

Attachment 2

Examples of good practice provided to the Review

The following table is a listing of good community health practice models and interventions that the Review was informed about by submissions, via the blog, in emails and in consultation sessions. This is not a complete or comprehensive listing of all good practice models and interventions as resources in the sector for data collection and analysis, preparing reports and making presentations are extremely limited. The list in the table represents models that have been offered to the Review and includes those with references to reports and different levels of documentation.

The compendium listings (CHETRE for NSW Health, the NSW Health Awards and Expo site with links to the ARCHI website, Strong Men, Deadly Groups, the Falls Network and HealthOne) each contain many examples of service delivery models. The selected models use approaches for which there is a well established or an emerging evidence base and are underpinned by primary health care principles.

CHETRE (2005) groups the projects into prevention & early intervention, ongoing care for chronic conditions, generalist/specialist interface and alternatives to hospitalisation. That selection illustrates the mix of functions, from the contribution of generalist primary health care services and integrated approaches across the range of primary health care providers and with more specialised health services. The NSW Health Baxter Awards web site hosted by ARCHI contains a large number of entries relating to good community health practice grouped under each year of the Awards (e.g. 2007 <http://www.archi.net.au/e-library/awards/awards07>).

The table includes a mix of examples from the community health streams and across the continuum of HRGs. The examples cover the full range of population groups (HBGs) in metropolitan, regional, rural and remote areas in NSW. The list has associated links to documentation and other models are listed in Section 9.3 on safety and quality systems.

Table 4 ***Good practice models (selected listing)***

Model/Title of Project	Description	Source
Compendia of models		
Primary & Community Health Good Practice Models in NSW (CHETRE, 2005)	Lists a selection of good practice service delivery models that illustrate the mix of functions, the contribution of generalist primary health care services and integrated approaches across the range of primary health care providers and with more specialised health services: Mobile Therapy Outreach Team; Kadeekamballa Clinic; Home Visiting; Aboriginal Health-Link; Mental Health Integration; Acute & Post Acute Care	Centre for Health Equity, Training, Research & Evaluation September 2005 Prepared for NSW Health.
NSW Health Baxter Awards web page with links to the ARCHI website	Twenty one entries for the 2008 Awards are grouped under each of the seven category headings of: Make prevention everybody's business. Create better experiences for people using health services. Strengthen primary health and continuing care in the community. Build regional and other partnerships for health. Make smart choices about the costs and benefits of health services. Build a sustainable health workforce. Be ready for new risks and opportunities.	http://www.awards-expo.health.nsw.gov.au/awards
Strong Men, Deadly Groups: Developing Healthy Communities.	Project supported by the Aboriginal Health and Medical Research Council of NSW, The Men's Health Information and Resource Centre at the University of Western Sydney and the NSW Department of Health.	http://www.ahmrc.org.au/amh/amh/

Model/Title of Project	Description	Source
Aboriginal Men's Groups Directory	<p>The DVD illustrates a sample of projects from the Directory. The Directory contains 31 local projects listed by region and giving the aims, venues, contact details and brief descriptions.</p> <p>Projects address cultural identity, land and community support issues, fatherhood and inter-generational issues, peer support, parenting strategies, anger management and family violence, sexual health, gay and bi-sexual issues, criminal justice and detention issues, mental health, depression and suicide, drugs and alcohol, smoking and healthy lifestyles, preventive health checks, live-in retreats, fishing, cooking and camping, spiritual therapy, arts and culture, employment and financial issues.</p>	<p>DVD and Directory.</p> <p>Consultations and Submission to the NSW Community Health Review</p>
Youth Health Models: New South Wales Centre for the Advancement of Adolescent Health (NSW CAAH), The Children's Hospital at Westmead.	<p>CAAH has sponsored a review of innovative health services for homeless young people by Community Link Australia Community Link Australia (2003), a research study on access to health care among young people in NSW called 'Better Practice in Youth Health' Kang et al. (2005), 'Better Practice Framework Factsheets' NSW CAAH (2006), and 'Young People's Access to Health Care: Exploring Youth Health Programs and Approaches in NSW' NSW CAAH (2005).</p>	<p>Submission to the NSW Community Health Review</p>
The Falls Prevention Program	<p>State-wide network of projects forming links with other agencies to build a network of physical activity programs (community and home-based) with a focus on strength, flexibility and balance training.</p> <p>Working with GPs, NSW Ambulance, Community Health teams and community service providers to identify people at risk of a fall and to implement a range of interventions appropriate for that person.</p> <p>The Network website provides community information on projects and good practice and access to research on the benefits of physical activity that promotes independence and positive ageing.</p>	<p>http://www.cec.health.nsw.gov.au/moreinfo/falls.html</p>
HealthOne NSW NSW Government initiative to integrate primary health care and community health to better meet the health needs of people in NSW.	<p>HealthOne NSW services are bringing together GPs and community health and other health care providers in 'one stop shops' and focus on keeping people well and out of hospital through prevention of disease and ill health, early intervention strategies and continuing care for people with chronic illness as well as providing GP and community health services.</p> <p>Integration underpins the model of care, delivered by all the health care professionals in the HealthOne NSW service working as a multidisciplinary team. Services may choose different governance arrangements, but all arrangements are expected to support the concept of team-based care and the integration of services.</p>	<p>http://www.health.nsw.gov.au/initiatives/healthonensw/index.asp</p>
The Greater Metropolitan Clinical Taskforce (GMCT) Consumer and Community Participation	<p>The GMCT has over 30 consumer and community participants as active partners with clinicians across the GMCT Specialty Service Networks, to ensure that high quality care is delivered, access is improved and specialty services are well coordinated. Consumer and community participants often play key roles in their networks - chairing committees, contributing with first hand experience to the publication of patient guides (e.g. on kidney donation, bone marrow transplants and gynaecological oncology) or to planned media activities. In particular, their involvement helps to ensure that clinical discussions remain patient focused. The GMCT booklet, Guidelines on Consumer and Community Participation provides information about the role of consumer and community participants</p>	<p>http://www.health.nsw.gov.au/resources/gmct/guidelines_consumer_pdf.asp</p>
Aboriginal Health		
Using knowledge to safeguard our nations - A collaborative approach to vascular and renal health in Aboriginal communities within the Countries of north-eastern NSW	<p>This was a collaborative approach to vascular and renal health in Aboriginal communities within the countries of north-eastern NSW.</p>	<p>http://www.archi.net.au/e-library/awards/awards07/experiences/knowledge</p>
Shake A Leg: New England Area Health Service (AHS) - Aboriginal Health in partnership with Awabakal Medical Service (AMS) - a school based Aboriginal Health Promotion	<p>Consultation with local Aboriginal communities in 2000 identified health education and promotion as a high priority for young people. The program utilises existing resources some specific to Aboriginal People others are mainstream resources delivered in a culturally sensitive way. The program is delivered by Aboriginal Health workers both from the AHS and AMS. Staff will be trained and time tabled according to the topic and the expertise of staff. The program is delivered in 40 minute sessions, 1 session per week for 10 weeks. It is written to meet key content areas of the school curriculum in Physical Education,</p>	<p>http://www.nchn.org.au/projects/0507/aboriginal.htm</p>

