Penrith Aboriginal

Sharing and Learning Circle Report

NSW GOVERNMENT Health
Nepean Blue Mountains
Local Health District

medicare local
NEPEAN-BLUE MOUNTAINS
Connecting health to meet local needs

This consultation was commissioned by the two lead agencies Nepean-Blue Mountains Medicare Local and Nepean Blue Mountains Local Health District.

Prepared by

Clarke Scott, Aboriginal Health Cultural Consultant

Dr Sarah Redshaw, Principal, Driving Cultures

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Introduction

In 2014, the Penrith Aboriginal Community Sharing and Learning Circle came together to consider the health and well-being of local Aboriginal communities; identify those areas of need that have not been addressed; discuss new challenges and develop potential strategies to meet those existing and emerging needs.

The Penrith Aboriginal Community Sharing and Learning Circle is intended to create a vision for improving access, services and ultimately improved outcomes for members of local Aboriginal communities.

Note: Penrith Aboriginal Community has advised the use of 'Aboriginal' to indicate Aboriginal and Torres Strait Islander people in the Penrith area.

Dedication

The 2014 Penrith Aboriginal Community Sharing and Learning Circle and Report is dedicated to Darug Elders past and present who have passed on their leadership and entrusted those who have come to the circle to continue to work to improve and ensure a better future for the local Booris (Aboriginal word for children). Their gift continues through participation in the circle of the local Aboriginal community members who continue to engage for the community, and work to improve Aboriginal health and well-being.

Executive Summary

A total of 49 people attended the Penrith Aboriginal Community Sharing and Learning Circle on the 18 November 2014 including at least 15 community members and others who worked for services and also identified as community members. There were some strong and significant messages that came through the discussions at the 2014 Penrith Aboriginal Community Sharing and Learning Circle. The main themes from the circle were transport, accessing information, a one-stop shop, Aboriginal Medical Services in the area, dental services, mental health, workforce, access to Closing the Gap entitlements, waiting lists and disability.

Transport

One of the most important barriers to access to health services by Aboriginal people in the Penrith area is lack of transport options. Many do not have access to cars or public transport making it difficult to attend health services. People were unclear as to what their transport options were.

Knowledge of health services

Knowledge and understanding of health services available is also a barrier. Aboriginal people are not aware of the support and health services available to them and are subsequently unable to identify their health needs or how these needs could be addressed.

Access to services and entitlements

Aboriginal people in the Penrith area, as in other areas, lack trust in health services and experience discrimination when attending doctors' surgeries and other services. Access to entitlements such as Closing the Gap is varied with some GPs aware of and prepared to offer Closing the Gap programs. Pharmacies can also vary in how prepared they are to provide prescriptions under Closing the Gap.

Culturally safe services

In the Penrith area many Aboriginal people would be more comfortable accessing services through specified Aboriginal health services. A one-stop shop was again a major preference for Aboriginal people where they could access and communicate with various services and agencies. It was noted that the Aboriginal Medical Service are not available from Blacktown to Orange.

Dental

Dental services in particular require travelling to Mt Druitt and various difficulties are encountered in getting there and accessing dental services.

Engagement with services

It is therefore imperative that there is some emphasis on provision of services to Aboriginal communities in the Penrith area at sites where clinics could be offered. Engagement opportunities between Aboriginal people and health and other services need to be developed to help Aboriginal people become familiar with the services and to start to trust them. Engagement needs to be consultative using discussion rather than simply information giving.

Community engagement and access

The lack of a structure for community involvement in addressing health needs is an obstacle to progress in addressing Aboriginal people's health needs in the Penrith area. Services attending the forum presented a sincere desire to work with Aboriginal communities and to inform them of the services available to them but lack a clear structure for communication and engagement with local Aboriginal communities.

Aboriginal health workers

There is an evident need for the employment of additional Aboriginal health workers, both male and female in local health services and the provision of information and access to other services such as disability, drug and alcohol and mental health. In addition, Aboriginal workers require a supportive network and connection within the community so that they are not isolated in their work context.

The *NSW State Plan 2012-2021* under Goal 11 'Keep people healthy and out of hospital' states:

> *In line with these identified priorities greater emphasis should be placed on the needs of Aboriginal people and the availability of services that they can relate to. Attention must be paid to the increased governance by Aboriginal communities of their health needs and service provision.*

Community involvement

Effective Aboriginal health promotion requires Aboriginal governance and leadership in the planning for, delivery of and evaluation of health promotion. This involves investment in supporting Aboriginal communities to govern and lead their communities' comprehensive planning for health and development, and to lead to the delivery of these programs. There is a need for greater and recurrent investment in comprehensive programs to address community-defined priority health problems.

Evidence suggests sustained action for 10 years (or more) is necessary for population-wide improvements in health outcomes to be measurable.
(Wise, M., Angus, S., Harris, E. and Parker, S. 2012, Scoping Study of Health Promotion Tools for Aboriginal and Torres Strait Islander People, The Lowitja Institute, Melbourne)

The Penrith Aboriginal Community Sharing and Learning Circle 2014 requested a follow up meeting to review the outcomes of the circle.

Aboriginal specific spaces and linked services

The lack of Aboriginal specific services in the Penrith area requires commitment to offering services through existing providers in the region with consideration of a possible one-stop shop for Aboriginal people to inform them about health services, offer forums and facilitate access to clinics. Communication between services needs to be improved so that connected pathways are established between hospital and community services.

Recommendations

Recommendation 1: Facilitate the formation of a structure for ongoing community consultation and governance.

Recommendation 2: Adopt creative means for providing community outreach to engage with Aboriginal communities.

Recommendation 3: Establish Aboriginal health clinics and/or Mootang Tarimi Screening and Assessment Service with regular days and times in the Penrith area.

Recommendation 4: Explore the potential to engage specific Aboriginal services to provide services to Penrith Aboriginal communities.

Recommendation 5: Consider 'one-stop shop' for Penrith area that is easily accessible by transport options to provide an integrated services hub that can link services and agencies and provide information, advice and services from various agencies.

Recommendation 6: Support access to 24 hour GP clinics as an alternative to emergency presentation and address waiting problems in ED.

Recommendation 7: Establish better partnerships between services for information sharing and referral pathways

Recommendation 8: Investigate criteria for transport availability for Aboriginal community member's access to health and other services through public/private partnerships and working with existing organisations.

Recommendation 9: Clarify criteria for access to services and transport.

Recommendation 10: Explore development of health programs for Aboriginal children and youth.

Recommendation 11: Continue compulsory one day training for all services to improve Closing the Gap awareness and availability and cultural safety for Aboriginal people working within and accessing services.

Recommendation 12: Develop forums that could be held monthly in various parts of the area to enable a more holistic and whole family approach to Aboriginal health.

Recommendation 13: Aboriginal workers be seen as integral members of the clinical team(s), with the importance of these positions to Aboriginal community members recognised by developing options for providing workforce continuity and planning.

Recommendation 14: Provide feedback and ongoing consultation with Aboriginal communities.

Recommendation 15: Improve the accountability and commitment of the LHD and Medicare Local to the local Aboriginal communities.

Recommendation 16: Work with communities to develop appropriate key indicators and data collection according to community identified priorities.

Recommendations in detail

In considering Indigenous health it is important to understand how Indigenous people themselves conceptualise health. There was no separate term in Indigenous languages for health as it is understood in western society. ***The traditional Indigenous perspective of health is holistic.*** *It encompasses everything important in a person's life, including land, environment, physical body, community, relationships, and law. Health is the social, emotional, and cultural wellbeing of the whole community and the concept is therefore linked to the sense of being Indigenous. This conceptualisation of health has crucial implications for the simple application of biomedically-derived concepts as a means of improving Indigenous health.*

(MacRae et al. (2013). Overview of Australian Indigenous health status, 2012.)

Community Engagement

1. Facilitate the formation of a structure for ongoing community consultation and governance using a model such as the Blue Mountains Aboriginal Health Coalition by providing guidance through an Aboriginal facilitator to future meetings as established at Sharing and Learning Circle in September. The governance structure needs to include proactive members of key bodies and the 2014 Aboriginal community.

