

2018/19 ANNUAL REPORT





TOTAL POPULATION: 926,912

LOCATION

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

Between 2016-2036, the total population will increase by 23.5% to

1,122,930

MOSMAN

8000

NORTHERN BEACHES 0.4% (4.080)

of the SNHN population identify as Aboriginal & Torres Strait Islander compared to

NSW: 3.4%

KU-RING-GAI

RYDE

WILLOUGHBY

IUNTERS HILL

LANE COVE NORTH SYDNEY

SNHN has a higher proportion of people who are culturally and linguistically diverse

(25.7%

compared to

NSW (21%).
Chinese and Indian
are the largest
CALD groups.

ACKNOWLEDGEMENT OF COUNTRY

The Sydney North Health Network wishes to acknowledge the traditional custodians of the land on which we meet and work, the Gamaraigal peoples. We pay our respect and recognise their connection to land water and community and honour their Ancestors, Elders past, present and emerging.

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Artist Acknowledgement: Jessica Birk





The Sydney North Health Network (SNHN) operates the Northern Sydney PHN (NSPHN), one of 31 Commonwealth funded Primary Health Networks (PHNs) across Australia. The SNHN remains firmly focussed on supporting the community who are at greatest risk of poor health outcomes.

The SNHN region is experiencing a changing demographic which continues to face several challenges across various age groups, including pockets of socio-economic disadvantage scattered across the region. Geographic hot spots and specific health issues exist within certain populations, despite

the public health profile of the region being one of the nation's best. In spite of this relative advantage the impact of the social determinants of health remain - such as:

- > Access to and awareness of primary care and other services;
- > Anxiety and stress;
- > Addiction;
- > A growing culturally and linguistically population with complex health issues; and
- > An ageing demographic.

THE TOP FOUR MAJOR HEALTH PRIORITY AREAS IDENTIFIED ARE:









The **SNHN Strategic Plan 2018 - 2023**, has been developed through Board and stakeholder discussions. The key focus of the PHN is to enable the **926,912** people in our region to care for their own health effectively and, when necessary, navigate a complex healthcare and support system resourced appropriately. This 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 and community services.

Our strategic focus is to ensure that:

- 1. Services are delivered where and how people want them.
- 2. People can find and access what they need.
- 3. People understand and practice the fundamental principles of healthy living to achieve best health and wellbeing.
- 4. Communities are linked and supported to contribute to overall health and wellbeing.

The Sydney North Health Network is governed by a **Board comprising of 8 Directors**. The Board is supported by two councils playing a consultation role - a **14 member Clinical Council** and a **12 member Community Council**.



WELCOME

As the Chair and CEO of Sydney North Health Network, it is our great pleasure to welcome you to our 2018 - 2019 Annual Report and to thank our teams and community who have helped us deliver our vision "Achieving together - better health, better care". The focus of our work this year has been to drive forward with the key activities aligned to our five strategic priorities:

COMMUNITY ACTIVATION: Help our community to self-determine and help itself.

SYSTEM TRANSFORMATION: Catalyse change by enabling new approaches to health and healthcare.

COMMISSIONING: Attract and distribute resources to provide services that people need most.

PROVIDER SUPPORT: Build capacity for all providers of primary healthcare to adopt new tools, deal with disruption and improve outcomes.

ORGANISATIONAL EXCELLENCE: Develop excellence in our operations, our people and our visibility.

We have worked collaboratively with our network of local health providers including General Practice, Allied Health, the Northern Sydney Local Health District (NSLHD) and other public and private health and social care services. Through these partnerships we have delivered mental health services, alcohol and other drug services, hospital avoidance services, chronic disease management services, and care navigation and management support through education, clinical health pathways, and community health literacy programs, reaching over 20,000 people in our community. We continue to work with the 1,494 General Practitioners (GPs) and over 2,000 allied health providers in our community to improve health services for our community as well as improving the provider experience through education, quality improvement activities and better connectivity between services.

SNHN has set goals to achieve better health outcomes for our community beyond that possible if only reliant on the public purse. This year we have successfully sought non-government grants to extend our services. We have undertaken a full Board evaluation, leading to the appointment of a new Director, to better enable us to partner with non-government organisations who share our values, to further achieve better health and better care for our community.

SNHN is becoming known as an organisation of excellence. Our team and program partners have presented at over **30 conferences** across Australia, New Zealand and the United Kingdom, sharing our knowledge and learnings with other health and social care providers. We aim to continue to be at the forefront of primary care excellence and have plans for further knowledge sharing in 2020 including hosting an International Clinical Governance Forum.

This year's annual report truly reflects the ongoing incredible work undertaken by staff across our footprint working in line with our strategic direction, values and vision. Big thanks to significant involvement and encouragement of our Board, Members, and Community and Clinical Councils.

We look forwards to another exciting and successful year. We hope you enjoy our Annual Report.

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KATE LOXTON

Chair

LYNELLE HALES
Chief Executive Officer

BOARD

KATE LOXTON Chair



PROF. SIMON WILLCOCK Deputy Chair



DR MAGDALEN CAMPBELL



SAMANTHA



CAROLYNN HODGES



DR STEPHEN GINSBORG



BRYNNIE GOODWILL



DR CONNY HARRIS



DR HARRY NESPOLON Outgoing Chair



EXECUTIVES



L to R - Cynthia Stanton, Ramon del Carmen, Lynelle Hales, Jim Keech

LYNELLE HALESChief Executive Officer

CYNTHIA STANTONGeneral Manager - Primary Care Advancement & Integration

JIM KEECH General Manager Commissioning & Partnerships

RAMON DEL CARMEN Chief Financial Officer

TRIBUTE TO Hodges

Like the legendary muses of Greek mythology Carolynn had the ability to inspire and support anyone whose life she touched. You couldn't be associated with Carolynn without feeling her energy and her empathy. We have all benefitted from those gifts - she would want us to share them with others as her legacy.

