps within the sector at present. The discussion pinpointed a number of issues relating to CALD communities. These included; no interpreter being provided at all hospitals, or long waits for interpreters such as at the Dental Hospital. If an onsite interpreter has been organised, doctors are often late to the appointment, and the interpreter needs to move to the next appointment. There was an identified lack of awareness around My Aged Care within the CALD community. In terms of aged care facilities, there are a lack of volunteers and services for CALD residents, and lack of expertise when dealing with people who revert to their home language if suffering from dementia. There were many access and navigation issues identified, including; ▪ Lack of aged care services available for the projected population of Redfern; ▪ Lack of transport services is a major issue – people can't get to and from appointments; ▪ Service providers are finding it difficult to navigate services themselves, and once a person is referred, there is no acknowledgement that the referral has been received, and it is often difficult to follow this up; ▪ In relation to the 'Dementia Café' (a community based gathering for dementia sufferers and their families), dementia advisory staff no longer attend, which has led to a loss of knowledge of the sector; ▪ Lack of access to oxygen – where the transportation of the oxygen is extremely costly;

	▪ There are numerous issues with My Aged Care, including the issue of only the client speaking with My Aged Care which makes it difficult for services to advocate on behalf of a client; ▪ In some hospitals, men and women being on the same wards have been an issue; ▪ In regards to e-health: GPs have been reluctant to encourage patients to use e-health; ▪ Not enough preventative health programs; ▪ LHD and community relationships – need to be strengthened – sit in on each others committees; ▪ There needs to be more flexibility in My Aged Care assessment – how many aren't getting into the system because it is too hard? ▪ In relation to falls prevention – there is a lack of engagement between LHD and local service providers – LHD have funding for stepping on programs but there is a lack of programs.
Addressing gaps & improving services	The above gaps and service weaknesses could be improved through; • Residential Aged Care Facilities: target facilities to cater for CALD groups; • Increase public awareness of My Aged Care; • Additional information on how to manage chronic conditions and preventative medicine; • Service navigation – look at what is already in place and add to this; • Better feedback mechanisms for referrals; • Single men's bbq and cooking classes are currently working well, but lack funding – there is a need to keep these community groups running as they reduce social isolation. Need to build capacity for local community groups to be self sustainable.
Priority Actions	Priorities were listed as being: increase in aged care service providers, focus on communication and service navigation, more education / information from LHD and PHN to service providers and local community groups working in partnership.

5.3.3 Child & Youth Health

Focus Question	Discussion Summary
What is currently working well?	There were a number of examples of services creating positive outcomes for children and young people. The discussion group tended to focus on young people more as opposed to children. Examples involved a focus on community engagement, soft entry approaches such as community hubs were effective strategies. Other examples include; ▪ Youth led peer support programs; ▪ Youth led sexual health programs; ▪ Early intervention approaches; ▪ Community development approach on drug and alcohol – 12-25 to be targeted; ▪ Use of technology such as Reach Out, websites, apps, visuals, videos, not text, pamphlets; ▪ A cross over of services that provide mental health and drug and alcohol services; ▪ Partnership work across agencies – e.g. healthy homes and neighbourhoods, education and health professionals (for complex children), and finally, stepping outside the traditional ways of working is key.
Current service gaps or areas not working well?	There were a number for examples given for things that were not working well, or gaps in service delivery. As with many of the other discussion groups, some of the discussion centred on lack of coordination and communication between services Some other examples include; ▪ Organisations are working in silos – not meeting the children's needs; ▪ Lack of or short term funding hampers long term outcomes; ▪ The 7-13 year old cohort are neglected in the system, and this is a critical time for early intervention; ▪ 10 sessions for ATAPS does not address or meet the needs of those with trauma and complex needs; ▪ Access counselling for children in domestic violence houses have been shut down; ▪ headspace – isn't designed for long term treatment;

	▪ GP engagement with the cohort is poor, as with referral systems, and awareness of community support for psychiatric services is missing; ▪ Early access and intervention for kids with speech, OT and wheelchair needs; ▪ Two year waiting list for speech treatment for 3 year olds; ▪ CALD gaps – accessing GPs, but not being appropriately referred.
Addressing gaps & improving services	Addressing these gaps include: increased collaboration, between PHN holding forums for example around specific topics, GP engagement. Youth clinics run by a youth SRC, GPs become youth accredited.
Priority Actions	Priorities include – strengthening what we already have, develop a child and youth interest group with involvement with GPs, mapping of services.

5.3.4 Drug and Alcohol

Focus Question	**Discussion Summary**
What is currently working well?	Examples of what is working well include; ▪ OTP working well; ▪ Redlink – especially the community based programs and screening; ▪ Outreach clinics – also linked AMS and mental health; ▪ Integrated service hubs; ▪ Harm minimisation partnerships.
Current service gaps or areas not working well?	Services and gaps include; ▪ Stigmatisation and lack of awareness; ▪ Fragmentation of services; ▪ Lack of availability – health pathways in the LHD; ▪ LGBTI – funding doesn't cover the need.
Addressing gaps & improving services	Addressing gaps include; ▪ Health pathways to be improved; ▪ Improve skills of mainstream services; ▪ Mapping services with an interest in delivering drug and alcohol services; ▪ Address stigma issues;

	▪ More out of hours care.
Priority Actions	Promoting partnerships and integrated service hubs

5.3.5 Disability

Focus Question	Discussion Summary
What is currently working well?	There were elements of positivity within the sector, however the main point raised in the discussion groups was that the system works reasonably well if you know how to use the system. Education is working, however it is not reaching everyone. The Refugee Health Service is a good conduit between the LHD and Settlement Services International.
Current service gaps or areas not working well?	Gaps and areas not working well include; ▪ Comprehensive education of GPs, service providers; ▪ Care is not consumer driven, and consumers are disengaged with the system; ▪ There is a lack of person centred services; ▪ Minimal integration of services; ▪ Minimal support for carers and families prior to crisis point; ▪ Long waiting lists for occupational therapy; ▪ Lack of health care interpreters by service providers;
Addressing gaps & improving services	▪ Education of health professionals are key around referrals and services available; ▪ Partners in Recovery – equivalent for disability; ▪ More consumer networks and forums; ▪ PHN to continue consultations; ▪ Health pathways to be comprehensive and across the lifespan of people with disability;
Priority Actions	Priorities include; ▪ Taking the fear away for person consumer design – shared vision and more education for providers; ▪ Note what GPs speak what language; ▪ Focus on consumer driven services;

5.3.6 Sexual Health

Focus Question	Discussion Summary
What is currently working well?	There were a number of examples of what was working well. These include; ▪ Navigation of sexual health services was going ok; ▪ ACON service working well; ▪ A test collaboration; ▪ GPs who are engaged and accessing education.
Current service gaps or areas not working well?	What is not working well included; ▪ After hours access; ▪ Lack of people using e health; ▪ Lack of service integration; ▪ HIV and sexual health services are pushing back to primary health care; ▪ Not enough bulk billing providers; ▪ Viral hepatitis not managed well enough; ▪ Access and services for specific groups – i.e. youth, sex workers, CALD people living with HIV, gender identity.
Addressing gaps & improving services	To address gaps, strategies include; ▪ Mentoring program for clinicians, incentives for GPs; ▪ GP capacity building; ▪ MBS rebates for nurses; ▪ Family Planning goes to practice.
Priority Actions	Priorities include – health literacy in the community and capacity building and training for service providers.

