Sunbury Community Health Centre

Strategic Plan 2014-2017

Message from the **Board Chair** and **CEO**

Welcome to Sunbury Community Health Centre's 2014-2017 Strategic Plan. The plan transverses an important milestone – the Centre's 40th Anniversary. Our Centre was first registered in 1974.

The Centre was born from the passion, vision, hard work and commitment of our local community. Since those exciting beginnings, our Centre has grown and developed from portable buildings on Gap Road to our current location in Macedon Street. We now have 200+ staff and volunteers at Macedon Street and a further 30+ staff and volunteers at the Lions Community Aged Care facility we took onboard in 2012. In addition, we support a further 40 or more early childhood educators through our Family Day Care service across Sunbury and the Macedon Ranges.

Much has changed and continues to change in the health, aged care and community service sectors. We are witnessing a continuing emphasis of government on regulation, accreditation and compliance. Larger more specialist agencies are being favoured, often at the expense of smaller 'niche' organisations, while large 'for profit' companies are increasingly dominating the field, particularly in areas such as childcare and aged care.

In response, many community service organisations are focussing heavily on growth to create economies of scale. What were once considered larger agencies are amalgamating to form even bigger services. Many other organisations with a narrow focus nationally, with little engagement with the communities in which they operate.

This strategic plan is a plan of and for our entire organisation. While the staff, volunteers, community members and the management team have all contributed to the development of this plan, the Board of Directors has driven its development. The Board has stayed true to the vision of the organisation's founders. The Strategic Plan seeks to emphasise and build on the vital role our centre plays in building a strong and healthier community for us all. A key strategy of the Centre will be to support smaller local services to remain viable and relevant, while also partnering with larger, specialist agencies to integrate these services into our already comprehensive suite of services. We believe that this approach will create something of the 'best of both worlds' – our local knowledge, expertise and commitment to the communities we serve, coupled with the capability and capacity of larger specialist agencies. As such, we will seek to be a trusted partner of choice for other agencies. We will seek to offer our intimate knowledge of our community and be respected for service excellence and innovation.

The Strategic Plan articulates an important new Mission Statement for the organisation as a 'weaver of social fabric'. We see social fabric as an evocative way to describe the links between people which form communities. If we think of society as a tapestry, when individual threads are woven together, the fabric is far stronger, more useful and potentially beautiful in a way an individual thread can never be. When threads are tightly woven and united, the fabric is strong. Where the threads are evenly distributed, the fabic is strong. Where the spaces between threads are not equal, or the threads are loose or frayed the entire fabric is at risk. As such, Sunbury Community Health Centre will continue to be the Centre for the whole community, and particularly for those who need us most.

We do not claim to be experts or have all the answers as to how best to weave, protect and restore social fabric. We also know that there are no simple solutions to complex social problems. Our new Mission Statement is an invitation to join an ongoing conversation to explore these issues and work together to create new solutions for our community.

While we and similar organisations face significant challenges, we have built a strong management and staff team to tackle the complex strategic issues confronting the Centre. We also continue to benefit from a large and committed team of volunteers. Together, we are committed to managing our organisation and finances for long term sustainability and to remaining a strong, community owned, 'for purpose' and 'not-for-profit' organisation.

Mary Rush
Board of Management Chairperson

Phillip Ripper
Chief Executive Officer

We acknowledge the Elders, families and forebears of the Wurundjeri tribe of the Kulin Nation who are the custodians of the land on which we work. We acknowledge that this land is the place of age old ceremonies of celebration, initiation and renewal and that the Kulin Nation peoples living culture has a unique role in the life of this region.

About SCHC: Purpose, Measures & Philosophy

Our Purpose...

A community whose social fabric and wellbeing is strong

Our holistic service philosophy

We care about the health of our community as an entire population. We are concerned not just about ill-health and treatment of disease but about the factors that actually predict whether someone is healthy, like strong families, social cohesion and mental health, as well as the prevalence of risks such as obesity, tobacco, alcohol and drug use, family violence, problem gambling and vulnerabilities that come from low incomes or ageing.

