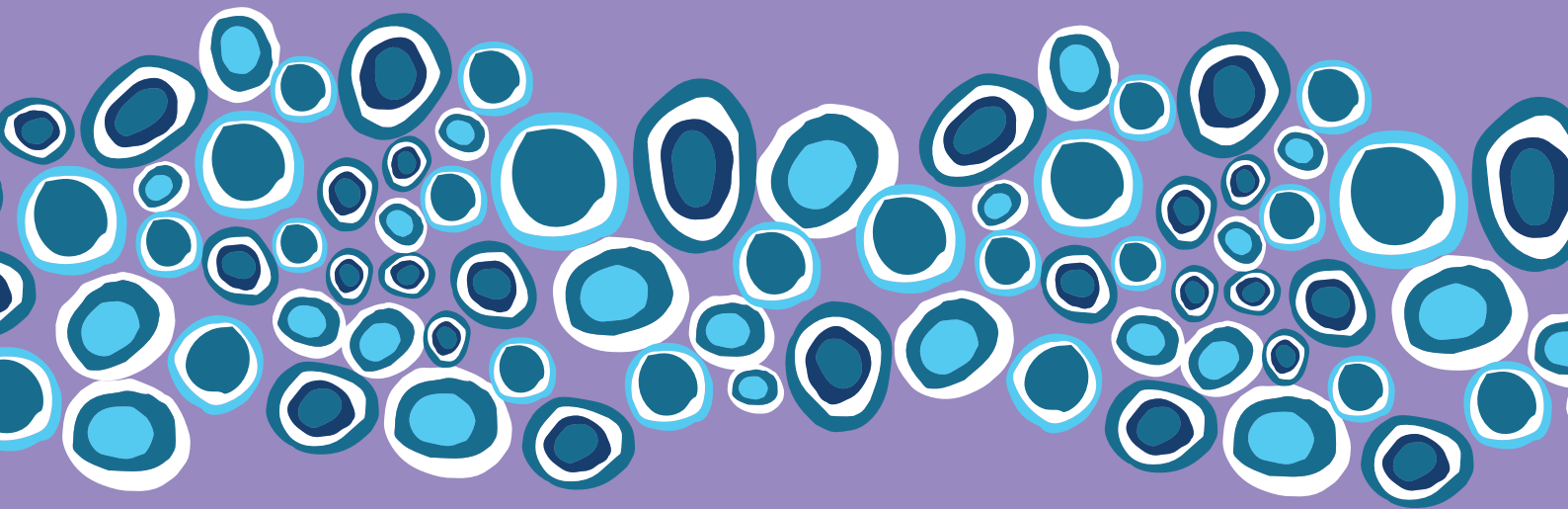


# ANNUAL REPORT

2017–2018



*BETTER SYSTEM, BETTER HEALTH*





*SOUTH BANK PARKLANDS*





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# Message from the Board Chair

**Dr Ian Williams**

Brisbane South PHN is one of 31 primary health networks across Australia. Like many of our fellow PHNs, Brisbane South PHN's third year saw a continuation of building our capability and operationalising our role under the guidance of our strategic plan.

In the past year, we set ourselves a goal of completing a new Needs Assessment for the Brisbane South PHN region. Released in early 2018, the 14 priorities identified in the new Needs Assessment also informed a refresh of our strategic plan, highlighting our focus on person centred care and our commitment to ensuring our efforts are concentrated on the people and places that are most vulnerable.

Our work has continued to be guided and informed by the members of our Clinical and Community Advisory Councils. In addition to contributing to the development of our strategies and activities, the Councils have also been active in informing the development of policy and reforms in areas such as aged care, patient safety and quality improvement in primary care. The Councils play an important role on behalf of Brisbane South PHN – council members are our eyes and ears in our region, representing their communities and their professions. The advice they provide to the Board and our staff is a critical contribution to our purpose of understanding regional needs, and engaging and working within the health care system and local communities to improve health and wellbeing for everyone.

PHNs have a major role to play in contributing to population health outcomes. We understand that access to health services which are integrated and coordinated can make a difference in ensuring people receive the right care at the right time and in the right place. We cannot achieve our goals of making a difference to the system on our own. Our partnerships are critical to our success.

