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Central Coast Local Health District

CARING FOR OUR COMMUNITY PLAN

2021-2031

NSW GOVERNMENT | Health
Central Coast
Local Health District

Acknowledgement of Country

We pay our respect to those lands that provide for us.
We acknowledge and pay respect to the ancestors that walked and managed these lands for many generations before us.

We acknowledge and recognise all Aboriginal people who have come from their own country and who have now come to call Darkinjung country their home. We acknowledge our Elders who are our knowledge holders, teachers and pioneers.
We acknowledge our youth who are our hope for a brighter and stronger future and who will be our future leaders.

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Foreword

Professor Donald MacLellan,
Board Chair

Central Coast Local Health District

Every day our staff and services strive to achieve our vision of "Caring for the Coast" by delivering exceptional health care to the community of the Central Coast as outlined in the Central Coast Local Health District *Caring for the Coast Strategy 2019-2024*. Community health services provided by the Central Coast Local Health District (CCLHD or the District) are integral to providing quality comprehensive and responsive health services on the Central Coast.

Caring for Our Community Plan 2021-2031 (the Plan) looks at the next 10 years. It sets out a blueprint for what we want to achieve for our community health services and provides a roadmap for how we might get there. The Plan acknowledges the increasing focus on providing community based care and the importance of supporting the health and wellbeing of our community. CCLHD strives to be at the forefront of this trend.

The environment in which we operate is rapidly changing. Our population is growing and ageing, health and social care needs are becoming more complex, there is a large and increasing Aboriginal population and new technology is changing how we deliver health care. It is expected that the health needs of our community will grow significantly over the next 10 years. We need to consider our vulnerable communities and care for them in ways which reflects their health needs and preferences in culturally safe environments and provide care as close to home as possible. We also need to acknowledge the significant impact of COVID-19 on our community, along with the cumulative impact of bushfires and floods, the long term effects of which are not yet fully understood.

Collaborating with our partners – our staff, our community, primary care, ambulance, aged care providers, non-government organisations, government and private agencies – we strive to deliver quality based integrated and coordinated health care. Our partnerships with the Central Coast Medical School and Research Institute, NSW Regional Health Partners and universities provide multiple opportunities to support and further strengthen the health of the community on the Central Coast.

We recognise our most valuable asset - our staff, our people. Through their dedication and passion we strive to deliver exceptional quality community health services across the lifespan with the community of the Central Coast. We acknowledge that supporting and nurturing our community health staff is critical. We also acknowledge the need for quality community based health infrastructure that meets and can adapt to changing health care needs for the next 10 years and beyond.

We would like to thank everyone who provided comments and input into preparing this Plan. All of your contributions have helped shape this important Plan and what CCLHD community health services will look like on the Central Coast in the future.

CCLHD Board, Executive Team and staff look forward to the roll out of this plan as we achieve our vision of "Caring for the Coast" and delivering exceptional quality community health care in collaboration with our partners on the Central Coast.

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Executive Summary

The Central Coast Local Health District (CCLHD) *Caring for Our Community Plan 2021-2031* outlines the priorities and future directions for CCLHD community health services over the next 10 years to 2031. A comprehensive range of community health services are operated by CCLHD. These services cover a range of health conditions, people's needs (from urgent and/ or acute care through to less intensive care) and age groups (from antenatal to children and young people through to adults and older people). Services include:

- Aboriginal Health
- Allied and Oral Health
- Community, Chronic and Complex Care (including Community Nursing, Aged Care, Chronic and Complex Care, Community Allied Health, Palliative Care)
- Diabetes
- Drug and Alcohol
- Mental Health
- Women, Children and Families (including Antenatal, Child and Family, Youth Health, Violence Abuse and Neglect).

Case for Change

Increasing population

The population of the Central Coast is set to increase by approximately 60,000 people from 2016-2031

Ageing population

The greatest proportion of population growth is occurring in the Central Coast population over 70 years

Increasing patient complexity

Around 40% of Australians over the age of 45 have two or more chronic conditions

Large Aboriginal population

There were 15,371 Aboriginal residents on the Central Coast in 2016 (4.6% of the population compared to 3.4% in NSW)

Lower life expectancy

The life expectancy of people on the Central Coast is 81.9 years compared to 83.1 years in NSW

High levels of health risk

The Central Coast has higher rates of obesity, smoking, risky alcohol consumption and psychological stress than the NSW average

High levels of disadvantage

Central Coast has lower education levels, relatively low household incomes and areas of high disadvantage compared to NSW

People living with a disability

On the Central Coast, 21,082 residents needed assistance for their disability in 2016

CALD populations

The Central Coast is becoming increasingly culturally and linguistically diverse (CALD). In 2016, more than 19,000 residents were born in non-English speaking countries

Carers

About 11% of Australian adults provide informal care for family or friends

Technology and virtual care

Evolving health related technology will influence communication and how care is delivered within CCLHD and across partner organisations

Ageing infrastructure

Community health facilities across the district are ageing and unable to support the delivery of high quality community health care

Major government reforms

Several significant government reforms are underway that impact how health care is delivered

Impact of major disasters

The Central Coast community has dealt with multiple disasters including drought, bushfires, floods and the COVID-19 pandemic

Environmental sustainability

Environmental sustainability is integral to sustainable care delivery. The health care sector is reported to contribute to 7% of all Australian emissions

Vision and Principles

Vision

Caring for the Coast

Delivering exceptional care

Caring for our patients, our community and our staff

Principles

We are person centred

We celebrate diversity

We are partners in care

We provide the right care, at the right place, at the right time

We collaborate with partners to provide integrated health and social care

We work to meet the needs of the communtiy

Focus Areas and Enablers

Our Community

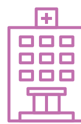
The community of the Central Coast is healthy, engaged and empowered. We partner in care to ensure that our services and models of care are human-centred and responsive to the preferences and needs of their clients, families and carers.

Our Services

CCLHD community health services deliver exceptional integrated health care with quality client experiences and outcomes.

Our Staff

Our workforce is valued, respected, engaged and high performing. Staff are energised and motivated, have a shared sense of belonging and have pride in their workplace and the services they provide.



Our Facilities

High quality, accessible, clinically fit for purpose facilities are available to deliver community health services.

Outcome by 2031

ActionAreas

Our Community

- The community are engaged
- There is a strong focus on community health care
- There is a strong focus on keeping people well and healthy in the community
- Health service information is available and accessible
- Health literacy is improved and clients and carers are involved in decision making
- Co-design principles are embedded into community health services and facility developments
- Services and programs are culturally safe, sensitive, appropriate and responsive
- There is ease of access and navigation to services
- There is seamless integration across services

Our Services

- Comprehensive community based health services are provided on the Central Coast
- Community health services are perceived as viable alternatives for hospital care, where appropriate
- Virtual health care across services is embedded
- Community health services are responsive to the needs of the Aboriginal community
- There is capacity, flexibility and responsiveness in service delivery
- Intake processes for community health services are streamlined
- Core functions for community health services inform service delivery
- Integrated and collaborative care service models are evident across the Central Coast

Our Staff

- There is a focus on the health and wellbeing of our staff
- Workplaces are safe and supportive
- CCLHD community health services are learning environments
- CCLHD community health services have a culture that promotes and encourages innovation, collaboration and teamwork

Our Facilities

- Hub and spoke community health service delivery models are established on the Central Coast
- The Community Health Infrastructure Needs Assessment and Plan is developed
- New community health facilities are established
- Quality, 'fit for purpose' community health facilities are available throughout the Central Coast
- Other considerations for community health facilities
- Transition plan for specified outpatient services to community-based care is developed

Enablers

- **Governance and leadership**
- **Safety, quality and continuous improvement**
- **Partnerships and integration**
- **Information technology and data analytics**
- **Research and innovation**

About us

Over 350,000 people call the Central Coast home. Central Coast Local Health District (CCLHD) lies between Sydney and the Hunter Valley, extending from the Hawkesbury River in the south to Lake Macquarie in the north and the Watagan Mountains in the west. The population of the Central Coast is predominantly located along the coast line with small but significant farming communities to the west of the region. Gosford and Wyong are the main centres.

The health of the growing community is supported by a range of health services operated by CCLHD in the community as well as hospital and health care facilities. The community is also supported by other health and social care organisations and service providers such as general practitioners, non-government organisations, private providers and other government agencies operating in the region. Partnerships across these services are integral to delivering quality health care, particularly in the community setting.

Our community health services

The community health services provided by CCLHD cover a range of health conditions, people's needs (from urgent and/or acute care through to less intensive care) and age groups (from antenatal to children and young people through to adults and older people).

CCLHD community health services provide urgent response services, alternatives to hospital care, short term health care interventions, community based rehabilitation, coordination of complex health care needs, preventive health care and community-based health care for vulnerable population groups. The range of CCLHD community health services are outlined on the following page.

Clinical community health services are complemented by targeted health promotion and education programs that support community health and wellbeing. These services may be delivered by CCLHD or partner agencies.

CCLHD community health services collaborate with partner organisations and services, within the District (such as Gosford and Wyong hospitals) as well as external services. Partners include the Hunter New England Central Coast Primary Health Network (HNECCPHN), general practice and primary health care, other government organisations, community organisations (including the aged care sector, disability sector, Aboriginal community organisations and other organisations) and private providers.

Community health services are delivered in community health centres and other community settings including home visits. Community health centres are located across the Central Coast (refer to Figure 1).

