



# 2019-20





# Before prescribing please review the full Product Information available from www.amgen.com.au/Prolia.Pl

For more information on Prolia® or to report an adverse event involving Prolia®, please contact Prolia® Medical Information on 1800 646 998.

PBS Information: Authority required (STREAMLINED) as treatment for osteoporosis. Criteria apply. Refer to PBS Schedule for full information.

PROLIA MINIMUM PRODUCT INFORMATION. INDICATIONS: Treatment of osteoporosis in postmenopausal women (PMO) to reduce risk of vertebral, non-vertebral and hip fractures. Treatment to increase bone mass in men with osteoporosis at increased risk of fracture. Treatment to increase bone mass in women and men at increased risk of fracture due to long-term systemic glucocorticoid therapy. CONTRAINDICATIONS: Hypocalcaemia. Hypersensitivity to denosumab, CHO-derived proteins or any component. Pregnancy and in women trying to get pregnant. PRECAUTIONS: Correct hypocalcaemia prior to initiating therapy. Monitor calcium in patients predisposed to hypocalcaemia. Adequate intake of calcium and vitamin D is important. Severe renal impairment. Skin infections. Evaluate patients for risk factors for osteonecrosis of the jaw (ONJ); use with caution in these patients. Rare reports of atypical femoral fractures. Multiple vertebral fractures may occur following discontinuation. In glucocorticoid-induced osteoporosis, fractures occur at higher BMD than PMO. ADVERSE EFFECTS: Common: hypercholesterolaemia, eczema, fracture, back pain, arthralgia, nasopharyngitis, pain in extremity, osteoarthritis, bronchitis, hypertension, headache, dyspepsia, urinary tract infection, upper abdominal pain, bone pain and alopecia. DOSAGE AND ADMINISTRATION: Single subcutaneous injection of 60 mg, once every 6 months. Ensure adequate intake of calcium and vitamin D. No dose adjustment required in the elderly or in renal impairment. PRESENTATION: Pre-filled syringe with automatic needle quard. Refer fo full Product Information before prescribing – available from Amgen Australia Ph: 1800 646 998 or at www.amgen.com.au/ Prolia.Pl. 2. Cummings SR, et al. N Engl J Med 2009;361:756–65. 3. Papapoulos S, et al. Osteoporos Int 2015;26:259–58. Prolia\* is a registered trademark of Amgen. Amgen Australia. Level 7, 123 Epping Road, North Ryde NSW 2113, ABN 31 051 057 428. www.amgen.com.au.

# CONNECT WITH US



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# MAKING AN IMPACT



### **DIGITAL HEALTH GUIDE**

2195 logins provided to allied health professionals.

The Digital Health Guide is an app used by healthcare providers to assist patients to better manage their own health.

# EDUCATION FOR ALLIED HEALTH PROFESSIONALS

In 2019/20 SNHN delivered
42 workshops, webinars and
networking opportunities for allied
health professionals.



# OF THE 291 GENERAL PRACTICES IN OUR REGION:

Accredited general practices

182 2016 215 2020

Paper based practices

22 2016

5 2020

Practices with practice nurses

131 2016



# GENERAL PRACTICE QUALITY IMPROVEMENT INITIATIVES

Data collection and analysis designed to support general practice to better manage chronic disease.

### Results/Impact



191 (65%)
Practice Incentive

Payment Quality Improvement.



**187** practices submitting data

# WELLNET - CARE COORDINATION

# A GP-led chronic disease management program to:

- Facilitate integration and coordination of care across care settings;
- Engage people and carers as active participants in their health; and
- Enable multi-disciplinary teams of primary health professionals to work within the medical home.

### Results/Impact (to Jul 2020)



### **Partners**







### PALLIATIVE CARE IN RESIDENTIAL AGED CARE FACILITIES (RACFS)

Advice and training for RACF staff and GPs that service them. Uses a community of practice model to prevent unnecessary hospital admissions and improve quality of End of Life Care.

### Results/Impact



**37 RACFs participating** Independently evaluated by UTS

### **Partner**



# RESIDENTIAL AGED CARE FACILITIES PROGRAM SUPPORT

- 99 of 119 (83%) RACFs supported to implement telehealth to enable access to Northern Sydney Local Health District rapid response services.
- Comprehensive education needs assessment completed by 130 RACF staff to support development and coordination of local education program.
- Joint LHD / PHN regional RACF forums established to provide targeted support, especially through COVID-19.

### **MENTAL HEALTH**



31% increase in client uptake, with 6,599 clients serviced in 2019-20 FY.



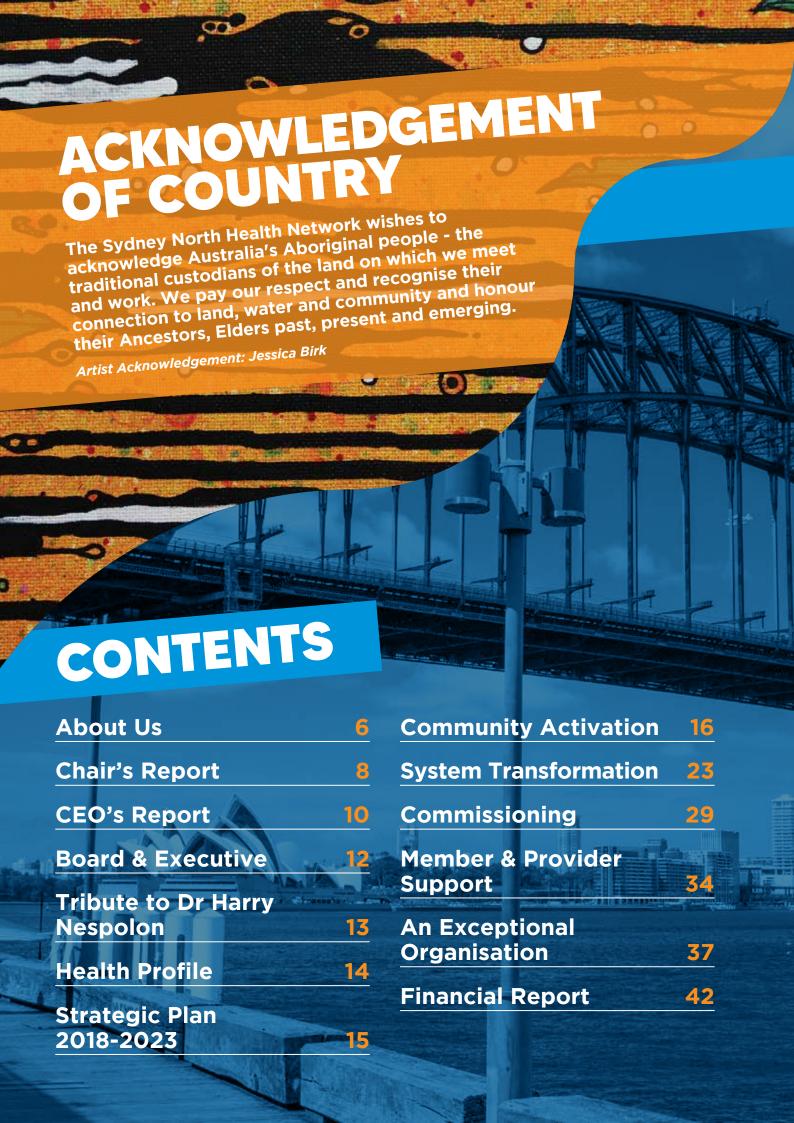
40.3% increase in the number of sessions delivered.

# HOSPITAL DISCHARGE FOLLOW UP SERVICE

**Double the number of clients** accessing the service in 2019-20, with **350 clients serviced** in 2019-20.



Low rate of unplanned hospital admissions, averaging less than 4% per annum.



**HORNSBY** 

# LOCATION

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

TOTAL POPULATION:

951,074

Between 2021-2041, the total population will increase by 18.7% to

1,166,399

NORTHERN BEACHES

KU-RING-GAI

RYDE WILLOUGHBY

HUNTERS HILL LANE

NORTH SYDNEY MOSMAN

0.4% (4,080)

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

**NSW: 3.4%** 

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.



# The Sydney North Health Network (SNHN) operates the Northern Sydney PHN (NSPHN), one of 31 Commonwealth funded Primary Health Networks (PHNs) across Australia.

SNHN commenced operations in July 2015 and has established a strong organisation in the primary healthcare environment and built partnerships across the health and social sector, commissioning services that reach over 20,000 people in our community. SNHN is working closely with the 1,591 general practitioners (GPs) and over 2,000 allied health providers in our region to improve health services for our community as well as improving the provider experience through education, quality improvement activities and better connectivity between services in the health system.

SNHN is governed by a Board comprising 10 Directors, with strong governance processes, supported by two Councils – a 14 member Clinical Council and a 16 member Community Council. The organisation has demonstrated success and impact through its programs with strong engagement and support from local providers. This is backed by strong organisational governance, operating in a quality environment through the organisation's leadership, performance, evaluation and improvement processes. This culture is evident in all programs and relationships, working with the community, community providers, and clinical services with a shared focus of achieving improved health outcomes through locally co-designed and co-delivered solutions.

The SNHN Strategic Plan 2018 - 2023 demonstrates our ongoing focus is to enable the 951,074 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 to improve systems of care, 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 VISION:**

Achieving together - better health, better care



# **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 GOALS:**

Our five strategic goals are presented in our Strategic Plan 2018-23 on page 15, highlighting the priority focus areas of the organisation - to build capacity within the community and health system to improve and better coordinate care for the people in our region and improving systems of care.

# CHAIR'S REPORT



"

Another primary focus for SNHN during 2019-2020, has been to assist our members and commissioned services to rapidly adapt their service delivery to meet the challenges of a changed landscape.



# This time last year no one could have expected the year ahead to be as it was.

Firstly, the bushfires and then COVID-19. Sydney North Health Network would have preferred differently, but these events have shown how we can act and react nimbly, forging and strengthening relationships throughout all tiers of healthcare to come together to achieve effective pathways and good health outcomes for our community.

There is a deeper appreciation of the critical importance of primary healthcare. GPs and allied health providers are managing in the community the health and recovery of over 500 cases of people in our region with a COVID-19 diagnosis in the first wave. The SNHN, along with the other 30 Primary Health Networks (PHNs) across Australia have played an instrumental role, enabling our primary health workforce to be well informed, have pathways to guide them and distributed appropriate equipment to enable them to care for their patients whilst maintaining their own safety.