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*This has been a dynamic and challenging year for primary care nationally and for Brisbane South PHN as we continue to grow into our leadership role and consolidate our function, purpose and position in improving primary health care in the region.*

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In 2017–2018 Brisbane South PHN continued to consolidate our partnerships – our regular joint Board meetings with Metro South Health and our representation on the Board of the Brisbane Diamantina Health Partnership are just two examples of where we are collaborating to advance initiatives aimed at improving health outcomes through primary care.

We have also been actively involved in the development of the national PHN Program Performance and Quality Framework. This nationally adopted framework is now being customised as our primary performance and accountability framework. It will form the basis of our regular reporting and outcome-based updates on our impact in improving the efficiency and effectiveness of primary health care in the Brisbane south region.

In March 2018, the annual Board retreat provided an opportunity for the Board to focus on emerging issues and to refresh our strategic direction. The participation of representatives from some of our strategic partners including Metro South Health and the Commonwealth Department of Health added value to our discussions on the future of the health care system and the role of PHNs in driving change.

For their continued efforts and allegiance throughout the past year I want to personally commend and thank my fellow Board members, our health sector partners, the members of our Clinical and Community Advisory Councils, our member organisations, our regional community, and the dedicated and professional staff of Brisbane South PHN.

I commend this Annual Report to you and welcome your feedback on our achievements throughout 2017–2018.

**Ian Williams**  
Brisbane South PHN Board Chair





## Message from the CEO

**Sue Scheinpflug**

The 2017–2018 Annual Report represents the results of our combined efforts over the past 12 months. This is our third year of operating as a primary health network (PHN). Brisbane South PHN is part of a national network of PHNs working together across Australia, sharing knowledge and collaborating to ensure the government’s objectives and the expectations of our communities for improved whole-of-life health and wellbeing can be realistically and cost-effectively achieved.

The federal government has given PHNs the challenging brief to work with the health sector and the community in each region to improve medical service delivery and the coordination of care, for patients, particularly those at risk of poor health outcomes.

This involves creating the platform for complex cross-sectoral, inter- and intra-governmental systemic change, improving the quality of health practices and services, ensuring that regional health care needs and community expectations are monitored and met and, in some cases, a rethinking of the best business and service models for delivering primary care within our region.

The Brisbane south region is geographically, demographically and culturally diverse and currently accounts for around 23% (approximately 1.1 million residents) of the Queensland population. Our PHN routinely works on many fronts and our achievements outlined in the 2017–2018 Annual Report reflect the positive health outcomes that can be achieved for our community through partnership between our Board, staff, partners in the health sector, service providers, communities, and the people living and working in the Brisbane south region.

Our aim has been to demonstrate that we are a high performing, agile and sustainable organisation. Each year we participate in an independent Best Practice Australia Survey measuring aspects of our organisational culture.

The results in 2017 were particularly encouraging – our staff are 84% engaged – well above the national average for PHNs and the other public and private sector organisations participating in the survey. The results define our organisation as having a culture of success.

In early 2018, as a result of a substantial reduction in core/operational and flexible funding to PHNs, we underwent a restructure of some of our key functions. This caused some stress and disruption, and I am particularly grateful that our people managed this disruption professionally, with strength, understanding and resilience.

Almost, by definition and in part due to the high demand being placed on government resources by the health system, primary health is under increasing government and community scrutiny.

The Productivity Commission’s November 2016 report into human services identified primary health networks as a government initiative that would benefit from greater competition, contestability and consumer choice. In August 2017, the Productivity Commission also released a more detailed

assessment of the health sector generally and the primary health networks in particular. Among the recommendations in the 2017 report were pressures for government to introduce more nimble funding arrangements (giving PHNs more flexibility in the allocation of resources) removing the messy, partial and duplicated presentation of information and data, a better focus on patient centred and integrated care and the elimination of low-value health interventions.

Working in an environment of constant change can be challenging and rewarding. Fortunately we have the people, the partners and the community that can respond positively and constructively to change and challenges. Our aim in the coming year is to continue to deliver on the initiatives outlined in the 2017–2018 Annual Report and to ensure that we remain one of the leading PHNs and one of the leading regions for better health and wellbeing into the foreseeable future.

