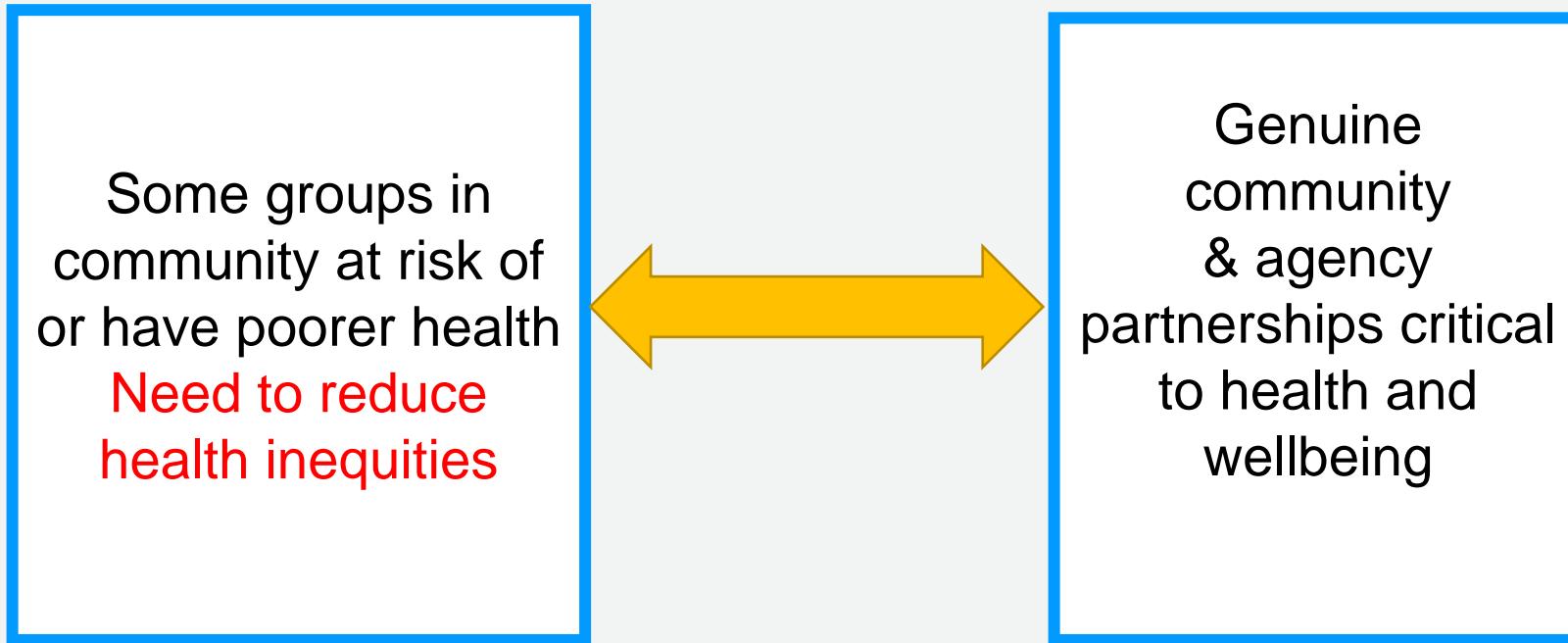


# Equity & Community Partnership Strategies





# Why do we need these strategies?

## Benefits for communities

Better health and wellbeing outcomes

e.g. reduced mortality & ED & admission rates

Improved adherence to treatment plans

Improved resilience

Greater sense of control over options/decisions  
affecting their health and wellbeing



## Benefits for health services

- A better understanding of what people need
- Becoming aware much sooner of the issues that matter
- Better relationships with our patients and communities

**It's simply the right thing to do!**



# Why do we need an Equity Strategy?



Because there are large differences in health status between population groups in our community.....

*For residents of the Inner Sydney area, the median age at death is 70 years....*

*Travel to Riverwood and the median age of death is 74 years.....*

*Travel to Double Bay area, and the median age at death is 85 years.....*

People that experience mental illness have a life expectancy gap of 12-16 years and its rising

**“And we know that these differences are unfair.”**



# *What did individuals and organisations tell us?*

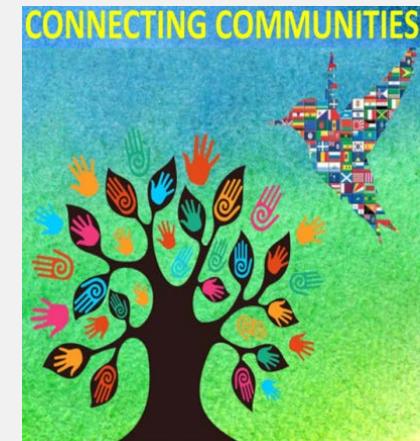
Recognise our local communities also have strengths.



