Healthy Homes and Neighbourhoods Integrated Care Initiative

John Eastwood
Director Community Paediatrics
Director Healthy Homes and Neighbourhoods
Community Health, SLHD

Erin Miller
Program Manager
Healthy Homes and Neighbourhoods
Community Health, SLHD

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“Most of the problems encountered by children and families are multi-faceted and cannot be addressed by one intervention or agency alone… multiple interventions need to be ‘joined up’ and co-ordinated in order to be effective.”

From Katz (2007): Community interventions for vulnerable children and families: participation and power.

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Issues

- Families with trans-generational disadvantage and psychological trauma
- Complexity of family needs
- Poor engagement by families with services
- Poor engagement by services with families
- Interventions usually of short duration
- Barriers to cross-agency collaboration
- Needs of adult family members often not addressed

Engagement strategies

- Reviewing service design
- Better engaging with the community
- Practical strategies
- Investing in quality staff
- Changes in practice
- Establishing coordinated and integrated models of service provision

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Mechanisms to turn activities into outcomes

Willingness to share status and power

Trust between the provider and client/family

Provider confidence and comfort

Self-reliance of clients/families

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Healthy Homes and Neighbourhoods

Core activities:

- Identification of vulnerable families and pathways to care
- Care coordination
- Place-based collaboration in Redfern/Waterloo and Canterbury LGA
- General Practice engagement, capacity building and linkage
- Family Health Improvement
- Healthy Homes and Neighbourhoods Network and Partnerships
- Evaluation

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GOVERNANCE STRUCTURES AND PROCESSES

District Partnership Committee

Healthy Homes Steering Committee

Healthy Homes Care Coordination Trial

- Identify families
- Link services
- Sustain review

General Practice Linkage

- Engage
- Support
- Training

City of Sydney - South Trial

- Local hub
- Co-location of services
- Community needs assessment

Canterbury LGA Trial

- Local hub
- Co-location of services
- Community needs assessment

Capability Projects

- HealthTracker
- Patchwork tool
- Care coordination app
- EMR Algorithm

Family Health Improvement

- Key messages
- Website
- Social media

STRENGTHENING SECTOR CAPABILITY

Healthy Homes and Neighbourhoods Network

System Change

- Professional trust and knowledge
- Identification & risk stratification
- Informed consent policies
- Shared intake & communication systems
- Shared standards of collaboration

Capability Building

- Translation research
- Trauma & family partnership skills
- HealthPathways development
- Shared standards of collaboration

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Core Partners

- Family & Community Services (Housing, Child Protection, Early Intervention, Disability)
- CESPHN
- SDN Children's Services – Brighter Futures
- The Infants' Home Ashfield – Child and Family Services
- Barnardos – Family Referral Service
- The Benevolent Society – Child and Family Services
- Jannawi Family Centre
- SLHD (Community Health, Mental Health, Drug Health)
- Education
- Juvenile Justice and Police
- Local Government

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IDENTIFYING VULNERABLE FAMILIES AND PATHWAYS TO CARE

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Safe Start systems	• Royal Prince Alfred and Canterbury Hospitals • Other LHDs
Primary health care providers	• *SydneyHealthPathways* • Referrals to staff specialist clinics
Hospitals	• Emergency Department • Inpatient and outpatient services
Mental Health and Drug Health Services	• Utilise current systems for identifying children of parents with mental illness or dual diagnosis
SLHD Child and Family Health Services	• Paediatric/nursing/counselling vulnerable family clinics • Sustained Health Home Visiting
FACS/SLHD Perinatal Family Conferencing	
FACS – Community Services	• Lakemba, Burwood and Central Sydney CSCs
Partner agencies	• Barnardos Family Referral Service • Brighter Futures
Schools	• Learning and Support Teams

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Healthy Homes and Neighbourhoods

CARE COORDINATION

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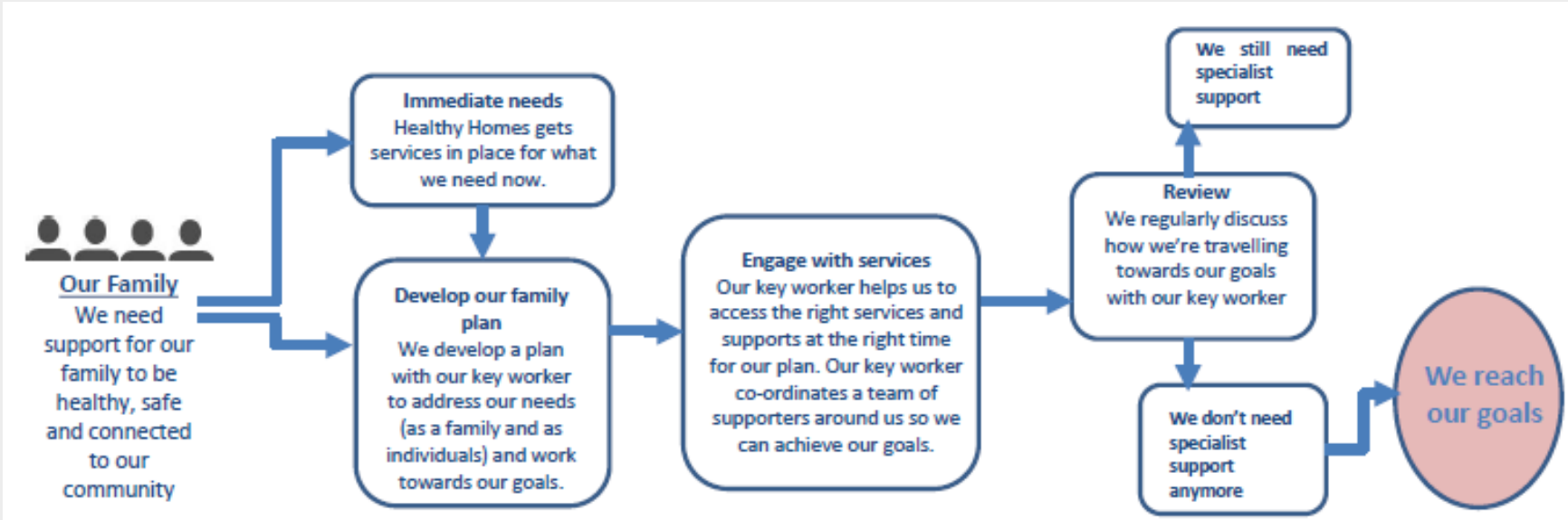

Core HHAN staff: Clinical Nurse Consultants and Social Workers

- Wrap-around model
- Family Group Conferencing
- Case review with medical officer (Community Paediatrics)
- Patchwork
- Care coordination app