Health Promotion

2. Adopt creative means for providing community outreach to engage with Aboriginal communities, for example through:

- Health promotion and community education meetings and/or forums in significant locations for Aboriginal communities in the Penrith area
- Outreach services for disability, drug and alcohol and mental health
- Men's, women's and youth cultural opportunities such as Men's group, Women's group, men and boys cultural camps and youth camps.
- Promotion and community awareness of transport options
- Review criteria and flexibility of transport

Aboriginal and Torres Strait Islander people with poor social and emotional wellbeing are less likely to participate in employment, consume higher levels of alcohol and other substances and are also less likely to access health services. (National Aboriginal And Torres Strait Islander Health Plan 2013–2023, p.21)

3. Aboriginal health clinics and/or Mootang Tarimi Screening and Assessment Service at Penrith with regular days and times in order to help to bring Aboriginal people into the health services facilities to become more familiar with services and engage in discussion sessions about health related issues.

Increased opportunities for education to improve health literacy will further enable Aboriginal and Torres Strait Islander adults to make informed health choices for themselves and their families. (National Aboriginal And Torres Strait Islander Health Plan 2013–2023, p.36.)

Health Outcomes

4. Explore the potential to engage specific Aboriginal services such as the Aboriginal Medical Service to provide services to Penrith Aboriginal communities in line with *NBMLHD Healthcare Services Plan 2012-2022* priority to 'identify and engage external agencies to foster productive partnerships including the Western Sydney Aboriginal Medical Service'. In particular, provision of dental services in the area.

5. Consider 'one-stop shop' for Penrith area that is easily accessible by transport options to provide an integrated services hub that can link services and agencies and provide information, advice and services from various agencies. Develop forums that could be held in a central location with representation –from a range of agencies to enable a more holistic and whole family approach to Aboriginal health (see quote above for definition).

6. Support access to 24 hour GP clinics as an alternative to emergency presentation and address waiting problems in ED. Problems include lack of information about waiting times, lack of food for people with diabetes, getting home late at night after waiting. More communication through an Aboriginal liaison in ED could help address problems and link to Medicare Local to expedite access to services

Emotional and Social Well Being

7. Establish better partnerships between services for information sharing and referral pathways. Adopt better interagency communication to provide a -holistic approach.

A focus on the patient journey which meets the clinical health care needs as well as cultural and social needs of Aboriginal and Torres Strait Islander people and their families will produce better health outcomes. This includes effective coordination and integration between health service providers. (National Aboriginal And Torres Strait Islander Health Plan 2013–2023, p.16)

8. Investigate criteria for transport availability for Aboriginal community member's access to health and other services through public/private partnerships and working with existing organisations such as Penrith Community Transport and other services. Clarify criteria for access to services and transport. Criteria such as age, disability and mental health and drug and alcohol treatment access require special consideration for Aboriginal community members who lack transport options.

9. Investigate need for additional Aboriginal workers/staff in mental health and potential for safe space for Aboriginal people within the hospital

10. Explore development of health programs for Aboriginal children and youth to help them learn about health concepts and the health system and develop health literacy by working with local schools. Local schools are also a good place to distribute information for parents about health initiatives.

Implement initiatives that promote the wellbeing of young Aboriginal and Torres Strait Islander people by strengthening pride in identity and culture. (National Aboriginal And Torres Strait Islander Health Plan 2013–2023, p.35)

Key strategy

Improve access to targeted programs for children including: New Directions: Mothers and Babies, Australian Nurse Family Partnership, Strong Fathers Strong Families and Healthy for Life. (National Aboriginal And Torres Strait Islander Health Plan 2013–2023, p.33)

Cultural Safety

11. Continue compulsory one day training for all services to improve Closing the Gap awareness and availability and cultural safety for Aboriginal people working within and accessing services.

12. Provide communication and information on services and entitlements to Closing the Gap through schools, Koori mail and Koori radio

Increase family-centric and culturally safe services for families and communities. (National Aboriginal And Torres Strait Islander Health Plan 2013–2023, Key strategy, p.22)

13. Aboriginal workers be seen as integral members of the clinical team(s), with the importance of these positions to Aboriginal community members recognised by developing options for providing workforce continuity and planning. These positions are critical to the delivery of care to Aboriginal people and need to be present for the provision of care.

Governance and Accountability

14. Ensure that governance structures are in place across the NBMLHD and NBMML (Primary Health Network) to provide strategic direction and carriage of continued improvements in accessing and providing quality health services for the Aboriginal community across the Nepean Blue Mountains. This will also involve the development and implementation of a set of indicators to measure performance of services in providing quality health care for the Aboriginal community.

Structures are in place for the regular monitoring and review of implementation as measured against indicators of success, with processes to share knowledge on what works. (National Aboriginal and Torres Strait Islander Health Plan 2013–2023, p.11)

15. Improve the accountability and commitment of the LHD and Medicare Local to the local Aboriginal communities by working collaboratively with them to establish a culturally sensitive and safe implementation process in each LGA for the priority recommendations contained within the report, with clear timelines for actions and outcomes.

16. Work with communities to develop appropriate key indicators and data collection according to community identified priorities.

Aboriginal and Torres Strait Islander community controlled health organisations are an important element of the health system and provide a mechanism for Aboriginal and Torres Strait Islander people to actively lead, develop, deliver and be accountable for culturally appropriate health services.
(National Aboriginal and Torres Strait Islander Health Plan 2013–2023, p.23

Acknowledgements

Without the engagement, participation and commitment of the Aboriginal community locally, the broader community and local service providers 2014 Sharing and Learning Circle would not have been possible. It is important to acknowledge the ongoing support and commitment of the Nepean Blue Mountains Medicare Local (NBMML) and the Nepean Blue Mountains Local Health District (NBMLHD) and other members of the community to work together to influence positive change in health outcomes for Aboriginal people locally.

The Nepean Blue Mountains Medicare Local was represented by:

Chief Executive Officer
Health Promotion and Prevention
Closing the Gap Program Staff

Nepean Blue Mountains Local Health District was represented by:

Primary Care and Community Health
NBMLHD Aboriginal Health Unit
Aged Care Assessment Team

Other organisations represented:

Aboriginal Maternal Child and Family Health Service
GP Liaison Officer for Penrith LGA
Nepean Hospital
48 hour call up
Aboriginal Community Health Worker Penrith Council
Social Worker Cranebrook
Aboriginal Liaison Officer Nepean Hospital women and children
Aboriginal Liaison consultant LHD
Gilgai HACC service
Northcott Springwood
Mt Druitt TAFE
Wangary Aboriginal Home Care and Support
Aboriginal Liaison Officer Nepean Hospital

Community members

Aims and Process

Background to the consultation and engagement

The Nepean Blue Mountains Medicare Local and Local Health District share the same geographical boundaries. This includes the LGAs of Blue Mountains, Hawkesbury, Lithgow and Penrith. The two organisations have therefore undertaken joint planning. As part of the joint planning it was agreed for the NBMML to lead the work on consulting with the Aboriginal community on their health needs and required governance structures to facilitate continual engagement with the Lithgow Aboriginal community for health service improvements. The NBMML engaged Clarke Scott and Dr Sarah Redshaw to conduct and document sharing and leaning circles in Lithgow, Hawkesbury and Penrith. The first sharing and learning circle was successfully undertaken jointly in the Blue Mountains in 2008 and followed up in 2014.

In addition, the Sharing and Learning Circle provided the opportunity for reflection on progress in working to improve the health and wellbeing of the Aboriginal community since 2010 at which time the NBM Local Health District undertook consultation with the Lithgow Aboriginal community to identify issues.

Aims of the consultation and engagement

To meet with the Elders, Aboriginal organisations and the Aboriginal communities of the Penrith, Hawkesbury, Lithgow and Blue Mountains Local Government areas to:

- identify local Aboriginal health issues
- discuss current health service provision for the Aboriginal communities
- discuss current specific Aboriginal health programs
- discuss the current Aboriginal consultative structures that work with the Aboriginal communities of each of the LGAs
- discuss possible consultative and governance structures and how they may be organised to ensure Aboriginal community engagement with the Nepean-Blue Mountains Medicare Local and the Nepean-Blue Mountains Local Health District.

Process

The Aboriginal Sharing and Learning Circle format allows each participant to speak, listen and exchange ideas.

In planning the provision of services to a community, or to improve and redesign services it is imperative that the community themselves are involved and have a voice. The Aboriginal Community have a distinct voice that needs to be recognised within the specific geography of Penrith area. The sharing and learning circle, an Aboriginal oral tradition for sharing information and stories, was considered to be the culturally appropriate format for engaging the community.

The sharing circle is a traditional Aboriginal custom and is designed so that, where possible, no one has their back to another and everyone is equal, that all opinions are respected and all stories valued. It allows all participants to speak, listen and exchange ideas. It provides a culturally safe space to talk and gives diverse voices opportunity to speak. The learning circle is a mechanism for organising and honouring the collective wisdom of the group.