Partner more with our local communities and other service providers.

A new local investment: Connecting Communities for health and wellbeing

The new Connecting Communities initiative in the Rockdale area is an exciting move towards community-driven projects with long-term thinking to address social determinants. The Rockdale City Council has signed on to be a key partner in this intersectoral collaboration.



# ***What did individuals and organisations tell us?***

- Build stronger inter-sectoral partnerships to tackle the social determinants of health at individual & community level.
  - **In every clinical interaction, look at whole person:**  
*their physical, social and emotional wellbeing*



Janine Bothe- Clinical Nurse Consultant

*“If we don’t, the unrecognised needs of today will become the avoidable hospitalisations and deaths of tomorrow”*

# Our approach.....

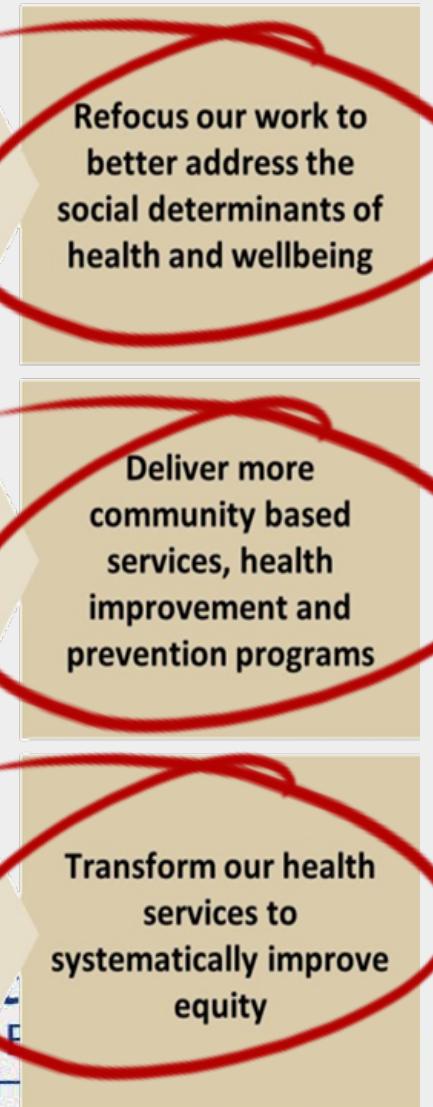
The determinants of health



What should we be thinking about?



