



# North Yarra Community Health Strategic Plan 2013 – 2016

Adopted June 2013



## ***STOP PRESS:***

*In late May 2013 the Board of North Yarra Community Health joined with the Boards of Dousta Galla Community Health and the Western Region Health Centre to commence a Due Diligence process with a view to forming a new amalgamated organisation.*

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## Brief History

North Yarra Community Health, (NYCH) was established as a result of the amalgamation of Carlton, Collingwood and Fitzroy Community Health Centres in 1993. In 2009 NYCH became a Company Limited by Guarantee.

Prior to this, all three Centres had a distinguished history in the development of community health in Australia. While community health centres in Victoria largely originate from the late 1970s, the roots of our Collingwood Centre reach back to 1869, when Dr John Singleton opened the Collingwood Free Medical Dispensary in a single storey cottage in Wellington Street. In 1977 the newly named Collingwood Community Health Centre moved to its current premises in Hoddle Street. The Carlton and Fitzroy Centres came into existence as a result of local community action in the 1970s and 1980s.



Caroline Hogg launching our History at the 2012 AGM

Collingwood, Fitzroy & Carlton are multi-purpose Community Health Centres providing a range of medical, nursing, allied health, social work and community development services to the local communities. In addition to these three Community Health Centres, we also deliver a wide range of Drug Safety Services at InnerSpace, and provide many other services from the High Rise Estates in our local area. We offer a wide variety of direct care and health promotion services, groups and activities that address both the causes and effects of ill health in our community.



Brydie Quinn, Chair of the Board and Brian Stagoll Convenor of the History Sub Committee with a copy of "Missionaries, Radicals, Feminists - a History of North Yarra Community Health"

## Mission Statement

North Yarra Community Health aims to provide high quality and responsive programs and services to all members of our community.

We work with people to overcome their experiences of disadvantage, discrimination and disempowerment.

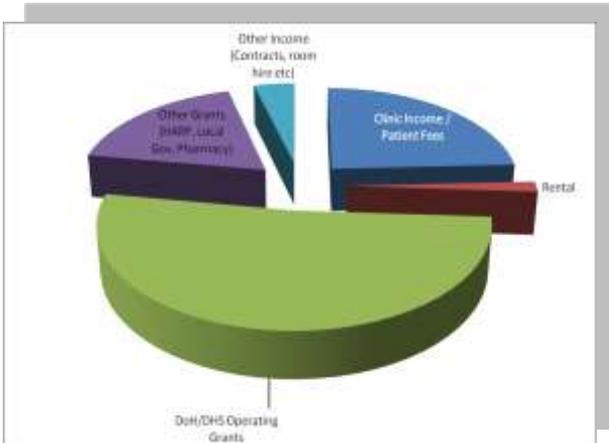
We respect people's choices and support them to make informed decisions to prevent illness and promote their health and well-being.

We encourage active participation in our services and in the life of our community.

Our Mission Statement reflects our values and our aspirations, as well as our commitment to working in partnership with our community.

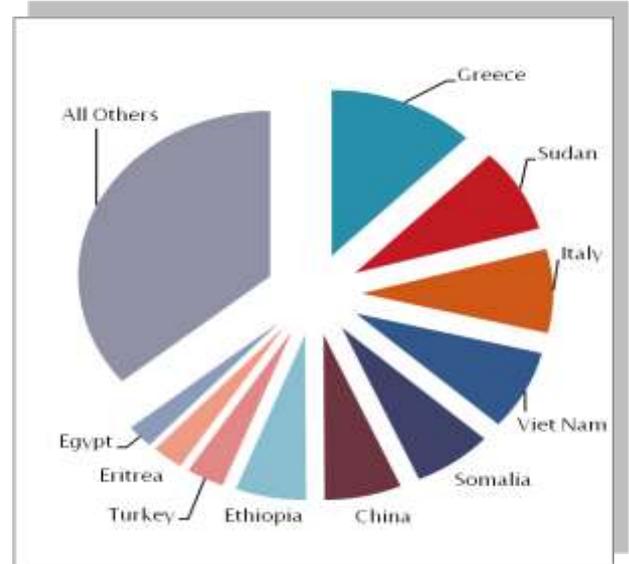
## Funding & Demographics

We are a not-for-profit, community managed organisation with our own Board of Directors. Our funding is principally derived from the State Government, but also from other levels of Government, philanthropic trusts and client fees.



