

**phn**  
BRISBANE SOUTH

An Australian Government Initiative



# ANNUAL REPORT

## 2018-2019

---

*BETTER SYSTEM, BETTER HEALTH*

*Greg Duncan performs the smoking ceremony at the launch of the Brisbane South PHN Reconciliation Action Plan in August 2018.*

## Acknowledgement of traditional custodians

We acknowledge the Traditional Custodians of the land on which we live and work, and of the many different nations across the wider Brisbane south region.

We pay our respects to the Elders, past, present and emerging, as the holders of the memories, the traditions, the culture and the spiritual wellbeing of the Aboriginal and Torres Strait Islander peoples across the nation. We acknowledge any Sorry Business that may be affecting the communities as a whole.

In the spirit of reconciliation, partnership and mutual respect, we will continue to work together with Aboriginal and Torres Strait Islander peoples to shape a health system that responds to the needs and aspirations of the community.



# Contents

Message from our Board Chair .....	4
Message from our CEO .....	5
Our achievements .....	6
Our vision and purpose .....	8
About Brisbane South PHN .....	9
Our values.....	10
Our strategic goals.....	11
<b>Better knowledge .....</b>	<b>12</b>
Introduction.....	13
The 14 priority areas .....	14
Demographic profile.....	15
<b>Better coordination .....</b>	<b>16</b>
Introduction.....	17
Communication channels.....	18
Care coordination service .....	19
Our Area Account Managers.....	20
My Health Record.....	22
Implementing our Reconciliation Action Plan .....	23
Community-led approach creating positive change for children and families in the Southern Moreton Bay Islands .....	24
Community conversations.....	26
Improving end-of-life for aged care residents .....	27
<b>Better health .....</b>	<b>28</b>
Introduction.....	29
Person centred primary mental health services for Brisbane south.....	30
Person centred care in general practice .....	32
Education and workforce development.....	34
Mental health strategy .....	37
Supporting practitioners with lived experience.....	37
Aboriginal and Torres Straight Islander mental health and social and emotional wellbeing workforce.....	39
Ambulance video.....	40
Digital health .....	41
Get smart with your health.....	41
Suicide prevention and early intervention guide.....	41
<b>Better organisational performance .....</b>	<b>42</b>
Introduction.....	43
Our structure.....	44
Our leadership team .....	45
Our Clinical and Community Advisory Councils.....	46
Board members.....	49
Our member organisations .....	51
Our staff.....	52
2018 stakeholder survey engagement results.....	53
Directors' and Financial Report as at 30 June 2019 .....	54



## Message from our Board Chair

### Professor Cindy Shannon

Over the past few years, we have grown and matured as an organisation, supporting and bolstering our health system to improve health outcomes for our community.

This year we have continued our hard work, building relationships with community members, organisations and health providers.

We have worked to understand their challenges and continue to support them to find solutions that benefit all of us as we strive for our vision – Better System, Better Health – together.

It was a year of transition; our CEO, Sue Scheinplug, resigned in early 2019 and Nino Di Marco was appointed Interim CEO during a transition period which saw an extensive search for a new CEO. I would like to acknowledge Sue's work in leading the organisation over the past three years and building a high-performing team. We were delighted to welcome Mike Bosel to the position of CEO in July this year.

I would also like to acknowledge the work of our previous chair, Dr Ian Williams who led the Board for the past five years, including during the transition from a Medicare Local to a PHN. Ian continues on as a valued member of the Brisbane South PHN Board. The Board farewelled a long-standing member Dr John O'Donnell who made a significant contribution to the organisation, including chairing the Governance Sub-Committee in recent years. We also welcomed new Board member Hamza Vayani, who brings extensive experience with culturally and linguistically diverse communities.

Our General Manager – Stakeholder Engagement and Communications Louise Litchfield departed in June 2019, leaving a legacy of stakeholder and community engagement which is embedded in the culture and core of our organisation.

I would also like to acknowledge the work of our Clinical and Community Advisory Councils who provided valuable input into co-design processes and continuously provide the community and health professional perspective to ensure decisions, investment and innovations are person centred, cost effective, locally relevant and aligned to local care experiences and expectations.

In times of significant change, it is crucial that we view it in a positive light. Change is never comfortable yet it pushes us to new places, toward greater opportunities and achievements.

This year was filled with positive change and achievements. We have invested in the health of our community through the Practice Incentive Payment Quality Improvement program, aged care, chronic disease management and much more. We are seeing the evidence of this

organisation's hard work; effecting positive change in the lives of the people in our region. Although we are still in our infancy, having been established less than five years ago, we have built a strong reputation as a high-performing and trustworthy organisation. This reputation and growth provides greater opportunities to improve the health outcomes for people in our region.

Amongst other achievements this year we:

- developed the regional Mental Health, Suicide Prevention and Other Drugs Strategy for the Brisbane south region
- progressed our Person Centred Care initiative
- are proud to be involved in the Strengthening Health Assessment Response for Children and Young People in Care project
- launched our approved Stretch Reconciliation Action Plan as part of our ongoing contribution to improving health outcomes for Aboriginal and Torres Strait Islander peoples in the Brisbane south region.

As a Board, we are excited for the year ahead, and for the implementation of the recently-approved Mental Health, Suicide Prevention and Alcohol and Other Drugs Strategy, as well as the Older People's Health and Wellness Strategy being delivered in partnership with Metro South Health. Both strategies help us to support our partners to meet the needs of some of the most vulnerable people in our communities. In February, the Council On The Ageing (COTA) also announced our partnership as part of the Aged Care Navigator Program, currently being piloted in our region in Logan and Redlands to test different system navigator models that can help people to understand and engage with our aged care system.

This is our time, and this year has been one where we have fully embraced the opportunities that have emerged for our community and organisation. Reading this report, I feel it is a celebration of these opportunities, inspiring achievements and viewing change in a positive light.

Professor Cindy Shannon,  
Board Chair, Brisbane South PHN





## Message from our CEO

### Mike Bosel

Welcome to our 2018-2019 Annual Report, which marks the third year of our strategic plan – Better System, Better Health – that guides our ongoing work to improve the health and wellbeing of the people in the Brisbane south region.

In August 2019, I was welcomed as Brisbane South PHN's Chief Executive Officer. I am passionate about ensuring everyone in our community receives the highest-quality health care when they need it – especially our more vulnerable community members. I look forward to building on the remarkable results delivered since our inception.

Since being established as one of Australia's 31 primary health networks in 2015, we have grown our capability and our reputation as a high-performing organisation. We are proud to be recognised in our community for building strong and innovative partnerships, providing quality services to health care professionals and delivering much-needed commissioned programs and services with other organisations.

People are always at the centre of health: people who organise and coordinate care, people who provide care and people who receive care. This ethos has always been at the heart of our organisation. This year we took the next step in delivering on this commitment, supporting general practices and other primary health providers in implementing our person centred care approach.

On page 20 of this report you will find a profile of our Area Account Managers who act as the central point of contact for the general practices, pharmacies and allied health professionals in our region, providing support, information, accreditation activities, networking and advice on innovation and integrated care. Our team is proud to be serving Brisbane south's health professionals and is a trusted and valued resources across the region.

This year we also changed our approach to commissioning mental health, suicide prevention and alcohol and other drug treatment services, so as to have a strong community and people focus. Due to its success, this co-design process and philosophy is one we hope to apply to all future commissioned programs. Read more about this process on page 30.

Through this report, we are delighted to share our achievements from the 2018-2019 financial year, as well as previewing our priorities for the year ahead. I am proud to be just one member of a team of experienced and passionate individuals across our region who work hard to fulfil our purpose: deeply understanding regional needs, and engaging and working within the health care system and local communities to improve health and wellbeing for everyone.

My thanks to those who have helped us to deliver these results. Together, we are contributing to a well-coordinated and collaborative primary health system.

Mike Bosel,  
CEO, Brisbane South PHN

# Our achievements

We developed the regional **Mental Health, Suicide Prevention and Alcohol and Other Drugs Strategy** to guide our planning and commissioning of mental health services.



We continued to work with Metro South Health on SpotOnHealth HealthPathways, encouraging use of The Viewer and developing improved models for chronic disease management to **ensure that GPs and other primary health clinicians have access to the information they need to plan patient care across the system, enable better communication between health professionals and improve patient journeys.**



**We officially launched our Stretch Reconciliation Action Plan (RAP)** with a smoking ceremony, paying respect to the traditional custodians of the Brisbane south region and cleansing the way for new beginnings.



**We developed online courses** in Primary Health Administration Training and the Fundamentals of Practice Management, which were very well received.

**We supported the community of the Southern Moreton Bay Islands** to talk about child health, identify projects that would enhance community connection, and engage and empower local parents and families to give their children the best start in life.





We designed and established a **Care Coordination Service in the Logan region for adults with chronic disease**, to provide a holistic approach to their health, social and community support needs.



We supported 18 general practices committed to becoming Person Centred Care Practices to embark on a journey of actively adopting changes consistent with the Patient-Centred Medical Home model for high-performing primary health care.



We commenced the **Older People's Health and Wellness Strategy** in collaboration with Metro South Health to guide planning and service development and support a collective response to health and aged care sector reform.



[myhealthRecord.gov.au](http://myhealthRecord.gov.au)



Brisbane South PHN attended and delivered 133 face-to-face events resulting in **engagement with almost 7 000 community members** in our region during the opt-out period (16 July to 15 November 2018) for My Health Record.

**Provided information and education to all general practices, pharmacies and allied health practices in the region about My Health Record.**



Brisbane South PHN was recognised as a **leading PHN for our work in addressing domestic and family violence** within the Domestic and Family Violence Death Review and Advisory Board 2017-2018 Annual Report.



## Our vision

*BETTER SYSTEM, BETTER HEALTH*

## Our purpose

Our purpose is to understand regional needs, engage and work within the health care system and with local communities to improve health and wellbeing for everyone. We aim to do this through a well-coordinated and collaborative primary health care system.

*Brisbane South PHN Events Coordinator Raquel McCready and Administration Officer Rhyce Cushway preparing for one of our highly recommended education events held during the 2018-2019 financial year.*



# Location Our catchment spans the four local government areas:

**Brisbane City**

**Logan City**

**Redland City**

**Scenic Rim Regional**



## About Brisbane South PHN

In 2015, the Australian Government established the primary health networks (PHNs) with the commitment to deliver an efficient and effective primary health care system. PHNs increase the quality of medical services for patients, particularly those at risk of poor health outcomes, and improve coordination of care to ensure patients receive the right care in the right place at the right time.

Brisbane South PHN is the local primary health network for the Brisbane south region and works closely with community primary health care services, health professionals, government and non-government organisations to improve health outcomes.

One of the important ways we can improve whole-of-life health and wellbeing across our region is through a well-coordinated and collaborative primary health sector, which is reflected through our vision: Better System, Better Health.

With a local population of more than 1.16 million residents (approximately 23 per cent of the Queensland population), we are committed to assisting our community members across a geographically and demographically dispersed region that includes metropolitan, rural and remote island locations.





# Our values



## COURAGE

### We:

- listen actively
- communicate freely
- engage respectfully in challenging conversations
- embrace and lead change
- pursue innovation with determination to achieve better health outcomes.

## RESPECT

### We respect:

- who we are
- who we work with
- what we do
- how we do it.

## SYNERGY

### We value that:

- the whole is greater than the sum of its parts
- collaboration and cooperation towards common goals delivers a better outcome.