We believe that it's in making improvements to these factors that we make the biggest difference to health and wellbeing overall. While we are available to the entire community of Sunbury and its surrounds, we prioritise our services to those whose health and wellbeing is vulnerable or at risk. We invest our efforts where evidence shows a need and where we can demonstrate approaches that work.

Our Success Measures

As far as possible, we want to understand our contribution to our community's social fabric, and we therefore measure, amongst other things:

a) **that our community sees us as an indispensable part of Sunbury's social fabric:**
   - People who know about us and support our activities, in real and tangible ways
   - People who positively speak out for issues of concern in Sunbury and see us as a strong voice for our community
   - More isolated and vulnerable people feel connected
   - More people, especially those with health risks, feel they have greater health knowledge and are empowered to make good decisions about their wellbeing

b) **how the people who use our services feel about us, and how many people we can reach:**
   - Wellbeing before and after receiving services
   - People who believe our intervention helped them manage their problem
   - Numbers of people using each of our services
   - People with complex needs whose needs we meet by offering them several complementary services

c) **how well we develop our organisation to serve the growing needs of a growing population:**
   - Our ability to fund growth, both from government and from other sources
   - The numbers and types of organisations we enter into partnership with to meet growing needs
   - Ensuring that our internal culture is as healthy and offers a social fabric as strong as the one we want to create in the broader community.

Our **Mission** and **Services**

Our Mission

We build the social fabric of our community through programs that help people support themselves and each other.

We don't just focus on . . .	We care about . . .
our clients individually	our entire community's health
	connecting the unconnected
disease and ill-health	the factors that predict whether a person or community is healthy
client throughput	the whole context of a person's health
addressing specific problems	supporting / strengthening people and communities
being 'The Experts'	supporting people to be their own expert
reacting to problems after they've happened	preventing problems, addressing their causes
transactions with customers / patients	real relationships, with people who care
service delivery	guiding and modelling
episodic care, with single interventions	addressing people's complex & multi-faceted needs over their lifetime

Our Services

- Aboriginal Engagement
- Aged Care Activity Groups
- Alcohol & Drug Counselling
- Audiology
- Child Psychology
- Cardiac Rehabilitation
- Counselling
- Dental Services
- Diabetes & Dietetics
- Early Childhood Intervention
- Equipment Hire
- Exercise Groups
- Family Day Care
- Family Support Services
- Family Violence Support
- Financial Counselling
- Health Information Library
- Men's Shed
- Needle Exchange
- Occupational Therapy
- Physiotherapy
- Podiatry
- Prevention and Health Promotion Programs
- Residential Aged Care
- Respite Care
- Speech Therapy
- Youth Health & Counselling

Planning for the **Future**

The Board, management team and staff have closely monitored and measured the success of the 2010-2013 plan from the day it was endorsed. We started thinking about our next strategic plan towards the end of 2012. A small group of staff began conversations about what the next plan would look like; how would it feel; what we wanted to continue to do; what were the messages we wanted to convey. One thing was very clear – that SCHC has always been an integral part of our local community and we needed to ensure that we remain relevant and innovative.

At the March 2013 meeting, the Board considered and endorsed a proposal by Andrew Hollo of Workwell Consulting to facilitate the development of the SCHC strategic plan 2014-2017. The Board endorsed the development and implementation of a Balanced Scorecard to monitor and measure the success of the new plan.

From these early discussions the first Board strategy workshop was held in early June. The Board laid the foundations and direction for the new strategic plan with a clear understanding of the role we wish the Centre to play in our community. In mid June, the management team participated in a half day session and an 'all staff' strategic planning session was facilitated by Workwell Consulting in late June.

A second Board strategic planning session was held in mid July. This workshop reviewed the draft plan in greater detail and reaffirmed the vision of the Centre and our role in building social fabric.

The Board were keen to talk with other key organisations about our vision for the Centre. More than 30 local agencies including Schools, Neighbourhood Houses, Service Clubs, the Police, Hume City Council and other community and business organisations were invited to a special forum in mid July. Planning sessions involving volunteers, our Community Reference Group, life governors and the general public were held in early August.

