

phn
NORTHERN SYDNEY

An Australian Government Initiative



SYDNEY NORTH
Primary Health Network

Achieving together - better health, better care



2015/2016

SYDNEY NORTH PRIMARY
HEALTH NETWORK **ANNUAL REPORT**

ACKNOWLEDGEMENTS

The Sydney North Primary Health Network gratefully acknowledges the financial and other support of the Australian Government Department of Health.

- Editing:** Abby Edwards
- Design:** Josephine Pirreca
www.facebook.com/JosephinePirrecaGraphicDesign
- Photographs:** Bec Lewis
www.blimaging.com.au
- Printing:** Fishprint
www.fishprint.com.au

DISTRIBUTION

This Annual Report is available on the SNPHN website (www.snhn.org.au) and directly from the SNPHN offices.

ENQUIRIES

- T:** (02) 9432 8250
E: info@snhn.org.au
A: Level 1, Building B, 207 Pacific Highway, St Leonards NSW 2065
ABN: 38 605 353 884

Published in October 2016.



ACKNOWLEDGEMENT OF COUNTRY

The Sydney North Primary Health Network wishes to acknowledge Australia's Aboriginal people as the Custodians of this land. We pay our respect and recognise their unique cultures and customs and honour their Elders past, present and future.

Artist Acknowledgement: Jessica Birk

CONTENTS

01

▶ Overviews

- 07 Chair's Report
- 08 Chief Executive Officer's Report

02

▶ About Us

- 11 Our Purpose
- 13 Our Region
- 14 Our Board
- 16 Integrated Clinical & Community Leadership

03

▶ Commissioning

- 18 Commissioning & Partnerships Overview
- 21 Innovation Grants
- 22 Planning & Performance

04

▶ Building Primary Healthcare Capacity

- 26 Primary Care Advancement & Integration Overview
- 27 Primary Care Support
- 28 HealthPathways
- 30 Digital Health
- 31 Education Program
- 33 Community Engagement & Health Literacy

05

▶ Service Transformation

- 36 Aboriginal & Torres Strait Islander Health
- 37 After Hours
- 39 Aged Care & Healthy Ageing
- 40 Access to Allied Psychological Services
- 41 Mental Health & Alcohol and Other Drugs
- 42 iSolve
- 43 Musculoskeletal Initiative
- 44 Youth Health Services

06

▶ Organisational Excellence

- 46 Corporate Services Overview
- 47 Marketing & Communications
- 50 Information Technology
- 50 Human Resources

07

▶ Financial Report

- 54 Directors' Report
- 58 Auditor's Independence Declaration
- 59 Independent Audit Report
- 60 Directors' Declaration
- 61 Statement of Surplus or Deficit and Other Comprehensive Income
- 62 Statement of Financial Position
- 63 Statement of Change in Funds
- 64 Statement of Cash Flows
- 65 Notes to the Financial Statements
- 66 Summary and Analysis

01



OVERVIEWS

Magda Campbell
Board Member
Northern Health Network

CHAIR'S REPORT:

CELEBRATING OUR FIRST YEAR



Dr Magdalen Campbell - SNPHN Chair

Achieving together - *better health, better care*

At Sydney North Primary Health Network (SNPHN), our Vision: **“Achieving together - better health, better care”** is reflected in all our activities - always with the aim to improve the health of our whole community. In primary care we aim to deliver holistic care in partnership with our patients.

Central to our PHN activities is our person-centered model of healthcare to ensure the right care, in the right place, at the right time.

The core business of supporting and strengthening primary care, as developed through the Divisions of General practice and then Medicare Locals, is continued by our PHN.

During this first year our PHN has provided us with many challenges - from constructing a robust governance structure for the organisation, through to developing strong ties with our community and stakeholders. Indeed, at the heart of our organisation is our Community. This encompasses our Members - GPs, allied health professionals, practice managers, practice nurses, our member organisation's through to our very active and engaged community representatives as well as the wider community that we serve. They are literally our lifeblood.

The starting point for our journey was a Needs Assessment. It was a coming together of the health needs identified by the original two Medicare Locals, which has now been further developed and updated. Our infant organisation, using wide community input, assessed the opportunities provided by this background data to develop and shape our Strategic Plan. Specifically, we have been striving to identify service gaps in our vulnerable populations. One of the key strengths of our PHN is our Clinical and Community Councils. Their work has been vital in the

process of developing innovative models of care, and we thank them for their expertise and contributions.

The PHN has been charged with the challenge of developing a commissioning model to respond to our community's identified needs. The Needs Assessment process will now be an iterative one within the commissioning model and the quality improvement activities within our general practices.

We are now aligned with the Northern Sydney Local Health District and are looking forward to working more closely with the LHD on effective shared planning for our region. One of the opportunities to improve patient safety and care is through the increasing use of integrated IT systems within the practices. This includes secure messaging for more streamlined communication with other health providers involved in our patients' care. The first major project with the LHD has been the development of an evidence based clinical decision-making tool - HealthPathways. This innovative tool will be rolled out in the new year across the region. It is only one of the ways that our PHN is looking to the future to assist primary care to prepare for the constantly changing healthcare environment.

The Board would sincerely like to acknowledge and thank our CEO Lynelle Hales and her team for taking on the challenge of the PHN in its infancy and developing a robust and responsive organisation.

I would like to take this opportunity to thank the Inaugural Board of SNPHN for the long hours, extra work and responsibility through the establishment of the PHN.

A handwritten signature in black ink that reads "M. Campbell". The signature is written in a cursive, flowing style.

Dr Magdalen Campbell - SNPHN Chair

CHIEF EXECUTIVE OFFICER'S REPORT:

CELEBRATING OUR FIRST YEAR



Lynelle Hales - SNPHN Chief Executive Officer

As the CEO of the Northern Sydney PHN (operated by the Sydney North Primary Health Network), it is a pleasure for me to report on the 2015/16 inaugural year. It has been an exciting year as we built on the strong foundations established by the two Medicare Locals, Northern Sydney and Sydney North Shore and Beaches.

As a new organisation this year we have put in place our corporate governance framework, undertaken an IT strategic roadmap, delivered strong healthcare campaigns and key messages, and built a strong commissioning organisation. We have a highly skilled and adaptable workforce to enable us to realise our strategic vision.

Our PHN has an important role to drive, support and strengthen primary healthcare in our region. Our aim is to simplify the healthcare system by providing better information, education and networking opportunities for health professionals, connections across the health system, a better experience for health providers and improved health for the Northern Sydney community.

Our partnership approach and community focus is reflected in our vision: Achieving together - better health, better care.

Our Strategic Plan 2015-18, developed through Board and stakeholder discussions, identified four strategic priority areas for the next three years to realise this vision:

- ◆ **Building Primary Healthcare Capacity:** enhancing GP and clinical leadership and supporting the retention, development and growth of a contemporary primary healthcare workforce.
- ◆ **Service Transformation:** Working together across the health system for the coordination of care and

seamless transitions. Developing health intelligence at the patient, practice and health system level to improve understanding and create solutions.

- ◆ **Commissioning:** working with the market to co-design, deliver and actively manage services to most effectively and efficiently meet the needs and improve outcomes within the resources available.
- ◆ **Organisational Excellence:** operate in an environment of continuous improvement and systematic risk management to deliver our commitments.

Our first Baseline Needs Assessment revealed a changing demographic that faces a number of challenges across age groups with pockets of disadvantage. The Needs Assessment process has enabled us to investigate further and identify specific areas where there is a significant need for services and support in order to achieve improved health outcomes for vulnerable community groups, namely residents with mental health or drug and alcohol problems, disadvantaged youth and the elderly.

The PHN will drive improved health outcomes in the local community by leading the planning, coordination and integration of services, bringing all parts of the health system together and commissioning appropriate services that respond to regional need. We have created opportunities this year to engage and work in partnership with GPs, allied health professionals, nurses, the Northern Sydney Local Health District and our local community. Key highlights included:

- ◆ The SNPHN launch and stakeholder engagement event, December 2015 (over **260** attendees).
- ◆ The establishment of our Clinical and Community Councils with experienced and broad

“

We could not have achieved so much without the support of the Chair, Board, Members, Clinical and Community Councils, funding partners and stakeholders and (of course) our staff. I congratulate and thank everyone for their efforts.

”

representation has ensured our planning and commissioning decisions have been locally owned and led.

- ◆ Clinical education program established with **42** events held and over **1700** participants.
- ◆ General practice support program established, with **1805** interactions.
- ◆ Building a growing membership base, with over **500** members approved before end of June 2016.
- ◆ Establishing a clinical support program including HealthPathways, with over **100** people from across the region attending the initial launch.
- ◆ Commissioning opportunities for stakeholders to partner with us through grant funding in after hours, mental health and innovation grants (**23** recipients funded).
- ◆ Continued access to services - facilitated access for **2623** clients to **13269** short-term psychological individual and group sessions; **44** clients received care coordination and supplementary services through **6559** episodes of care coordination; and **2500** year 10 and 11 students participated in our GP in Schools program around proactively accessing health services.
- ◆ Working in partnership to facilitate continuous quality improvement (QI) with:
 - The NSW Agency for Clinical Innovation and Northern Sydney Local Health District on the primary care musculoskeletal program;
 - The Improvement Foundation developing quality indicators for management of dementia and implementing a QI coaching program;

- The University of Sydney and NSW Clinical Excellence Commission to implement a iSOLVE falls prevention research program; and
- The University of Sydney and PCCS (Primary and Community Care Services) in implementing the Nurse Transition program in general practice.

- ◆ The establishment of a new website, eNewsletters and social media channels with an average of **49,150** website page visits per month, **3500** eNews subscribers, and a social media community of over **750** people.

A special thank you to our Chair, Dr Magdalen Campbell, whose leadership and guidance has made an enormous contribution to the success of the organisation during our inaugural year. I would also like to recognise the support of our Board, who have worked tirelessly to ensure we are strategically positioned to improve services and have a positive impact on the lives of local people.

We could not have achieved so much without the support of the Chair, Board, Members, Clinical and Community Councils, funding partners and stakeholders and (of course) our staff. I congratulate and thank everyone for their efforts. I am proud to be working alongside such a great team and look forward to the ongoing successes we can achieve together.



Lynelle Hales
SNPHN Chief Executive Officer



02



ABOUT US

OUR PURPOSE

The Northern Sydney PHN, operated by the Sydney North Primary Health Network, is one of 31 Primary Health Networks (PHNs) established by the Australian Government to increase the efficiency and effectiveness of health and medical services for the community. Our focus is on patients who are at risk of poor health outcomes and we work to improve the coordination of their care so they receive the right care, in the right place at the right time.

Better health outcomes for patients is achieved by working together with a network of health professionals including general practitioners, practice nurses, allied health providers, the Northern Sydney Local Health District and other health services. This partnership approach and community focus is reflected in our vision: Achieving together – better health, better care.

Against a backdrop of strong population growth for our region, an ageing population, potential healthcare workforce shortages and greater numbers of hospitalisations and GP visits over the next 15 years, SNPHN will be concentrating on innovative and sustainable solutions that shift the focus of care out of the hospitals and into the hands of primary healthcare.

OUR 4 STRATEGIC PRIORITY AREAS ARE:

1. Building Primary Healthcare Capacity
2. Service Transformation
3. Commissioning
4. Organisational Excellence



At SNPHN we look to work together to create a connected experience for health providers and deliver healthcare in a way that responds to community needs, is patient-centered and has a focus on prevention and wellness.

Driven by a set of national priorities and locally assessed needs, SNPHN will continue to work directly with health professionals to improve and better coordinate care across the local health system for patients requiring healthcare services from multiple providers.

OUR TEAM

SNPHN offer a highly experienced and knowledgeable workforce that connects and coordinates services for the local primary healthcare sector. Our Board of Directors brings a wealth of knowledge in healthcare governance, general practice, allied health, finance and risk, and community engagement.

Our staff provides specialised skills and expertise across:

- ◆ Primary Care Support (data extraction, accreditation, quality improvement)
- ◆ Commissioning
- ◆ Continued Professional Development (CPD) Education
- ◆ Allied Health Services
- ◆ Digital Health
- ◆ Care Coordination (Aboriginal & Torres Strait Islander Health, Aged Care, Mental Health, Chronic Disease and Youth Health)
- ◆ Population Health Planning
- ◆ Community Health & Engagement
- ◆ Health Literacy
- ◆ Communications & Marketing

GOVERNANCE & MEMBERSHIP

In addition to the Board of Directors, the Governance Framework for SNPHN includes:

- ◆ Finance, Audit and Risk Management Committee
- ◆ Clinical Governance Committee
- ◆ Nominations and Remunerations Committee
- ◆ Community Council
- ◆ Clinical Council

Sydney North Primary Health Network offers annual membership to individuals, organisations and associates and we currently have over 500 members.

As a member of SNPHN you have a platform to present your views on primary healthcare, priority access to continuing professional education events, opportunities to connect with other health professionals, the right to vote at Board elections and attend the Annual General Meeting.

Members of SNPHN also have the opportunity to influence health priorities and improve health outcomes in our community.



Current reform around primary healthcare is advancing at an exciting and rapid rate.

Sydney North Primary Health Network welcomes and relishes the opportunity to work with healthcare providers, professionals and patients in our region to build a robust and responsive health network.

Dr Magdalen Campbell
Local GP & Chair of SNPHN

OUR REGION

The SNPHN region spans 899.9 square kilometres, aligns with the Northern Sydney Local Health District and encompasses 9 Local Government Areas (LGAs):

- ◆ Hornsby
- ◆ Hunters Hill
- ◆ Mosman
- ◆ North Sydney
- ◆ Northern Beaches
- ◆ Lane Cove
- ◆ Ryde
- ◆ Willoughby
- ◆ Ku-ring-gai



OUR BOARD



DR MAGDALEN CAMPBELL Chair

Qualifications: M.B.B.S., FRACGP, MAICD

Experience:

- ◆ Inaugural SNPHN Board Member.
- ◆ GP and Principal of own practice.
- ◆ Training and experience in Corporate Governance and Strategic Planning.
- ◆ Previously on the General Practice Network Northside Board from 1992 to 2012, holding positions of Chair, Treasurer and Secretary.
- ◆ Board member for Northern Sydney Medicare Local from 2012 to 2015.
- ◆ Elected to the Board of Networking Health NSW in November 2014.
- ◆ Member of the ACI Chronic Disease Management Committee.