Penrith Aboriginal and Torres Strait Islander People

The original inhabitants of the Penrith area are the Darug Nation. Those who identify as Aboriginal and Torres Strait Island people represented 3.1% of the Penrith area population at 5,388 in 2011. (http://profile.id.com.au/penrith/indigenous-keystatistics, ABS Census of Population and Housing 2011). The median age of Aboriginal people in the Penrith area is 21 years compared to 34 years for non-Indigenous people, 34% were children aged 0 to 14 years and 8.1% were people aged 65 years and over.

There are 2,382 indigenous households reported in the Penrith area including 263 lone person households (representing 11.1% of households). This compared to 18.6% of lone person households in the Penrith population overall. A higher proportion of Aboriginal households in Penrith were single parent households (29.5%) compared to 14.3% of all households.

Of dwellings occupied by Aboriginal and Torres Strait Islander people in the Penrith area, 11.6% were owned outright. 36.3% were owned with a mortgage compared with 42% for the Penrith population as a whole. 48.6% were rented compared to 26% for the total Penrith population. The average household size was 3.3 persons compared to 2 persons for non-Indigenous people (most dominant size).

http://profile.id.com.au/penrith/household-size

Table 1 shows the population distribution of Aboriginal people across the Penrith LGA. The areas with the highest populations of Aboriginal people are Cranebrook, St Clair and Penrith. The proportion of Aboriginal people in the Penrith area is 3.1%, exceeding the population average for NSW and Australia of 2.5%.

Table 1: Penrith Aboriginal population from ABS 2011 census

Area	Number	Total Population	Percent %
Berkshire Park	132	1,695	7.8
Cambridge Park	317	6,222	5.1
Castlereagh - Agnes Banks	23	1,454	1.6
Claremont Meadows	80	4,132	1.9
Colyton	310	7,874	3.9
Cranebrook	612	14,666	4.2
Emu Heights	79	3,337	2.4
Emu Plains	254	8,074	3.1
Erskine Park	123	6,610	1.9
Glenmore Park	333	19,887	1.7
Jamisontown	103	5,243	2.0
Kingswood	317	9,586	3.3
Leonay	43	2,382	1.8
Llandilo	39	1,560	2.5
Londonderry	135	3,768	3.6
Luddenham - Wallacia	30	1,875	1.6
Mount Vernon - Kemps Creek - Badgerys Creek	8	1,647	0.5
Mulgoa	33	1,941	1.7
North St Marys	218	3,687	5.9
Orchard Hills	28	1,909	1.5
Oxley Park	74	2,662	2.8
Penrith	482	11,972	4.0
Regentville	14	764	1.9
South Penrith	316	11,488	2.8
St Clair	505	19,696	2.6
St Marys	438	11,260	3.9
Werrington	164	3,857	4.3
Werrington Downs - Werrington County - Cambridge Gardens	266	8,792	3.0
Penrith City	5,445	177,984	3.1
Greater Sydney	55,219	4,378,473	1.3
WSROC	24,636	1,504,718	1.6
New South Wales	**172,321**	**6,896,776**	**2.5**
Australia	**548,128**	**21,504,278**	**2.5**

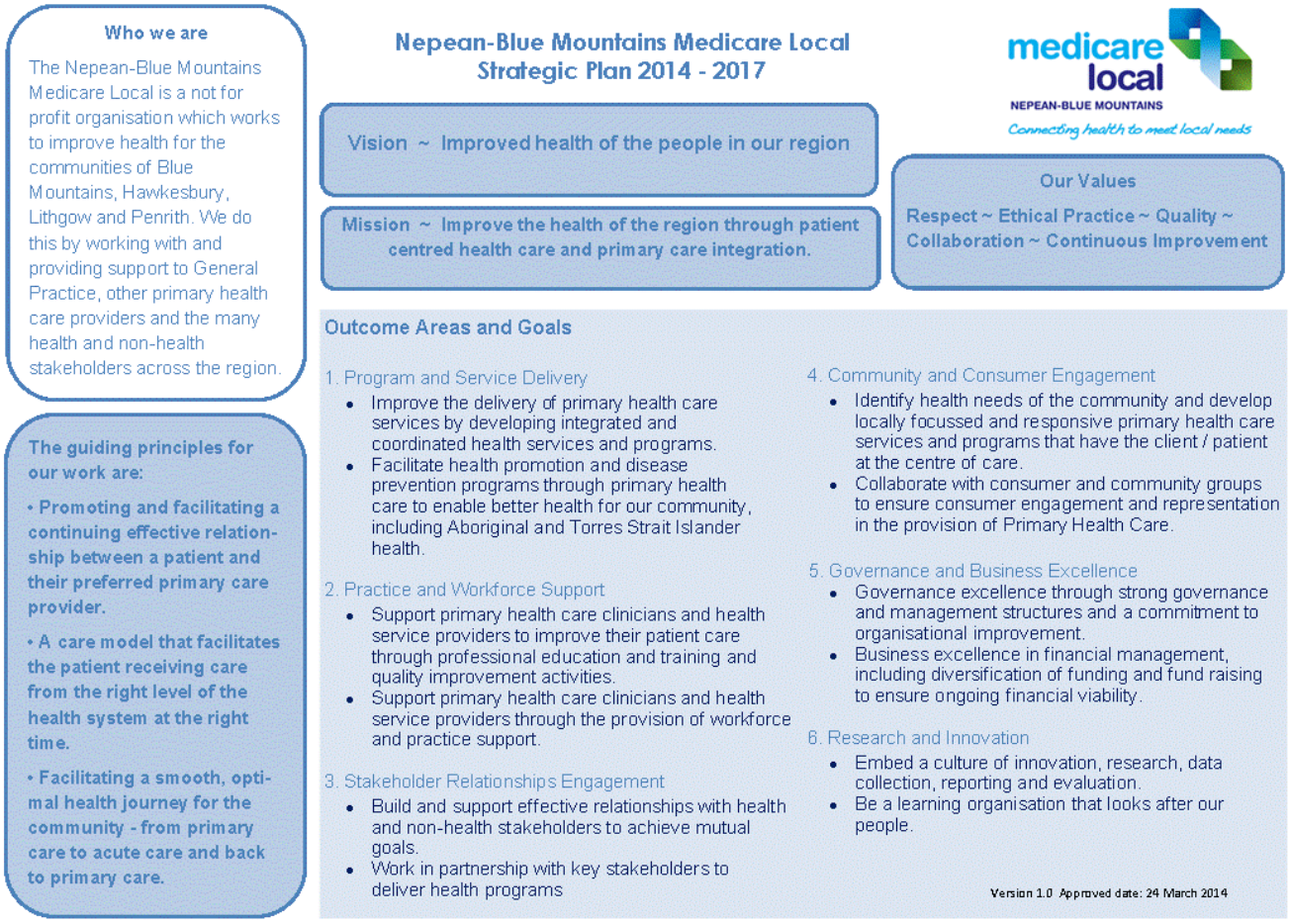
http://atlas.id.com.au/penrith#MapNo=10020&SexKey=3&datatype=1&themtype=1&topicAlias=aboriginal-torres-strait-islander&year=2011

Report Sponsors

Nepean Blue Mountains Medicare Local

Medicare Local Strategic Business Plan, 2014 –2017

The figure below outlines the Vision and Strategic Plan for the Nepean-Blue Mountains Medicare Local 2014-2017.



The NBMML implements three main Aboriginal Health programs. These are:

1. The Care Coordination Supplementary Services Program (CCSS Program)

The Care Coordination Supplementary Services Program supports Aboriginal and Torres Strait Islander clients with chronic disease through provision of Care Coordinators to assist clients to follow the care plan they have developed with their GP. This includes assistance with access to specialist, GP and Allied Health Services and financial support when this is a barrier to access the care or purchase the equipment or medications they need. The NBMML employs approximately 3.5 FTE Care Coordinators to deliver this program across the Blue Mountains, Hawkesbury, Lithgow and Penrith LGAs.

2. Closing the Gap Program (CTG) – Improving Indigenous Access to Mainstream Primary Care

This program has two streams:

a. **Improve access** by addressing barriers to the use of mainstream primary care by Aboriginal and Torres Strait Islander. This includes working with providers to delivery more culturally appropriate services and educating providers on the relevant Closing the Gap measures

b. **Provide practical assistance** to Aboriginal and Torres Strait Islander peoples to attend medical appointments, access cheaper medicines and understand CTG measures e.g. benefits of having a health check.

The NBMML employs two (1.6 FTE) Aboriginal Program Officers and 2.8 FTE Aboriginal Outreach workers to deliver this program across the Blue Mountains, Hawkesbury, Lithgow and Penrith LGAs.