Model/Title of Project	Description	Source
Package.	Personal Development, Health and Welfare.	
Clearing the Tracks: Aboriginal paediatric clients' access to community health services in Quirindi and surrounding districts	A project educating the families and carers as to services provided and roles of Paediatric CH service providers and educating referring agents it was anticipated we would see an increase in referrals of Paediatric aboriginal clients to Quirindi CH	http://www.hnehealth.nsw.gov.au/_data/assets/pdf_file/0008/37259/2008_HNEH_Quality_Award_Entries.pdf
La Perouse Midwifery Project	The development of the model has been informed by results from pilot studies testing similar principles including an Illawarra model that has been evaluated and demonstrated useful outcomes for participants. This project supports pregnant Aboriginal women, focusing on those with higher risk factors who are offered continuous care throughout the pregnancy and birth and into infancy.	http://chsd.uow.edu.au/Publications/2005_pubs/Midwifery%20Group%20Practice%20Evaluation_CHSD.pdf
Establishment of the Armidale Aboriginal Mothers and babies Service	The Aboriginal Mothers and Babies Service engages pregnant Aboriginal women or women who are partners of Aboriginal men who are not accessing mainstream services and/or who experience a range of social and economic difficulties or geographic isolation. The Aboriginal Mothers and Babies Service provides a holistic, integrated and culturally appropriate model of care to Aboriginal women through pregnancy and 3 months post partum care. The service embraces the principles of integrated perinatal care which includes appropriate referrals to other relevant agencies such as community agencies, Child and Family Health services, Alcohol & Other Drugs, Mental Health Services.	http://www.hnehealth.nsw.gov.au/_data/assets/pdf_file/0008/37259/2008_HNEH_Quality_Award_Entries.pdf
Guyra Aboriginal Community Health Newsletter	An ongoing newsletter on topics that specifically effected Aboriginal people in the community was established to inform the Aboriginal people of the Guyra Community of what services can be provide to them and what other services they can benefit from here at the Guyra Multi Purpose Service. From these newsletters Aboriginal people of all ages are accessing the services as well as the other services and now have a genuine interest in controlling their own health	http://www.hnehealth.nsw.gov.au/_data/assets/pdf_file/0008/37259/2008_HNEH_Quality_Award_Entries.pdf
Life smiles 4 Koori Kids. (An Oral Health Program for Aboriginal Children)	Life smiles 4 Koori Kids (LS4KK) program was developed collaboratively with the aim of improving the oral health of the aboriginal children of Greater Albury Cluster. Staff members of Albury Wodonga Aboriginal Health Service (AWAHS) are trained in promoting oral health in house and at schools in a culturally appropriate manner. AWAHS facilitate access to oral health services, liaising with stakeholders and providing transport. Dental time is dedicated so that LS4KK appointments have priority on certain days. Partnerships, skills and resources shared have resulted in productive use of clinician's time, culturally appropriate services, positive community response, improved oral health outcomes for the children.	http://www.awards-expo.health.nsw.gov.au/awards/category_4
Ageing and older people		
Model of Wellness Centres/Activities for Older Women developed by the Older Women's Network (OWN).	The Wellness program has been operating successfully since 1995 providing support, services, training and capacity building strategies to over a thousand of older women across NSW. OWN NSW currently provides community services through their Wellness program to more than one thousand 50+-year-old women. The Wellness program runs activities that promote physical and mental health, stimulate social interaction and counteract isolation. "Kicking Up Autumn Leaves" is an evaluation of the wellness model and "A Picture of Wellness: The Story of the Bankstown Older Women's Wellness Centre" describes the origin of the model	Submission to the NSW Community Health Review by the Older Women's Network NSW Inc www.ownnsw.org.au
DADHC Access Point Demonstration Project for HACC services in the Hunter	This is a Commonwealth funded trial to improve the efficiency of assessment using electronic referral and a screening tool (the ONI-N) and telephone triage. The service has completed over 5000 assessments and the independent evaluation is expected to be useful in improving the system and drawing out lessons for wider system reforms. There are indications that broad community care assessment before an ACAT assessment may be more efficient and reduce waiting lists.	Submission to the NSW Community Health Review by the department of Ageing, Disability and Home Care.
Narrabri Arts and Dementia "Creativity and the individuality" Exhibition	the aim of raising public awareness of Dementia, facilitate an Art Exhibition of works created by Namoi Valley Aged Care residents with the assistance of local artists. The art exhibition also provided an opportunity to raise awareness of dementia through information sharing, provision of written material and oral presentations	http://www.hnehealth.nsw.gov.au/_data/assets/pdf_file/0008/37259/2008_HNEH_Quality_Award_Entries.pdf
EDuCARE - meeting the complex needs of carers	EDuCARE offers carer education programs, access to carer support, staff education on carer needs, developing and implementing carer	http://www.hnehealth.nsw.gov.au/_data/assets/pdf_file/0008/37259/2008_HNEH_Quality_Award_Entries.pdf