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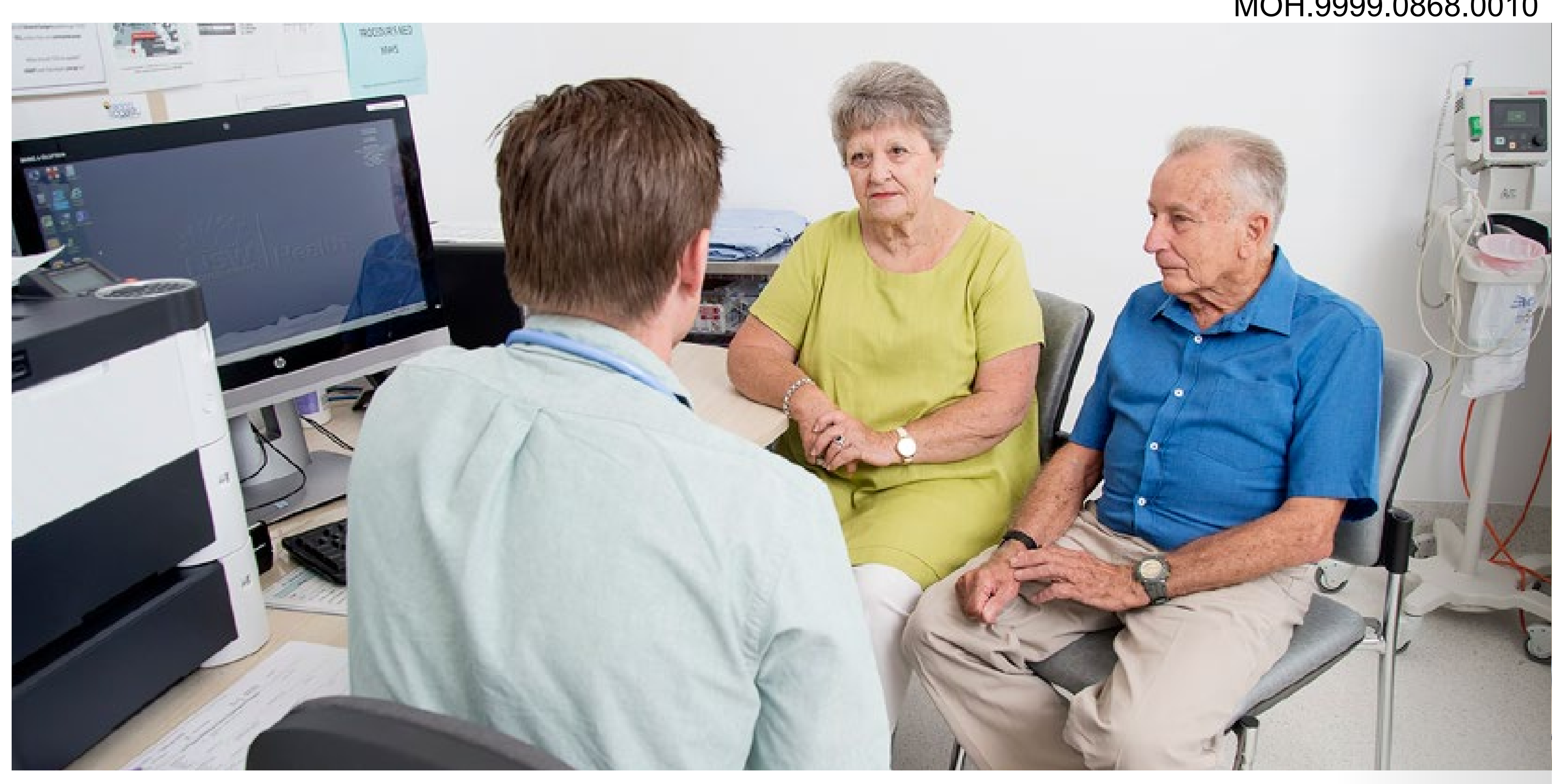
Figure 1 Central Coast Local Health District Facilities

Note: Community health services currently also operate out of rented premises at Gosford Gateway, Gosford Watt St, Citigate Wyoming, Tuggerah Business Park, Gravity Centre Lakehaven and Kanwal Medical Complex



Community health services on the Central Coast

Our range of community health services includes

Aboriginal Health Services

Nunyara Aboriginal Health Service, Aboriginal identified workforce developed in partnership with other CCLHD services, Aboriginal Chronic Disease Management, Ngiyang Aboriginal Maternal Infant Health Service, Aboriginal Mental Health and Drug and Alcohol and partnerships with Aboriginal organisations across the Central Coast.

Allied and Oral Health Services

Adult and paediatric allied health services across a wide range of allied health disciplines (physiotherapy, occupational therapy, psychology, social work, audiology, speech pathology, podiatry, psychology, nutrition and allied health assistants) and Oral Health services (for children and eligible adults).

Community, Chronic and Complex Care

Adult and older people's community health services including Community Health Access and Intake, Acute/Post-Acute Care, Hospital in the Home, General and Specialist Community Nursing, Palliative Care, Rehabilitation, Chronic and Complex Care, Aged Care and Community Allied Health services.

Diabetes Services

Specialist services for the management of diabetes with a focus on complex diabetes care. Services span from inpatient care to a range of ambulatory clinics including paediatric, antenatal and gestational diabetes, adult diabetes including Type 1 and 2 diabetes, young people in transition and diabetes complications including diabetes foot assessment and management. The focus for this document is on community based care.

Drug and Alcohol Services and HIV and Related Programs (HARP)

Drug and Alcohol Central Intake, Counselling/cannabis, Opioid Treatment Program, Addiction Medicine clinics, GP Liaison, Aboriginal Drug and Alcohol consultancy, Youth Drug and Alcohol, Magistrates Early Referral Into Treatment, Substance Use in Pregnancy and Parenting, Sexual Health and Needle and Syringe Program.

Mental Health Services

Child and Adolscent Mental Health services including: Under 12 Service; Perinatal Infant Mental Health; Youth Mental Health; Connected Recovery Program and School Link. Adult Mental Health services including: the Acute Care Team; Assertive Outreach; Mental Health Care Coordination Team and Eating Disorders. Older Peoples Mental Health services including: Older People's Mental Health teams; Behavioural Assessment and Intervention Service, Homelessness Program. Mental Health Services across the population including Disaster Recovery, Suicide Prevention, Aboriginal Mental Health, Health Promotion and Partnerships.

Women, Children and Families Health Services

Antenatal care, Maternity, Child and Family Health, Youth Health, Violence Abuse and Neglect services, Women's Health services and Ngiyang Aboriginal Maternal Infant Health Service and Building Stronger Foundations. A wide range of Medical, Nursing, Psychology, Orthoptist and Social Workers are also incorporated.

About the Plan

Caring for Our Community Plan 2021-2031:

- Outlines the priorities and future directions for CCLHD community health services over the next 10 years to 2031
- Provides direction for developing community health services
- Guides the development of infrastructure and facilities required to support CCLHD community health services in the future.

Caring for Our Community Plan 2021-2031 (the Plan) is prepared within the context of the *CCLHD Caring for the Coast Strategy 2019-2024* and other relevant CCLHD plans and strategies for the needs of diverse communities on the Central Coast. This plan focuses on the future CCLHD community health services, models of care and how best to deliver these services. The emphasis is on future community health services that are innovative, contemporary, efficient and effective. These concepts are reflected in the vision for community health services on the Central Coast and fundamental principles underpinning these services.

Caring for Our Community Plan 2021-2031 embodies four key focus areas for the future health and wellbeing of the Central Coast community:

- Our community, patients, families and carers
- Our services
- Our staff
- Our facilities.

Outcomes to 2031 are articulated for each focus area along with the actions that CCLHD will take towards these. Five key enablers support these focus areas and are essential in achieving the vision outlined in the Plan: governance and leadership; safety quality and continuous improvement; partnerships collaboration and integration; innovation and technology; and research.

Caring for Our Community Plan 2021-2031 was developed with input from the community of the Central Coast and a range of local health and related service providers within CCLHD as well as from partner agencies at the local level, from across NSW, Australia and internationally. The Plan was also informed by a review of key local and state plans, frameworks and seminal documents and relevant literature searches and reviews. The consultation and synthesis of this information is outlined in Figure 2.

[1] The term used throughout the plan to describe people who use CCLHD community health services is patient. Other terms commonly used to denote people who utilise health services include client and consumer.

Figure 2 Process for developing *Caring for Our Community Plan 2021-2031*

Consultations

Over 200 people were consulted including community members, General Practice, wide range of Community Services (Aged, Disability, Aboriginal, Mental Health among others), Central Coast Local Health District staff, other Local Health Districts, other Government Agencies, Ministry of Health and the Agency for Clinical Innovation

Methods of consultation included online surveys, face to face discussions, videoconference and phone meetings and virtual forums

Literature Reviews

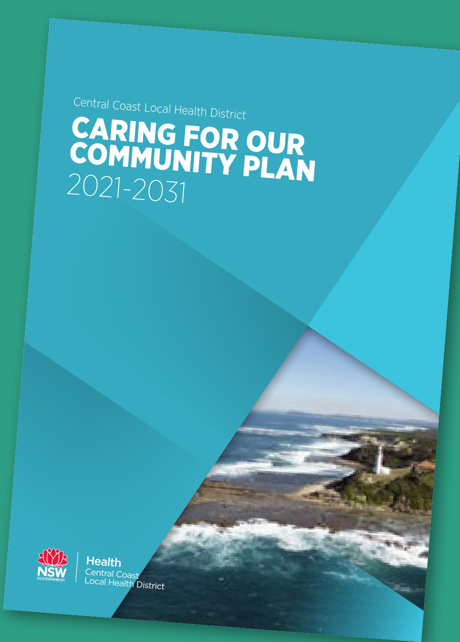
International literature reviewed covered areas of: community health, integrated care, coordinated care, community models of care, virtual community based care, community rehabilitation, community health intake processes

Information from Other Relevant Consultations

Including the NSW Health Future Health Strategy, COVID-19 Communities of Practice, Central Coast Local Health District COVID-19 report

Significant Plans and Frameworks

Significant plans and frameworks included Local (Central Coast), Regional, State (NSW) and Commonwealth Plans and Frameworks



Central Coast Local Health District
Caring for Our Community Plan 2021-2031

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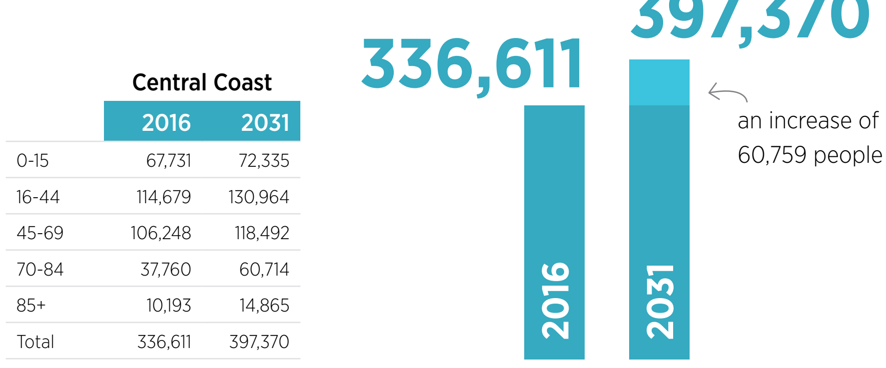
Case for change

Increasing population

The population of the Central Coast is projected to increase to nearly 400,000 people by 2031. This is an increase of approximately 60,000 people (or 18 per cent) from 2016 (Figure 3). The number of births on the Central Coast is also increasing with over 19,889 births in the five year period to 2021 increasing to 22,144 births in the five year period to 2031 (Figure 4).

