

excellence innovation community
being respect
equity inclusive
partnership
equity excellence
partnership
being respect
equity community
wellbeing partnership
integrity excellence
partnership community
excellence care wellbeing
innovation
respect
equity

each

strategic
plan
2011-2015

our VISION

A healthy and inclusive community.

our MISSION

each works to enhance and promote health, wellbeing and social inclusion across a range of communities, prioritising people with the highest needs.

each looking forwards...

It is encouraging to reflect on what has been achieved through **each's** previous Strategic Plan. Within a constantly changing environment, we have addressed many new and emerging needs and continued to build our capacity to respond and to lead the way in community-based service provision. We would both like to thank the team at **each**, which consists of our volunteers, staff, managers and community partners for their many achievements and their commitment to the health and wellbeing of the communities we serve.

In developing this plan we look to the future. We have researched the emerging trends in our environment, the current and future policy landscape and incorporated feedback from a wide range of stakeholders to ensure that **each** remains relevant to changing needs. Central to this plan is our belief that all people have the right to real choices, access to resources for health and opportunities to fully participate in and contribute to the communities in which they live.

As we look forward to the next five years, we are excited to share this plan with our communities, partners, the team at **each** and our members. We are confident that it will provide the blueprint by which **each** will continue to develop, strengthen its service to community and work towards its vision of **"A Healthy and Inclusive Community."**



Les Smart
Chair



Peter Ruzyla
CEO

who we are and what we do

“Eastern Access Community Health” (**each**), was formed in 2000 through the amalgamation of the Outer East Council for the Development of Services in Mental Health, Healesville Adult Day Care Services and Maroondah Social and Community Health Centre. These organisations had long histories of service delivery to their respective communities dating from the early 1970’s.

2007 saw the incorporation of Regional Extended Family Services into **each**. This expanded **each’s** service delivery to communities in regional NSW.

In 2009, “Eastern Access Community Health” changed its status to a Company Limited by Guarantee it also formally changed its name to **each**.

each established **each Housing Ltd** in 2008 in response to amendments to the Housing Act (1983) that took effect in January 2009. **each Housing Ltd** is a subsidiary company and manages tenancies as a Registered Housing Provider. It has a separate Board with shared directors of **each**.

Our Current Scope of Services

each has a comprehensive range of services that address physical, mental and psychosocial needs at a community and primary care level. We believe that health and wellbeing are achieved through a holistic approach which includes not only biomedical factors, but the social determinants of health and wellbeing such as access to safe and affordable housing, education and employment.

each currently delivers the following services:

- Mental Health Support
- Counselling / Psycho-social Support
- Primary Health Care
- Disability Support
- Aged Care
- Child / Youth / Family Support
- Employment Support
- Housing

each is committed to integrated and coordinated service provision. We recognise the increasing need for effective linkages between these various service areas, particularly for people with complex needs. We strive to provide seamless, coordinated care that meets these needs.

Our Approach to Health and Wellbeing

each’s Vision is to build healthy and inclusive communities.

We recognise that health and wellbeing are determined by a combination of medical, behavioural, social and environmental factors. This holistic approach provides the rationale for **each’s** core services and health promotion as its key endeavour.

Within this framework, health is understood as:

“a state of complete physical, mental and social well-being and not merely an absence of disease”¹ and also

“... a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”²

The WHO Ottawa Charter³ asserts that in addition to the basic requirements for physical health, such as access to medical care and lifestyle factors, the fundamental preconditions and resources for health and wellbeing, at individual and community levels are a range of social determinants which include:

- Freedom from violence and discrimination
- Access to secure accommodation
- Access to education
- Gender
- Food security
- Access to a secure income and freedom from poverty
- A safe and sustainable environment
- Social justice and equity

Consequently, **each** works to:

1. Provide a wide range of services that directly target the social, physical and medical determinants of health and wellbeing.
2. Promote health through prevention and advocacy for better health and wellbeing for individuals and communities.
3. Prioritise services and supports to individuals and communities having poorer access to resources for health, who experience disadvantage and discrimination, or who are marginalised.⁴ These individuals often have multiple and complex needs.
4. Address policies and structural inequities which lead to inequalities in health and wellbeing.