3. The Blue Mountains Healthy for Life Program (HFL)

The Blue Mountains Healthy for Life Program supports Aboriginal and Torres Strait Islander people by: Building a rapport and trust within the family; assessing health status and needs; providing a link to health professionals, doctors or specialists within mainstream services; and arranging regular health checks and transport to health appointments. There is a focus on mums, babies and kids' health and wellbeing; men's health; chronic and complex conditions and aged care.

The HFL team is made up of two registered nurses (1.6FTE), a male and female Aboriginal Outreach Worker (1.8FTE), an Aboriginal child and family worker, a part time Healthy for Life practice/project support officer and a program manager. This program operates in the Blue Mountains region only.

The Sharing and Learning Circle consultations undertaken by the NBMML in conjunction with the NBMLHD in 2014/15 form part of the organisation's commitment to ensure the Aboriginal and Torres Strait Islander community has a voice into the work of the NBMML.

Nepean Blue Mountains Local Health District

Nepean Blue Mountains Local Health District Strategic Plan 2012-2017

Nepean Blue Mountains Local Health District (NBMLHD) is one of nineteen Local Health Districts and Specialist Health Networks in NSW. NBMLHD is responsible for providing primary, secondary and tertiary level health care for people living in the Blue Mountains, Penrith, Lithgow and Penrith local government areas (LGAs) and tertiary care to residents of the Greater Western Region. Public health services in Penrith LGA are delivered under contract by Penrith District Health Service (Penrith Hospital and Penrith Community Health Service). The NBMLHD covers an area of approximately 9,000 square kilometres from Portland in the west to St Marys in the east. The District is diverse with a mix of metropolitan, regional and rural areas.

The vision of the Nepean Blue Mountains Local Health District is:

Together, Achieving Better Health

Nepean Blue Mountains Local Health District will drive innovation and excellence in health service delivery that provides safe, equitable, high quality, accessible, timely and efficient services that are responsive to the needs of patients and the community.

Nepean Blue Mountains Local Health District works within the context of the organisational goals of:

- Improving population health (inequalities and localities)
- Enhancing the patient experience (clinical quality, access and safety)
- Living within our means (service and financial performance).

Health services are provided across the Nepean Blue Mountains Local Health District (NBMLHD) from a range of facilities and include acute and sub-acute inpatient services, that are supported by outpatient and outreach services and community based health services. The NBMLHD provides health services for people living in the Blue Mountains, Hawkesbury, Lithgow and Penrith local government areas (LGAs) and tertiary care to residents of the Greater Western Region.

Hospital services in the NBMLHD range from providing tertiary level care, at Nepean Hospital, through to district level care, at Blue Mountains District ANZAC Memorial, Lithgow and Hawkesbury Hospitals, and sub and non-acute inpatient care at Springwood Hospital and Portland Tabulam Health Centre.

To support acute inpatient based care, community based health services (Community Health, Mental Health, Drug and Alcohol and Oral Health) are collocated and delivered from several Community Health Centres located throughout the NBMLHD.

Population Health services including Health Promotion, Public Health, Breast Screening, HIV and related programs, Aboriginal Health and Multicultural Health also provide services and programs across the NBMLHD.

Relationships are in place to support the delivery of health care through a networked arrangement of health services and facilities across the NBMLHD.

Nepean Hospital

Nepean Hospital is the principal referral hospital for the NBMLHD and is a teaching hospital of the University of Sydney and the University of Western Sydney. Nepean Hospital is situated in Kingswood, within the Penrith Local Government Area.

Nepean Hospital provides high-level inpatient and outpatient care. Inpatient services at Nepean Hospital generally have the capacity to manage high complexity patients who require specialist care. Services provided include Emergency, Critical Care, Acute Medicine, Comprehensive Cancer Centre, Cardiology, Respiratory Medicine, Renal Medicine, Neurosciences, Oncology, Gastroenterology, other Medical Subspecialties, Planned and Emergency Surgery, Ambulatory Procedures Centre, Endoscopy, Obstetrics and Gynaecology, Perinatal, Neonatal, Paediatric Medicine and minor surgery, Mental Health (gazetted), Aged Care, Rehabilitation services, Palliative Care, Drug and Alcohol and a broad range of specialist outpatient clinics and services including Pain Management. Nepean Hospital also has a role in the provision of Trauma services.

Community Based Services

NBMLHD provides community based health services in the following service streams:

- Primary Care and Community Health
- Mental Health
- Drug and Alcohol services
- Oral Health services.

Other NBMLHD community based health services include Satellite Renal Dialysis Service, based at Governor Phillip campus in Penrith.

Community based health services in the NBMLHD are integral to the functioning and sustainability of hospital based acute and sub-acute services. These services have an integral role in supporting current and evolving models of care including early discharge and home based coordinated and integrated care.

The preferred model of care is collocation of community based health services within local Community Health Centres. Oral Health services are also co-located in selected community health facilities or hospitals (Nepean Hospital and Blue Mountains ANZAC District Memorial Hospital).

Links with General Practice and the NBM Medicare Local are critical and central to the service provision model for community based health services.

Community Health Centres are located throughout the NBMLHD. In the Penrith LGA these include Penrith, Cranebrook, St Marys and St Clair Community Health Centres.

Primary Care and Community Health

Primary Care and Community Health provides a range of community based prevention, early intervention, clinical care coordination, maintenance and rehabilitative support services through a multidisciplinary approach. Services are provided in the community either through home visiting or centre based services throughout the Local Health District. The streams in Primary Care and Community Health are:

- Child and Family Health which focuses on disease prevention, health promotion, early detection, intervention and treatment of health problems in a multidisciplinary context for new babies, children and their families
- Complex, Aged and Chronic Care services focus on people with multiple risk factors for chronic disease, wound care. The service collaborates with NBMLHD hospitals to minimise and prevent readmission of clients to hospitals or premature admission to a nursing home, improve and maintain client functioning in the home and promote self-management of chronic illness in line with Ministry of Health Directives
- Integrated Violence Prevention and Response Services (IVPRS) provide a co-ordinated approach to violence prevention and a clinical response across the LHD for sexual assault, child protection, domestic and family violence and victims of crime.

The Aboriginal and Maternal and Infant Health Service is located at Cranebrook Community Health Centre. The focus of this service is to provide antenatal and post Natal care for Aboriginal pregnant women or non-Aboriginal pregnant women who are expecting an Aboriginal baby. Care is provided until the baby is 6 weeks old, then care is provided by the Building Strong Foundation Program.

Building Strong Foundations Program is located at Cranebrook Community Health Centre. The focus of this program is to work with Aboriginal families with children up until the age of 8. The program is to assist families to have children prepared for school.

Mental Health Services

Mental Health Services comprise inpatient and community based services covering the full spectrum of care from prevention and early intervention to recovery, across the age span from children to adolescents, adults and older people. Services are delivered from facilities across the NBMLHD. This section focuses on the community based mental health services provided in the NBMLHD and initiatives aimed at promoting mental health, preventing mental illness and early intervention of mental illness. Community based mental health services have a high level of integration with other community based health services and inpatient mental health services.

Community mental health provides services to people living in the community, including residential aged care facilities and other residential facilities. Services are provided through the following streams:

- Acute Access Teams
- Child and Youth Mental Health Service (CYMHS)
- Adult Community Mental Health Services
- Specialist Mental Health Services for Older People Services (SMHSOP).

Drug and Alcohol Services

The Drug and Alcohol Service in the NBMLHD provides care in the management of alcohol and drug problems for individuals, families and community organisations. The priorities of the service are to provide equitable services to all members of the community including marginalised groups, and provide access to all levels of service from population based strategies designed to prevent substance abuse in the first instance, to outpatient individual

and group programs and inpatient detoxification services to help those with severe dependence issues.

The Drug and Alcohol Service provides inpatients and outpatient detoxification treatment, opioid treatment services, hepatitis C screening and treatment, alcohol clinic, specialist psychology services, community counselling, Magistrates Early Referral Into Treatment (MERIT) Program, Adult Drug Court, adolescent services, drug use in pregnancy services, child and family health services and population health services.

Oral Health Services

Oral Health services are provided to the eligible population in the NBMLHD according to the *NSW Policy Directive PD2009_074, Oral Health - Eligibility of Persons for Public Oral Health Care in NSW*. Oral Health services are located at Nepean Hospital and other centres throughout the District. General and acute dental services are delivered to the eligible adult and child population throughout the NBMLHD.