On behalf of the dedicated team at Brisbane South PHN, thank you for your contribution and ongoing interest in our work. We welcome your feedback on any of the initiatives outlined in our 2017–2018 Annual Report.

**Sue Scheinpflug**

Brisbane South PHN CEO





## OUR ACHIEVEMENTS 2017–2018

Refreshed our regional Needs Assessment and identified 14 priority areas for action.

Increased our focus on the region's 'people' and 'places', including:

- a people approach which considers the health and wellbeing of people across the entire lifespan, from different communities and cultural backgrounds and, in particular, the needs of the most vulnerable groups
- a place approach which identifies and considers geographic locations or hot spots which have identifiable higher needs, emerging concerns, or unique challenges due to local circumstances.

Adopted an annual planning cycle and commissioning model which sets out our activities, decision points and milestones across a typical year.

Strengthened our working partnerships with local community organisations, health care professionals, regional hospital and health services, state and federal governments, and the public, private and non-government sectors.

Maintained our focus on providing support to general practice and primary care providers across the region.

Reviewed the way we undertake commissioning, moving to a true codesign model.

Undertaken our first key stakeholder survey which will become an annual accountability and feedback mechanism.

Committed to an inclusive, regionally and collaboratively developed Reconciliation Action Plan (RAP) which establishes the framework for improving health services for Aboriginal and Torres Strait Islander people in our region.

Adopted a model for fostering person centred collaborative care that will promote ways of working that put people at the centre of their care, providing wrap-around services that are respectful of, and responsive to the preferences, needs and values of the patient and their carers.

Developed a digital health strategy based on advancing the digital health capabilities of stakeholders in this region and, at the same time, helping those less digitally advanced to progressively build their capabilities, and to guide investment, adoption, and use of digital technologies to support patient centred collaborative care.

Commenced the development of our regional mental health and alcohol and other drug strategy.

Facilitated 1 000 Aboriginal and Torres Strait Islander people to access services funded through Integrated Team Care.

Strengthened a regional and national commitment to greater data sharing.

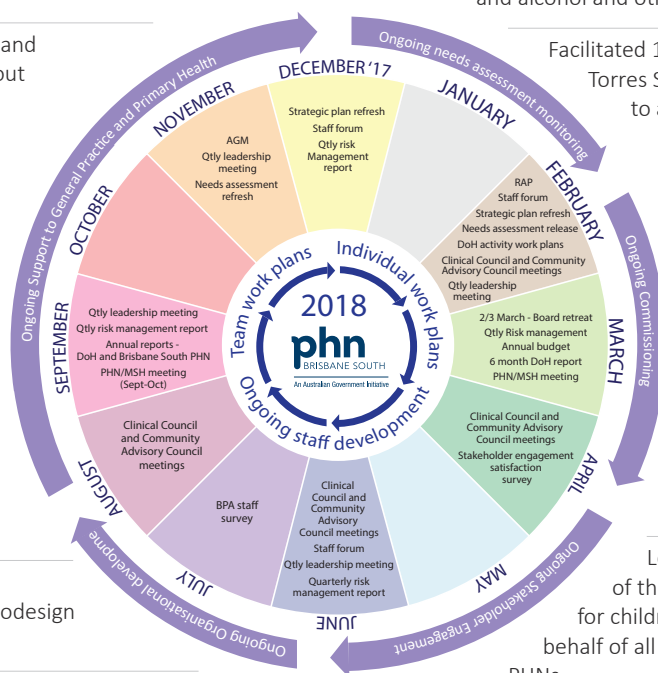
Contributed to the development of the national PHN program performance and quality framework.

Led the establishment of the health assessments for children in care project, on behalf of all seven Queensland PHNs.

Reviewed and refreshed our Strategic Plan.

Facilitated 8 500 Brisbane south residents to access services funded through primary mental health care commissioned providers.

Engaged 339 general practices (and corporate head offices) in the Brisbane south region.







## WHO WE ARE

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.