Professor Simon Willcock - GP and SNHN Board Director



On behalf of the Sydney North Health Network Board, Staff and Community, we wish to pay tribute to Carolynn Hodges, who sadly passed away this year. Carolynn was a local Clinical Psychologist and a respected member of the SNHN Board, Clinical Council, Clinical Governance Committee and more recently, the Community Council. Her experience, passion and commitment to advancing community mental health services was deeply valued and will be greatly missed by the Board and staff at SNHN, as will her vivacity, compassion, charm and wit. Our hearts go out to her family, friends and colleagues.

"Carolynn had such a great sense of humour and life. She was able to cut through to the core issues discussed and clearly articulate the next step forward for the Board. Carolynn was always willing to assist in any way that she could - bringing an amazing energy to governance."

Dr Magdalen Campbell - GP and inaugural SNHN Board Chair

The Sydney North Health Network Mental Health Triage Team would also like to acknowledge the years of hard work and dedication by Carolynn Hodges to the past ATAPS (Access to Allied Psychological Services) and the present Access+ service. Carolynn was one of the few therapists who bulk billed clients, worked after hours and on weekends. She worked tirelessly with the most vulnerable clients; Aboriginal and Torres Strait Islander women and clients from culturally and linguistically diverse backgrounds.

A first Australian client of Carolynn's said, "Carolynn helped me a lot since 2007, on and off. She helped me deal with my previous traumas and she encouraged me a lot to deal with issues from my past. She also helped me work towards a positive future with a workplace injury I had, that left me with a disability." Another client recalled, "Carolynn helped me a lot through my two diagnoses. I always felt very good after my session with her. I felt light and positive. Her kindness was really good for me. Now I am in remission and I am so sad to hear the news of her passing away."

The SNHN Mental Health Triage team hear from Carolynn's clients that she was wonderfully warm and benevolent. **She listened, guided, and encouraged** her clients. Carolynn helped clients struggling with trauma, grief and ill health *"find a voice, find their motivation, find their meaning, and find their future,"* says Aurelia Roper-Tyler, Mental Health Triage Clinician.

Thank you Carolynn.

HEALTH PROFILE

TOP 4 HEALTH ISSUES



HEART DISEASE

SELF HARM

RESPIRATORY DISEASE

SOCIAL DETERMINANTS

The factors below have an important impact on a person's health and wellbeing; these include social isolation, access to affordable services, employment, income, education and housing.



EMPLOYMENT

1.3% of people aged 16-64 years receive unemployment benefits.

NSW: 4.5%



EDUCATION

41.3% of people aged 17 years participating in tertiary education.

NSW: 28.9%



FINANCIAL STRESS

28.8% of low-income families experience financial stress from mortgage or rent.

NSW: 29.3%



OBESITY

18.1 per 100

18+ years obese. **NSW: 28.2**



ALCOHOL

17.9 per 100

15+ years engaging in high risk drinking.

NSW: 16.7



SMOKING

9.5 per 100

18+ years current smokers.

NSW: 16



MENTAL HEALTH

15.8 per 100

15+ years report mental behavioural problems.

NSW: 17.7



7.3 per 100

18+ years report high or very high psychological distress.

NSW: 11



2,222 per 100.000

mental health related hospitalisations.

NSW: 1.975

VULNERABLE GROUPS

CHILDREN 5.3% (9.724)

of children in low-income, welfare recipient families.

NSW: 20.6%



OLDER PEOPLE

15.7% (145,154)

of the total population aged 65+ years.

NSW: 15.9%

Between 2016-2036, there will be an increase of **55.1%** in the 65+

years population. **NSW: 67.1%**



DISABILITY

3.7%

of the population have severe or profound disability.

NSW: 5.4%



PREVENTABLE HOSPITALISATIONS

1,711 per 100,000 NSW: 2,192 per 100,000

Cellulitis, kidney and urinary tract infections, and dental conditions accounted for **36%** of potentially preventable hospitalisations.



STRATEGIC PLAN 2018-2023

OUR VISION

The Sydney North Health Network remains firmly focussed on supporting the community who are at greatest risk of poor health outcomes, striving to achieve the quadruple aim – better population health, better experience of care, better value for the system and doing so with an exceptional workforce.

The PHN has an important role to support and strengthen primary healthcare in the Northern Sydney region and we believe this is best achieved by working collaboratively with our network of local health providers including General Practice, Allied Health, the Northern Sydney Local Health District (NSLHD) and other public and private health and social care services.

This is reflected in our vision:

Achieving together - better health, better care

OUR INVESTMENT

- Services are delivered where and how people want them.
- 2. People can find and get what they need.
- 3. People understand and build fundamental habits for best health & wellbeing.
- 4. Communities are supportive of each other.

OUR FOCUS



Older people remain independent, longer.

Young people are resilient and connected.

People with mental health conditions experience a better quality of life. Those who are vulnerable know about, and receive, care that is relevant to them.