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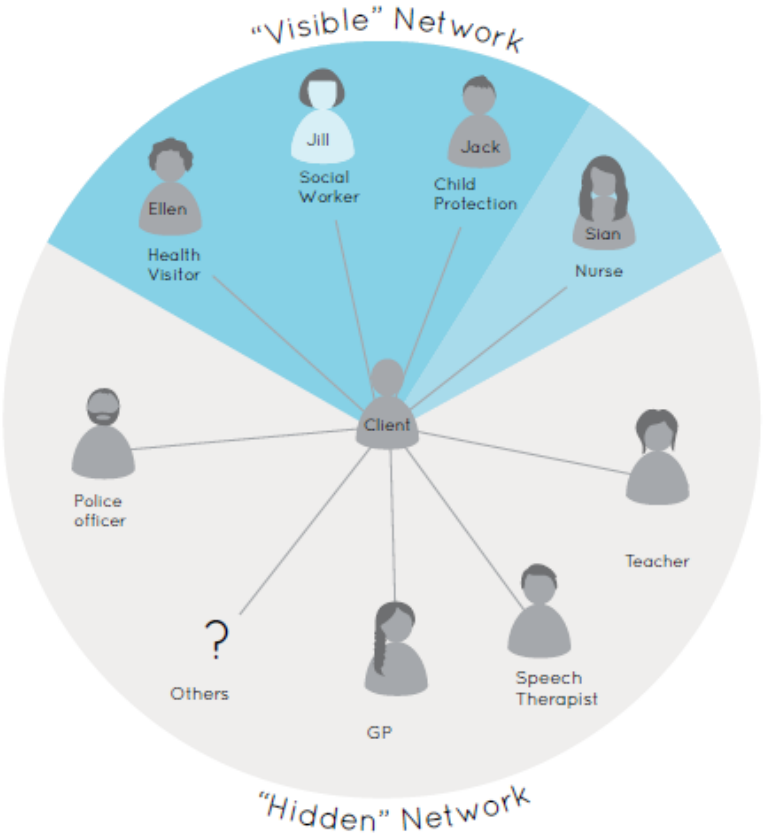
Patchwork



- Save time
- Build networks
- Collaborate better

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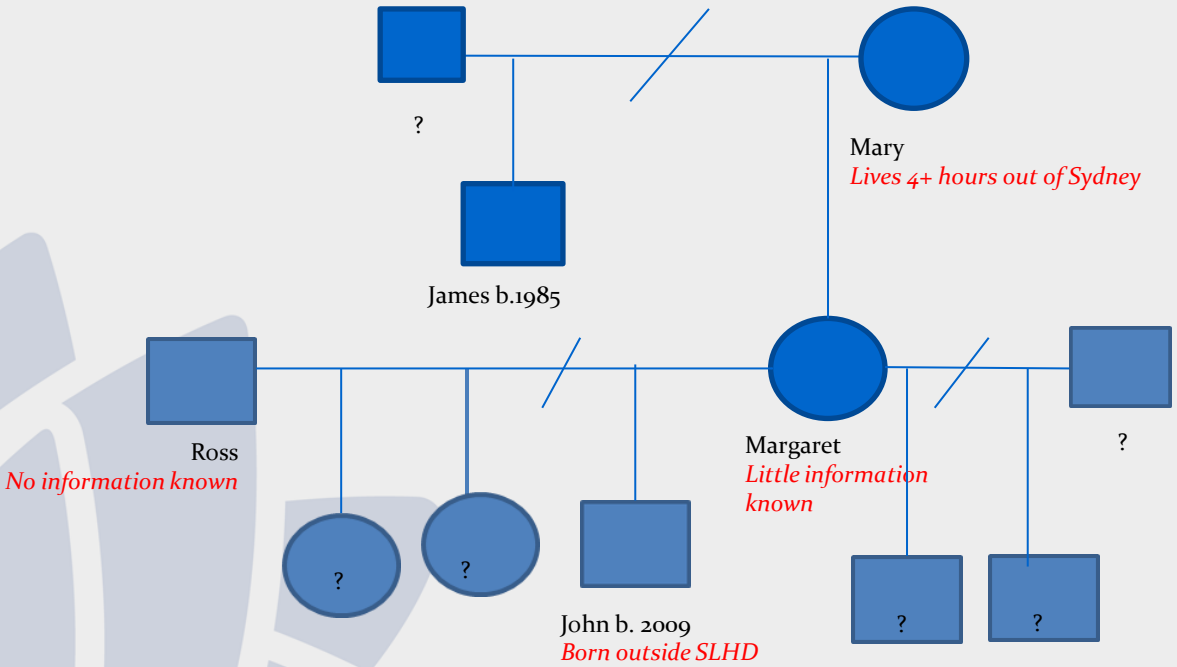
Care Coordination Case Study



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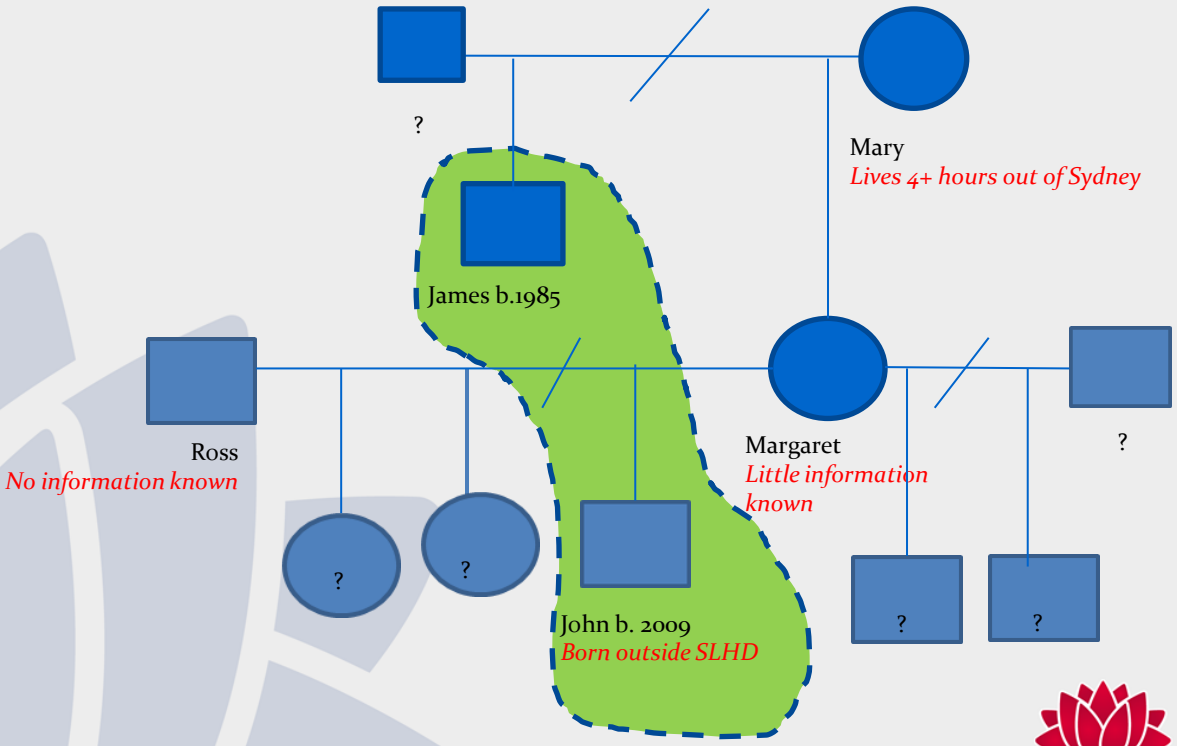
Care Coordination Case Study