Model/Title of Project	Description	Source
	friendly practices within the acute hospital and community settings and building partnerships with other service providers and GPs	7259/2008_HNEH_Quality_Award_Entries.pdf
Physical Activity Leaders Network	Physical activity programs designed to improve balance, strength, mobility, fitness and bone density have been identified as primary prevention strategies to reduce falls injury. One of the barriers to implementation of evidence based population health falls prevention interventions of this nature is the lack of a suitable delivery system. Rurality, large geographic distances and limited exercise providers complicate the implementation of low cost, accessible fall- safe activities. The Physical Activity Leaders Network (PALN) is a support strategy designed to train and support community volunteers to deliver effective fall-safe physical activity classes in areas with low population density. Preliminary data suggests volunteers are willing to provide low cost activities in their communities and the target population are supportive of localised strategies.	http://www.awards-expo.health.nsw.gov.au/awards/category_1
Benevolent Society of NSW and the Social Policy Research Centre – a resource for community aged care workers and managers	These briefings draw on the existing research with a strong focus on what the research says about the value of existing practices and suggestions for improving practice. The first briefing examines the day-to-day working practices of paid community care workers with a focus on how care workers and managers can best support and enable good care of older people living in their own homes.	Caring for older Australians: Care workers and care practices that support and enable good care. Research into Practice Briefing No.1 www.bensoc.org
Mothers, babies and children		
Belmont Birthing Service	It is a stand-alone midwifery led birthing service, located within Belmont Hospital, but essentially functions as a primary health care model of maternity care in line with community health philosophy. Community development, primary health care and health promotion are the principle strategies.	http://www.phaa.net.au/documents/Dec07.pdf
Early Bird Program	This model is the Early Bird Program where mothers are brought into the service in the first week after they leave hospital, and issues can be addressed including breastfeeding and mental health, and the culture established of mothers coming back to us on a weekly basis up to the infants' age of 6 months.	http://nswchr.wordpress.com/nsw-community-health-review-2008/ - comment-9 Submission to the NSW Community Health Review
NCAHS Active School Kids Project	School based project where students identify barriers to physical activity, investigate and propose solutions, devise budget and apply to the AHS for small grant, implement projects to increase physical activity levels	http://www.ncahs.nsw.gov.au/healthy-weight/index.php?pageid=3044&siteid=198
'Big Steps, Little Steps' – A resource for young parents	A project was undertaken by the Young Parents Network (YPN) including young consumers and service providers to develop a resource book about pregnancy, birth and parenting. Involvement of young parents and service providers in the creation of the book led to a sense of shared ownership	http://www.hnehealth.nsw.gov.au/_data/assets/pdf_file/0008/3/7259/2008_HNEH_Quality_Award_Entries.pdf
Tummy Rumbles Nutrition Education package	This program is a nutrition education package for childcare workers and carers of children 5 and under that is delivered by face-to-face training of children's services staff who then promote good nutrition to parents.	http://www.hnehealth.nsw.gov.au/_data/assets/pdf_file/0008/3/7259/2008_HNEH_Quality_Award_Entries.pdf
NSW Travelsmart Schools Program 2006-2007 Summary Report	Collaboration between Health Promotion Service SSWAHS, NSW Premier's Council for Active Living, NSW Ministry of Transport, NSW Department of Environment and Climate Change and Sydney South Regional Organisation of Councils, funded by the Australian Greenhouse Office. Evaluation of a project to reduce car use and encourage active travel to and from school in 15 primary schools in Sydney's inner west and eastern suburbs showed the key limiting factor was the lack of multi-sectoral forum to resolve complex decision-making issues in urban design. Recommendations for designing and implementing active travel strategies.	Consultation and submission to the NSW Community Health Review from the Health Promotion Service SSWAHS
Newling Public School Speech and language Project	Due to the difficulties with access the children were seen at their local school and a small group was implemented by a teacher's aide targeting common goals to each of the students in the group. The program was designed and made by a speech pathologist and training was provided to the teacher's aide	http://www.hnehealth.nsw.gov.au/_data/assets/pdf_file/0008/3/7259/2008_HNEH_Quality_Award_Entries.pdf
Speech Pathology in Schools (SPinS)	A speech and language assessment tool was used to screen all kindergarten children across targeted primary schools within the Wagga area. The results were used to tailor an intervention program aimed at whole class participation, which was linked with the Kindergarten syllabus outcomes in the Board of Studies key learning areas. The classroom teachers, teacher's aides, and relevant language support personnel were trained by the Speech Pathologist on implementing this program, and targeting speech and language	http://www.awards-expo.health.nsw.gov.au/awards/category_3