OUR THEMES

AWARENESS: Health literacy through to awareness of available and appropriate services.

ACCESS: Ability to access the right services - at both a consumer and system level.

NAVIGATION: Easy navigation of the health system - at both a consumer and system level.

OUR VALUE TO COMMUNITIES

SELF-DETERMINATION = Customised and tailored to individual healthcare needs.

AFFORDABILITY = Blends of public and private funding.

CERTAINTY = Predictable and sufficient supply and access to healthcare services.

COHERENCE = Well coordinated and accessible healthcare.

EASE = User friendly, understandable, and simple to navigate healthcare.

OUR GOALS

- ✓ COMMUNITY ACTIVATION: Support our community to self-determine and help itself.
- ✓ **SYSTEM TRANSFORMATION:** Catalyse change by enabling new approaches to health and healthcare.
- COMMISSIONING: Attract and distribute resources to provide services that people need most.
- ✓ MEMBER & PROVIDER SUPPORT: Build capacity for all providers of primary healthcare to adopt new tools, deal with disruption and improve outcomes.
- ✓ AN EXCEPTIONAL ORGANISATION: Develop excellence in our operations, our people and our visibility.

OUR VALUES



INNOVATION

C C

COLLABORATION



ACCOUNTABILITY





RESPECT

EXCELLENCE

MAKING AN IMPACT



s14 M allocated to services that meet the needs of local communities.



MENTAL HEALTH SERVICES

42.6%

Increase in client uptake with

3.635 clients serviced. 46.2%

Increase in the number of sessions delivered. 23.7%

Increase in the number of new referrals received between 2017/18 to 2018/19.

ALCOHOL & OTHER DRUG SERVICES

595 clients serviced in 2018/19.

Over 3,000 Alcohol & Other Drug sessions delivered.

ATTENDED COMMUNITY ACTIVATION WORKSHOPS. **CONNECTEDNESS GROUPS AND HEALTH EXPOS AT 45** COMMUNITY EVENTS HELD IN 6 LANGUAGES.

facilitators delivered sessions to

to year 11 students across 30 schools in Northern Sydney -

an increase of 84%!

GPs, Primary Care Nurses, Pharmacists, Allied Health professionals and Practice Staff attended the 111 SNHN provided education events.



OF ALL
PARTICIPATING
NURSES IN THE
SYDNEY NORTH
PRIMARY
CARE NURSE
TRANSITION
PROGRAM.



DIGITAL HEALTH

2016/17: 1,161

Medication records uploaded to My Health Record by Pharmacies.



2375%

2018/19: 674,038



2016/17: 28,944

2018/19: 120,734

GP health summaries uploaded to My Health Record to share with their patient.

317%





The GP-led WellNet chronic disease management program evaluation shows improved clinical outcomes:



reduction in hospitalisation due to this program.



GPS IN SCHOOLS PROGRAM

The GPs in Schools Program aims to increase the health literacy of young people aged 15-17 years in the Northern Sydney Region.

A program unique to the Northern Sydney region, GPs in Schools connects students with local GPs and nurses to demystify health issues in a safe environment. Utilising a peer-centred health promotion approach, the program supports students to take an active and informed role in their healthcare as they make the transition to adulthood.

Demand for the GPs in Schools program continues to build across the region amongst schools and clinicians seeking to be involved. In 2018-19:

- GPs in Schools facilitators delivered sessions to over 4,300 year 11 students - an increase of 84%.
- GPs in Schools was delivered to 30 SCHOOLS across Northern Sydney.
- 313 small group sessions were facilitated.

HEALTHY LIVING WORKSHOPS

The Smoking, Nutrition, Alcohol, Physical Activity and Obesity (SNAPO+) Program expanded this year to include 5 new Healthy Living Workshops - Exercise is Medicine, Food and Your Mood, QUIT Smoking for people of Chinese background, Cancer Screening and Mindfulness. Each workshop has been tailored to respond to the demographics of the individual target groups.

The program continues to target the most vulnerable groups in the region, including older people, young people, Aboriginal and Torres Strait Islander adults and children, Culturally and Linguistically Diverse populations and new migrants.

SNHN supports the delivery of SNAPO+ programs that address identified needs and develop regional partnerships with key stakeholders to add value and sustainability to the program. 2018-19 SNAPO+ programs were facilitated through partnerships with a

range of stakeholders including:

> OVER 45
Health
Living
Workshops
delivered in 6
COMMUNITY
LANGUAGES
- Mandarin,
Cantonoso

Mandarin,
 Cantonese,
 Japanese, Korean,
 Tibetan and English.

Locations included - Mona Vale, Ryde, West Ryde, Artarmon, Chatswood, Gordon, Hornsby, Eastwood, Narrabeen, Mosman, St Leonards and Avalon.



ABORIGINAL HEALTH

The health and social and emotional wellbeing of Aboriginal and Torres Strait Islander community members continues to be a key priority for the Sydney North Health Network. SNHN continues to work with the local community and commissioned providers to ensure access to culturally appropriate mental health, drug and alcohol and care coordination services.



HORNSBY INDIGENOUS YOUTH GROUP

Young Aboriginal people aged 11-18 years old participating in a range of activities and exploring Aboriginal culture.

- > Local Cultural Consultants.
- > 16 Group Sessions.