DR HARRY NESPOLON Deputy Chair

Qualifications: BM BS, DipRACOG, FRACGP, BEc, LLB (Hons), GCLP, FACLM, MBA, FAICD, MHL

Experience:

- ◆ Chair of GP Synergy.
- ◆ Former Chair, Sydney North Shore and Beaches Medicare Local.
- ◆ Former Chair, Northern Sydney Division of General Practice.
- ◆ On the Council of the Royal Australian College of General Practitioners (NSW) and is the Principal of two General Practices.



DR STEPHEN GINSBORG

Qualifications: MB BCh, MA, MAICD

Experience:

- ◆ Director of the Manly Warringah Division of General Practice.
- ◆ Former Deputy Chair of the Sydney North Shore and Beaches Medicare Local.
- ◆ Chair of the SNPHN Clinical Governance Committee.
- ◆ Medical Director of the National Home Doctor Service.
- ◆ Board member Council on the Ageing (NSW).



BRYNNIE GOODWILL

Qualifications: JD International and Corporate Law. AB, GAICD

Experience:

- ◆ Strategy and Partnerships Director at SharingStories Foundation.
- ◆ Director of Earth Trust and BKG Group.
- ◆ Former CEO of Jubilee Australia and LifeCircle Australia.
- ◆ Chair of the SNPHN Community Council and of the SNPHN Remunerations and Nomination Committee.
- ◆ Former Health Consumer Director of Sydney North Shore and Beaches Medicare Local.



JANET GRANT

Qualifications: CA, MCom, BAcc

Experience:

- ◆ Chair of SNPHN Finance, Audit and Risk Committees.
- ◆ Board member, NSW Government Audit and Risk Committees.
- ◆ Financial management and accounting, risk management and governance experience.



CAROLYNN HODGES

Qualifications: BA (Hons). MPsych(Clin). BPsych (Hon). DipClinHyp. MAPS. MASH. CEAP. MAICD.

Experience:

- ◆ Principal of a Clinical Psychology private practice.
- ◆ Previous mental health delivery experience in both public and private sectors.
- ◆ Member of SNPHN Clinical Governance Committee and SNPHN Clinical Council.
- ◆ Board member of Primary & Community Care Services, member of Primary & Community Care Services Clinical Governance Committee.



KATHRYN LOXTON

Qualifications: BaAppSc (Occupational Therapy), GAICD

Experience:

- ◆ Former Board member of the Sydney North Shore and Beaches Medicare Local.
- ◆ Former Board member of Independent Living Centre NSW.
- ◆ Current Board member of NSW Brain Injury Association.
- ◆ Executive Director of Caswell Health Care, a multidisciplinary private practice working in primary health throughout Sydney.

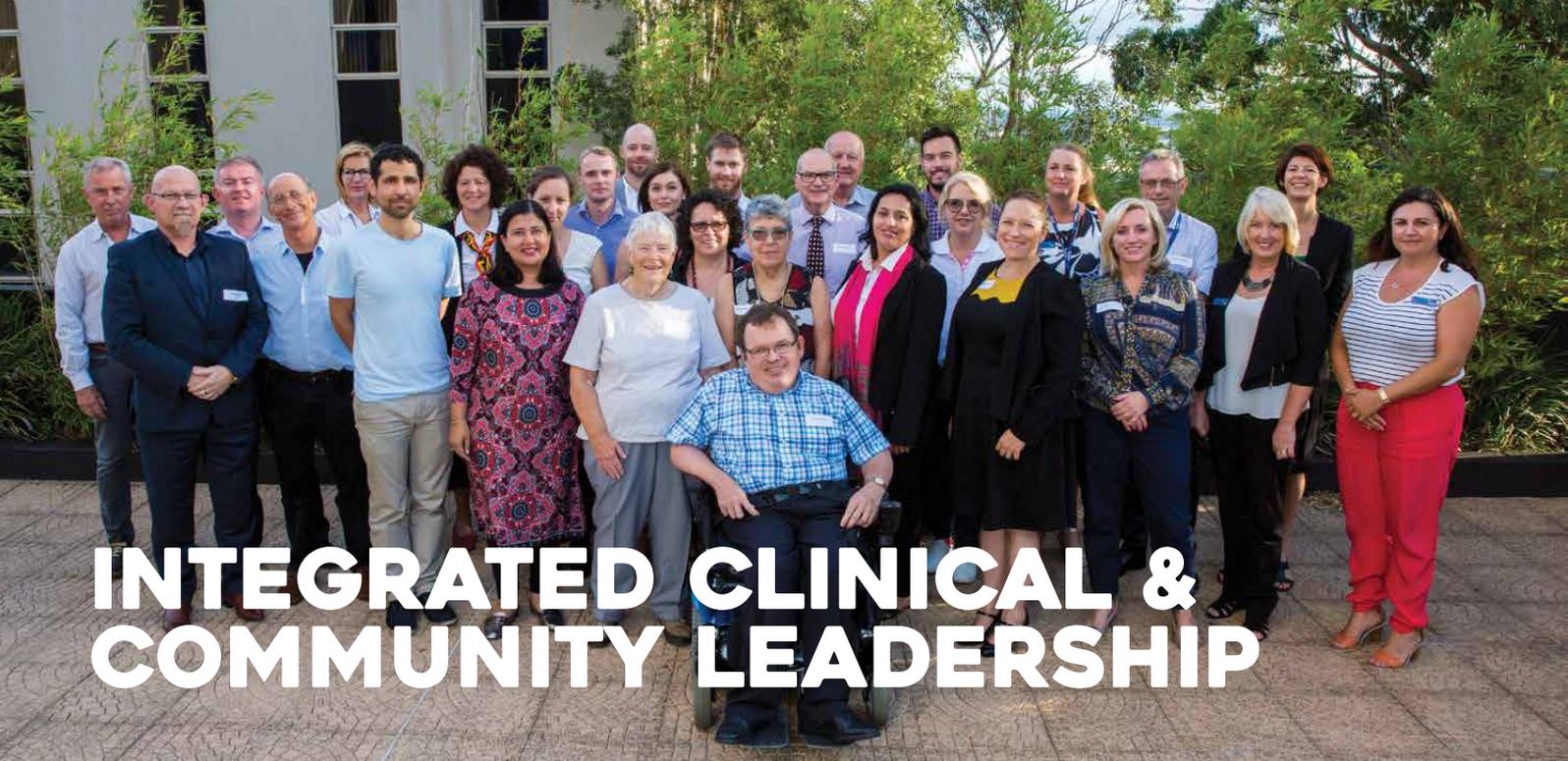


PROF. SIMON WILLCOCK

Qualifications: MBBS (Hons 1), PhD, FRACGP, Dip Obs, GAICD

Experience:

- ◆ Director of Primary Care Services at Macquarie University Health Sciences Centre.
- ◆ Board Chairman - Avant Mutual Group.
- ◆ Board member - Avant Insurance Limited.
- ◆ Board member - Doctors Health Fund.
- ◆ Clinician and academic with extensive experience in medical education and workforce development.



INTEGRATED CLINICAL & COMMUNITY LEADERSHIP

Clinical & Community Council Members

A key priority area this year has been developing integrated clinical leadership with the establishment of the SNPHN Clinical Council and community engagement through the SNPHN Community Council. The Board oversaw the establishment of both Councils in early 2015/16, with the inaugural meetings held in December 2015.

A key focus of the first meetings of both Councils this year was the review of the Terms of Reference and input into the Baseline Needs Assessment. In February 2016, a joint workshop of the two Councils was held to examine the findings of the Needs Assessment and another to provide input in to the establishment of our Person Centred Care Framework.

CLINICAL COUNCIL

The Board approved 10 inaugural members of the SNPHN Clinical Council including Board Members Professor Simon Willcock and Carolynn Hodges.

Key Clinical Council activities in 2015/16 included:

- ◆ Input into the PHN Annual activity work plan for 2016 -18.
- ◆ Attendance at HealthPathways program launch in May and endorsement of joint clinical priority areas for HealthPathways over the next year.
- ◆ Input into the PHN model of practice support including advice on implementation of quality improvement initiatives and incentives.
- ◆ Advise on development of local chronic disease management and PCMH (Person Centred Medical Home) programs.
- ◆ Support for the monitoring commissioned services.

Training and development activities have included strategic priority areas, a presentation on commissioning,

demonstration on the use of dynamic health system modelling to support robust commissioning decisions and use of the administrative portal.

COMMUNITY COUNCIL

The Board approved 11 inaugural members for the SNPHN Community Council including Board Members Brynnie Goodwill and Janet Grant. The Board appointed Brynnie Goodwill as Chair of the Community Council. A 12th member was appointed in January 2016, to deliver representation of young people in the community. The SNPHN Community Council has broad representation across the following sectors - Aged Care, CALD, Youth, Aboriginal, Disability, Law, Community & Family Health, Chronic Disease, Workforce Health, Mental Health, Carers, Governance, Veterans Health and Homelessness.

Areas and topics of consultation with the Community Council across their 4 meetings in 2015/16 have included:

- ◆ Communications, Engagement & Health Literacy plan and approach;
- ◆ After Hours campaign;
- ◆ Digital Strategy (including website, social media and online health polling);
- ◆ Quality Improvement in Healthcare;
- ◆ Community Health Education; and
- ◆ Community engagement in establishment of HealthPathways.

A number of the Community Council members also attended the consumer health forum via Health Consumers NSW and HealthPathways launch on 10th May 2016.



03

▶
COMMISSIONING

COMMISSIONING & PARTNERSHIPS OVERVIEW



David Grant: General Manager – Commissioning & Partnerships

During this first year, we have built a Commissioning and Partnerships team that has been responsible for investigating the health status and needs of the region. The team is also responsible for developing the capacity and intelligence of the organisation to become effective and strategic commissioners. We have worked closely with our partners, stakeholders and the community to better understand the needs of the population and to develop an understanding and collaborative approach within the sector around our exciting new role as commissioners of primary healthcare services.

The team led the undertaking of the Baseline Needs Assessment, as well as the Mental Health and Alcohol and Other Drugs Needs Assessments. These reports have informed the subsequent health service commissioning planning and have established a clear foundation of the health profile and needs of the Northern Sydney community.

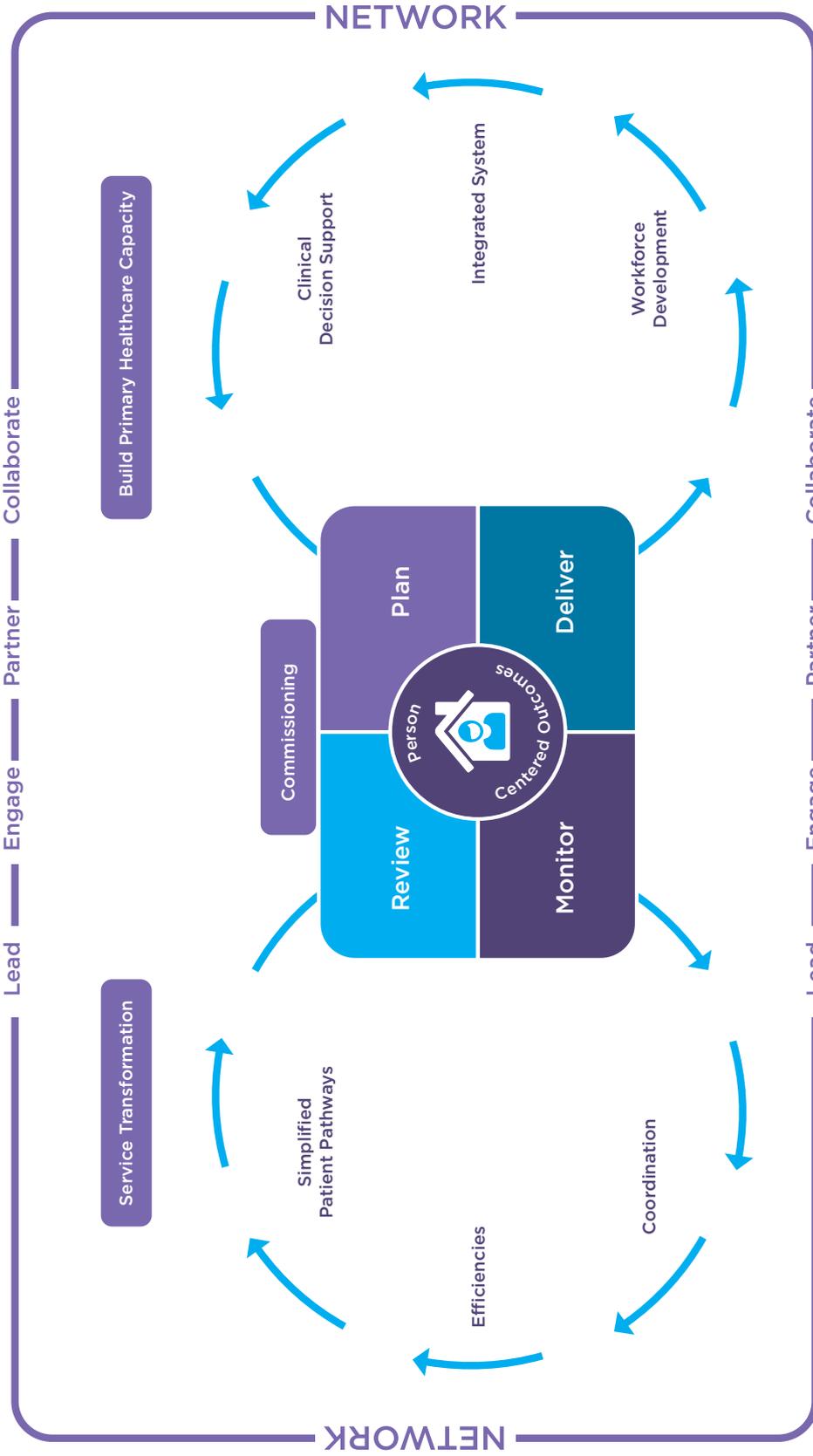
The first key step was the design of a commissioning framework that incorporated key components and principles that will underpin the SNPHN commissioning

processes, and encompass the key priorities identified in our strategic plan: building primary healthcare capacity, integration and partnerships that lead to service transformation. The agreed Integrated Commissioning Framework is shown below for reference and has been incorporated into our strategic plan and engagement discussions with our partners and stakeholders.