Population and Public Health Services

Population health services in the NBMLHD aim for 'Better health for all and better population health services'[1]. A range of services in the NBMLHD deliver policies and programs that aim to prevent disease and illness, promote early detection and intervention of illness, promote and protect the health and wellbeing of the population and also provide services in the community to the population of the NBMLHD.

The range of services in the NBMLHD that focus on population health and providing community based services have specific and complementary roles in coordinating strategic directions, service and program planning, delivery and implementation and monitoring and evaluation. These services have critical roles in promoting and protecting the health of the population and supporting the health and health care delivery to vulnerable families, older people, Aboriginal populations, culturally and linguistically diverse populations and disadvantaged populations. These services include:

- Aboriginal Health
- Health Promotion Unit
- HIV and Related Programs (HARP)
- Mammographic Screening
- Multicultural Health
- Public Health.

In terms of Aboriginal health services, these services include the Mootang Tarimi Screening and Assessment Outreach Service and Aboriginal Immunisation Officer.

[1] Vision outlined in *Population Health Priorities for NSW 2012-2017*, Population and Public Health Division, NSW Ministry of Health, 2012

Aboriginal Health Unit

The primary function of the NBMLHD Aboriginal Health Unit (AHU) is to work across the NBMLHD and with other services operating in the NBMLHD to improve access for Aboriginal people to health services.

Governance structures are in place within NBMLHD to provide strategic direction and support for continuing to enhance access to health services for Aboriginal people across the LHD. Governance structures are also in place for staff and their managers who manage Aboriginal health programs across the LHD.

There is a commitment to the development of a set of performance indicators for Aboriginal Health for services to report across the NBMLHD.

The functions of the Aboriginal Health Unit include:

- Providing evidence-based policy advice and leadership to improve health and well-being outcomes for Aboriginal people.
- Providing program management (planning, implementation, reporting and evaluation).
- Developing and maintaining strategic regional and local partnerships with key government and non-government organisations including UWS, Nepean Blue Mountains Medicare Local, AMS Western Sydney Co-op Ltd, Koolyangarra Aboriginal Child and Family Centre and Muru Mittigar Aboriginal Cultural Education Centre.
- Delivering the Mootang Tarimi Outreach Screening and Assessment Outreach Service across NBM and WS LHDs.
- The focus of the Mootang Tarimi Outreach Screening and Assessment service is to provide a screening and assessment service to the Aboriginal community in locations that are accessible, culturally appropriate, and sensitive to the needs of Aboriginal people. The service screens for marker for diabetes, kidney disease, and heart disease. After screening patients are followed up to ensure that they have attended relevant appointments. Supporting the service delivery of key state programs such as Aboriginal Maternal and Infant Health Strategy (AMIHS), Building Strong Foundations (BSF) and the Aboriginal Chronic Disease Management Program.

Cultural Safety

The objective of the sharing and learning circles is to draw in community voices to improve Aboriginal health and to move towards cultural safety within health and other services.

The 'safety' in cultural safety refers to a standard that must be met in health care development and delivery. Anything less than this standard is considered culturally unsafe (Polaschek 1998). The concept introduces a different way of looking at the inequalities that lie embedded in the health care system. Importantly, it seeks to challenge health professionals and health systems to critically examine the way they view Indigenous health and how they engage with Indigenous peoples.

Put simply, where the old standards stated that people be nursed regardless of colour or creed, cultural safety advocates that people be nursed regardful of those things that make them culturally distinct or different (Papps and Ramsden 1996:493). Cultural safety, it is argued can increase the likelihood of positive outcomes in relation to patients' health because it identifies the information that is important and endeavours to deliver it in a way that it will be understood (Larson et al 1996). In addition, cultural safety has the potential to not only empower the client but also the health practitioner (Richardson and Williams 2007). Bin Sallik (2003) sees cultural safety as extending beyond cultural sensitivity and cultural awareness in that it empowers the clients to contribute to the achievement of positive outcomes. It is perhaps this emancipatory aspect of cultural safety that can contribute most to self-determination.

Communities must and will certainly have a role to play. Coffin (2007) believes that cultural awareness in the health system alone, will not achieve better delivery or outcomes and that health services need to include community opinions in choosing the directions they take. Coffin adds that communities in turn must be clear on what they want from the service providers and the health care system. While much has been written about cultural safety from the viewpoint of power relationships between health care professionals and patients, it is invariably the institutions (hospitals, government departments, schools etc.) which need to adhere to the cultural safety formula in order to 'effect cultural change in the design and delivery of policy' (Brascoupe and Waters 2009).

From *National Aboriginal and Torres Strait Islander Health Worker Association* Cultural Safety Forum, Adelaide, 7-8 May 2013 Information booklet: Creating Cultural Safety in Health Workplace Environments for Aboriginal and Torres Strait Islander Health Workers, pp.13-14.

Penrith Aboriginal Sharing & Learning Circle 2014

Agenda Penrith Aboriginal Sharing and Learning Circle 2014

18 November 2014 Facilitator: Clarke Scott

Room set up – chairs in large circle with three or four tables around the side of the room for materials and lunch.

Briefing for scribes for small groups – keep to the point, limit to one point each and clarification but no discussion of anyone's comments by scribe

9.00 – 9.15	Welcome to and acknowledgement of Country
9.15 – 9.30	Overview of the purpose of the day, privacy and confidentiality, photos and recording
9.30 – 9.40	Update of the impact and evidence of key initiatives – 5 mins each ▪ Nepean Blue Mountains Medicare Local– initiatives in the area – GP training – CEO Sheila Holcombe ▪ Nepean Blue Mountains Local Health District - review of initiatives across the local health services (Community Health, Mental Health, Aboriginal Health Unit, Inpatient) – Kym Scanlon, Director, Population Health
9.40 – 10.30	Large Group Discussion 1. Community view on achievements and continuing issues 2. Identification of areas for improvement 3. Top 5 priorities for future
10.30-10.45	Break
10.45 – 11.45	Small group discussion on top priorities. Purpose of the small group work: - How can you see these issues being addressed? - What is your preferred outcome around the priority issue? (forms the basis of Planning across the next period)
11.45-12.00	Surveys
12.00 – 12.30	Lunch
12.30	Sum up and Evaluation/survey of community perceptions of the process
1.00	Close

Penrith Aboriginal Community Sharing and Learning Circle 2014

The purpose of the circle was to establish a Sharing and Learning Circle and to voice the health needs and concerns of the local Aboriginal community. An invitation was extended to Aboriginal community members and organisations providing services to Aboriginal people in the Penrith area to participate in the initial sharing and learning circle. A poster was distributed through local networks by the NBM Medicare Local and the NBM Local Health District.

There were 49 people attending the initial sharing and learning circle on the 18 November 2014.

Table 1 shows the organisations represented at the circle and the number attending from each.

Organisations Represented	
NBM Medicare Local CEO and Staff	5
NBMLHD Executive	1
Community Health	2
ACAT	5
Aboriginal Health Unit	3
Community members	15
Aboriginal Maternal Child and Family Health Service	1
GP Liaison Officer for Penrith LGA	1
Nepean Hospital	1
48 hour follow-up	1
Aboriginal Community Health Worker Penrith Council	1
Social Worker Cranebrook	1
Aboriginal Liaison Officer Nepean Hospital women and children	1
Aboriginal Liaison consultant LHD	2
Gilgai HACC service	1
Northcott Springwood	3
Mt Druitt TAFE – also community	4
Wangary Aboriginal Home Care and Support	2
Aboriginal Liaison Officer Nepean Hospital	1
Other	1

Brief overviews from the services were given by Sheila Holcombe, CEO, Nepean-Blue Mountains Medicare Local, and Kym Scanlon, Director, Planning and Prevention Directorate, Nepean Blue Mountains Local Health District.

In the general discussion that followed a number of themes were identified.

These identified priorities were developed into short, medium and long term issues and strategies that were brought back to the community to discuss and approve at a further meeting.