5.3.7 Mental Health

Focus Question	Discussion Summary
What is currently working well?	The discussion group identified some areas working well. These include ▪ Community consultations; ▪ Courses on navigating mental health; ▪ Partners in Recovery as a concept;

	▪ Service integration and collaborative practice; ▪ Training around the lived experience of trauma; ▪ More integrated services and consortiums – leveraging people who are specialists instead of doubling up; ▪ Open door policy and no wrong door approach; ▪ Mental health programs in school.
Current service gaps or areas not working well?	What is currently not working well includes: ▪ Lack of community engagement: including CALD communities, co-design with consumers, high level of stigma in young people Some service issues and access concerns include; ▪ Lack of access to interpreters; ▪ Not enough evaluation of services and outcomes; ▪ Late or no diagnoses for children and young people, and families aren't coping; ▪ Restrictions in the mental health care plan; ▪ After hours crisis line – services are referring to each other in circles; ▪ Lack of mental health services directory.
Addressing gaps & improving services	Strategies to improve services and address gaps include; ▪ More consultation with consumers – incorporate more sectors, e.g. housing, employment FaCs; ▪ As app for mental health services; ▪ Consumers to be involved not only in service delivery, but also in evaluation; ▪ Addressing service access – a one stop shop, access to therapeutic services and holistic services; ▪ Consumers should have a holistic checklist to include psychosocial, financial and cultural needs rather than just medical.
Priority Actions	The main priority included; empowering the consumer, prevention targeting youth, and fostering a holistic approach to service delivery.

5.3.8 Population Health

Focus Question	Discussion Summary
What is currently working well?	Population health areas working well include; ▪ Data on developmental disability in children from the Children's Hospital and SLHD population health and council data; ▪ Public health and safety – more food safety inspectors; ▪ La Perouse Aboriginal Child Health Clinic; ▪ Chronic care coordination programs; ▪ Redlink program – services to community; ▪ Partners in Recovery; ▪ Smoking rates have decreased except in some vulnerable communities; ▪ Early intervention in psychosis programs; ▪ Falls prevention programs; ▪ Immunisation information.
Current service gaps or areas not working well?	Some current service gaps include; ▪ Local government partnerships of data and information; ▪ Links between GPs and NGOs; ▪ Transport can be costly; ▪ NDIS and the potential for market failure; ▪ Poor health literacy around mental health and resilience; ▪ CALD and Aboriginal communities do not have an advocacy model in the NDIS; ▪ Lack of integrated partnerships and services; ▪ Management of homelessness issues in the area; ▪ Variation of health care between different LHDs in the region.
Addressing gaps & improving services	Improvements could include; ▪ Health clinics open before and after school or in schools; ▪ Support us of e-health records; ▪ Develop advocacy in preparation of NDIS and that all programs are person centred; ▪ Access to a computer in GP clinics – to disseminate information; ▪ More collaboration for social impact.
Priority Actions	Priority actions include a range of methods for early intervention and health promotion strategies to address disadvantaged groups. Also more

	of a focus on technology, taking services to the community, promoting integrated quality health care and equity of access.

5.4 Cross Program & Jurisdictional Issues

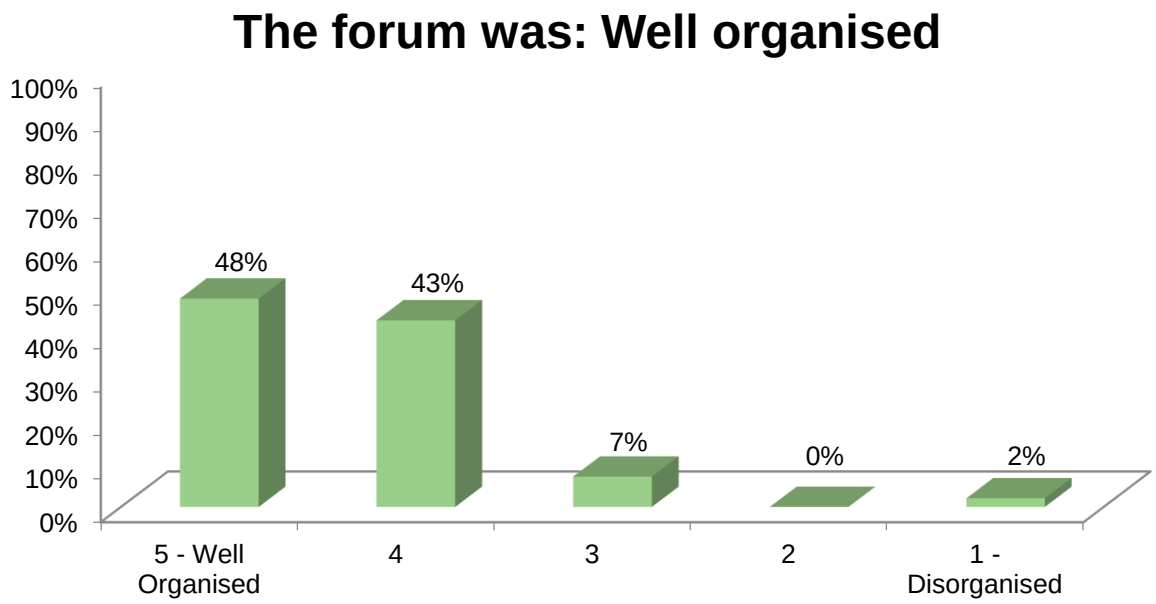
There was a strong focus on Aboriginal Health issues, and sexual health / drug and alcohol issues raised within this forum. There was also a strong emphasis on the importance of addressing the social determinants of health that plays a large part on impacting on positive outcomes. The issue of living in a healthy environment was raised as being critical in halting the vicious cycle of social isolation and bad health, particularly in Aboriginal communities. Initiatives that linked housing, health and other services were seen as crucial.

5.5 Forum Evaluation

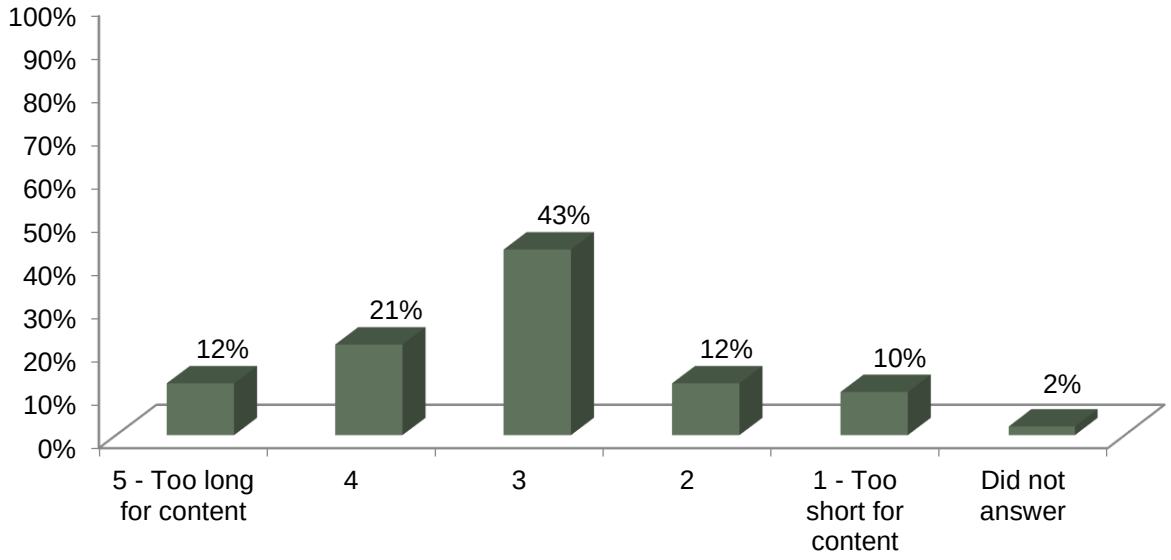
Participants appreciated the focus on specific issues (discussion groups) and setting the scene including the general orientation from PHN and LHD, timekeeping, information sharing with other providers, and starting the process of engagement with PHN.