We believe the process has successfully distilled the knowledge, experience and wisdom of our community and organisation and provides a great platform to continue building a strong and healthy community.

This plan signifies the next level of sophistication in our thinking and planning. We wish to thank our community, staff and volunteers who have contributed to the development of this plan.

We pride ourselves in providing a valuable service and our passion, hard work and commitment hasn't wavered. We endeavour to become a loom upon which social fabric can be woven.

Our strategy **at a glance**

Our Purpose

A community whose social fabric and wellbeing is strong

1. COMMUNITY

We deeply understand our community's needs and issues and strengthen social fabric where most needed.

1. SCHC of value and relevance to community
2. Focussed community activism and advocacy
3. Connect the unconnected
4. Community oriented towards sustainable wellness

2. SERVICE INNOVATION

Our services reach as many people as possible, including those who need us most.

1. Whole community served, with emphasis on those who need us most
2. Reach of services extended
3. Services integrated and coordinated

3. RESOURCE STEWARDSHIP

Our organisation has the financial resources and infrastructure to expand its effectiveness into the future.

1. Growth in demand planned for
2. Resource use optimised (including financial)

4. BUSINESS PROCESS

Our people and partners share common values and use the best systems possible in the achievement of our objectives.

1. Strategically relevant partnerships
2. Strong values-based workforce
3. Strong clinical governance, Continuous Quality Improvement and knowledge management processes
4. Strong organisational support structures and processes

Our Mission

We build the social fabric of our community through programs that help people support themselves and each other

Our **Goals**

PRIORITY 1: COMMUNITY

We deeply understand our community's needs and issues and strengthen social fabric where most needed

OBJECTIVES:	INITIATIVES:
OBJECTIVE 1.1: SCHC of value and **relevance** to community	Develop and trial **innovative 'listening'** and direct community engagement activities Expand **consumers' influence** on our service design and improvements Work with private and non-profit organisations that have **existing community networks** e.g. developers, sporting groups Substantially improve our **on-line visibility** **Disseminate information** about our activities to existing service users and the community **Publish** results of innovations and research partnerships
OBJECTIVE 1.2: Focussed community **activism** and advocacy	Define SCHC's contribution to local issues by developing a Community **Advocacy Action Framework**
OBJECTIVE 1.3: **Connect** the unconnected	With partners, provide supports that **connect the unconnected** (e.g. new arrivals, new parents, Aboriginal Community) Promote and role-model **volunteerism** in the community as an important factor in wellbeing, including volunteering at SCHC
OBJECTIVE 1.4: Community oriented towards **sustainable wellness**	Build **health knowledge / health literacy** so people have greater resilience and adaptability and know how to manage their own health and wellbeing and where to seek help Work where people live, learn, work and play to **create healthier environments** by making the "healthy choice the easy choice"

PRIORITY 2: SERVICE INNOVATION, LEARNING and QUALITY

Our services reach as many people as possible, including those who need us most

OBJECTIVES:	INITIATIVES:
OBJECTIVE 2.1: Whole community **served**, with an emphasis on those who need us most	**Define our client groups** by catchment and eligibility, both whole organisation and individual service Target service provision to ensure **priority access** to vulnerable individuals, families and communities Explore opportunities to **offer service to the whole community** Assess and improve **service relevance** and evidence based models of care (through service reviews)
OBJECTIVE 2.2: **Reach** of services extended	Assess the **feasibility** of adding services that complement those we already deliver Develop **outreach models** for selected services Use the full range of SCHC services as **doorways** to other SCHC services / activities Within selected service areas, consider offering **out-of-hours services** to increase access
OBJECTIVE 2.3: Services **integrated** and coordinated	Continue to streamline **intake and needs identification** processes to ensure ease, comprehensiveness and flexibility Identify opportunities for internal and external **service coordination** by blending services and creating referral pathways

PRIORITY 3: RESOURCE STEWARDSHIP

Our organisation has the financial resources and infrastructure to expand its effectiveness into the future