## ABOUT BRISBANE SOUTH PHN

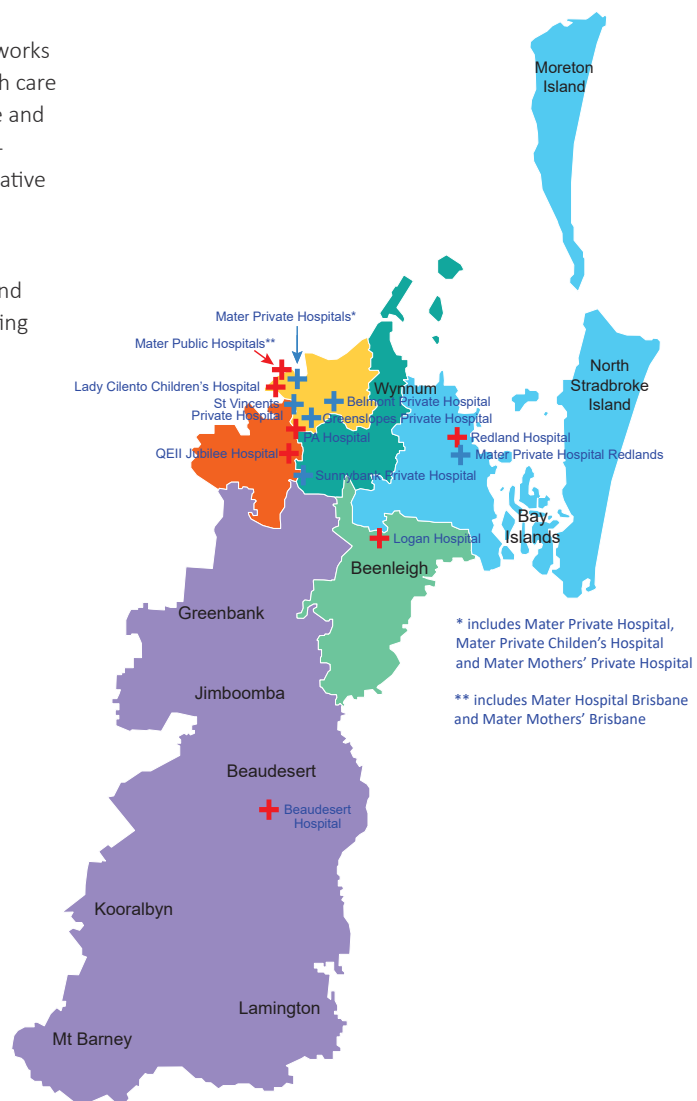
Brisbane South PHN is a not-for-profit organisation that works in partnership with local community organisations, health care professionals, regional hospital and health services, state and federal governments, and the public, private and not-for-profit sectors to support a well-coordinated and collaborative primary health system.

We are committed to increasing the efficiency and effectiveness of medical services and improving health and wellbeing in Brisbane south. We do this through supporting primary care providers and directly commissioning services.

Our region contains **23%** of Queensland's population. This includes a large proportion of vulnerable populations, including culturally and linguistically diverse peoples, refugees, older persons, and Aboriginal and Torres Strait Islander peoples.

The Brisbane south region covers a large geographic area south of the Brisbane River, including metropolitan, rural and remote island locations, and its residents have varied expectations about health and health services.

Given the wide variations in social determinants of health, health behaviours, health outcomes and system/service availability, our role is particularly important for those most vulnerable in the community and those at risk of poor health outcomes.





# OUR VALUES

COURAGE

RESPECT

SYNERGY

PURPOSE

INTEGRITY

## 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.

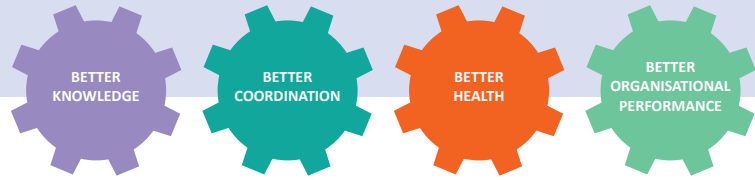
## INTEGRITY

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



Improving health care for our communities can only be achieved through our committed focus on four 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 and 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 the 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.