In all aspects of service provision, **each** seeks to enable people to increase control over their health and to improve their overall wellbeing.

1. World Health Organisation (1946), Preamble to the Constitution of the World Health Organisation, as adopted by the International Health Conference, New York, June 1946
 2. World Health Organisation (2001a), Strengthening mental health promotion, Fact Sheet No. 220, World Health Organisation, Geneva
 3. World Health Organisation (1986), Ottawa Charter for Health Promotion, First International Conference on Health Promotion Ottawa, 21 Nov 1986
 4. Wilkinson, R., Marmot, M. (2003): Social Determinants of Health: The Solid Facts. 2nd Ed, World Health Organisation, Geneva

outcomes of the **each** 2006-2010 strategic plan

This new Strategic Plan does not exist in isolation. It is built on the foundation of the 2006-2010 Plan which set out to address the following strategic priority areas:

- Community Engagement
- Workforce Development in the Context of Change
- Stakeholder Engagement and Collaboration
- Service Coordination and Organisational Integration
- Management of Growth and Risk
- Image and Reputation

The previous Strategic Plan realised five years of development for **each**. In that period **each** transitioned from being an organisation focused on the outer eastern suburbs of Melbourne to being a provider of a broad range of social and community health services right across the Eastern Metropolitan Region, as well as providing services in Southern and Western Melbourne, state-wide Victoria and the New England and North Coast regions of New South Wales.

Growth Data

Some aspects of the changes experienced by **each** are reflected below:

	2006	2011	% change
Equivalent Full Time Staff	204	412	102
Revenue (\$ x 10⁶)	17.6	35.6	102
Sites	15	31	107
Number of Core Programs	46	83	80

Service Developments and Other Initiatives

Over this period **each** has also achieved a more diversified and far-reaching service profile which has included:

- Strengthened services to children, young people and families through the development of **each child**, the Family Relationship Service and services to young people at risk of homelessness, disengagement and mental health problems.
- Employment Services that have transitioned from an exclusive focus on mental health to include other disabilities and rehabilitation services. Employment support services are now provided across three metropolitan regions and include a number of social ventures and the provision of accredited training through the **each** Registered Training Organisation.
- Disability services that have fully embraced the concept of consumer choice, individualised support and community inclusion.
- Strengthened cultural awareness and competence in the provision of services to Aboriginal communities. This has been achieved through affirmative action as part of the Closing the Gap Initiative, as well as through partnerships with Mullum Mullum Indigenous Gathering Place, Boomdawan Willam Healing Service and with Aboriginal communities across New England and North Coast NSW.
- Stronger relationships with the recently arrived refugee communities of outer eastern Melbourne and more targeted services that better meet the needs of these communities.
- Greater collaboration with a range of clinical and tertiary services such as the hospital system, GP's, clinical mental health teams, forensic and justice systems.
- Establishment of an independent Housing Provider organisation, **each** Housing Ltd.
- Reorientation of community mental health support services around a Recovery framework which strengthens the focus on consumer empowerment and Recovery outcomes.

Changes Within each

each has also adapted to rapid changes in the internal and external environment over this time. Its capacity to support people with whom it works has increased and its connection to community is stronger than ever.

each has continued to broaden its partnership base and to strengthen its existing relationships with State, Federal and Local Government, as well as a wide range of non-Government organisations, local service providers and the corporate sector.

each has a reputation for quality, innovation and a commitment to delivering on its obligations. This was evidenced in 2007 when **each** was awarded the Victorian Premier's award for Primary Health Service of the Year.

each now has the capacity and skills to explore new opportunities and looks forward to building upon its achievements.

the next five years

Challenges and Opportunities

Key factors in the external environment that will impact on the way **each** consolidates and further develops its services over the next five years include:

An increase in the complexity of factors impacting on people's lives, requiring a "whole of person" response:

Improvements in health and wellbeing are increasingly recognised as being dependent on holistic care that addresses not only the physical aspects of health but the social determinants of health and wellbeing. The adoption of this framework is particularly relevant to **each's** target clients and communities, whether they be older people with chronic illness, people with disabilities, people experiencing mental health problems, young people, children and families, or people going through traumatic or confronting experiences or episodes in their lives⁵.