Outcomes - Short Term

Immediate ISSUE	STRATEGY	BARRIER
Lack of adequate transport – many families do not have cars and live in areas where public transport is limited	Look at options for providing more comprehensive and coordinated transport across the area Link transport into all services Volunteer bus service Promotion of transport options After hours service Taxi vouchers – hospital and ED Flexibility with ACAT services and other guidelines	Services limited by resources and funding guidelines and criteria Community understanding of how services work Eligibility for services
Lack of community engagement and representation with health services	Community engagement through regular forums and formation of key group of community representatives	Availability of community members Finding different places in the area to hold forums - use community centres
Difficulty accessing Closing the Gap and Aboriginal health services	Ensure GPs have adequate amount of knowledge about CtG Encourage people to find out about it so they can ask for services Advertise in Koori mail, Koori radio Encourage people to get regular pharmacist as well as GP for continuity of care.	High turnover of staff – rolling set of info for the team to share Inconsistencies with completion and filling of scripts Transport Identification of CtG on prescriptions
GP training through Medicare Local	Ongoing engagement of Aboriginal workers to provide education to both GPs and their staff	Time for practices to participate

Outcomes - Medium Term

Medium term ISSUE	STRATEGY	BARRIER
Formation of structure for continuing community involvement and consultation	Work with local Aboriginal organisations and elders to promote an ongoing group to progress the needs of Aboriginal communities in the Penrith area. Support group to develop governance structure (eg Blue Mountains Coalition)	Different groups needing representation Level of commitment required Access to meeting places
Need for Aboriginal health workers in services **Aboriginal health workers to be well networked into community**	Look at opportunities to employ additional Aboriginal workers Supervision for Aboriginal workers Attendance at community events Local clinical and community supervision	Recognition of need Cultural awareness Cultural safety and support for Aboriginal workers Availability of workers
Waiting lists and waiting times in ED excessive – diabetics needing food and women to get home to children, unfriendly atmosphere **Nowhere to get CtG signed after hours – leave hospital late in day without CtG on prescriptions**	Community liaison in ED to update clients on waiting lists and times Ask people if they need food Need for 24 hr GP clinic in Penrith LGA – currently there is nowhere to get CtG signed after hours	People not understanding ramifications of leaving the hospital - could be a simple process of communication. Ask triage how long they have to wait No standard signification of CtG on prescriptions
Community health waiting lists – weeks, months **OT – months** **Speech pathology – 1 year wait** **Dental waiting list is excessive** **Access to counselors for mental health**	Systematic management to reduce list 4 weeks max Dentists within schools Aboriginal specific dental chair for Nepean hospital Review hospital waiting lists for dental – prioritise	Management of lists Availability of services Criteria for dental different than in other areas Dental requires health care card at hospital
Lack of specific Aboriginal health Services in Penrith area	Work with providers in the region to explore potential to provide Aboriginal specific services in the Penrith area Interagency approach required –	Service resources and recognition of Penrith Aboriginal community Links between services

	develop pathways Govt agencies – outreach NGOs outreach	Funding dependent – demonstrate need
Encourage Identification to justify numbers for funding of positions	Encourage identification at hospitals, GP practices etc	Discrimination
Mootang Tarimi Aboriginal Health Screening and Assessment Service	Establish regular times and places for bus to be available Ensure accessible across Penrith	Engagement and organisation with community – how to inform
Non-elective surgery – no communication or explanation – no trust – causing frustration	Communication about waiting lists and cancellations	
Lack of Aboriginal mental health workers – issues not being addressed – increasing numbers accessing services but service unable to support	Break down 'shame' – through services and specific programs Suicide prevention programs Men's groups to deal with mental health and disability Community input/consultation Trainee and female Aboriginal workers Referral system through GPs	Stigma and lack of awareness Falls under AMS – services not offered in Penrith area Workforce issues – unable to roll out programs due to lack of staff
Lack of awareness of disability services	Promote in Koori mail and health forums Breakdown stigma of disability Forums to promote services	People in the Aboriginal community not identifying as disabled Label attached to 'disability'
Local organisations' lack Aboriginal workers	Increase training and apprenticeships and designated positions Increase Aboriginal numbers in management Use identified roles to train staff and progress People in identified roles to progress into mainstream roles	Understanding of targeted versus identified positions Promotion around allied health jobs and potential career in health Recruitment processes Retaining workers

Lack of Aboriginal specific health services available in the area and criteria for accessing health services	Seek opportunities to offer Aboriginal health services/safe spaces in the Penrith area for groups to run and meeting place for provision of support and services	Ability to capture what is important about AMS to provide services Facilities for provision of services Staff

Outcomes - Long Term

Long term ISSUE	STRATEGY	BARRIER
Lack of access to and awareness of services, discrimination in mainstream services **Culturally appropriate and acceptable and accessible in Penrith area – near transport, disability friendly** **Gap in service for some men's groups – many services for disadvantaged men, maybe a gap in yarning**	Establishment of one-stop shop for Aboriginal people Identify suitable accessible location - transport and disability access and facilities like The Warehouse in Penrith. All agencies provide services at particular times each week or month - legal, housing, transport, health, Centrelink – interagency approach Information centre to link or provide information on a service with opportunity to expand Similar model to - outreach Summary booklet of services	Availability of facility close to transport Disability access and facilities Need for privacy – men's health Delay in accessing health care – men wait longer Need to ensure safety and privacy
Holistic approach to health • **Transport** • **Housing** • **Medical** • **Cultural/spiritual** • **Education** • **Employment**	Enhance recognition of needs in Penrith and communication between agencies	Being seen as a large number requiring services and a priority Identification process requiring people to return to country of origin - may never have been there
Penrith identified funding and services	Access to needs based services – visual, hearing, dental Lobby to have dental services accessible in Penrith	Service availability, waiting time and distance
Collective approach to lobbying for change	Joint planning committee with Aboriginal community members to work with NBMML and NBMLHD and present a united voice	Commitment Involvement of different areas and mobs
Transport	Clarify transport available to access health services Identify further need for transport Work with Penrith community transport services Develop public/private partnerships	Funding Provision by organisation – which to provide

Penrith Aboriginal Sharing and Learning Circle Identified Priorities

Small Groups

There were three distinct groups formed to discuss the priorities identified – a community group, an Aboriginal health workers group and service providers group. The points raised are outlined on the following pages.

Transport

Community Group	Aboriginal Health Workers group	Service Providers group
Fit into a category to utilise services – criteria ie. AMS – elder, client in pain - community – disabilities - mental health – don't fit into any category - drug and alcohol – transport issues	Volunteer bus service for Penrith	Flexibility around guidelines – aged, disabled
Transport often area based (problem going across areas)	Utilising services in Penrith (HCS)	Different types – public, health, aged, disability
Need transport linked into all services	Promotion and community awareness of transport options	Identify what transports are available then identify gaps – Aboriginal services Committee to identify transport
Increased transport after hours	Any after hours services	Transport structure change – possible new provider Busways?
Friendly taxis for families/elders - Utilise taxi services and vouchers - Not exploit vouchers – be accountable	Utilising cab charges – hospital, esp ED ALOs providing cab charges AHWs linking in with other hospital staff to access cab vouchers for people to get home	Mapping resources to make availability clear
Linked in to appropriate transport options	ACAT – flexibility with their services	Wongary transport – may not exist – 2015 July 1 funding
Knowing transport options	Increased workers and/or vehicles	Volunteer services – Church services Great Community Transport

Accessing Information

Community Group	Aboriginal Health Workers group	Service Providers group
Based on community needs		
Mobile unit – schedule of times and places – how to inform community		
Schools have days with interagencies present		
Community communication – newsletter		

One-Stop shop

Community Group	Aboriginal Health Workers group	Service Providers group
Culturally appropriate and acceptable and accessible in Penrith area – near transport, disability friendly	Outreach based in Penrith -Marrin Weejali type one-stop shop for Penrith Community space	Information centre to link or provide information on a service with opportunity to expand Similar mode to -Marrin Weejali outreach
Find out about services - network of services to refer to – directory	Aboriginal run programs	
Referral to other services	Conference and group facilities	
Legal, housing, transport, health, Centrelink – interagency approach - particular days, scheduled services	Social services Allied health GPs – education, specialists Family services Services that are local	Integrated services hub (Western Sydney) includes Penrith (Mt Druitt TAFE 29 Nov 2014) – linking services – consultation – FACS Hub to provide clinical care – allied health providers
Links to external services - not reinvent the wheel ie. building bridges – interagency approach – pathways	Men's and women's groups Youth services Women and children's groups – childcare Men's Health Men's Shed in Penrith (+ social support) Education and exercise groups DV support	Need for privacy – men's health Delay in accessing health care – men wait longer Gap in service for some men's groups – many service for disadvantaged men, maybe a gap in yarning group for Male Aboriginal workers Men's mental health in female dominated workplace Men's yarning groups – as

	Single Dad's groups advertised	important as women's groups
Non-judgemental services		
Volunteers – need people with knowledge of services and qualifications to refer	Govt agencies – outreach NGOs outreach	