Figure 3 Central Coast Population Projections 2016 and 2031

Central Coast Population 2016 – 2031

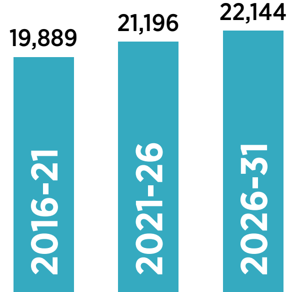


Central Coast	2016	2031
0-15	67,731	72,335
16-44	114,679	130,964
45-69	106,248	118,492
70-84	37,760	60,714
85+	10,193	14,865
Total	336,611	397,370

Source: NSW Population Projections, NSW Department of Planning, Industry and Environment, 2019

Figure 4 Births Central Coast LGA in 5 year groupings, 2016/21 to 2026/31

Central Coast Births



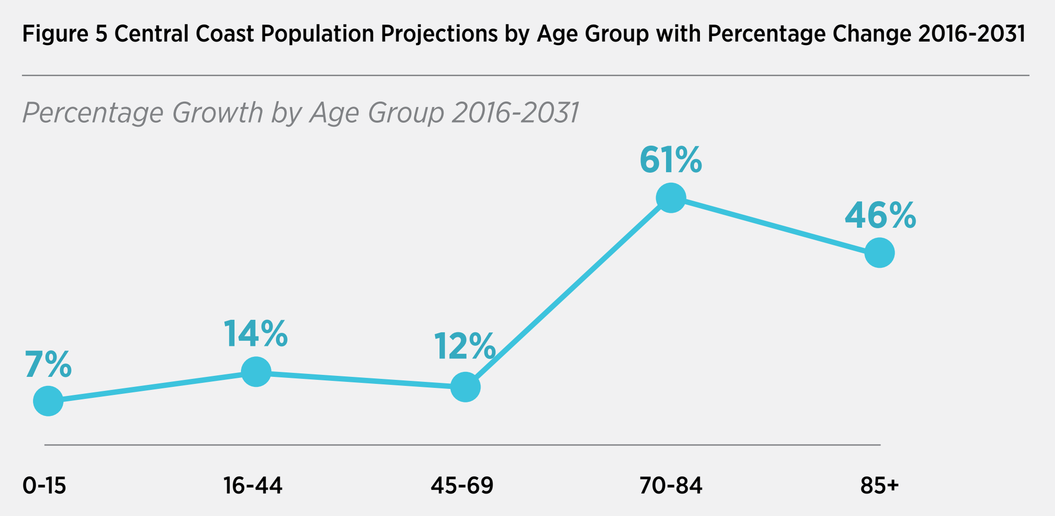
Source: NSW Population Projections, NSW Department of Planning, Industry and Environment, 2019

COVID-19 has had a significant impact on many aspects of our lives (including but not limited to work, schooling, living arrangements, health status and socialising) as well as on our community. These impacts may have long lasting implications, many of which are not yet fully understood. These impacts may include an upward trend in population numbers for the Central Coast as well as potential changes in the age mix of Central Coast residents towards increasing numbers of younger families.

Ageing population

An additional 22,954 older people 70-84 years (61 per cent increase) are expected on the Central Coast by 2031, and an additional 4,672 people aged over 85 years (46 per cent increase) by 2031 (Figure 5).

Figure 5 Central Coast Population Projections by Age Group with Percentage Change 2016-2031

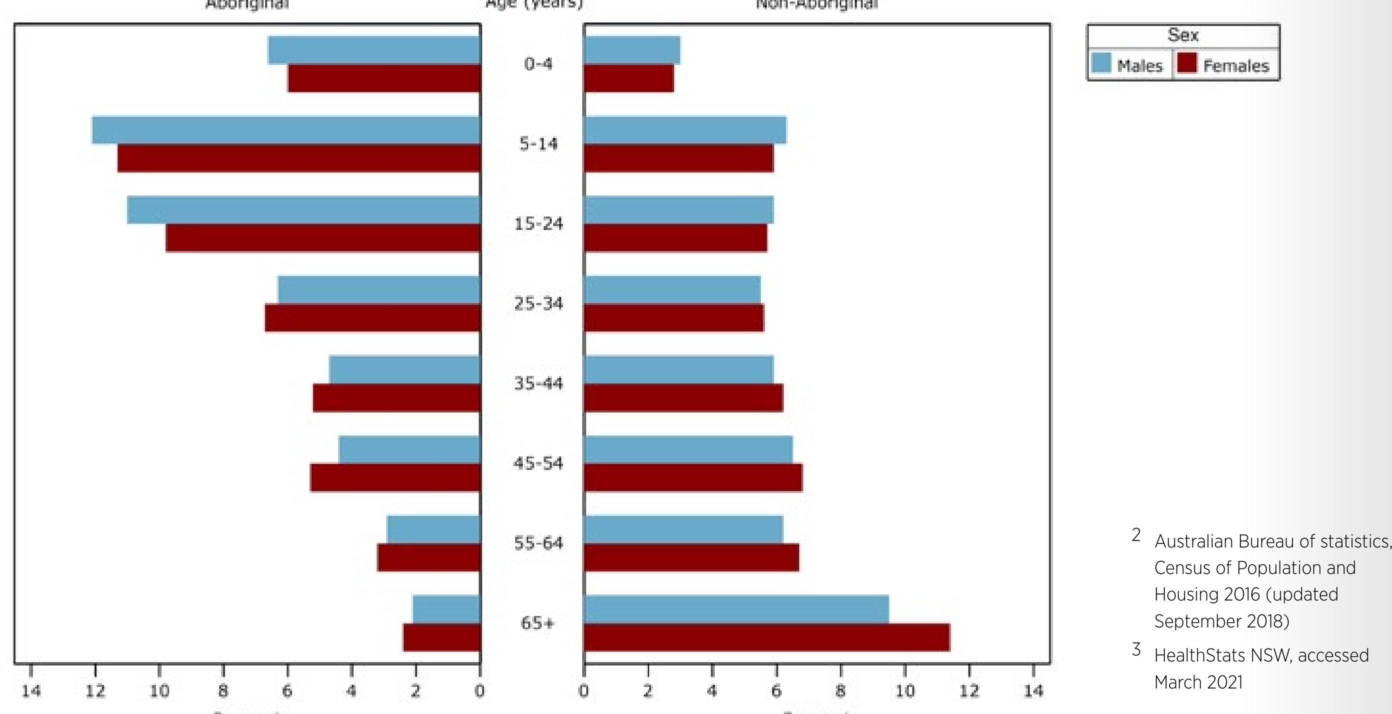


Large Aboriginal population

There is a very large Aboriginal community on the Central Coast with 15,371 Aboriginal residents in 2016 (4.6 per cent of the population).[2] The Central Coast Local Government Area (LGA) has the fourth largest Aboriginal population in Australia (after Brisbane, Cairns and Townsville). Further the Aboriginal population is expected to grow at twice the rate of non-Aboriginal Australians. Meeting the health service needs of this large Aboriginal population is important, as is providing culturally appropriate and culturally safe services.

The Aboriginal population is also a younger population with 36 per cent of the population aged 0-14 years compared to 18 per cent for the non-Aboriginal population; and 4.5 per cent of the Aboriginal population aged 65 years or more compared to 21 per cent for the non-Aboriginal population on the Central Coast in 2016 (refer Figure 6).[3]

Figure 6 Population by Aboriginality and age, Central Coast Local Health District, 2016



Source: NSW HealthStats, accessed March 2021

2 Australian Bureau of statistics, Census of Population and Housing 2016 (updated September 2018)

3 HealthStats NSW, accessed March 2021

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Culturally and linguistically diverse populations

Central Coast residents are becoming increasingly diverse. In 2016 nearly 50,000 Central Coast residents were born outside of Australia, including more than 19,000 born in non-English speaking countries. The top non-English speaking countries of birth for Central Coast residents were the Phillipines, China and India.[6]

Migrants from non-English speaking countries living in Australia for more than 10 years, experienced poorer mental health and self-assessed health. In 2016, more than 2,000 Central Coast residents reported having low English proficiency. English proficiency can affect the ability to access health services, socio-economic status and employment. For further information refer to the *CCLHD Plan for Healthy Culturally and Linguistically Diverse Communities 2020-2023*.

People living with disability

Disability includes physical, neurological, psychiatric, intellectual or sensory impairment and can impact full and effective participation in the community.

On the Central Coast, 21,083 residents (or 6.4 per cent of the population) needed assistance for their disability in 2016. Every census count, the number of residents with a disability has increased, with 21 per cent (an additional 3,166 residents) from 2006 to 2011 and 18 per cent (an additional 3,149 residents) from 2011 to 2016.[4]

Further, people with disabilities are more likely to have poorer health (poorer mental health, chronic illnesses and early onset of chronic conditions), increased lifestyle risk factors (smoking, lower levels of physical activity, risky alcohol consumption) than those without disabilities.[6] For further information refer to the *CCLHD Disability Inclusion Plan* 2020-2023.

More than 7,500 people on the Central Coast were receiving care packages through the National Disability Insurance Scheme as at September 2020.[5]

Carers

Carers are people who provide unpaid support to family or friends with a disability, illness or condition. About 11 per cent of Australian adults provide informal care for family or friends.[6] The role and contribution of carers is often hidden. However, their contribution to community care is immeasurable. With the ageing of the population, increasing complexity and high levels of health risk and disadvantage, there is likely to be a greater need for caring roles in future years.

4 Australian Bureau of Statistics, Census of Population and Housing 2016

5 https://data.ndis.gov.au/data-downloads

6 Australian Bureau of Statistics, Disability, Ageing and Carers, Australia: Summary of Findings, 2018

Increasing complexity and prevalence of chronic conditions

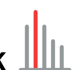
People are living longer. Chronic conditions can have a substantial impact on a person's health and the need for health services. Nearly one in two people in Australia have one or more chronic conditions and one in five people have two or more chronic conditions. Having multiple chronic conditions increases with increasing age. Around 40 per cent of people aged over 45 have two or more chronic conditions.[7] Dementia is an increasing concern with three in 10 people aged over 85 years estimated to have dementia and almost one in 10 people aged over 65 years.[8] With the ageing of the population, it is expected that the number of people with dementia will continue to increase in future years.

Lower life expectancy

Life expectancy on the Central Coast is lower than for NSW overall, with Central Coast residents experiencing 81.9 years compared to 83.1 years, respectively in 2018.[9]

The Aboriginal population in NSW in 2015 to 2017 had a lower life expectancy than the non-Aboriginal population by approximately 10 years.[10]

High levels of health risk



A higher proportion of people on the Central Coast are obese, drink alcohol at risky levels, smoke daily and have high or very high levels of psychological distress compared to NSW (Figure 7).

Figure 7 Health Risk Factors of Central Coast residents compared to NSW 2020

Factor	Central Coast	NSW
Obese	**28.2%**	22.4%
Smoke daily	**13.8%**	11.2%
Risky alcohol consumption	**36.4%**	32.8%
High or very high psychological distress	**23.6%**	17.7%

Source: NSW Healthstats, accessed March 2021

Loneliness and social isolation can also contribute to poorer health outcomes. Many adults aged 50 and older can be socially isolated or lonely in ways that put their health at risk.[11] In 2016, 26 per cent of households on the Central Coast were single person households compared to 24 per cent in NSW.[12]