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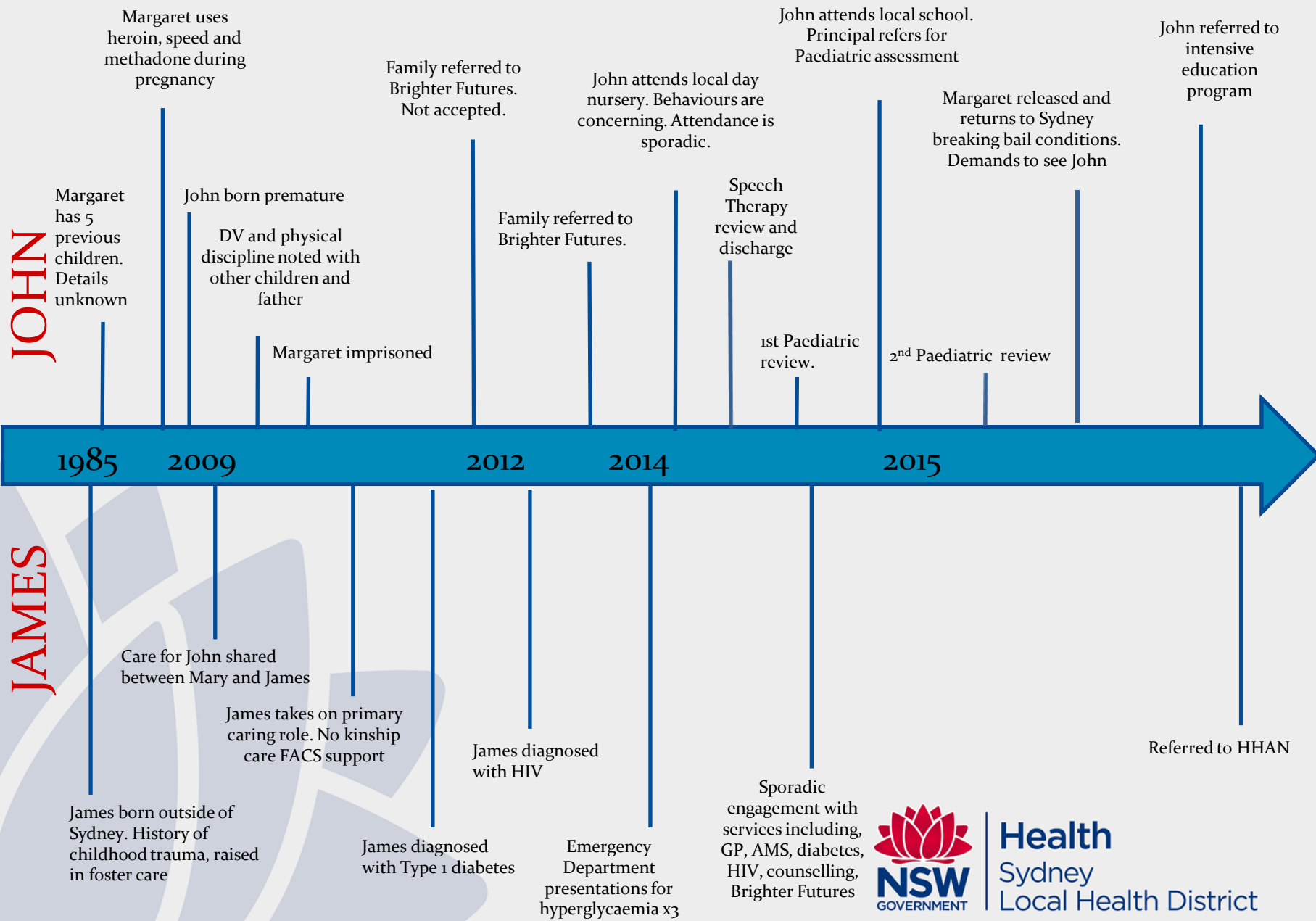

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What did HHAN do?

- Allocated to HHAN CNC and Social Worker.
- Met with James who is willing to engage in program and is worried about his health (whilst located in Redfern).
- Gathered information from eMR, Brighter Futures, FACS.
- Liaised with Brighter Futures to establish roles and responsibilities of workers - HHAN to support adult needs.
- Liaison with AMS, GP, HIV services, Social Work counselling.
- Facilitated case conference with James, John, HHAN CNC, HHAN Social Worker, Brighter Futures case worker, Community Paediatrician, Connecting Care CNC. Identified goals for both James and John and actions.
- Referred to services (diabetes, HIV, chronic disease) and supported attendance.
- Facilitated family conference with Grandmother.

"This is the first time that anyone has focussed on fixing my health so I can become a better parent"

Further action…

- Investigate installation of a system for James to alert emergency services – less pressure on John.
- Support Brighter Futures to explore respite options with wider family network.
- Link all service providers into Patchwork, and support family and service providers to use care coordination app.
- **Stay in touch with James and John.**

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"Having HHAN talk to 'Mum about Mum' has given me the space to focus on the children"

"HHAN gives a health perspective"

"Our roles with families are now very clear"

"Yesterday went really well with James and we have finally gotten his health needs on the agenda, thank you to Healthy Homes!" (Brighter Futures Caseworker)

"HHAN staff are well respected and able to advocate to other services and get them involved, particularly with mental health services which we sometimes struggle with"

"HHAN has great networks within Health, it's a localised service"

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Healthy Homes and Neighbourhoods

PLACE-BASED COLLABORATION

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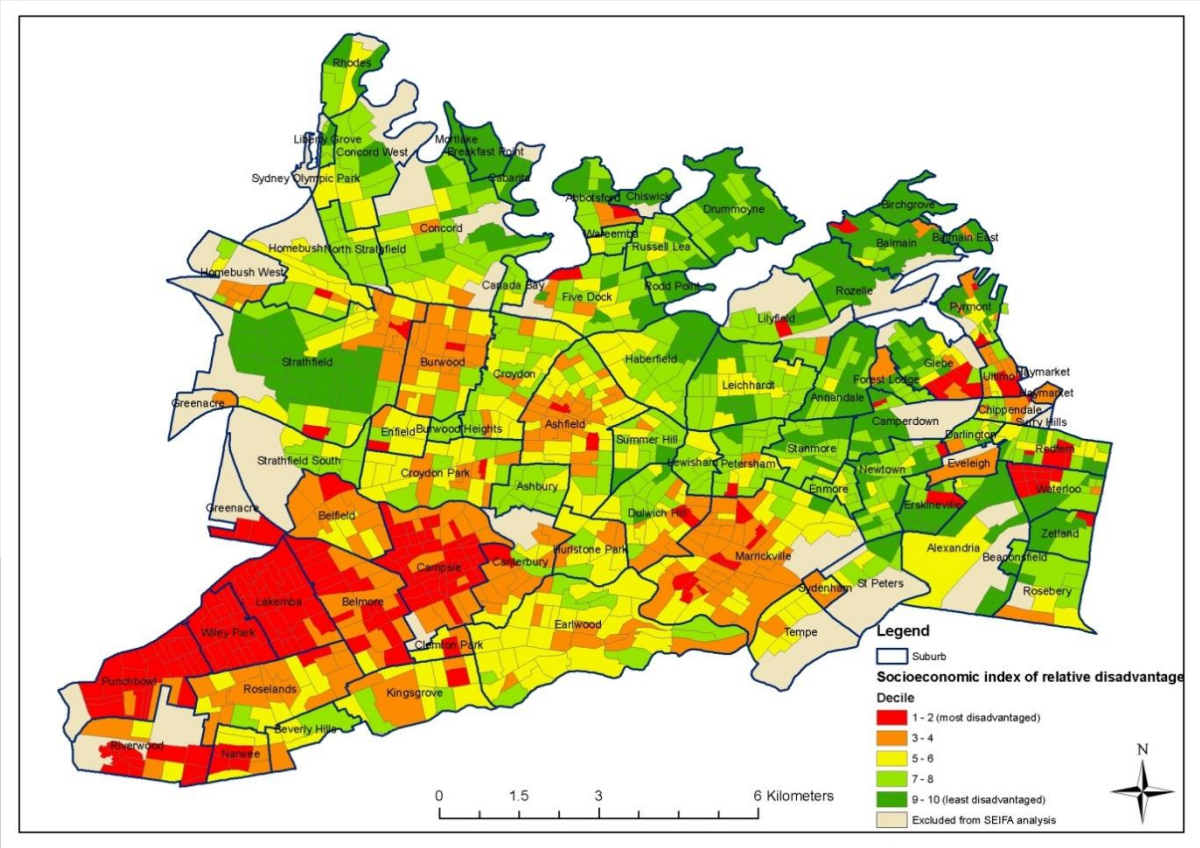
Socioeconomic index of relative disadvantage by statistical area level 1 and suburb



Source: Australian Bureau of Statistics Census of Population and Housing, 2011.