Feedback requested was a summary and how forums shaped strategy, and ongoing updates on PHN progress.

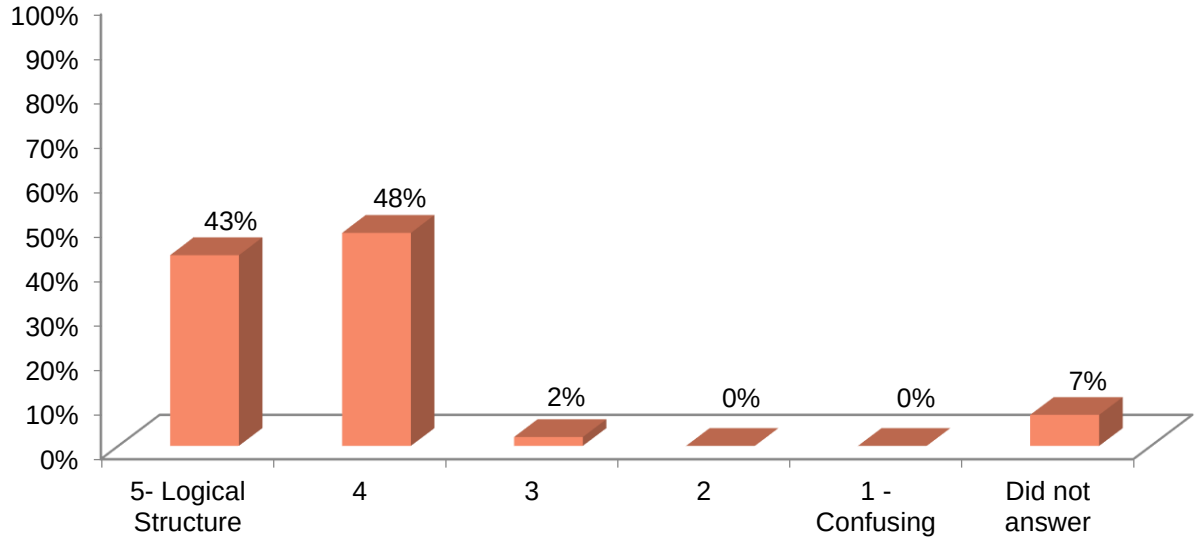
5.5.1 Structure



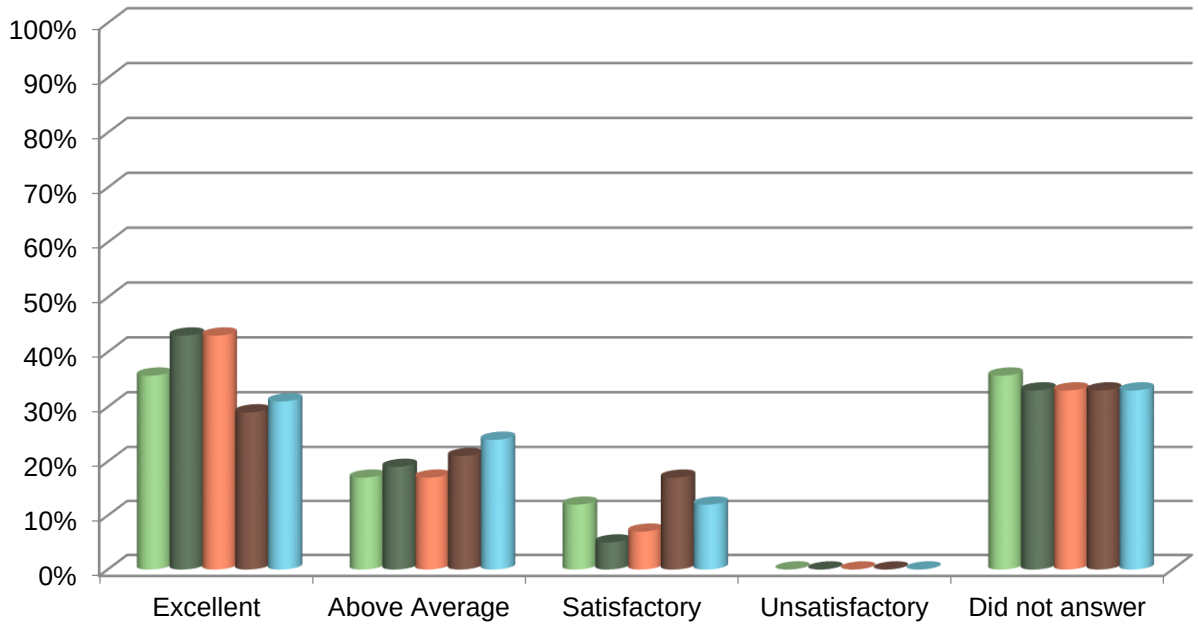
The forum was: Time for content



The forum was: A logical structure



5.5.2 Logistics & Communications



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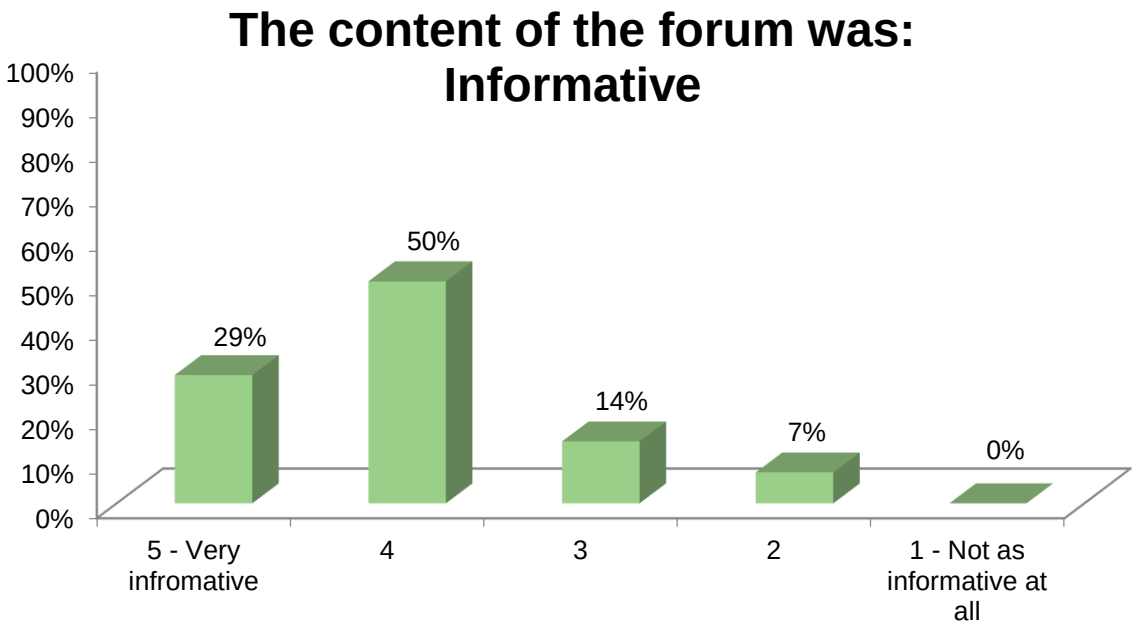
	Accessibility of Venue	43% (n=18)	17% (n=7)	7% (n=3)	0%	33% (n=14)
	Room Layout	29% (n=12)	21% (n=9)	17% (n=7)	0%	33% (n=14)
	Catering	31% (n=13)	24% (n=10)	12% (n=5)	0%	33% (n=14)
Total of 42 Surveys filled out						