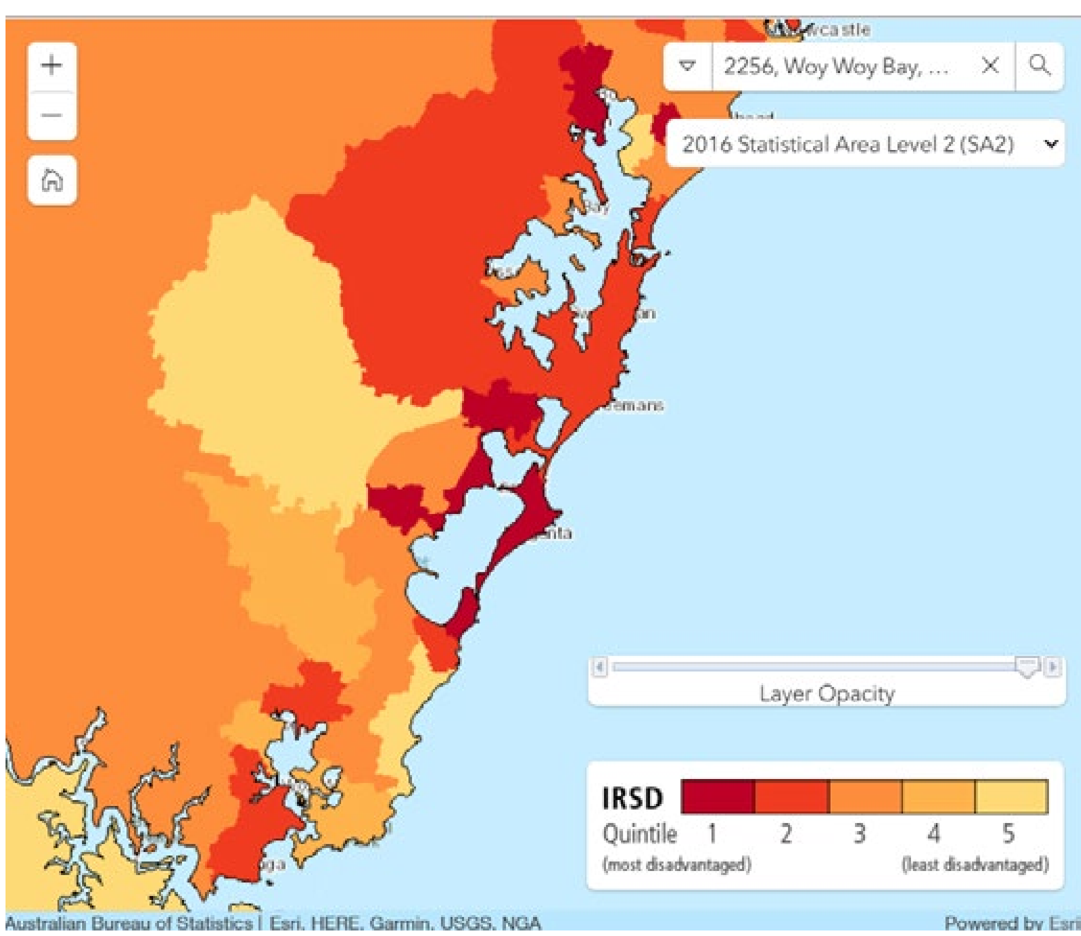
7 Australian Institute of Health and Wellbeing. Chronic conditions and multicomorbidity snapshot, 2020
8 https://www.dementia.org.au/statistics
9 HealthStats NSW, accessed March 2021
10 HealthStats NSW, accessed March 2021
11 https://www.cdc.gov/aging/publications/features/lonely-older-adults.html
12 Australian Bureau of Statistics, Census of Population and Housing 2016

High levels of disadvantage and vulnerable communities

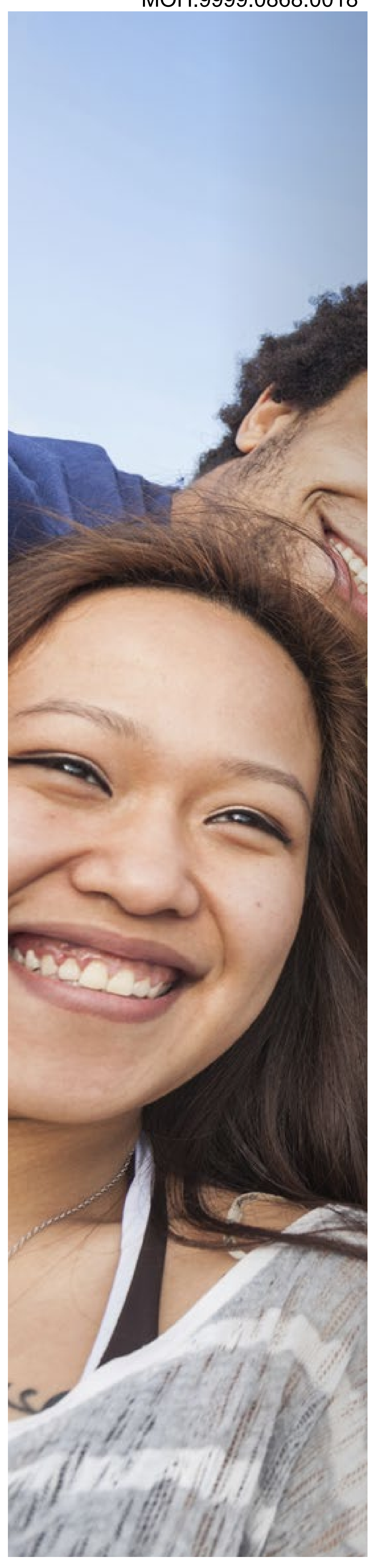
The Central Coast community has low education levels, relatively low household incomes and areas of high disadvantage. These aspects all impact negatively on community health outcomes. The Socio-Economic Index for Areas (SEIFA) is a tool used by the Australian Bureau of Statistics to measure relative advantage and disadvantage across communities. There are areas with high levels of disadvantage across the Central Coast, with some areas being among the most disadvantaged in Australia (Figure 8).

As mentioned above, COVID-19 has had significant impacts during 2020 and beyond, many of which are not yet fully understood. There is potential that the level of disadvantage experienced on the Central Coast may also be heightened due to the pandemic through economic impacts of job losses and business closures.

Figure 8 Index of Relative Social Disadvantage for Central Coast, 2016 in quintiles compared to Australia by Statistical Area Level 2



Source: Australian Bureau of Statistics, Census of Population and Housing: Socio-Economic Indexes for Areas, 2016



Rapidly evolving virtual health care and health related technology

The take up of virtual health care by community health services has been significant and accelerated through the COVID-19 pandemic. Evolving health related technology will influence communication and how care is delivered within CCLHD and across partner organisations.

There is a digital divide on the Central Coast. Relying on digital approaches alone can result in parts of the community being disengaged and isolated. Older people, low income households, Aboriginal and multicultural communities can suffer from lack of digital access. Alternative options must be made available for these communities so that they are not further disadvantaged. “Black spots” for internet and mobile phone coverage are also located throughout the Central Coast that can compromise virtual health care delivery.

Ageing infrastructure with limited additional capacity to deliver care where needed

Community health infrastructure across CCLHD is limited and does not support the delivery of high quality community based care. One of the challenges for the northern part of the Central Coast is continued population growth. The current infrastructure and capacity for community health care delivery is already constrained and will struggle to provide sufficient infrastructure for care delivery into the future.

In addition, there is limited public transport options and service links across the Central Coast, making it more difficult for people, especially people who are older, have a disability or low incomes to access to health services. Health services need to be accessible and as close as possible to where people live.

Major government reforms

Several significant government reforms are underway which will impact how health care is delivered into the future. These include the National Aged Care Reforms, Royal Commission into Aged Care Services, National Disability Insurance Scheme and National Agreement on Closing the Gap. NSW Government Violence, Abuse and Neglect reforms and Suicide Prevention as Premier’s priorities.

Impact of major disasters

The Central Coast community over the past months has dealt with multiple disasters – drought, bushfires, floods and the COVID-19 pandemic. These disasters have a cumulative impact on the community, with the full extent of this impact still to be realised. This extends to impacting employment, income, schooling and education, business livelihoods and other aspects of people’s lives. A significant impact on the mental health of the community is expected as a result, placing increased pressure on mental health services for the local community.

Environmental sustainability

The health care sector is reported to contribute to 7 per cent of all Australian emissions. Environmental sustainability is integral to sustainable care delivery.[13] Strategies such as improved recycling and waste management, optimising energy usage and sustainable procurement processes are essential priorities for community health services.

13 Malik A et al. The carbon footprint of Australian health care. The Lancet Planetary Health 2018; 2(1):27-35).

What you have told us

Over 200 people were consulted to inform the Plan, including community members, General Practice, Community Services, Central Coast Local Health District staff, other Local Health Districts, other Government Agencies, Ministry of Health and the Agency for Clinical Innovation. Methods of consultation included online surveys, face to face discussions, videoconference and phone meetings and virtual forums. Key themes from these consultations are outlined below:

Our Community

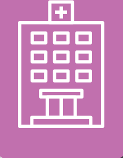
- People, families and carers want to be involved in decisions about their care
- People need to know more about what health services are available and how to navigate these
- People want to stay well and healthy in the community and stay out of hospital as much as possible
- Managing health conditions in the community can prevent hospitalisations
- There is a need to consider the future demand for carers and that many community members living with chronic illness and disability are carers for others. Identification of caring roles and strategies to address the health and wellbeing of carers is vital.

Our Services

- Community health services will need to grow to meet the needs of the Central Coast community and decrease reliance on hospitals
- Partnerships are integral for improving the health of Aboriginal people on the Central Coast
- Referral and intake models can be streamlined to improve access to services
- Services need to be accessible to all of the community through flexible hours of operation
- Relationships and communication between service providers is important for good integrated care
- There is a need to acknowledge the role and contribution of all providers within the community
- The landscape of community health is changing with policy changes bringing new providers and frameworks
- Technology and virtual care can improve access to care and communication
- Service gaps currently exist on the Central Coast

Our Staff

- CCLHD community health staff are dedicated, passionate, innovative and caring
- Succession planning is integral in preparing for the future
- There is a growing need for both generalist and specialist roles within community health services
- Our workplaces need to be culturally safe and respectful



Our Facilities

- Several of the community health facilities are old and not fit for purpose
- It is challenging to find clinical space to deliver care, particularly in the northern part of the Central Coast

Snapshot of community health services activity

In 2019/20 community health services on the Central Coast provided 1,241,933 occasions of service.[14] This included the following for 2019/20: [15]

Aboriginal Health Service

- **1,032** occasions of service by the Aboriginal Health Chronic Care Teams

Allied Health

- **10,902** telehealth occasions of service by Allied Health teams

Community, Chronic and Complex Care

- **292,590** occasions of service (in total) by the Community, Chronic and Complex teams
- **150,588** home visits by Community, Chronic and Complex teams

Diabetes

- **10,725** occasions of service by the Community Diabetes Service

Drug and Alcohol

- **81,430** occasions of service across the Drug and Alcohol, HIV and Related Programs and Sexual Health teams

Oral Health

- **36,636** visits to Oral Health services by **14,755** children and eligible adults (in 2018/19)

Mental Health

- **15,300** face to face occasions of service by the Adult Assertive Outreach teams
- **8,596** occasions of service provided by headspace to 2,008 young people on the Central Coast
- **568,263** occasions of service (in total) by community-based Mental Health teams

Palliative Care

- **20,238** occasions of service by the Community Palliative Care team

Women, Children and Family

- **52,491** occasions of service by the Child and Family Nursing teams
- **3,291** occasions of services by the State-wide Eyesight Preschool Screening (StEPS) team
- **3,635** occasions of service (and 6,144 occasions of service in 2018/19) by the Biala Sexual Assault Service

14 Note 1: Health service activity in community health services on the Central Coast was impacted by COVID-19 restrictions in 2020.

15 Note 2: An Occasion of Service is defined as "any examination, consultation, treatment or other service provided by a health service provider in a non-admitted setting to a patient on each occasion such service is provided".

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Vision

Along with the rest of CCLHD, Community Health Services' vision is Caring for the Coast.