## PURPOSE

### Our focus is:

- to respond to challenges with meaningful actions
- actions that make a difference
- actions that improve health outcomes.

## INTEGRITY

### At Brisbane South PHN, integrity means that:

- we can be trusted to make decisions that are well considered, supported and fair
- we lead by example
- we treat others as we like to be treated ourselves
- we hold ourselves to the highest standards of ethical and honest behaviour at all times
- our words and actions are aligned
- we accept full responsibility for our actions.

# Our strategic goals

## Better knowledge

Evidence-based planning

Collaborate in the management and alignment of data and information to ensure evidence-based planning and decision-making.

Plan with a focus on the social determinants of health, health inequalities, health behaviours and access to/use of services.

Monitor and measure performance, impact and outcomes to ensure improvements in patient experience, population health and community benefit.



## Better coordination

Collaborative partnerships and networks

Coordinate collaboration across agencies and boundaries to improve the system.

Work in partnership with hospitals, primary health providers and professionals in addressing priority health needs.

Empower the community through an inclusive focus on engagement, awareness raising and health literacy.

Connect, communicate and inform the community and primary health sectors.



## Better health

Accessible, appropriate, patient-centred health care

Lead a patient-centred, collaborative care approach to service integration and the development and implementation of models of coordinated care.

Plan, co-design and commission services and interventions to improve health outcomes and reduce health inequalities, with a specific focus on vulnerable and targeted population groups.

Apply emerging technologies to enable and support patient-centred and integrated care.

Continue to strengthen the capacity of the primary health care workforce to promote, protect and improve regional health.



## Better organisational performance

Excellence in organisational capability and culture

Maintain responsible, transparent, independent and inclusive governance.

Maintain a corporate environment that promotes a system of leadership at all levels.

Encourage a culture built on transparency, inclusiveness, diversity, fairness, innovative thinking and teamwork.

Deliver an integrated approach to planning, commissioning, program delivery and performance monitoring.





# Better knowledge



*Working with organisations that enhance the health literacy in our region. Stall holders at the Brisbane South PHN Youth Health Forum, 29 February 2019.*



- The 14 priority areas
- Demographic profile

## Introduction

We are committed to better knowledge in our region. For us, better knowledge means uncovering, managing and monitoring information in our region.

Knowledge forms the foundation for all of our work and services. Our first step is to always understand our community, including its challenges and needs, to ensure our work is grounded in finding effective solutions to real issues.

Our commitment to better knowledge helps us to understand the areas of greatest need, so we can plan and allocate our resources where they will have the most impact.

We always remember: every number on a page represents one person with a unique story. We are dedicated to supporting the people in our region to enjoy better health outcomes, our knowledge bank enables us to do this.

# The 14 priority areas



## People

- 1 Children and youth**  
(0 – 17 years).
- 2 Older adults**  
(65+ years, and Aboriginal and Torres Strait Islander people aged 50+ years).
- 3 Vulnerable populations**  
*with a focus on:* Aboriginal and Torres Strait Islander peoples, multicultural communities including refugee populations, LGBTIQ communities, people experiencing domestic and family violence, people experiencing homelessness and people living with a disability.



## Places

- 4 Higher health needs**  
*with a focus on SA3s of:* Beaudesert, Beenleigh, Brisbane Inner, Browns Plains, Forest Lake–Oxley, Holland Park–Yeronga, Loganlea–Carbrook and Springwood–Kingston.
- 5 Growth challenges**  
*with a focus on:* Yarrabilba (within Jimboomba SA3).
- 6 Access challenges**  
*with a focus on:* Bay Islands (within Cleveland–Stradbroke SA3)



## Health

- 7 Chronic conditions**  
*with a focus on:* cardiovascular conditions, (such as heart disease and stroke), chronic respiratory conditions (such as chronic obstructive pulmonary disease and asthma), diabetes and musculoskeletal conditions (such as arthritis and chronic pain).
- 8 Cancer**  
*with a focus on:* bowel cancer, breast cancer (females), cervical cancer (females), lung cancer, melanoma and prostate cancer (males).
- 9 Mental health, alcohol and other drugs, and suicide prevention**
- 10 End-of-life care**



## System

- 11 Access and navigation**
- 12 Health literacy**
- 13 Health workforce**
- 14 Technology and data**

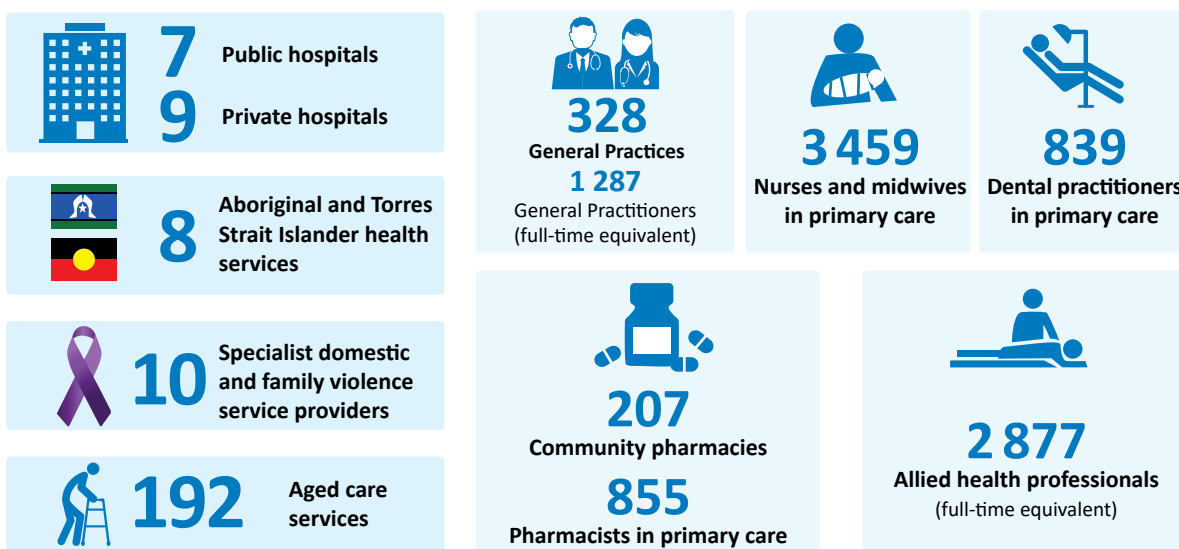


# Demographic profile

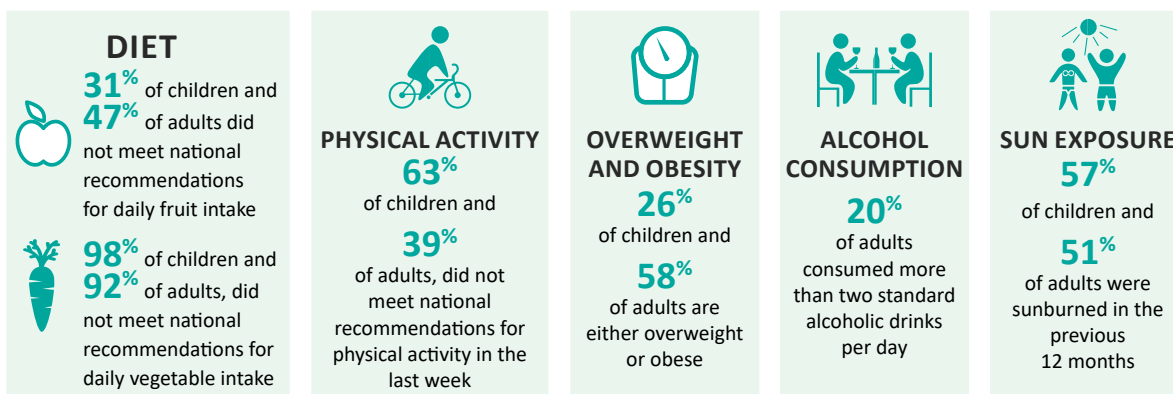
## Our people



## Our health system



## Our lifestyle behaviours\*



\* Queensland preventive health survey results for children aged 5–17 years and adults aged over 18 years.

This data is correct as of 30 June 2019.

# Better coordination



Our Digital Health team attended the Mental Health Expo at Reddcliffe Place in Brisbane on 10 October 2018 to promote My Health Record during the national opt-out period.



- Communication channels
- Care coordination service
- Our Area Account Managers
- My Health Record
- Implementing our Reconciliation Action Plan
- Community-led approach creating positive change for children and families in the Southern Moreton Bay Islands
- Community conversations
- Improving end-of-life care for aged care residents

## Introduction

We are committed to better coordination, forging collaborative partnerships and networks.

Our health system is a complex network of individuals and organisations all working to improve the health outcomes for people in our region. Our role as a PHN is to make working together easier, so we can provide support to extend capability and influence.

We have built a reputation for our communication. Health care providers and community members see us as a source for quality, credible and clear communication through our website, social media and newsletters.

This year our activities focused on placing the person at the centre of care. We have been working with general practices and other primary health care providers to build their community support capability.





Charlotte Hartshorne from the Stakeholder Engagement and Communication team updating the website.

# Communication channels

With our unwavering focus on our community members, stakeholder engagement via our digital channels thrived in 2018-2019.

This year we actioned our social media and web growth strategies, using online platforms, email automation, social media and e-publications to improve our stakeholders' experience in communicating with us and accessing our services.

## Website

Since launching our new website in December 2017 our number of website visitors has grown significantly as we nurture our growing community of health care professionals and community members.

In 2018-2019 our website had **199 105** page views and **157 928** unique visitors, with **19.66** per cent landing on our home page.

## Top website pages

Home page	<b>39 136</b>
Forms and referrals	<b>14 466</b>
Primary health care vacancies	<b>13 130</b>
Education	<b>10 984</b>

## Social media

Our social media communications grew consistently throughout 2018-2019. We implemented components of the social media growth strategy and adjusted it to suit our processes and capacity.

Our communication team focused on building community and, as a result, stakeholder engagement flourished on all of our platforms: Facebook, LinkedIn and Twitter.

In 2018-2019, our Facebook audience grew by **36** per cent, LinkedIn by **65.67** per cent and Twitter by **9.5** per cent.

Next year, we will update our social media growth strategy and focus on boosting reach, engagement and brand recognition.

## Social media growth (followers)

	2017-2018	2018-2019
Facebook	<b>790</b>	<b>1 074</b>
LinkedIn	<b>335</b>	<b>555</b>
Twitter	<b>1 783</b>	<b>1 953</b>

## eBlast

Our eBlast delivers up-to-date and concise primary health updates and practice information to our community of health professionals.

We distributed our eBlast to more than **4 700** newsletter subscribers every week throughout 2018-2019, and grew our list by **23.5** per cent (908 subscribers).

This publication has become a trusted staple for health care professionals to improve our region's health and wellbeing. It complements the Metro South Health and SpotOnHealth HealthPathways news that provides stakeholder-specific news relevant to the Brisbane south area.

## Newsletter audience growth (subscribers)

2017-2018	2018-2019
<b>3 853</b>	<b>4 761</b>

## Bulletin

Our Bulletin has evolved into a comprehensive health magazine filled with in-depth newsworthy articles from different areas of the health care industry.

It provides readers with information on services and programs, inspiring career achievements, employment opportunities, and training and educational events. The Bulletin is published five times per year and sent to our growing newsletter audience.



*Bella Forbes (Team Leader), Rebecca Fernandes (Service Navigator), Alexandra Bray (Service Navigator) and Uani Edwards (Peer Support Worker)*

# Care coordination service

In November 2018, we started to develop an early intervention service model to coordinate care for adults with chronic disease who are also experiencing social challenges or complexity.