COMMISSIONING

During the year, SNPHN developed our working definition of commissioning as “a strategic process of working with the market to co-design, co-deliver and actively manage services to most effectively and efficiently meet the needs and improve outcomes of a defined population within resources available”. It has been important to build the capacity and capability of staff internally to undertake activities befitting of a commissioning organisation and achieve organisational excellence. This has included the development of policies and processes to support the procurement of services.

Sydney North Primary Health Network Primary Healthcare Integrated Commissioning



Network: Service User, Service Provider, Health System

- | | | | |
|--|---|--|--|
| <p>1. PLAN</p> <ul style="list-style-type: none"> • Stakeholder Engagement • Identify Need • Service Co-design | <p>2. DELIVER</p> <ul style="list-style-type: none"> • Co-delivery • Build Capacity • Support | <p>3. MONITOR</p> <ul style="list-style-type: none"> • Informatics • Challenge Quality • Drive Improvement | <p>4. REVIEW</p> <ul style="list-style-type: none"> • Outcomes • Impact • Inform Re-design |
|--|---|--|--|





STRENGTHENING STAKEHOLDER RELATIONSHIPS

Stakeholder engagement is an important aspect of successful commissioning and supports our vision of *'Achieving together - better health, better care'*. During the year we built and enhanced relationships with external stakeholders including community members and carers, health service providers, non-government organisations, agencies and councils. Working with them allows us to better understand the needs of our communities and inform subsequent SNPHN Needs Assessments. We utilised stakeholder engagement to educate and socialise the emerging role of PHNs as commissioners. These relationships will be strengthened during 2016/17 as we work with the community and carers, service providers and wider stakeholders to define problems within our region's health system, identify appropriate solutions and deliver health services.

INNOVATION GRANTS

SNPHN actively encourages innovative approaches to improving health outcomes while increasing the efficiency and effectiveness of health services. To encourage and promote innovation, during 2015/16 SNPHN invited organisations to apply for Strategic Innovation Grants and we were delighted with the response. We received 48 applications and, following an assessment process, six projects that met the criteria and communicated expected improved patient, population or health system outcomes received funding. The projects will lead to improvements in the areas of chronic disease management, mental health, men's health, older complex patient hospital discharge and GP education. We look forward to following the implementation of the projects in 2016/17 and beyond and learning from the results.

**David Grant: SNPHN General Manager
Commissioning & Partnerships**

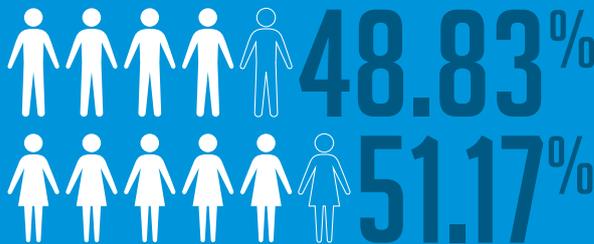
PLANNING & PERFORMANCE

HEALTH PROFILE OF THE LOCAL NORTHERN SYDNEY REGION

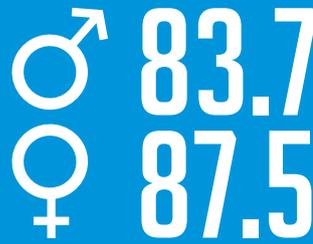
CURRENT POPULATION

TOTAL POPULATION

907,008

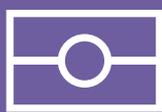


LIFE EXPECTANCY



ABORIGINAL

PHN 0.4%
NSW 3.0%



BORN OUTSIDE AUSTRALIA

PHN 38.9%
NSW 31.4%



PEOPLE BORN OVERSEAS WITH POOR PROFICIENCY IN ENGLISH

PHN 2.8%
NSW 3.4%

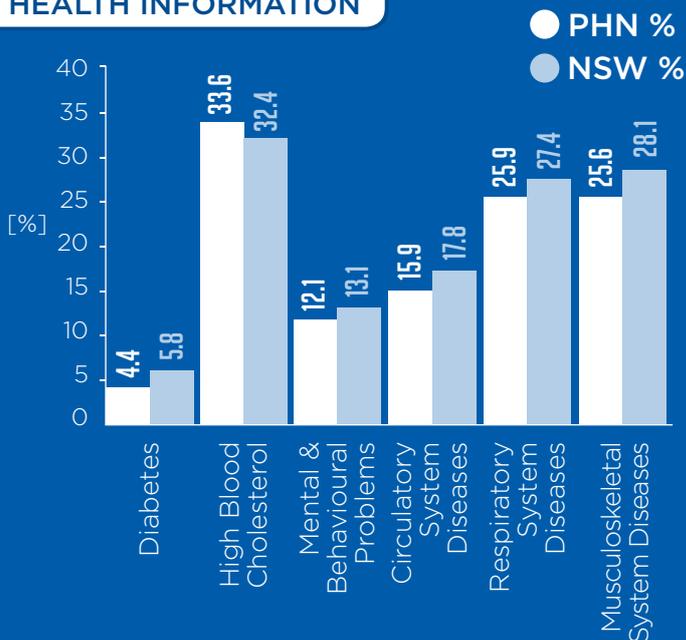


OUR REGION

SNPHN REPRESENTS THE FOLLOWING LOCAL GOVERNMENT AREAS:

- HORNSBY
- HUNTERS HILL
- KU-RING-GAI
- LANE COVE
- MOSMAN
- NORTH SYDNEY
- NORTHERN BEACHES
- RYDE
- WILLOUGHBY

HEALTH INFORMATION



PROJECTED CHANGE IN POPULATION

2016-2031 INCREASES:

- 0-14 YEARS 16.6% INCREASE
- 15-64 YEARS 15.8% INCREASE
- 65+ YEARS 43.3% INCREASE

2031 TOTAL POPULATION
1,090,550

There is expected to be a **20.3%** increase in our total population from 2016 to 2031
There will be an increase of **43.3%** in the 65+ age bracket

AREA PROFILE

LAND AREA 899.9KM²

1 Local Health District



9 Local Government Areas



284 GP Practices



1,162 General Practitioners



7 Public Hospitals



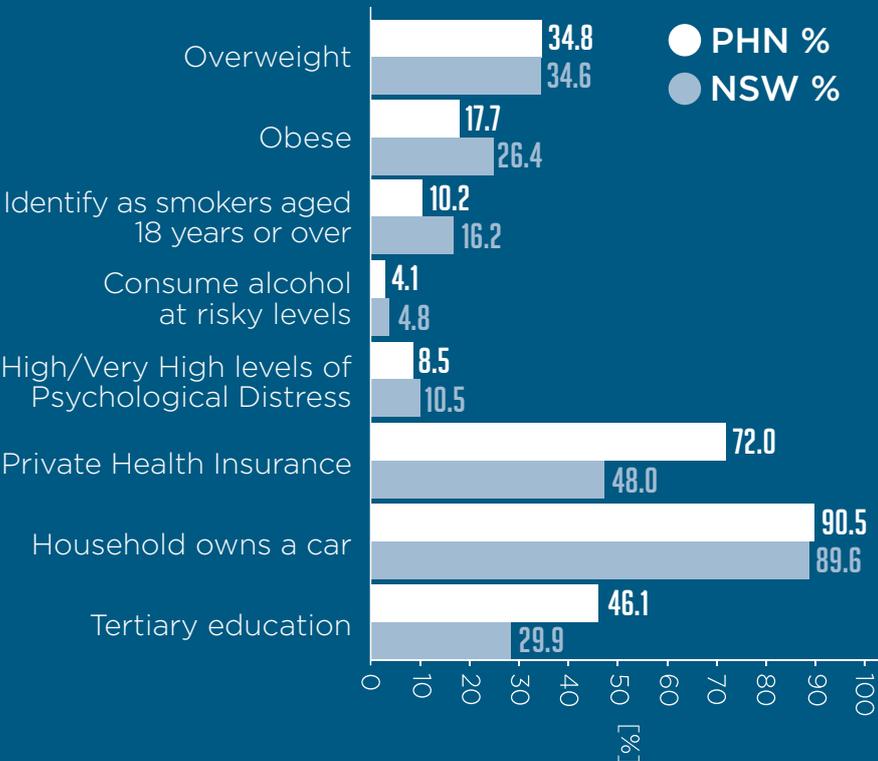
22 Early Childhood Health Centres



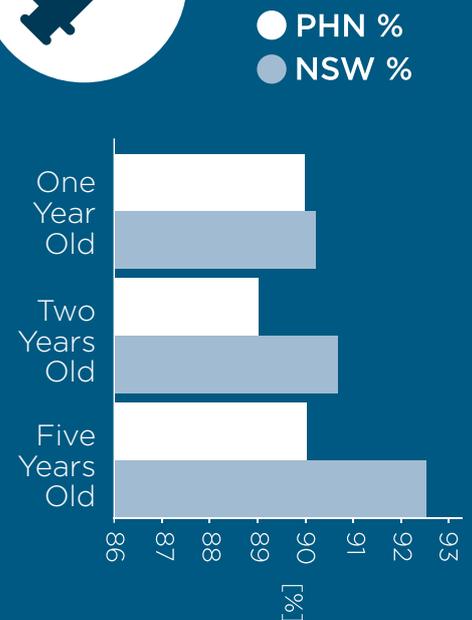
1816 Allied Health Services



LIFESTYLE INFORMATION



IMMUNISATION COMPARISON RATES



SOURCES:

- Australian Institute of Health and Welfare
- Health Workforce Australia
- NSW Health Statistic (s)
- Australian Bureau of Statistics
- New South Wales State and Local Government Area Population
- Centre for Epidemiology and Evidence
- NSW Ministry of Health
- National Health Performance Authority
- NSW Department of Planning and Environment
- Public Health Information Development Unit

NEEDS ASSESSMENT

During 2015/16 SNPHN undertook a Needs Assessment to investigate the health and healthcare needs of the region's population. Identifying population groups most at risk of poor health outcomes was central to this work in informing the planning and commissioning of services in the region.

The SNPHN Needs Assessment developed a thorough general population health profile for the region, covering 73 separate areas. The process applied an epidemiological and qualitative approach, informed by the views of community members and health professionals through the SNPHN Clinical and Community Councils.

The SNPHN Needs Assessment informed the 2016-18 SNPHN Annual Plan and Mental Health Annual Plan and Drug and Alcohol Treatment Annual Plan, designed to incorporate activities around identified areas of need for:

- ◆ Culturally and Linguistically Diverse (CALD) populations
- ◆ Aboriginal Health
- ◆ Homelessness
- ◆ Health of the Elderly
- ◆ Youth
- ◆ Co-morbidities
- ◆ Immunisation
- ◆ Mental Health
- ◆ Alcohol and Other Drugs



The SNPHN Integrated Mental Health Atlas will highlight variations of care and gaps in mental health.

LOCAL GOVERNMENT AREA HEALTH PROFILES

Health Profiles were developed in 2015/16 for each of SNPHN's 9 Local Government Areas (LGAs) and SNPHN overall. The SNPHN LGA Health Profiles provide a snapshot of the region's health at a smaller geography, presenting information on demography, socioeconomic status, lifestyle risk factors and chronic disease. They can be accessed from the SNPHN website.

INTEGRATED MENTAL HEALTH ATLAS

As we move into 2016/17 SNPHN will complete an Integrated Mental Health Atlas in partnership with the University of Sydney, with key input from Northern Sydney Local Health District, general practice, allied health providers and community based services. The SNPHN Integrated Mental Health Atlas will highlight variations of care and gaps in mental health services, providing a tool for:

- ◆ Providers and consumers to navigate the system by improving their knowledge about the range of services available in the region.
- ◆ Evidence-based planning, as the Atlas presents a critical analysis of the pattern of mental healthcare provided within the SNPHN region.



04

**BUILDING PRIMARY
HEALTHCARE CAPACITY**

PRIMARY CARE ADVANCEMENT & INTEGRATION OVERVIEW



Cynthia Stanton: General Manager – Primary Care Advancement & Integration

This year we established a new look Primary Care Advancement and Integration team, building on the established success and experience of Primary Care Support teams from two Medicare Locals. A review of practice support services and core support needs was undertaken in July 2015, which provided the basis for support over the first few months. Primary Care Advancement Coordinators were assigned “sub-regions” to maximise relationship building and in-depth knowledge of their assigned areas in preparation for future commissioning work.

Significant effort was spent on profiling the services and workforce of our local region to ensure our new role as commissioners was underpinned by a solid understanding of local service provision and need. We also spent significant time re-establishing links with key stakeholders such as the Northern Sydney Local Health District, Private Hospitals, Private Health Insurers, After Hours Services, Divisions of General Practice, local Councils, Ambulance Service of NSW, Universities, Agency for Clinical Innovation, Ministry of Health, Family & Community Services (FACS) and local NGOs.