Caring for the Coast

Delivering exceptional care

Caring for our patients, our community and our staff

Principles

The principles developed for CCLHD Community Health Services are:

- ***We are person-centred***
  - We recognise and respect that each person that we support – including their carers and family members – is unique and work with them in consideration of their individual values, preferences and needs.
- ***We are partners in care***
  - We value carers and family members as partners in decision-making and care. We care not only for our patients, but their family and support units as a whole.
- ***We provide the right care, at the right place, at the right time***
  - We facilitate efficient, high quality care provided by the right person, in the right place, at the right time. Everyone has the right to receive equitable health care and to have access to the community health services they need.
- ***We recognise and celebrate diversity***
  - We embrace the diversity of our local community and deliver services that are equitable, inclusive, safe and culturally appropriate.
- ***We collaborate with partners to provide integrated health and social care***
  - We work collaboratively with our health and community partners to deliver integrated and coordinated health and social care.
- ***We work to meet the needs of the community***
  - We develop and provide services that meet the needs of our community now, and remain flexible to ensure we can adapt and grow to meet the needs of the community in the future.

Outline of the Plan

Focus Areas

Our community, patients, family and carers

Our staff

Our services

Our facilities

Enablers

- ✓ Governance
- ✓ Safety, quality and continuous improvement
- ✓ Partnerships, collaboration and integration
- ✓ Innovation and technology
- ✓ Research

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Our community, patients, families and carers

Outcome by 2031

The community of the Central Coast is healthy, engaged and empowered. We partner in care to ensure our services are human-centred and responsive to the preferences and needs of our patients, families and carers.

The population of the Central Coast is increasing and ageing. There are significant health issues as well as areas of disadvantage across the region. The burden of disease is changing, with around half of all Australians having a chronic disease.

Having access to quality information about health and health services is important. This is important so that people can be informed about their condition and the various treatment options. It is also important for people to be involved in decisions about their care. This encompasses the values of true human-centred care, where care is personalised, has a focus on wellness and achieves outcomes that are important.

Many people may have experienced trauma during their lives and this can impact how health care is delivered as well as health outcomes. Acknowledging vulnerability and understanding trauma in health care is important to minimise this impact. Another important issue in delivering health care is to ensure that our environments are culturally safe and supportive.

It is important that health and related care is integrated and coordinated, providing a “seamless” health care journey. Care navigation involves providing service information and education and plays a crucial role in helping people get the right care at the right time. Good care navigation can improve access, reduce hospital admissions and improve outcomes.

Focusing on wellness is another important aspect of health care. Health promotion and prevention activities, such as staying active, nutrition, obesity prevention, falls prevention, illness prevention, can help keep people healthy in the community and out of hospital.

Co-design is a collaborative approach that brings people, families, carers and staff together to improve health services and their delivery. This approach can be used to improve community health services and outcomes for people on the Central Coast.

Actions

The community are engaged

- Embed a proactive strategy for community engagement to support the development and ongoing delivery of community health services on the Central Coast. This includes being open to constructive criticism and building education and understanding.

There is a strong focus on community health care

- Continue to provide community health services on the Central Coast that demonstrate person and human-centred care inclusive of quality communication, shared decision making and build health literacy and confidence in decision making. Maintain the focus in community health care on the whole person and their diverse needs including: their physical health, psychological health and social and cultural needs, as well as encompassing carers and family.
- Raise awareness of community health services as a viable alternative to hospital care.
- Improve and maximise the experience of community health services on the Central Coast as responsive, accessible and high quality.
- Acknowledge the role of carers, identify carers, include carers within health care delivery, as appropriate and implement strategies to address their health and wellbeing.

There is a strong focus on keeping people well and healthy in the community

- Shift the focus from illness (acute treatment) to wellness (prevention and early intervention) by supporting clinicians to provide more holistic care, set wellness goals and engage with communities; and for them to better understand lifestyle choices that can support wellness across the life span.
- Incorporate service and program options focusing on keeping people healthy and well for the community overall, such as healthy eating, exercise and drinking water; and for specific groups such as frailer and older community members with limited levels of functioning (e.g. housebound). Health issues for focus include falls, obesity, smoking and instilling resilience; with a strong emphasis on partnerships for delivery.
- The Health Promotion service will continue to work at a population level, within selected prioritised areas, with the aim of making the Central Coast a healthier place to live.
- Advocate with relevant agencies for the health impact of public spaces, facilities and built environments.
- Identify and develop strategies for current and future equipment needs that enable people to stay at home with an emphasis on partnerships in delivery.

Health service information is available and accessible

- Improve awareness of the range of community health services available and information on how to access and navigate these services for community members as well as service providers.
- Provide information on services to the community in a variety of ways targeting different community groups through a variety of access points including social media.
- Provide a digital front door, with up to date information about pathways for health care. This can include exploring the potential for virtual community health service way finding kiosks and other digital technology solutions.
- Update and maintain information on community health services on CCLHD internet and intranet sites, as well as in PatientInfo and HealthPathways (in collaboration with the Hunter New England Central Coast Primary Health Network [HNECCPHN]).
- Hold and participate in regular education sessions and forums with health and related providers on the Central Coast to raise awareness of CCLHD community health services and partner organisations.

Health literacy is improved and patients and carers are involved in decision making

- Empower, inform and support patients and carers to be more self-determined in their care and have the capability to navigate health and related services.
- Continue to implement supported decision making tools and resources in community health services on the Central Coast to facilitate:
  - Patients and carers having access to information about their condition and treatments.
  - Shared care planning and goal setting involving carers.
  - Multidisciplinary staff communicating and collaborating in providing care and resolving problems and issues.

Co-design principles are embedded into community health services and facility developments

- Proactively incorporate the principles of co-design into service and facility developments.
- Focus on and design services and facilities around the patient's journey drawing on the lived experience of the community, patients, families and carers.
- Consider and design community health services from the person's perspective to maximise access and meet the identified needs of patients and carers.

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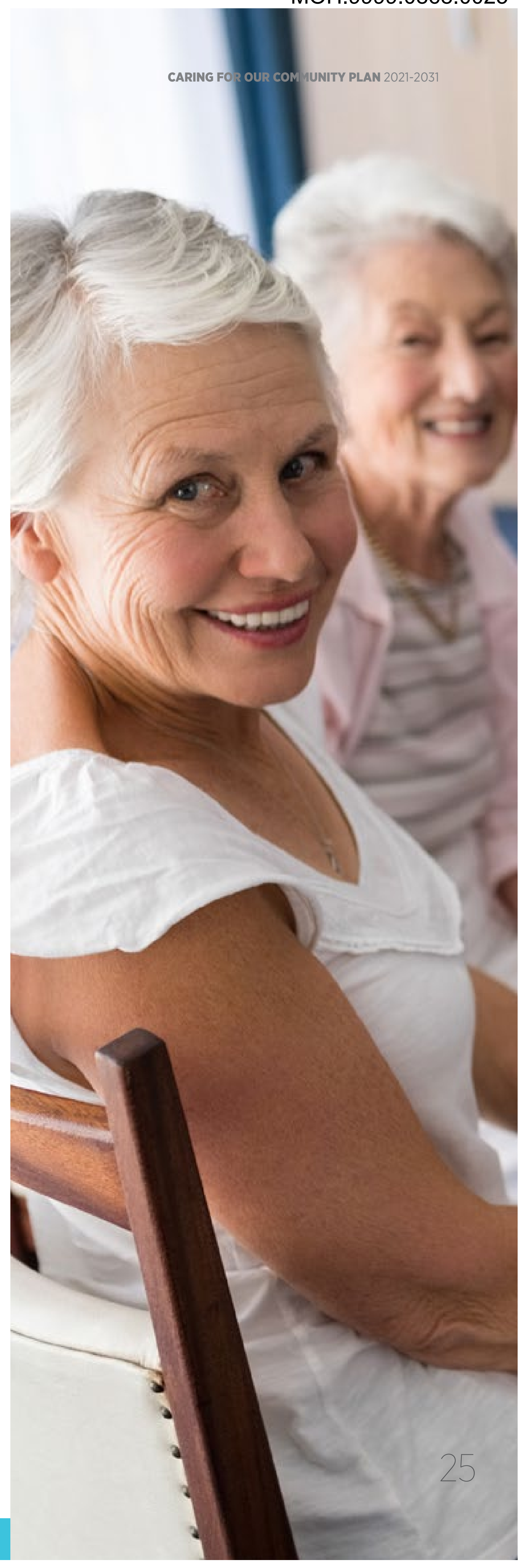

Services and programs are culturally safe, inclusive, appropriate and responsive

- Strengthen and improve the cultural awareness of staff in community health services and ensure that care is provided in culturally appropriate ways supported through governance, education and cultural leadership.
- Consider and incorporate the needs of the Aboriginal community, culturally and linguistically diverse (CALD) communities and other diverse communities, in community health services and programs.
- Adopt service provision models within community health services that improve equity in access for vulnerable populations.
- Incorporate and embed the knowledge and principles of trauma informed care.

There is ease of access and navigation to services

- Explore further use of a single point of access to CCLHD community health services.
- Continue to strengthen and enhance community based care navigation initiatives that are inclusive of those who are not able to do so.

There is seamless integration across services

- Develop and strengthen person-centred systems built around the person's care goals and support seamless care transitions and continuity of care between community health and other service providers including Aged Care services, services associated with the National Disability Insurance Scheme (NDIS), general practitioners and the patient, family/carer.
- Acknowledge and involve the person's general practitioner, primary and social care providers in the person's care. This can include keeping them informed of changes to treatment and care requirements.

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Our services

Outcome by 2031

CCLHD community health services deliver exceptional integrated health care with quality person-centred experiences and outcomes.

There are significant health issues and areas of disadvantage across the Central Coast. The population is increasing as is the complexity and acuity of patients. CCLHD community based services cover a broad range of health conditions, acuity levels (from acute crisis community based care to sub-acute care through to less intensive follow-up care) and age groups (from antenatal care, children and young people through to adults and older people). The services offered range from assessment through to complex care coordination and management.

There are high and increasing levels of demand for hospital based care (emergency department presentations and inpatient care) on the Central Coast. Models of community based care have undergone significant changes over the past decade, with several new models now supporting care in the community as an alternative to hospital. These models include multidisciplinary management of exacerbations of chronic disease as well as acute conditions such as pneumonia and cellulitis. Establishing and maintaining strong medical governance for these community based models is integral. The need for complex care coordination in the community will also continue to grow.

Significant frameworks have been developed by CCLHD or at the NSW Ministry of Health level for the provision and improvement of community health services. These include Paediatrics, Mental Health and Suicide prevention, Palliative Care, Aged Care, Integrated Care, Youth Health, Health Promotion, Oral Health, Drug and Alcohol, Aboriginal Health, and Violence Abuse and Neglect among others.

Internationally models that transfer care to the community have shown improved outcomes, experience and cost. Models applying timely and appropriate discharge and addressing unnecessary hospital admissions show comparable outcomes to inpatient care. Components of these models include: support for self-management; sign-posting to appropriate care; recognising reasons for seeking admission; support for health professionals to diagnose and refer people appropriately; and care navigation and care coordinator roles. Other examples that may support the shift to community based care include ambulance alternative pathways, extended care roles e.g. paramedics, and service models that provide support to residential aged care facilities (RACFs).