5.5.3 Content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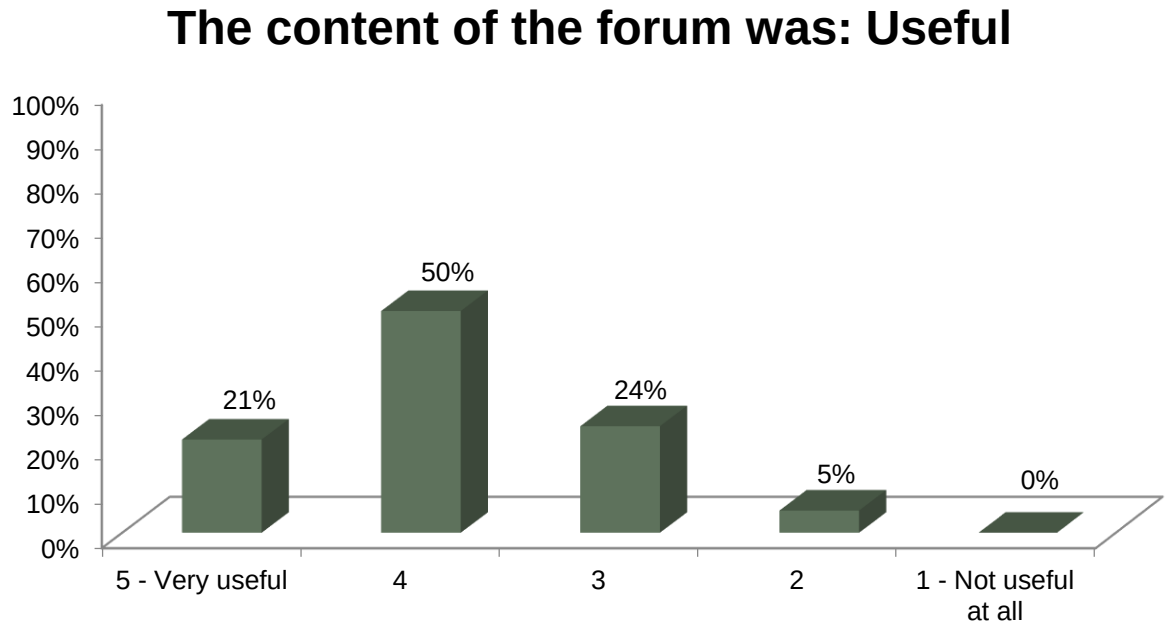
The content of the forum was: Useful
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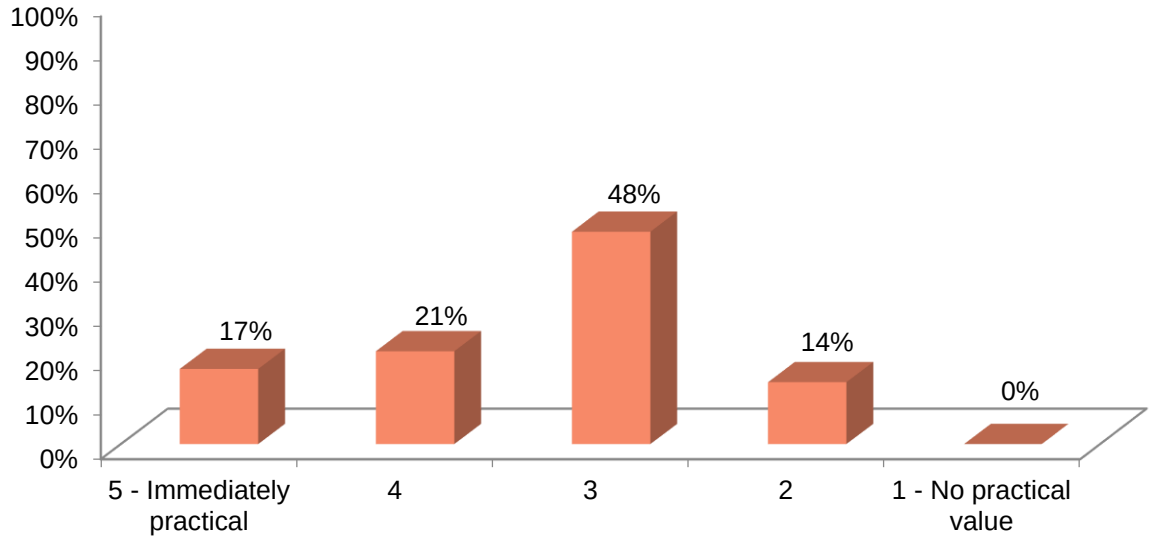
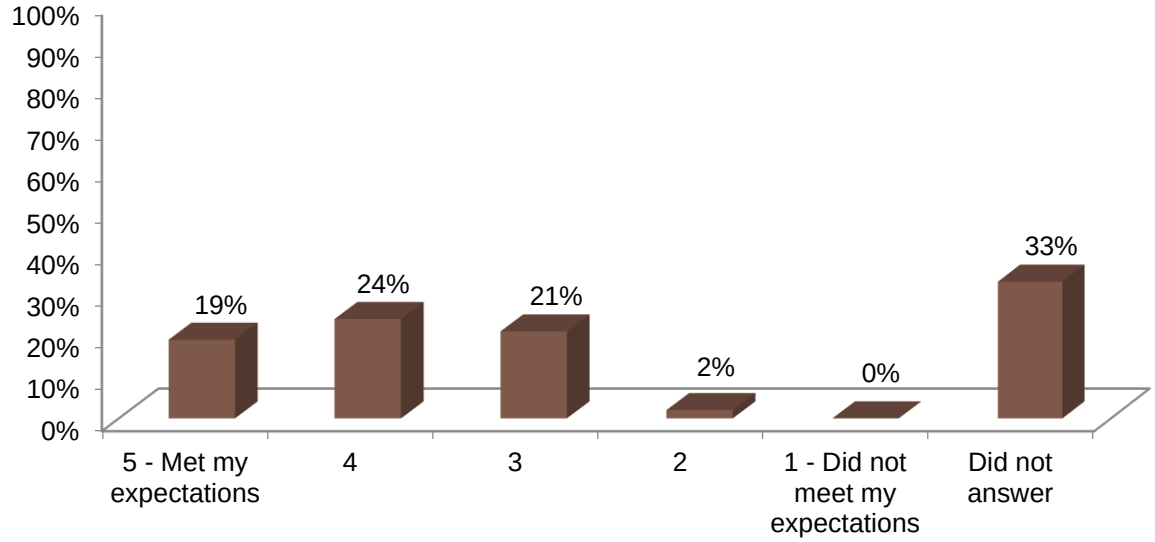
The content of the forum was: Practical



The content of the forum: Met my expectations



6. RIVERWOOD

6.1 Community Forum Details

Date:	Friday 5th February
Time:	10.30 a.m. – 1.00 p.m.
Venue:	Club Rivers; 32-34 Littleton Street, Riverwood
No of Participants:	29, made up of local NGOs, LHD staff, GPs and community members as either consumers or carers

6.2 Forum Approach and Issues Coverage

The forums were organised around two approaches. The first was the presentation of pertinent factual information relevant to both the Local Health District and CESPHN. This information served to frame the group discussion and demonstrate the 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 statistical information already collected.