We ensured continuity of key programs and services such as Practice Support, Continuing Professional Development and Networking, Quality Improvement, After Hours, Aged Care, Dementia Building Partnerships, iSOLVE, the Musculoskeletal in Primary Care Initiative and Shared Antenatal Care.

Our 42 professional development events over the year were well-attended by over 1700 participants and included a diverse range of topics and delivery models.

We also welcomed the establishment of new initiatives such as HealthPathways, which will be a key enabler to enhancing coordination of local services by supporting better access and navigation and identifying opportunities for service transformation.

A key achievement was the commissioning of our first services through the After Hours program: two social work services to support general practice; and two discharge follow up services to support the smooth transition from hospital to home for patients with dementia and their carers. We also invested in the development of our own human resources, recognising the role the staff play as the face of SNPHN and building a high performing, successful team.

A handwritten signature in black ink, appearing to read 'CST'.

Cynthia Stanton: SNPHN General Manager – Primary Care Advancement & Integration



PRIMARY CARE SUPPORT

Sydney North Primary Health Network's (SNPHN) Primary Care Advancement Team (PCAT) is an experienced group of primary healthcare experts that are working with GPs, primary care nurses, practice managers, practice staff, allied health professionals, aged care and other community health providers to help better the patient experience so that patients receive the right care, in the right place at the right time.

General practice is the cornerstone of primary healthcare, and PCAT offer support to Northern Sydney's healthcare providers via in-practice learning including accreditation, immunisation, digital health and quality improvement initiatives.

The team have built solid relationships with local providers through Primary Care Advancement Coordinators, our frontline staff who support providers within a defined geographical region.

WHAT DO PCAT DO?

- ◆ In 2015/16 the team supported the uptake of CatPlus in over 110 practices and provided ongoing training for use in quality improvement initiatives.
- ◆ We support general practice with guidance to achieve and maintain accreditation according to the RACGP standards.
- ◆ We provide assistance in how to maximise use of digital health technology including uploading

Shared Health Summaries, registering patients for My Health Records and supporting the uptake of secure messaging.

- ◆ We support the coordination of local aged care services via an Aged Care Strategy Network, which brings together community and hospital based aged care providers, Residential Aged Care Facilities (RACF) staff and general practice.
- ◆ We have provided Quality Improvement (QI) Coaching by working in partnership with the Improvement Foundation to coach 8 general practices over 12 months through a quality improvement program to support data driven improvement. This is an ongoing initiative.
- ◆ We identify areas with lower immunisation rates and support local providers with strategies such as data cleaning and implementation of recalls and reminders to increase rates above 90%.
- ◆ We support the implementation of the Shared Antenatal Care Program in collaboration with the Northern Sydney Local Health District.
- ◆ We continue our profiling of local providers to understand the region's needs and support strategic commissioning of services.

Next year, the team will continue its focus on building primary care capacity through emerging initiatives such as the 'Person Centered Medical Home' model and support for the Sonic WellNet 'Chronic Disease Management Program'.



Working Together: HealthPathways Launch May '16 with SNPHN, NSLHD & Streamliners

HEALTHPATHWAYS

Sydney North Primary Health Network (SNPHN) has actively engaged and partnered with the Northern Sydney Local Health District (NSLHD) to develop local health pathways for the Sydney North region. The drivers for HealthPathways include strengthening partnerships, and a strong desire to improve patient outcomes and experience of healthcare, and enabling health providers to navigate and access services appropriate to patient need.

The world is changing. Health and social care face unprecedented challenges and will need to evolve significantly to meet the needs of 21st century populations. Primary care is a vital part of a successful health system, yet it is increasingly under strain to deliver more prevention, more diagnostics, more treatment, better coordination and be accessible 24/7.

One of the key enablers to improved provider experience is the uptake of tools to facilitate decision support and shared care. Health provider awareness of services and how to access them is a continually recurring challenge, as is the ability to share relevant patient information in a timely manner in order to optimise care and reduce duplication. Programs such

as HealthPathways are being implemented across Australia to address some of these challenges.

The long term goals of pathways programs are to improve patient access to the right care, at the right time, in the right place and to better integrate primary and specialist systems of care.

HealthPathways originated in Canterbury, New Zealand and is a web based clinical information portal aimed at improving the assessment, referral and management of patients within specific clinical streams. While it is primarily aimed at general practitioners, it is also used by hospital clinicians, practice nurses, managers, allied health providers and trainers.

There are numerous opportunities for sharing ideas and innovative approaches to pathway development.



These include:

- ◆ Customising integration of public and private pathways to local population health needs.
- ◆ Consumer engagement in pathway development.
- ◆ Integration of “multi-morbidity” or “life-stage” pathways.
- ◆ Integration of digital health technologies such as eReferrals, secure messaging and integration with the national My Health Record system to support exchange of patient health records between service providers and healthcare facilities. Integration of video pathways and telehealth to complement professional development.

Key achievements to date include:

- ◆ Development of Sydney North HealthPathways (SNHP) portal and branding.
- ◆ Recruitment of the local HealthPathways team.
- ◆ Initial launch of the HealthPathways program via a local planning symposium and education evening in May 2016.
- ◆ Completion of our first Dementia Clinical Workgroup.
- ◆ HealthPathways team training.
- ◆ Endorsement of SNHP governance and processes.
- ◆ Prioritisation of pathway work streams for development in first 6 months.

Over the coming year we look forward to focussing on the next part of our HealthPathways journey. This includes progression of pathway development to launch in February 2017 with 30-40 localised pathways; supporting implementation with local providers; and exploring opportunities to integrate with digital health communication technologies such as eReferrals and shared health summaries housed in the My Health Record.

The drivers for HealthPathways include strengthening partnerships, and a strong desire to improve patient outcomes and experience of healthcare.





DIGITAL HEALTH

Digital Health information is now being shared among an increasingly diverse range of healthcare providers across the primary, acute and community care sectors. This data includes shared health summaries, coordinated care plans, referrals, discharge summaries, specialist letters, pathology and diagnostic imaging results.

Over the last year digital health initiatives across the Northern Sydney region have continued to expand, with local GP engagement with national digital health strategies consolidated after the relaunch and rebranding of the My Health Record in February 2016. The number of general practices participating in the My Health Record system has also steadily increased during the past 12 months with over 70% of our practices registered by the end of June 2016.

Changes in legislation and ePIP requirements in May this year also saw a threefold increase in Shared Health Summaries uploaded to the My Health Record by GPs in the Northern Sydney region. Consumer participation in the My Health Record system in our area has also risen considerably, climbing from 88,349 in October 2015 to almost 105,000 by the end of June 2016.

In addition to greater GP engagement, the Northern Sydney region now has 14 public and private hospitals, 23 Residential Aged Care Facilities (RACFs), 40 retail pharmacies and 54 allied health organisations registered to participate in the My Health Record system. Efforts to engage with this range of healthcare providers have been facilitated by SNPHN's provision of 12 month subsidised secure messaging licences, which enables electronic and secure exchange of health information contained in Shared Health

Summaries, eReferrals, reports and hospital discharge summaries.

Sharing of this data will prove particularly vital for the residential aged care sector, with both secure messaging and the My Health Record having the potential to significantly improve current information exchange between hospital, pharmacy, GPs and the facility. During June 2016 SNPHN collaborated with the Australian Institute of Health Innovation (AIHI) at Macquarie University to develop a digital health literacy survey for RACFs and invited participation in secure messaging pilots. Over the course of the last 12 months SNPHN also partnered with the AIHI to conduct a study of medication concordance between GPs and RACFs and to investigate potential risks to patient safety if inaccurate information were to be shared to a My Health Record.

SNPHN's Integration Team has continued to work closely with the Northern Sydney Local Health District to promote the development and testing of electronic referrals into the LHD's Ambulatory Care Centre and specialist diabetes clinics among our local GPs. Our PHN's Digital Health technology program also provides a platform to underpin effective HealthPathways development and ensure seamless and secure continuity of care.

SNPHN looks forward to continuing to explore, with our local healthcare providers, ways in which digital health technologies can promote communication improvements to support better health outcomes for our community.

EDUCATION PROGRAM

SNPHN is committed to providing GPs, allied health professionals, pharmacists, primary healthcare nurses and practice staff with a high quality, relevant education program. The Continued Professional Development (CPD) calendar is focused on facilitating education that ensures person-centered primary healthcare to improve the overall health of our population and reduce avoidable hospital presentations. Our education calendar for 2015/16 has incorporated priority areas identified by general practice; allied health; outcomes from the needs assessment and national and local health priorities.

SNPHN are a Royal Australian College of GPs (RACGP) accredited provider with three RACGP endorsed providers on staff. SNPHN understand the importance of delivering an education program that encompasses adult learning principles and provides participants with relevant and evidence informed education.

During the 2015/16 period we have seen 1720 GPs and health professionals attend 42 education events including:

- ◆ Evening workshops
- ◆ Network meetings
- ◆ Active learning modules (ALMs)
- ◆ Supervised clinical attachment opportunities
- ◆ Online learning opportunities
- ◆ Clinical audits
- ◆ Hospital update series
- ◆ Immunisation Roadshow

The education section of the SNPHN website has been launched and includes a number of online learning opportunities, the ability to register online for all SNPHN education events, information on external education opportunities and video resources.





Since the inception of the SNPHN education program we have co-branded with a number of government and non-government organisations including:

- ◆ Northern Sydney Local Health District
- ◆ Alzheimer's Australia
- ◆ Decision Assist
- ◆ Asthma Council
- ◆ Lung Foundation
- ◆ Agency of Clinical Innovation

- ◆ University of Sydney
- ◆ Macquarie University
- ◆ Manly Warringah Division of General Practice

The SNPHN CPD program continues to go from strength to strength with strong engagement from GPs and health professionals in our region.

We look forward to providing a needs-based education program in 2016/17 and as always encourage our stakeholders to contact us with any feedback or ideas via events@snhn.org.au



COMMUNITY ENGAGEMENT & HEALTH LITERACY

We believe “*Achieving together – better health, better care*” means working closely with our community to understand their health needs. As such, over the past year the Community Engagement & Health Literacy team have attended more than 75 community meetings and events as well as establishing and managing Sydney North Primary Health Network’s Community Council.

The team has worked in three core areas of engagement: cultural, holistic wellness and community collaboration. This has created a space for us to work with many of the marginalised and vulnerable communities in Northern Sydney including the Tibetan community, homeless and residents living in Greenway Flats.

In December 2015, the Community Council was established with 12 local health consumers appointed. Members bring a combination of community, professional, culturally and linguistically diverse lived experience of using the health system. As such they have been consulted by the SNPHN staff and Board over the course of four Community Council meetings in the last financial year. Areas and topics of consultation with the Community Council have included - Baseline

Needs Assessment (urgent care, chronic disease, aged care and mental health); Communications, Engagement & Health Literacy Plan; After Hours Campaign; Digital Strategy (including website, social media and online health polling); Quality Improvement in Healthcare; and Community Health Education.

A number of the Community Council members also attended the consumer health forum via Health Consumers NSW and HealthPathways launch on 10th May 2016.

This year also marked the first birthday of Greenway Wellbeing Centre, which SNPHN has played a key part in supporting since its launch. Positioned on the steering committee the Centre has expanded to offer podiatry and pathology services, two social workers, flu shots, organising health check-ups, access to onsite legal aid, financial counselling and support services from Ability Links. The Centre has boasted increased engagement over the past year, decreased ambulatory call outs and transportations, and is preparing to expand its space to incorporate more clinic rooms in the next year. The Greenway Wellbeing Centre is the first of its kind in NSW.



The success of this team in the past year has been in working with interagency projects at a Government, not-for-profit and community level. They have worked alongside the Northern Sydney Local Health District, attended NAIDOC Week at the Royal North Shore Hospital, collaborated with the Primary Care Advancement Team on quality improvement and community engagement, and worked closely with Multicultural and Refugee health services. Community collaboration has also led to working with culturally and linguistically diverse (CALD) groups at TAFE and the Manly Community Centre. Work through the Community Centre has focused on the Tibetan population and included women's health, sexual health and smoking cessation sessions. The team has also worked with CanRevive and co-hosted a Chinese Bowel Cancer Expo.

SNPHN appointed a new Health Literacy Coordinator in June 2016 to develop an organisational framework and key tools that will help embed health literacy into business as usual at SNPHN from both a clinical and community perspective.

The team is excited about the year to come, with a focus on working closely with the Commissioning and Partnerships team to support the next phase of SNPHN's strategic vision and the HealthPathways team to review patient information and fact sheets.





05



**SERVICE
TRANSFORMATION**



ABORIGINAL & TORRES STRAIT ISLANDER HEALTH



Sydney North Primary Health Network manages the Care Coordination and Supplementary Services (CCSS) program for the Northern Sydney region. This program provides care coordination for Aboriginal and Torres Strait Islander people who have complex chronic disease. During the first part of the year, the team worked tirelessly to successfully transition the two existing programs from the Northern Sydney Medicare Local (NSML) and Sydney North Shore and Beaches Medicare Local (SNSBML). This required personal communication with all existing clients and their healthcare providers, including GPs, medical specialists, and allied health providers.

In June 2016 there were 44 clients enrolled in the CCSS program. Some of these require regular care coordination, while others need the services less frequently. Each of the Care Coordinators have

established excellent relationships with the clients, as well as the additional agencies that are included in their care. These include the Northern Sydney Local Health District Aboriginal Health Service, Community Care Northern Beaches, Primary Care Community Services, NSW Housing, and Family and Community Services to name a few.

This year nine of our female clients have joined the Hornsby hydrotherapy program conducted by the NSLHD. They have found this most beneficial to their health and wellbeing. Many of these clients also attended the Aboriginal Women's Health Check Day in June.