There is an increased emphasis within all funding policies on the importance of developing integrated models of care and service delivery. Supported referral practices, holistic care planning and interventions that assist clients to achieve a broader range of outcomes are increasingly seen as integral to quality service.

An ageing population:

As the proportion of people aged over 65 years rises⁶ there will be increased demand on the health system and associated increased service delivery costs. Depression and related

diseases are exacerbated in older people and they have worse health outcomes after illness and accidents. In response, there is an increasing focus on assisting people to live independently and self manage for longer. The important role of carers in supporting independence is also being increasingly recognised.

Increases in the burden of chronic disease and disability:

Chronic diseases currently make up approximately 80% of Australia's burden due to death, disability and diminished quality of life. This is expected to increase further over the next decade due to the ageing population and lifestyle factors such as obesity, and mental illness⁷. People experiencing strokes, trauma and severe head injuries are also likely to have higher survival rates and live longer, further increasing the burden of disease. As with the ageing population, improved self management, independence and the role of carers and the primary/ community health system will be increasingly important.

5. VicHealth: (2008) Research Summary : Burden of Disease due to Health Inequalities, VicHealth Carlton

6. Australian Government: (2010) Australia to 2050: Future Challenges

7. Australian Govt Dept of Health and Ageing: (2006), National Chronic Disease Strategy, Canberra

National health care reform:

Current National Health Reforms are aimed at achieving better coordination and planning of a wide range of primary health care services with a focus, initially, on General Practice, Community Nursing and Community Health. Over time this will include residential and home based aged care, mental health and drug and alcohol services and a stronger intersection with the social health agenda. Medicare Locals, as proposed by the Health Reform, are to undertake local health planning and needs identification, increase the use of multidisciplinary integrated care in community settings and support initiatives to improve disease prevention and early intervention. A key objective will be to reduce demand for hospitals and other tertiary services. The reforms also aim to make it easier for clients to navigate the health care system, provide more integrated and responsive care, and ultimately, make primary health care the 'front line' of the health system.

Changes in models of care, funding and policy directions towards more person directed care:

New approaches to mental illness, disability and other chronic diseases are increasingly promoting 'recovery' or 'active self management' models that empower individuals to take responsibility for their own health and wellbeing. Such approaches emphasise a partnership approach between the client, the care-giver and other key support people to achieve better outcomes⁸. Funding models will increasingly reflect the marketisation of service provision with individuals self managing their own funding and having greater choice of services and providers.

Socio-demographic changes:

A number of major socio-demographic trends are forecast for metropolitan areas over the next five years and beyond. These include:

- Rapid population growth, particularly in outer urban areas.
- Rapid increases in the number of people with multiple and complex needs.
- Ongoing challenges facing migrant, refugee and Aboriginal communities.
- Lack of access to affordable housing, transport and communications⁹.

The challenges faced by rural communities over this time may differ somewhat with issues relating to technology, distance, isolation, lower incomes, limited employment and the decreasing levels of government and private infrastructure and business in many rural, regional and remote areas¹⁰.

The negative impact on health and wellbeing outcomes between those who are well off and those who are most disadvantaged is also a cause of concern in Australian society. Research has shown the effect of an increasing social gradient as:

"People further down the social ladder usually run at least twice the risk of serious illness and premature death as those near the top."

"Life expectancy is shorter and most diseases are more common further down the social ladder in each society."