AMS

Community Group	Aboriginal Health Workers group	Service Providers group
Drug and alcohol	Practical outreach – near Kmart Penrith – is AMS still planning this?	Drug and Alcohol
Transport – getting there – need local services in Penrith – close to station	Encourage mainstream services to make Aboriginal health their business	
Trouble being accepted – difficulty with access	More prevention around drugs and alcohol	Aboriginal run programs
Proving Aboriginality	Need to increase uptake of existing services – eg. continuous issues	Services that are local
Need to make complaint outside of AMS	Embarrassment around bladder issues – shame	
Blond hair blue eyed wife and sons turned down for service even though had been there before with father and son who look more Aboriginal	More outreach service for drug and alcohol in Penrith area – AA NA ECT PCYC – drug and alcohol for youth Community programs for young people	
Need to increase the understanding of reception staff re Aboriginality definition	Transport from Marrin – Weejali for Penrith community	

Dental

Community Group	Aboriginal Health Workers group	Service Providers group
Dental requires health care card at hospital	Prompt phone service	Discuss with Albert about chart for Aboriginal clients
Mentally draining waiting for months	Dentists within schools	State wide initiative to increase dental program

Dental big issue for Aboriginal people	Review hospital waiting lists – prioritise	Individualised funding for dental – specialist service
Different criteria in other areas	An Aboriginal specific chair for Nepean hospital	Dental chair available in other services

Mental Health

Community Group	Aboriginal Health Workers group	Service Providers group
Falls under AMS	Breaking down 'shame' – through services and specific programs	Men's groups to deal with mental health and disability
Community input/consultation	Increase Aboriginal workforce	
Mental health issues not being addressed	Suicide prevention programs	

Workforce

Community Group	Aboriginal Health Workers group	Service Providers group
Aboriginal workers	We need more AHWs across all specialties	Drug and Alcohol, mental health, palliative care – career care
Quotas – claims workers are there but don't want to identify	Increased staff training and apprenticeships	Dept to use own funding for targeted position
Increase training and designated Aboriginal jobs	Increasing the job filling process	More understanding around targeted versus identified positions
Support for workers– get together	Increase people in Aboriginal management roles	Promotion around allied health jobs and potential career in health
	Mental health * workers	People in identified roles to move into mainstream roles – progression into mainstream
	Cultural support for AHWs	Use identified roles to train staff and progress
	Appropriate study leave for courses	Look at Recruitment process – retaining workers as well
		Respecting the differences

Access to Closing the Gap

Community Group	Aboriginal Health Workers group	Service Providers group
How does information get out to people? – through Medicare Local, community events, website	All GPs should have adequate amount of knowledge about CtG	Working with the whole practice – GP team training
Encourage people to find out about it so they can ask for services	Educating reception staff and nurses about CtG – communication within the practice	Multi way of obtaining information
	Registering for CtG at end of high school	High turnover of staff – rolling set of info share for the team (6 p team)
Pharmacy – won't accept scripts if written on but some doctors can only write on them.	Educating children about CtG	Raise community awareness
Lack of understanding of why cannot be accessed through some doctors – use Koori mail to explain services		Advertise in Koori mail, Koori radio
		Networks and strategies
Get regular pharmacist as well as GP – continuity of care.		Consistency around filling script (less stress) – some chemist free script
List of GPs – rang CtG and asked for local doctors		More medical adverts in local paper
Local GPs – Closing the Gap – didn't know about it, found out how to go about it. Problematic to find out what you are entitled to. Admin don't know anything about it. you've got to ask the doctor.		Good news story about family – health management CTG
Specialist cover under CtG – CCSS program – five chronic conditions and appropriate paperwork – some things can be funded under that Diabetes – endocrinologist expensive Hearing specialists – not on list for chronic care – 6 month old – specialist $200+ then surgery – records changed over to AMS – new assessment – history of hearing loss for specialist – had to repeat with AMS		Other media than internet – face to face

Work with services that do cover issues and capacity for exceptional circumstances – dept of health approval		

Waiting lists

Community Group	Aboriginal Health Workers group	Service Providers group
Chronic diabetic waiting at hospital – had to get something to eat, no transport to get home and its getting later and later. Coming out of Nepean hospital at 1 or 2 am. (older woman)	Community liaison in ED to update clients on waiting lists and times	Community health waiting lists – weeks – months – 4 weeks max
	Visual displays of waiting lists	OT - months – Speech pathology – 1 year wait
Identification of Aboriginal people through emergency and why they don't stay – women getting home to their kids, not friendly, waiting very long time. Category 3,4,5 self-discharge	Secondary centres for less serious complaints	Waiting list - last minute bookings – systematic management to reduce list
	Need for 24 hr GP clinic in Penrith LGA – currently there is nowhere to get CtG singed after hours	Dental waiting list is excessive
People not understanding ramifications of leaving the hospital - could be a simple process of communication – asking people if they need food. Ask triage how long they have to wait	NBMML after hours service – can fast track hospital admission	Why are people not keeping appointments?
		Surgery getting cancelled last minute
		Communication around waiting lists and cancelations
Communication once admitted onto wards – people leaving hospital		Non-elective surgery – no communication or explanation – no trust – causing frustration

Disability

Community Group	Aboriginal Health Workers group	Service Providers group
	Utilise one-stop shop for people with disability	People in the Aboriginal community do not identify

		as disabled
	Disability services promoting their programs and other services	Label attached to ‘disability’

Penrith Aboriginal Sharing and Learning Circle Follow Up

17 March 2015

6 community members

7 LHD staff and community members

3 Medicare Local

3 NBMLHD

2 Consultants

Lizz Reay A/CEO, Medicare Local

Talked about the different needs in different groups and regions that need to be recognised.

Kym Scanlon Director, Planning and Prevention NBMLHD

Reiterated the LHD's desire to get service delivery right.

Clarke Scott went through the priorities with the group and these were discussed at length and adjusted accordingly. There was general agreement with the priorities though some were changed in order and/or wording.

Issues that were raised during discussion included:

- Data analysis and what is indicated about presentations to target what is showing up and accessed by services such as mental health on trends showing within mental health data for example. Aboriginal Health Unit receives reports from Population Health
- Evaluation of services for quality so that they can be improved using one or two questions. The Medicare Local noted that they collect annual feedback from clients and that it is important to consider literacy issues, feelings about making complaints and the need for conversations where information about experiences can be captured. The LHD talked about their iPad experience tracker that can be tailored to programs.
- Identification through ED is only asked at presentation and needs to be broached at other points. A report has been put together on emergency presentations.
- The need for additional Aboriginal workers.
- The presence of Aboriginal workers reminds hospital staff that the Aboriginal community is there and needs to be cared for in culturally appropriate way. The LHD noted that it is keen to raise the number of Aboriginal workers across the workforce and keen to promote the presence of Aboriginal workers. The first group of Koori kids exposed to health career possibilities has recently been taken through the hospital and exposed to the range of public health, allied and medical positions. This exposure gives them time to think about the pathway to becoming a doctor, speech pathologist or nurse. There will be a follow up with the kids who attended. A group was also taken through the Medicare Local and had a chance to talk with Aboriginal health workers.
- The lack of opportunity for current staff to move up or across their services was raised by a community member. There are smaller LHDs with more Aboriginal people employed and mechanisms to make pathways clear and opportunities to act up in more senior positions.

- There was some discussion about the AMS and unlikelihood that services could be offered in Penrith. The AMS has different boundaries to LHD and ML but Aboriginal people find it easier to access AMS services and have generational connections to the service. There are also more transport options with the AMS.

Other options were considered to identify what it is about the AMS that could potentially be offered by the LHD

- GPs being more culturally aware
- a mini AMS within the hospital – opportunity to reach out to the community and illustrate to other physicians how to reach out to the community
- the need for a safe place that people can connect with
- Aboriginal elder women – place to stop and have a sandwich, ask for a bit of support, go and talk to someone – there is nowhere for community to meet in this way in Penrith
- an intervention place where people's issues can be captured
- clinic half a day for Aboriginal people with access to specialists and allied health
- encourage people into the hospital system – have something on campus to start to overcome fears of Aboriginal people

At the moment Aboriginal people are only going to the hospital to die or have babies or for mental health and there is not much chance for staff to engage with the community. People are not coming to the hospital because of prejudice and historical racism that still exist.

In relation to oral health it was reported to the group that conversation with primary physician had taken place and he was taking it up with the department

Cultural safety in the workplace was discussed and it was considered that flags and paintings offer acknowledgement of the Aboriginal community that are welcoming

In dealing with waiting times in ED and the problem of people leaving before they are seen two possibilities were considered:

1. to explain triage categories to people who are waiting

2. let people know about GP services after hours

There is a GP clinic in Penrith that is open to midnight. It is not intended to replace normal GP but to provide urgent services and does not provide CtG.