- > 60 Indigenous Students.
- Community Partnerships with Police & Community Youth Club (PCYC) and Aboriginal Education Consultative Group (AECG).
- > 5 Independent Schools.



RYDE WOMEN'S GATHERING

Aboriginal women gathering for a yarn to improve social wellbeing.

- 23 group sessions for up to 12 Aboriginal women, reducing isolation and improving socio-emotional wellbeing.
- > Women's Health Check Days providing a culturally safe space for bi-annual health checks and social interaction for approximately 40 women.
- Community Partnerships developed with Northern Sydney Local Health District Indigenous Integrated Team Care and Ryde Council.



ABORIGINAL CULTURAL EDUCATION PROGRAM

A program for health professionals to develop and apply understanding of Aboriginal cultures to improve service and health outcomes.

- > TAFE NSW partnership.
- > 3 workshops in St Leonards, Brookvale and Hornsby.
- > GP visits.



CABER-RA NANGA WELLBEING DAY

A cultural wellness and healing day that provides an opportunity to walk and talk with Elders and a connection to Gaimaragal Country.

- Providing cultural support to the Narrabeen community with this event in its second year.
- Community Partnerships with Relationships Australia, Northern Sydney Local Health District Indigenous Integrated Team Care, Northern Beaches Could and the Department of Sport and Recreation.
- Approximately 120 people in attendance.



CONNECTED MOBS

Where the Aboriginal and Torres Strait Islander community (Elders, men, women and children) are invited to come together in a culturally safe place to meet other community members, share culture and build connections.

- Bringing Aboriginal families together in the region for cultural connection and improved social and emotional wellbeing.
- Highlighting the importance of a holistic approach within healthcare for Aboriginal and Torres Strait Islander people.
- > 5 Connected Mobs gatherings in the last year with 20-30 people in attendance per gathering.

SYSTEM TRANSFORMATION

POPULATION HEALTH

Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. When evaluating the effectiveness of commissioned health services, SNHN looks into patterns of changes in health outcomes of service users such as impact on mental health and wellbeing. substance use, overall quality of life, hospital usage, and accessibility/availability of appropriate health services.

Sydney North Health Network and service providers work closely to support continuous improvement through the quadruple aim as detailed below.



- > The Warekila service for severe mental illness demonstrated improvements across all
- > Lifeline's Way2Wellness service demonstrated an average 18% decrease in K10+ scores* between the start and end of service.
- A Outcomes > Community Care Northern Beaches (CCNB) delivering the "Seasons" suicide postvention service educating the community about suicide and available supports.
- > Positive patient experience across commissioned mental health services delivering face-to-face, telephone or internetbased support provided as appropriate.
- > headspace is now providing outreach at three locations and offering support out of hours, significantly improving access for young people in the region.
- Patient Etne > Provisional referrals to New Vision Psychology's service for people from Chinese backgrounds helping reduce
 - > Lifeline Groups and Karrikin partnered to deliver group therapy for young people with severe mental illness.

KEY HIGHLIGHTS ALIGNED TO THE **QUADRUPLE AIM**

- > Services have experienced sustainable uptake across
- > Commissioned providers have worked with community partners to co-locate services, making efficient use of resources across the
- > SNHN has worked closely with service providers to understand and address emerging needs across services to ensure value for money.

- > SNHN held a commissioned services forum focussed on building relationships between providers.
- provider Expansive > headspace has undertaken work to build relationships with general practice in the region; including holding a headspace forum focussed on youth mental health in general practice.
 - > The **GP Psychiatry Support Line** provides telephone support to GPs to manage their patients with mental illness



*K10+ is a patient reported outcome measure of psychological distress. A decrease in K10+ scores indicates lower level of psychological distress post treatment, highlighting an improvement in mental health outcomes for individuals.



DIGITAL HEALTH

Secure and timely exchange of health information is a core foundation of Australia's expanding digital health program. Sydney North Health Network is committed to leading the way to a digitally connected health system.

Over 300 unique Clevertar Registrations. Clevertar is an App that provides Low Intensity Cognitive Behavioural Therapy via an animated counsellor. This type of therapy is recommended for people that may have mild to moderate anxiety or depression.



- > 90.1% of Australian's now have a My Health Record.
- > 36 Digital Health Events were held across the Sydney North region in 2018/19.
- > 235 New Health Organisations registered to use My Health Record across the Sydney North Region in 2018/19.
- > **390,000** Dispense Records & **30,000** Shared Health Summaries were uploaded to the My Health Record throughout 2018/19 in the Northern Sydney region.
- > 9 Specialists and 4 Residential Aged Care Facilities are involved in SNHN's Test Bed Projects*.
- **Launch of Digital Health Guide.** Rollout commenced with GP Technology Champions.

* In collaboration with the Australian Digital Health Agency (ADHA), the Sydney North Health Network is pleased to be leading two digital health **Test Bed Projects**. Over three-years SNHN will work with 9 Residential Aged Care Facilities (RACFs) and 32 private specialists, and their clinical networks, to test and measure the benefits of embedding My Health Record (MHR) and Secure Message Delivery (SMD) into daily working practice.

HealthPathways

HealthPathways is an online local health information portal. It is a resource for general practice, but can also be used by hospital and primary care clinicians in the community. Information in the portal is peer reviewed and region specific.