The speakers were:

- Dr Pam Garrett, Director of Planning, SLHD who talked about local health priorities;
- Nathalie Hansen, Manager Strategy and Evaluation, CESPHN who provided a snapshot of the PHN, its coverage, its role and the issues identified through analysis of data for health, access and workforce.

The second approach involved running discussion groups over the course of the morning. Representatives of Sydney Local Health District and the CESPHN were involved in facilitation and scribing the groups discussion around the following six topics:

- Aboriginal Health
- Aged care
- Child & Youth Health
- Disability
- Mental Health/Drug & Alcohol

- Population Health

A plenary session was held after each round of groups. The following summary document is based on both the detailed group discussion notes and the plenary discussions.

6.3 Issue Discussion Summaries

6.3.1 Aboriginal Health

Focus Question	Discussion Summary
What is currently working well?	A number of areas and attributes relevant to Aboriginal health were identified as working well. These include: ▪ Aboriginal identified positions in services such as the Sutherland Mental health unit; ▪ Cultural awareness and Closing the Gap (CTG) training for services in the SLHD leading to increased recognition, commitment and awareness of CTG; ▪ Partnerships with the AMS. In terms of programs or services working well the following were identified: ▪ Kurranulla Women's Group; ▪ Quit Smoking Programs; ▪ Respite packages for Aboriginal carers.
Current service gaps or areas not working well?	The major issue identified was in services not being able to identify the Aboriginal background of clients which in turn effects service options. Other issues identified were: ▪ There is a paucity of services for Aboriginal men and the availability of Aboriginal men to work in health services; ▪ Access issues for the AMS such as waiting times and transport; ▪ A lack of family support services; ▪ A lack of support for GPs and pharmacists within the CTG area.
Addressing gaps & improving services	The following priorities were identified: ▪ Increasing organisational commitment to Aboriginal health at higher organisational levels in SLHD and CESPHN; ▪ Increasing place-based services in GP surgeries and pharmacies to address Aboriginal health and CTG issues; ▪ Increasing service capacity through Aboriginal traineeships and graduate programs;

	▪ Undertake specific mental health training relevant to Aboriginal clients for clinicians and staff and include these issues in induction training; ▪ Consider more flexible service delivery such as outreach into hard to reach areas.
Priority Actions	Training on cultural competence and increase capacity with Aboriginal identification.

6.3.2 Aged Care

Focus Question	Discussion Summary
What is currently working well?	Within the aged care are the Community Home Support Program was seen to be working well. The issue affecting this area was not knowing how the new aged care program would work in the future.
Current service gaps or areas not working well?	Service gaps and issue faced were more prominent and detailed. The My Aged Care website was seen as having a number of access and process issues affecting assessments and service access. These included: ▪ My Aged Care being too slow taking anything up to 2 weeks to respond to an urgent referral; ▪ Access issue for people with limited digital literacy or English literacy and language; ▪ Phone contact takes a long time or clients are afraid to call the number. In terms of specific services issues: ▪ There is a 12-18 month waiting period for level 4 packages which may lead to people being forced to use more expensive private services; ▪ Acceptance of lower level packages as a stop-gap measure until level 3 become available; ▪ The costs of many services is seen as unaffordable for clients and there ware gaps in specific services such as home maintenance and access to transport; ▪ There is no falls service.

	Of particular note in the discussion were the heightened access issues for clients needing interpreters to navigate the system.
Addressing gaps & improving services	Most attention was given to focussing on the information and access needs of older people least likely to directly access the website and 1800 number. This would include: ▪ The development of more print based materials that could be handed out or sent to older people; ▪ Supporting face-to--face information provided via GPs; ▪ Supporting community based information networks for aged care consumers; ▪ Developing multilingual supports and pathways for older people who do not speak English or lack English literacy.
Priority Actions	The development of a clear pathways to access aged care service that meet the individual needs of older people and the creation of summary information that can be delivered both directly or through the GP to enable greater service understanding and access.

6.3.3 Child & Youth Health

Focus Question	Discussion Summary
What is currently working well?	The services seen to be working well were those associated with early childhood and included: ▪ The system delivering immunisation compliance and practice nurses to support the vaccination process; ▪ Allied health services for 0-5 years such as those provided by Canterbury Community Health and Dental clinics; ▪ The headspace program.
Current service gaps or areas not working well?	The major issue identified around services in the area was service locality. A specific mention was the gap in youth services in the Riverwood area with families referred to Hurstville for services, as well as jurisdiction restrictions for service provided by Riverwood Community Care Related to this is the difficulty and cost of getting to services through public transport. There is a perceived lack of bulk billing paediatricians in the area.

	Overall waiting lists for services are long, and referral pathways not clear which leads to gaps in knowing which services are available and where these are.
Addressing gaps & improving services	The approaches to addressing these gaps identified were: ▪ Address and remove jurisdictional boundaries; ▪ Address the border issues in service delivery between SLHD and SESLHD especially as they apply to Riverwood and the ability to access programs in the Hurstville Council area; ▪ Address a more even distribution of services; ▪ Providing service information coordination and pathway identification for child and youth health services.
Priority Actions	A focus on developing child and youth services in Riverwood.

6.3.4 Disability

Focus Question	Discussion Summary
What is currently working well?	The discussion focussed on the identification of disability services seen to be working well rather than broader systematic issues. The following were identified: ▪ Ability Links; ▪ Post hospital discharge with OTs doing home reviews (RPA); ▪ Home modification services; ▪ Guide Dogs; ▪ Carers NSW;
Current service gaps or areas not working well?	The priority issue identified was about the level and type of information available to people with disability around services that are available and the issues around navigating the service system. Equally it was felt that GPs were not aware of what types of disability service were available. The other issues raised were: ▪ Uncertainty about the NDIS and the impact it will have; ▪ Uncertainty about the transition issues under the NDIS for people at 65 years of age; ▪ Transport issues;

	▪ Carer support issues.
Addressing gaps & improving services	The focus on addressing gaps was around information provision. This included: ▪ Information for GPs to distribute to clients; ▪ The promotion of Ability Links; ▪ Information about existing support groups; ▪ Information about available services and in particular respite services. The only issue beyond information dissemination and promotion was the need to address the perception of disability in the community.
Priority Actions	Information that can be accessed by the individual person or carer that is tailored to their specific needs.

6.3.5 Mental Health/Drug & Alcohol

Focus Question	Discussion Summary
What is currently working well?	With a proviso that services are not evenly spread across the area and that Riverwood is particularly underserviced, the following areas were seen to be working well: ▪ Peer support programs including men's and women's sheds, COTA's peer support program, Canterbury Connect and community kitchens; ▪ Squalor and hoarding counselling services; ▪ Partners in recovery; ▪ PHAMS
Current service gaps or areas not working well?	The following were identified as service gaps: ▪ Gaps caused by geographically bounded services; ▪ The service focus on crisis response and around this limited services for youth, limited early intervention and limited access to community supports for mental health consumers; ▪ No one-stop shop to access mental health and D&A services; ▪ A gap in GP education and expertise in mental health and relevant referral pathways.