This service reflects national and international evidence, and responds to local needs expressed during consultations with community members, general practitioners, and hospital and health service staff during the design phase from November 2018 to February 2019.

This model is informed by our Needs Assessment; Mental Health, Alcohol and Other Drugs Strategy; and the Older People's Health and Wellness Strategy.

*In May 2019, we commissioned Footprints as the service provider to implement the model and coordinate services for the Loganlea–Carbrook, Springwood–Kingston, Browns Plains and Beenleigh areas.*

This is an innovative model of care coordination aimed at supporting people with chronic disease who are at 'rising-risk' of needing hospital services in the near future.

Eligible residents are over 40 years of age, have 1 – 2 chronic medical conditions and are experiencing social challenges or complexity (such as a lack of social supports) impacting their capacity to manage their medical conditions.

To begin with, we'll be working alongside six general practices to identify and refer eligible people who might benefit from the service.

Once referred by their general practitioner, patients who accept the service will actively lead their own care.

Staff will help them to identify their health, wellness and life goals. Using a strengths-based approach, staff will:

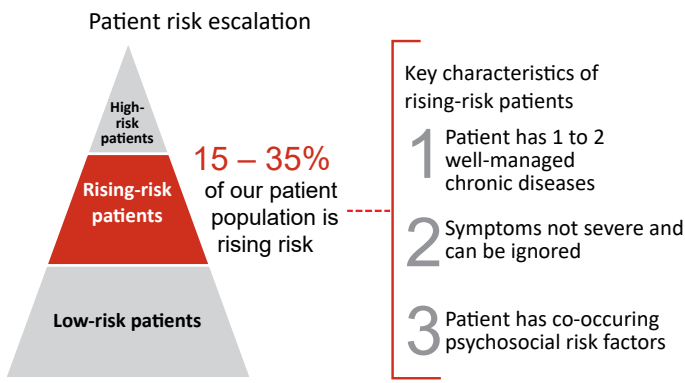
- **work** with and support the person through some of their issues
- **take** the time to build relationships through deep listening, including understanding what has worked in the past and what has not

- **connect** people to services
- **facilitate** warm transitions between service providers
- **assemble** a care team around the person for ongoing support for a variety of needs
- **focus** on the person and their closest supporters
- **build** warm and helpful relationships with services and supports in region
- **follow-up** after the patient exits the service to understand how well services and supports worked.

Referrals to the newly established service began in late June 2019.

We anticipate the service will support **70** clients at any one time. The service model will complement, not duplicate, existing services.

The team at Footprints will also be working with new generalist nurse navigator positions within Metro South Health to assist with navigation to tertiary care services when they are needed.



*Key characteristics of people with existing chronic medical conditions at rising risk of needing frequent hospital services.*





Area Account Managers: Haesel Jennings, Cvete Dimovska (Program Support Officer), Michael Copestake (Senior Account Manager), Charlene van Heerden, Sharon Kemp, Marina Whitchurch and Jenny Pethoe.

# Our Area Account Managers

## Primary care engagement and support

It's important to us that every health professional and organisation in the Brisbane south region has a central point of contact for information and support.

To do this, we divide our region into territories and assign an Area Account Manager (AAM) to build relationships with, and support, health professionals within that territory.

*Our AAMs visit all general practices every two to three months, along with pharmacies and allied health professionals for specific initiatives.*

In 2018-2019 our AAMs made **1 444** visits to general practices and **116** visits to pharmacies and allied health practices. Our AAMs also stayed in touch between visits via phone and email, with more than **1 000** points of contact.

## A focus on early engagement for new general practices

Our AAMs engage early when new general practices open. They offer support, information relevant to the region and ensure staff are aware of our role and have a single point of contact for getting in touch with us.

In 2018-2019 our AAMs supported nine new general practices in our region.

## Supporting quality and safety

We have a strong focus on supporting quality and safety for the general practices in our region, and our AAMs promote accreditation and assist general practices during the accreditation process.

In 2018-2019 our AAMs conducted **311** in-practice engagement and support activities for accreditation. A total of 301 general practices in the Brisbane south region are accredited.

## Networking for general practice managers

Our AAMs facilitate practice manager network meetings where managers can build connections, share information and support one another.

In 2018-2019 we facilitated eight meetings across the Brisbane south region where **57** people attended.

## Supporting integration and new models of care

Our AAMs work with other teams within Brisbane South PHN and our local Hospital and Health Services to support uptake and use of SpotOnHealth HealthPathways, assist general practitioners through the registration process for the Health Provider Portal and increase the use of secure messaging.

They also support referral quality in our region, and collaborate to develop and implement new initiatives and models of care.



Louise, Registered Nurse from Myhealth Wellington Point, and Sharon Kemp, Area Account Manager from Brisbane South PHN, doing some My Health Record training.





## 2018-2019 Initiatives

**The following initiatives were supported through 106 practice visits and engagement with 103 general practitioners, 24 practice nurses and 10 practice managers.**

**SpotOnHealth Connecting Care** provides patients with timely clinical services in the right settings, with the right personnel, using alternative integrated models of care. It is a joint initiative between Metro South Health, Queensland Ambulance Service and Brisbane South PHN.

**Skin Lesion Assessment and Management (SLAM) Clinic** allows suitable patients to attend a 'see and treat' clinic in a single episode of care. It was established in response to the growing demand for plastic surgical treatment for non-melanoma skin cancers.

**Beaudesert Telehealth Service** is a pilot telehealth project for patients with Osteoarthritis of the knee, who are on a specialist waiting list or are yet to be referred.

**Early Education and Child Health Collaboration** is a pilot project for the Eagleby and Waterford areas to identify and intervene early for children aged 2.5 – 3.5 years with developmental concerns before they start school.

**Strengthening the Health Response for Children and Young People in Care** improves access, timeliness and quality of health assessments for children entering care. Brisbane South PHN is the lead agency for this statewide project.

**Logan Connecting Care Hub** involves developing an integrated model of care for patients with complex type 2 diabetes in the Logan area.

**Domestic and family violence** – we recruited **70** practices to participate in the Recognise, Respond, Refer training to help practices respond to domestic and family violence.



# My Health Record

My Health Record is an online summary of patient health information that can be shared securely between the individual and registered health care providers involved in their care.

As more people use My Health Record Australia’s national health system will become better connected contributing to safer and more efficient care for patients and families.

Between 16 July 2018 and 31 January 2019, Australians had the opportunity to decide if they wanted a My Health Record and to opt-out if they didn’t want one. Records have now been created for **90.1** per cent of the population.

Throughout 2018-2019, Brisbane South PHN continued to work closely with general practices, pharmacies, specialists and allied health providers to assist in registration, uptake and meaningful use of My Health Record.

This included coordinating **17** My Health Record education events, where **955** providers and practice staff attended. These activities were funded by the Australian Digital Health Agency as part of the national My Health Record expansion program.

## Awareness

To raise awareness of My Health Record during 2018-2019, Brisbane South PHN staff completed the following number of face-to face-visits:

**493** general practices

**49** pharmacies

**1051** allied health practices

**262** private specialist practices

## Registration

An ongoing priority for the team throughout 2018-2019 was to increase the number of providers registered to access the My Health Record system.

General practice registrations remained stable with **96** per cent of practices in the Brisbane south region registered. Additionally, **60** pharmacies registered to access the system, bringing the total to **207**. The largest growth was seen in specialist and allied health registrations, which increased from **42** to **134**.

General Practitioners uploaded **50 205** shared health summary documents to their patients’ My Health Record.

**Number of times health professionals referred to documents others created:**

**2017-2018:** **1 738**

**2018-2019:** **8 681**

**Dispense records uploaded by pharmacists:**

**2017-2018:** **30 757**

**2018-2019:** **959 897**





*Staff and local Aboriginal and Torres Strait Islander Elders participate in a smoking ceremony at the launch.*

*A smoking ceremony is an ancient Aboriginal custom in Australia that involves burning various native plants to produce smoke, which has cleansing properties and the ability to ward off bad spirits from the people and the land, and make pathway for a brighter future.*

## Implementing our Reconciliation Action Plan

Our Reconciliation Action Plan (RAP) journey has been one of growth and development.

Along our journey we have learned the importance of involving all of our staff – weaving a fabric of commitment, cooperation and co-design, with community at the heart.

Reconciliation must live in the hearts, minds and actions of all of us to create a community that is strengthened by respectful relationships between the wider community and Aboriginal and Torres Strait Islander peoples.

The RAP does not stand alone in one part of our organisation. Rather, everyone has a role and is held accountable to improve health and outcomes for Aboriginal and Torres Strait Islander peoples in our community.

We recognise how vital it is to clearly articulate policies, strategies and procedures to ensure all staff have a shared understanding of the expectations for undertaking our business.

The passion and commitment from our Board of Directors and the Chief Executive Officer is embedded in our governance. Our Aboriginal and Torres Strait Islander staff and stakeholders guide us as we work together to bring the RAP to fruition.

*We have completed 25 per cent of our RAP to date and our organisation is dedicated to the delivering the 14 actions.*

Brisbane South PHN is honoured to have supported and shared our RAP development journey with other PHNs and organisations looking to develop and implement their own RAPs.



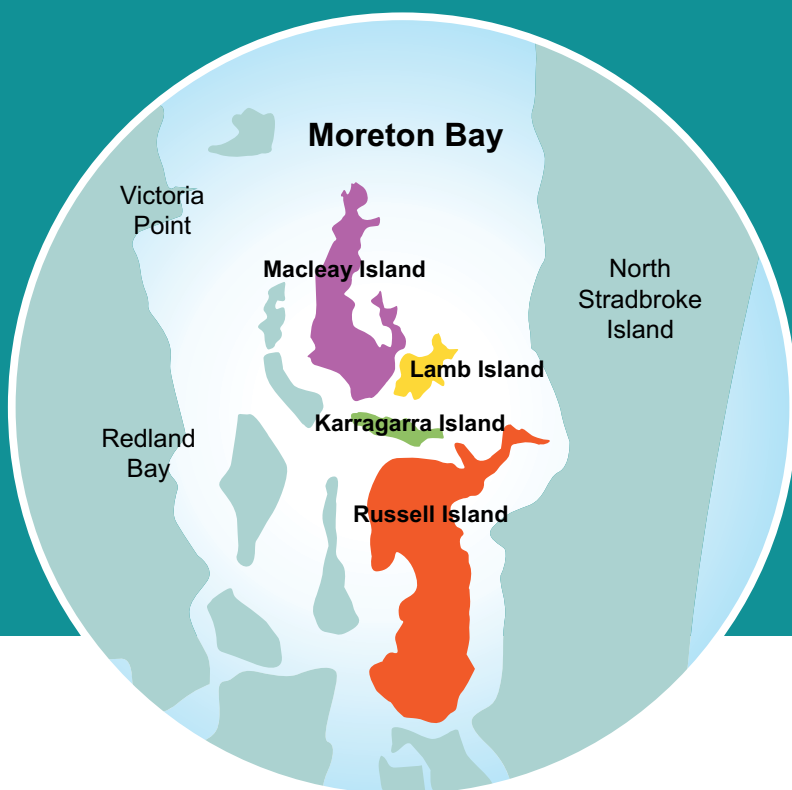
*Special guests gathered for the launch of our Stretch Reconciliation Action Plan.*



*Deanne Minniecon presents on behalf of the RAP Committee at the RAP launch on 14 August 2018.*



# Community-led approach creating positive change for children and families in the Southern Moreton Bay Islands



In 2017, we partnered with Children’s Health Queensland and Metro South Health to address health system issues impacting the residents of the Moreton Bay Islands. When we consulted with the community, we discovered we needed to focus on improving health outcomes for children and families. Our goal is to ensure children aged 0 – 8 years who live on the Southern Moreton Bay Islands (Karragarra, Lamb, Macleay and Russell Islands) are as healthy and developmentally on track as those who live on the mainland. This means ensuring they have the same access to support as those living in the greater Redlands region.