Integrated care is critical for good community health care. Integration requires strong leadership, common values and shared goals, aligned governance and financial structures, integrated health records, responsibility for a defined population or service and a focus on communication and continuous quality improvement. There are good examples of successful approaches for integrated care internationally such as the approach taken by Canterbury District Health Board, New Zealand and Catalonia, Spain's population based care coordination models. In the Central Coast context, achieving integration will involve collaboration with acute hospital care, general practice, the community services sector including disability and aged care services and residential aged care, other government departments and the community.

Virtual care is a safe, effective and valuable modality to support person-centred care where clinically appropriate. Virtual care is most effective when it improves access, adds to human contact, is intuitive and easy to use and fits around people's lives. There are opportunities to explore with the emergence of wearables and remote monitoring, artificial intelligence and 3D printing. Enhanced real-time sharing of electronic patient information will improve communication across service providers, patients and carers as well as in the delivery of care.

Multidisciplinary team work initiatives should be developed from the bottom up, building upon successful local collaborations. Intake models and demand management systems are an integral component of community based care delivery contributing to coordinated and seamless continuity of care across community health and related services.

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Actions

Comprehensive community based health services are provided on the Central Coast

- Continue to strengthen the comprehensive range of community based health services available on the Central Coast, that cover a range of health conditions, people's needs (from urgent and/or acute intensive acute community based care through to less intensive care) and across age groups (from antenatal to children and young people through to adults and older people).
- Establish the Central Coast as a leader in community-based health care through key priority activities:
  - Establish the Central Coast Virtual Care Hub.
  - Expand the Hospital in the Home service on the Central Coast.
  - Continue to advance the implementation of community based hospital-alternative care through the revision of existing service delivery models.
    - Strengthen and introduce step up/step down models for chronic care, mental health care and palliative care.
    - Strengthen and expand home-based rehabilitation models.
    - Explore and implement models of urgent care delivery in collaboration with partner organisations.
    - Implement Paediatric services as per the CCLHD Paediatric Framework.
    - Explore options and opportunities for mobile health and community based delivery to improve access to services such as medical imaging and oral health.
- Shift strategically identified community health services to offering 24/7 support or extended hours of operation (face-to-face and/or virtual) with better real time communication with acute care facilities.
- In collaboration with NSW Ambulance and partners:
  - Expand and optimise alternative pathways to ensure people are referred to the most appropriate service.
  - Continue to strengthen the role of the Extended Care Paramedic.

Community health services are perceived as viable alternatives for hospital care, where appropriate

- Resource targeted community health services to be viable alternatives for hospital care, focusing on timely and appropriate hospital discharge and unnecessary hospital admissions. This is inclusive of:
  - Enhancing resources for community based models of care, such as community nursing, community allied health, community mental health, Aboriginal health, among others.
  - Extended hours of community health services (going to 24/7 where required).
  - Including community health staff and/or services, as appropriate, in discharge processes.
- Explore the range of services provided within hospitals, such as outpatient care, that can be provided in a community setting and develop a Transition Plan to support this shift in care.
- Develop an Investment/Disinvestment strategy to enhance and prioritise community health service delivery on the Central Coast over the 10 year period to 2031. This strategy should consider value based care delivery and assess services in terms of health outcomes (including hospital readmissions and representations), patient experience and efficiency.

Virtual health care across services is embedded

- Develop a Virtual Care Strategy in collaboration with the whole of CCLHD to guide implementation of leading-edge virtual care technologies across disciplines and services to support clinical service delivery and models of care.

Community health services are responsive to the needs of the Aboriginal community

- Build on existing partnerships with the CCLHD Aboriginal Health Service and other community Aboriginal Organisations to enhance care delivery for Aboriginal people on the Central Coast. An example includes Oral Health Service based at Yerin Eleanor Duncan Aboriginal Health Service.
- Engage, involve and consult with the local Aboriginal community on the Central Coast to strengthen and plan for community health service delivery.
- Build capacity and capability of the Aboriginal health workforce within community health services.
- Build a strong understanding of Aboriginal culture and engagement of the Aboriginal community among community health services across the Central Coast through developing and implementing the Aboriginal Workforce Strategy for the Central Coast with key objectives and actions to grow, nurture and develop the Aboriginal workforce.
- Focus on the priorities for Aboriginal health service delivery on the Central Coast including chronic disease management, cancer services, renal services, palliative care, health promotion and prevention.

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- Advocate for an Aboriginal Health Unit located at Wyong Hospital for delivering care for the large Aboriginal population in the Wyong area.
- Continue to engage in research beneficial for health service delivery for the Aboriginal community on the Central Coast.

There is capacity, flexibility and responsiveness in service delivery

- Implement innovative systems and processes that reflect, capture and report service demand for community health services on the Central Coast.
- Establish and implement quality processes and systems that embed flexibility in community health service delivery (staffing and resourcing) and can respond to changing service demands and needs of the community. This may include expanding community-based service delivery roles such as peer workers or assistants in allied health.
- Locate community health services so that they are accessible across the whole of CCLHD and that care is provided as close to home as practical across the Central Coast.
- Extend hours of operation for community health services where extended hours will result in improved access to appropriate care in the community.
- Review disaster response plans to ensure there are structured disaster responses for immediate, short and long term periods post-disaster. The plans need to consider the cumulative impact of multiple disasters on the community and individuals and workforce requirements.

Intake processes for community health services are streamlined

- Review and strengthen intake systems for CCLHD community based services that enhance service access, support navigation and coordination of care with smooth seamless transitions between services.
- Explore and embed innovative technology solutions to streamline intake systems across CCLHD community health services.

Core functions for community health services inform service delivery

- Core functions for community health services are used to inform planning and service delivery models to improve equitable access to health care in the community and reflect changing health service needs to 2031.

Integrated and collaborative care service models are evident across the Central Coast

- Strengthen the delivery of integrated care and multidisciplinary teams to support better experiences and outcomes for patients, carers and health care providers.
- Continue to strengthen systems, processes and communication between hospital and community health services, general practitioner and other community-based service providers to enable smooth seamless transitions between these services.
- Continue to strengthen internal relationships between CCLHD services to ensure efficient person-centred service delivery, care planning, avoid service duplication and address service gaps.
- Develop and strengthen electronic booking systems for general practitioner referrals to community health services.
- Enhance and incorporate case conferencing, care planning and care coordination with health and related providers, the person involved and their carers into community based models of care.
- Support and enhance shared care between community health and related services. This includes working closely with general practice, aged care and disability sectors, non-government organisations, Aboriginal community organisations, other government agencies such as the Department Education, Department of Communities and Justice, private providers, among others. This can include building capability and capacity within these services.
- Identify suitable alternatives for services or service components that are distal to core functions of community health services and ensure smooth transitions and access to these services.
- Monitor for emerging gaps in service provider capacity and capability and escalate to the appropriate body (e.g. National Disability Insurance Agency National Director).
- Where suitable service alternatives do not currently exist, implement strategies that support and build the capacity and capability of providers, to ensure care needs of the person and their carers can be met.
- Consider the potential for collaborative service delivery (joint ventures) for relevant service components and patient groups, such as low complexity management or complex care management.
- Explore an approach to service planning and delivery that pools available resources within a community (called an 'Assets-Based Approach') to harness resources across health and social care service environments to meet the needs of the person and the community across the Central Coast.
- Explore options for collaborations with universities and other educational institutions to support service delivery while enhancing learning and teaching opportunities for the range of community health services and disciplines.

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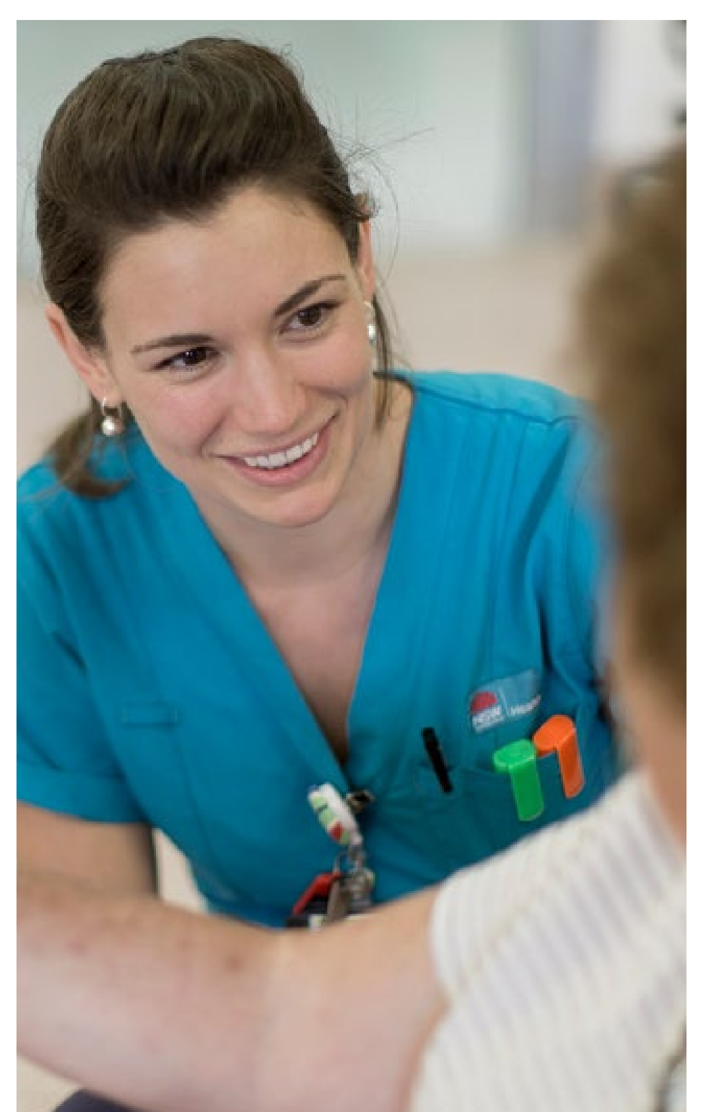
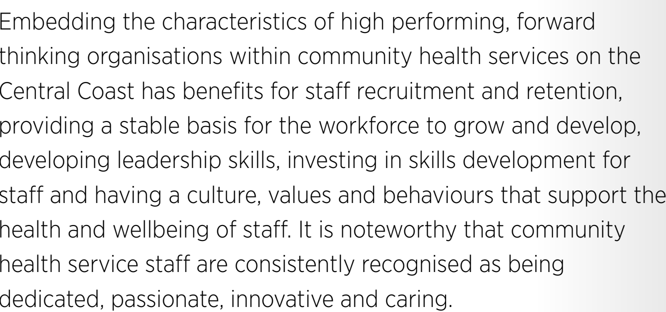
Our staff

Outcome by 2031

Our workforce is valued, respected, engaged and high performing. Staff are energised and motivated, have a shared sense of belonging and have pride in their workplace and the services they provide.

Staff are the most valuable resource in delivering high quality health care to the community of the Central Coast. Caring for our staff and having a workplace culture that promotes safety, agility, resilience, innovation, collaboration and teamwork will in turn support staff's sense of wellbeing and pride in their workplace. Skills for working in community health care environments need to incorporate multidisciplinary and interdisciplinary team approaches, working collaboratively across partners (internal and external to CCLHD), and managing more complex needs in the community. Keeping pace with rapid changes in technology that are increasingly incorporated into service delivery is also important. Having flexibility in working arrangements for staff is becoming increasingly important as is recognising and supporting our staff with caring roles outside of the workplace.