HealthPathways supports:

- > Service navigation
- > Condition management
- > Appropriate referral to specialist services
- > Access to reference materials
- > Access to patient educational resources

HealthPathways are developed and agreed by general practitioners, hospital clinicians, and a wide range of other health professionals involved in local patient care. HealthPathways is a collaboration between the Sydney North Health Network (SNHN) and the Northern Sydney Local Health District (NSLHD).

HealthPathways is dynamic, with new pathways constantly under development and existing pathways reviewed in light of changing evidence, technology, and local circumstances.

302 Pathways Live

83
Pathways in development

11 Workgroups completed

AGED CARE

FRAILTY INITIATIVE

Education and awareness events for local health professionals began this year, focussing on the concept of Frailty, how to screen using the **FRAIL** scale and corresponding management options. A screening trial commenced at Hornsby and Royal North Shore Hospitals and in selected general practices. This was supported by the development of a **Clinical Frailty Toolkit**.

The Advance Project™ is a practical, evidence-based toolkit and a training package, specifically designed to support Australian general practices to implement a team-based approach to initiating advance care planning (ACP) and palliative care into everyday clinical practice. Sydney North Health Network was one of 4 PHN's nationally selected to be a champion site to implement the program.

Dementia Quality Improvement Program - 5 general practices completing the first ever 12-month program in Australia.

Detecting Deterioration, Evaluation, Treatment, Escalation (DETECT) Flip Chart Training - 151 RACF staff attended face-to-face training, to support management of care and reduction in unnecessary transfers to hospital.

Continuation of iSolve in general practice – with the success of the iSolve research project over recent years this important research on falls prevention and intervention is now complete and being rolled out nationally.

Aged Care Networks – supporting collaboration across care providers in Hornsby, Lower North Shore and the newly developed Northern Beaches network.







WELLNET

WellNet is a GP-led program supporting coordination and proactive management of chronic disease in primary care. The WellNet program targets 9% of patients seen in general practice with chronic disease that have not yet become frequent hospital users. It is delivered in collaboration with Sonic Clinical Services, BUPA, Health Contributions Fund, nib and Teachers Health Fund and has been implemented across general practices in the region. Started in six practices in 2016, WellNet has now been extended to a further six practices.

WellNet is tailored for person-centred care and facilitates:

- > Integration and coordination of care across care settings.
- > Patients taking an active role in addressing their health needs.
- > Multi-disciplinary teams of primary healthcare professionals to work within the medical home.

PATIENT OUTCOMES

An independent evaluation of the WellNet program found:

- > Improved clinical outcomes for participants, including improvement in blood pressure and blood glucose levels.
- > 14% reduction in hospitalisation for participants.
- > Improved quality of life with patients reporting a significant improvement across the five quality of life dimensions evaluated.
- > Positive patient experience with 85% of patients reporting they were satisfied with the quality of care provided and agreed care coordination was efficient and comprehensive.



14% increase in the proportion of patients taking action.



12% decrease in the proportion of patients who are disengaged or overwhelmed.



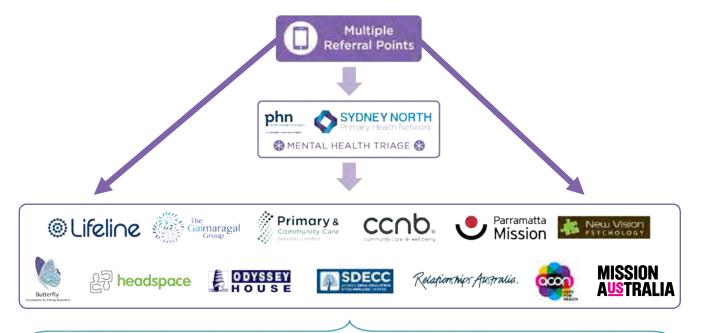
6% increase in the proportion of patients beginning to take action.



9% decrease in the proportion of patients who are **struggling to take action.**

COMMISSIONING

COMMISSIONED SERVICES 2018/19













Mental Health Services for people with Severe and Complex Mental

Case management services delivered by mental health professionals including mental health nurses and social workers.

MENTAL HEALTH

In 2018/19 11 mental health commissioned services continued to support access to the most appropriate level of care tailored to individual needs. Services range from low intensity telephone support for people at risk of mental illness through to psychological interventions and case management for people experiencing severe mental illness.

SNHN's commissioned mental health services provide valuable support and care to people experiencing mental illness across the SNHN region.

In 2018-19, **New Horizons** commenced as the new headspace lead agent and have worked to build a service that aligns with the needs of young people in the region. Now offering **extended hours** in **Chatswood** and **Brookvale** and access in more locations with outposts in **Avalon, North Ryde** and **Hornsby** - headspace centres and services are more flexible and responsive to the needs of our community.

SNHN commissioned **Mission Australia** to establish a new psychosocial support service in the region - filling a gap for support services for people living

with severe mental illness who are unable to access support via the NDIS.

Co-commissioning of **Psychiatry Support Line** in partnership with 5 other PHNs to assist GPs with the treatment of patients with severe mental illness was also implemented.





MENTAL HEALTH cont.

SNHN commissioned mental health services have had high uptake in the 2018/19 financial year with over 3,500 clients serviced.

- > 42.6% increase in client uptake with 3,635 clients serviced in 2018/19.
- > 46.5% increase in the number of sessions delivered.
- > 23.7% increase in the number of new referrals received between 2017/18 to 2018/19.