Another primary focus for SNHN during 2019-2020, has been to assist our members and commissioned services to rapidly adapt their service delivery to meet the challenges of a changed landscape. These measures have been essential to ensure our community, particularly those most vulnerable, continue to receive the services they require. New initiatives can be commended in the way services have been delivered, including Telehealth, free online exercise classes and online education.

Our CEO, Lynelle Hales, must be acknowledged and thanked for the way she has maintained staff engagement during this shift to a virtual workforce. We also acknowledge with gratitude our executive team, Cynthia Stanton, Jim Keech and Ramon del Carmen for how they have been able to adapt quickly to support our commissioned services and primary healthcare workforce over the past year.

The Board continues to focus on having the rights skills, level of experience and fresh thinking. In November 2019, we welcomed three new directors to the board, Grant Cameron, Jane Flemming and Ros Knight. The additional skills, thoughts and relationships these new directors bring to the Board enable us to expand our strategic goals. This includes positioning SNHN as a data science organisation; creating opportunities to expand the delivery of PHC programs and services throughout our region; and integrating the philosophy of Compassionate Communities into our culture and program delivery to build sustainable models of primary healthcare.

A key achievement over the past year has been securing the joint collaborative commissioning project with the Northern Sydney Local Health District to improve the acute management and prevention of frailty. Our region is the second to start this joint program funded by the Ministry of Health NSW and included the establishment of a concierge service to help navigate health and social care support for older community members self-isolating due to the pandemic. We look forward to seeing frailty managed, improved and prevented in the upcoming years through the innovated collaborative program in our region.

Our financial results have been strong, with all reporting requirements to the Department of Health having been met without exception. Private equity has increased to approximately \$750,000 being accumulated over the past five years. This equity will allow us to extend programs to meet the needs of our community, and to build health literacy across our region.

July 2020 saw the sad passing of our former Chair, Dr Harry Nespolon. Harry had been an inaugural Board member of SHNH, resigning from the Board in 2019 to take on the role of President of RACGP. Harry's passion for primary healthcare has been passed onto all those who knew him. On behalf of the Board and all members of SNHN, I extend our deepest condolences to his partner Lindy Van Camp, his children Hannah and Ella and his many friends and colleagues. Rest assured Harry, what you have done for primary healthcare will not be forgotten and all who knew and worked with you will take forward your mission to ensure primary health clinicians deliver great care.

The SNHN Board would like to thank all its members for their continued engagement with SNHN. We also thank our commissioned services for their willingness to co-design programs to meet the health needs of our community. We likewise thank our Clinical and Community Councils for the guidance they provide on the needs of the clinicians and the community, and finally to all of those in the community who use the services of the SNHN.

Thank you to all of you for being part of Sydney North Health Network.

Kase Lacton KATE LOXTON Chair



Every day, health experts discover more about coronavirus. This means advice to the public changes often.

Get the facts from official sources only.

Stay informed without the hype:



- nsw.gov.au/covid-19
- Download the "Coronavirus Australia" Australian Government app in the Apple App Store or Google Play





CEO'S REPORT

# What a year!

As we celebrate five years as the Sydney North Health Network (SNHN), operating one of 31 Primary Health Networks (PHNs) across Australia, we can look back with pride at the organisation we have created together - the fantastic individuals and teams that make up the organisation, and the connections established across the community.

SNHN has played an important role to support and strengthen primary healthcare in our region, working collaboratively with our network of local health providers, including general practice, allied health, the Northern Sydney Local Health District, public and private health, and social sector services – firmly focussed on supporting the community who are at greatest risk of poor health outcomes.

This is reflected in our vision:

Achieving together - better health, better care.

It has been a real privilege this year to support both primary health professionals and the community as they dealt with the impact of bushfires over summer followed immediately by the pandemic. The emergency response has significantly impacted on our work, and the SNHN team stepped up to face this new challenge and proved once again our agility, drive and passion shines through any crisis.

A huge thank you to the amazing staff at SNHN, the Board, our members and the Community Council and Clinical Council. Each of your individual contributions has been vital to our success. I would like to pay special tribute to the three team members we sadly lost over the last 12 months to cancer - Dr Harry Nespolon, Dr Yvette Middendorp and Carolynn Hodges. Their combined contribution to improving primary healthcare was enormous.

I invite you to read our Annual Report and celebrate with us our journey as we mark five years as an organisation - both the successes and the challenges have all helped make us who we are. I am proud to be the CEO of Sydney North Health Network.

**LYNELLE HALES**Chief Executive Officer

lyndle Upis



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It has been a real privilege this year to support both primary health professionals and the community as they dealt with the impact of bushfires over summer followed immediately by the pandemic.



# OVID-19 RESPONSE AND RECOVERY

# Key issues in COVID-19 environment

- Models of Care rapidly evolved to include **Telehealth** 
  - Need for a different way of working COVID-19 testing, respiratory clinics, oatients isolated in their homes
- Access to infection control training & equipment

& Allied Health

Support

Primary Care

- significantly in general practices & allied Caseloads and incomes have reduced
- Mental health and burnout of clinical staff
- resources, HealthPathways, and service Need to access up to date COVID-19 options

attendance at primary healthcare allowing

Communities have reduced their

Communities access to flu vaccination

health issues to escalate

(when GPs not doing face-to-face)

PHN response during COVID-19

GP & Allied Health Recovery Program - sharing

success and supporting recovery

Future Key Opportunities

New primary care model with GP super squad

Telehealth, and remote monitoring

Establish concierge service for service provider

- Webinar based information & training
- Provision of PPE (GPs, Aboriginal Community Controlled Health Services, allied health pharmacies)
- symptoms when patients cannot go to their local GP Set up and support for GP respiratory clinics to assess, treat and test patients with respiratory
  - nformation sharing including daily updates, Telehealth support, created COVID-19 HealthPathways
- practitioners, allied health professionals, and Extended counselling support for general employees

Establish GP grants and squad to provide rapid

Supporting and strengthening primary care

coverage of aged care

Increased awareness of climate and health navigation across acute and primary care

impacts and different ways of working

access - e.g. flu vaccines for people isolated in

their homes

Ongoing community campaigns regarding health and primary care Increased resources - updated community website, commissioned additional services to support

physical, social, and mental health while at home

Community campaign relating to care access,

health and wellbeing

Establish GP super squad to support vulnerable

home visits, flu vaccine

health issues deteriorate and access to

Communities

& Care

services and support diminished

Most vulnerable are home-bound so

Access to reliable information & health

and lifestyle resources

Mental Health

Aged Care

Young People

Vulnerable

Increased anxiety and need for mental

nealth support

Worked with NSLHD to establish virtual ward to

support COVID-19 patients in their homes

- Build on community resources and targeted supporting health literacy and engagement interventions around lifestyle risk factors
- Build on current partnerships to further support community organisations to facilitate improved access to services
- response, and physical, mental, and social health Establish Climate & Health Strategy - building capacity in the community around emergency resilience to a changing environment
  - Designing optimal after hours and urgent care pathways
- Increasing suicide prevention and mental health initiatives targeting vulnerable groups

Extended commissioned services to provide mental

nealth and social health support

Government Councils, and stakeholders about

COVID-19 work SNHN is undertaking

Provided frequent updates to local MPs. Local

network of over 60 community organisations

currently available during pandemic - created

Undertook service mapping of local services

in the community for rapid access when required Develop end of life pathways and build capacity

# Urgent need for staff to work remotely

- support both providers and community to distribution and modifying commissioned maintain business as usual activities developing resources, training, PPE provider arrangements in the new Significant additional workloads, environment
- Established safety committee, work from home arrangements, and a COVID-19 response plan for ncreased and improved application of mobile workforce and office
- Moved to virtual meetings for all committees

technology -adding efficiency to work

- sessions, and access to a 5-week online training program around working productively at home Provided virtual weekly meetings, mindfulness
- Ongoing access to coaching and support services
  - Set up office to be COVID-19 safe

# emergency response plan and focus on building capacity and resilience for the changing health, opportunity to shape a primary healthcare Climate & Health Strategy will provide mental health, and social impacts

Continue new ways of working - virtual training & meetings, and a combination of working in the office and remotely

# Organisation

- Business continuity
  - Financial viability Maintaining
- nealth and safety Staff wellbeing

governance & work

corporate

where possible, while continuing to

# BOARD



KATE LOXTON Chair



PROF. SIMON WILLCOCK Deputy Chair



DR MAGDALEN CAMPBELL



DR STEPHEN GINSBORG



BRYNNIE GOODWILL



GRANT CAMERON



DR CONNY HARRIS



SAMANTHA CHALLINOR



**ROS KNIGHT** 



JANE FLEMMING OAM OLY

# EXECUTIVES



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

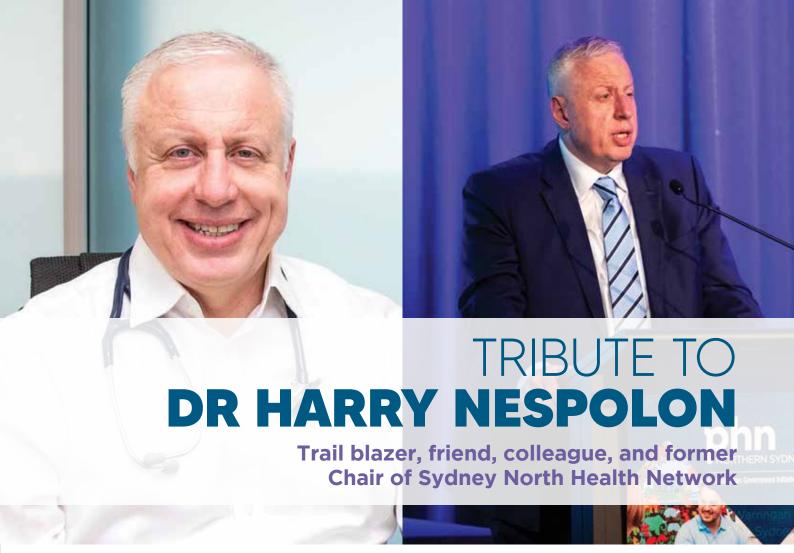
# **LYNELLE HALES**Chief Executive Officer

# **CYNTHIA STANTON**General Manager - Primacy

General Manager - Primacy
Care Advancement & Integration

# JIM KEECH General Manager Commissioning & Partnerships

RAMON DEL CARMEN Chief Financial Officer



The Sydney North Health Network Board, staff and community wish to pay tribute to Dr Harry Nespolon, who passed away in July 2020 from pancreatic cancer.