Embedding the characteristics of high performing, forward thinking organisations within community health services on the Central Coast has benefits for staff recruitment and retention, providing a stable basis for the workforce to grow and develop, developing leadership skills, investing in skills development for staff and having a culture, values and behaviours that support the health and wellbeing of staff. It is noteworthy that community health service staff are consistently recognised as being dedicated, passionate, innovative and caring.

There is a need for enhancing generalist and specialist roles within community health services. There is a need for growing the "skilled generalist" community health workforce to meet the needs of the increasing service demands, for example, with chronic and complex conditions, ageing; and to balance this with enhancing senior and specialist level roles, such as nurse practitioners, that can support the skilled generalist community health workforce.

Workforce planning is important to identify and ensure that the knowledge, skills and roles required for current and future community health service delivery are understood and met. Succession planning is integral component in preparing the workforce required for the future. This is particularly important, given the ageing of the community health workforce.

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Actions

There is a focus on the health and wellbeing of our staff

- Recognise staff health and wellbeing as a priority and support staff health and wellbeing through safe workplaces, safe work practices, workload and hours of work. Programs are in place to support and promote the psychological wellbeing of staff.
- Recognise, acknowledge and value good performance through enabling a feedback culture amongst all staff and managers by implementing formal recognition programs and promoting informal feedback through regular acknowledgment, Leader Rounding and Monthly Accountability Meetings (MAMs) and use of the internal 'Thank You' e-card.

Workplaces are safe and supportive

- Engage all staff in annual performance review, goal setting conversations, planning and acknowledging achievements.
- Acknowledge and embed behaviours reflecting the CORE (Collaboration, Openness, Respect and Empathy) values throughout CCLHD.
- Ensure governance structures are in place with clear lines of communication.
- Enable flexible work arrangements that improve organisational performance and patient and staff experience.
- Ensure decision-making processes are transparent and consistent.
- Develop and implement the Aboriginal Workforce Strategy for the Central Coast with key objectives and actions to grow, nurture and develop the Aboriginal workforce.
- Develop strategies to ensure that the workforce in CCLHD community health services is reflective of the diversity of the Central Coast community.

CCLHD community health services are learning environments

- Provide a comprehensive learning environment that enables the workforce to continually improve and meet people's needs and expectations.
- Support staff to engage in ongoing inter-professional development opportunities to deliver the capabilities required to work collaboratively to meet changing service demands and needs.
- Embrace talent identification and succession planning throughout CCLHD community health services.
- Collaborate with universities and educational institutions to promote and enhance community health related knowledge and skills for the future workforce. This may include the development of trainee health service positions or new professions in health.

CCLHD community health services have a culture that promotes and encourages innovation, collaboration and teamwork

- Invest in developing leaders to inspire innovation and support implementation of changes in service delivery.
- Encourage a culture of shared responsibility for innovative thinking and practices.
- Invest in developing clinical leadership capability and enable opportunities for staff to work at the top of their scope.
- Embrace a culture that enables multidisciplinary and interdisciplinary teamwork for coordinated care delivery.
- Develop staff capability in person-centred care delivery, multidisciplinary and interdisciplinary teamwork and shared decision making.
- Build capability in leading and engaging with change.
- Develop capability of leaders and managers in business acumen to facilitate workforce effectiveness and efficiencies.
- Facilitate staff involvement in research, service design and improvement and planning for future service delivery.

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Our facilities

Outcome by 2031

High quality, accessible, clinically fit for purpose facilities are available to deliver community health services.

There have been significant shifts to providing community based health services on the Central Coast and this trend will continue into the future. Community based health service delivery involves supporting keeping people well in the community, managing illness in the community, supporting timely and appropriate hospital discharge and preventing unnecessary hospital admissions. Continuing to deliver care in the community will require an investment in quality fit for purpose community health facilities and infrastructure. These facilities will need to be future focused and incorporate flexibility in design to accommodate future models of care, virtual care and new technologies, as well as having capacity for future service demand to 2031 and beyond. Facilities will need to be located across the Central Coast and will need to be accessible via public transport links and car parking access for people of all abilities. Co-design is an effective means of facility and service development. Involving clinicians, patients and the community early in the infrastructure planning phases is integral.

Co-location of community health and related services can facilitate improved relationships and linkages between services, prompting more seamless care and patient journeys. There is an added potential for improvement in learning and innovation between services and for efficiencies in shared administration and corporate arrangements. Locations can include community facilities or shopping centres, among others.

There is an opportunity to shift towards north (former Wyong Local Government Area) and south (former Gosford Local Government Area) hub and spoke service delivery arrangements for community health services. This will support the development and strengthening of local (geographical) relationships and pathways for selected services on the Central Coast.

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Actions

Hub and spoke community health service delivery models are established on the Central Coast

- Support the increased shift to community based service delivery across the Central Coast and encompass hub and spoke service delivery arrangements organised around the geographical areas of the North (former Wyong Local Government Area) and South (former Gosford Local Government Area) of the Central Coast.

A hub is defined as a facility for the consolidation of community based clinical services within a clinical stream; and a spoke is a site for the delivery of health care services in "bookable" clinically appropriate spaces.

The Community Health Infrastructure Needs Assessment and Plan is developed

- In the context of *Caring for Our Community Plan 2021-2031*, develop the *CCLHD Community Health Infrastructure Needs Assessment* and Capital Infrastructure Plan. Reflect the need for capacity and design requirements for community health facilities in suitable, accessible locations across the Central Coast.

New community health facilities are established

- Develop two new "Community Health Hubs" on the Central Coast, with one new Community Health Hub in the northern part of the Central Coast (Wyong region) and the second in the southern part of the Central Coast (Gosford region). The two new Community Health Hubs will reflect the identified hub and spoke community health service delivery arrangements, have an appropriate service mix, incorporate new models of care with matched location populations with appropriate and quality clinical and staff spaces. Include the two new Community Health Hubs in the Central Coast Local Health District Capital Planning Investment Proposals and the Strategic Asset Management Plan.

Quality, 'fit for purpose' community health facilities are available throughout the Central Coast

- Expand and refurbish community health facilities on the Central Coast to reflect future service delivery requirements for the Wyong and Gosford regions.
- Develop the new 'Central Coast Virtual Care Hub' on the Gosford Hospital campus and expand to Wyong Hospital campus by 2031.
- Utilise the principles of the Plan to identify appropriate service locations for community health services. This includes consideration of care delivery relationships between community and hospital based services for allocation of appropriate services to Gosford and Wyong Hospital sites.
- Incorporate the expansion and refurbishment of community health facilities outlined within the Central Coast Local Health District Capital Planning Investment Proposals and the Strategic Asset Management Plan.

Other considerations for community health facilities

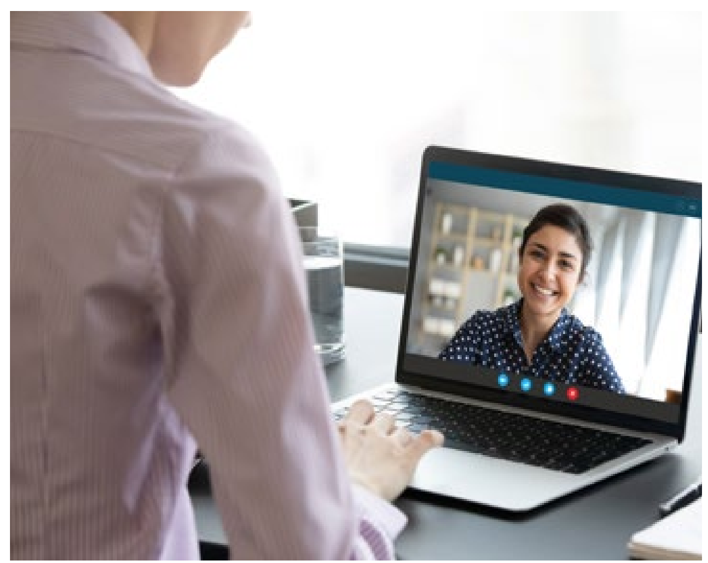
- Engage clinicians, patients and the community early in the infrastructure planning phases for new and modified community health facilities for the Central Coast.
- Continue to advocate for new community health service facilities as appropriate with partner agencies.
- Explore the concept of Wellness Hubs with co-located partners, which could be incorporated into the hub and/or spoke locations for community health facilities referred to above.
- Explore potential for colocation with service delivery partners within community health facilities or other premises across the Central Coast, such as the Central Coast Council's network of community facilities.
- Decentralise CCLHD community fleet services to community health facility locations.

Transition plan for specified outpatient services to community-based care is developed

- Explore options to extend specialist hospital based outpatient clinics to community based locations in order to improve access to specialist assessment and treatment. Consider and address their associated facility requirements within community health facility developments.

Enablers

Enablers are critical elements that cross all of our Focus Areas and will be integral to successfully achieving the vision outlined within this Plan.



Governance and leadership

Strong governance, clear accountability and inclusive leadership provide the framework for effective community health service delivery across the Central Coast. Strong governance and inclusive leadership is required within CCLHD across hospital and community based care streams, within the streams of community based service delivery, as well as in the collaborative arrangements with partner agencies. Inclusive leadership will encourage and support people to perform to their best. Clear governance structures with transparency in decision-making will support quality front line decision-making and ensure staff are aware of their responsibilities and accountabilities. Governance and leadership also needs to be geared towards outcome performance and system-wide delivery, as well as operational performance.

Actions

- Continue strong leadership and governance for the implementation, monitoring and evaluation of the Plan.
- Ensure that CCLHD governance and management structures and processes are aligned to support and enhance service delivery with a focus on outcomes and operational performance.
- Continue governance structures that support and guide the delivery of health services for the Aboriginal community on the Central Coast.
- Provide and improve awareness and clarity of responsibilities, performance standards, expectations and accountabilities for community health services.
- Foster positive leadership skills and qualities across all levels and roles of the organisation inclusive of community based health care delivery.
- Embrace and champion the "one system" concept in collaborative partnering in the region. Lead and participate in regional planning for community service delivery on the Central Coast, including community health services, with key partners such as Central Coast Council, disability sector, aged care sector, NGOs, HNECCPHN, other government agencies such as Police and private providers.
- Regularly map the roles and responsibilities of the broad range of community health services on the Central Coast and collaborative working service delivery arrangements.
- Ensure the consumer voice is involved in community health service planning and delivery and that it is valued and not tokenistic.

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Safety, quality and continuous improvement

Safety and continuous quality improvement is central to everything we do and an intrinsic part of everyone's job, every day. Having a culture that embraces continuous improvement, best practice and fosters innovation across all levels of the organisation is integral. This is then reflected in safe and culturally appropriate work environments.

Actions

- Embrace quality and safety governance systems and processes across all levels of the organisation, inclusive of community based health services.
- Embed performance management frameworks into routine clinical practice.
- Implement the Organisational Improvement and Innovation Framework across the organisation inclusive of community based health service delivery.
- Establish systems and processes to systematically review the fidelity of clinical practice to best practice models of care across community health services.
- Trial new service models and incorporate ongoing continuous improvement, monitoring and evaluation that are reflective of emerging learnings.