Model/Title of Project	Description	Source
	goals within the curriculum. Post assessment of the children occurred approximately six months after initial testing, and revealed the participants improved across all measured areas of speech, language, vocabulary, and sound awareness tasks.	
Mt Druitt Sustained Home Visiting Program (SHVP) Epidemiology, Population Health and Strategic Direction, Sydney West Area Health Service 2007	The Mt Druitt SHVP is an innovative pilot program funded through the Mt Druitt Community Solutions and Crime Prevention Strategy (MDCS&CPS). The two key principles underpinning the MDCS&CPS initiatives are: the need for improved linkages between services; accessing disadvantaged families outside the current service networks. The team is made up of Child and Family Health Nurses (C&FHN) and community volunteers, and operates out of Mt Druitt Community Health Centre (MDCHC). The Mt Druitt community was targeted in response to the current social and economic disadvantage experienced by the community. It requires a dedicated researcher to work with the team to assist with the evaluation and to maintain data quality. Fewer data requirements for future programs would help.	Consultation and submission to the NSW Community Health Review from SSWAHS
Mobile Outreach Therapy Team (MOTT)	MOTT is a project of Mt Druitt Community Health Centre (Child and Family Team) funded by the Community Solutions and Crime Prevention Strategy. It aims to improve the school readiness of children from vulnerable families. The home-based therapy service targets the development of a child's skills in: speech; language; motor co-ordination; self care; play and behaviour. The program targets aspects that contribute to a child's school readiness.	Consultation and submission to the NSW Community Health Review. Mobile Outreach Therapy Team, Evaluation Report, November 2007.
Chronic disease		
Area-Wide HIV Community Team, South Eastern Sydney Illawarra Health	Refocusing the health care needs of people living with HIV to an approach with a chronic disease management emphasis. Four different levels: Population health Primary and Community Health Complex Care Acute Care	http://www.nswchr.net/Home/Submissions/submissions-2/04-SubmissionHCTModelofCareCHR-Sep08.pdf Submission to the NSW Community Health Review
Respiratory Coordinated Care Program (RCCP) - Division of Medicine St George Hospital	Hospital based service that provides co-ordinated care to people with respiratory problems. Two components- chronic for long term, chronic patients and acute for, short term, early discharge patients. The model of care incorporates a collaborative approach between health professionals i.e. respiratory physicians, GPs, nurses, allied health and community services, to help achieve the desired outcome	http://www.nswchr.net/Home/Submissions/submissions-2/07-RCCPStats1998to2007.ppt Consultation and submission to the NSW Community Health Review
Ring O'Rosies Mass Vaccination Clinic Exercise	Hunter New England Health conducted a mass vaccination clinic exercise in a rural Upper Hunter postcode during March 2008 with 498 individuals vaccinated with the 2008 influenza vaccine. The mass vaccination exercise was an Australian-first.	http://www.hnehealth.nsw.gov.au/_data/assets/pdf_file/0008/37259/2008_HNEH_Quality_Award_Entries.pdf
From Little Things – Big Things Grow	The programs were designed to educate the community on available options in reducing the incidence of obesity in an effort to prevent or delay the onset of chronic diseases, these programs needed to be affordable and accessible to all community members. Funding to install a walking track and fitness stations within a local park was secured through external sources, whilst physical activity classes were established through the health service	http://www.hnehealth.nsw.gov.au/_data/assets/pdf_file/0008/37259/2008_HNEH_Quality_Award_Entries.pdf
Hospital demand management		
Paediatric Ambulatory Care – The way of the future - NSCCAHS	Hospital admission is potentially very stressful for unwell children and their families ¹ . Innovative new paediatric models of care have been established at Wyong and Hornsby Hospitals in the last 2 years. Both models incorporate Paediatric Acute Review Clinics (PARC). This model of care provides an alternative to inpatient admission for acutely unwell children. Care is provided by specialist paediatric medical and nursing staff in daily acute review clinics. The care provided has led to reduced hospital admissions and high levels of patient / parent satisfaction. There is potential for this model of care to be implemented widely across the state in the future.	http://www.awards-expo.health.nsw.gov.au/awards/category_2
Hunter Referral and Information Centre	Centralised telephone access point to all Newcastle Community Health services. The RIC aims to improve access to timely, safe, consistent and appropriate level health care information, support and advice to clinicians and the community.	Clinical Services Redesign Program, Referral and Information Centre, NSW Department of Health, Sydney 2006