Harry was an inaugural member and former Chair of the Sydney North Health Network. A local Northern Sydney and CBD general practitioner and Board member of Northern Sydney Local Health District, Harry was deeply respected by members of the community and health professionals alike.

Despite his deteriorating health, Harry acted quickly and decisively to implement critical measures in the health sector to address COVID-19. In his role as President of the Royal Australian College of General Practitioners (RACGP), Harry worked tirelessly with the SNHN and the Australian Department of Health to bring Telehealth to the community. He also established one of the three GP-led respiratory clinics operating in northern Sydney and sought to build greater support systems for GPs. Harry was often seen in the media or heard on podcasts, guiding, inspiring, comforting, engaging. Often greeting patients with "and how are we today?", Harry was compassionate, quick-witted, a good listener and to the point.

Never one to shy away from controversy, Harry will be remembered for his strong advocacy for the  $\ensuremath{\mathsf{GP}}$ 

profession; he worked continually to advance primary healthcare as the cornerstone of Australia's health system, despite structural resistance to change. A trail blazer, Harry brought greatly valued vision and leadership to our northern Sydney region and nationally. A stickler for good governance, Harry would ask Board colleagues, "What is keeping you awake at night?" to bring to the surface what needed immediate attention. Harry's studies in law, health law, economics and business brought depth and consistency to his insight and strategic vision which he channelled through impactful stints on boards and persistent advocacy.

Harry saw himself as a late bloomer, becoming a devoted partner and proud father in his early 50s to his partner Lindy Van Camp and daughters Hannah and Ella, his "butterflies". We all loved hearing stories and seeing photos of this incredibly special part of his life.

Harry achieved a lifetime of work in just a few decades. He is sorely missed by all of us at the SNHN, as we all wish he had had a bit longer. The impact of his contribution and his passion for primary healthcare will live on.

With deep regard and appreciation for what you have contributed, to the benefit of so many...

Vale Dr Harry Nespolon

# **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**

**20.1 per 100** 18+ years obese.

NSW: 30.9



### **ALCOHOL**

16.6 per 100

18+ years engaging in high risk drinking.

NSW: 15.5



### **SMOKING**

7.9 per 100

18+ years current smokers.

NSW: 14.4



# MENTAL HEALTH 15.7 per 100

15+ years report mental and behavioural problems.

NSW: 18.8



# 8.9 per 100

18+ years report high or very high psychological distress.

NSW: 12.4



# 2,728 per 100.000

mental health related hospitalisations.

NSW: 1.961

# **VULNERABLE GROUPS**

### **CHILDREN**

5.3% (9,724)

of children in low-income, welfare recipient families.

NSW: 20.6%



### **OLDER PEOPLE**

# 15.9% (151,505)

of the total population aged 65+ years.

NSW: 16.3%

Between 2021-2041, there will be an increase of **53.7%** in the 65+ years population.

NSW: 58.9%



### **DISABILITY**

3.7%

of the population have severe or profound disability.

NSW: 5.4%



# PREVENTABLE HOSPITALISATIONS

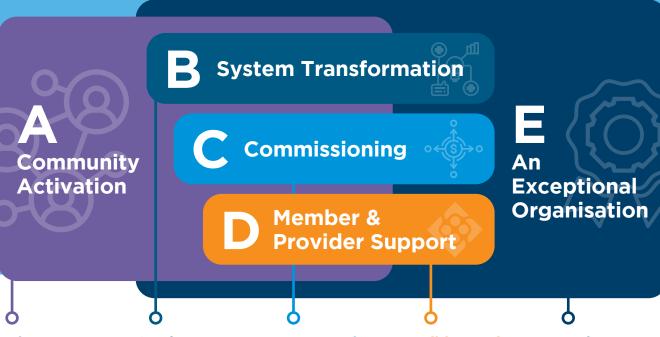
1,680 per 100,000 NSW: 2,142 per 100,000

Cellulitis, kidney and urinary tract infections, and dental conditions accounted for **37.1%** of potentially preventable hospitalisations.



# STRATEGIC PLAN 2018-2023

Achieving Together: better health, better care



# Help our community to self-determine and help itself

- Targeted community capacity building initiatives including digital self-help tools
- Integrate compassionate communities culture into everything we do
- Strengthen community partnerships to support vulnerable communities
- Develop and implement SNHN Climate and Health Emergency Strategy

### Catalyse change by enabling new approaches to health and healthcare

- Collaborative Commissioning initiative in partnership with NSLHD
- Expand mental health stepped care model to include care navigation
- Patient centred palliative care re-design
- HealthPathways
- Digital integration
- Building data science methodologies

# Attract and distribute resources to provide services that people need most

- Utilise the SNHN
   Commissioning
   Evaluation
   Framework and
   PHN Performance
   and Quality
   Framework to
   drive ongoing
   service
   improvements
   across
   commissioned
   services
- Develop Joint Regional Mental Health and Suicide Prevention Plan in partnership with NSLHD
- Build local capacity in data storage, analysis and reporting

### Build capacity for all providers of primary healthcare to adopt new tools, deal with disruption and improve outcomes

- Build capacity and support general practice and allied health clinicians through education, core practice support, digital health, accreditation and quality improvement programs
- Care coordination and navigation support across primary healthcare
- Expand community based clinical support programs
- Develop and implement SNHN Digital Health Strategy

### Develop excellence in our operations, our people and our visibility

- Communicate our purpose and achievements powerfully
- Grow the capabilities and culture of our people
- Develop financial and information systems that support ongoing investment and growth
- Maintain, review and enhance corporate and clinical governance structures
- Continue to implement IT Roadmap and Cyber security



The strategy behind **COMMUNITY ACTIVATION** at Sydney North Health Network is to support our community to self-determine and help itself through:

- Improving health literacy
- Supporting health advocacy
- Facilitating and encouraging communities to mutually support one another

The highlights of our 2019-20 community engagement and activation are illustrated below.

# **HEALTH LITERACY**

Health literacy helps to address how people **ACCESS**, **UNDERSTAND** and **APPLY** health information to themselves.

Sydney North Health Network approaches health literacy in three specific ways:

- Functional Health Literacy: The individual skills people need to read, write and comprehend health information.
- Environmental Health Literacy: The way services are delivered and provide health information.
- Conceptual Health Literacy: The way the health system organises access to information and services.

# SNAPO+ HEALTHY LIVING WORKSHOPS

The SNAPO+ (Smoking, Nutrition, Alcohol, Physical Activity, and Obesity +) Healthy Living Workshops have grown from 3 major topics to 11 - meeting the demand of ongoing community consultation.

### **TOPICS NOW INCLUDE:**

- Healthy Body, Healthy Mind (mental health for young people and their parents)
- Chinese QUIT (Mandarin and Cantonese speaking QUIT smoking workshop)
- Health Systems for Seniors (adapted for other languages)
- Exercise is Medicine (adapted for all ages and other languages)
- Australian Health System for new arrivals (migrants and refugees)
- Food and Your Mood (adapted for all ages and other languages)
- Mindfulness (adapted for all ages and other languages)
- Cancer Screening (adapted for all ages and other languages)
- Chinese Bowel Screening (Mandarin and Cantonese)
- Strengthening your Bones (adapted for all ages and other languages)

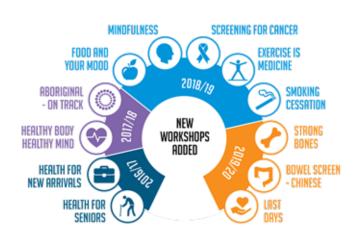


Financial Year	Healthy Living Workshops (SNAPO+) Topics	Number of Programs Delivered	Number of Participants
2019-2020	12 Topics 19 Health Expos	31	3,096

Number of people reached









# **DIGITAL TECHNOLOGIES** & WEB

Our digital presence has grown each year, providing community access to the Health Mind Coach (Clevertar), and SchoolTV. The Digital Health Guide was also introduced in 2019 as a resource for health professionals to navigate the health apps landscape.



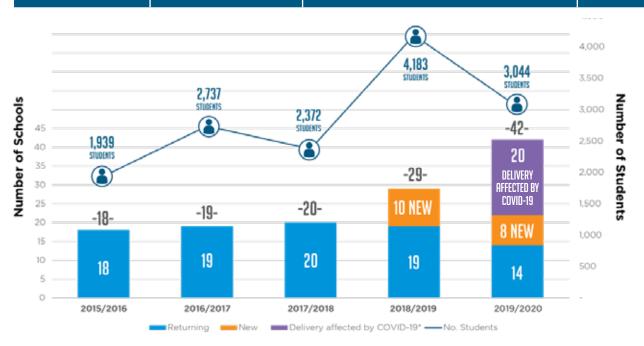
- Delivered in 32 schools in the **Northern Sydney region**
- → 39,800 views from our region (27,600 in the last 6 months)
- → COVID-19 special reports
- → Now offering to primary schools

# **GPs IN SCHOOLS**

Our GPs in Schools program continued to expand throughout 19/20 despite the adverse operating environment. The program has now reached over 14,000 students since its inception in 2015. Ten new schools were recruited this financial year, taking our total number of schools engaging in the program to 42, a 31% increase in participation. The facilitator workforce has also expanded with 34 new facilitators trained this year. There are currently 109 GPs in Schools facilitators.



Financial Year	Schools	Students	GP facilitators trained
2019-2020	22 delivered	3,044 (reduced because of COVID-19)	34



## **HEALTH ADVOCACY**

Throughout 2019-20 engagement with community partners and stakeholders has been significant.