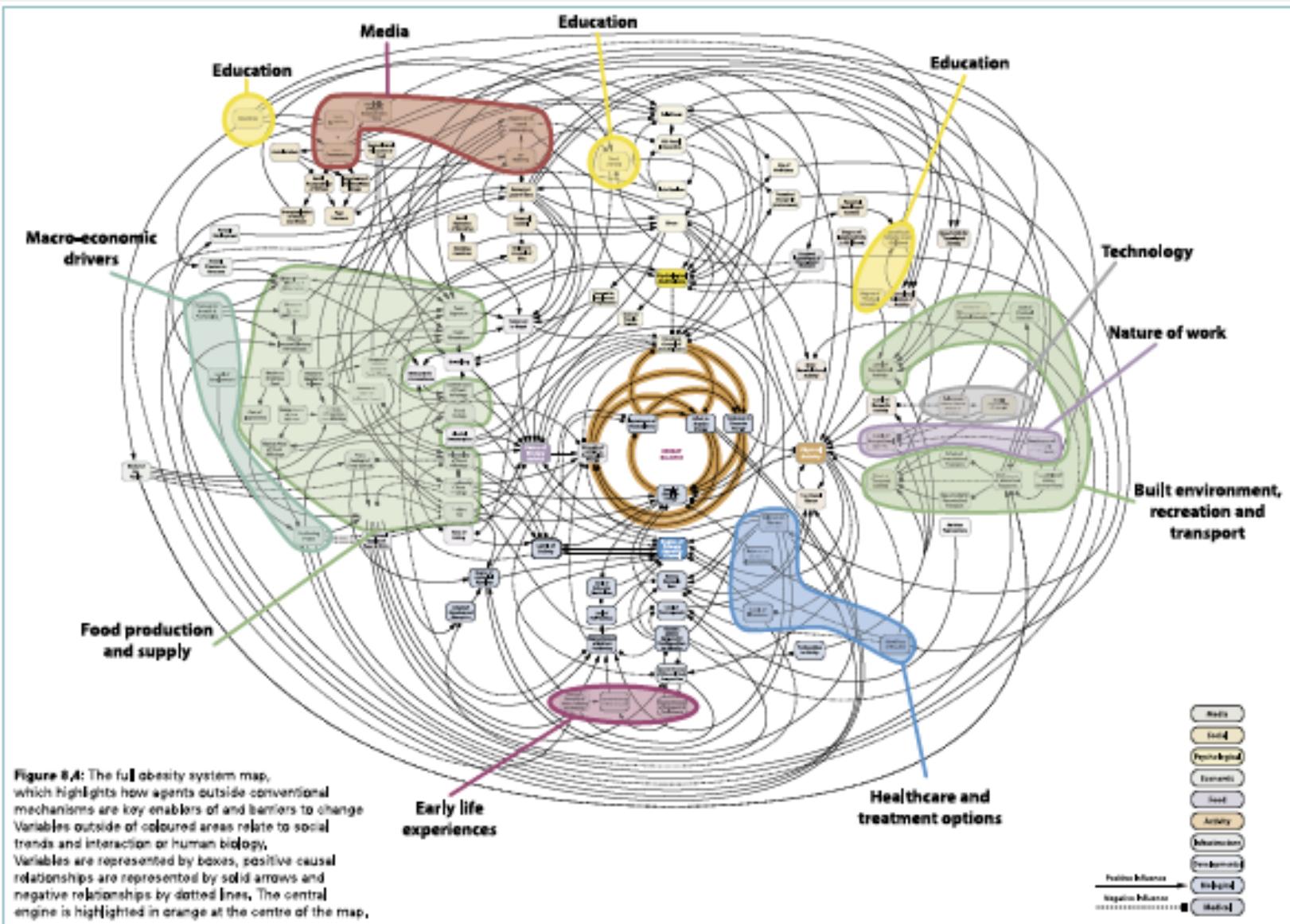
What could we do?



# Our framework for achieving equity



# The obesity system map





# Equity in Action

*“Doing It Differently”.....*

In Rockdale, we're asking the community.....

*Do you want to build on the strengths of your community?*

*Do you have an idea that will help improve the every day lives of people living?*



# Equity In Action

Transform our health services to systematically improve equity

*Through health intelligence, through engagement with disadvantaged communities to find out what matters to them, co-design & co-deliver services*

Provide more care in the community and more prevention and wellness programs

*Invest in initiatives that support the health and wellbeing of people at risk of poorer health e.g. LGBTQI, Aboriginal people & people with severe mental illness*