OBJECTIVES:	INITIATIVES:
OBJECTIVE 3.1: **Growth** in demand planned for	Develop a long-term Growth Plan (for services and facilities), including **identifying funding sources**
OBJECTIVE 3.2: **Resource use** optimised (including financial)	Explore methods to demonstrate how our **investments** yield community outcomes (through service review)
	Assess and improve **service** cost-effectiveness (through service review)

PRIORITY 4: BUSINESS PROCESS

Our people and partners share common values and use the best systems possible in the achievement of our objectives

OBJECTIVES:	INITIATIVES:
OBJECTIVE 4.1: Strategically relevant **partnerships**	Identify / map key **relationships** (via Partnership Framework) and **methods** for prioritising, maintaining and strengthening these relationships Leverage relationships to **formalise partnerships** around mutual interests / issues
OBJECTIVE 4.2: Strong values-based **workforce**	**Recruit and retain** skilled staff who share our values Align staff around strategy, values and performance expectations (through a **performance management system** that supports, encourages and rewards heightened team and individual performance) Create **learning and development** opportunities that align with SCHC strategy and values **Engage staff** in constructive dialogues about SCHC's purpose, mission, values and priorities Enhance the **wellbeing of staff** by providing a supportive, encouraging, healthy and safe workplace *(with strong teams / relationships)*
OBJECTIVE 4.3: Strong **clinical governance, Continuous Quality Improvement and knowledge management**	Incorporate **integrated risk-management, knowledge-management and clinical governance systems** throughout the organisation, policy and procedure **Embed quality systems and culture** throughout the organisation involving service users and staff Benchmark and evaluate the **reach and impact** of our services
OBJECTIVE 4.4: Strong **organisational support** structures and processes	Assess, monitor and respond to **staff feedback** with SCHC corporate supports Enhance **management capabilities and capacities** Ensure appropriate **technology and infrastructure**

Key facts about Sunbury

The traditional custodians of the Sunbury area are the Wurundjeri people of the Kulin Nation. The area was a place of age-old ceremonies of celebration, initiation and renewal. Sunbury has several important Aboriginal archaeological sites including five earth rings which are believed to have been used for ceremonial gatherings.

The first European settlement of Sunbury was in 1836 by George Evans and William Jackson. It was Jackson and his brother, Samuel, who named the township Sunbury after Sunbury-on-Thames, in Surrey, England when it was established in 1857.

Sunbury is a developing residential area in the North-West region of Melbourne, with substantial surrounding rural areas and some industrial and commercial land use.

GROWTH

- The population of Sunbury is expected to double in the next 25 years from approximately 36,000 in 2011 to around 73,000 in 2036.

DIVERSITY

- 39% of households in Sunbury are couples with children, 12.4% are single parents with children[1]
- An estimated 500 Aboriginal and Torres Strait Islanders live in Sunbury
- 15.1% of Sunbury residents were born overseas: United Kingdom (5.3%), New Zealand (1.5%), India (0.8%) represent the highest percentage[1]
- In Sunbury, 7% of people speak a language other than English at home with Italian (1.2%), Maltese (0.5%), Greek (0.4%) representing the highest percentage[1]

HEALTH & WELLBEING

CHILDREN

- 46,041 children aged 0-17 years live in Hume, 8,722 live in Sunbury
- Approximately 70% of children aged 4-12 years in Hume do not eat the recommended 5 serves of vegetables each day
- 33% of Hume children do not meet the physical activity recommendations of at least one hour everyday
- Only 39.8% of infants are fully breastfed at three months compared to the state average of 51.2%
- According to the Australian Early Development Index (AEDI) Index#, 19.1% of children in Sunbury are developmentally vulnerable on one or more domain and 9.6% are developmentally vulnerable on two or more domains
- 7.9% of children in Sunbury are developmentally vulnerable in the physical health and wellbeing domain
- In Hume, 15% of all Prep children were reported to have difficulties with speech and language[9]

HEALTHY WEIGHT & EATING

- Evidence shows that improving your diet and being more physically active can help you maintain a healthy weight and prevent or delay the onset of chronic diseases
- A large proportion of Sunbury residents are above a healthy weight range[5]

- In 2007, 7.3% of persons living in Hume had experienced food insecurity (defined as running out of food and unable to afford to buy more) in the previous 12 months, compared to the Victorian State average of 5.6%[10]. A local Hume Household Survey undertaken in 2009[8] found that 29% of Hume survey respondents reported a degree of food insecurity.