Commissioned mental health services target vulnerable population groups with:

- > 39% of clients under 25 years of age.
- > 2.8% of clients identifying as Aboriginal and/or Torres Strait Islander.
- > 21.1% of clients from culturally and linguistically diverse backgrounds. 13.3% of clients speak a language other than English.

"I am slowly regaining my strength and confidence and feeling I am getting my life back on track."

Mission Australia client

MENTAL HEALTH PERSONAL STORY - MARK*

- Experienced a psychotic episode after losing his business and marriage breakdown.
- Admitted to a mental health unit and diagnosed with depression and anxiety.
- > Homeless.
- > OUTCOME Through Mission
 Australia Mark was linked with
 psychosocial support services who
 helped him to secure accommodation,
 appropriate identification, Centrelink
 support, financial and psychological
 counselling.

MENTAL HEALTH PERSONAL STORY - SALLY*

- When Sally joined the Karrikin service she was not attending school, socially isolated and not engaging in any extracurricular activities.
- OUTCOME Sally now attends weekly psychology and family therapy sessions, and a Managing Your Mood group run by Lifeline. She now attends school, socialises regularly with friends, enjoys dance classes, plays hockey, and is a peer support leader at school.

*Not real names.

NORTHERN BEACHES SUICIDE RESPONSE COLLABORATIVE

Northern Sydney PHN has worked with the Northern Beaches Council, local police, Community Care Northern Beaches, Northern Sydney Local Health District and Lifeline Northern Beaches to develop a coordinated approach to suicide prevention in the Northern Beaches region. The response has included the development of:

- > A Suicide Prevention Action Plan.
- > Comprehensive training for first responders, general practitioners and community members.
- > A communications protocol.
- > A Suicide Prevention Services Guide.
- > Enhanced safety measures at geographic hotspots.

PERSONAL STORY - TOM*

Tom was hospitalised for excessive consumption of alcohol. He attended SMART Recovery with Odyssey House and then moved to one-on-one sessions. Tom maintained abstinence for 4 months. He wrote a letter of apology to the ambulance officers who attended to him when hospitalised and is now in independent accommodation. Tom is keeping an active journal of his sobriety. He has completed his community services order in half the time required.

*Not real name.

ALCOHOL & OTHER DRUG SERVICES

SNHN has commissioned **3 alcohol and other drugs services** tailored to target vulnerable and high-risk groups. These services continue to demonstrate significant impact in the region, enabling more people to access individual and group-based support.

- > **595** clients serviced in 2018/19.
- > Over 3,000 Alcohol & Other Drug treatment sessions delivered.
- Sydney Drug Education & Counselling Centre (SDECC) opened St Leonards office and added psychiatry support.
- > Engagement and reach across region has grown e.g. in-reach support into schools, Avalon Youth Hub, and GP Shared Care.

KEY HIGHLIGHTS:

- > Outcomes for services indicate reduced substance use, improved psychological health and overall quality of life.
- > Patient feedback indicates that the majority of service users are **very satisfied** with the services they received
- > Service providers established effective working relationships with key referral partners including **Northern Sydney Local Health District, correctional services** and **local mental health services.**
- > Sydney Drug & Education Counselling Centre (SDECC) established a collaborative working relationship with a local psychiatrist providing psychiatric review for clients and secondary consultation and advice for counsellors.
- > SDECC recruited a Mandarin and Cantonese speaking counsellor.
- > SDECC have provided **services into local schools** upon request, supporting soft entry into services for young people at risk.
- > Staff from commissioned services completed training on **Aboriginal Cultural Competence** and **ACON's Rainbow Buzz training** to support inclusive practice for LGBTI (Lesbian, Gay, Bisexual, Transgender and Intersex) community members.
- > ACON & Odyssey House developed Reconciliation Action Plans.
- > SNHN has provided a range of capacity building education events for GPs, allied health professionals and staff from commissioned service providers as part of its **AOD Shared Care Initiative.** This training has included modules on Motivational Interviewing, Young People & Recreational Drugs, Substance Use and Physical Health, New & Emerging Psychoactive Substances and Treatment of Opioid Dependence.



SOCIAL WORK & HOSPITAL DISCHARGE SERVICES

- > As of June 2019, a total of 1,062 clients were serviced through the Social Work Program.
- > 547 GPs to date have referred into the program.

418 clients were serviced through the commissioned hospital discharge services.

SNHN's 2 social work services continued to grow working alongside local GPs, providing social work services to support patients with chronic disease to improve health and wellbeing and reduce unplanned hospital admissions.

Our 2 hospital discharge services continue to facilitate a smooth transition home from hospital for patients with more severe and complex health needs and reduce the risk of readmission.

Services target the social determinants of health which have an important impact on a person's health and wellbeing, including access to affordable services, provision of housing, anxiety, insecurity and social isolation.

KEY HIGHLIGHTS:

> Support offered to vulnerable population groups including CALD and homeless.

The GP Social Work program has been key in facilitating referrals and access to a range of support services including Centrelink, community transport, home care support and myagedcare.

> Feedback from clients accessing the service has been positive with clients highlighting that the support provided was **tailored to their needs** and was accessible.

"As a result of my GP and social worker working as a team, my health has improved. I feel more alive, I feel better, and life is beautiful again. I go out most mornings walking, shopping, watching people and enjoying a cappuccino."

Teresa Caruso - GP Social Work Connect program client

MEMBER & PROVIDER SUPPORT



MEMBERSHIP

Members of SNHN are at the forefront of connecting and coordinating health services in the Northern Sydney region. As of end June 2019 - SNHN currently has **1628** members.