Towards the end of June, the CCSS program held a client engagement activity, inviting all clients and their carers. The event aimed to ensure that clients understood the changes

to the program going into the new financial year, as well as the role each person has to play in managing their own health and wellbeing. In a health literacy focus group the clients were asked about the choices they have over their healthcare, as well as their understanding of what the program provides for them. The responses were resoundingly positive. When asked about the effect of the program on their health and wellbeing, responses included:

“A lot, confidence, overall health!”

“Feel supported.”

“Feel comforted.”

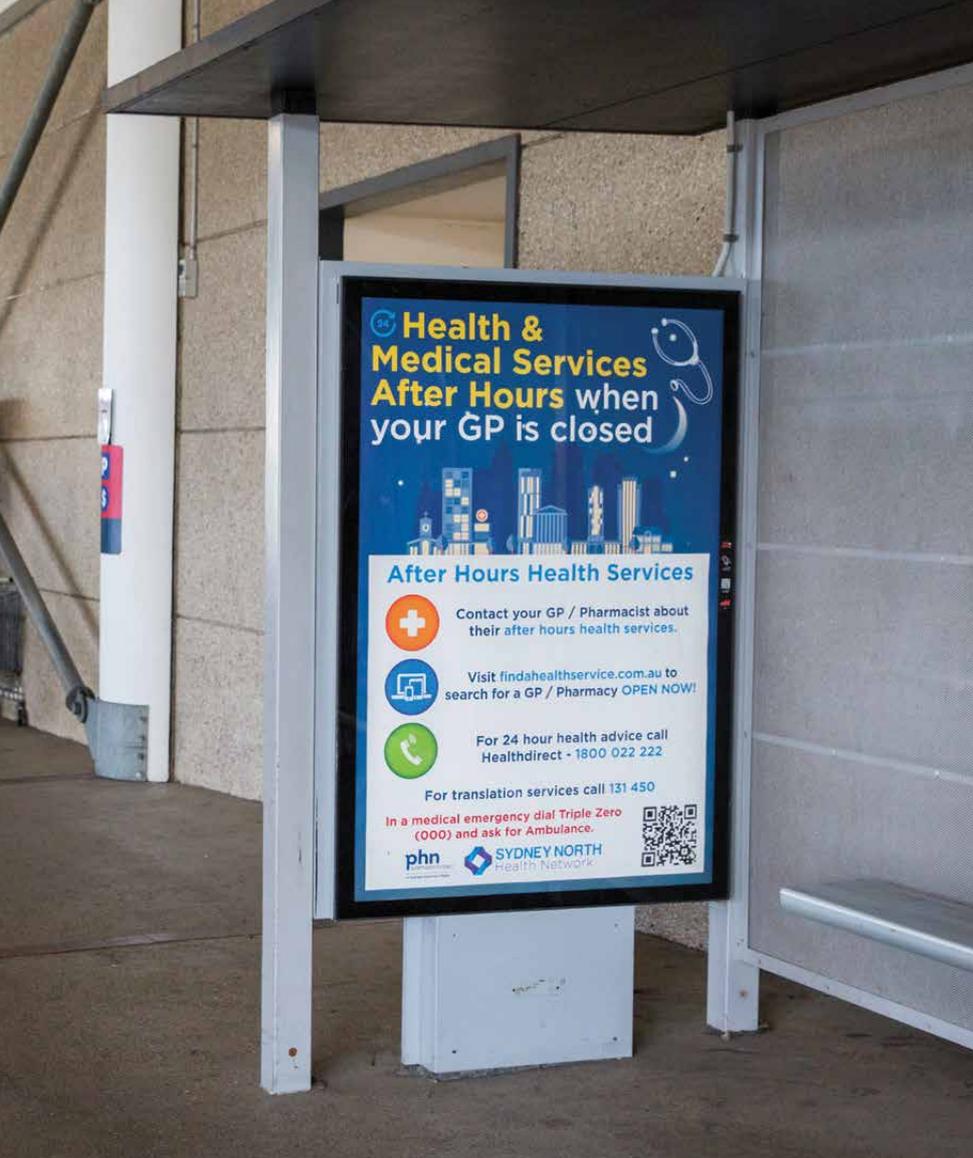


AFTER HOURS

The key objectives of the After Hours program at Sydney North Primary Health Network are to increase the efficiency and effectiveness of After Hours primary healthcare for patients. It also aims to improve access through effective planning, coordination and support for population based After Hours primary healthcare.

Key objectives accomplished in 2015/16 included:

- ◆ Re-establishing the Northern Sydney After Hours Stakeholder Group, which has representatives from Residential Aged Care Facilities (RACFs), Northern Sydney Local Health District (NSLHD) Carers Service, Consumers, Medical Deputising Services, Community Nursing, Acute Post-Acute Care (APAC), Emergency Department Directors, Ambulance NSW and most importantly local health professionals.
- ◆ Collaboration with the local Northern Sydney Institute of TAFE to deliver health talks by GPs to students participating in the Adult Migrant English Program.
- ◆ An advertising and health promotion campaign to inform and engage the community on access to after hours medical services. This campaign featured on the back of Northern Sydney buses, throughout shopping centres & cafes, bus stops, train stations, GP surgeries, local papers and on various websites and social media channels.
- ◆ Engaging with NSLHD to host an Emergency Department forum series. These forums have engaged local health professionals and provided an increased awareness of services available within each of the local hospitals. Hornsby, Mona Vale and Manly Hospital have contributed to date. These events have had great feedback from local health professionals as we strive to facilitate a collaborative working relationship, with increased communication between primary and secondary care in the Northern Sydney region.
- ◆ Commissioning a 'Social Work for GP Service' to enable GPs access to a social worker for people with chronic and/or complex health conditions and support with coordination of non-clinical services to reduce risk of unplanned hospital presentations.
- ◆ Commissioning a 'Hospital Discharge Referral Service' for people with dementia and their carers. This service ensures that people with dementia are well supported on their arrival home from hospital and successfully connected back to their treating GP and relevant community services. This reduces risk of readmissions and impact on after-hours "crisis" presentations.
- ◆ Supporting the BRACE (Beaches Rapid Access Care of the Elderly) team to engage local providers and RACFs in the rollout of the 'APAC Sick Patient Chart Pilot'.



- ◆ Initiating and hosting the NSW After Hours program networking group.

The After Hours program in 2016/17 will look forward to:

- ◆ Continuing the local Emergency Department forum series with the remainder of hospitals within the region.
- ◆ Working with the commissioned services to implement secure messaging and support successful outcomes.
- ◆ Continuing the implementation of a targeted communication and promotion strategy to improve community awareness about After Hours healthcare options.
- ◆ Collaborating with Ambulance NSW on a secure messaging project with the Extended Care Paramedics.
- ◆ Developing and mapping capacity of general practice to treat minor injuries and/or acute musculoskeletal injuries. This will provide alternative options to going to an emergency department and provide alternative pathways for Ambulance NSW.
- ◆ Continuing to work with the NSLHD and other stakeholders to investigate an appropriate local model for community based palliative care, particularly in aged care facilities, and for those with chronic disease, excluding cancer.
- ◆ Focusing on shared care planning and providing support to Ambulance with promotion of Advance Care Planning and Ambulance Authorised Care Plans.





AGED CARE & HEALTHY AGEING

Sydney North Primary Health Network is committed to supporting Aged Care and Healthy Ageing, with this population group being the fastest growing in our region. Our focus is on wellness and promotion of positive ageing and independence of our residents.

Two Aged Care coordinators with extensive experience in this area have been employed at SNPHN to support primary healthcare providers with information and education about accessing local aged care services and supporting professional development.

Our team has been focusing on establishing the **Ageing Strategy Network**. Research has identified the need to not only have access to information and services, but also to create networking opportunities that will promote collaboration and coordination across providers of aged care services. A priority has been to increase engagement with residential aged care facilities, community services, practice nurses, allied health and GPs in order to facilitate networking opportunities and lead to better health outcomes.

The Ageing Strategy Network has delivered education sessions in collaboration with Decision Assist on Advance Care Planning. The Aged Care team also participate and engage with the Northern Sydney Local Health District Advance Care Planning Committee, End of Life Committee and the Cognitive Impairment Committee which will help guide future education events appropriate for the Aged Care sector.

The Dementia Partnership Program project successfully concluded in June 2016 resulting in the production of a localised and consumer friendly “Memory Problems” information brochure, development of a local HealthPathway for GPs to guide clinical decision-making, screening tools and appropriate service access.

Additionally, The Improvement Foundation have been contracted to develop Dementia Quality Indicators to support best practice in early detection, diagnosis and management of dementia, through engaging an expert reference panel. The panel consists of health professionals with expertise in primary care, acute care and community settings. The outcomes will be used to create a national quality program for dementia management in primary care.

The Ageing Strategy Network also held two well attended forums on the latest clinical and GP dementia guidelines and research. Early 2016/17 will see a focus on navigating changes to My Aged Care services and hospital avoidance programs.

In the future we have plans for introducing Digital Health into residential aged care facilities. We will also be mapping end of life care services and programs and engaging key stakeholders to identify gaps and recommended improvements in this area. Outcomes of this modelling will see commissioning of new community based end of life services in Northern Sydney.

ACCESS TO ALLIED PSYCHOLOGICAL SERVICES (ATAPS)



ATAPS ACCESS TO ALLIED PSYCHOLOGICAL SERVICES



Sydney North Primary Health Network manages the Access to Allied Psychological Services (ATAPS) program for the Northern Sydney region. In 2015/16 the two programs ran previously by Northern Sydney Medicare Local and the Sydney North Shore and Beaches Medicare Local were transitioned into one program. This transition included the contract continuity of allied psychological providers, management of general practitioners to adopt the process changes, and continuity of psychological treatment to existing clients. This transition was managed by the committed ATAPS staff, with the Primary Care Advancement Team providing valuable assistance to the relevant local GPs.

The current ATAPS program supports **149** allied psychological providers to service an average of **275** referrals per month to the “hard to reach” population in the region. These include:

- ◆ Aboriginal and Torres Strait Islander people
- ◆ Women with perinatal depression
- ◆ People from a Culturally and Linguistically Diverse (CALD) background
- ◆ Children 0-12 years
- ◆ People with low income
- ◆ People at risk of suicide or self-harm
- ◆ People at risk of homelessness

Between July 2015 and June 2016 the ATAPS program supported 3303 referrals, including:

- ◆ 22 Aboriginal and Torres Strait Islander
- ◆ 116 perinatal depressions
- ◆ 310 for children under 12 years of age
- ◆ 391 suicide prevention
- ◆ 30 at risk of homelessness
- ◆ 112 for people from a CALD background
- ◆ 30.1% of referrals made were for people under the age of 26 years

ATAPS GRANTS

In June 2016, six targeted projects that support the criteria for the ATAPS program were granted. These projects included:

- ◆ Intellectual Disability and Mental Health training for clinicians.
- ◆ Aboriginal trauma informed-educational approach workshops for school staff, parents/carers and community, to better provide services for youth in crisis.
- ◆ Engaging Aboriginal youth and community to build the resilience of youth at risk.
- ◆ Hoarding disorder treatment and support program.
- ◆ Crisis support supervisor for telephone crisis line volunteers.
- ◆ Social worker coordination for the residents of Greenway with mental health challenges.

A photograph of two men sitting on a wooden bench or ledge, engaged in conversation. The man on the left is wearing a light blue button-down shirt and grey trousers. The man on the right is wearing a dark blue denim shirt, a black beanie, and has a full beard. They are both looking towards each other. The background shows a rustic interior with a window and some plants.

MENTAL HEALTH & ALCOHOL AND OTHER DRUGS

In November 2015, the Australian Government released its response to the National Mental Health Commission's review of mental health programmes and services. The National Commission's review highlighted the existing complexity, inefficiency and fragmentation of the mental health system.

PHNs have been identified as key players in the reform of the mental health system and will do this through an enhanced capacity for the planning and commissioning of mental health services at a regional level.

Throughout 2015/16, Sydney North Primary Health Network engaged with mental health service providers and service users to help identify key mental health needs in the local region and to prioritise opportunities for innovation and development. In the year ahead, SNPHN will work with the sector to:

- ◆ Review and redesign the Access to Allied Psychological Services (ATAPS) program to improve access to psychological therapies for underserved groups;
- ◆ Increase the availability of psychological services for people experiencing mild and moderate mental illness through the development of new low intensity mental health services;
- ◆ Develop early intervention services for children and young people with or at risk of severe mental illness and improve the integration of headspace centres with broader primary mental healthcare services;
- ◆ Commission culturally appropriate mental health services for Aboriginal and Torres Strait Islander people;

- ◆ Support a community-based approach to suicide prevention activity including increasing access to psychological support;
- ◆ Improve service coordination for people with severe mental illness being managed in primary care through the expansion of mental health nursing services; and
- ◆ Develop a stepped care approach for mental health services in the region, ensuring people are matched to the intervention level that most suits their need.

ALCOHOL AND OTHER DRUGS

As a recommendation from the Australian Government's response to the final report of the National Ice Taskforce, PHNs have been funded to increase access to Alcohol and Other Drugs (AOD) treatment services in their local community.

During 2015/16, SNPHN produced a regional Alcohol and Other Drugs needs assessment, developed through consultation with AOD service providers, peak bodies and subject matter experts. In the year ahead, SNPHN's commissioning priorities include:

- ◆ Increasing access to effective, evidence based AOD treatment and support;
- ◆ Improving service coordination; and
- ◆ Supporting the capacity in primary care to provide screening and brief intervention for AOD issues.



iSolve Team: L to R - Professor Lindy Clemson, Amy Tan, Dr Jeannine Liddle.

iSOLVE

The iSOLVE project, a partnership between the University of Sydney, the NSW Clinical Excellence Commission and Sydney North Primary Health Network, aims to establish integrated processes and pathways between general practice, allied health services and programs to identify older people at risk of falls and engage a whole of primary care approach to falls prevention. For more info: www.bit.ly/isolve.