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Geospatial Mapping of Disadvantage

- OBJECTIVE: To take a spatial epidemiology approach to identifying the geographical distribution of the “most vulnerable” families with intergenerational cycles of disadvantage and trauma in SLHD by:
  - Identifying indicators of **disadvantage** and mapping them within SLHD
  - Identifying **clusters** of disadvantage
  - Analysing potential pockets or **“hot spots”** of extreme or complex disadvantage via layered analysis of individual indicators of disadvantage

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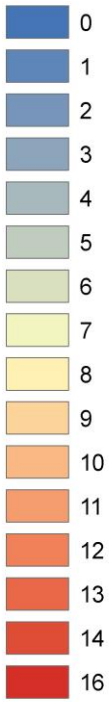
Included indicators of disadvantage

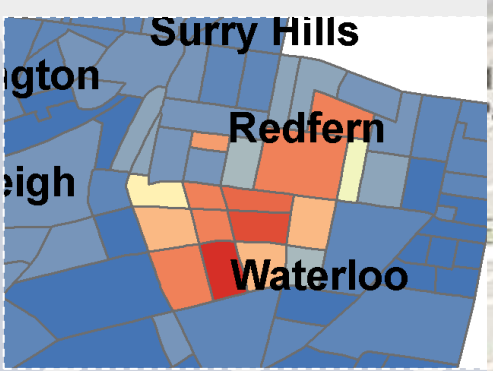
2011 ABS Census	SLHD Clinical Data (Midwives data)
1. High proportion of the population identifying as Aboriginal or Torres Strait Islander	1. High rates of teen mothers
2. Low rates of year 12 attainment	2. High rates of pregnant women without partners (sole mothers)
3. Low median weekly household income	3. High rates of smoking during pregnancy
4. High proportion of people reporting speaking English not well or not at all	4. High rates pregnant women with a high antenatal Edinburgh depression score (≥10)
5. High proportion of people requiring assistance with activities of daily living (disability)	5. High rates of pregnant women reporting domestic violence (have either been hit or hurt by their partner, or report being frightened of their partner)
6. High proportion of one-parent families	6. High rates of pregnant women reporting a history of child abuse
7. Large proportion of households with no access to a car	7. High rates of families known to Family and Community Services
8. Large proportion of housing consisting of state housing	8. High rates of pregnant women who have other children in out-of-home care
9. Large proportion of households with no internet access	9. High rates of women who report consuming alcohol during pregnancy
10. High rates of unemployment	10. High rates of LBW infants
11. Low labour force participation rates	11. High rates of pregnant women with delayed antenatal care (first visit at ≥20 weeks)

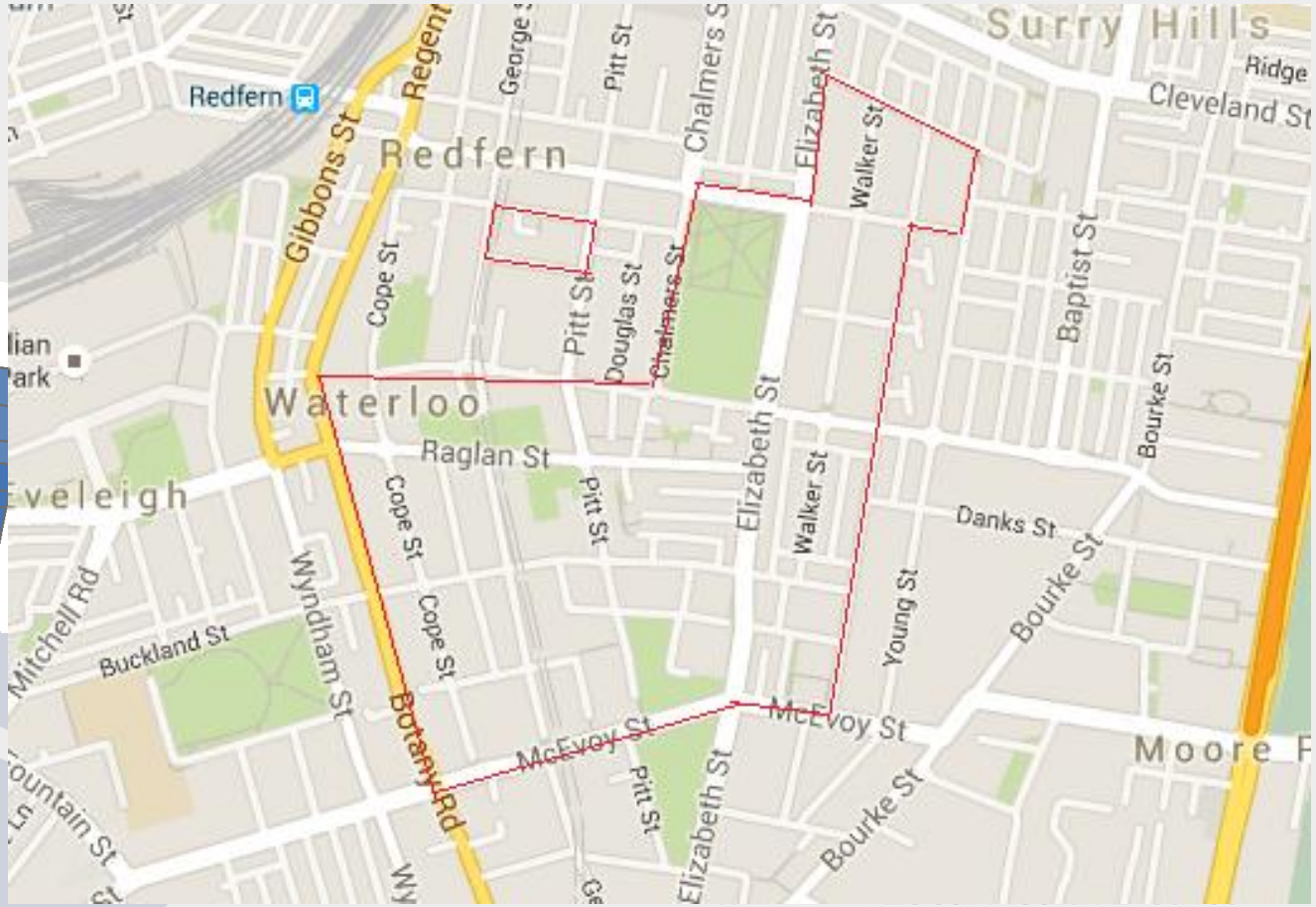
FAMILY DISADVANTAGE

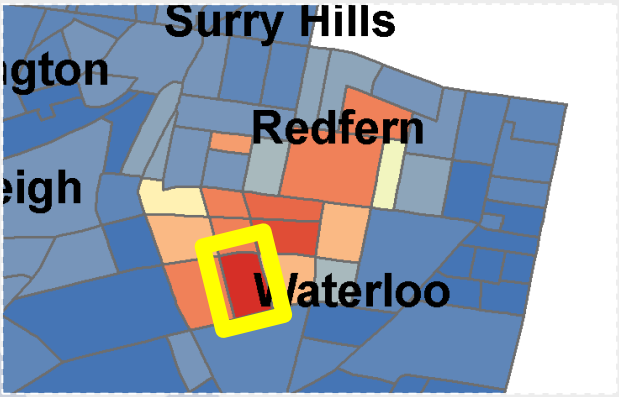
Number of times the SA1 was located in a hotspot for an indicator of disadvantage