8. Vic Govt Dept of Human Services,(2009): Strengthening Consumer Participation in Victoria's Public Mental Health Services

9. B. Robson and J. Wiseman, (2009): The MacroMelbourne Initiative: Social and Economic Disadvantage in Melbourne: trends, challenges and priorities for philanthropic investment. McCaughey Centre, VicHealth Centre for the Promotion of Mental Health and Community Wellbeing

10. RWN State Advisory Committee (2007): Rural/Urban Divide Information and Statistics Project Wilkinson, R., Marmot, M. (2003): Social Determinants of Health: The Solid Facts. 2nd Ed, World Health Organisation, Geneva

Place-based approaches to service provision:

There is increasing recognition of the importance of links to local communities. Service accessibility and local knowledge is essential in engaging people who experience difficulties in accessing services. Place-based approaches strengthen connections to clients and families and empower local communities to have greater involvement in shaping services and determining how services will be delivered in the future.

each is no longer a small service provider operating in the Outer East of Melbourne but has become a medium sized non-Government Organisation with a workforce of over 600 staff delivering a diverse range of services across two states. As **each's** services have grown in size, diversity and catchment area, our commitment to local communities remains unchanged. New sites established by **each** become a resource to the local community as well as a hub from which outreach services are able to be provided to more isolated communities.

Over the next five years, **each** will need to respond to the predicted changes in the external environment. **each** will do this by continuing to build new partnerships and strengthening existing relationships and by ensuring that its services maintain and strengthen their reputation for excellence. **each** will optimise its leadership, workforce, infrastructure and operational systems to meet the challenges and opportunities of the future.

In this way **each** will continue to ensure that services of the highest quality are accessible to all in our community; particularly those who are most in need.

our vision

A healthy and inclusive community.

our mission

each works to enhance and promote health, wellbeing and social inclusion across a range of communities, prioritising people with the highest needs.

Our Values

Equality

- We recognise the equality of all people
- We promote justice and equity
- We support affirmative action and actively oppose all forms of discrimination

Respect

- We make mutual respect the basis of all our interactions
- We respect diversity and respect the dignity of each person
- We embrace the differences in people and perspectives

Integrity

- We act with honesty and accountability
- We behave ethically
- We take responsibility for our actions

Care

- We care about the people and community within which we work and live
- We care about our colleagues and ourselves
- We support people to develop and build on their strengths

Responsiveness

- We take actions and opportunities to create results
- We provide services that are person centered and focused on outcomes
- We keep our commitments and promises

Our Principles

Social Justice

each promotes the dignity of all people and works to realise the innate right of all to equitable access to resources and opportunities.

Holistic Care

each addresses the physical, mental and social factors that impact on the health and wellbeing of individuals and communities.

Responsibility

each recognises that it holds a position of trust and responsibility within the community. We fulfill this responsibility through the delivery of quality services, behaving with integrity, striving to make a community contribution and through responsible and sustainable use of our resources.

Collaboration

each recognises the value of robust partnerships and the ability to deliver improved outcomes for individuals and communities through working together.

Accountability

each recognises its accountability to the people and communities it serves and to its funding bodies.

our culture

Our distinctive culture is at the heart of all that we do, how we work and how we relate. The way we work with and relate to each other reflects our values and principles. Our relationships encourage and build mutual trust through:

1. Building Relationships

- openness and mutual respect in which everyone's contribution is equally valued
- staff and volunteers who are passionate about our Vision and Mission
- a 'can do' approach to addressing needs and solving problems
- a commitment to excellence and continual quality improvement
- leaders who model our values and inspire staff
- teams that work collaboratively and have the ability to change and adapt
- a commitment to constructive dialogue and genuine engagement with each other, the community and our partners

2. Working with the Community

Everything we do is premised upon benefitting communities, particularly those who are vulnerable or disadvantaged. We strive to reduce social isolation, poverty, poor health and stigma. We work in partnership with whole communities and policy makers to address those conditions which lead to unequal access to opportunity, participation, resources and influence.

At **each** we:

- Work with the whole community, and direct priority resources to people who have multiple and/or complex needs and are at risk of poor life outcomes
- Provide services that are targeted to specific needs and population groups, and work in collaboration with universal and mainstream services such as GPs and hospitals
- Constantly work towards the development of preventative, early intervention and health promoting strategies that address the social determinants of health and wellbeing
- Actively encourage the involvement of our communities in the planning and delivery and review of services

3. Placing People at the Centre

each exists for the benefit of those who use our services. We are committed to designing and delivering services that are person centered. People are treated as equal partners in developing, planning and evaluating the services they receive. In this way, **each**:

- Empowers people to take responsibility for their own health and wellbeing
- Develops explicit strategies, approaches and settings that ensure that services are culturally competent, age and gender appropriate
- Delivers services that reflect an understanding and empathy with the unique perspectives of the people with whom it works
- Engages service users as equal partners in service provision and respects their choices
- Enables service users to participate in shaping services through feedback, structured planning and governance processes

4. Quality, Innovation and Service Excellence

each has a commitment to, and a reputation for, consistent, reliable and high quality services and for effective service innovation. We strive to constantly improve the quality and safety of the services we provide by:

- Accepting and upholding our duty of care to clients and the community
- Developing and maintaining systems and processes which monitor and evaluate the quality of our services
- Analysing and addressing instances of poor quality in service provision or organisational processes
- Recognising and promoting quality improvement and innovation initiatives
- Maintaining formal quality accreditation systems and processes

each also recognises and values the importance of innovation as a constant driver for service improvement and problem solving. Innovative organisations are frequently at the leading edge of change, are quick to recognise promising new ways of doing things or the potential benefits of emerging technology or service practices.

each fosters a culture of innovation by:

- Actively welcoming and promoting creativity and openness to new ideas and change at all levels
- Undertaking analysis, research and prudent assessment of the potential risks and benefits of opportunities for innovation
- Maintaining awareness of promising new developments in service provision and organisational practices, and by frequently being an early adopter of new approaches

strategic priority 1

equity and
access

each will actively address the social determinants of inequity and disadvantage.

Strategic Objectives

1.1 Provide accessible, person-centered responses to consumers' needs by coordinating and integrating services within each and with those in the wider community

- Facilitate access to **each** services providing a responsive, problem-solving approach to requests for assistance at any access point (no wrong door).
- Undertake holistic needs identification and coordinated service delivery.
- Implement electronic referral and service coordination systems consistent with leading practice.
- Provide supported referrals and access to internal and external services appropriate to the needs of service users.

1.2 Develop partnerships with other sectors to promote collaborative action for health and wellbeing

- Promote knowledge and understanding of the role of all sectors in the development of health and wellbeing.
- Develop strategies that engage partners across different sectors to address complex social and health needs.
- Strengthen our work with housing, education, transport, the business sector and others, as key partners in the development of healthy and inclusive communities.

1.3 Strengthen community capacity and resilience

- Work with communities to advocate for critical needs.
- Share knowledge and proven models of service delivery with new communities.
- Leverage community resources to seed initiatives and develop community capacity.

1.4 Influence policy makers through informed advocacy

- Gather data which provides evidence of social need.
- Develop innovative service models to test/challenge existing policy and practice.
- Directly and indirectly inform and influence policy and practice.

strategic priority 2

service
excellence and innovation

each will be an effective and reliable provider of high quality services which are person-centered, responsive, outcome focused and innovative.

Strategic Objectives

2.1 Develop high quality services that are recognised as leading practice

- Apply action research principles to ensure that services are evidence-based and consistent with leading practice.
- Coordinate services to ensure that they are accessible and well integrated.
- Design services to ensure that they are person and family centered.
- Evaluate services to ensure they achieve desired outcomes
- Promote and present examples of best practice both internally and externally.

2.2 Develop efficient and effective responses through innovation and early adoption of new service models

- Develop innovative responses according to need and circumstances.
- Initiate or respond to invitations to trial and evaluate new initiatives.
- Build upon proven success.
- Actively promote **each's** image and reputation as a 'can do' organisation.

2.3 Empower service users, consumer groups and communities

- Actively involve service users in planning, implementing and evaluating the services they receive.
- Provide opportunities for community contribution to the design and evaluation of services, systems and processes provided by **each**.
- Promote and support volunteers as valued contributors to the work of **each**.
- Include consumer and community perspectives in governance structures and processes.

2.4 Measure outcomes and effectiveness and improve our methods accordingly

- Support staff to evaluate services they provide.
- Enhance the use of performance and outcome measures in service delivery and business processes.
- Strengthen and enhance clinical governance and continuous improvement systems.

strategic priority 3

partnerships

and social enterprise

each will develop innovative and entrepreneurial partnerships with Community, Government, NGO and Corporate sectors that strengthen its capacity to achieve its Vision.