PHYSICAL ACTIVITY

- Physical inactivity is linked to increase risk of ill-health and death, unhealthy weight, cardiovascular disease, some cancers and depression[10]
- 67.0% of Hume children are physically active for at least one hour everyday compared to the state average of 71.2%[6]
- 52.3% of Hume adults do not meet the physical activity requirements of at least 30 minutes of moderate physical activity on most days of the week[6]

SMOKING

- Second-hand smoking has been associated with increased risk of asthma and respiratory illness, SIDS and infant mortality[11]
- 7.5% of mothers in the Northern Metropolitan Region reported that their child was exposed to tobacco at some point in-utero[9]
- Children in households with a smoker are also more likely to take up smoking themselves, with a threefold increase in daily smoking among young people with any second-hand smoke exposure[12]
- 60.1% of Hume residents support smoking bans in outside dining areas[7]

ALCOHOL CONSUMPTION

- Alcohol use is a major contributor to preventable health issues. It substantially contributes to death, injury, illness, mental health and social problems for both the users and the wider community
- 72.0% of mothers with infants aged under 2 years in the Northern Metropolitan Region reported that their child was exposed to alcohol in utero[9]

GAMBLING

- The total amount of money lost on electronic gaming machines located in Sunbury, per head of adult population is $622 (2012-13)[14]

MENTAL HEALTH

- Poor mental health is a significant risk factor for poor health outcomes
- 20.5% of parents reported it was 'somewhat true' that their child was being bullied, while a further 3.5% of parents reported it was 'certainly true' that their child was being bullied[9]

ORAL HEALTH

- In the Northern Metropolitan Region, only 60.2% of children aged 6 months to 12 years were reported to brush their teeth twice a day or more in 2009[9]

ECONOMIC FACTORS

INCOME

- 49.8% of Sunbury residents have a household income in the lowest income quartile[1]

EMPLOYMENT

- In Hume, 65.7% of school leavers aged 15-19 years were fully engaged in work or non-school study, compared to Victorian average of 71.9%. 21.7% were disengaged, compared to the Victorian State average of 15.4%[2]

HOME OWNERSHIP

- 22% of Sunbury residents work within the Sunbury catchment
- 77% of households in Sunbury are purchasing or fully own their home[1]
- 1.5% of households in Sunbury are renting social housing[1]
- 18.6% of Hume households are at risk of mortgage stress (households spend more than 30% of income on mortgage payments)[14]
- 33.4% of Hume households are at risk of rental stress (households spend more than 30% of income on rental payments) [14]

TECHNOLOGY

- 82.4% of households in Sunbury have internet connection compared to the Victorian average 72.6%[14]

TRANSPORT

- Sunbury has limited public transport and is highly 'car-dependent'

FAMILY & COMMUNITY

SUPPORT

- 45.3% Hume residents feel rushed or pressed for time, 29.7% feel that a lack of time prevented them from spending time with family and friends[7]

SAFETY

- When walking alone in their local area during the day, 93% of persons in Hume felt safe or very safe, compared to 95.2% in the Northern & Western Metro Region and the Victorian average of 97%[2]
- When walking alone at night, 56.1% of persons in Hume felt safe or very safe, compared to 65.2% in the Northern & Western Metro Region and the Victorian average of 70.3%[2]
- Between 2011 and 2012, 1259 incidences of family violence per 100,000 population were reported in Hume compared to the Victorian average of 910.3[13]

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16. *Australian Childhood Immunisation Register*, 2012

The AEDI contains over 100 questions about the development of the child across five developmental domains. See http://www.rch.org.au/aedi for more details.