There is a problem with prescriptions when people are discharged from the hospital late in the day is that there may be no CtG written on prescriptions and person may not have a health care card.

A solution may be a 24 hr GP clinic or prescription/discharge slip from the hospital.

The ongoing issue with Closing the Gap prescriptions being refused by pharmacies out of the area was raised and links in with how CtG entitlements are indicated on prescriptions. A community member asked whether CtG could be noted on medicare cards. This would be an issue for the Commonwealth government.

There is a Nepean Koori Interagency for Aboriginal workers/service providers - - that meets regularly and people can put their names on a list to receive information about meetings. The meetings are held at Koolyangara Iin Cranebrook.

SRAC – men's groups and women's groups – provide activities and have all female staff

Men's groups – there have been issues with services coming to provide information around confidentiality and privacy, mismanagement of information. A safe environment is needed for a chat or mini assessment that is not near gambling establishments and that can address well being in a semi formal, semi clinical environment. The risks of bringing men together were noted such as pedophiles and people turning up intoxicated.

Wangary Transport highlighted their Community transport – can be offered with 24 hrs notice. Wangary is unsure who they will be funded by or if they will be funded after June 2015. This will effect elders getting to dialysis and young people getting to groups and so on.

Trish Heal- from the Aboriginal Health Unit ended the discussion by asking for three priority areas to be identified to give some direction to moving forward. The engagement committee would develop an action plan based on the priorities identified.

Work will be ongoing on identifying individuals to be on a committee to represent the health needs of the Aboriginal community

Increasing the Aboriginal workforce in the LHD is being looked at and existing positions being filled.

Issues about oral health are already being pursued and this will continue

The three priority issues identified were:

1. Transport

2. Community forums quarterly as part of one stop shop – safe space

3. Mental health – workforce issues

Evaluation Summaries

Sharing and Learning Circle Penrith 18 November 2014 Evaluation

In total 34 evaluations were completed, 16 by service providers, nine by community members and seven who were both service providers and community members.

18 Nov 2014

Evaluation question	Yes	No	Not sure
1. Was the Sharing and Learning Circle today informative?	32	1	0
2. Did the sharing and learning circle today enable you to express your concerns about Aboriginal health?	30	3	0
3. Did you feel your concerns were sufficiently listened to and noted today?	26	0	0
4. Was the day run in a satisfactory way for you today?	29	1	0

1. Was the Sharing and Learning Circle today informative?

There were 14 positive comments noting the opportunity to 'get different perspectives', to learn about 'other services working with Aboriginal people' and 'from community workers and Aboriginal people about issues needed to be addressed to Closing the Gap', and 'to hear the issues raised, especially around transport, access to specialist services'.

One person commented:

It was fantastic to be around the circle in this forum, thank you.

Two other comments were:

Heard it all before

Need to stay with agenda – missed planned morning break time

2. Did the sharing and learning circle today enable you to express your concerns about Aboriginal health?

Seven comments were positive and included 'concerns were taken in and not judged', that it was an 'open forum' and a 'safe space'. Others noted that they were there to 'hear and learn what the issues were and hope to be 'part of the solution' too.

Other comments included:

Aboriginality is the most important thing on the agenda if that isn't recognised [what's the fallout]?

Some concerns only

3. Did you feel your concerns were sufficiently listened to and noted today?

Six made very positive comments noting that it was ‘very respectful’, ‘very inclusive process’, and that they ‘felt heard’. Other comments included ‘to some degree’, ‘mostly had positive feedback’, ‘good’ and ‘somewhat’. One commented, ‘Again!’ which seemed to be an expression of frustration that these things had all been said before. There was one comment relating to the time being rushed and the desire for ‘more discussion time in future’.

4. Was the day run in a satisfactory way for you today?

Four commented on the ‘great venue, food, parking and light’, the ‘mad feed, good people and info’ and ‘very interesting stories and people’. One asked: ‘Next time provide food for dietary requirements.’

Six made very positive comments including ‘great group of people’, ‘good information’ and the following:

Very low key, welcoming

The day was very well planned and very informative – need more!

Absolutely – so professional. Clarke’s a great facilitator, thanks Clarke

Thanks Clarke and staff

It was also noted:

We need to have these days every 3 months at least to keep the community involved

I suppose there is an agenda but I’m not sure what it is. I hope I’m wrong.

There were six comments related to the agenda and time management:

A little bit more focus on staying on schedule

I felt it was a bit rushed

But would have been good to start on time that’s all.

Started a bit late

More breaks. Sitting too long hard to hear sometimes

Very rushed at end

Sharing and Learning Circle Follow Up Penrith 17 March 2015 Evaluation

A total of 21 participated in the Penrith Sharing and Leaning circle. This included 4 Community Members, 11 Aboriginal Workers that reside in area and 6 non Aboriginal service providers. Of those attending the event we received 16 evaluations. Evaluation results are below.

Service Providers: 4 Community member: 4 Both: 8

Evaluation question	Yes	No	No response
1. Was the Sharing and Learning Circle today informative?	15	0	1
2. Did the sharing and learning circle today enable you to express your concerns about Aboriginal health?	15	0	1
3. Did you feel your concerns were sufficiently listened to and noted today?	14	0	2
4. Was the day run in a satisfactory way for you today?	14	0	2

Comments

1. Was the Sharing and Learning Circle today informative?

- Understand service gaps
- Today was interesting, I was free to talk & express my view
- Very interesting

2. Did the sharing and learning circle today enable you to express your concerns about Aboriginal health?

- We could definitely express our concerns but I think more executives here & listen
- Yes it was a comfortable place to share
- But not for quieter people
- Was open for discussion and input to services

3. Did you feel your concerns were sufficiently listened to and noted today?

- By relevant stakeholders and senior staff
- Yes thank you

4. Was the day run in a satisfactory way for you today?

- No it was good
- Could have been larger and suggested action list
- It would be good if we could have more men's groups and an AMS rep
- Good to have community input

Conclusion

This was the first Sharing and Learning Circle for the Penrith area and a follow up meeting was requested by community members to be held in the next month.

One of the most important issues in the area is transport, with many community members not having access to cars or public transport. Accessible transport is clearly a high need for addressing health issues to enable access to doctors, specialists and clinics. Criteria for accessing different transport options can be confusing and need to be reviewed.

A major issue being faced by the Penrith Aboriginal community was discrimination being experienced in some General Practices and at a number of pharmacies in the area. The experiences highlighted in the learning circle centered on community members being denied access to Closing the Gap entitlements based on an assessment by staff (both lay and professional), that was not welcoming. Clearly more needs to be done to address this and to reinforce the right of community members' access to Closing the Gap entitlements. Strategies to address these examples of discrimination through the relevant professional and peak bodies require investigation and action by the Medicare Local and the Local Health District to ensure that this situation does not continue. The problem of discrimination by pharmacists extends beyond the Penrith area and needs to be addressed on a broader level.

Penrith community members outlined the need for Aboriginal specific services, particularly dental, drug and alcohol and mental health services. It is also important that there are Aboriginal health workers as part of clinical teams to facilitate this process. It is hoped that this report and the efforts of those who spoke at the Sharing and Learning Circle will bring about some actions for Aboriginal communities in the Penrith area and that community governance will be supported to ensure the health needs of Aboriginal people are being addressed more appropriately and effectively in the future.

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Appendix 1

Sharing and Learning Circle 2014 Flyer

NSW GOVERNMENT Health
Nepean Blue Mountains
Local Health District

medicare local
NEPEAN-BLUE MOUNTAINS
Connecting health to meet local needs

Penrith Aboriginal Community Sharing and Learning Circle

Sponsored and organised by
Nepean Blue Mountains Local Health District and
Nepean-Blue Mountains Medicare Local (NBMML)

Have your say!

We would like to invite **local Aboriginal residents and organisations that provide services to the Aboriginal Community** to attend and participate in this important event, which will **consider many of the health issues and challenges confronting the Aboriginal Community**.

When: Tuesday 18 November 2014
Where: Penrith Quarterdeck Function Centre, Station St, Penrith (beside Penrith Pool)
Time: 9am-1pm, (registration at 8.30am)

FREE EVENT
Lunch will be provided

To register: Please ring Julie Rigelsford (NBMML) on 4708 8139 to register for catering purposes and if you have any transport issues **by 14 November 2014**

For general enquiries contact:
Clarke Scott – Facilitator on 0432 031 921

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A joint initiative from Nepean-Blue Mountains Medicare Local and Nepean Blue Mountains Local Health District.

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