Model/Title of Project	Description	Source
Alternatives to Acute Hospital – APAC/GP Shared Care	The Shared Care model was initiated in 2006/2007 in response to increasing demand on Emergency Departments (EDs) and the growing number of elderly patients, with ambulatory sensitive conditions, being admitted to hospital. The APAC/GP Shared Care Program has enabled people using public health services to experience a care option, in their own home, that is underpinned by primary health care principles. Redesign of the APAC service to include GP direct referral reflects a better pathway of access to care.	http://www.awards-expo.health.nsw.gov.au/awards/category_3
The Greater Newcastle Cluster Wound Management Model Redesign Journey	In 2005, 2006 and 2007 the Greater Newcastle Cluster (GNC) conducted a point prevalence study across six community health centres. Data collected investigated the number of clients with a wound, the type and healing rate. Changes in wound care practices and service delivery were implemented, resulting in improved health outcomes for clients with a non healing wound rate falling from 44 per cent to 11 per cent. The 2007 study also identified the co-morbidities which delayed or prevented the healing of wounds. Further changes have been implemented identifying clients with high-risk delay wound healing and initiating earlier proactive interventions with referral to specialised care. While wound care referrals have increased, consumable and staff cost per patient have decreased significantly improving productivity.	http://www.awards-expo.health.nsw.gov.au/awards/category_3
Palliative care		
Improving medication safety for palliative care clients and their carers in the home setting	It outlines the process involved in: establishing a carer's preparedness to administer subcutaneous medication; a carer education tool; a protocol for staff to outline the system and process. The outcomes of the project demonstrated that carers were trained to safely administer subcutaneous medication and there were no medication errors	http://www.hnehealth.nsw.gov.au/_data/assets/pdf_file/0008/3/7259/2008_HNEH_Quality_Award_Entries.pdf
Laundry Consortium: Smart costs benefits to the community	Laundry facilities are provided from the Dungog Community Hospital site to provide the Palliative Care Volunteer Group a free linen service to Palliative Care patients at home. It now includes other disadvantaged members of the Dungog Community	http://www.hnehealth.nsw.gov.au/_data/assets/pdf_file/0008/3/7259/2008_HNEH_Quality_Award_Entries.pdf
Pain		
Educating Clients in Community to Manage Persistent pain	The Westlakes Community Rehabilitation Unit staff, together with feedback from clients identified a need for a multidisciplinary pain management educational program for clients living in the community. The staff, with assistance from The Hunter Integrated Pain Service and key stakeholders, developed an educational pain management program called "Learn About Pain". The completion of two six-week programs and a three-month review have provided pleasing feedback from clients	http://www.hnehealth.nsw.gov.au/_data/assets/pdf_file/0008/3/7259/2008_HNEH_Quality_Award_Entries.pdf
Evidence based pain management for community delivery	Moving with Pain (MWP) is a standardised reactivation program that blends interactive behavioural modification therapy (IBMT) with educational messages around pain (Leeuw et al. 2007, Woby et al. 2007). is delivered at the Hunter Integrated Pain Service (HIPS) by specialist physiotherapists and nurses. HIPS has studied the outcomes (both physical and psychological) and found the program to be efficacious as well as safe and client centred. The group format delivery of services allows timely access to pain management strategies.	http://www.hnehealth.nsw.gov.au/_data/assets/pdf_file/0008/3/7259/2008_HNEH_Quality_Award_Entries.pdf
Psychosocial		
Men's Health Officer Network. Men's Health Information and Resource Centre at the University of Western Sydney	Involved in State, AHS and local Men's Health strategic planning Prostate cancer support nursing Homeless persons support nursing and advocacy Health professional and public education and awareness Research and producing appropriate resources	http://menshealth.uws.edu.au/ http://www.menshealthaustralia.net/ Consultation and submission to the NSW Community Health Review
St George Domestic Violence Counselling Service	This model takes a human rights and a strengths-based approach. The impact of violence on women and children is named as a primary cause of ill health both physical and mental. Effects of trauma are addressed in a therapeutic context while avoiding further negative stereotyping of those who are affected by violence. Strategies are identified and built on in a collaborative approach between worker and client. A "deficit" model is avoided A range of modalities is used. Advocacy with legal and other services	http://www.nswchr.net/Home/Submissions/submissions-available/18-STGDVCS.pdf Submission to the NSW Community Health Review