The inaugural **Sydney North Community Partners Collaborative (SNCPC)** met in March 2020 with the aim to improve access and opportunities to work together, share service information and avoid duplication of services. Organisations represented in the Collaborative include: The Veterans Centre; TAFE NSW; HammondCare; Anglicare; Your Side; Northern Sydney Local Health District (NSLHD); Catholic Care; St George Community Housing; Link Housing; Willoughby, Lane Cove, Northern Beaches and Mosman Councils; Community Care Northern Beaches (CCNB); Burdekin Association; Community Northern Beaches; Relationships Australia; D-Caf (Dementia Café) Connections; Department of Education and Sydney Drug & Educations Counselling Centre (SDECC).

The **Sydney North First Nations Collaborative (SNFNC)** - led by SNHN's Indigenous Health Coordinator Melanie Gould - continues to meet quarterly with regular participation from NSLHD (Aboriginal Health Service, Mental Health), Education (Department of Education, TAFE, Aboriginal Education Consultative Group - AECG), Justice, Social Housing, local government and commissioned services. The Collaborative aims to identify gaps, develop solutions and work together to improve access to services and better overall outcomes for the Aboriginal and Torres Strait Islander peoples living in Northern Sydney

The Community and Partnerships Development
Team works tirelessly with vulnerable individuals in our
community to link them with the right services and
social connections to help improve people's physical
and mental health. Our local service connections
include food security, temporary and permanent
accommodation, mental health services (youth and
adult) and education.

One substantive outcome of our work has seen SNHN successfully distribute over \$260,000 worth of furniture, bedding, clothing, and toys from the social repurposing of excess goods, **Goods 360 Australia**, to our northside vulnerable communities. These include people experiencing homelessness, people residing in social housing, and Aboriginal and Torres Strait Islander families

### Official Opening of Greenway Wellbeing Centre on 11 Sept 2019

### L to R:

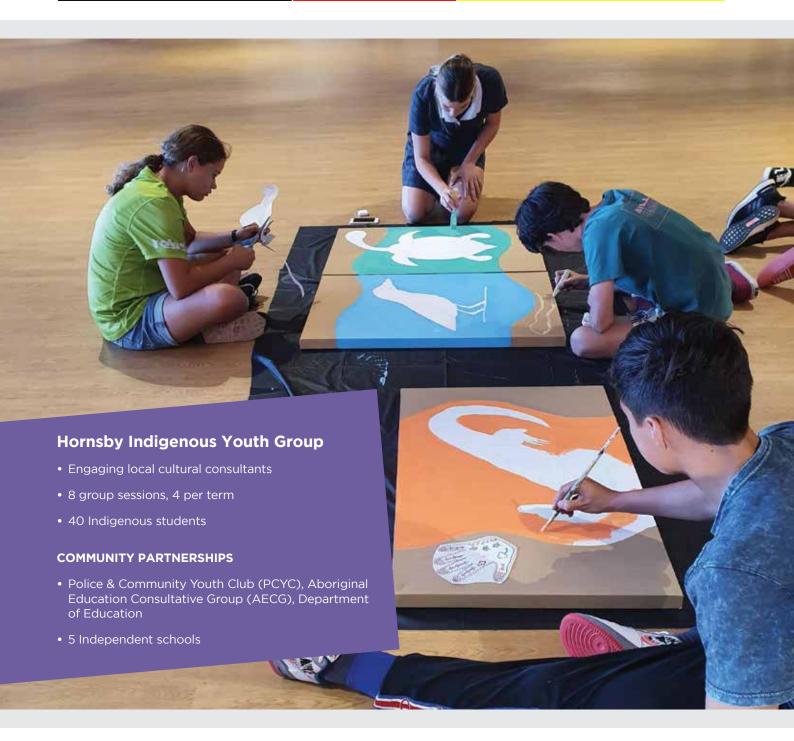
- Felicity Wilson MP Member for North Shore
- Gareth Ward NSW Minister for Families, Communities and Disability Services
- Bryce Gunn President of Greenway Tenants Group
- Sherryn Moltzen Community Engagement Coordinator SNHN
- Scott Langford CEO St George Community Housing



# **ABORIGINAL HEALTH - CONNECTED COMMUNITIES**

Since 2017, the **Aboriginal Connectedness** groups have continued to develop and grow in response to increased demand.

GROUPS	SURBURBS	FREQUENCY
Women's Gathering	Eastwood	Fortnightly
<b>Connected Mobs</b>	Narrabeen	Monthly
Youth Group	Dee Why, Hornsby, Ryde	Fortnightly during term
Family Group	Eastwood	Monthly











# Ryde Women's Gathering

- 10 group sessions for local Indigenous women
- Reducing isolation
- Improving socioemotional wellbeing
- Healthy Living Workshops
- Women's Health Check Day in November
- Providing a culturally safe space for health checks and social interaction

# COMMUNITY PARTNERSHIPS

- Ryde Council
- Northern Sydney Local Health District Integrated Team Care (NSLHD ITC) and services

# Aboriginal Cultural Education Program

- 2 locations
- 2 workshops, 32 GPs & Health Professionals
- 20 GP visits in conjunction with ITC

# **Biala Youth Hostel**

- Eye Clinic in collaboration with Brien Holden Vision and Rural Doctors Network
- Linked to local GPs and support services
- Coordinated Aboriginal Mental Health training for hostel and GP practice staff

# **COVID-19 COMMUNITY ACTIVATION RESPONSE**

As a community we have never faced a pandemic together before. As a result it was essential Sydney North Health Network shared factual and accurate information about how to manage the virus and stay safe during the Coronavirus global pandemic (COVID-19) as soon as the information was received from both the Australian Government's Department of Health and the NSW Government's Department of Health.

We utilised a number of different communications channels to help swiftly and effectively disseminate information to our Northern Sydney community. Online programs and primary care partnerships inform our local community of the evolving changes around COVID-19, ensuring our more vulnerable population groups remained able to focus on their health, safety and wellbeing during this challenging time.

Examples included:

- SchoolTV special Coronavirus reports were distributed through all primary and high schools across the region - with over 24,000 views from SNHN region.
- A six-week **Exercise for Seniors** online program commenced - targeting the more vulnerable people that have needed to stay at home for longer than most of us during the pandemic.
- Whilst schools closed, learning did not, and this resulted in stressful times for both students and parents. Through GPs in Schools, GPs offered online support to the schools engaged in the program.
- Our quarterly **PeopleBank News** kept the community up to date with COVID-19 facts, Government updates, trusted sources for information, support services, hygiene and self-isolation tips.
- A COVID-19 community flyer was developed and distributed to 350,000 households in the region. encouraging people to only follow the advice of trusted sources of information, look after their general physical and mental health, stay connected to their local community, and do their best to manage the challenge of staying at home.
- The development of a Live Service Mapping spreadsheet for over 60 organisations to access, highlighting services and gaps in the region.
- A partnership between SNHN, St George Community Kirribilli and Ryde.



# SYSTEM TRANSFORMATION

At Sydney North Health Network **SYSTEM TRANSFORMATION** represents catalysing change by enabling new approaches to health and healthcare by:

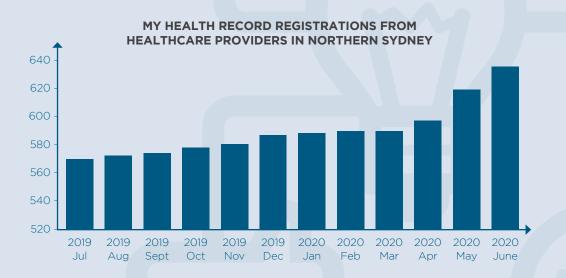
- Developing new partner and health services initiatives
- Redesigning services
- Building digital system enablers

Key elements of our ongoing system transformation throughout 2019-20 are highlighted below.

## **DIGITAL HEALTH**

### **My Health Record**

Throughout 2019-20, Sydney North Health Network saw a steady increase in My Health Record registrations with a marked increase from the start of the COVID-19 pandemic.



Registrations of health providers **increased 17%**, from 540 to **634** in 2019-20. By the end of June 2020 a total of **138,305** Shared Health Summaries were uploaded to My Health Record by GPs and **1,434,181** Dispense Records by pharmacies in the region (including hospitals).

### **Ambulance Secure Messaging**

This pilot project aimed to evaluate how Ambulance messaging can effectively and securely transfer a referral or clinical handover to general practitioners from the Ambulance NSW service, utilising the HealthLink Secure Messaging System. The project initially started with a small cohort of two Extended Care Paramedics (ECP) in 2017. It has now expanded to all paramedics based at the Artarmon station, with further expansion set for the 20/21 operating year.

Over 200 referrals have been sent to general practices from Ambulance NSW through HealthLink.

Positive feedback has been received from GPs and paramedics about the easy use of the device and transmission of referrals.

# Accelerating Digital Maturity in the Private Sector

This three-year project aims to improve the digital connectivity of private specialists with other healthcare providers by supporting up to 32 private specialists in the use of My Health Record and Secure Message Delivery in their daily operational interactions with their immediate clinical networks. The project is on track and is now in its third and final year. Macquarie University will evaluate the project which is on track to deliver crucial insights into the factors influencing adoption and use of digital technology.

# Closing Aged Care Integration Gaps with My Health Record

This three year project aims to improve the digital connectivity of Residential Aged Care Facilities (RACFs) with other healthcare providers by supporting up to 9 RACFs to use My Health Record and Secure Message Delivery in daily operations with their immediate clinical networks. Now in its third year the project is on track with 11 RACFs recruited and Macquarie University evaluation underway.

## **DIGITAL HEALTH'S AGILE RESPONSE TO COVID-19**

# Helping local general practices establish Telehealth

In response to the changes to the MBS items for Telehealth and the COVID-19 requirements the SNHN Digital Health Team helped general practices across the region to install and use Health Direct Video Call for all health professionals to deliver Telemedicine consultations.

As well as being designed for Telemedicine, Health Direct Video Call (HDVC) is secure, private and currently free for health professionals. It is a relatively simple process to register a practice with HDVC and the close fit with current practice workflow has resulted in a seamless process for practices that have embraced video consultation throughout 2019-20.

Health Direct video call statistics in 2020 for Northern Sydney:



Webinars were also provided to support general practice with Telehealth consultations in partnership with:

- Sydney Adventist Hospital and Dr Sohael Rahman
- Train IT and South Western Sydney Primary Health Network (SWSPHN)
- Medics for Life

Moving forward consumers will no longer be finding the choice between face-to-face consultations and Telehealth as binary when wanting a consultation from a primary healthcare provider or visiting a GP. They will be evaluating their options to find the best blend between the two.