Invest in the early years

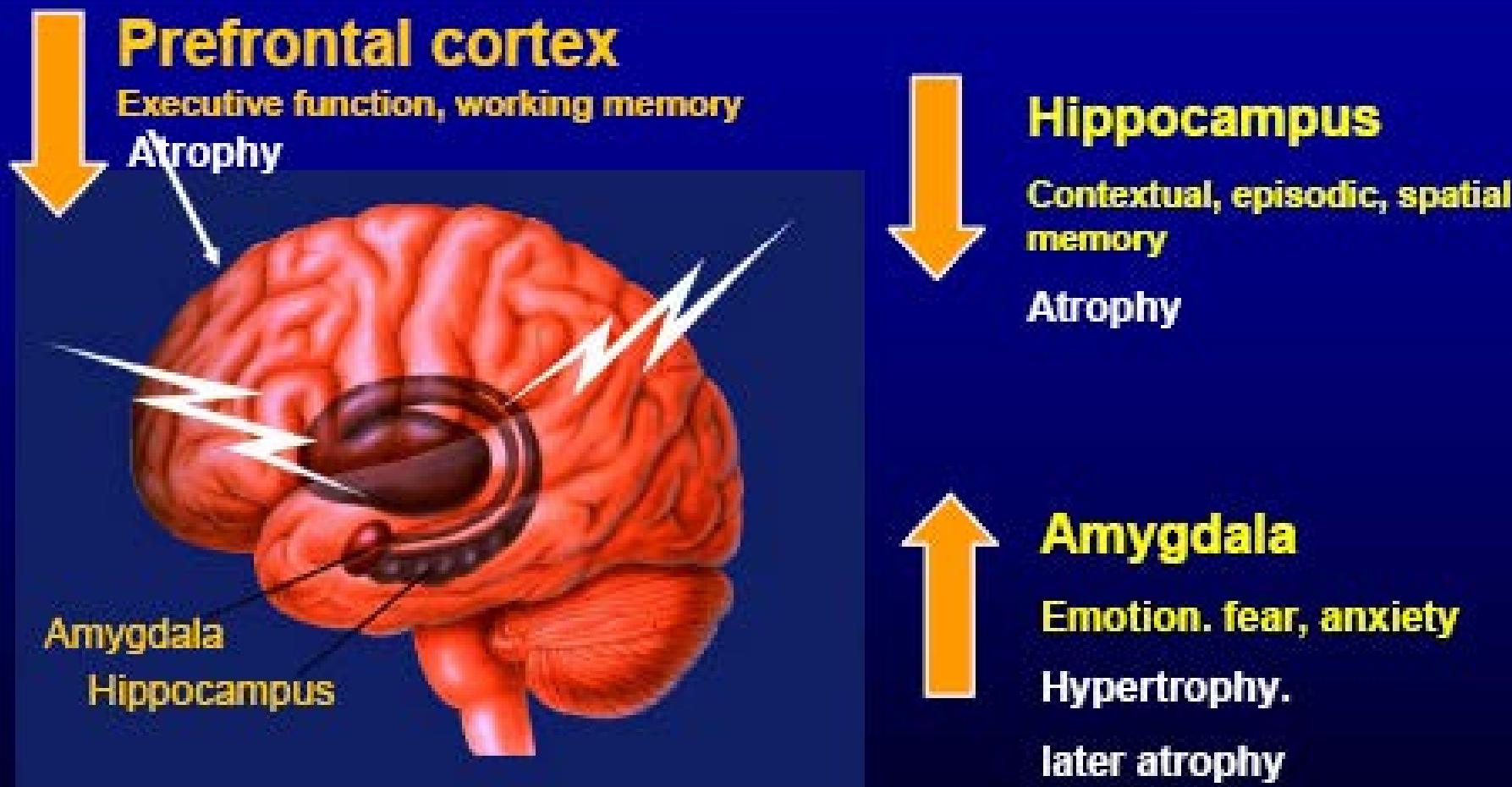
*Establish an Early Years Collaborative*