Major funding sources

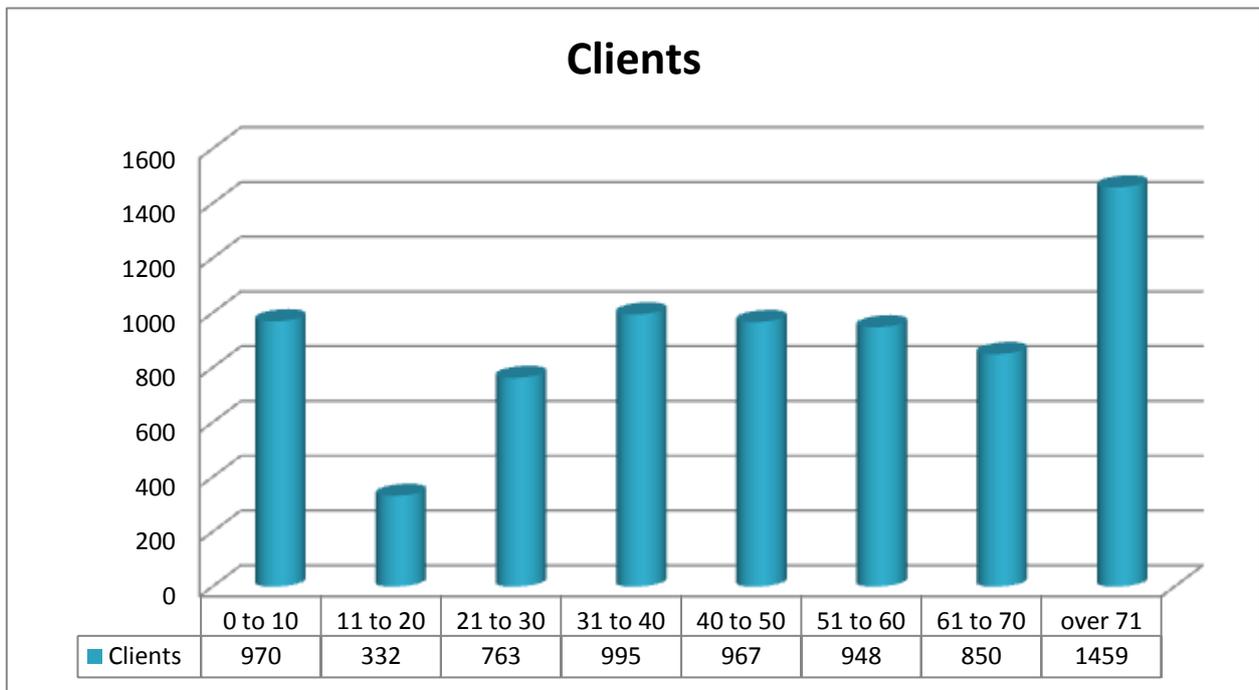
Currently, our Client Demographics indicate that nearly 40% of clients are born outside Australia and come from over 130 different countries.



Birthplace of clients from non-English speaking backgrounds

While we mainly serve the communities of Abbotsford, Carlton, North Carlton, Parkville, Collingwood, Clifton Hill, Fitzroy and North Fitzroy, our clients come from all over the Metropolitan area, particularly to access our Medical Services and our services for people who inject drugs.

At the end of 2012 we had over 7000 registered clients using our services, aged from very new babies to our respected centenarians.