Model/Title of Project	Description	Source
	<p>is a strong feature of this work. Other direct service modalities are counselling and group work</p> <p>In accordance with the social model of health and analysis of domestic violence the team addresses the issue of domestic violence in a broader context. This involves community development, community education, professional education to Universities and other professional bodies, research, mentoring and supervising other service providers.</p>	
Port Macquarie/Hastings Domestic Violence Support Project	<p>The project provides a planned and collaborative approach to early intervention support through a formalised inter-agency service agreement to provide information, support and referral to victims of domestic violence.</p> <p>Outcomes include a significant increase in the number of women seen for early intervention support and information; improved inter agency relationships with local police and increased referral to support services; contact with women who had not previously sought advice; and a significant reduction in the number of repeat events per victim of domestic violence compared to other locations in the Police Area Command.</p>	http://www.awards-expo.health.nsw.gov.au/awards/category_4
The Mt Druitt Family Violence Response & Support Strategy (FVRSS)	FVRSS is one of the largest of a package of initiatives for Mt Druitt funded through the Community Solutions and Crime Prevention Strategy for five years. It is a partnership between the Department of Community Services (Metro West Region), NSW Police (Mt Druitt Local Area Command) and NSW Health (Sydney West Area Health Service), in collaboration with other government agencies and non-government organisations. The Department of Community Services (DoCS) is the budget holder. There are five key components: Mt Druitt Family Violence Service (FVS); Aboriginal Women's Resource and Development Centre project, (Mirang Din); Interagency Training Plan; Brokerage/Specialist Services; Partnership Model	<p>Consultation and submission to the NSW Community Health Review</p> <p>Final Report: FVRSS Planning, Docs Metro West Region August 2007</p>
Nowra CHC: Redesigning Psychosocial Services: a way to radically improve access, interaction, reliability and vitality, all now gone, but not forgotten.	<p>The write up of the project described a process of continuous evidence based and integrated changes in the Psychosocial Service in Nowra from a baseline description and data from 1997 through to May 2001. Sadly and ironically, the service achieved greatly increased client loads and met best practice guidelines for clinical psychological disorders, but management continued in a system of rewarding only those services with waiting lists.</p> <p>Innovative efforts to improve service delivery in the workplace were rewarded with an award and photograph but punished with downgrading of service enhancements status. The net effect was discouragement of any future similar attempts.</p>	Submission to the NSW Community Health Review
Assessment of a proposal to create a performing arts centre within Hazelbrook Uniting Church	Hazelbrook community profile and needs assessment study to plan non-government initiatives for social inclusion and responding to social disadvantage. Recommendations on arts and cultural domain for youth, indigenous and disability benefit groups.	Submission to the NSW Community Health Review
Healthy Budget Bites healthy partnerships healthy communities	Funding enabled work with community service workers and volunteers to increase their capacity to deliver information surrounding healthy eating habits and low cost living with their client groups, within the Cessnock Local Government Area and to print the Healthy Budget Bites Cookbook and Training Resource.	http://www.hnehealth.nsw.gov.au/_data/assets/pdf_file/0008/37259/2008_HNEH_Quality_Award_Entries.pdf
Justice Health		
Justice Health Statewide Service Delivery Model	<p>With just over one quarter of patients staying in custody for less than 8 days and just under 50% staying for less than 30 days, the priorities for Justice Health are to ensure the patient's immediate or acute health needs are met and to ensure that they remain safe and free from harm. The Justice Health Statewide Service Delivery model is focused on screening, triaging and providing care. "Reception Triage", provides health and risk assessments on patients entering New South Wales Correctional Centres.</p> <p>The Reception Triage Process is undertaken on all of the patients entering the New South Wales correctional system in three stages:</p> <ol style="list-style-type: none"> 1. Triage: all patients undergo a triage process to determine any immediate or acute health needs. 2. Screen: all patients have a risk assessment undertaken to determine if they are at risk of harming themselves or being harmed by others. 	Consultation and draft submission to the NSW Community Health Review
The Reception Triage procedure provides cues for clinicians and allows for a standardised process of assessment covering:		
•Primary Health		
•Mental Health		
•Drug and Alcohol		
•Suicide risk		
•Women's Health		