# Brisbane South PHN Reconciliation Action Plan (RAP)

May 2018 to May 2021

## 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 which responds to the needs and aspirations of the community.*



### BETTER KNOWLEDGE

Our work will be structured around evidence-based planning – this includes what we are doing in Aboriginal and Torres Strait Islander health.

### BETTER COORDINATION

Our success will be based on collaborative partnerships and networks – this includes partnerships with Aboriginal and Torres Strait Islander health services and organisations.

### BETTER HEALTH

We will ensure our community has accessible, appropriate, patient centred health care at the right time.

### BETTER ORGANISATIONAL PERFORMANCE

We will be renowned for our excellence in organisational capacity and culture.



## All staff were involved in developing the themes and key messages which formed the genesis of the final RAP artwork.

These included:

- connection and disconnection of the health system to community
- unity, collaboration - everybody working together having a voice and listening
- bringing people together, working together, sharing knowledge and applying that knowledge to shape a system
- closing the gap by connecting the dots
- we can't expect to do the same thing and get a different result
- bringing data, knowledge and services and connecting this with community.



Brisbane South PHN recognises the important role we have in working with Aboriginal and Torres Strait Islander communities to close the gap and meet their aspirations for strong and healthy lives.

In May 2018, Reconciliation Australia provided conditional approval of our Stretch RAP. Our RAP journey from Innovate to Stretch has been one of growth and development.

Through our RAP journey, we have learned the importance of involving all our staff in RAP actions. The RAP does not stand alone in one part of our organisation, but everyone has a role and accountability to improve the health outcomes for Aboriginal and Torres Strait Islander peoples in our community.

We take our RAP commitments very seriously and have been using this program to improve our overall engagement and business practices. In particular, our staff are very involved in meeting our RAP outcomes and in understanding the important role our Aboriginal and Torres Strait Islander peoples play in our local region.

As a result of the Innovate RAP, we have a number of activities that regularly reinforce the objectives of our RAP. We have learned that it is not only important to acknowledge Aboriginal and Torres Strait Islander peoples but also to implement specific activities that make a tangible difference to their lives.

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

Our final artwork takes these themes and translates them as health being the heart of community, and community the heart of health.

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*The community heart concept creatively explores the idea of community health as a living subject that connects and delivers life and strength to all.*

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The motif inspires the thinking that, like the health care system, its vitality and capacity relies on diverse elements working as one. A constant, pulsing exchange of knowledge and actions, evolving and improving with every beat.

Through the use of differing and conflicting patterns, the community heart evokes a sense of beauty and richness because of its ability to interweave and unite different perspectives into one functioning system. Like the visually unique symbol, the community heart celebrates the idea that true collaboration creates new solutions, strong communities and a robust health care system.

This concept is represented at the core of Brisbane South PHN and the vital role we play in reshaping the health system by listening and learning from the people in the region. Our hearts are a common ground where we are fuelling our united passion to improve the health outcomes for all Australians.

In producing this plan, we would like to acknowledge the wise counsel, advice and support we have received from our Elders and our partners:

- Logan First Nations Coalition, including Aunty Heather, Aunty Robyn, Aunty Vicky and Paula
- Aunty Ruby Sims
- Aunty Peggy Tidyman
- Cooee Elders, including Aunty Bonnie and Aunty Anne
- Lorraine Tutton, Winnum Aboriginal and Torres Strait Island Corporation
- Karla Brady, Inala Wangarra
- Megan O'Callaghan, Yulu Burri Ba
- Noeleen Lopes, Gallang Place
- William Bern, Institute of Urban Indigenous Health
- Professor Cindy Shannon, Director, Brisbane South PHN Board
- Metro South Health Aboriginal and Torres Strait Islander Coordination Team, Health Access and Equity Unit
- Bill and Lyn Schonefeld.





# BETTER KNOWLEDGE

## Evidence-based planning

- Our 14 priority areas
- Our health system, demographic profile and lifestyle behaviours
- Needs Assessment engagement approach

## INTRODUCTION

Brisbane South PHN's strategic goal of better knowledge has been reflected in 2017–2018 through the development of a regional health Needs Assessment.