To establish this initiative well, we knew it would be essential to draw in the community’s voice and empower them to take action. We also needed a strong foundation of data and research to understand what support is available in the sector.

We commissioned and supported Bay Islands Early Learning and Care (BIELC) to talk with the community about child health, identify small wellbeing projects that would enhance community connection, and engage and empower local parents and families within the project.

BIELC leader Petrae McLean is a powerful advocate championing this health initiative in her community.

In 2010, Petrae stepped up as a community leader when the childcare centre her children attended was going to close down due to financial hardship. Armed with an accountancy background, she and her husband diverted their mortgage to finance the centre for the first three years while they still worked on the mainland.

“I just knew the ramifications of losing a childcare centre in an offshore community – the economic impact, and the impact on schools,” she said.

Having lived in the community for the past 12 years, Petrae deeply understands life on the Southern Moreton Bay Islands. The seemingly idyllic lifestyle also comes with challenges, particularly when it comes to health care.

“If you need to seek medical assistance that’s more than a GP, you have to go to the mainland – we don’t have medical professions here,” Petrae said.

Attending medical appointments on the mainland brings many logistical challenges: there is no public transport on the island and ferry costs, even without bringing a car, are expensive.

“I’d be surprised if you could turn around an appointment and get back in less than six hours,” Petrae said, “I’ve seen it take eight hours to attend an appointment in Logan.”

Petrae is excited by our community engagement approach to supporting children who live on the islands, and the learning journey of how the community can work together to find their own solutions to challenges. We have been working with the community on a three-year journey to support children’s health.



**Petrae McLean**  
Leader of the BIELC



Community conversations so far have been positive. The initiative is now at the stage where Petrae and her team are reporting back to the community the results of their engagement, and the community is prioritising the findings and matching services to gaps. Even in these early days this approach is proving successful. Communication is strong and the community is beginning to work together. Informal partnerships are emerging, like establishing a community kitchen.

There is still work to be completed. Next, Petrae and the community will finalise the priorities into a formal action plan that will ultimately deliver what the community needs.

“One of my biggest ah-ha moments was when Brisbane South PHN sent me a document showing how accessing affordable food, transport, and job and home security all impact health,” Petrae reflected, “I started to look at things differently – those underlying issues we need to fix.”

Petrae is optimistic about the future of her community and providing children with the right start that will translate into greater opportunities later in life.

“We can change the trajectory of these children by getting in and giving them the support they need as early as possible in life,” she said.

Our partners in this initiative are Children’s Health Queensland, Department of Education, Department of Child Safety, Youth and Women, Metro South Hospital and Health Service, Redland City Council, Relationships Australia, The Benevolent Society and Yulu-Burri-Ba.

“My greatest aspiration would be that our children can succeed, that they’re equipped with what they need to succeed so that they are secure, safe, stable, capable and resilient – and that they know they can seek help and receive it.”

**Petrae McLean**

**A practical approach to improving the wellbeing of children and families**





Community Conversations students, interpreters and project team.

# Community Conversations

Our Community Conversations project empowered recently arrived refugees and migrants, supporting their settlement and recovery.

We partnered with the Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) and Metro South Health to hold weekly two-hour education sessions in Terms 3 and 4 of 2018.

Our guest speakers presented topics including mental health, the Australian health system, preventive health and consumer rights. We also provided a nutrition message over morning tea. We gave participants a water bottle as a reminder to drink tap water, and sports equipment to promote physical activity.

*The target group for this project was students with very low English proficiency that attended the Special Preparatory Program for the Adult Migrant English Program (AMEP) at TAFE Loganlea.*

Our largest group of students throughout the course was 28, and the language groups represented were Burmese, Kareni, Chin Zomi, Chin Matu, Tigrinya, Karen, Urdu, Thai and Kirundi. We engaged interpreters for every session. The students reported back to us that they now understand their rights, can navigate the health service and know how to organise an interpreter to attend medical appointments.

Participants felt welcomed and valued, and learned to trust and build relationships with health professionals. Community Conversations empowered our participants with knowledge to navigate their new lives in Australia. It also created opportunities for healing and recovery.

Other positive outcomes included upskilling interpreters, building partnerships with TAFE for future projects and providing our guest speakers with experience in working with people from culturally and linguistically diverse backgrounds.

This collaborative approach shows the strength of what we can achieve when we work together.

"Before the GP used my daughter as interpreter, now I refuse and ask them to get an interpreter."  
*Student*

"Things we don't know we will learn from you guys, come and teach us."  
*Student*



Phone interpreting was used in the classes when onsite interpreters were not available.



# Improving end-of-life for aged care residents

As the Brisbane south population ages and the number of people entering aged care increases, the demand for end-of-life and palliative care is also increasing.

For most people entering a residential aged care facility (RACF) it will be their last home, making palliative care and end-of-life care an integral part of planning their care needs.

The Improving End-of-Life for Residential Aged Care initiative is a part of an ongoing collaboration between Brisbane South PHN, Metro South Palliative Care Collaborative and participating residential aged care facilities (RACFs) to help deliver quality end-of-life care – at the right time and in the place residents choose.

In 2018-2019 Metro South Palliative Care service evaluated the initiative with **24** RACFs, **89** Advance Care Planning and palliative approach link nurses, **10** residents or their proxy and **123** clinical RACF staff who attended the conferences.

We found mentorship is essential to quality outcomes and driving meaningful and sustainable culture change in RACFs for end-of-life care.

We also found ongoing education, training and professional development motivated RACFs to align their processes with a framework that improves end-of-life care for residents.

#### Initiative outcomes include:

- significant increases in the number of clinicians able to access residents' advance care plans
- more case conferences to ensure medical management plans are known and available when a resident deteriorates, and transferring the appropriate patients to hospital in their last week of life
- increased number of residents who have started their end-of-life care pathway.

At the facility level we found we could improve resident care by identifying when a patient requires a palliative approach to care, reviewing residents' preferences for future care regularly, considering residents' end-of-life preferences in clinical management plans, and developing guidelines for assessing and managing symptoms other than pain.

*At a clinical level, we found increasing routine reviews of after-death audits and monitoring residents' outcomes would gradually and sustainably improve care.*

As a result of participating in the initiative, RACFs are equipped with the tools and resources they need to continue providing palliative care. Relationships between local specialist services, community services and other RACFs across the Brisbane south region are even stronger.

"I believe the strength of this project is in its mentorship and the relationship with the local specialist palliative care service.

This project represents a new nurse practitioner-led model: one that is resident-centred and represents high-value health care, where RACF staff are educated, valued and supported to provide quality care for a growing and vulnerable population."

*Nurse Practitioner – Brisbane South Palliative Care Collaborative*

**32**

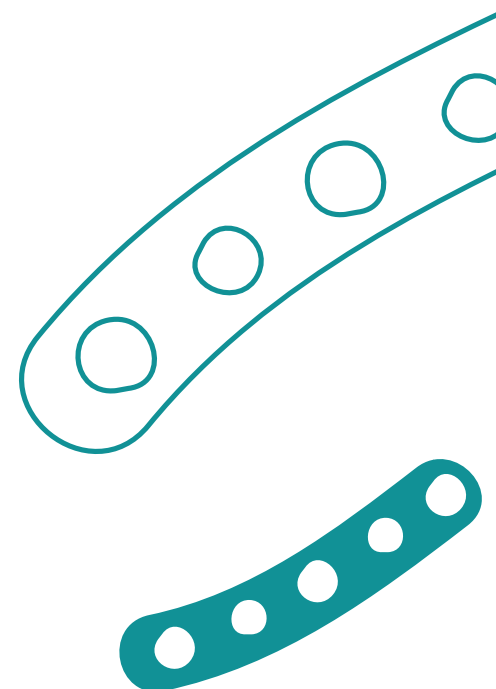
RACFs participated in the initiative (target: 25)

**123**

clinical RACF staff attended conferences

**229**

after-death audits to allow for pre- and post-intervention outcome measures



# Better health



Facilitator Kelly Ann McKercher worked with the Brisbane South PHN co-design team to develop the person centred service model.



Accessible,  
appropriate,  
patient-centred  
health care

- Person centred primary mental health services for Brisbane south
- Person centred care in general practice
- Education and workforce development
- Mental health strategy
- Supporting practitioners with lived experience
- Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing
- Ambulance video
- Digital health
- Get smart with your health
- Suicide prevention and early intervention guide

## Introduction

We are committed to better health in our region. This means enabling our health system to provide accessible and appropriate health care, ensuring all activities are centred around the person.

We work with all health providers and all parts of the health system to develop and implement models of coordinated and seamless care for the people in our region.

This year we continued to collaborate with our community-service providers, health care professionals, general practitioners, practice nurses, young people, LGBTIQ people, culturally and linguistically diverse communities, and Aboriginal and Torres Strait Islander peoples and government organisations – to understand regional needs and work together to improve health and wellbeing for everyone.

We are proud to share our achievements throughout the year and see our work positively affect people's lives – in big ways and small ways.





Mental Health, Suicide Prevention, Alcohol and Other Drugs recommissioning workshop May 2019

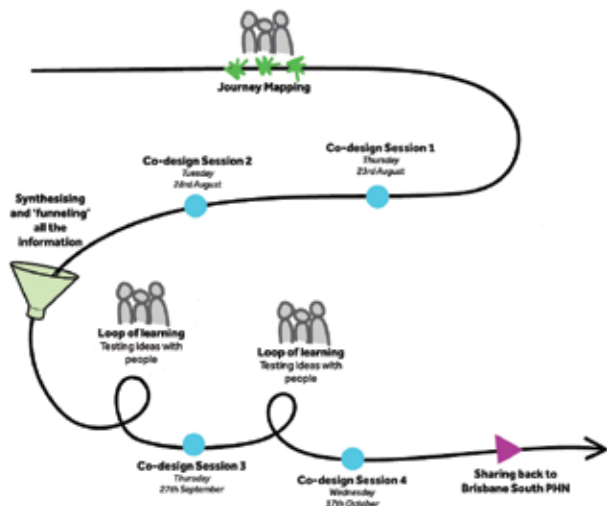
# Person centred primary mental health services for Brisbane south

In 2018, we embarked on a co-design journey to inform our vision for an integrated person centred service model. The model builds on the strength of our existing programs and addresses service barriers to improve accessibility.

The core principles are:

- compassionate practice
- human rights focus
- participant defined and supporter empowering
- equity of access
- cultural respect and capability.

The new service model puts the person at the centre, surrounded by support. The four circles demonstrate the progressive layers of support across the continuum of care. Links across the layers of support are critical so the person can move seamlessly across and between transitions.



Our team of co-designers included people with lived experience, carers and close supporters, young people, LGBTIQ people, culturally and linguistically diverse communities, and Aboriginal and Torres Strait Islander peoples – and general practitioners, practice nurses and government organisations.

The co-designers were part of discovery workshops, generated opportunities and ideas, developed prototypes, and gave and gathered feedback through testing and learning.