1393 Individual Members 127
Organisational
Members

108
Associate
Members

CLINICAL ENGAGEMENT & EDUCATION

Sydney North Health Network's Clinical Engagement and Education Team has supported 3155 GPs, primary care nurses, pharmacists, allied health and other health professionals throughout the year.

This team has delivered **111** education events in 2018/19 including:

- > Active Learning Modules
- > Presentations from subject matter experts
- > Webinars
- > Clinical Audits
- > Online learning
- > Networking opportunities

Additionally, the team support the participation and engagement of local health professionals in focus groups and other consultative activities, so that the views of primary healthcare professionals are embedded into service design.









PERSON-CENTRED CARE

Person-centred care is an example of our ever evolving primary healthcare system. It is a team-based approach to healthcare where general practice works as a team to look after a patient's welfare and health.

The Person-Centred Medical Home model combines the traditional core values of a family-focused medical practice – providing comprehensive, coordinated, integrated, quality care – that is easily accessible, along with an ongoing, active relationship between the person and their healthcare team.

Sydney North Health Network provides support and education to healthcare teams to help enhance patient experience of coordinated care, improve systems and data collection, optimise health and wellbeing, and improve the work life of healthcare clinicians.

"Person-centred care focusses on the patient, their needs, and their goals to achieve better health outcomes. Working together allows health professionals to focus on their skill sets and deliver a better quality of care to patients."

Dr Kiril Siebert

"I was blown away with how the person-centred care practice helped me. Suddenly my whole world and health improved. I had choices, I was connected to the services I needed, and I could be proactive and in charge of my own health."

Patient - Meg Parsons



QUALITY IMPROVEMENT

Quality Improvement is a formal, systematic approach by which better health outcomes are achieved through analysis of data to improve service delivery processes.

Figure 1.1 from data to action

Data is the raw material from which information is constructed via processing or interpretation. This information in turn provides knowledge on which decisions and actions are based.

Data → Information → Knowledge → Decision → Action

- > 25% increase in Quality Improvement activity using the Model for Improvement.
- > 166 General Practices with data extraction tool licences.
- New Data reports to practices to further enhance quality improvement activities. A total of 555 reports created and disseminated to practices.

Reports have endorsement from:

- ✓ Asthma Foundation
- ✓ Kidney Health Australia
- ✓ Diabetes NSW
- ✓ Heart Foundation
- > 91 general practices actively participating in Practice Incentive Program Quality Improvement activities.

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PRIMARY CARE NURSE TRANSITION PROGRAM

The **Sydney North Primary Care Nurse Transition Program** has been specifically designed for recently graduated Registered Nurses entering general practice settings directly from university. The graduates work in local practices and become part of their vibrant multidisciplinary primary healthcare team, whilst being supported by a Nurse Transition Program Coordinator.

NURSE TRANSITION PROGRAM TOP THREE:

- 1. 100% retention in primary healthcare of all participating nurses in 2018/19 program.
 - > Significant increase in general practices involved in the 2019 program.
 - > A new graduate nurse who completed SNHN's Nurse Transition Program was awarded Australian Practice Nurses Association (APNA's) New Graduate Nurse of the Year Runner-up Award.
- Evolving and responsive education program to meet the needs of practices and primary care nurses.
 - Incorporated nurses who are new to general practice into the education program to help aid retention of nurses in general practice.
- **3. Invited by Sydney University** to teach a module on primary healthcare nursing to student nurses.





STAFF ENGAGEMENT

- > Staff surveys conducted in Feb 2017 and Feb 2019 highlighted continued high level of engagement from staff with an overall employee engagement rating was **90.7%** (against PHN benchmark average of 65%).
- > 100% of staff surveyed indicated "My PHN has a strong, clear sense of vision and future direction" (against PHN benchmark average of 61%).
- > 90% of Sydney North Health Network employees said SNHN is a "truly GREAT place to work" in the 2019 Pulse Survey.

"People care about the work we do and wish to make a difference. Teams are collaborative and adaptive when needed."

SNHN Employee

LEADERSHIP TRAINING

- > SNHN continued to support development in the organisation, building capacity and future leadership through management training. A future leadership program was completed by **14 future leaders** in 2018/19.
- > 100% of staff completed cultural awareness training.
- > 234 on-line courses completed.
- > Executive succession plan developed and approved by the SNHN Board.

SPONSORSHIP

The SNHN Education Team secured **over \$67,085** in sponsorship dollars/in kind contributions over the past financial year.

This ensures that Sydney North Health Network can continue to run a sustainable and more diverse education program. It has also seen SNHN establish new relationships with stakeholders across the region.

"I attended last week's education at The Epping Club as the sponsor and got to speak with many of your guests. I just wanted to say thank you for allowing us to be part of this event, it was a very effective event for us. We would like to be considered to sponsor more of your events in future."

Macquarie Medical Imaging





The Communication and Marketing team help build the SNHN brand by telling the story of how service commissioning positively impacts on the lives of the community we serve. This team also helps other SNHN operational teams craft messages that connect effectively with the people they serve.

SNHN Website:

- > There has been a 57.5% increase in unique visitors to the SNHN website in 2018/19 82,000 vs 52,000 at the same time last year.
- > There has also been a **54%** growth in page views - 372,000 vs 241,000 at the same time last year.