Model/Title of Project	Description	Source
•Population Health	3. Comprehensive health assessment: any immediate health care needs are stabilised and appropriate health care referrals are made. This is a more detailed assessment that involves additional screening of targeted patients and the development of a management plan for their care.	
Connections Project This project aims to improve continuity of care for recidivist clients of the correctional centres with drug and alcohol problems, who are being released to the community.	It is well known that post release clients with drug and alcohol issues experience difficulties in the return from prison to the wider community. These include dealing with a range of negative experiences of imprisonment. These experiences are characterised by isolation, accommodation difficulties, financial and material constraints and a lack of significant emotional support. In addition, recent research has shown that clients released from NSW prisons have a substantially higher risk of mortality post-release from a range of causes (especially drug overdose) than the general population. The Connections Project utilises a broad array of contacts, both in the correctional environment and the community, and links clients to relevant health and welfare service providers appropriate to their individual needs post release.	Consultation and draft submission to the NSW Community Health Review
Statewide Court Liaison Service There are Justice Health mental health practitioners in 17 courts across NSW and 2 courts provide the service through Telehealth	This service provides mentally ill offenders with court-based diversion options from the criminal justice system towards treatment in mental health facilities. During 2007-08, 14,746 clients were screened for mental health problems. 1,990 clients received a comprehensive mental health assessment, of whom 1622 were found to have a mental illness. 71 per cent of those persons were diverted from the criminal justice system into community care or mental health facilities.	Consultation and draft submission to the NSW Community Health Review
Adolescent Youth Drug and Alcohol Court, Court and Community Team	Adolescent Health provides services to the Youth Drug & Alcohol Court (YDAC) program including physical, mental and drug and alcohol health assessments, working closely with Department of Juvenile Justice (DJJ), Department of Community Services (DoCS) and Department of Education and Training (DET). This service is aimed at clients between the ages of 10 and 18 years who have come in contact or are at risk of contact with the criminal justice system and have an existing or emerging mental illness and/or drug and alcohol problems. The service has four main components: community based assessments and linking to appropriate community services; court liaison and diversion; discharge planning for young people in custody and for some young people occupying mental health inpatient beds; and case management of a small number of clients.	Consultation and draft submission to the NSW Community Health Review
Adolescent Health also operates the Community Integration Team.	This project involves assessing post release needs prior to release from custody and developing a post release care plan to assist with co-ordination between custodial care and community based health and welfare services. The aim of this programme is to support young people to stay in the community for longer, support the re-integration back into their family network where appropriate and to enhance support to individuals with drug problems post release.	Consultation and draft submission to the NSW Community Health Review
Community Forensic Mental Health Service At 30 June 2008, the CFMHS had 43 civil patients and 107 forensic patients comprising of 94 conditionally released patients in the community and 13 forensic patients in custody	This service provides specialist forensic assessments and advice for individuals with a serious mental illness presenting to the criminal justice system. The service has an ongoing role in monitoring and reviewing conditionally released patients in the community of which there are approximately 80 at anyone time. The service also collaborates with the Department of Corrective Services in the provision of treatment to sex offenders in custody and in the community. The Sexual Behaviours Clinic for the treatment of sex offenders operated at capacity with 65 open cases, including persons on extended supervision orders (ESO) under the Crimes (Serious Sex Offenders) Act 2006	Consultation and draft submission to the NSW Community Health Review
Homelessness		
The Housing Accommodation Support Initiative	The Housing Accommodation Support Initiative (HASI) has shown effective community based mental health services can lead to improved circumstances for clients. HASI is a partnership between the NSW Department of Housing, the NSW Department of Health and the mental health non-government sector. Departments are funding the evaluation from the Social Policy Research Centre	http://www.health.nsw.gov.au/pubs/2007/hasi_evaluation.html SPRC Reports 1/07 and 13/8 Consultation with Areas and Social Policy Research Centre
NSW Housing and Human Services Accord	The purpose of the Accord is to improve planning, coordination and delivery of services to assist social housing tenants sustain their	Submission to the NSW Community Health Review from