Early Years Collaborative

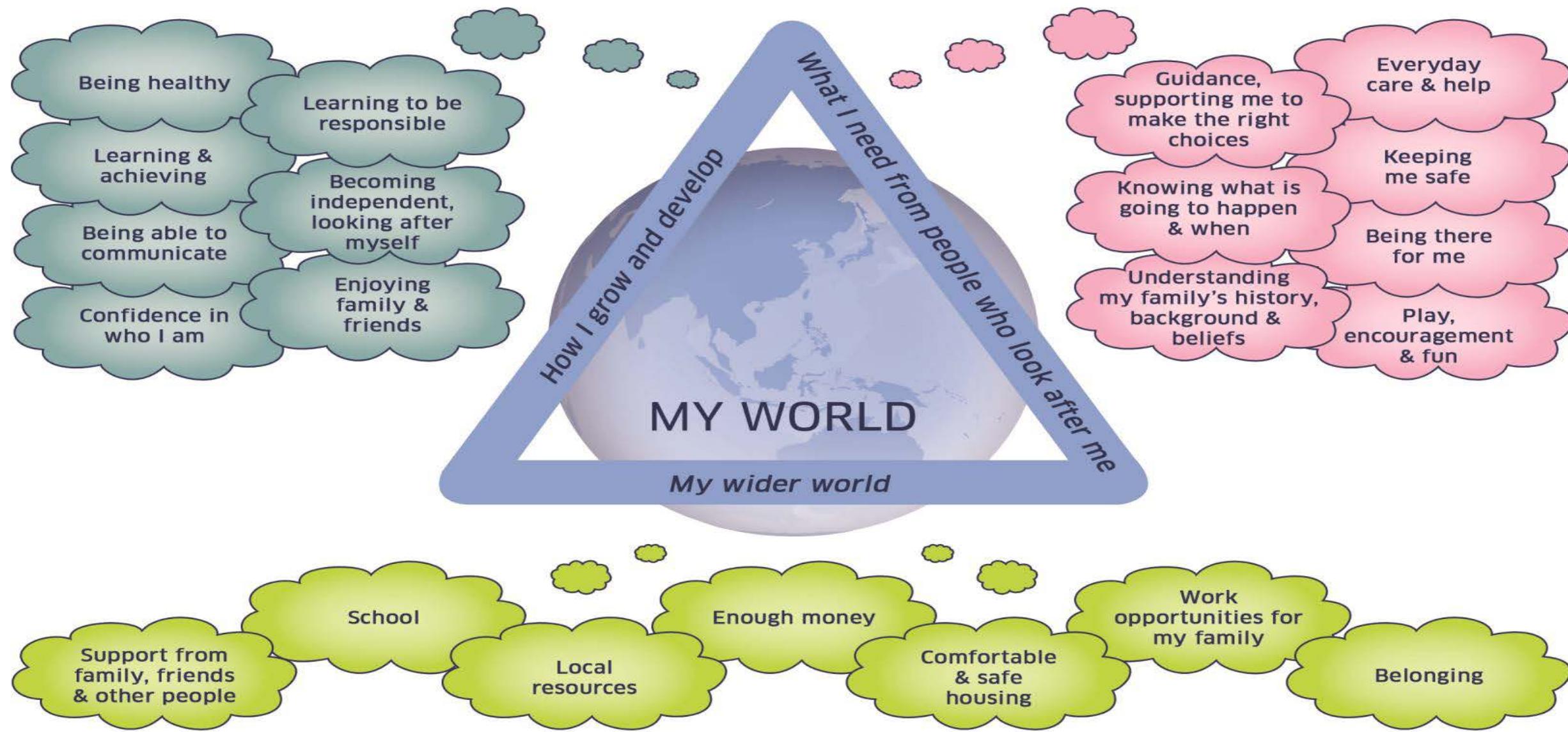


# The Human Brain Under Stress: key brain regions





# My world triangle



The whole child or young person: Physical, Social, Educational, Emotional, Spiritual & Psychological development

# Transform our health services to systematically improve equity

## THE SESLHD COMMUNITY PARTNERSHIPS STRATEGY



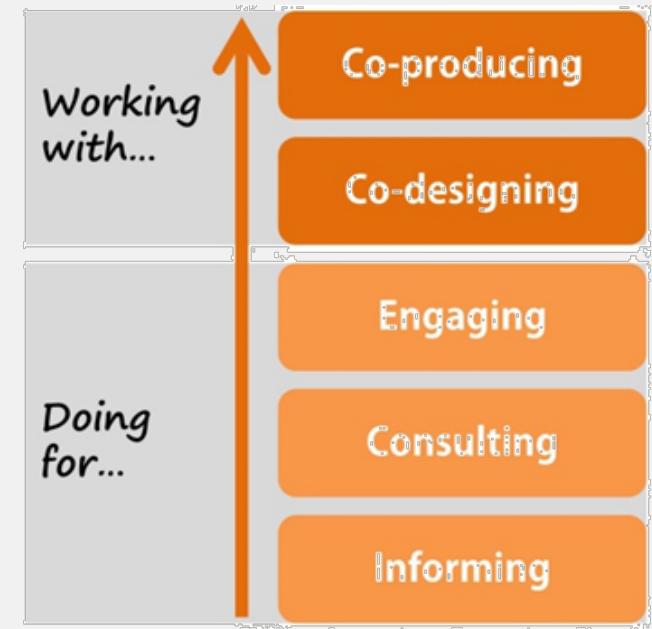
# What is co-production?

We need to move beyond doing things *for* communities, to a model where we genuinely work *with* them.

This is called **co-production**, and it places equal value on the professional training of health workers and the lived experience of individuals and communities.

What can this bring to our partnerships?

And how can we *all* benefit from that?



Adapted from <http://www.sigeneration.ca/co-production/>



# Co-production

The Parable of  
the Blobs and  
Squares





# Building capacity of staff to co-produce with communities

## Harwood Institute for Public Innovation:

- Frameworks and tools
- Community conversations – Asking the community ‘What matters to you’
- ‘Public knowledge’ vs ‘expert knowledge’



# Board Community Partnership Committee

## Committee membership:

6 local councils, community members,  
FACS, Education, Police and PHN

## Collaborative work underway

- Child and youth mental health first AID training
- Exploring ways to jointly plan through joint community needs/assets assessments
- Exploring collaborative commissioning of services – on horizon
- Social isolation and loneliness – on horizon



# Volunteers

Grow our volunteering program to reduce **social isolation** and **loneliness** and to support **patient care**

Enhancing support to and supervision of **1000** volunteers across LHD



# Equity & Community Partnerships Strategies

These are priorities for our organisation because they lead to:

- Better patient experience and outcomes
- Individuals having more productive and healthier lives
- A resilient community



This will in turn create a financially sustainable and high performing health system that is capable of fully meeting the needs of our consumers/community.