SOCIAL MEDIA GROWTH COMPARISON BETWEEN 2017/18 AND 2018/19:



Twitter: +3% followers



Facebook: +19.5% followers



LinkedIn: +14.5% followers



Instagram: +10.5% followers



YouTube: total views 10,675



CORPORATE GOVERNANCE

Sydney North Health Network has created strong systems, policies and processes through a Quality Management Framework which encompasses:

- > SNHN's Quality Management System underpins all activities designed to achieve our goals and quality outcomes for the benefit of stakeholders including a commitment to foster a continuous improvement culture to meet the needs of the community.
- > Stakeholder Engagement Strategy demonstrates an investment of time to form effective professional relationships and connect with stakeholders to seek partnerships with synchronistic benefits.
- > Commissioning Framework establishing SNHN's commitment to utilising their limited resources in a fair and transparent way, to improve the health outcomes of our community. It is needs-led and collaboratively designed to deliver maximum impact.

SUMMARY STATEMENT OF SURPLUS OR DEFICIT AND OTHER COMPREHENSIVE INCOME

For the Year Ended 30 June 2019

The accompanying summary financial information reflects the organisation's effective financial stewardship of its valuable resources. Although only extracts are provided, the audited 2018-19 Financial Report can be provided on request.

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	2019	2018
	\$	\$
Operating revenue	20,789,515	18,830,080
Other income	446,034	258,687
Program expenses	(13,133,674)	(11,172,841)
Employee benefits expense	(5,920,168)	(5,932,806)
Equipment and IT expense	(129,826)	(107,074)
Marketing and communication expense	(302,664)	(403,088)
Management and administration expenses	(1,479,506)	(1,369,258)
Surplus / (deficit) before income tax	269,711	103,700
Income tax expense		
Surplus / (deficit) after income tax	269,711	103,700
Other comprehensive income for the year	-	-
Total comprehensive income for the year	269,711	103,700

SUMMARY STATEMENT OF FINANCIAL POSITION

As at 30 June 2019

	2019 \$	2018 \$
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	5,270,804	5,687,194
Trade and other receivables	222,198	206,280
Prepayments	308,623	201,662
TOTAL CURRENT ASSETS	5,801,625	6,095,136
TOTAL ASSETS	5,801,625	6,095,136
LIABILITIES CURRENT LIABILITIES		
Trade and other payables	818,093	1,625,744
Other liabilities	3,706,146	3,427,556
Employee benefits	291,490	284,440
Provision for make good of premises	-	362,879
TOTAL CURRENT LIABILITIES	4,815,729	5,700,619
NON-CURRENT LIABILITIES		
Employee benefits	203,726	150,981
Provision for make good of premises	268,923	-
TOTAL NON-CURRENT LIABILITIES	472,649	150,981
TOTAL LIABILITIES	5,288,378	5,851,600
NET ASSETS	513,247	243,536
FUNDS		
Accumulated Surplus	513,247	243,536
	513,247	243,536
TOTAL FUNDS	513,247	243,536

"Great service that provides prompt advice, the psychiatrist I've spoken to both times was super friendly and helpful."

GP regarding GP Psychiatry Support Line

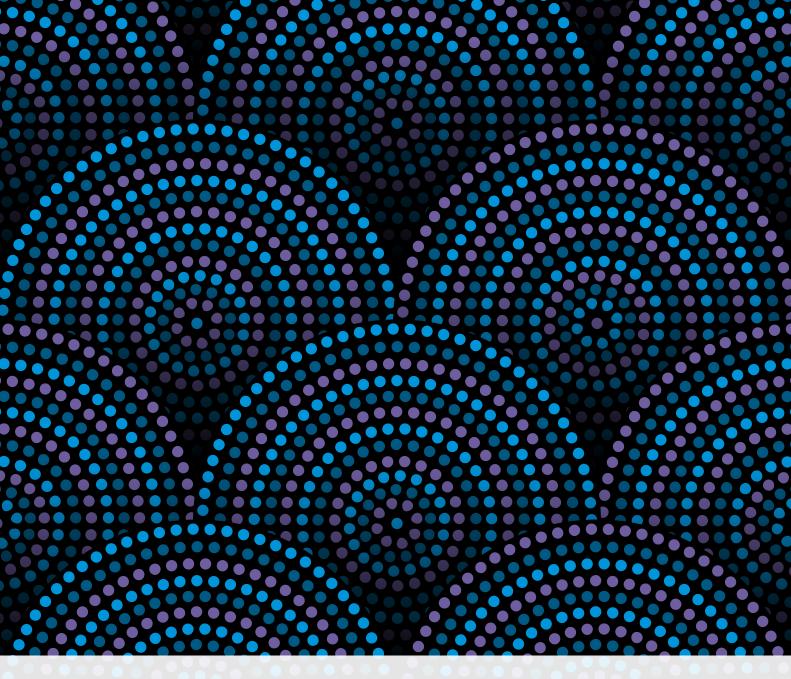
"I can't tell you how amazing, caring, skilful, reassuring and wonderful you have both been in a frightening desperate time for our family."

Client, Karrikin

Achieving together - better health, better care

"I really appreciate the great work of SNHN. Thank you for your commitment to quality education and cross discipline networking."

Associated Health Professionals









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This Annual Report is available on Sydney North Health Network's website (www.snhn.org.au) and directly from the SNHN offices.

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