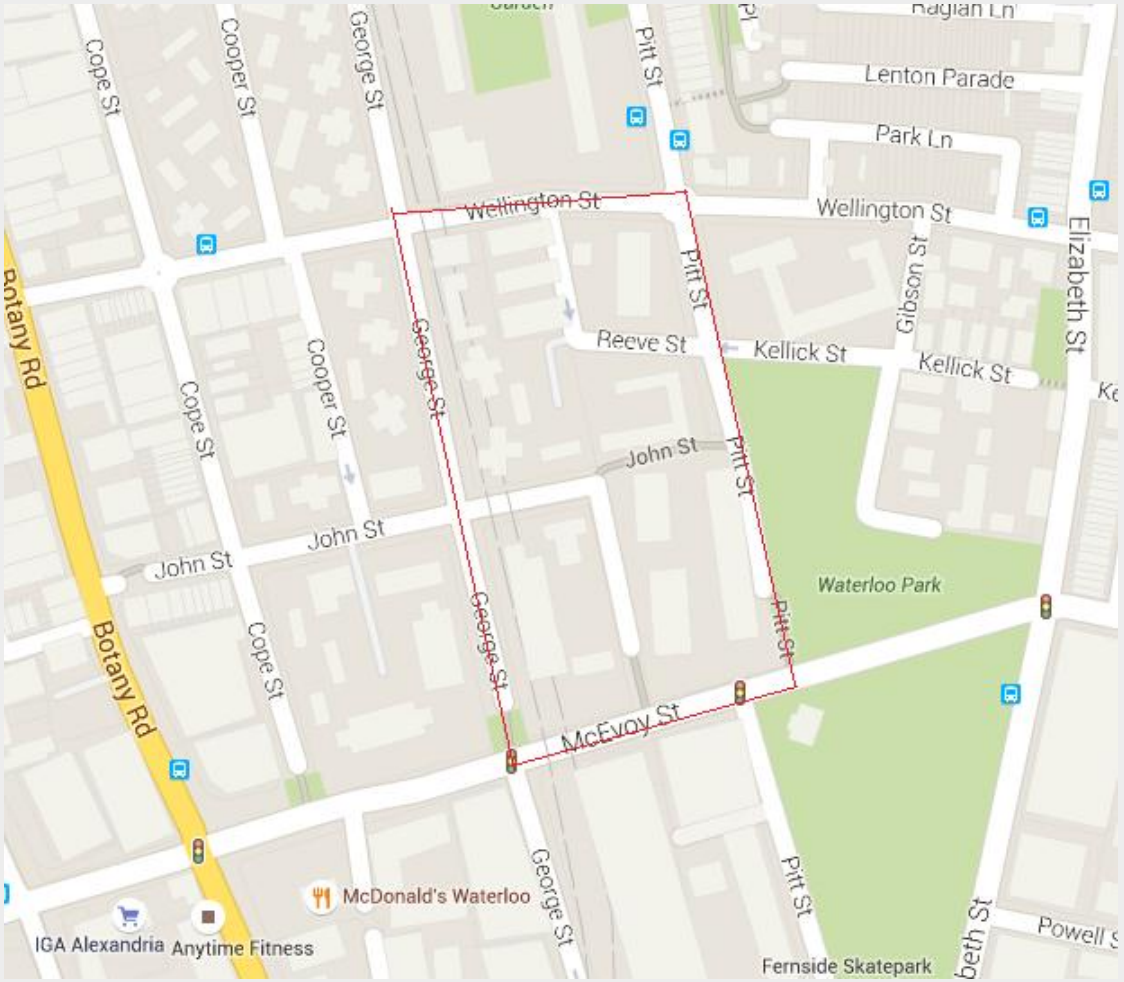


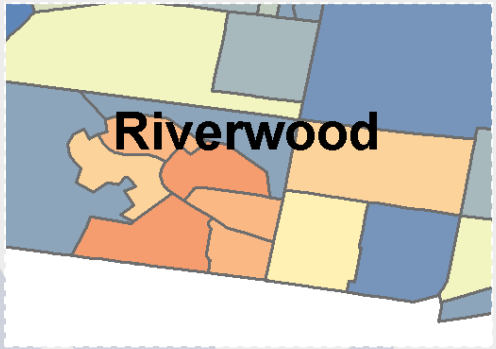
Applications and implications

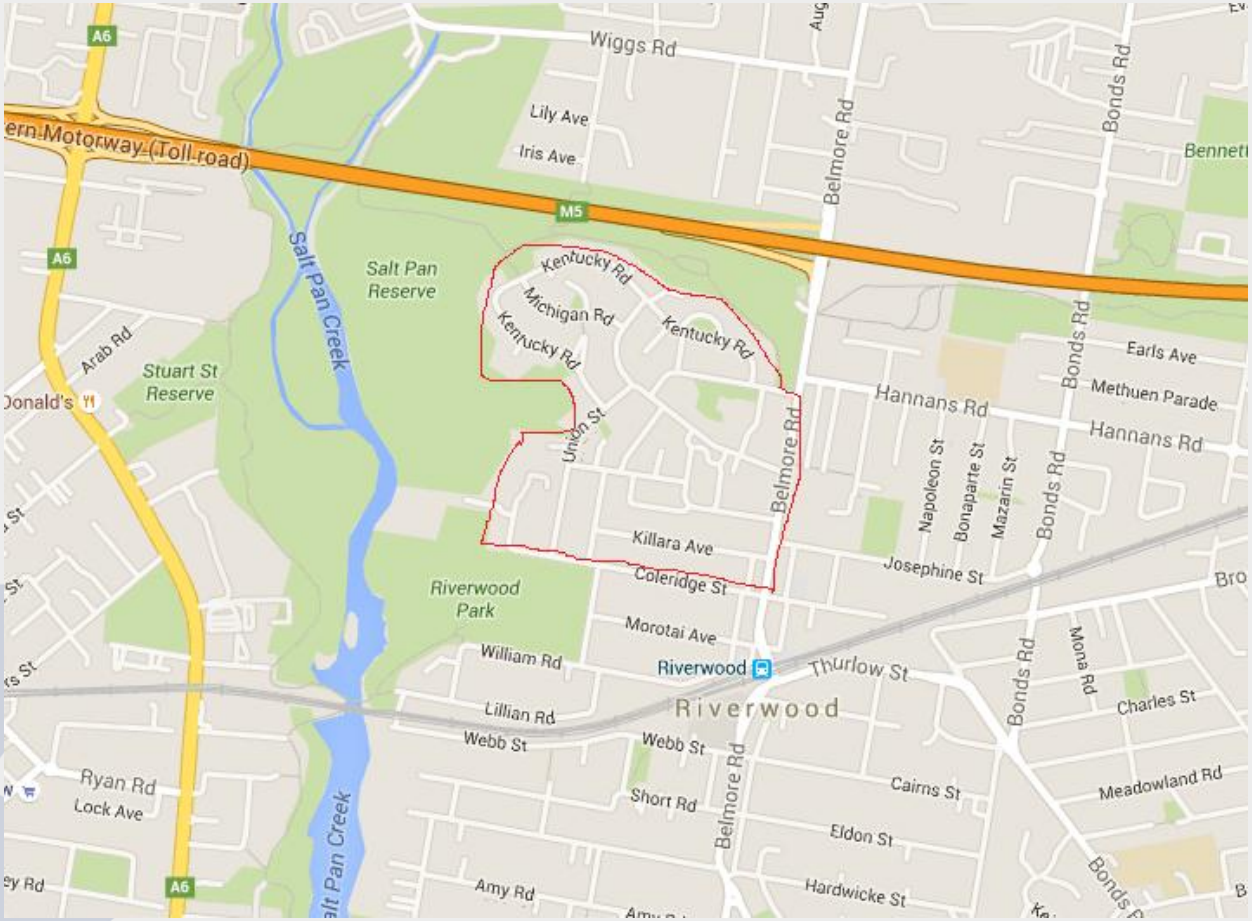





Surry Hills
Redfern
Waterloo


Cope St
Cooper St
George St
Pitt St
Lenton Parade
Park Ln
Wellington St
Gibson St
Elizabeth St
Reeve St
Kellick St
John St
Botany Rd
Waterloo Park
McEvoy St
McDonald's Waterloo
IGA Alexandria
Anytime Fitness
Fernside Skatepark