This was a valuable process that resulted in a new person centred service model based on the philosophy that health is a state of physical, social, cultural, historical and emotional wellbeing – and needs integrated responses. As a result of this process, all of our commissioned mental health services share common principles.

Our team of co-designers defined these, and we tested them more broadly with our priority population groups, professionals and communities.



Mental health, suicide prevention and alcohol and other drugs service model

Through our co-design we identified a clear gap in service coordination and navigation, which resulted in developing new connector roles. These will be threaded throughout each element of service.

# Connector Service Spectrum

[Warm referrals] "I'm not an expert in what you're going through. But I know someone who is. I was chatting to them last week. I'd love to introduce you. Are you free sometime this week to grab a cuppa with us both?"

[Connection point] "Yes I know that service, I can give you their phone number. Sally would be the one to talk to. I'm always here if you have any trouble!"

[Walking with] "I can hear that many things are troubling you. Let's start with the housing situation and then get you connected with some suitable help and services and we'll work together to get you where you'd like to be."

[Walking with and escalating to MH Nurse. The connector may recommend a home visit].

The connector will recommend immediately assembling a care team with additional support including home visits from a MH Nurse and/or psychiatrist and/or other additional and ongoing case management.



## "Hello, how can I help?"

The connector role needs to be flexible enough to allow them to serve the needs of whoever presents to them. They need to be able to use their discretion to connect people to suitable levels of support on what the consumer is asking for.



## Connector service

The connector offers holistic, non-judgemental service for people who are looking for mental health support.

Our connectors have strong relationships with community groups and service providers so they know where to connect individuals to the people, care, services and support they need.

The connectors support people to find the care they need, whether it is social, emotional, housing, finance or drug and alcohol-related. Their ultimate goal is to support the person seeking care to access it and recover.

## General practice referral service

We have established a general practice referral service to make it easier for general practitioners to refer their patients to appropriate services.

Service providers in each sub-region work closely with each other and with general practitioners to ensure everyone moves seamlessly between services and doesn't fall through the cracks.

The referral service offers a directory of up-to-date information about local mental health, suicide prevention, alcohol and other drug services, eligibility requirements for services, new service options, and services that are specialised or equipped to cater to specific needs.

"I spend so much time googling resources. I want someone I can call up and they know the links and pathways"

*Co-designer (primary care practitioner)*

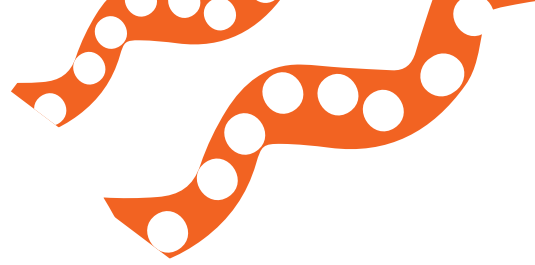
## Place-based

Mental health, suicide prevention and alcohol and other drug treatment services are integrated across three sub-regions in Brisbane south: Brisbane (Princess Alexandra Hospital catchment), Logan and Beaudesert (Logan Hospital catchment) and Redlands (Redlands Hospital catchment).

Brisbane South PHN functions as the 'system facilitator', integrating services for primary mental health, suicide prevention and alcohol and other drug treatment services in the region. We play an active role in our region to define the outcomes important to participants and work with providers to align their efforts in achieving outcomes.







Dr Chris Bollen and Rod Buchecker from BMP Consulting facilitate the Practice Leadership Advantage (PLA) program, engaging general practices participating in the person centred care practice program through workshops and professional coaching.

The program supports general practices to focus on leadership and patient experience.

Eighteen practices were part of the second PLA workshop. All teams shared examples of the changes they had made in their practice since commencing their person centred care practice journey.

Feedback from all practices involved in the PLA workshops has been overwhelmingly positive.

We learned from this first tranche of person centred care practices that we need additional resources and tools to support more general practices across our region to adopt the model.

We partnered with the Australian Healthcare and Hospitals Association to develop a self-assessment package practice teams can use to prioritise person centred care activities.

Next year, we will release an interactive online person centred care toolkit to engage the next wave of general practices.

## Feedback from practice staff participating in the person centred care practice program.

"Because our medical practice group has grown very quickly, we need a platform that we can hang onto and PHN fits very well into the day-to-day running of our practice and the future goals of our practice. If each practice adopts person centred care, I think a lot of this benefit will trickle down to patient care, and bring the quality of practice in Australia to a higher level."

*Dr Jack Ku, General Practitioner*



"It's so important to have one-on-one time with team members. Communicating more with staff and connecting with them, creating a positive culture in work place and meeting."

*Workshop participant*

"We will be addressing culture and implementing value setting with staff and making staff accountable (being accountable myself too)."

*Workshop participant*



"It's been helpful in strengthening team relationships, helping each feel respected and listened to. We are able to provide much more cohesive care to the patient. Because our team works better together, I think that then flows down to the patient for better patient-centred care."

*Laurelee Zimmermann, Practice Nurse*



"The person centred care model that Brisbane South PHN is trying to promote is wonderful because it really puts the patient at the centre of the whole process."

*Dr Kah Ho, General Practitioner*



The education team presented a Motivational Interviewing event on Monday 8 April 2019. This event was well attended by doctors, practice nurses and allied health professionals.



A GP Education event was held on Saturday 23 March 2019 to update GPs and other primary health care professionals on the latest research and developments in chronic disease and its management.

# Education and workforce development

## Education statistics

One of our key services as an organisation is providing ongoing education to build capability in our health care workforce. When we upskill and support those who work in health care, we ensure people who live in the Brisbane south region receive the best-possible care: in the right place, at the right time.

In 2018-2019, we collaborated with other organisations and professionals to develop and deliver best-practice information. Thousands of health care staff were part of our education sessions and courses, which have become essential to the professional development of health care workers in our region.

## Workforce development and education program

### Priority area: system, health workforce

The workforce development and education program builds the capacity and capability of the health workforce in the Brisbane south region by improving knowledge and skills, maintaining professional currency and supporting new workforce models.

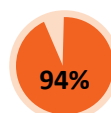
The Workforce Development team organised and delivered this program. For some sessions, we collaborated with organisations and health services such as the National Asthma Council, Kidney Health Australia, Metro South Public Health Unit and Metro South Health.

Education sessions delivered	72
Attendance	2 670

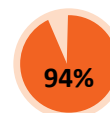
### Attendance breakdown by professions

Doctor	266
Nurse	1 542
Practice manager	199
Practice staff	162
Allied health	216
Pharmacist	27
Other	258

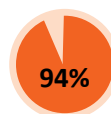
### Feedback following education sessions



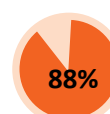
My learning needs were met.



The topic was relevant to my individual practice.



Confidence in my skills and knowledge has improved.



I am likely to change my practice based on information from this session.



The Practice Nurse Support Program Orientation workshop held on 11 August 2018 was attended by 11 nurses new to the program.

## Practice Nurse Support Program (PNSP)

### Priority area: health workforce

This program is designed to support practice nurses – new, returning or transitioning within general practice – through educating and mentoring.

The aim is to upskill the practice nurse workforce, leading to improved patient wellbeing through prevention, early intervention, self-managing chronic conditions and reducing the burden on acute care.

### During 2018-2019

**144** nurses from **94** general practices participated in the PNSP

**59** nurses completed the program

**65** nurses were participating in the program at 30 June 2019

"As an older nurse new to general practice, I found the PNSP a valuable tool. It was very informative and helpful. Plus, I learned a lot of new skills I had never done before (for example, vaccine management and all topics associated with vaccines, sterilising) and refreshed skills I had not used since leaving the hospital system like ECG and spirometry. I attended many of the education evenings and always came away having learned something new. The education evenings were also helpful in networking and meeting other nurses with more general practice experience and knowledge. I would strongly recommend the program to all nurses new to general practice."

*Nurse*

## Primary health administration training course

### Priority area: system, health workforce

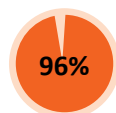
From feedback we gathered from general practice staff, we identified the need to provide easily accessible training for primary care administration staff in the Brisbane south area.

We developed an online course in partnership with Market Savvy to provide the administrative workforce new to primary health care with the practical skills they need to manage patient engagements.

The course is delivered through a learning management system. It includes 10 short videos and takes about two hours to complete.

We promoted the course to general practices in the region in September 2018. At the end of June 2019, **302** participants had completed the course and **131** participants were progressing through the online modules.

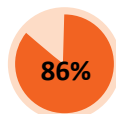
### Feedback following course completion



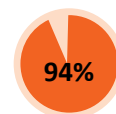
My learning needs were met.



The topic was relevant to my individual practice.



Confidence in my skills and knowledge has improved.



The course was useful and valuable.

"Thank you for providing this online course for reception and administration staff. It is hard to find a course for this role and I found it very useful with great resources. I recommend all my colleagues do this course and have mentioned it to our practice manager to schedule this as training for all our staff and new administration staff. I'll redo this course regularly as a refresher."

*Course participant*



## Fundamentals of practice management course

### Priority area: health workforce

We gathered feedback from general practices and discovered that there is a need to support practice managers who are new to their role. Often, practice managers have no formal qualifications and learn on the job.

We contracted University of New England Partnerships (UNEP) and the Australian Association of Practice Managers to develop a new course to meet this need. The course gave **40** new practice managers a basic knowledge of the practicalities involved in running a successful general practice.

Our goal for this program is to build knowledge and leadership skills in a contemporary and evidence-based way. We do this by:

- supporting general practice managers to adopt best-practice management procedures and guidelines that improve the quality of patient care and wellbeing
- promoting and improving the uptake of practice accreditation
- retaining practice managers by providing training, support, coaching and mentoring
- enabling a career pathway leading to an advanced role and ability to work at an advanced level
- the course included three online learning modules, a full-day workshop, and group and individual coaching webinars.

Learning module topics included:

- human resource management
- business operations
- compliance and workplace health and safety.

Workshop and coaching sessions delivered:

- leading a team for practice improvement
- practice improvement plan
- personal development plan.

### Course outcomes

**40** practice managers or senior receptionists enrolled in the course

**36** completed the course



of participants would recommend the course to others

**Fundamentals of Practice Management**

Graduates receive 40% Discount on AAPM Membership\*

This two-month course is designed to introduce new Practice Managers to the role and responsibilities, and forms the basis for understanding the daily operations of a practice.

A Practice Manager is central to the efficient running of the practice. Involvement in practice management and support staff comprises around the Practice Manager.

The Practice Manager needs to be aware of the staff, the finance, systems and processes, policy and staff, medical and regulatory planning for the practice.

This course has a focus on staff and team management and business operations, complemented by an understanding of risk management and compliance, data and information management. Participants will be equipped with the skills and tools to apply in their practice, including a Practice Employment Plan.

A highly experienced trainer will guide participants through the extensive improvement process within general practice in a learning workshop, and coaching sessions will support participants to plan and implement their plans.