Strategic Objectives

3.1 Seek and develop opportunities to work closely with communities where we have skills and capacity to add value

- Actively participate in networks and partnerships to achieve shared outcomes for **each** and its partners.
- Establish formal partnerships as required to strengthen service capability and capacity.

3.2 Coordinate services with government and non-government service providers in order to deliver a comprehensive response to the needs of communities

- Develop partnerships between community and acute sectors to coordinate and integrate services.
- Enter into formal agreements with other service providers to achieve the most effective health and wellbeing outcomes for consumers and carers.
- Develop and implement systems of service coordination to ensure consistent and streamlined service delivery.
- Fully utilise available service coordination technologies to achieve better outcomes and experiences for consumers and carers.

3.3 Develop partnerships with the corporate sector and establish joint initiatives that increase participation and access to economic, social and health opportunities

- Engage with corporate and business sector partners who share our values and interests to establish mutually beneficial initiatives.
- Engage with workplaces as environments for health promotion and community development.
- Develop opportunities through which corporate social responsibility and philanthropic initiatives can engage with the work of **each** on a sustainable basis.
- Evaluate the social return on investment of initiatives to demonstrate the benefits to stakeholders.

strategic priority 4

organisational capacity

each will build robust organisational systems, business solutions and management practices; and develop resilient and capable staff to ensure sustainability and success in the face of change.

Strategic Objectives

4.1 Promote the ongoing development of staff skills and their engagement with the work of each and support sector workforce development

- Implement training and professional development plans based on analysis of current and future workforce requirements; including working with the tertiary training sector and professional bodies to support workforce development.
- Invest in the health and wellbeing of staff through family friendly and health promoting HR policies and practices.
- Further develop HR policies, systems and processes that support and promote an engaged and motivated workforce and a fair and equitable workplace.
- Strengthen the resilience of the workforce and its capacity for rapid response and effective change management.
- Support and value the contribution of volunteers and their commitment to **each**.

4.2 Systematically analyse and address strategic and operational issues faced by the organisation.

- Continue to develop and enhance business information management system capabilities based on proven technologies.

- Develop an integrated Information and Communication Technology capability that allows insightful analysis of business and clinical practice information.
- Widely disseminate and consider outcomes of reviews and evaluations of organisational strategies, interventions and other initiatives.

4.3 Build robust infrastructure and implement sustainable practices

- Develop appropriate infrastructure including capital, accommodation and equipment, to optimise the efficiency and effectiveness of services.
- Proactively plan to ensure that resources are responsive to changing needs.
- Make expenditure and resource utilisation decisions in terms of efficiency, effectiveness, value for money and social and environmental impact and sustainability.

4.4 Work to achieve sustainable ecological practices

- Conserve resources and minimise waste through efficient use of resources.
- Develop responses to deal with changing ecological impacts on people in our client groups.
- Implement organisational practices that limit **each's** negative impacts on the ecological environment.
- Support staff to practice positive ecological behaviours.

strategic priority 5

service expansion

each will undertake targeted service expansion consistent with our Mission and capability.

Strategic Objectives

5.1 Expand services into new and existing catchments and communities where we have opportunity, skills and capacity

- Identify opportunities for new service development or service expansion in order to:
 - Deepen our roots in communities where we have an established platform of services
 - Replicate our successes in new communities or locations
 - Address newly emerging or identified needs in communities
 - Achieve scale where necessary for sustainability

- Analyse and assess opportunities according to established criteria, including assessment of the benefits to communities; risks and strategic benefit to **each** and **each's** capabilities and capacity to manage these risks.
- Strengthen staff and management skills and capacity to develop services within new or expanding areas, including regional and interstate catchments.
- Upgrade infrastructure, business, HR and client information and clinical support systems and processes to optimise service delivery across catchment areas, including metropolitan, regional and interstate.
- Develop strategic partnerships, governance and operational systems to enhance, support and develop service opportunities in new areas of service provision.

each's strategy for 2011-2015





each
social and community health

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