## Listening to our partners, our staff and the community

In developing this plan, input was received from many different sources. These included:

- 13 Partner organisations from across the spectrum of services with which we work.
- 62 Individual Clients who filled in surveys in our waiting rooms or through our website.
- 11 groups of various kinds (Ethno Specific, Exercise, Social Support etc) comprising 113 Individuals.
- Over 80 of our own very skilled and dedicated staff.

The overarching themes that emerged from the feedback we received were:

- ❖ Partner organisations, clients and staff all value the *quality of the services* we provide, our commitment to a holistic and *person centred* approach. They also value the way we provide care in a way that is supportive and *compassionate*.
- ❖ Partner organisations and clients appreciate the *skills of staff* and our focus on people who experience *disadvantage*.
- ❖ Staff are proud of our *innovation*, our commitment to *social justice* and our *multidisciplinary* work.
- ❖ Staff and our partner organisations are conscious of *financial pressures* and supportive of enhanced *partnerships*.
- ❖ Our Partners think we should focus our efforts on:
  - People with chronic mental illness
  - The Aboriginal community
- ❖ Clients would like:
  - Longer opening hours
  - More outreach and home visiting
  - More opportunities to participate in exercise and social support groups
- ❖ Staff have concerns about:
  - Growing waiting lists
  - Increased complexity of presenting issues
  - Lack of specialist resources such as Human Resource Management, Clinical Leadership, Quality Coordination and advocacy

## What you said.....

*You have a long history of ensuring effective primary care to the communities you serve.*

*Comment from one of the Partner Organisations*

*I appreciate the example you provide of a rights based approach leading to practical grass roots relationships between staff and service users.*

*Comment from one of the Partner Organisations*

*You let us work things out for ourselves*

*Comment from a client*

*Having the needle exchange is an absolute godsend. Thank you'*

*Comment from a client*

*You do great work with complex and vulnerable clients.*

*Comment from one of the Partner Organisations*

*Nurses have been able to incorporate the use of health coaching in their clinical practice to positively change the health behaviours of our clients.*

*Comment from our staff*

*By focusing on multidisciplinary work NYCH has been able to successfully support clients in addressing multiple aspects of their health and well-being.*

*Comment from our staff*

*We should cooperate and work together with other health care centres to maximise our potential.*

*Comment from our staff*

*Consider the future viability of the service and the value of establishing shared care arrangements.*

*Comment from one of the Partner Organisations*

*We have a successful model for working with marginalised clients so we can build on that.*

*Comment from our staff*

## Service Locations



COLLINGWOOD  
365 Hoddle St  
Collingwood, 3066



CARLTON  
622 Lygon St  
Carlton 3054



FITZROY  
75 Brunswick St  
Fitzroy 3065



INNERSPACE  
4 – 6 Johnson St  
Collingwood 3066

## Planning for the Future

The Board maintains its commitment to the delivery of high quality services which enhance the health and wellbeing of the whole community and in particular those with the highest need.

In undertaking this strategic planning process, the Board identified a number of challenges which NYCH currently faces.

These include:

- A shifting service system with significant change happening in the areas of Mental Health, Disability and Drug & Alcohol services;
- A withdrawal by the State Government from responsibility for funding Primary Care;
- Increasing cost of compliance across the organisation (eg. Accreditation requirements);
- Old and aging infrastructure (buildings) and a need to provide spaces for both staff and clients which are fit for their purpose;
- Growing complexity of client needs, with an increasing number of clients with chronic illness;
- The need for NYCH to grow in order to continue to provide the services which we deliver

**The Board sees the next three years as a period of change and opportunity for NYCH and is committed to pursuing further integration with all our partners. Importantly the Board has recently decided to enter into a Due Diligence process with Doutta Galla Community Health and Western Region Health Centre. The aim is to form a new united organisation which can respond to future challenges and continue to provide much needed high quality services to our communities.**

Directors also see the need to continue investment in advocacy for our most marginalised clients, explore alternative funding sources, support innovation and use technology to support service delivery.