### **Digital Health Guide**

The Digital Health Guide is a tool for helping healthcare providers and health administrators navigate, understand and prescribe Digital Health Apps.

It provides up-to-date, peer reviewed information on a large number of commonly used digital health solutions, mobile health apps and other web-based digital health therapies.

This is a two-year project with an option to extend to a third year. Individual login details have been sent to all eligible Health Professionals in the Northern Sydney region.

**88** health professionals have logged into the system which now provides access to COVID-19 specific apps.



## **HEALTHPATHWAYS**

# 381 Pathways Live

# 82 New Pathways

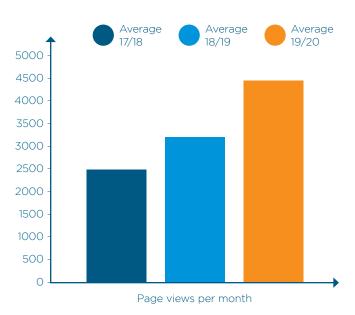
# 25 Pathways updated this financial year

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

The major developments in the HealthPathways space in 2019-20 have included:

- The commencement of Pathways reviews currently 15 underway and 3 complete.
- New website and platform is live and operational, launched 26th September 2019.
- First Sydney North HealthPathways paper published by Macquarie University HealthPathways in the Australian Journal of Primary Health.
- New role of HealthPathways Liaison GP commenced in February 2020. This role will visit practices to promote HealthPathways and request user feedback.
- Continued growth of new users and upward trend of sessions and page views.

### **HEALTHPATHWAYS USER GROWTH**





## **HEALTHY AGEING & FRAILTY**

The Northern Sydney Frailty Initiative is a collaboration between SNHN and NSLHD operating since 2018. In reviewing our emergency department activity, the majority of presentations have been from people living in the community. Presentations from people living in Residential Aged Care Facilities comprised 16.4% of presentations in 2018/19 while the remaining 83.6% came from people living in the community. As a result, SNHN has been working with the NSLHD to design pathways of care for frail elderly people living in the community.

In 2019-20, the program of work focused on increasing healthcare provider awareness of frailty and the use of frailty screening process.

Three frailty education events were successfully delivered to primary care clinicians in our region and 65 general practices have received frailty awareness visits. SNHN presented on the topic of frailty at the following forums and conferences:

- NSLHD Frailty Forum on the 3rd April 2019 at the Kolling Institute
- PEN National PHN Conference September 2019
- 2nd Asia Pacific Conference on Integrated Care on November 2019
- Agency for Clinical Innovation (ACI) Frailty Forum on February 7th 2020
- SNHN Frailty poster presentation displayed at International Health Care Reform Conference on 25-27th March 2020

A frailty app was developed in partnership with the Pen CS company with the objective of integrating an easy to use screening tool into general practice software. The app testing is complete and now ready to distribute for use in general practices across the region.

An Inpatient Hospital screening pilot was tested at Hornsby and Royal North Shore Hospitals in 2019. Hornsby Hospital has continued to screen patients in the aged care and rehabilitation wards (over 600 patients screened in 19/20).

Frail screening is now in the Northern Sydney Local Health District's electronic medical record and being used for pre-surgery, heart failure documentation and community nursing. A series of patient journey modelling workshops with local consumers and clinicians in attendance were successfully delivered to support system redesign.

A future focus is the development of an urgent care pathway for frail and older people in partnership with the NSLHD. In addition, the trial of a concierge service model for the provision of provider support through the health system has been approved in response to the current COVID-19 pandemic. This work has been enabled by funding from the NSW Ministry of Health Collaborative Commissioning initiative, outlined later in the commissioning section.

# WORKING TOWARDS BETTER DIGITAL COMMUNICATIONS WITH NORTHERN SYDNEY LOCAL HEALTH DISTRICT

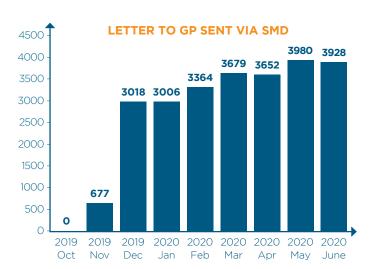
## **Specialist Letter to GP Project**

The Northern Sydney Local Health District with the support of the SNHN were first region in NSW to send patient letters from the public hospital to general practice electronically, securely and directly to desktop clinical software using the HealtheNet secure messaging.

The digital "Letter to GP" can be sent for all hospital and community visits - inpatient or outpatient. This means any area of the hospital can complete this letter and send it securely and quickly to the patient's general practice.

The Specialist Letter to GP Project was launched on the 25th of November 2019. Old letter templates (430 variations of letters) are now being mapped to the new format which will allow letters previously being received by fax and mail to now be delivered safely, securely and quickly via secure message delivery.

THIS NEW SERVICE IS NOW SENDING APPROXIMATELY 3,900 LETTERS SECURELY TO GPS PER MONTH.



# PRACTICE INCENTIVE PAYMENT QUALITY IMPROVEMENT (PIP QI) & OVERALL QUALITY IMPROVEMENT

SNHN has always had a strong focus towards quality improvement activities. This approach underpins the programs we deliver to general practice and have been provided by the practice support team since 2016. These programs have now been enhanced by the introduction of Practice Incentive Payment Quality Improvement (PIP QI).

The requirements of the PIP QI are:

- Practices submit data to the PHN at least once per quarter.
- Participating general practices complete at least one quality improvement activity with assistance from the PHN each quarter.

As a requirement of PIP QI, SNHN must provide reports to each registered practice against a set of 10 measures per quarter. A practice can then choose to align their QI activities to any of the 10 specific measures or select an activity where they determine a need for improvement.

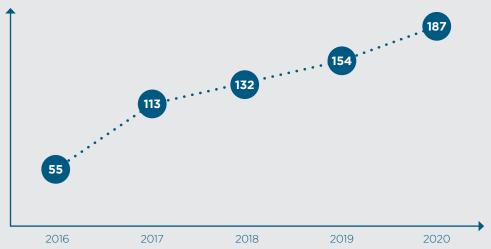
## POSITIVE TRENDS IN PIP QI PARTICIPATION

To date we have:

- 192 practices participating in PIP QI
- 182 PIP QI reports created each quarter and provided to practices
- 187 Practices submitting data to SNHN

### NUMBER OF PRACTICES SUBMITTING DATA TO SNHN FROM 2016 - 2020

# A CONSIDERABLE INCREASE FROM THE COMMENCEMENT OF PIP QI



## **LUMOS**

Lumos is a partnership between all PHNs in New South Wales and NSW Ministry of Health which aims to assist general practices to have a stronger understanding of their patients' journey across the health system. Lumos has arisen from a four-year pilot project which linked the GP data of approximately one million patients across over 100 NSW general practices. It has demonstrated that we can securely extract patient information from GPs, link it with other health data sets and generate new insights while ensuring patient confidentiality. SNHN commenced Lumos in 2018 in the trial period known as the GP Data Linkage Project with 5 practices. There are currently 22 practices undertaking the Lumos program which we aim to grow to 32-40 practices participating by close to this time next year.

### Lumos aims include:

- Generating insights into patient journeys across systems;
- Identifying current and emerging population health trends:
- Improving the patient experience and quality of care;
   and
- Informing the data driven improvement and system redesign process.

Lumos is supporting general practices in gaining an understanding of their patients and how they have interacted with the health system via detailed deidentified data rich reports.

Reports to practices are supplied every six months and include:

- Frequency of patients presenting at hospital
- Over an average 24-hour period, when do potentially avoidable Emergency Department visits occur
- How many patients had any combination of emergency department presentations, admissions to hospital or death



General practices participating will:

- Better understand their patient and practice profile compared to the region
- Support data driven quality improvement activities and participation in related programs
- Create an evidence base to support areas of future investment in primary care
- Be provided a better understanding of the patient experience of health services
- Improve provider experience through greater collaboration

# COMMISSIONING

The purpose behind our **COMMISSIONING** work is to attract and distribute health service resources to those people most in need of support through:

- Undertaking targeted health planning
- Examining, refining, improving and redesigning existing commissioned services

As a commissioning organisation, PHNs work with service providers and local communities to design, develop and implement a range of services that are culturally appropriate and meet local health challenges. This requires a robust understanding of population need, strong engagement from stakeholders at each stage; supporting service providers to develop and implement new models of care and ways of working; and monitoring and evaluating service outcomes to ensure continuous improvement and effectiveness of services and that value for money is achieved.

### **KEY AREAS OF FOCUS INCLUDE:**



### **Mental Health**

Implementing a range of care coordination and clinical supports for young people and adults experiencing mental health issues, including suicide prevention services.



### **Vulnerable Groups**

Reduction of hospital admissions and supporting people in the community, through provision of prevention and support services, and early disease management.



# Alcohol & Other Drugs

Establish new services to support community-based alcohol and other drugs treatment tailored to vulnerable and highrisk groups.



### **Improving Access**

Services are delivered where and how people want them:

- After hours
- Chronic conditions
- Post acute, early discharge home

Commissioning highlights in 2019/20 have included:

# **MENTAL HEALTH**

SNHN continues to work with its commissioned providers to drive continuous quality improvement and to develop new programs and services to meet identified gaps and emerging community needs.

Key mental health statistics:

- 16 in 100 people in the Northern Sydney region report mental and behavioural problems, with depression and anxiety being the most commonly diagnosed mental health disorders.
- Higher rate of hospitalisations for mental health disorders in Northern Sydney (2,474 per 100,000) compared to NSW (1,909 per 100,000).
- Higher level of needs among vulnerable groups, including children and young people, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, LGBTI people, people experiencing homelessness.
- High rate of hospitalisations for intentional self-harm among people aged 15-24 years in the Northern Sydney region.

In 2019-20, SNHN commissioned **17 mental health services**, with **6,599 clients** accessing services and reporting high rates of satisfaction and improved clinical outcomes.

The services commissioned by SNHN provide support across a range of mental health needs including:

- · Low intensity
- · Mild to moderate
- Severe and complex
- Suicide prevention
- Psychosocial disability
- Aboriginal mental health

Throughout 2019-20, SNHN engaged with local providers to establish:

- Mental health support services for people living in Residential Aged Care Facilities.
- Support services for people with a psychosocial disability engaged in the Partners in Recovery, Personal Helpers and Mentors, and Day to Day Living programs to transition to the NDIS.
- The Continuity of Support program for people with a psychosocial disability who are unable to access support via the NDIS.