**Module 1: Compliance, Risk and WHS** | **Module 2: Business Operations** | **Module 3: Lead and Manage People** | **Workshop: Leading a Team through Continued Improvement**

**FREE for new Practice Managers in the Brisbane South PHN region**

**Online Learning:** 100 hours of self-directed online learning

**Workshop:** One day practical workshop

**Group Mentoring:** Online group mentoring sessions

**Individual Coaching:** Online individual coaching sessions

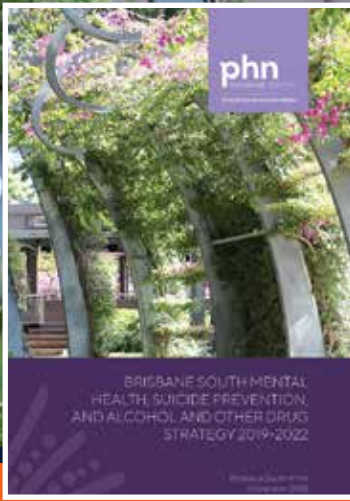
\*Applies to first year of membership.

phn **brisbane south** | Contact Brisbane South PHN to register: education@bsphn.org.au | 1300 457 265 | **oapm** **lite** | **partnerships**

"The workshop and getting together with other practice managers was invaluable."  
*Course participant*

"Very good foundational course I wish I had been offered before I started my role as practice manager. Covers essential aspects. Excellent full-day workshop."  
*Course participant*

Participant evaluation responses	Start of the course	Following the course
Confidence in practice manager role	33%	100%
Supporting delivery of quality patient-centred care	67%	92%
Confidence in managing the accreditation process and requirements	52%	93%
Course content was useful, valuable and supported practice managers in their role		100%



## Mental health strategy

In November 2017, we partnered with Metro South Health to develop a regional Mental Health, Suicide Prevention, and Alcohol and Other Drug (MHSPAOD) Strategy. It articulates our system-wide vision for future services in Brisbane south.

As part of this development process, we consulted extensively with consumers and carers, and public, private and non-government service providers.

This strategy and roadmap guides our collaborative approach to planning and delivering services for our region, as well as recommissioning primary mental health, suicide prevention and alcohol and other drug treatment services.

Mental health is a priority for organisations and all levels of government, and has been the focus of reform for many years. This MHSPAOD Strategy builds on the foundation of work completed before, and secures the future for people in our region to access the services and support they need – when they need it.

Woven through our strategy is our vision to see services and support that is centred on and adaptive to people's needs and aspirations, rather than people having to adapt to services' requirements and priorities.

The development of this strategy is an important step in supporting the people in our community to be connected, healthy and well.

## Supporting practitioners with lived experience

We listened to people with lived experience and their close supporters; people who work in mental health, suicide prevention and alcohol and drug treatment; the broader community and people from diverse groups.

One of the areas we discovered we could improve was supporting people with lived experience who work in the sector across the Brisbane south region. Upskilling and expanding our lived experience workforce is reducing stigma, expanding current knowledge, and providing other flow-on effects that reduce harm.

Evidence shows practitioners who have lived experience contribute to a range of positive outcomes for people who access mental health services – including reduced operational costs. These initiatives form part of our regional Mental Health, Suicide Prevention, Alcohol and Other Drug Strategy 2019-2022.

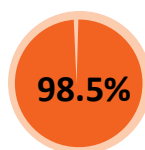
### Community of practice for lived experience workers

We worked with lived experience practitioners to create a community of practice for people working from a lived experience perspective – paid or voluntary roles – within community services in the Brisbane south region.

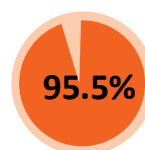
The community of practice was developed to support lived experience practitioners who share a passion for their role, and to create an environment of learning from shared experience. Members of the community of practice co-designed and named the group CLEW (Community of Lived Experience Workers).

CLEW recognised there was a need to offer flexible approaches to meet the unique needs of sub-regions in the Brisbane south area. Workshop facilitators taught and modelled decision-making, hosting meetings and designing projects, which included the co-design process. The themes included working together, and building a shared purpose and connection.

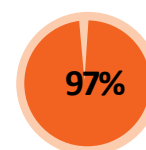
**CLEW held six meetings, attended by 69 individuals attended.**



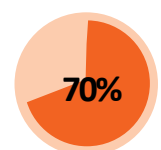
feel more connected



feel more supported in their role



feel more comfortable speaking up



will sustain the connections they made through CLEW



## Common Threads Summit

Embedding lived experience into alcohol and other drugs treatment comes with a raft of considerations, hopes and fears. Many fears and concerns are related to the legal status of many drugs, and the stigma towards people who use substances is still prominent today.

The Common Threads Summit was held in South Brisbane and welcomed **100** delegates. Delegates were welcomed to country by Aunty Deborah Sandy and Uncle Sam Watson, followed by keynote speakers:

- Rosie Waterland (author, columnist and screenwriter)
- Niki Parry (AVIL, QuIHN and QuIVAA)
- Dr Matthew Berry (Hurstwood Clinic)
- Stephen Morris (Brothers 4 Recovery)
- Evie Ryder (Open Doors Youth Service/ Evie Ryder Productions)
- Linda Hipper (Metro South Addiction and Mental Health)
- Ivan Frkovic (Queensland Mental Health Commission).



Speakers discussed lived experience relating to social change, human rights, harm reduction, treatment and prevention, and creating dialogue and connection.

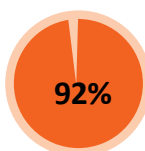
Feedback was overwhelmingly positive and many comments conveyed that hearing other people tell their personal stories created deeper passion and respect for lived experience roles and the impact they can have.



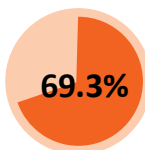
*The Common Threads Summit was held on 22 May 2019, bringing together 100 delegates and speakers with lived experience to empower the alcohol and other drugs peer workforce.*



*Rosie Waterland, a Sydney-based author, columnist, and screenwriter, presented 'Write your way out of it'. Her first book, The Anti-Cool Girl, published through HarperCollins in 2015, is a full-frontal no-holds-barred memoir about surviving the very worst that life can throw at you.*



**said the event challenged stigmatised views of AOD lived experience**



**said the forum illustrated how personal stories can influence positive outcomes.**

"Lived experience work moves beyond support and treatment as a process of experimentation and co-creation and by looking at the context of community and environment beyond individual responsibility for change."

*Niki Parry*

"Lived experience roles don't have to be limited to frontline support. We need to encourage and create safe spaces for, lived experience roles for doctors, psychologists, nurses and create a culture that assumes all staff have lived experience".

*Matthew Berry*



*ADIS (Alcohol and Drug Information Service) attended the Common Threads Summit to share alcohol and drug information and resources.*





Graduates: Nicole Coulter with Aunties Fay Ward, Levina Page, Judi Durand and Ruby Sims.  
Photo: Larrain Sathicq, Beaudesert Times.

## Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing workforce

Aboriginal and Torres Strait Islander community members are usually the first point of contact and first responders to suicide, and lead suicide prevention in their community.

When we consulted community members, they highlighted the need for additional support and skills to respond to suicide in their community<sup>1</sup>.

In direct response to this feedback, we commissioned Gallang Place Aboriginal and Torres Strait Islander Corporation Counselling Services to deliver a Certificate IV in Mental Health to Elders and other Aboriginal community members in the Beaudesert region.

*On 24 April 2019, we were delighted to congratulate the first five graduates from the training program, including four community Elders.*

This exciting achievement supports Brisbane South PHN strategies to support our community, as well as the Australian Government's *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023*.

The framework's key strategies are:

- to create career pathways to reduce barriers to education and training
- to recognise traditional healers, Elders and other cultural healers as essential to overall social and emotional wellbeing, and mental health areas workforce<sup>2</sup>.

In 2019-2020 we will continue to meet Aboriginal and Torres Strait Islander people's mental health needs by upskilling and supporting community members and our workforce.

In her graduation speech, Aunty Levina said there were drugs and alcohol in every community and the course helped the Elders to understand their children and what they were going through.

*"It will be easier now to sit down with a young person and understand, know what we're talking about," she said.*

*"Now we have this understanding it would be really good to have others take the course. We thought if Elders got the ball rolling the younger ones might step up and do it too. It wasn't a boring journey ... I'm proud of the girls who went on this journey and hopeful for the families. We can go out there and try to help others."*

Aunty Ruby said she enjoyed the study but would not miss the assignments. She said the course was delivered in a way that made cultural sense by teachers Amy Keys and Gary Moore.

*"There were times when we were able to tell our stories and see how they related to what we were learning," she said.*

*"Grandmothers in the community already do a lot of work in this area and the course was about being up-to-date and able to communicate."*

<sup>1</sup>Brisbane South PHN. *Brisbane South Mental Health, Suicide Prevention, and Alcohol and Other Drug Strategy 2019-2022*. November 2018

<sup>2</sup>Australian Government. *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing*. 2017-2023.



Brisbane South PHN, Welcome360 and Queensland Ambulance Service staff at the launch of the video.

## Ambulance video

Accessing the right emergency services at the right time is essential to saving lives.

But some people from culturally and linguistically diverse backgrounds don't call for an ambulance because they do not know how.

Some are worried about what will happen to them in the ambulance, how much it will cost, or that they won't be understood if they don't speak English well.

We collaborated with Welcome 360, Queensland Ambulance Service and Multicultural Development Australia to develop a video that aims to make sure everyone in the community has equal access to an ambulance when they need it.

The video teaches people from culturally and linguistically diverse backgrounds how ambulances work, and what to expect when paramedics arrive.



The video is available in English, Amharic, Arabic, Burmese, Dari, S'gaw Karen, Somali, Swahili, Tigrinya, and Vietnamese.

Poor health literacy is often identified as a barrier to better health outcomes for culturally and linguistically diverse communities, this video aims to improve health literacy and save lives.

"Amazing job to your team for producing this. I watched the English version and it was easy for me to understand the steps in using the ambulance service.

Although it seemed like a panic situation, it gave me a sense of calm and assurance knowing there is help available for me and my family and I can call the ambulance rather than putting the pressure on someone else.

Understanding this video reassures me and knowing the ambulances are trained staff on the other side of the call makes a huge difference because I thought it was just a call centre and people taking calls. I loved how the call taker stays with the caller until the ambulance arrives."

*A member of the Māori and Pacific Islander community*

### Calling an ambulance in Queensland

In an emergency you should quickly call for an ambulance on 000.  
An emergency is when someone's life is in danger because they are very sick or hurt.

The ambulance is free if your home address is in Queensland.  
Remember to be calm when you call 000.

**Interpreter**

- Ask the operator for an interpreter.
- Tell them the name of your language.
- Stay on the phone until the operator or interpreter tells you to hang up.



- The operator will tell you what to do while the ambulance is coming.
- The people that come with the ambulance are called Paramedics. They are medical professionals.
- Treatment starts from the time the ambulance arrives.







Tahni Roberts and Christine Borthwick (Digital Health Implementation Consultants) from Brisbane South PHN, review digital health documents uploaded onto the website.

## Digital health

We are helping the general practices in our region to undertake continuous quality improvement activities by collecting and reviewing practice data on specified improvement measures.

Between March and June 2019 we engaged general practices to prepare them for the Practice Incentive Payment Quality Improvement (PIP QI) incentive introduced on 1 August 2019.

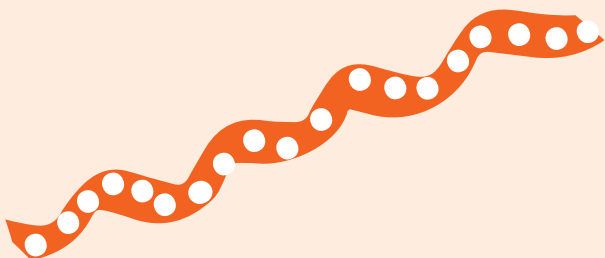
The PIP QI incentive is a new payment that the Australian Government is offering general practices to improve patient outcomes and deliver best practice care.