In planning for the future the Board has considered the feedback received and the challenges to be faced. Five key directions have been established which are consistent with our objectives, our mission and our values

These key directions have informed the development of this plan and are articulated within it. Staff will develop annual Business Plans which will enable the Board to monitor the organisation's achievements. Both staff and the Board will review the performance of the organisation annually, before establishing a new twelve-month business plan.

## Key Direction 1 – Provide responsive & high quality services which meet the health and wellbeing needs of the community

Objective: To ensure that our services remain relevant to our communities, are valued by our clients and are delivered effectively

### Strategies:

- Seek opportunities to increase both access and availability of the services we provide.
- Build on our multidisciplinary approach to health and wellbeing.
- Focus on addressing the needs of marginalised groups.
- Develop and deliver programs which address the social determinants of health.
- Regularly evaluate the services we deliver and use the evidence to inform service development.



Mini Mondays multidisciplinary assessment

## Key Direction 2 – Build strong and effective partnerships within the sector and across related sectors

Objective: To maximise the effectiveness of advocacy and service delivery and increase the efficiency of the organisation.

### Strategies:

- Identify organisations with a shared vision and commonality of interest and formalise partnering arrangements.
- Strengthen linkages with Universities and other research institutions to support our work.
- Extend links with Local Government and participate in joint advocacy on key issues.
- Systematically review partnerships and identify areas for further development.



## Key Direction 3 – Empower and support communities

Objective: To build cohesion and resilience across all parts of the community, with a focus on those who are marginalised.

### **Strategies:**

- Continue to embed community participation at NYCH and support staff to incorporate Community Participation in all their work.
- Identify projects which support community engagement and strengthening.
- Empower groups and individuals to make informed choices which reduce health risks and improve the quality of life.
- Actively participate in community events which break down isolation and enhance community connectedness and inclusion.
- Develop and adopt an Aboriginal Reconciliation Action Plan.



## Key Direction 4 - Improve quality and minimise risk

Objective: To ensure that NYCH operates within a quality framework that maximises outcomes and effectively manages risk.

### **Strategies:**

- Ensure that we retain our accreditation status for all programs.
- Seek “Rainbow Tick” accreditation
- Implement the various actions contained in the Quality Plan.
- Ensure that all staff are appropriately credentialled and able to safely undertake their responsibilities.
- Review our systems and processes to ensure timely access to services.
- Improve our ICT processes to enable better client management systems, data collection, analysis and security.



## Key Direction 5 – Secure the future of NYCH

Objective: To maintain financial viability, diversify our funding sources and position ourselves to respond to new opportunities.



### Strategies:

- Establish The Integrated Medical Centre as a future income generating stream
- Support and participate in the establishment of a larger and more viable Community Health organisation
- Ensure that all our organisational structures (legal/staff/governance) continue to meet our current and future needs.
- Reduce our carbon footprint and embed environmentally sound processes in all our work.
- Raise the profile of NYCH as a “provider of excellence” in our areas of expertise.
- Develop a Master Plan for all our Service Sites.
- Review our existing service models to ensure maximum effectiveness and efficiency.
- Reduce our carbon footprint and embed environmentally sound processes in all our work.

### Conclusion

North Yarra Community Health has a long and proud history. However, while we celebrate and honour our history, we have never “rested on our laurels”. The services that we deliver today are very different to those of 1869, those of 1959, or even those of the 1980s.

We continue to be responsive to changing circumstances and changing community need, but we remain committed to working with the community, our staff and our many partners to deliver services which make a difference to people’s lives.

*Our health systems are still barely making a dint on health inequalities. Indeed they may sometimes amplify them by favouring the better off.....But NYCH has never accepted that inequality is inevitable. The challenge has always been to match the changing needs of the community with whatever resources can be found, while never losing sight of the wider social determinants.(1)*

*(1) Missionaries Radicals Feminists: A history of North Yarra Community Health, 2012*