ISOLVE ALGORITHM, CLINICAL DECISION SUPPORT TOOLS & RESOURCES

The iSOLVE team has developed a clinical decision tool and adapted resources based on the latest research evidence and practice guidelines. We anticipate that these will help GPs and practice nurses identify people at risk of falling and provide tailored management options. To facilitate patient referral, participating general practices are also offered a list of trained falls prevention service providers in the local area. This will assist in the development of local pathways for falls prevention interventions.

More than 30 general practices in Northern Sydney volunteered to trial the tool and resources in their practice. The trial is currently ongoing with 21 general practices taking part and 10 practices preparing to start.

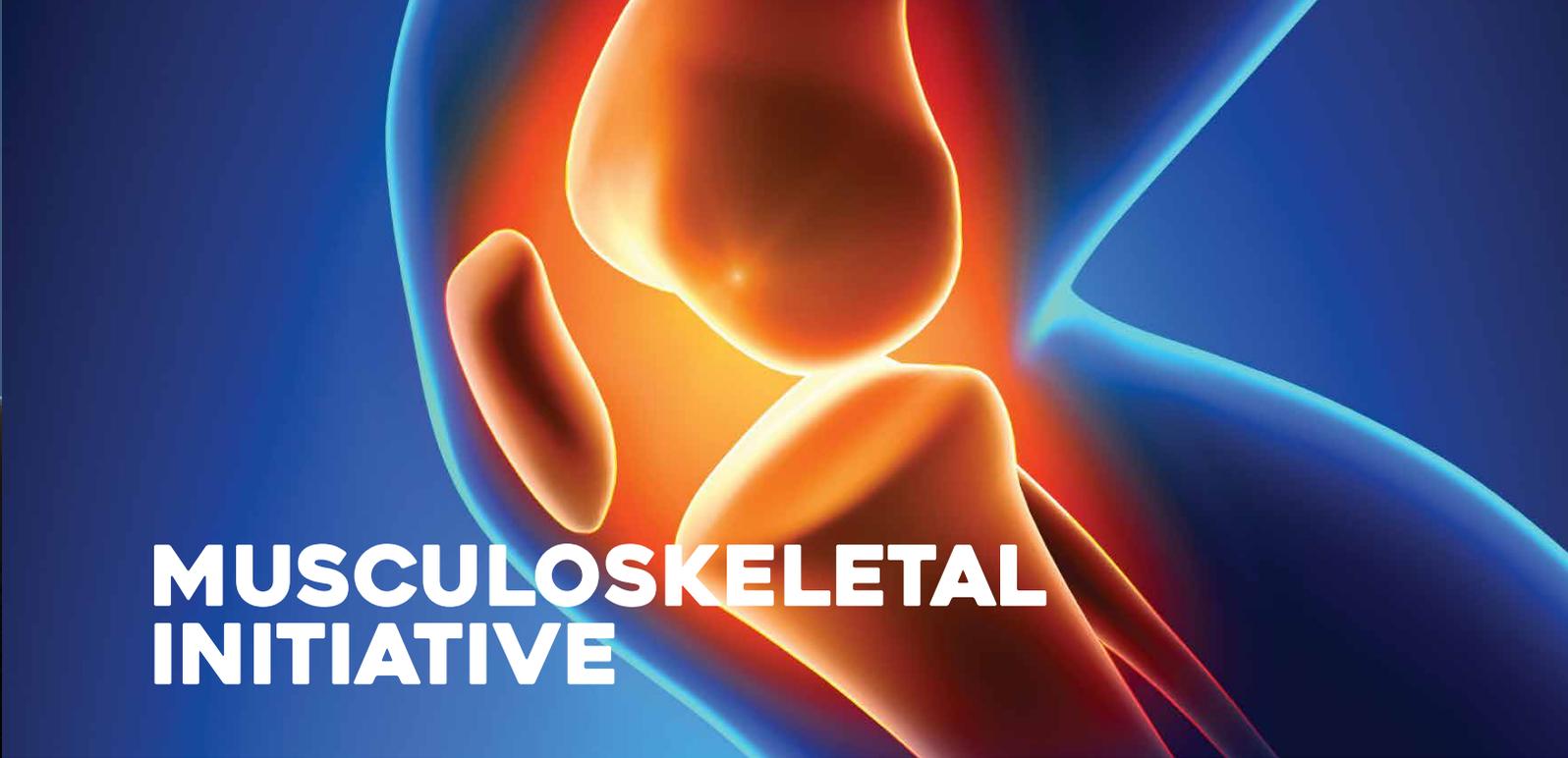
Practices are welcome to participate by expressing their interest through Sydney North Primary Health Network. Ethics has been approved by the University of Sydney Ethics Committee and the trial is registered on ANZCTR: 12615000401550. Primary outcomes include numbers of falls self-reported by patients and change in falls prevention management by GPs.

WORKSHOPS

Various workshops have been offered throughout 2015/16 to allied health and falls prevention service providers to facilitate referral pathways and the implementation of evidence-based fall prevention services. Workshops, promoted through Sydney North Primary Health Network, that have been delivered to date include:

- ◆ Exercise Interventions to Prevent Falls
- ◆ Home Environment Interventions for Preventing Falls
- ◆ Medication Management for Preventing Falls
- ◆ Lifestyle-Integrated Functional Exercise (LiFE) for Preventing Falls
- ◆ Preventing Falls from the Ground Up - a workshop focusing on foot and ankle exercises





MUSCULOSKELETAL INITIATIVE

“Enhancing Bone and Joint Health in the Community”

The Musculoskeletal Initiative in primary healthcare was a partnership and jointly funded project between the Sydney North Primary Health Network, the Northern Sydney Local Health District and the NSW Agency for Clinical Innovation. Commencing in July 2014 and concluding 30 June 2016, the two-year initiative was piloted across the region.

A growing number of Australians over the age of 65 are affected by osteoarthritis – a chronic and painful condition of the joints. Many people living with hip or knee osteoarthritis can benefit from conservative self-management strategies, potentially delaying or preventing the need for hospitalisation for joint replacement surgery. Similarly, one person is admitted to hospital with an osteoporotic fracture every five to six minutes with an increased risk of sustaining another fracture if left unmanaged. People may not know they have osteoporosis – a condition that affects the strength and density of bones – until a fracture occurs.

The aim of the Musculoskeletal Initiative in primary healthcare was to enhance the capacity of general practices in identifying, assessing and putting into place effective self-management plans for their patients with knee or hip osteoarthritis and/or their patients with or at risk of osteoporotic (minimal trauma) fracture.

All general practices within the Northern Sydney region were invited to participate in the initiative by way of expression of interest, with **23** practices confirming participation. Training and ongoing support

in patient identification, recall, evidence based clinical assessment and management planning was provided to participating practices. We also assisted general practices identify and refer patients to exercise or falls prevention programs.

Eligible patients were invited to attend an appointment with their practice nurse for a bone or joint health assessment, health goal setting, and GP management planning. As of June 2016, a total of **118** patients have been assessed by their GP or practice nurse. It is anticipated that the number of patients accessing this service will continue to rise.

In addition to working closely with practices, two education events were hosted in the past year – *Conservative Management of Knee Osteoarthritis in Primary Care*, held in March 2016 and attended by 36 general practitioners and practice nurses; and *Behaviour Change in Chronic Disease Education Workshops*, held in June 2016 and attracting 59 participants.

The Musculoskeletal Initiative has demonstrated the benefits of a model of care designed to address the chronic health needs of people living with either osteoarthritis or osteoporosis. However, there is not likely to be one single approach that meets the needs of all general practices. Sydney North Primary Health Network remains committed to supporting practices in the area of chronic musculoskeletal disease management.



YOUTH HEALTH SERVICES

Sydney North Primary Health Network funds two youth health programs provided in local high schools, focused on improving health literacy and encouraging young people to seek help. The two programs, *uConnectHealth* and *GPs in Schools*, bring general practitioners and nurses into schools to provide young people aged 16 and over with education about relevant health issues including sex and sexuality, relationships, mental health, alcohol and other drug use, how to access health services and Medicare and their rights when accessing healthcare services. The primary aim of both programs is to encourage young people to proactively access healthcare services. The *GPs in Schools* program also has the secondary aim of providing a learning opportunity for Sydney University medical students. The *uConnectHealth* program is coordinated by SNPHN and run in partnership with local headspace services. *GPs in Schools* is operated and coordinated by the University of Sydney Medical School - Northern Clinical School.

The two programs are highly successful in reaching private, public, selective and Catholic school systems. With more than 40 GP and nurse facilitators engaged, the programs were successful in reaching over 2,500 year 10 and 11 students in 19 schools throughout 2015/16. In 2015, 1,607 students completed *uConnectHealth* workshop evaluations, with over 98% of students separately rating the program's content and presentation as being 'Good' or 'Excellent'. Additionally, over 98% of students reported that they would recommend the program to their peers and had a better understanding of health services respectively.

Sydney North Primary Health Network is undertaking an evaluation of the *uConnectHealth* and *GPs in Schools* programs. This evaluation will review their alignment with PHN operation guidelines and SNPHN's strategic priorities, their fit with other youth health programs operating in the region, and recognised best practice. The evaluation will make recommendations for the future development of the programs and will be used to inform SNPHN's wider approach to commissioning youth health services. Throughout the evaluation process we have engaged with practitioners, schools, young people, headspace, local councils, Northern Sydney Local Health District, NSW Department of Education and Communities and NSW Family and Community Services.

Throughout 2015/16, SNPHN has been involved in multiple youth health projects within the region. SNPHN is represented on the steering committees of the two regional youth mental health forums - Empowering Young Minds and the Hornsby Ku-ring-gai Youth Network Mental Health Forum alongside headspace, NSLHD, local councils and NGOs. These forums are a collaborative effort to enhance awareness and understanding of mental health issues within local school communities. Dozens of schools have participated in the forums to date with significant positive feedback from all stakeholders involved.

A photograph of a man in a striped shirt comforting a woman in a white top. The man is standing behind the woman, with his hands on her head and shoulders. The woman is sitting on a bed or couch, looking down with a sad expression. The entire image is overlaid with a blue tint.

06

▶
**ORGANISATIONAL
EXCELLENCE**



CORPORATE SERVICES OVERVIEW

The Sydney North Primary Health Network (SNPHN) organisational objective is one of continuous quality improvement and systematic risk management to deliver our commitments. This has been particularly important in our first year, where we have looked to establish strong corporate, communications and clinical governance systems across our operating environment.

We have focused on establishing an internal corporate business system that supports our interconnected business operations. This strengthens our brand in our partner transactions. A *Strategic IT Roadmap* has been introduced and the IT strategic plan is being implemented, covering finance, commissioning, human resources and an interface with all program reporting requirements and client management systems (ATAPs, GP systems, communication databases).

Establishing strong governance and effective core business processes has been a priority, which has included establishing a corporate governance

framework with the SNPHN Board. The team has been working to ensure sound financial management, governance and business practices. The new finance and business systems will further strengthen our processes and ensures all aspects of our business are aligned with our purpose both strategically and operationally.

The Communications, Engagement & Health Literacy Plan was also approved and is in full swing with a new mobile responsive website, eNewsletters, social media channels, interactive portals, management of the Community Council, community event coordination, advocacy and engagement and an advanced health literacy strategy.

In addition, we have built a strong governance team, including legal, project management, IT, clinical and corporate governance expertise.



MARKETING & COMMUNICATIONS

During its first year, the SNPHN Marketing and Communications team had the strategic task of building the Northern Sydney PHN and Sydney North Primary Health Network brand. This has included establishing key communication channels to allow engagement and information exchange with our health stakeholders, and build awareness of SNPHN’s integral role in reforming primary healthcare delivery in the region via our programs and partnerships. A symbol of healthcare connection and circular networking, the SNPHN brand has become a recognisable symbol across our marketing, media, digital and engagement platforms.

OUR VISION & VALUES

In our first year of operation, the Board and the SNPHN team defined the guiding purpose and principles that would underpin our organisation’s partnership approach and community focus. At the heart of our organisation lies our vision - “Achieving together - better health, better care” - while our iCARE values signal our commitment to Innovation, Collaboration, Accountability, Respect and Excellence.



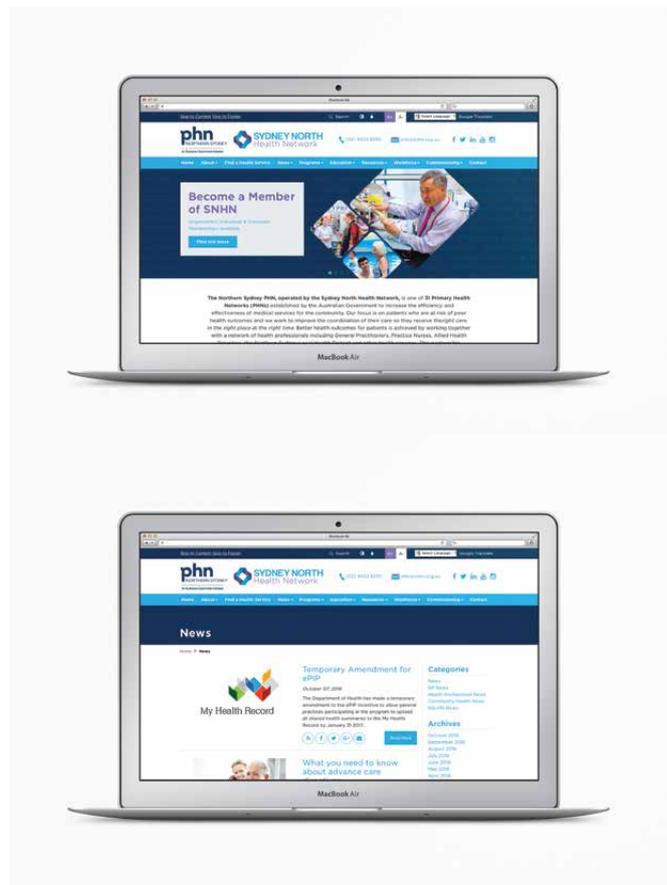
L to R: Professor Simon Willcock, John Alexander OAM, MP, The Hon Sussan Ley MP, CEO Lynelle Hales, Chair Dr Magda Campbell, Dr Stephen Ginsborg, Dr John D'Arcy

THE LAUNCH OF SNPHN

An official launch event for SNPHN was held on 9th Dec 2015 at Macquarie University with the Federal Health Minister, The Hon. Sussan Ley, providing the keynote address. The event was well attended by 268 guests including local general practitioners, representatives from mental health, aged care and youth services, allied health providers, hospital executives and representatives from the newly formed SNPHN Clinical and Community Councils. The launch provided an opportunity for our regional stakeholders to learn more about the organisation and our vision for the future of primary healthcare in Northern Sydney.