We provided these general practices with access to PenCS CAT4, a data extraction software that practices can use to inform quality improvement activities and measure their success.

Through this initiative we have increased the number of accredited general practices ready to participate in PIP QI from 189 to 242 – **a 28 per cent increase**. Eighty per cent of our accredited general practices now have CAT4 installed and are well prepared to participate in PIP QI.

*Our PIP QI information evening was also very well attended by 87 people from general practices across the region.*

We are proud to support our local general practices in the use of digital health technologies to provide better care for people in our community.



## Get smart with your health



Separating your health care from your parents' is an important part of growing up. We are helping teenagers across the Brisbane south region to own their health care with simple resources that outline the key steps.

The Get Smart With Your Health resources show teenagers how to get their own Medicare card and doctor, equipping young people to access the health services they need, and developing the skills to manage their own health into the future.

We originally developed this resource for a single event, but soon expanded the initiative to help teenagers across the entire region.

## Suicide prevention and early intervention guide



Our suicide prevention and early intervention guide summarises all of the mental health services available in our region, making it easy for anyone who needs support to find the service that will meet their needs.

Improving mental health and preventing deaths by suicide is one of our priorities. ABS data shows that more than 3 000 Australians lost their lives to suicide in 2017.

There are many services available to support people: health professionals, community organisations, online platforms, helplines, phone applications and other services for specific areas. Our guide connects people in our region to the service they need at the right time.



# Better organisational performance



*Some members of the Brisbane South PHN Community Advisory Council and Clinical Advisory Council are shown above.*



## Excellence in organisational capability and culture

- Our structure
- Our leadership team
- Our Clinical and Community Advisory Councils
- Board members
- Our member organisations
- Our staff
- Stakeholder survey engagement results
- Directors' and Financial Report

## Introduction

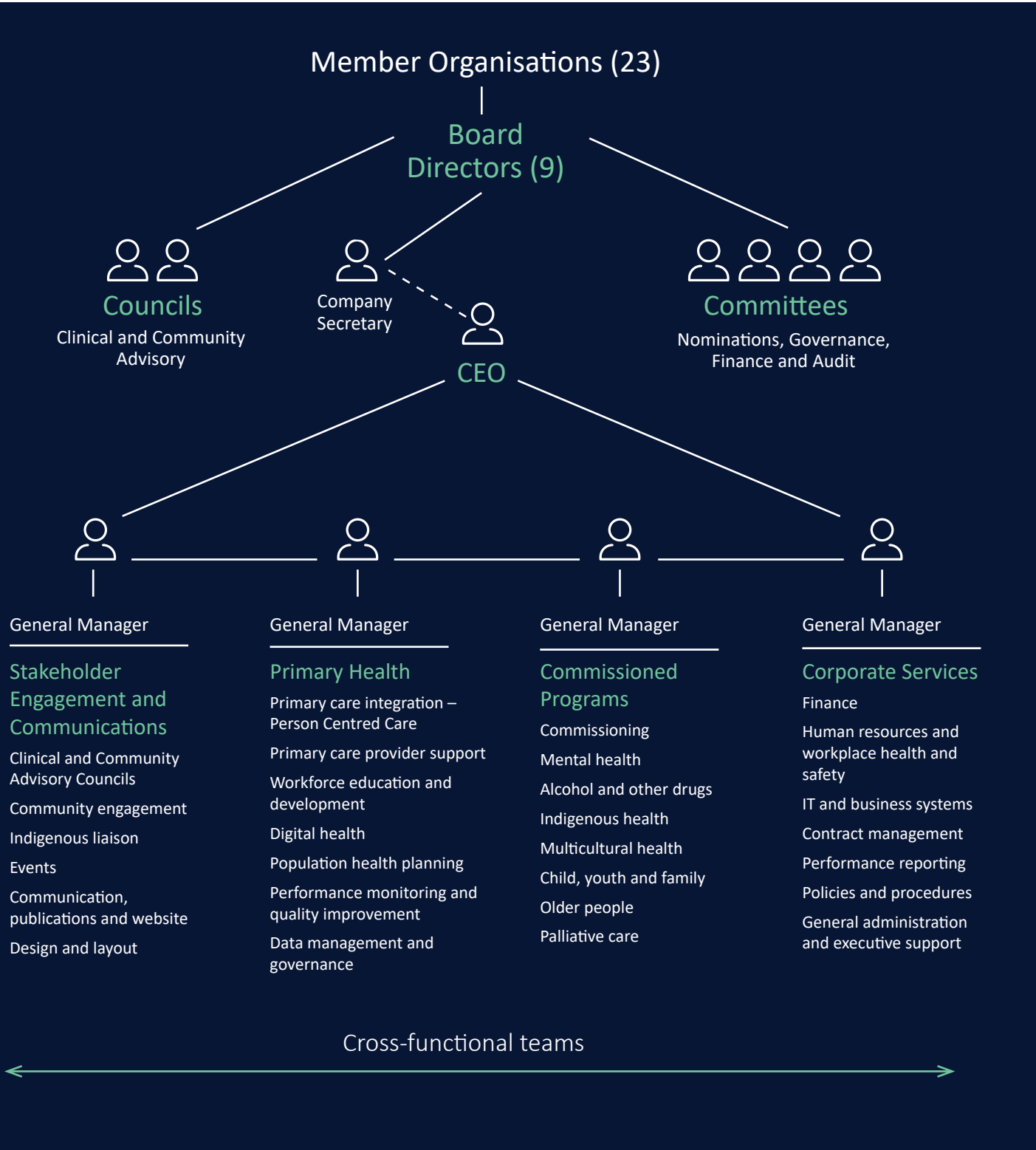
We are committed to better organisational performance. Behind the scenes, we are continually working to boost our organisational capability and nurture a positive culture.

When our people are in roles they find meaningful, have the right capability and are supported personally and professionally, they are equipped to support the people in our region effectively. Our team is built on the values of transparency, inclusiveness, diversity, fairness, innovative thinking and teamwork – and we work hard to ensure these ring true through every plan, action and conversation.

As our community grows and evolves, we are committed to growing and evolving with it. We remain agile and are continuously improving to respond effectively to our community's needs.

# Our structure

Our organisational structure has been designed to ensure that we respond effectively to our role in understanding regional needs and working with the health care system, to deliver effective and efficient primary health care in the Brisbane south region.





# Our leadership team (2018-2019)



Chief Executive Officer

Sue Scheinpflug (until 12 April 2019)



Interim Chief Executive Officer

Nino Di Marco (commenced 10 April 2019)



General Manager Primary Health

Sharon Sweeney



General Manager Commissioned Programs

Lucille Chalmers



General Manager Corporate Services

Julie Couper



General Manager Stakeholder Engagement and  
Communications

Louise Litchfield (until 6 June 2019)

# Our Clinical and Community Advisory Councils

## Community Advisory Council members for 2019

Joanne Jessop (Chair)

---

Mie Mie Aung

---

Judith Chapman

---

Irene Clelland

---

Deb Cowan (Metro South Health)

---

Grace Edward

---

Nicola Fa'avale

---

Clint Ferndale

---

Jo-Anne Gilbert

---

Sally Jacobs

---

Paul Johnson

---

Noeleen Lopes

---

Elizabeth Miller

---

Georgina Moshudis

---

Janet Nielson

---

Carol Rylance

---

Evelyn Pe

---

Lyn Schonefeld

---

Christopher Smeed

---

Geoffrey Woolcock

---

Clinical and Community Advisory Councils provide the community and health professional perspective to ensure decisions, investment and innovations are person centred, cost effective, locally relevant and aligned to local care experiences and expectations. Our Councils' membership is consistent with our key themes of 'people and place' with emphasis on connections to the Brisbane south region, through living and working in the community. Metro South Health is a valued system partner who continues to be represented on both Councils. Members of the Board also continue to Chair both Council meetings which occur bi-monthly.

## Clinical Advisory Council members for 2019

Dr John Kastrissios (Chair)

---

Dr Peter Adkins (ex-officio)

---

Sebastien Brignano

---

Joshua Byrnes

---

Dr Aaron Chambers

---

Lisa Copland

---

Suja David

---

Narelle Dickinson

---

Dr Margaret Kay

---

Maria McLaughlin-Rolfe

---

Lindi Mpala

---

Ciaran McSherry

---

Ylishavai Ngateejah

---

Dr Dale Seierup

---

Dr Yasumitsu Takao

---

Hailie Uren

---

Fiona Watson

---

Dr Sara Winter

---

Our **Community Advisory Council** reflects the diversity and needs of our region with a membership that is representative of a broad spectrum of our community, including Aboriginal and Torres Strait Islander, Māori, Pasifika and other culturally and linguistically diverse populations in our region. The Community Council advises and influences the Board on community primary health opportunities.

Our GP-led **Clinical Advisory Council** is comprised of health professionals, including nurses, allied and community health, specialists and hospital representatives. Council members advise and influence the Board on opportunities to improve medical and health care services through strategic, cost-effective investment and innovation.

### During the past year, Council members made significant contributions to our activities:

- members provided input to the Older People's Health and Wellness Strategy that shaped a positive narrative about ageing. Four priority areas were highlighted: health, wellness and reablement focus; better developed and skilled workforce; financial sustainability of the solutions; and ageing represented as a natural progression in life. Community Advisory Council members also participated in co-design projects around palliative and aged care with Metro South Health. Members gave feedback to the aged care navigator project trial around consent, making assumptions and articulating clear messages to the community. The project fits into the Older People's Health and Wellness Strategy, which was named to reflect feedback from Council members.
- members consulted with carers about experiences of older family members and those at the end-of-life to gain insights into future program design.
- Community Advisory Council My Health Record Champions supported monthly community events during the opt-out period until late 2018. Events included RedFest, BurmaFest, CareExpo and Goompi Community Day.
- engagement with a creative agency to help develop a community campaign to increase health literacy through increased awareness of existing health information and services in our region, particularly among vulnerable communities. Both Councils provided feedback in the development of the campaign.
- the Clinical Council provided input into the one-day program for the March 2019 GP education seminar which focused this year on chronic disease management. Members were involved in delivering the seminar by contributing suggested topics, identifying speakers, presenting at the seminar and facilitating the world cafe interactive session.



At the Joint Clinical and Community Advisory Council meeting in June 2019, council members received information about plans for the development of a Meadowbrook Health and Knowledge precinct, including specific information in relation to the Logan Hospital Expansion Project and the Maternity Services Refurbishment via a presentation by Metro South Health's Senior Director, Stakeholder Engagement, Deb Cowan.

Members then used person centred care principles to respond to questions around how and where outpatient services could be delivered in the future as the hospital expansion progresses.



*Members of the Clinical and Community Advisory Councils workshoping person centred care principles on 12 June 2019.*

## Our Council members were involved in important national and local strategy and policy consultation including the following:

---

Consumers Health Forum Snakes and Ladders – The journey to Primary Health Care Integration Roundtable held in Sydney.

---

The General Practice Mental Health Standards Collaboration Stepped Care Working Group drafted the Stepped Care through General Practice: A Guide. Input from clinicians helped to refine the guide.

---

National Action Plan on Chronic Pain Management shaped by Pain Australia.

---

Department of Veteran Affairs review of online professional development programs on veteran health care for health care providers.

---

Community Advisory Council members and their network affiliates attended the Metro South Health and PHN Palliative Care co-design workshop.

---

Community Advisory Council members and their networks participated in the PHN's person centred care design of a care coordination service for people with more than one chronic disease and biopsychosocial challenges.