Riverwood


Wiggs Rd
Lily Ave
Iris Ave
ern Motorway (Toll road)
M5
A6
Salt Pan Creek
Salt Pan Reserve
Kentucky Rd
Michigan Rd
Kentucky Rd
Kentucky Rd
Union St
Belmore Rd
Arab Rd
Stuart St Reserve
Donald's
Hannans Rd
Hannans Rd
Earls Ave
Methuen Parade
Napoleon St
Bonaparte St
Mazarin St
Bonds Rd
Bonds Rd
Killara Ave
Coleridge St
Josephine St
Riverwood Park
Morotai Ave
William Rd
Riverwood
Thurlow St
Riverwood
Lillian Rd
Webb St
Webb St
Mona Rd
Charles St
Ryan Rd
Lock Ave
Short Rd
Cairns St
Meadowland Rd
Eldon St
Amy Rd
Hardwicke St
Belmore Rd

Redfern/Waterloo Plan

- Co-location at **RedLink**
- Engaging directly with community and local services
- HHAN staff presence at community events
- Identifying community needs
- Providing care coordination from RedLink site

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Healthy Homes and Neighbourhoods

GENERAL PRACTICE ENGAGEMENT, CAPACITY BUILDING AND LINKAGE

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Method

- Database of GPs working in SLHD area
- Practice visits – GP information pack
- GP Questionnaire:
  - Identify barriers and facilitators for GPs to work well with vulnerable children and their families
  - Measure frequency of utilisation of Medicare Item Numbers
  - Training needs assessment
  - HHAN Partner support in design and delivery of education: CESPHN; SLHD Child Protection; SLHD Community Paediatrics.

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Next Step – E Learning

- Trainees want an online education module
- Greater reach to time-poor practitioners, and also rural remote and global practitioners
- Use a UK developed template to build E Learning modules
- “Healthy Homes and Neighbourhoods” affiliated General Practices

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Healthy Homes and Neighbourhoods

FAMILY HEALTH IMPROVEMENT

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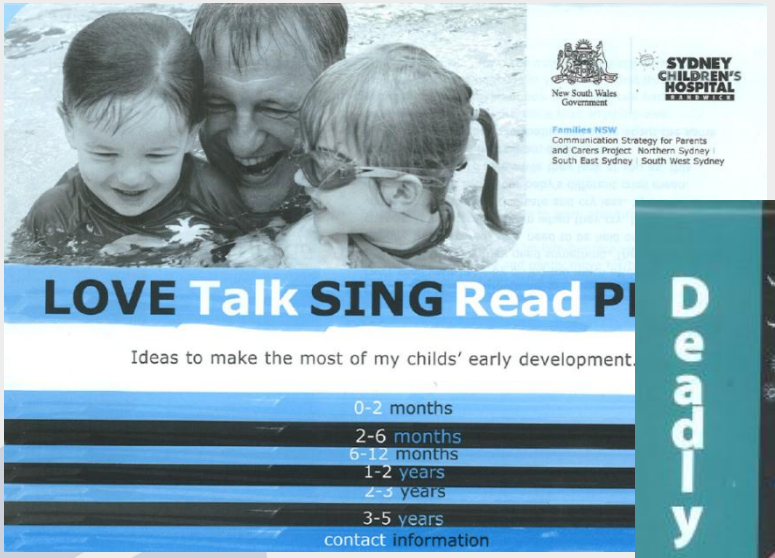
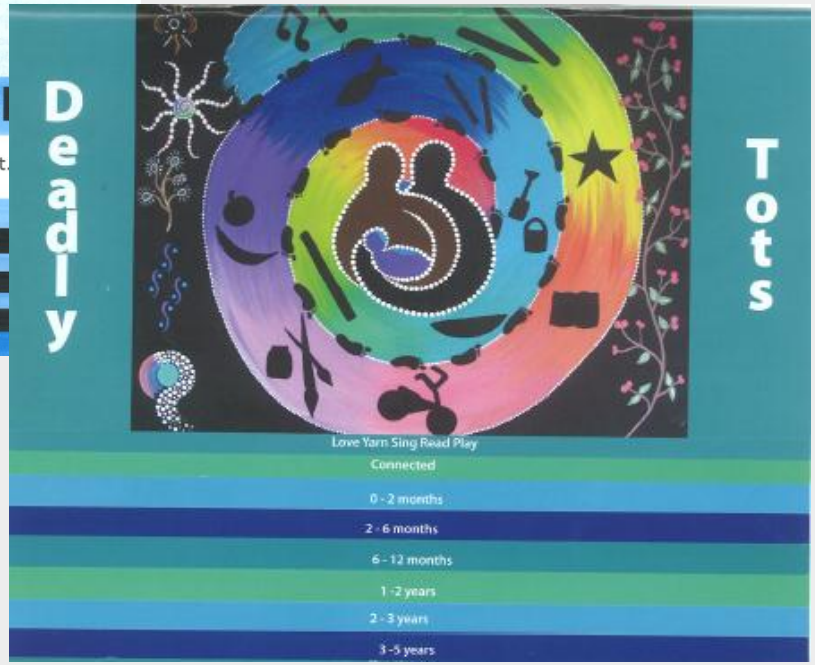
Key Health Messages





- Love, Talk, Sing, Read, Play
- Deadly Tots

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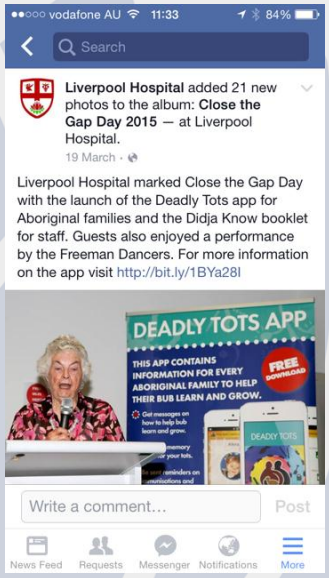
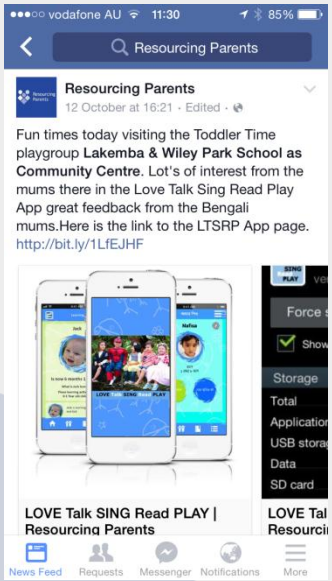
Social Media Strategies

- Evidence for local use:
  - **Social media scoping project 2014, South Western Sydney Local Health District -** 299 parents residing in SWSLHD completed survey
  - **Result:** 98% parents had internet access, 95% used social media, 93% thought that getting health and parenting information on social media was useful





- Mobile phone apps
- Website:
  - Mobilised website
  - Blog page
- Facebook posts to promote