Addressing gaps & improving services	The priority focus to address mental health and D&A were: ▪ Communications between organisations needs to improve so that the system delivers a functional referral pathway; ▪ The funding of interagencies to provide training and education support for both service providers and consumers; ▪ Peer support coordinators in General Practice.
Priority Actions	The development of a dedicated care navigator to provide the capacity for carers to advocate for mental health and D&A service consumers. A no wrong door approach.

6.3.6 Population Health

Focus Question	Discussion Summary
What is currently working well?	The following service types were seen to be working well: ▪ Care coordination in the child protection area; ▪ Services targeting families such as Community Care in Redfern that focus on prevention.
Current service gaps or areas not working well?	The discussion identified a number of prominent gaps: ▪ The most notable of these was around the service issues caused by unclear or uncertain geographic edges to services. This leads to issues around service coordination and referral with consumers appearing to be lost in this process. ▪ A lack of community based services and resources; ▪ Data gaps around service users.
Addressing gaps & improving services	Priority action needs to be given to the following areas; ▪ Address jurisdictional grey areas; ▪ Better coordination between community centres and the health sector; ▪ Create soft entry point into the health care system involving local community resource centres and support networks; ▪ Increase programs that deliver greater diversity access; ▪ Support GPs to better cope with disease burden and time challenges.

Priority Actions	A more detailed population profile for the local area with key service data that captures the diversity of the client population, their specific health issues and their access needs.

6.4 Cross Program & Jurisdictional Issues

The Riverwood Community Forum identified a range of service access issues and well as systemic health issues which have relevant across the topic areas and as such are picked up in this summary section.

The topic areas which received that most attention were around Mental Health/Drug & Alcohol and Aged Care. While gaps in the four other areas were identified, the gaps and service issues around aged care and mental health were more detailed and of a higher order.

The following analysis identifies the key themes that came out of the Forum.

The discussion as 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.

It should be noted that for issues such as aged care and disability services the jurisdictional issue was less pronounced as these were seen to be services that worked across local boundaries and were less likely to be affected by LHD and specific PHN responsibilities.

A second major focus was on the need to service and information coordination. The following issues came up consistently across service/policy area discussions:

- The need for a one-stop health shop;
- Accessible service directories and service pathway facilitation;
- A focus on early intervention and the related consideration of health literacy;

A consistent but not major issue was around GP capacity, knowledge and information to effect positive treatment and pathway decisions for clients. Specifics around this included:

- Knowledge around the service landscape around Aboriginal services, aged care, disability and mental health services;
- A need for GP education around Aboriginal services, aged care, disability and mental health services;
- Greater support for GPs to address priority health issues;
- Practice issues around pathway management.

The fourth notable cross area consideration was in the access issues facing particular groups within the catchment. These were particular to:

- People from CALD backgrounds especially in the area of aged care;
- Older people in terms of their interaction with the changing aged care environment and their need for traditional information types to deliver awareness, service knowledge and service access;
- Aboriginal client's access being enhanced though cultural competency training and awareness of the Closing the Gap Program.

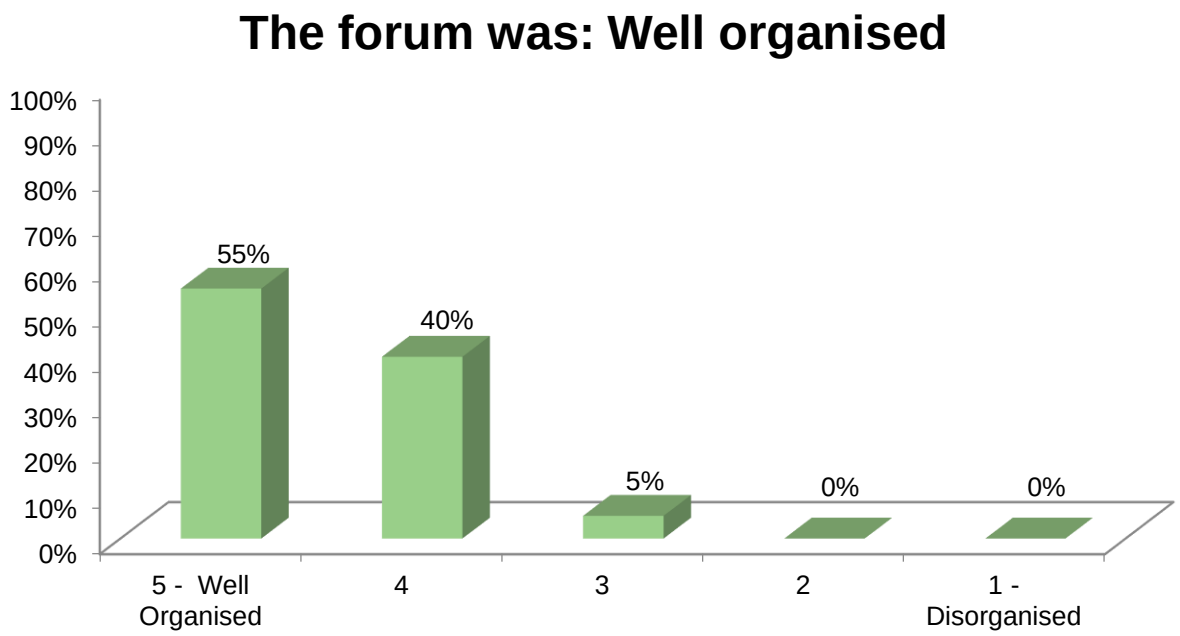
6.5 Forum Evaluation

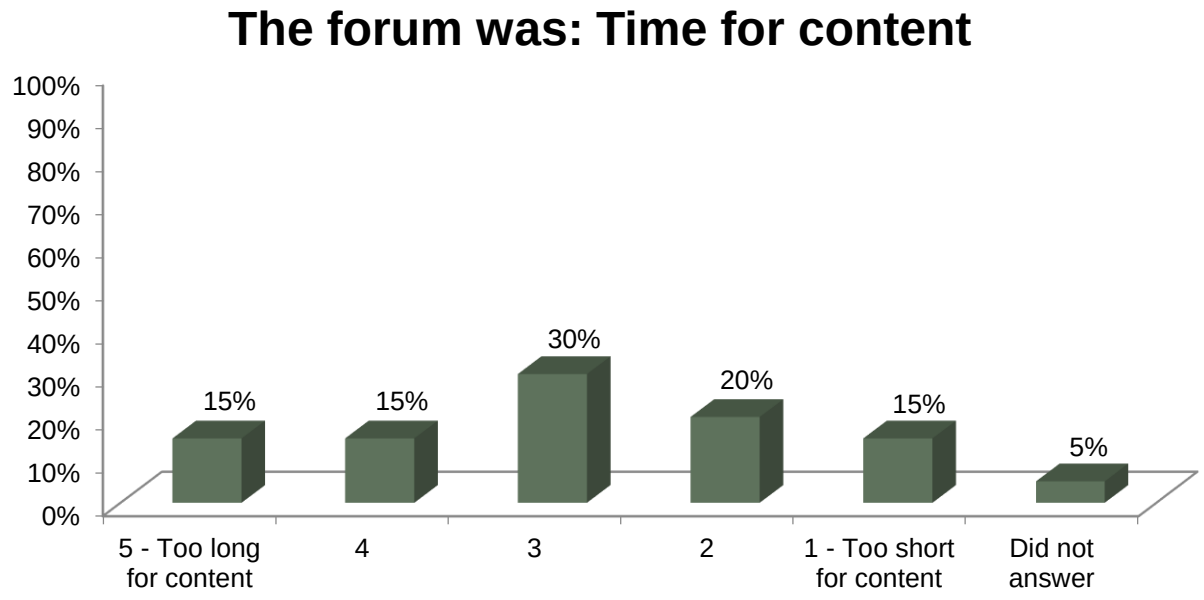
Participants appreciated finding out about the PHN, meeting people from other sectors and networking.