Partnerships, collaboration and integration

Strong partnerships and collaboration and integration of care are integral to achieve seamless, effective and efficient care in the community.

The landscape for community care delivery on the Central Coast is complex and communication between all involved can be fragmented and rely on existing knowledge and informal relationships.

Effective working partnerships and relationships involve clear roles, accountability, trust, shared decision-making and information sharing between patients, their carers, families and community health services, health and social care providers.

Actions

- Work collaboratively with all partners in care delivery to provide seamless efficient and effective care for patients, their carers and families.
- Establish and strengthen the governance structures with relevant partner organisations on the Central Coast including: other government agencies, HNECCPHN, general practitioners and primary health care, National Disability Insurance Scheme (NDIS) providers, My Aged Care providers, Aboriginal community organisations, Central Coast social care providers, Central Coast Council, non-government organisations, among others.
- Develop and strengthen communication pathways between care providers to improve service delivery.
- Develop and strengthen collaborations with university and educational facilities, inclusive of the Central Coast Clinical School, Gosford Hospital campus, for enhancing service delivery and learning and educational opportunities of benefit to community health services on the Central Coast.

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Innovation and technology

Innovation and technology is constantly changing the ways in which care is delivered in the community. This will continue to accelerate and evolve over the next 10 years. Virtual care technologies including telehealth and videoconferencing, remote monitoring, self-management, referral and booking applications, data analytics and education applications and devices are becoming increasingly utilised and accessible to both patients and staff.

Technology has the potential to increase care in the community and encourage a more mobile health workforce. Clinical information systems when integrated can facilitate seamless information flow across the broader health and related systems and allow better use of real-time data and analytics to drive continuous improvement and improve the person's outcomes and experience.

Technology has the potential to improve access to care, with attention to the availability of equipment and infrastructure and utilising compatible information systems and platforms. Care must be taken to ensure equitable access to care for those without access to or capability in virtual care technologies.

Actions

- Maximise opportunities for adopting and incorporating virtual health care and digitally enabled technologies to enhance health care delivery in the community. This includes opportunities for systems to support referral and intake processes and the delivery of health care including remote monitoring and other virtual health care delivery and access to mobile devices, as well as newly evolving technologies.
- Ensure data systems are connected to reduce duplication of data entry, integration of information across community and inpatient data systems and incorporate a single accessible view of a person's information, preferably available in real time.
- Maximise opportunities for information systems that can support and enhance health care across multiple providers including primary health care, private providers and other government and non-government agencies.
- Make meaningful data and information available in formats that are easily accessible and useful, and apply quality data analytics to inform decision making both internally and with partner organisations such as general practice, education, aged care and other providers. This includes monitoring demand and ongoing performance.
- Provide education and training for staff to improve data literacy and analytical skills.
- Explore options to support digital health literacy, particularly among those who struggle to access virtual care options.
- Identify and escalate issues related to IT connectivity, inclusive of 'black spots' across the Central Coast.
- Support the implementation of systems that enable people to have access to health information, such as My Health Record.
- Consider and explore new technologies and applications that can enhance operational service delivery for community health services on the Central Coast in collaboration with industry leaders and universities, such as car fleet monitoring systems to support the safety of the workforce or uptake of electronic fleet vehicles and associated charging requirements.

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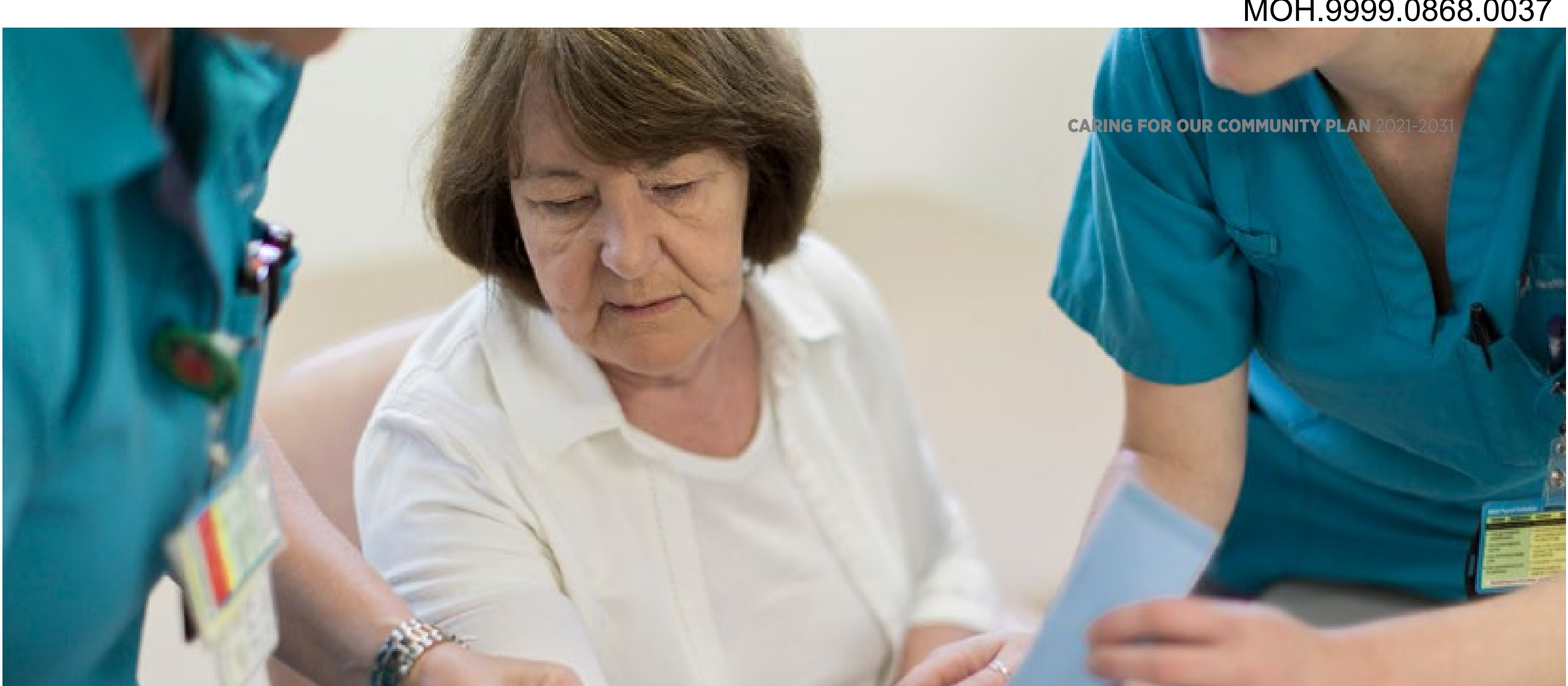

Research

Research is fundamental to achieving better outcomes. CCLHD is committed to supporting research that translates into improved health and wellbeing for the Central Coast community; enhances the accessibility, quality and effectiveness of our health care practices; and ensures our consumers are partners and beneficiaries of our research outcomes.

Caring for Our Community Plan 2021-2031 outlines the commitment to supporting a research environment for community health that builds research leadership and excellence; enhances research literacy, capacity and skills; develops vibrant partnerships and collaborations; and enables translational impact for people living on the Central Coast through enhancing the quality, accessibility and effectiveness of the community services that they receive.

To this end, CCLHD will be proactive in working with research partners, including the Central Coast Research Institute for Integrated Care (joint venture with the University of Newcastle), the NSW Regional Health Partners and other entities, to promote and undertake research in key priority areas.

Actions

- Collaborate with the Central Coast Research Institute, NSW Regional Health Partners and other entities, to conduct translational research in priority areas of direct benefit to community health care.
- Identify and conduct research in key priority areas, including integrated and coordinated care, palliative and end-of-life care, aged care, chronic Illness, mental health and well-being and Aboriginal health.
- Support staff to undertake research through developing their research skills.
- Embed research to inform clinical practice, encourage ideas for service developments, support participation in projects and use outcomes to inform practice.
- Maximise research translation through adopting positive research findings in practice.
- Share the results of research initiatives among community health services and spread and scale successful initiatives across community health services.

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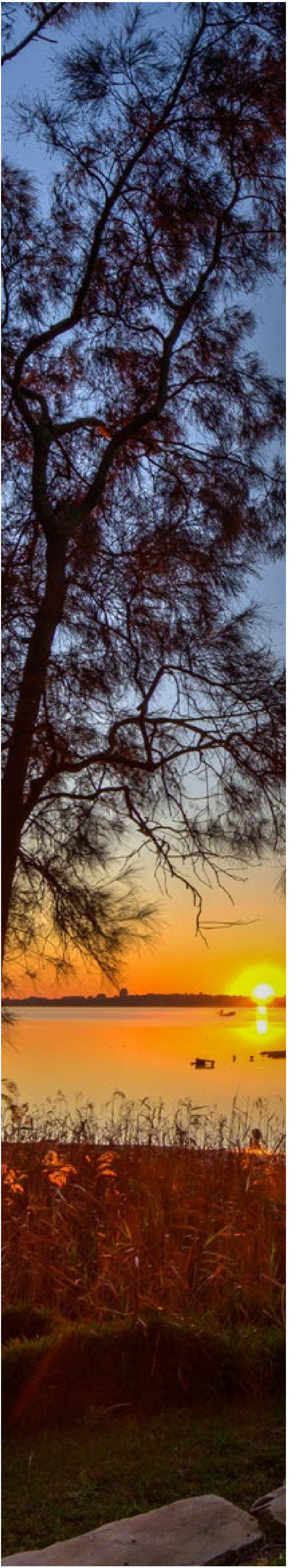
Implementation and next steps



Caring for Our Community Plan 2021-2031 sets out the strategic directions and priorities for community health care and service delivery on the Central Coast over the coming decade. This Plan highlights significant initiatives to boost community health care on the Central Coast. It supports the shift to community based care and CCLHD becoming a leader in this field.

The strategic actions outlined in this Plan will form the basis of an overarching Implementation Plan for the 10 year period to 2031. The Implementation Plan will emphasise and further describe key initiatives and directions, milestones, deliverables and responsibilities. The key initiatives will be prioritised over the short, medium and long term within the 10 year period and will link with business and operational planning processes inclusive of services delivering community based care. Governance and regular reporting systems will be enacted to indicate progress of implementing the Plan.

Successful implementation of the *Central Coast Community Health Services Plan 2021-2031* will be assessed through a range of measures that reflect how this Plan is shaping and changing community health services on the Central Coast over the coming decade and the benefits gained by patients, carers and staff. Measures include:

- Patients, carers, community and staff can access information about health services
- Greater proportion of health care is delivered in the community on the Central Coast
- People's experience of community health services on the Central Coast
- Outcomes from receiving care through CCLHD community health services
- Community health care provided is integrated with other services internal and external to CCLHD.

The Plan also has implications for new and refurbished community health facilities for the Central Coast that incorporate hub and spoke service delivery arrangements. These developments will be included and prioritised within the Central Coast Local Health District Capital Planning Investment Proposals and the *Strategic Asset Management Plan*.

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