---

Clinical Advisory Council members gave input into the Australian Technical Advisory Group on Immunisation (ATAGI) Maternal Pertussis Vaccination Recommendation online public consultation survey regarding proposed changes to maternal pertussis vaccination recommendations in the Australian Immunisation Handbook.

---

National Clinical Trials Governance Framework consultation.

---

Metro South Health Strategic Plan 2019-2023 input.

---

Some members from the Redlands community attended the Board strategic planning day, which focused discussions around health needs and services for the Redland community.

---

The Australian Commission on Safety and Quality in Health Care consultation on national safety and quality primary health care standards.

---

## Board members



### Professor Cindy Shannon

#### Board Chair

BA, Grad Dip Ed, MBA, DrSocSc, GAICD, FQA  
Member, Finance and Audit Committee (ex officio),  
Member, Governance Committee (ex officio),  
Member, Nominations Committee (ex officio)



### Dr Anthony (Nino) Di Marco

#### Deputy Chair

(excluding the period 10 April to 29 July 2019)  
B.Economics, Post Grad Dip Applied Finance  
and Investment, GAICD, FAIM  
Chair, Finance and Audit Committee  
(excluding the period 10 April to 29 July 2019)



### Dr Ian Williams

GP MBBS, FRACGP, GAICD  
Member, Governance Committee  
Chair, Nominations Committee



### Dr John Kastrissios

GP MBBS, GAICD  
Chair, Clinical Advisory Council

## Change of Board members

Professor Cindy Shannon was appointed as Chair of the Board in December 2018 following Dr Ian Williams stepping down from the role. The Board and staff acknowledge and thank Dr Williams for his tireless work over the five years he held the role of Chair.

Brisbane South PHN farewelled one of its founding Board Directors, Dr John O'Donnell at the Annual General Meeting in November 2018.

The Board also welcomed Hamza Vayani, who is experienced in multicultural health and is coming to the end of his first year as a Director on the Board of Brisbane South PHN. Hamza has been an active member of the Governance Committee in addition to his directorship since December 2018.



### Mrs Patrice Cafferky

Registered Nurse, B.Nursing, Dip Prac Management,  
GAICD, MAPNA, FCPMAAPM, FAIM  
Member, Finance and Audit Committee



### Mr Chris Townend

BA (Hons) Business, MBA (dist), FCA FAICD  
Member, Finance and Audit Committee  
(acted as Chair for the period 10 April to 29 July 2019),  
Member, Nominations Committee



### Ms Joanne Jessop

DipPharm, GradDipPharm, MBA, GAICD  
Chair, Community Advisory Council  
Member, Nominations Committee



### Mr Eugene McAteer

Master of Business Administration,  
Bachelor of Social Sciences (BSSc),  
Postgraduate Certificate (OCN UK), GAICD  
Chair, Governance Committee



### Mr Hamza Vayani

MBA Business Administration (Health Management),  
PG Cert in HRM,  
Member, Governance Committee



### Dr John O'Donnell

AM (retired 27 November 2018)  
MBBS Adel, MHP UNSW,  
Hon.MD Qld FRACMA,  
FACHSM(Hon), FAIM, FAICD  
former Chair, Governance  
Committee



# Our member organisations 2018-2019

Allied Health Professions Australia Ltd

---

Australian Association of Practice Management Ltd

---

Australian Physiotherapy Association Queensland Branch

---

Australian Primary Health Care Nurses Association Inc

---

Children's Health Queensland Hospital and Health Service

---

Community Services Industry Alliance

---

Council on the Ageing Queensland Inc

---

General Practice Training Queensland

---

Inala Primary Care Limited

---

Institute for Urban Indigenous Health Ltd

---

Leading Age Services Australia - Queensland Inc.

---

Mater Misericordiae Ltd

---

Metro South Hospital and Health Service

---

National Disability Services Ltd

---

Pharmaceutical Society of Australia Qld Branch

---

Private Hospitals Association of Queensland

---

Queensland Alliance for Mental Health Inc

---

Queensland Council of Social Service Ltd

---

St Vincent's Private Hospitals Ltd trading as St Vincent's Private Hospital Brisbane

---

The Ethnic Communities Council of Queensland Ltd

---

The Pharmacy Guild of Australia Queensland Branch

---

The Royal Australian College of General Practitioners

---

The University of Queensland

---

# Our staff

## Human resources highlights

- 78 staff members
- 72 full-time equivalent employees
- 85% female
- 15% male
- 3 staff identify as Aboriginal and/or Torres Strait Islander
- 1 Board member identifies as Aboriginal and/or Torres Strait Islander

## Staff survey

Our strong, positive and productive culture across the organisation continues with **70 per cent** of staff reporting they are actively engaged in the culture of success at Brisbane South PHN.

## Staff forums

Our staff come together twice a year to share progress on key work areas and discuss emerging ideas and opportunities. We also use these forums to develop skills like leadership, communication and stakeholder engagement.

## Systems development

In 2018-2019 we developed and implemented a contracts management system and migrated to a new customer relationship management system. These systems will provide robust platforms for managing our commissioned services, stakeholder relationships and reporting.

Our staff members 2018-2019



# 2018 stakeholder survey

As part of our commitment to better organisational performance, we undertook our bi-annual stakeholder satisfaction survey in May 2018 to seek feedback and experiences related to interactions with our stakeholders.

The goal of this survey was to benchmark satisfaction rates and determine ways we can further improve our performance.

We engaged Enhance Research to develop a methodology across five key stakeholder groups – community, system partners, clinical stakeholders, service delivery partners and members, and funding and knowledge management partners – with quantitative and qualitative measures for more than **2 000** contacts.

We gathered feedback in a range of formats, including face-to-face meetings, telephone and online so our stakeholders could respond in the way they preferred. We ensured all responses remained confidential by aggregating feedback from other stakeholders and organisations.

Survey questions included relevant requirements from the draft PHN performance framework and fed into reporting on our key performance indicators.

Our findings from this survey helped to inform our 2019 Stakeholder Engagement and Communication Plan. Some of these actions include:

- review the emphasis on building relationships, with the potential for broader engagement with practice managers and support staff and more health topic-focused engagement for general practitioners
- strengthen the emphasis on broader community communication and health literacy campaigns around our public-facing programs and potentially preventable hospitalisations
- work with Metro South Health to continue the successful Aboriginal and Torres Strait Islander peoples' engagement and expand to Māori and Pacific Island communities
- identify our stakeholder champions and provide them with key messages and appropriate collateral to promote our services strategically
- foster and leverage the existing personal relationships our stakeholders have within the organisation as they contribute to high satisfaction and, without them, stakeholders find it hard to navigate the multitude of areas and services
- grow our digital communication and social media as it is giving us a broader reach into the community and attracting new audiences relevant for program communication
- provide thought leadership through commentary and presentations in areas where the PHN has been innovative and achieved positive outcomes.

## Summary of key insights:

*Across all stakeholder groups, overall satisfaction with Brisbane South PHN is high*

**84%** of stakeholders are satisfied or very satisfied with their **overall experience** with Brisbane South PHN

**81%** of stakeholders are likely or very likely to **speak well of Brisbane South PHN** if it came up in conversation

**80%** of stakeholders agree or strongly agree that Brisbane South PHN is a **trustworthy organisation**

The most common method for contact is with a team member face-to-face or via email (85 per cent of stakeholders reported that they had done so in the past 12 months)

**83%** of stakeholders were satisfied with communication across all areas, in particular the **quality of information**

**81%** of stakeholders were satisfied with the **variety of communication channels** the Brisbane South PHN use to reach them

In terms of understanding the role of the Brisbane South PHN, the top four responses from stakeholders are:

Brisbane South PHN engages with service providers and community, works with partners to plan **82%**

Brisbane South PHN delivers and connects with health services **80%**

Brisbane South PHN provides continued education and training **78%**

Brisbane South PHN supports with programs and initiatives such as mental health, immunisation and refugee health. **78%**





# Directors' and Financial Report as at 30 June 2019

## Brisbane South PHN Ltd

### Statement of profit or loss and other comprehensive income for the year ended 30 June 2019

	Note	2019 \$	2018 \$
<b>Revenue</b>			
Government funded program income - Department of Health		40,429,156	38,276,494
Government funded program income - Non-Department of Health		3,025,247	2,146,843
Other program income		47,250	49,199
Interest income		499,845	487,943
Government funded capital purchases		-	66,765
<b>Total revenue</b>		<u>44,001,498</u>	<u>41,027,244</u>
<b>Expenses</b>			
Employee Costs	3	(8,797,109)	(9,029,158)
Service Delivery Costs	4	(32,759,178)	(29,332,687)
Depreciation and Writedowns	5	(72,000)	(398,363)
Operational Costs		(1,625,184)	(2,083,017)
Other Program Expenses		(508,256)	(455,582)
<b>Total expenses</b>		<u>(43,761,727)</u>	<u>(41,298,807)</u>
<b>Surplus/(deficit) before income tax expense</b>		239,771	(271,563)
Income tax expense		-	-
<b>Surplus/(deficit) after income tax expense for the year</b>	16	239,771	(271,563)
Other comprehensive income for the year, net of tax		-	-
<b>Total comprehensive income for the year</b>		<u>239,771</u>	<u>(271,563)</u>

The complete Director's and Financial Report and Auditors Report can be viewed on our website: [www.bsphn.org.au](http://www.bsphn.org.au).

Brisbane South PHN Ltd  
Statement of financial position  
as at 30 June 2019

	Note	2019 \$	2018 \$
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	6	16,684,545	19,679,705
Trade and other receivables	7	36,574	523,518
Other	8	447,259	260,485
Total current assets		<u>17,168,378</u>	<u>20,463,708</u>
<b>Non-current assets</b>			
Property, plant and equipment	9	11,428	28,994
Intangibles	10	62,796	117,230
Total non-current assets		<u>74,224</u>	<u>146,224</u>
<b>Total assets</b>		<u>17,242,602</u>	<u>20,609,932</u>
<b>Liabilities</b>			
<b>Current liabilities</b>			
Trade and other payables	11	5,341,604	4,531,736
Employee benefits	12	585,003	497,246
Unearned revenue	13	9,707,971	14,207,731
Total current liabilities		<u>15,634,578</u>	<u>19,236,713</u>
<b>Non-current liabilities</b>			
Employee benefits	14	83,839	88,805
Total non-current liabilities		<u>83,839</u>	<u>88,805</u>
<b>Total liabilities</b>		<u>15,718,417</u>	<u>19,325,518</u>
<b>Net assets</b>		<u>1,524,185</u>	<u>1,284,414</u>
<b>Equity</b>			
Divisional Reserve	15	321,832	362,532
Retained surpluses	16	1,202,353	921,882
<b>Total equity</b>		<u>1,524,185</u>	<u>1,284,414</u>



An Australian Government Initiative

First floor, Building 20, Garden City Office Park, 2404 Logan Road, Eight Mile Plains QLD 4113  
PO Box 6435, Upper Mt Gravatt QLD 4122 T: 3864 7555 or 1300 467 265 F: 3864 7599

[bsphn.org.au](http://bsphn.org.au)

While the Australian Government Department of Health has contributed to the funding of this material, the information contained in it does not necessarily reflect the views of the Australian Government and is not advice that is provided, or information that is endorsed, by the Australian Government. The Australian Government is not responsible in negligence or otherwise for any injury, loss or damage however arising from the use of or reliance on the information provided herein.



Recycled Paper