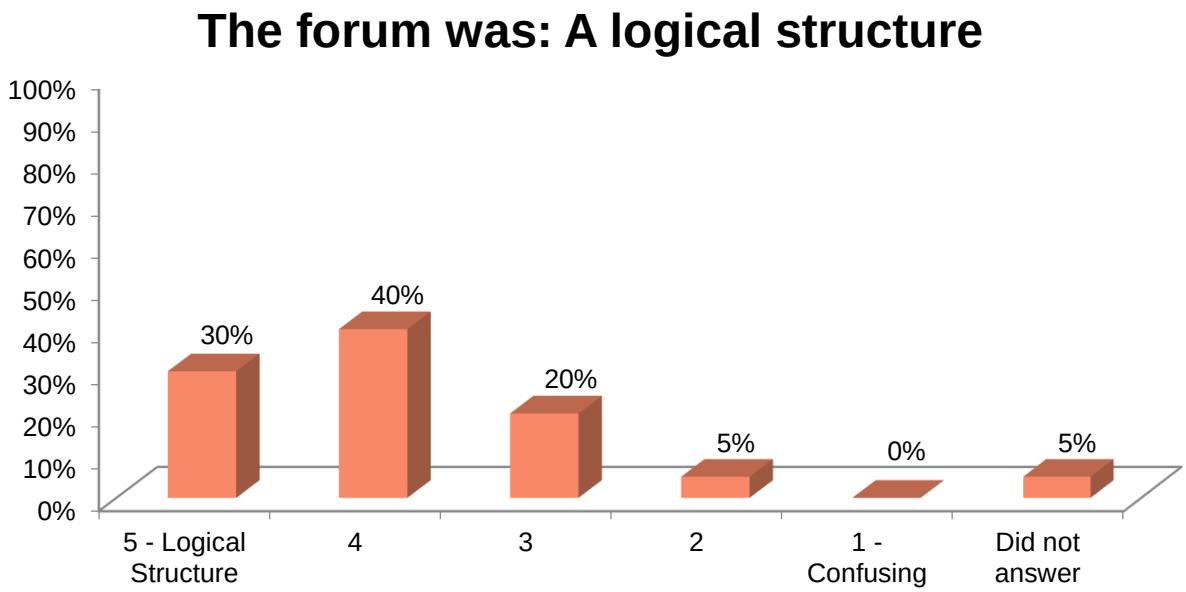
Feedback requested was: update on outcome and plan, feedback to people who attended not just agencies, summary of inputs and actions, want to be involved in future events.

Other comments included: a comment around Riverwood as a 'forgotten suburb', and this was emphasised in this forum where some were talking more about the Canterbury LGA. One person dominating discussion and taking over, and a request for more pre reading, and consent to share photographs of people.

6.5.1 Structure







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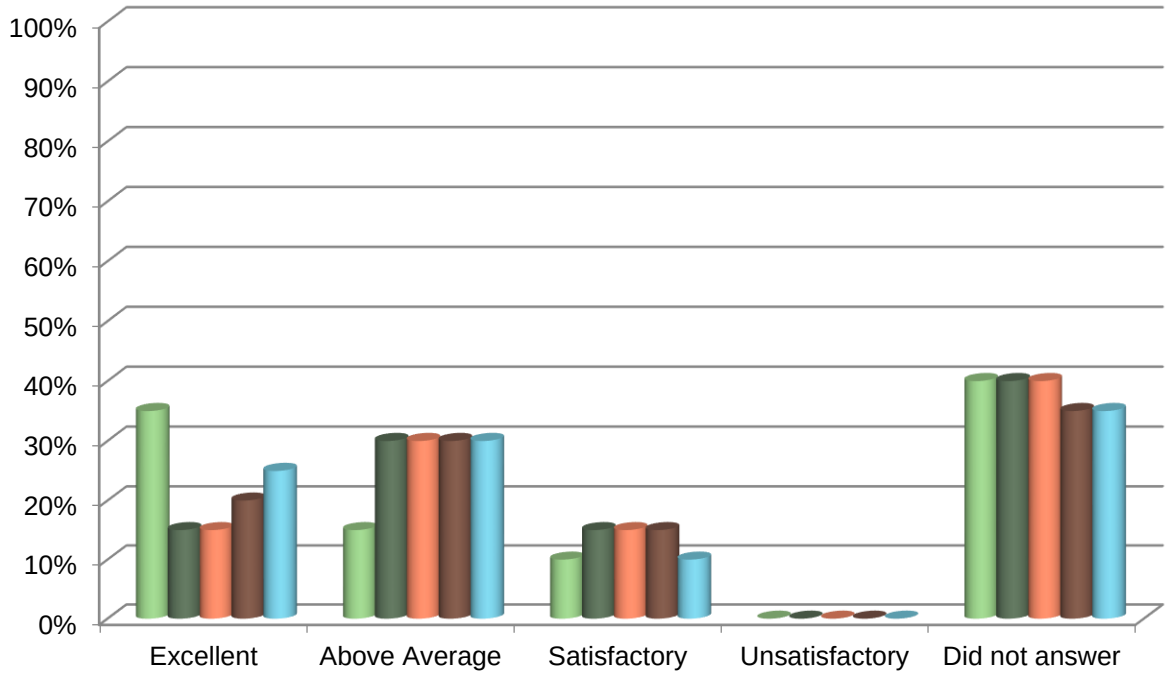

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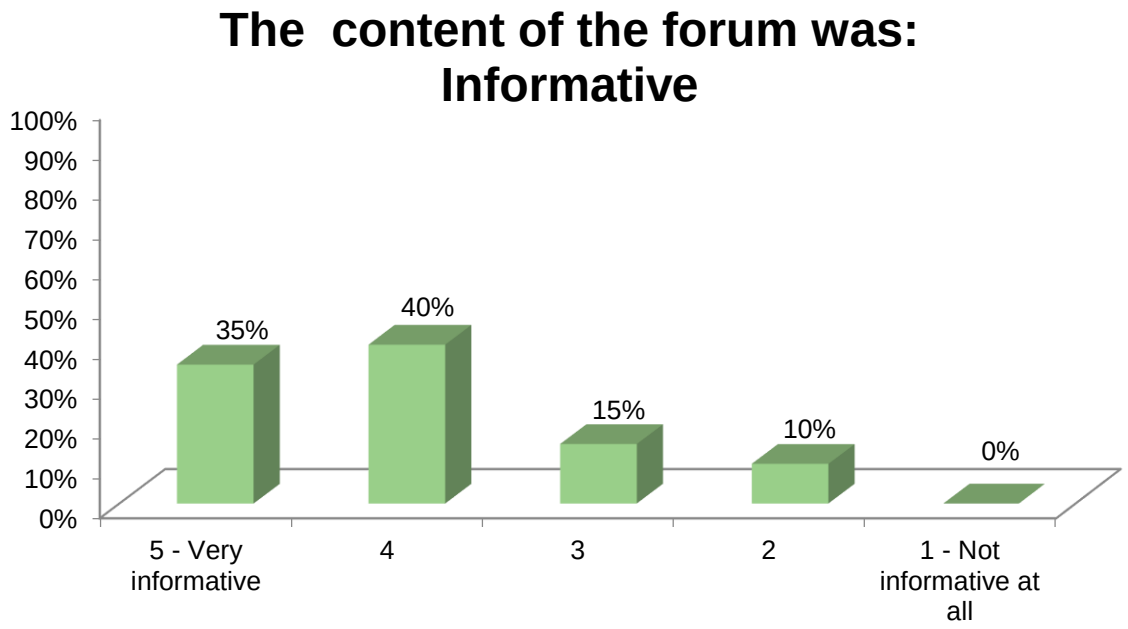
	Location of Venue	15% (n=3)	30% (n=6)	15% (n=3)	0%	40% (n=8)
	Accessibility of Venue	15% (n=3)	30% (n=6)	15% (n=3)	0%	40% (n=8)
	Room Layout	20% (n=4)	30% (n=6)	15% (n=3)	0%	35% (n=7)
	Catering	25% (n=5)	30% (n=6)	10% (n=2)	0%	35% (n=7)
Total of 20 Surveys filled out						