Model/Title of Project	Description	Source
(2007)	tenancies, as well as to facilitate community building and to reduce social disadvantage in larger social housing areas. The Accord can act as the main mechanism through which clinical and social support services will be coordinated and delivered to social housing tenants.	Housing NSW,
NSW Housing and Human Services Accord Shared Access Schedule (2008)	Shared Access Trials have been established in Gosford, Newcastle and Nowra for people with co-existing disorders to link Housing NSW with NSW Health, Corrective Services, Justice Health and DADHC. Liverpool – Fairfield has a housing and support pilot for ex-prisoners with dual diagnosis established under the Accord.	Submission to the NSW Community Health Review from Housing NSW,
Drugs and alcohol		
North Coast Area Health Service Cannabis Clinic Operational Guide	The development of the NCAHS Drug and Alcohol Service Cannabis Clinic model has been informed by results from pilot studies already undertaken elsewhere in NSW and treatment is based on CBT principles consistent with available evidence. Clinicians are located in the most appropriate geographical locations throughout the Area Health Service in an effort to respond equitably to the needs of cannabis users, parents and carers and other interested agencies in a regional/rural setting. The operational guide details the clinical governance of the NCAHS Cannabis Clinics Program. This guide is to be read in conjunction with existing policies and procedures of the North Coast Area Health Service.	Submission to the NSW Community Health Review from Area Drug and Alcohol Director
Sutherland Cannabis Clinic	Sutherland Cannabis Clinic is out in the community, and therefore discreet for clients to attend. It targets a specific group, which in itself supports marketing to raise community awareness of the service, and it is an appropriate outpatient treatment for the issue, with a good success rate.	Submission to the NSW Community Health Review http://nswchr.wordpress.com/nsw-community-health-review-2008/ - comment-8
Drugs in Pregnancy Program (MUMS) A Guide for Case Managers	Developed in partnership by the Women's Referral and Access Project (WRAP), Tweed, Richmond and Clarence Valley MUMS Drugs in Pregnancy Teams and Area Drug and Alcohol Clinical Nurse Consultants. In response to an identified need and gap in services for pregnant women and new mothers with substance use issues in the North Coast Area Health Service, health professionals formed multidisciplinary teams and established a drugs in pregnancy (DIP) service also known as MUMS. Contains information to guide the role of the case manager and where case managers can access support. Describes the processes and forms required for intake, admission, assessment, referral, brokerage, case review and discharge from the program.	Submission to the NSW Community Health Review from Area Drug and Alcohol Director
Rural communities		
Community Hearing Services In NSW Health	This program, which is conducted at field days across NSW provides farmers and farm families with access to hearing screening services, education and information on prevention of rural noise injury. To date almost 20,000 farmers have accessed this service.	http://www.nswchr.net/Home/Submissions/submissions-2/06-COMMUNITYHEARINGSERVICESINNSWHEALTH.pdf Submission to the NSW Community Health Review
InFARMed improving Farmers Access to Health Services	Strategies were developed for farmers to improve community linkages, information exchange within rural services, mental health first aid training and health service data mining. The data mining snapshot of 131 farm family clients reveals referrals to Community Health Services have doubled after the formation of the network.	http://www.hnehealth.nsw.gov.au/data/assets/pdf_file/0008/37259/2008_HNEH_Quality_Award_Entries.pdf
Refugee and multicultural communities		
Croatian Needs Assessment in Fairfield LGA	Planning model project based for Fairfield LGA investigated the health issues and community needs of the ageing Croatian population. Analysis of needs indicates problems in access and cultural competencies of mainstream services. Includes recommendations for improved service responses for a small but high need group.	Submission to the NSW Community Health Review from Fairfield Multicultural Health Service multicultural health worker
Building a refugee health service for the Northwest	In November 2006, Hunter New England Health established a Refugee Health Service for refugees resettling in the region. Refugee Health Nurses' role in connecting support services, improving access to health services, and assistance with other health matters including diet and nutrition. Outcomes have included improvements in general health status, disease prevention, sustainable integration, and improved access through networks and education.	http://www.hnehealth.nsw.gov.au/data/assets/pdf_file/0008/37259/2008_HNEH_Quality_Award_Entries.pdf

Model/Title of Project	Description	Source
Collaborative Care Model for Newly Arrived Refugee Families	In 2006/07, the GP-Hospital collaborative care model was created as a partnership between Sydney Children's Hospital, Wollongong Hospital, the SESIH Multicultural Health Service (MHS) and the Illawarra Division of General Practice (IDGP). The model places a network of refugee-friendly GPs at the centre of care for newly arrived refugee families.	http://www.phaa.net.au/documents/Dec07.pdf
Developmental and intellectual disability, life long illnesses and disabilities		
The Kogarah model - a comprehensive array of integrated diagnostic, assessment, specialist and allied health clinics, and ongoing monitoring service for children, adolescent and adults with developmental disabilities.	<p>Many clinic services are provided in collaboration with DADHC, DET and ASPECT and are conducted off-site, such as in special schools.</p> <p>Clinics are offered on a local and area-wide basis (particularly in the Illawarra) according to the level of service demand and the degree of specialisation required. There is a link between child and adult services, allowing the more developed paediatric services to facilitate the development of transition services. Specialist clinic services are conducted in psychiatry, neurology, medical, rehabilitation, genetics, nutrition and other specialities and are staffed by paediatric and adult specialists.</p> <p>The model underpins the development of a network of specialist multidisciplinary services and creates opportunities for new innovative (often cost-neutral) services in response to the changing needs of the local community.</p>	Submission to the NSW Community Health Review from Dr Robert Leitner, Developmental Assessment Service, Division of Women's & Children's Health Services, Central Network, South East Sydney Illawarra Area Health Service
GMCT Transition Care Network and The Spina Bifida Collaborative – model of specialist care to meet the needs of adolescents and young adults with chronic life long illnesses and /or disabilities	The Spina Bifida Collaborative group applied for funding for two health workers, a clinical nurse consultant and an occupational therapist to form a state wide resource team for adults with Spina Bifida living in the community. This team will be located in the community in a health facility or with a NGO. The aim will be to network and support young people with Spina Bifida to access appropriate services and to support service providers with information and education to support the young person in their community. The local community health centre could provide a very valuable ongoing support service to young people with high support needs and significantly improve their health care and quality of life.	Submission to the NSW Community Health Review from the GMCT Transition Care Network. and Dr Carolyn West, Director Spina Bifida Unit, The Children's Hospital at Westmead.