He is safe and being properly looked after at last. I can't tell you how amazing, caring, skilful, reassuring, and wonderful you have been in a frightening and desperate time for our family. Thank you. YESS has been an oasis in a public mental health desert.

"

Parent of a young person receiving support from the Paramatta Mission Youth Enhanced Support Service (YESS) commissioned by SNHN

# MENTAL HEALTH SERVICES FOR PEOPLE LIVING IN RESIDENTIAL AGED CARE FACILITIES

In October 2019, after a competitive market tender, SNHN appointed and funded Anglicare to provide the 'Emotional Wellbeing of Older People' program in the Sydney North region. Building on trial services established by SNHN in January 2019, and informed by co-design with local stakeholders, Anglicare's program works to address the mental health needs of older people living in Residential Aged Care Facilities (RACFs). The program's aim is to help and support aged residents in developing and maintaining skills for enhancing mental wellbeing and resilience, along with increasing their engagement in meaningful activity. Delivery of in-reach psychological therapies by mental health professionals is the core focus of the model. However, services are delivered across the mental health stepped care continuum, encompassing low intensity through to high intensity interventions.

In addition to providing services to residents, Anglicare also deliver capacity building activities for RACF staff across the region including:

- Education and coaching for RACF staff on how to effectively recognise and respond to the mental health needs of residents:
- Suicide prevention education; and
- Mental health education for family members and carers.

Anglicare has expanded the service by establishing formal referral arrangements with a number of RACFs in our Northern Sydney region. Referrals to the 'Emotional Wellbeing of Older People' program are facilitated by Directors of Nursing (DONs) and Care Managers. Services are being provided in-person where possible and via telephone and video based on the preferences and needs of the facilities and residents.





# BETTER OFF WITH YOU CAMPAIGN

Throughout 2019-20, SNHN worked in partnership with SANE Australia and local service providers to develop the **Better off With You Campaign** for the Northern Sydney region. Better off With You (BOWY) is a digital suicide prevention campaign focused on using the real stories of people who have experienced a suicidal crisis to support others in the same situation to maintain hope and seek support.

Launched in January 2020 with a focus on the Northern Beaches region, the six week 'pilot' campaign resulted

in more than **200,000 views** of the video stories shared on social media platforms and the dedicated BOWY website. More than **350,000 people** engaged with the campaign via social media.

The BOWY videos and materials were also picked up by television, print and radio across Sydney and displayed on billboards and in local shopping centres. An amazing outcome from a pilot campaign that clearly resonated with our community. The campaign demonstrated strong engagement with males and young people in the region who were identified as key target groups for the suicide prevention messaging.

### VULNERABLE GROUPS

SNHN commissions a community-based social work service to work alongside a GP's standard model of care, providing support to patients living with chronic or complex healthcare conditions, who are affected by socio-economic factors such as housing, disability, carer stress, transport and access to Centrelink. The program aims to support people to stay well and in their homes.

This program is delivered by Community Care Northern Beaches (CCNB) - servicing the lower North Shore and Northern Beaches areas - and Primary and Community Care Services (PCCS) - covering Hornsby, Ku-ring-gai, and Ryde.

Over **1,500 clients** have been engaged through the GP Social Work program, with a total of **675 individual GPs** referring into the program.

# Client Story

Brett\*\*, aged 62, lived alone in unsuitable social housing for his disability and complex healthcare needs. When Brett first met with the social worker, he had been declined from the NDIS, did not have a regular GP and no circle of support. Through support extended via the GP Social Work Program, Brett has been referred to a local GP, gathered reports to support his NDIS application and has been accepted for a transfer to more suitable social housing. He now has good holistic relationship with a local GP and was recently accepted into NDIS.

\*\*Not real name

# ALCOHOL AND OTHER DRUGS

SNHN commissions two Alcohol and Other Drugs treatment services for young people, adults and Aboriginal and Torres Strait Islander community members providing specialist counselling, case management and support for family and carers. The services are provided by Sydney Drug Education & Counselling Centre (SDECC) and Odyssey House, with a specific focus on vulnerable groups.

During 2019-20, SNHN has worked with the commissioned services to increase availability of individual and group counselling services and strengthen service expansion into underserviced communities. The commissioned services have adapted their service models to emerging needs, built effective partnerships and collaborative working arrangements, and strengthened engagement and reach across the region through in-reach support and establishment of outposts in areas of need.

**573 clients** accessed commissioned alcohol and other drugs services in 2019-20, reporting positive experience and outcomes including reduced substance use, improved psychological health and overall quality of life.



The group gave me a sense of peace and hope. It was nice to meet other parents who could relate to the troubles and feelings I was experiencing and made me feel less alone. The feeling of not being judged was a huge relief. The support, care and concern were comforting and the information presented was carefully taught at a pace that was easily absorbed.



Comment from a client attending the SDECC Paving Ways parent/carers groups

# DESIGNING "ONE HEALTH SYSTEM"

# **Collaborative Commissioning with Northern Sydney Local Health District**

In NSW, the health system experiences growing pressures from an ageing population, chronic diseases, and the use of new technology. At the same time, there are the fundamental challenges of siloed health cultures and the funding restrictions around fee-for-service and activity-based funding. The reality is that people require a more holistic approach to delivering care that is shared across care providers, organisations, and settings. Improving outcomes for patients and improving experiences receiving and providing care with more effective use of resources is required.

Collaborative commissioning is an approach that enables us to collectively manage patients across acute, primary and community care.

Northern Sydney is one of the first areas in NSW to receive funding from the NSW Ministry of Health to develop collaborative commissioning locally. The Northern Sydney Collaborative Commissioning (NSCC) initiative will focus on urgent care for frail and older persons and will be delivered through a partnership between Sydney North Health Network and Northern Sydney Local Health District.

This will involve extensive consultation and engagement with a diverse group of stakeholders including consumers and numerous primary, community and acute care services and organisations.

The objective of collaborative commissioning is to remove the financial, structural, and cultural barriers that prevent us from working as one health system. It will give us the opportunity to design the health system around the needs of our frail and elderly residents, so that they experience the delivery of care supports and services from a group of people acting as one team, and from organisations behaving as one system. That is collaborative commissioning at work.

# COVID-19 RESPONSE IN COMMISSIONED SERVICES AND COMMUNITY

All SNHN's commissioned mental health and drug and alcohol providers continued to deliver support to clients throughout 2019-20 despite the challenging operating environment. This support was provided through a combination of face-to-face and Telehealth services due to COVID-19. Clients were matched to the services that best served their needs.

SNHN commissioned service providers were supported throughout this challenging year to develop pandemic response plans and to modify workspaces to comply with COVID-19 safe guidelines and to maximise staff and client safety.

GP social work services also received additional funding to extend the scope of their activities to better reach isolated and at-risk clients to ensure access to required health services.

SNHN continues to undertake a number of initiatives to support commissioned services and the Northern Sydney community to assure access to much needed health and social supports.

# Activities undertaken to respond to emerging issues and needs throughout the COVID-19 pandemic included:

 Targeted education activities for clinicians and commissioned service providers including infection control webinars, Telehealth skills and 'Working in a World with Coronavirus'.

- Mental Health First Aid training delivered online to community members and service providers.
- Online health, fitness, and wellbeing program 'Live Life Get Active' commissioned and launched via the SNHN website. Over 700 community members registered to this program in the first month.
- Online exercise modules for seniors added to SNHN website to support frail community members stay mobile, improve strength and balance.
- Clinics established in partnership with St George Community Housing and Link Housing to provide social housing residents in Kirribilli and Ryde with flu vaccinations.
- SNHN partnered with SchoolTV to developed online multimedia content specific to coronavirus and preparing for remote learning, providing practical strategies for parents and schools to adequately support children at home. Resources were distributed to all primary and high schools across the region, with over 24,000 views.
- A COVID-19 community flyer was developed and issued across households within the region. Its purpose - encouraging people to use only trusted sources of information and sharing practical strategies to maintain physical and mental health, stay connected to the local community, and manage the challenges of staying at home.





At Sydney North Health Network **MEMBER & PROVIDER SUPPORT** is focussed on building capacity for all providers of primary healthcare to adopt new tools, deal with disruption and improve outcomes through:

- Providing core practice support for quality improvement
- Developing future change and skills capability

Some of the focus areas for member and provider support throughout 2019/20 are featured below.

# **BUSHFIRE SUPPORT**

During the horrifying and unprecedented December 2019 to January 2020 bushfire season here in Australia disaster support was provided to general practices in the region to ensure practices were well prepared should the situation rapidly change in the Northern Sydney region. The Sydney air quality was poor and smoke filled for long periods of time and people were suffering with breathing and respiratory complications. Those with underlying lung conditions were extremely vulnerable and advised to see their GP if symptoms deteriorated. People without any underlying health issues were also affected by smoke and other associated health risks. In response, SNHN created a dedicated online resource for health providers and consumers where they could access information detailing where they could get assistance and keep updated on the rapidly changing situation.

The Primary Care Support Team promoted and provided support on:

- Cold Chain management for vaccines due to potential power outages affecting vaccine fridges
- Newly created HealthPathways:
  - General Practice Management during a Disaster
  - Burns Injuries Management and First Aid
- Natural disaster recovery primary health workforce response Expression of Interest

- Expressions of Interest included in the SNHN steering committee for climate and health strategy development
- Mental Health services and new MBS item numbers for people affected by bushfires
- External webinars on bushfire and disaster management in general practice.

Information was provided via:

- Practice visits
- Promotion in the monthly Hot Topics to practices
- eNews
- Direct correspondence to practices and staff

Collaboration with other PHN's commenced to share experiences around disasters of this nature and commence further work on disaster management and planning.

# PPE - PROTECTING OUR HEALTH PROVIDERS

Mask delivery to our health providers commenced on 30 January 2020 - with the first allocation of masks provided by the NSW Ministry of Health. Within two days SNHN had packed and delivered over 36,000 masks to every practice in the region, 292 practices. Continued allocations of masks from the Department of Health (DoH) followed. Initial DoH mask distribution was for general practice only, but soon expanded to include pharmacies and allied health providers by April 2020. The primary care team became the mask distribution HUB, delivering masks as requested to various regions across Northern Sydney. The Department of Health then commenced allocation of surgical gowns for distribution to GP Led Respiratory Clinics only in April.