INFORMATION EXCHANGE

Our website, eNewsletters, Board and Council online portals, electronic direct mail strategy and social media channels (Facebook, Twitter, YouTube, Instagram, and LinkedIn) were established in the first six months to enable and advance our communication and conversations with our stakeholders including health professionals, service providers, the community and our members. Our website attracts an average of almost 50,000 page views per month, our eNews has over 3,500 subscribers and we have a social media community of over 750 people.



MEDIA RELATIONS

Media relations is a focus for the unit with the aim to promote PHNs across our local, metropolitan and national health media contacts. In 2015/16 SNPHN played a role in building awareness about key public health issues including childhood immunisation: “New Whooping Cough Booster Shot for 18 month olds” (Manly Daily 7th March 2016) and whooping cough: “Surge in cough cases a concern” (Manly Daily 14th November 2015). SNPHN also responded to interview requests with digital station Tenplay and Australian Doctor.

KEY INITIATIVES & CAMPAIGNS

Working closely with our Primary Care Advancement and Integration Team (PCAIT) and our Commissioning & Partnerships Team, the Marketing and Communications unit actively managed the external communication to support key initiatives. These include the launch of Sydney North HealthPathways, Education and CPD Events and the re-launch of the Federal Government’s My Health Record. The After Hours project was a public and in-practice awareness campaign to promote access to medical services after hours and the HealthDirect after hours GP Helpline. Some of the tools created for this campaign were a 70 second television advertisement, indoor & outdoor advertising (including backs of Northern Sydney buses, shopping centres, cafes and train/bus shelters), practice packs and brochures, local newspaper advertisements, magnets in five languages (Simplified Chinese, Japanese, Korean, Traditional Chinese and Italian) and an integrated social media campaign. We have also established a key relationship with HealthDirect, which aligns our digital strategy with the National Health Services Directory, Symptom Checker, My Aged Care and Carer Gateway as a commitment to providing quality approved health information.



INFORMATION TECHNOLOGY

The Information Technology (IT) formation of SNPHN required email establishment, network drives, a revised customer relationship management system (ChilliDB), expanded finance and payroll systems, and test environments for Medical Director and Best Practice.

A considerable amount of work was undertaken merging and cleansing data in our growing customer relationship management system. The completed system was then released to staff to allow data review and reports creation to enable the Primary Care Advancement and Integration Team to visit general practices and collate any data that was missing.

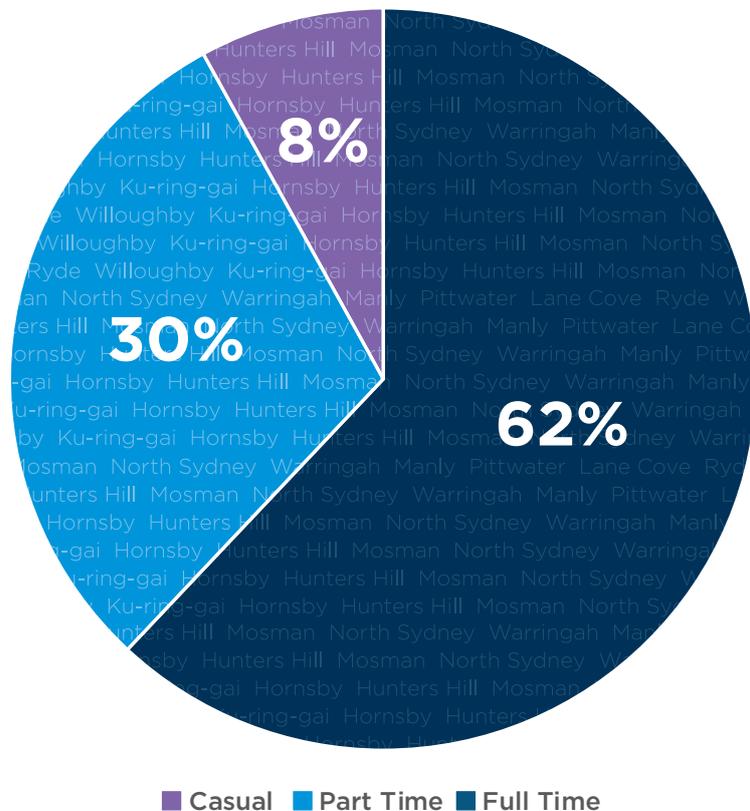
A review of all IT systems was undertaken in response to the growing activities of SNPHN, with stakeholders from each team providing feedback on the current environment and their needs going forward. As a result of these discussions the IT Strategic Plan was developed. The first stage of the implementation of the plan was to upgrade the Payroll and Finance systems and implement a new Human Resources system. As the organisation continues to grow so do the increasing functionalities of our new systems.

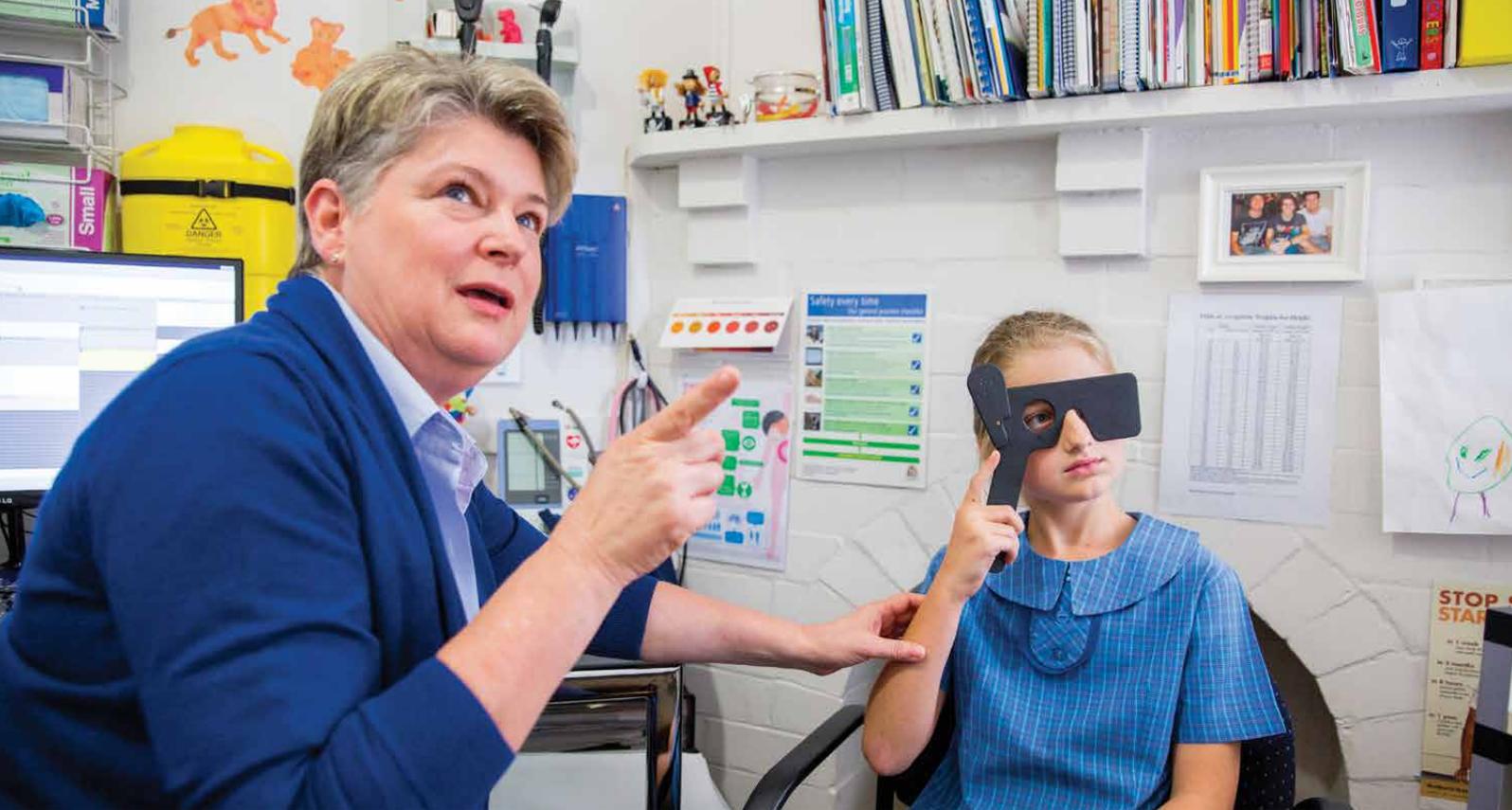
HUMAN RESOURCES

The Human Resources team (HR) at Sydney North Primary Health Network (SNPHN) is dedicated to providing expert support to all SNPHN employees for recruitment, professional development, career management, benchmarking, performance management, employee and industrial relations, work health and safety, workers compensation and rehabilitation.

Year one was focused on setting up the organisational structure and partnering with Managers to ensure we found the best people capable of delivering our strategic priorities and funding commitments.

Staff Headcount by Employment Status





The SNPHN staff collectively developed our Organisation Values:

Innovation - Collaboration - Accountability - Respect - Excellence



These values are the foundation of our workplace culture and are embedded into all our systems, policies and procedures.

SNPHN is an equal opportunity employer, with a varied workforce where diversity is celebrated. Our workforce is 80% female and 20% male across both full time and part time. A comprehensive induction program has been developed for all new employees joining the organisation, where the Chair of the Board, the CEO and all business unit General Managers present and provide an overview of the organisational strategic goals and governance processes.

A performance management framework was developed using quarterly *Performance Alignment Conversations* with individual KPIs that align with SNPHN's vision and strategic priorities. The HR team has partnered with Managers to ensure performance, coaching and development plans are in place that support staff to effectively deliver their individual objectives and attain their professional development.

Our *Human Resources People Strategy* was underpinned by the organisational vision and values, and we have launched a number of learning initiatives including team days and leadership development workshops. We also partner with Sydney TAFE for formal skills development.

At SNPHN we constantly strive to make our employees feel valued and appreciated for their contribution to the organisation through a formal recognition program: 'Let's Celebrate Living the Values'.

Moving into our second year, the Human Resources team is implementing a new HR system and online learning tool. We will continue to promote the vision and values of SNPHN and support our Managers to motivate, develop and retain our **Innovative, Collaborative, Accountable, Respectful and Excellent Team!**



07

▶
FINANCIAL REPORT

FINANCIAL REPORT

- 54** Directors' Report
- 58** Auditor's Independence Declaration
- 59** Independent Audit Report
- 60** Directors' Declaration
- 61** Statement of Surplus or Deficit and Other Comprehensive Income
- 62** Statement of Financial Position
- 63** Statement of Change in Funds
- 64** Statement of Cash Flows
- 65** Notes to the Financial Statements
- 66** Summary and Analysis

DIRECTORS' REPORT

30 JUNE 2016

Your directors present their report, together with the financial statements of the Company, for the financial year ended 30 June 2016.

1. General information

Directors

The names of the directors in office at any time during, or since the end of, the year are:

Names	Appointed/Resigned
Dr Magdalen Campbell (Chair)	Appointed 23 April 2015
Dr Harry Nespolon	Appointed 23 April 2015
Dr Stephen Ginsborg	Appointed 23 April 2015
Brynnie Goodwill	Appointed 23 April 2015
Janet Grant	Appointed 23 April 2015
Carolynn Hodges	Appointed 23 April 2015
Kathryn Loxton	Appointed 23 April 2015
Prof. Simon Willcock	Appointed 23 April 2015

Directors have been in office since incorporation unless otherwise stated.

Company secretary

The following person held the position of Company secretary at the end of the financial year:

Lynelle Hales (AICD Company Director Graduate (2013), Governance Institute of Australia's Accidental Company Secretary course (2016)) has been the company secretary since 10 August 2015. Lynelle has four years' experience as a voting Executive Director on NHS Boards (UK). In addition, Lynelle has worked with Boards for over 11 years in Executive roles.

Members guarantee

SNPHN LTD is a Company limited by guarantee. In the event of and for the purpose of winding up of the Company, the amount capable of being called up from each member and any person or association who ceased to be a member in the year prior to the winding up, is limited to \$10, subject to the provisions of the Company's constitution.