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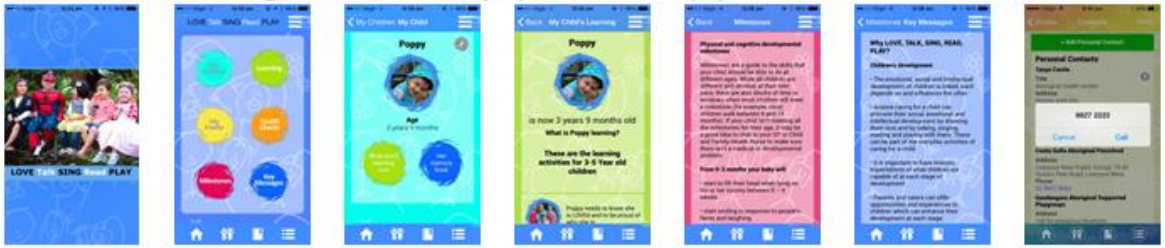
Examples of current development of social media strategies

- Deadly Tots phone app

- Love Talk Sing Read Play phone app



- Love Talk Sing Read Play mobilised website

Healthy Homes and Neighbourhoods

HEALTHY HOMES AND NEIGHBOURHOODS NETWORK AND PARTNERSHIPS

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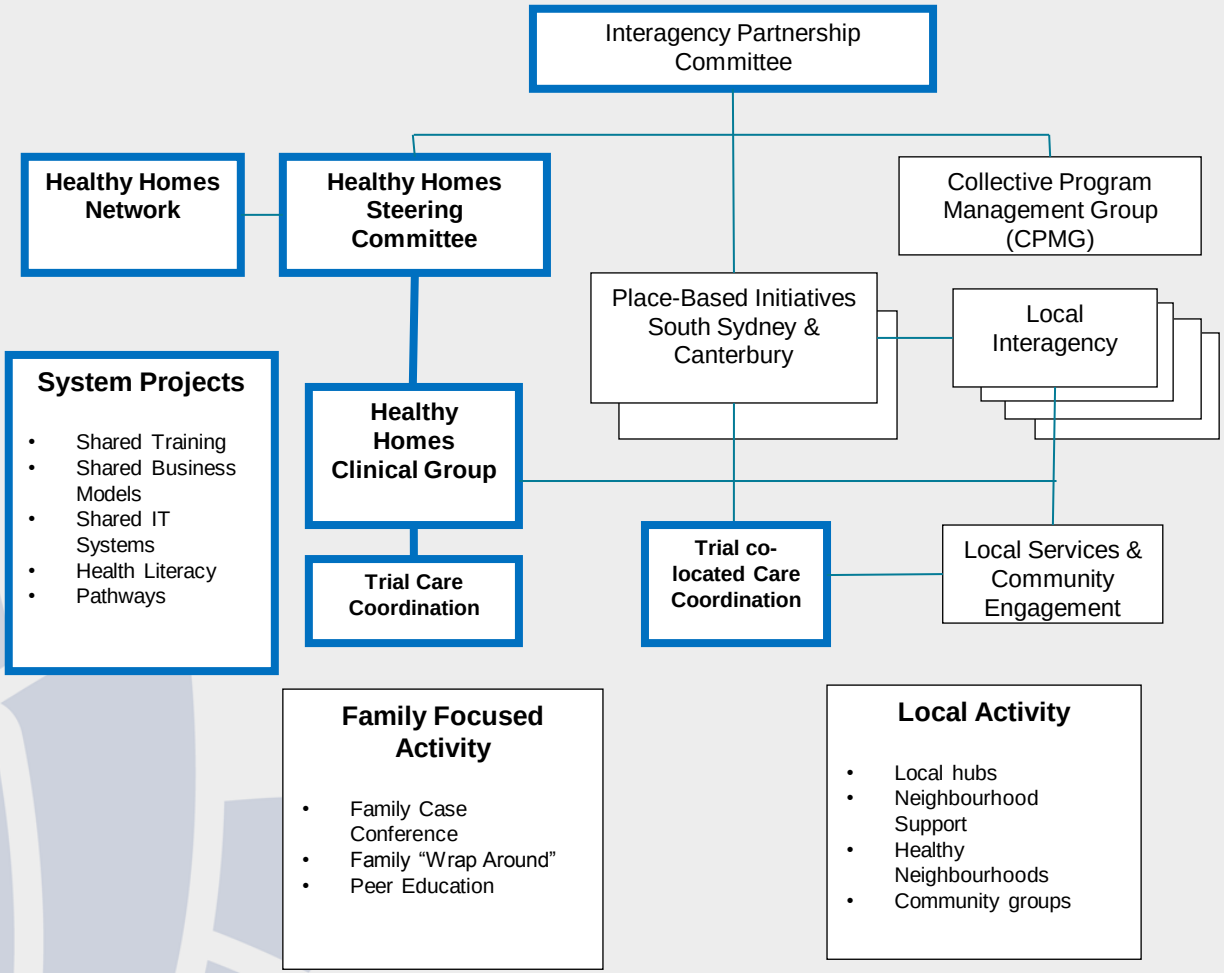

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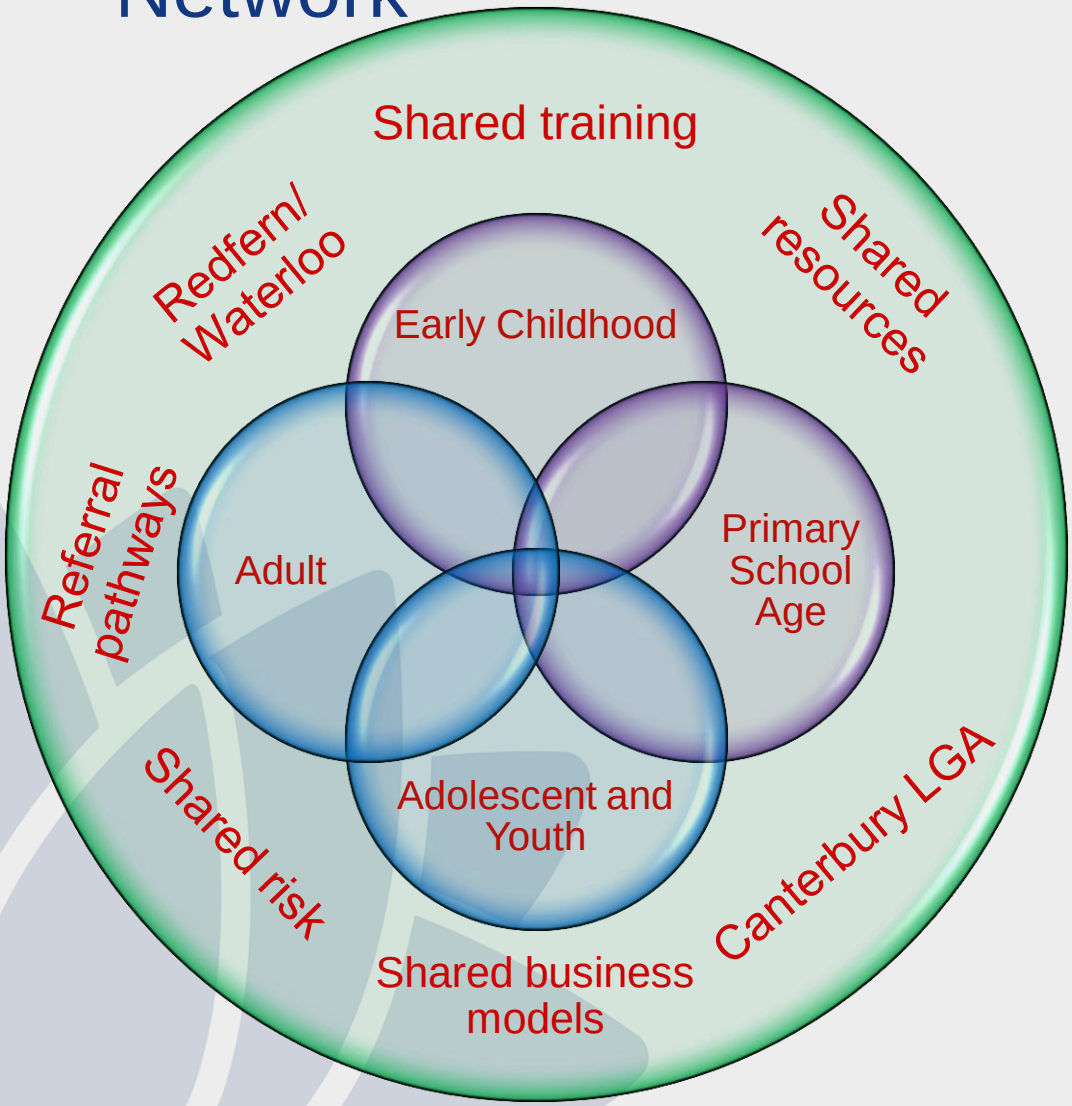
Healthy Homes and Neighbourhoods Network