Mask distribution numbers continued to grow and by the end of September 2020 these were the statistics:

### AN ESTIMATED 526,500 INDIVIDUAL MASKS DELIVERED SINCE JANUARY 2020

	Surgical Masks:	P2 Masks:	Surgical Masks:	Surgical Masks:
	General Practice	General Practice	Community Pharmacy	Allied Health
Cumulative numbers of individual masks	426,800	50,900	25,700	23,100

As at 4-10-20

# GP LED RESPIRATORY CLINICS

From the outset of the COVID-19 pandemic SNHN has worked collaboratively with the Department of Health (DoH), Local Health District and General Practices to establish GP Led Respiratory Clinics in our region. Through a process of an Expression of Interest to general practices, the DoH assessed interested practices for capacity and capability to support the establishment of three dedicated respiratory clinics. The clinics in Ryde, Dee Why and Roseville provide people with access to a face-to-face primary care platform to have their respiratory symptoms assessed and treated as well as be tested for COVID-19. This approach aims to divert individuals who require assessment for mild to moderate respiratory illness away from mainstream general practice and emergency departments.

Key support provided:

- Recruitment of 50 staff
- Infection prevention and control training for 100 people
- Provision of Personal Protective Equipment
- · Promotion and ongoing support

# MOBILE FLU VACCINATION SQUADS

To further support the SNHN region during COVID-19, we have aided in bringing together a mobile squad to provide flu vaccinations to our most vulnerable populations. This service was provided if a patient was unable to attend their GP due to a health condition or their GP was unable to provide a home visit during the COVID-19 self-isolation time.



### CLINICAL EDUCATION

From the outset of the COVID-19 pandemic SNHN Sydney North Health Network's Clinical Engagement and Education program remains committed to providing a high quality, evidence-based education program that is aligned with local and national health priorities.

This program supports general practice and primary care providers to build capacity in developing a high performing, person centred workforce. The SNHN education program is accredited with the Royal Australian College of General Practice (RACGP) with three endorsed providers on the team. The overall direction of the program is governed by the Education Advisory Committee whose membership includes a multidisciplinary group of local GPs and health professionals.

The focus of the Clinical Engagement program continues to:

- Promote person centered healthcare to improve the overall health of our population and reduce avoidable hospital presentations.
- Align with local and national health priorities as well as Northern Sydney health indicators and priority areas identified by our needs assessment.
- Provide multidisciplinary education and networking opportunities, to build the skills of the health workforce to collaboratively in teams.
- Promote the use of HealthPathways to facilitate right care, in the right place at the right time.
- Align with the quadruple aim better population health, better patient experience of care, better value for the system and greater clinical workforce satisfaction and sustainability.
- Provide evidence based education, support and innovative ways of delivering education including online learning and webinars.

Number of GPs & **Health Professionals** who have attended an SNHN education event in 2019/20

**Number of** education opportunities delivered in 2019/20

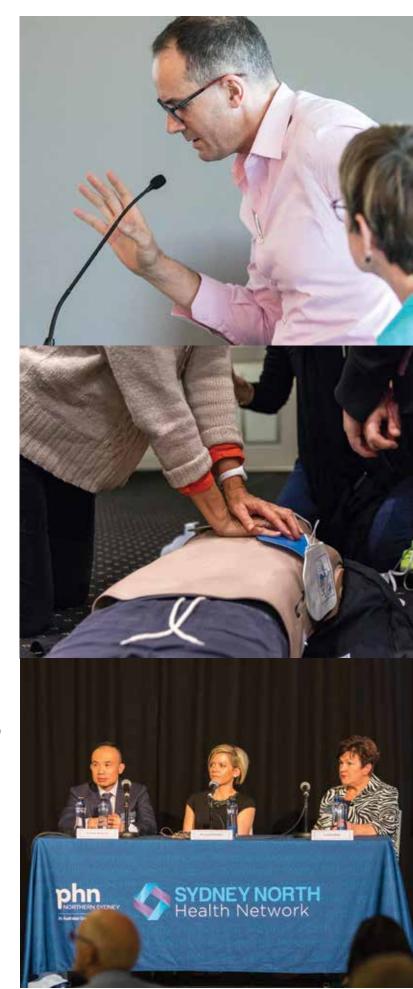


4,024



**Education Provider** 





# AN EXCEPTIONAL ORGANISATION













Within Sydney North Health Network, building **AN EXCEPTIONAL ORGANISATION** means:

- Communicating our purpose and achievements powerfully
- Growing the capabilities and culture of our people
- Developing financial and information systems that support ongoing investment and growth
- Developing subsidiary business entities

Here are some of the 2019/20 highlights in this strategic

# **ORGANISATION PLANNING**



Australia has almost 500,000 people living with dementia and it is the second highest cause of death in this country. To assist our community to overcome the barriers a dementia diagnosis can bring, SNHN is currently working through the process of becoming

a Dementia Friendly Organisation (DFO) to create a greater awareness for staff who may have interactions with people living with this disease and communicate in a more responsive and sensitive manner. There are a number of stages organisations need to complete to achieve a DFO status. The first step is the development of a dementia friendly plan which outlines what we will do, and the various changes SNHN needs to facilitate.

Our progress over 2019/20 is:

- All staff have completed online training 'becoming a dementia friend'
- Formal face-to-face workshops for staff 2 completed
- Planning for future training for new staff
- Seeking feedback from Northern Beaches Dementia Alliance on plan progression

Upcoming requirements:

- Seeking feedback from a community member with lived experience of dementia - this person has been identified and currently discussing needs
- Review of Dementia Quality Improvement Program (DQIP) for general practices to become Dementia Friendly Organisations.
- Development of resources for both general and allied health practices participating in DQIP.



# COMMUNICATIONS & MARKETING

The Communication and Marketing team at SNHN help build our brand within the Northern Sydney region. The team also help inform the local community of how our organisation's work positively impacts the everyday life and health of those living in our operating region.

In 2019/20, communications and marketing operations highlights included:

- The launch of person-centred medical home story featuring progressive general practices in the region
- The launch of SANE Australia/SNHN "Better off with You" pilot campaign for suicide prevention
- Monthly presentations on Radio Northern Beaches discussing our work and commissioned services
- Regular updates on vital health information to keep people safe during the horrifying December 2019 and January 2020 bushfire season
- Continued growth in the social media space: Facebook +63%; Twitter +10%; LinkedIn +46%; Instagram +31%
- eNews advertising revenue growth of 150%
- Website user growth of 25%

## **Impact of COVID-19**

This year the work of the Communication and Marketing team has been dominated by the need to provide our healthcare and general community with swift and correct information on the state of the COVID-19 global pandemic.

In late January 2020, the team created a specific SNHN web page sharing information about COVID-19. Information from the Australian Federal Government (Department of Health), NSW State Government, RACGP and our own Sydney North Health Network team was compiled and accurate facts and important resources shared. Our website helped our Northern Sydney community find trusted information effortlessly and kept them updated with daily developments and changes to the health information and restrictions concerning the behaviour and transmission of the virus.

Continued growth in the social media space: Facebook +63%; Twitter +10%; LinkedIn +46%; Instagram +31%

eNews advertising revenue growth of **150%** 

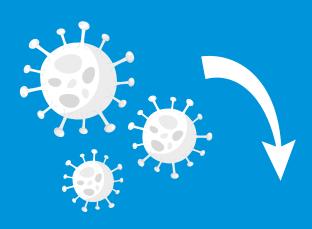
Website user growth of 25%

# WE'RE HERE FOR YOU!

Northern Sydney Health Professionals



ONLINE



**Covid-19 rates are reducing** 



See your GP today, don't delay

## **COVID-19 Communications Activity**

- 51 COVID-19 email updates from late January 2020
- Daily web page updates and information consolidation - 58,500 page views (highest number in 5 years)
- Introduced a "COVID-19 Update" for local Members of Parliament (Federal and State) and Council Mayors. The purpose of the update was to inform stakeholders of the status of our COVID-19 work and the distribution of personal protective equipment for general practice and allied health carers.
- Launch communications for 3 Australian Government GP led respiratory clinics combined with visitations and joint media releases from Federal MPs, generating local and state media coverage
- Launch support for 2 private practice respiratory clinics in key geographic areas: Beecroft and Mosman
- Launch of "We're Here for You" campaign in June to encourage locals to visit their primary healthcare providers and maintain regular health check-ups as the best defense against the virus
- Launch of COVID-19 testing options fact sheet organic social media reach of over 1,700

# HUMAN RESOURCES & CULTURE

As the Sydney North Health Network concludes its fifth year of operation, the foundations of a strong, vibrant and healthy organisation remain evident. COVID-19 may have changed the way we work, the way we interpret employee wellbeing, and the way we structure our organisation to respond to urgent needs, but our iCARE values have served us well as an anchor in these turbulent times.

SNHN continue to develop and implement comprehensive plans and processes to support our operations and our people through our:

- SNHN Safety COVID-19 Outbreak Response Plan which includes the COVID-19 Safe Return to Work Plan
- Weekly updates from our CEO
- Employee Assistance Program (EAP)
- Fortnightly meetings of the Workplace Health and Safety Committee
- Emergency Response Team efforts and leadership to support the organisation during a pandemic
- Weekly office attendance plan
- Weekly executive updates and monthly staff meetings via Zoom
- Team Huddles
- Mental health presentations and mindfulness sessions via Zoom
- Training and development courses Online, virtual coaching sessions, and high performance program sessions via Zoom
- Return to office survey and workday reinvention program
- Registration of SNHN as a COVID-19 Safe organisation

We adapted rapidly, responded effectively and took opportunities to prepare ourselves for the future, aligning our people to maintain momentum and to ground us in our purpose.