At 30 June 2016 the collective liability of members was \$5,340

Principal activities

The principal activities of SNPHN LTD during the financial year were;

- (a) identifying the health needs of the community, developing locally focused and responsive services and addressing service delivery gaps;
- (b) strengthening the effectiveness, vitality and responsiveness and performance of the Primary Health Care sector through support to Primary Health Care organisations and entities (including without limitation to Members);
- (c) advocating and representing Primary Health Care organisations and entities to the Australian public to improve the provision of health care;
- (d) improving the patient journey and outcomes through the development, integration and coordination of an equitable Primary Health Care sector;
- (e) promoting quality in Primary Health Care and improving patient care by providing support to clinicians and Service Providers;
- (f) improving consumer access to health services by working to coordinate and integrate care within the Primary Health Care system and across other sectors of the health system;
- (g) collaborating with consumer and community groups to ensure consumer engagement and representation in the provision of Primary Health Care;

DIRECTORS' REPORT

30 JUNE 2016

- (h) identifying health needs of the community and developing locally focussed and responsive health services to improve local patient care, including:
 - (i) analysing and reporting on the Primary Health Care service gaps; and
 - (ii) identifying strategies to improve health outcomes and quality of services including for disadvantaged or under serviced groups;
- (i) promoting quality and evidence based leading practice;
- (j) contributing to development, regional leadership, innovation and research on Primary Health Care methods, technology, teaching, skills and practice;
- (k) promoting cooperation, collaboration and communication with other regional organisations with an interest or impact in health and social care;
- (l) facilitating the implementation of successful Primary Health Care and preventive health initiatives and programs;
- (m) initiating and promoting policy and other matters related to the Primary Health Care sector and activities of Members; and
- (n) doing all such other things as are conducive or incidental to the attainment of the objects and aims of any or all of the above.

Operating results

The surplus / (deficit) from ordinary activities amounted to \$0.

2. Other items

Significant changes in state of affairs

SNPHN LTD was incorporated on 23 April 2015.

After balance date events

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in future financial years.

Auditors independence declaration

The lead auditor's independence declaration in accordance with subdivision 60 C of the Australian Charities and Not for profits Commission Act 2012 for the year ended 30 June 2016 has been received and can be found on page 7 of the summary financial report.

3. Director Information

Dr Magdalen Campbell (Chair)

Qualifications M.B.B.S., FRACGP, MAICD

Experience Inaugural NSPHN Board Member. GP and Principal of own Practice. Corporate Governance, Strategic Planning training and experience. Previously on the General Practice Network Northside Board from 1992 to 2012, holding positions of Chair, Treasurer and Secretary. Board member for Northern Sydney Medicare Local from 2012 to 2015. Elected to the Board of Networking Health NSW in November 2014. Member of the ACI Chronic Disease Management Committee.

DIRECTORS' REPORT

30 JUNE 2016

Dr Harry Nespolon

Qualifications BM BS, DipRACOG, FRACGP, BEc, LLB(Hons), GCLP, FACLM, MBA, FAICD, MHL

Experience Chair of GP Synergy. He was Chair, Sydney North Shore and Beaches Medicare Local and Chair, Northern Sydney Division of General Practice. On the Council of the RACGP (NSW) and is the principal of two general practices.

Dr Stephen Ginsborg

Qualifications MB BCh, MA, MAICD

Experience Director of the Manly Warringah Division of General practice. Former Deputy Chair of the Sydney North Shore and Beaches Medicare Local. Chair of the SHN Clinical Governance Committee. Medical Director of the National Home Doctor Service. Board member COTA (NSW).

Brynnie Goodwill

Qualifications JD International and Corporate Law. AB, GAICD

Experience Strategy and Partnerships Director at SharingStores Foundation. Director of Earth Trust and BKG Group. Former CEO of Jubilee Australia and of LifeCircle Australia. Chair of the SNHN Community Council and of the SNHN Remunerations and Nominations Committee. Former Health Consumer Director of Sydney North Shore and Beaches Medicare Local.

Janet Grant

Qualifications CA, MCom, BAcc

Experience Not for profit Board roles including as Board Chair and Chair of Finance, Audit and Risk Committees; NSW Government Audit and Risk Committees; Financial management and accounting, risk management, governance.

Carolynn Hodges

Qualifications BA (Hons). MPsych(Clin). BPsych(Hon). DipClinHyp. MAPS. MASH. CEAP. MAICD.

Experience Principal of a Clinical Psychology private practice. Previous mental health delivery experience in both public and private sectors. Member of SNHN Clinical Governance Committee and SNHN Clinical Council. Board member of Primary & Community Care Services, member of PCCS Clinical Governance Committee.

Kathryn Loxton

Qualifications BaAppSc(Occupational Therapy), GAICD

Experience Former board member of the Sydney North Shore and Beaches Medicare Local and the Independent Living Centre NSW. Current board member of NSW Brain Injury Association and Executive Director of Caswell Health Care, a multidisciplinary private practice working in primary health throughout Sydney.

Prof. Simon Willcock

Qualifications MBBS (Hons 1), PhD, FRACGP, Dip Obs, GAICD

Experience Director of Primary Care Services at Macquarie University Health Sciences Centre. Board Chairman Avant Mutual Group. Board member - Avant Insurance Limited. Board member - Doctors Health Fund. Clinician and academic with extensive experience in medical education and workforce development.

DIRECTORS' REPORT

30 JUNE 2016

Meetings of directors

During the financial year, 31 meetings of directors (including committees of directors) were held. Attendances by each director during the year were as follows:

	Directors' Meetings		Audit & Risk Management		Remuneration & Nominations		Clinical Governance	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Dr Magdalen Campbell (Chair)	12	11	10	10				
Dr Harry Nespolon	12	10	10	8				
Dr Stephen Ginsborg	12	11			2	2	5	5
Brynnie Goodwill	12	11			2	2		
Janet Grant	12	11	10	10				
Carolynn Hodges	12	12					5	4
Kathryn Loxton	12	12					5	5
Prof. Simon Willcock	12	12			2	1		

4. Indemnification and insurance of officers

The Company has paid premiums to insure each of the directors against liabilities for costs and expenses incurred by them in defending any legal proceedings arising out of their conduct while acting in the capacity of director of the Company, other than conduct involving a wilful breach of duty in relation to the Company. The amount of the premium is not disclosed due to the terms of the insurance contracts and to protect commercially sensitive information of the Company.

Signed in accordance with a resolution of the Board of Directors:

Director: 

Director: 

Dated 26 September 2016

AUDITOR'S INDEPENDENCE DECLARATION

I declare, that to the best of my knowledge and belief during the year ended 30 June 2016 there have been no contraventions of:

- (i) the auditor independence requirements as set out in the *Australian Charities and Notforprofits Commission Act 2012* in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

Cutcher & Neale Assurance Pty Ltd
(An authorised audit company)

M.J. O'Connor
Director

12 September 2016
NEWCASTLE

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF SNPHN LTD

Report on the Financial Report

The summary financial statements of SNPHN LTD, which comprise of the summary statement of financial position as at 30 June 2016, summary statement of surplus or deficit and other comprehensive income, summary statement of changes in funds, discussion and analysis of the financial statements, and the Directors' declaration from the audited financial statements of SNPHN LTD for the year ended 30 June 2016 as set out on pages 9 to 15.

The summary financial statements do not contain all the disclosures required by Australian Accounting Standards – Reduced Disclosure Requirements. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial report of SNPHN LTD.

Directors' Responsibility for the Summary Financial Statements

The Directors of the Company are responsible for the preparation of the audited financial statements on the basis described in Note 1.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Auditing Standard ASA 810: *Engagements to Report on Summary Financial Statements*.

Audit Opinion

In our opinion the financial statements derived from the audited financial statements of SNPHN LTD for the year ended 30 June 2016 are consistent, in all material respects, with those audited financial statements on the basis described in Note 1.

Cutcher & Neale Assurance Pty Ltd
(An authorised audit company)

M.J. O'Connor
Director

NEWCASTLE

12 September 2016

DIRECTORS' DECLARATION

The Directors of the company declare that the summary financial statements of SNPHN LTD for the financial year ended 30 June 2016, as set out on pages 10 to 15:

- a) comply with Accounting policies described in Note 1; and
- b) have been derived from and are consistent with the full financial statements of SNPHN LTD.

This declaration is made in accordance with a resolution of the Board of Directors.

Director: M. Campbell

Director: A.M. Nepeal

Dated 26 September 2016

SUMMARY STATEMENT OF SURPLUS OR DEFICIT AND OTHER COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2016

	Note	2016 \$
Operating revenue	2	10,020,504
Other income	2	303,375
Program expenses		(4,509,788)
Employee benefits expense		(4,395,149)
Equipment and IT expense		(261,591)
Depreciation and amortisation expense		(205,953)
Marketing and communication expense		(343,798)
Management and administration expenses		(607,600)
Surplus / (deficit) before income tax		-
Income tax expense		-
Surplus / (deficit) after income tax		-
Other comprehensive income for the year		-
Total comprehensive income for the year		-

The accompanying notes form part of these financial statements.

SUMMARY STATEMENT OF FINANCIAL POSITION

FOR THE YEAR ENDED 30 JUNE 2016

	2016 \$
ASSETS	
CURRENT ASSETS	
Cash and cash equivalents	3,911,738
Trade and other receivables	100,267
Prepayments	194,439
TOTAL CURRENT ASSETS	4,206,444
NONCURRENT ASSETS	
Property, plant and equipment	-
TOTAL ASSETS	4,206,444
LIABILITIES	
CURRENT LIABILITIES	
Trade and other payables	876,713
Other liabilities	3,120,700
Provision for make good of premises	69,600
Employee benefits	111,055
TOTAL CURRENT LIABILITIES	4,178,068
NON-CURRENT LIABILITIES	
Employee benefits	28,376
TOTAL NON-CURRENT LIABILITIES	28,376
TOTAL LIABILITIES	4,206,444
NET ASSETS	-
FUNDS	
Accumulated Surplus	-
TOTAL FUNDS	-

The accompanying notes form part of these financial statements.

SUMMARY STATEMENT OF CHANGES IN FUNDS

FOR THE YEAR ENDED 30 JUNE 2016

	Accumulated Surplus \$
Balance at 1 July 2015	-
Total comprehensive income	-
Balance at 30 June 2016	-

The accompanying notes form part of these financial statements.

SUMMARY STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2016

	2016 \$
CASH FLOWS FROM OPERATING ACTIVITIES:	
Receipts from government grants and services	14,197,728
Payments to suppliers and employees	(10,364,015)
Interest received	78,025
Net cash provided by (used in) operating activities	3,911,738
<hr/>	
Net increase (decrease) in cash and cash equivalents held	3,911,738
Cash and cash equivalents at beginning of year	-
Cash and cash equivalents at end of financial year	3,911,738

NOTES TO THE SUMMARY FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

1. Accounting Policies

The summary financial statements have been prepared from the audited financial report of SNPHN LTD for the year ended 30 June 2016. The audited report for the year ended 30 June 2016 is available at request from SNPHN LTD.

The financial statements, specific disclosures and the other information included in the summary financial statements are derived from and are consistent with the full financial statements of SNPHN LTD. The summary financial statements cannot be expected to provide as detailed an understanding of the financial performance, financial position and financing and investing activities of SNPHN LTD as the full financial statements.

The accounting policies have been consistently applied to SNPHN LTD and are consistent with those of the financial year in their entirety.

SNPHN LTD is dependent on the Department of Health for almost all of its revenue used to operate the business. At the date of this report the directors have no reason to believe the Department of Health will not continue to support SNPHN LTD. SNPHN LTD's core funding contract is scheduled to end on 30 June 2018.

The presentation currency used in the financial report is Australian dollars.

2. Revenue and Other Income

	2016 \$
Revenue from ordinary operations	
- Operating grants	10,020,504
	10,020,504
Other income	
- Interest revenue	78,025
- Sundry income	19,397
- Donated assets	205,953
	303,375
Total revenue & other income	10,323,879

SUMMARY AND ANALYSIS

FOR THE YEAR ENDED 30 JUNE 2016

Statement of Surplus or Deficit and Other Comprehensive Income

This year has been the first year of operations subsequent to incorporation of the Company on 23 April 2015. The surplus from ordinary activities for the year was \$Nil.

The company was established following the successful joint bid submitted to the Australian Government by Northern Sydney Medicare Local and Sydney North Shore and Beaches Medicare Local to establish and operate the Northern Sydney PHN. Northern Sydney PHN is one of 31 Primary Health Networks established nationally to increase the efficiency and effectiveness of medical services for the community.

Revenue

Operating revenue for the year was \$10,020,504. Almost all of this revenue was derived from delivering outcomes in accordance with Commonwealth Department of Health funding contracts.

During the year the company's activities were focused on needs assessments, planning, establishment and development of resources and service programs. Additional funding was secured for health services including Access to Allied Psychological Services (ATAPS), After Hours, and Care Coordination and Supplementary Services.

Non-operating revenue included the value of residual assets assumed from the former Medicare Local entities.

Expenditure

Total expenses incurred for the year were \$10,323,879. Employment costs amounted to \$4,395,149 and the number of employees at balance date was 50. Program costs amounted to \$4,509,788. These costs represent the cost of allied health professionals and similar direct costs incurred for planning, developing, promoting and delivery of primary health care services. The development of new programmes and the transition to the PHN has also required development of information systems and infrastructure, marketing and communication strategies and the establishment of governance and administration processes.

Statement of Financial Position

The Company's statement of financial position discloses net assets of \$Nil as at 30 June 2016. The \$Nil net asset position is consistent with the requirements of the Company's reciprocal funding arrangements with the Commonwealth Department of Health. Unspent grant funds are recorded as liabilities and represent amounts carried forward to be applied in future periods in accordance with plans and strategies approved by the Department of Health.

The Company has reported current assets of \$4,206,444 and current liabilities of \$4,206,444. Assets consist mainly of cash of \$3,911,738 which is of similar value to the sum of unspent current year funding \$1,804,578, grant funding received in advance \$1,316,122 and trade and other payables of \$876,713.

Statement of Cash Flows

Operating Activities

Cash inflows from operating activities were \$14,275,753. Almost all of the cash receipts represented funding received from the Department of Health. Cash payments to suppliers and employees amounted to \$10,364,015.

Achieving together - *better health, better care*

Phone: (02) 9432 8250
Email: info@snhn.org.au

Address: Level 1, Building B, 207 Pacific Highway,
St Leonards NSW 2065

Post: PO Box 97, St Leonards NSW 2065

www.snhn.org.au

SNPHN LTD (ABN 38 605 353 884), trading as Sydney North Primary Health Network.