"Real collaboration is authentic working together across organisational boundaries toward common goals."

Harrington R. (Wasserman. L. N/D. Results of United Way's Collaboration Learning Project. United Way of Greater Milwaukee).

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Integrated Service Provision – what the literature says

Healthy Homes and Neighbourhoods — October 2015

A comprehensive literature review was completed by Dr Rebekah Grace, Children and Families Research Centre, Macquarie University, to support the development of the HHAN Initiative.

Achieving meaningful service coordination and integration generally requires organisations working together through four stages of service delivery:

Co-existence → Collaboration → Coordination → Integration

The research literature documented a number of challenges to achieving integrated service provision, as well as strategies to address these challenges:

Challenges	Strategies
Conceptualising, establishing and formalising the partnership	Strong leadership and shared vision
Current funding models	Community partnerships and leadership
Reconciling contradictions in policy documents	Soft entry points
Competing discourses	Building trust between professionals
Lack of professional training/preparedness	Being active in the local community to build trust
A new way of working	Ongoing asset and needs assessment and resource mapping
Uncertainty around information sharing	Electronic care plans/enhanced data integration systems
Challenges to professional identity	Culturally appropriate services
	A community partner facilitator
	Regular evaluation of effectiveness

We are proud to report that the HHAN Initiative encompasses the above strategies.

Co-location of services

A lesson learnt from the recent Service Delivery Reform process emphasised how co-location of services and people can aid coordination:

Services working together in the same physical location can be beneficial for service coordination. This physical structure can strengthen relationships between service providers and allow for joint responses that holistically address the client's needs. It can also make it easier for clients to navigate the service system, by bringing together the services they need in one location.

Healthy Homes and Neighbourhoods have agreement in principle for co-location at two sites: - Family Referral Service in Glebe and RedLink Integrated Services Hub in Redfern. By co-locating at these sites, we aim to foster relationships with key staff from Barnardos Australia, FACS-Housing, Redfern Legal Centre, Legal Aid, SLHD Drug Health and many more, as well as be available for clients when they present at these sites. These important relationships will enhance collaboration and assist us on our way to service integration.

Further information

If you would like more information about the HHAN Initiative, please contact Erin Miller, HHAN Program Manager: Erin.Miller@sswahs.nsw.gov.au; (02) 9378 1260; 0475 975 138.

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Healthy Homes and Neighbourhoods

EVALUATION FRAMEWORK

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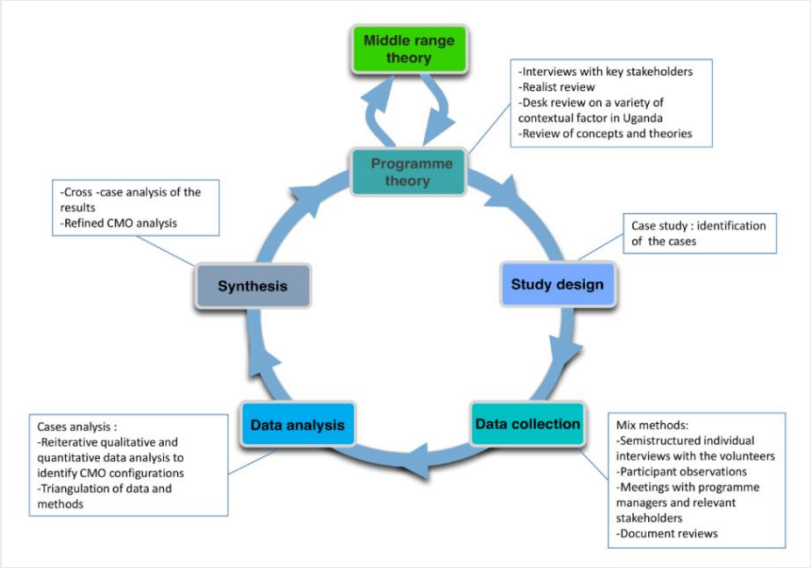
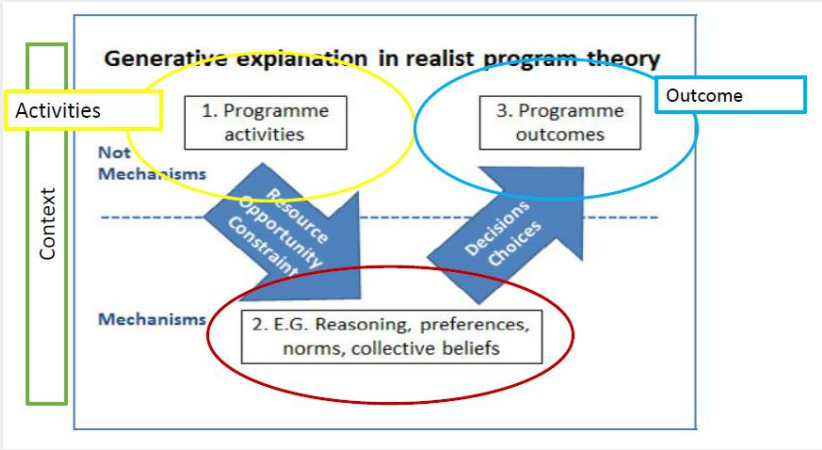
Evaluation Framework - Methodology

- Realist (Sayer 2000; Pawson and Tilley 1997)
- Explanatory Theory Building (Eastwood 2011)
- Realist Synthesis of Child Health Programs (Garg et al, 2014; Grace 2015; Tyler et al 2015)
- HHAN Theory of Change (2014)
- Longitudinal Emergent Realist Mixed Method Design
- Focus on Context, Mechanisms, Outcomes





Evaluation Framework - Methods

- Family- Longitudinal Emergent Mixed Method CMO
  - Family- CMO Case Studies
  - Patient- Reported Measures – Health Tracker
- Partnership- Mixed Method Social Network Analysis
- Spatio-temporal Studies
  - AEDI, Naplan
- KPI Reporting
- Place-based
  - Concept Mapping
  - Mental Health Needs Analysis
  - Mixed Method Social Network Analysis
- Sub Component Evaluations
  - Patchwork
  - General Practice
  - Wrap around
  - Family Group Conference
  - Phone Apps

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Erin Miller
Program Manager
Healthy Homes and Neighbourhoods
erin.miller@sswahs.nsw.gov.au

John Eastwood
Director Community Paediatrics
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