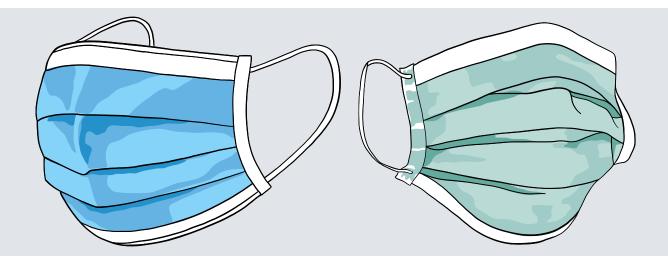


COLLABORATION

**ACCOUNTABILITY** 

**RESPECT** 

**EXCELLENCE** 



# FINANCE SUPPORT DURING COVID-19

COVID-19 has been both a major health and economic crisis in 2020 - having a significant impact on our stakeholders and communities.

Throughout the year the SNHN finance team has been actively monitoring events, gathering intellectual and financial resources and following Government guidelines. Finance plays a vital role in the continuity of service and support to our organisation, its leaders, teams, and stakeholders by boosting stability and promoting financial stewardship in uncertain times. The finance team work to meet the organisation's needs, not only in seamless provision of business-as-usual services, but also lending a willing hand with auxiliary support to the wider team.

Workload and priorities have amplified, adapting daily to include:

- Promoting the team's physical and mental wellbeing - this extends beyond working from home arrangements to constructive collaboration, consultation and communication.
- Keeping ahead of and staying in control of information from professional bodies and Government agencies, ensuring compliance for eligible Government support for not-for-profits. This includes accurate and timely submissions to the ATO to guarantee cash flow boosts.
- Focussing resources on accurate cash flow management, thorough forecasting, and detailed budgeting, in a challenging environment where assumptions are replaced by uncertainty in everchanging conditions and the knock-on effects of many State and Federal measures.
- Absorbing significant additional work to successfully accommodate the comprehensive remote external audit, underlining the professionalism of our people and effectiveness of our controls.

- Embracing swift process redesign by engineering remote processing, paperless transactions and electronic authorisation. Successfully bringing the wider team on this journey as Accounts Payable and Payroll transitioned toward paper free processing.
- Dedicating time to relationship management by working with key suppliers to explore cost reductions while staying fair to them with on-time payments to support their stability and the continuity of service.

# SNHN HEALTH & SAFETY COMMITTEE

The SNHN Health and Safety Committee had an extremely busy year - especially once the COVID-19 crisis reached our shores in the early 2020 calendar year. The Committee met fortnightly during this busy period, distributing regular health and safety updates. The main focus of the Committee during this period was centred on taking appropriate precautionary measures to minimise the risk of transmission, monitoring and responding to related issues as they occurred, and contributing to strategies ensuring business continuity during the pandemic.

Key highlights of the Committee's work during the year include:

- Work, health and safety policies were reviewed in late 2019 and, as a result, processes for dealing with incidents and general safety were refined.
- In response to the COVID-19 pandemic, the Committee:
  - ✓ Drafted and continually updated the SNHN Safety COVID-19 Response Plan incorporating safety measures for those working at the Chatswood offices and instituting safety protocols for staff making field visits to practices and hospitals and hosting primary healthcare events.
  - ✓ Carried out due diligence on the Chatswood office with respect to health and safety.
  - ✓ Registered the Chatswood office as COVID-19 Safe.
  - Prepared a return to office plan following a period of all staff working from home.

# STATEMENT OF SURPLUS OR DEFICIT AND OTHER COMPREHENSIVE INCOME

For the Year Ended 30 June 2020

Revenue         \$           Other income from ordinary activities         355,765         446,034           Other income from non-operating activities         100,000         -           Program expenses         (16,207,201)         (13,133,674)           Employee benefits expense         (6,412,652)         (5,920,168)           Equipment and IT expense         (114,428)         (129,826)           Amortisation expense         (399,995)         -           Marketing and communication expense         (180,603)         (302,664)           Management and administration expenses         (518,931)         (1,479,506)           Interest expense on lease liabilities         (79,321)         -           Surplus / (deficit) before income tax         304,988         269,711           Income tax expense         -         -           Surplus / (deficit) after income tax         304,988         269,711           Other comprehensive income for the year         -         -           Total comprehensive income for the year         304,988         269,711		2020	2019
Other income from ordinary activities       355,765       446,034         Other income from non-operating activities       100,000       -         Program expenses       (16,207,201)       (13,133,674)         Employee benefits expense       (6,412,652)       (5,920,168)         Equipment and IT expense       (114,428)       (129,826)         Amortisation expense       (399,995)       -         Marketing and communication expense       (180,603)       (302,664)         Management and administration expenses       (518,931)       (1,479,506)         Interest expense on lease liabilities       (79,321)       -         Surplus / (deficit) before income tax       304,988       269,711         Income tax expense       -       -         Surplus / (deficit) after income tax       304,988       269,711         Other comprehensive income for the year       -       -       -		\$	\$
Other income from non-operating activities         100,000         -           Program expenses         (16,207,201)         (13,133,674)           Employee benefits expense         (6,412,652)         (5,920,168)           Equipment and IT expense         (114,428)         (129,826)           Amortisation expense         (399,995)         -           Marketing and communication expenses         (180,603)         (302,664)           Management and administration expenses         (518,931)         (1,479,506)           Interest expense on lease liabilities         (79,321)         -           Surplus / (deficit) before income tax         304,988         269,711           Income tax expense         -         -           Surplus / (deficit) after income tax         304,988         269,711           Other comprehensive income for the year         -         -	Revenue	23,762,354	20,789,515
Program expenses         (16,207,201)         (13,133,674)           Employee benefits expense         (6,412,652)         (5,920,168)           Equipment and IT expense         (114,428)         (129,826)           Amortisation expense         (399,995)         -           Marketing and communication expenses         (180,603)         (302,664)           Management and administration expenses         (518,931)         (1,479,506)           Interest expense on lease liabilities         (79,321)         -           Surplus / (deficit) before income tax         304,988         269,711           Income tax expense         -         -           Surplus / (deficit) after income tax         304,988         269,711           Other comprehensive income for the year         -         -         -	Other income from ordinary activities	355,765	446,034
Employee benefits expense       (6,412,652)       (5,920,168)         Equipment and IT expense       (114,428)       (129,826)         Amortisation expense       (399,995)       -         Marketing and communication expense       (180,603)       (302,664)         Management and administration expenses       (518,931)       (1,479,506)         Interest expense on lease liabilities       (79,321)       -         Surplus / (deficit) before income tax       304,988       269,711         Income tax expense       -       -         Surplus / (deficit) after income tax       304,988       269,711         Other comprehensive income for the year       -       -	Other income from non-operating activities	100,000	-
Equipment and IT expense(114,428)(129,826)Amortisation expense(399,995)-Marketing and communication expense(180,603)(302,664)Management and administration expenses(518,931)(1,479,506)Interest expense on lease liabilities(79,321)-Surplus / (deficit) before income tax304,988269,711Income tax expenseSurplus / (deficit) after income tax304,988269,711Other comprehensive income for the year	Program expenses	(16,207,201)	(13,133,674)
Amortisation expense (399,995) -  Marketing and communication expense (180,603) (302,664)  Management and administration expenses (518,931) (1,479,506)  Interest expense on lease liabilities (79,321) -  Surplus / (deficit) before income tax (79,321) -  Surplus / (deficit) after inc	Employee benefits expense	(6,412,652)	(5,920,168)
Marketing and communication expense(180,603)(302,664)Management and administration expenses(518,931)(1,479,506)Interest expense on lease liabilities(79,321)-Surplus / (deficit) before income tax304,988269,711Income tax expenseSurplus / (deficit) after income tax304,988269,711Other comprehensive income for the year	Equipment and IT expense	(114,428)	(129,826)
Management and administration expenses(518,931)(1,479,506)Interest expense on lease liabilities(79,321)-Surplus / (deficit) before income tax304,988269,711Income tax expenseSurplus / (deficit) after income tax304,988269,711Other comprehensive income for the year	Amortisation expense	(399,995)	-
Interest expense on lease liabilities (79,321) -  Surplus / (deficit) before income tax 304,988 269,711  Income tax expense  Surplus / (deficit) after income tax 304,988 269,711  Other comprehensive income for the year	Marketing and communication expense	(180,603)	(302,664)
Surplus / (deficit) before income tax304,988269,711Income tax expenseSurplus / (deficit) after income tax304,988269,711Other comprehensive income for the year	Management and administration expenses	(518,931)	(1,479,506)
Income tax expense  Surplus / (deficit) after income tax 304,988 269,711  Other comprehensive income for the year	Interest expense on lease liabilities	(79,321)	
Surplus / (deficit) after income tax304,988269,711Other comprehensive income for the year	Surplus / (deficit) before income tax	304,988	269,711
Other comprehensive income for the year -	Income tax expense	-	-
	Surplus / (deficit) after income tax	304,988	269,711
<b>Total comprehensive income for the year 304,988</b> 269,711	Other comprehensive income for the year	-	-
	Total comprehensive income for the year	304,988	269,711

# STATEMENT OF FINANCIAL POSITION

As at 30 June 2020

	2020 \$	2019 \$
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	5,937,785	5,270,804
Trade and other receivables	132,204	222,198
Prepayments	95,999	308,623
TOTAL CURRENT ASSETS	6,165,988	5,801,625
NON-CURRENT ASSETS		
Right-of-use assets	1,666,645	-
TOTAL NON-CURRENT ASSETS	1,666,645	-
TOTAL ASSETS	7,832,633	5,801,625
LIABILITIES CURRENT LIABILITIES		
Trade and other payables	701,441	818,093
Contract liabilities	3,597,855	3,706,146
Employee benefits	414,689	291,490
Lease liabilities	358,183	-
TOTAL CURRENT LIABILITIES	5,072,168	4,815,729
NON-CURRENT LIABILITIES		
Employee benefits	263,583	203,726
Provision for make good of premises	294,193	268,923
Lease liabilities	1,384,454	-
TOTAL NON-CURRENT LIABILITIES	1,942,230	472,649
TOTAL LIABILITIES	7,014,398	5,288,378
NET ASSETS	818,235	513,247
FUNDS		
Accumulated Surplus	818,235	513,247
TOTAL FUNDS	818,235	513,247









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Northern Sydney PHN (operated by the Sydney North Health Network) is supported by funding from the Australian Government under the PHN Program. This Annual Report is available on Sydney North Health Network's website (www.snhn.org.au) and directly from the SNHN offices. **Published in November 2020.**