6.5.3 Content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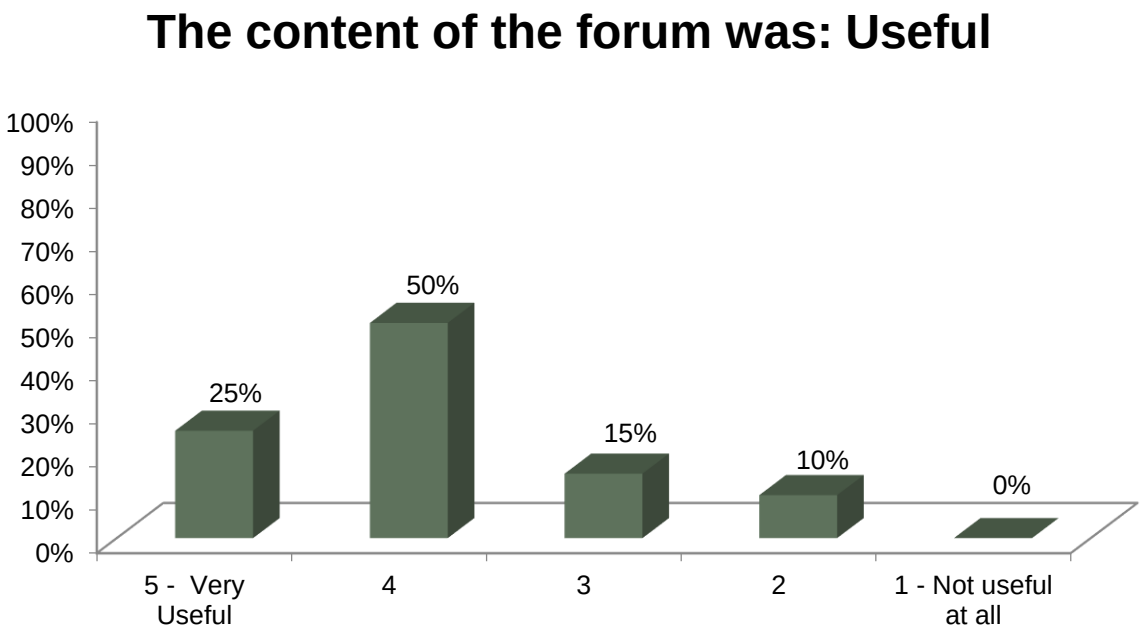
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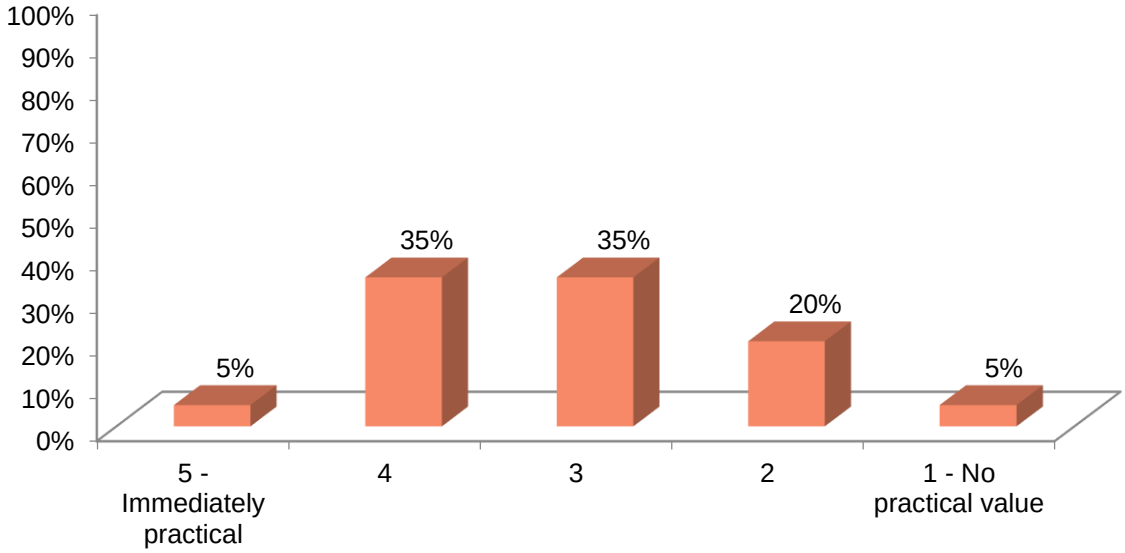
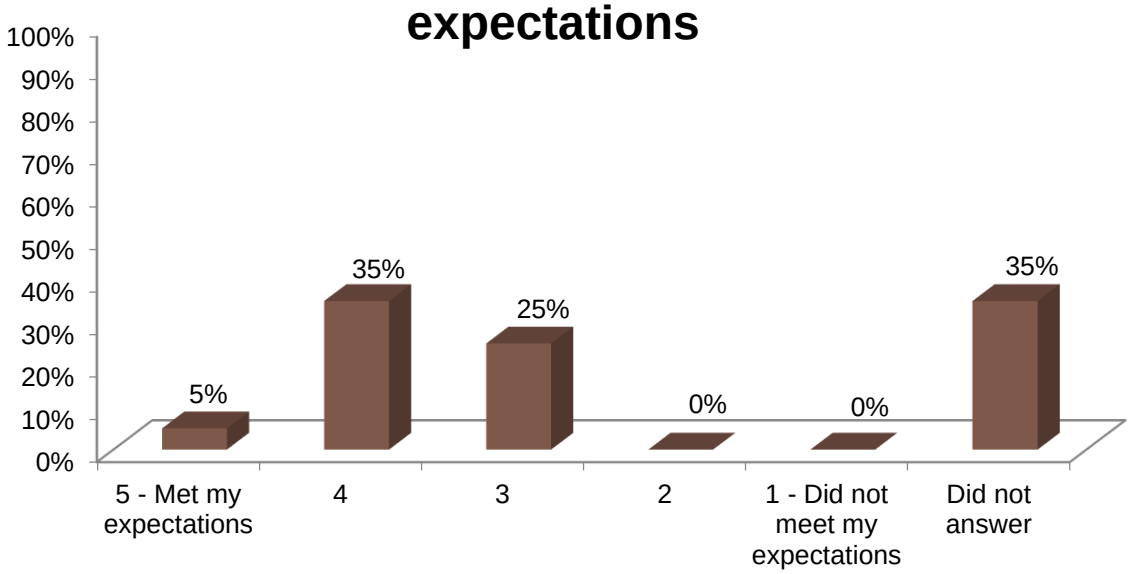


The content of the forum was: Met my expectations



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