Understanding the health needs of the population in Brisbane south informs the development of Brisbane South PHN's organisational strategies, with the goal to improve the health and wellbeing of the people in our region.

The Needs Assessment was the third prepared for the Brisbane south region and increased our focus on the region's people and places. We took a broader approach to stakeholder engagement to enhance understanding of the perspectives of local communities and vulnerable populations, and increased our collaboration with Metro South Health and Children's Health Queensland to reinforce an integrated approach to shared planning.

Through the Needs Assessment process, Brisbane South PHN has determined four core perspectives (people, place, health and system) and 14 priorities. These will enable future work programs and collaborations specifically focus on achieving optimal results for people living the region.



## OUR 14 PRIORITY AREAS

### People

Priority population groups identified are:

- children and youth (0 – 17 years)
- older adults (65+ years, and Aboriginal and Torres Strait Islander persons aged 50+ years)
- 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
  - people living with a disability.

### Places

Priority locations identified are those with:

- higher health needs, with a focus on SA3s of:
  - Beaudesert
  - Beenleigh
  - Brisbane Inner
  - Browns Plains
  - Forest Lake – Oxley
  - Holland Park – Yeronga
  - Loganlea – Carbrook
  - Springwood – Kingston
- growth challenges, with a focus on:
  - Yarrabilba (within Jimboomba SA3)
- access challenges, with a focus on:
  - Bay Islands (within Cleveland – Stradbroke SA3)

### Health

Priority health challenges identified are:

- 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
  - musculoskeletal conditions (such as arthritis and chronic pain)
- cancer, with a focus on:
  - bowel cancer
  - breast cancer (females)
  - cervical cancer (females)
  - lung cancer
  - melanoma
  - prostate cancer (males)
- mental health, alcohol and other drugs, and suicide prevention
- end-of-life care

### System

Priority system issues identified are:

- access and navigation
- health literacy
- health workforce
- technology and data



## OUR HEALTH SYSTEM

<b>8</b>	Public hospital
<b>8</b>	Private hospitals
<b>333</b>	General practices
<b>8</b>	Aboriginal and Torres Strait Islander health services
<b>8</b>	Specialist domestic and family violence service providers
<b>1287</b>	General Practitioners (FTE)
<b>3244</b>	Nurses and midwives in primary care
<b>812</b>	Pharmacists in primary care
<b>844</b>	Dental practitioners in primary care
<b>2877</b>	Allied health (FTE)
<b>195</b>	Aged care services

## OUR DEMOGRAPHIC PROFILE

<b>General population</b>	<b>1 120 948</b> persons (23% of QLD population)
<b>Aged population</b>	<b>140 678</b> persons (13% of Brisbane South PHN population)
<b>Aboriginal and Torres Strait Islander peoples</b>	<b>23 598</b> persons (2% of Brisbane South PHN population)
<b>Median age</b>	<b>35</b> years old
<b>Population born overseas</b>	<b>324 892</b> persons (30% of Brisbane South PHN population)

## OUR LIFESTYLE BEHAVIOURS

### DIET

<b>31%</b> of children and	<b>98%</b> of children and
<b>42%</b> of adults did not meet national recommendations for daily fruit intake.	<b>94%</b> of adults, did not meet national recommendations for daily vegetable intake.

### PHYSICAL ACTIVITY

<b>63%</b> of children, and
<b>42%</b> of adults, did not meet national recommendations for physical activity in the last week.

### OVERWEIGHT AND OBESITY

<b>24%</b> of children and
<b>58%</b> of adults are either overweight or obese.

### ALCOHOL CONSUMPTION

<b>20%</b> of adults consumed more than two standard alcoholic drinks per day.
---

### SUN EXPOSURE

<b>57%</b> of children and
<b>50%</b> of adults were sunburned in the previous 12 months.

*Note: children aged 5–17 years, adults aged 18+ years*

*All statistics current as at 30 June 2018*



# Brisbane South PHN Needs Assessment

Further detail on the engagement and consultation process, analysis and results are available in the 2017 Needs Assessment at [bit.ly/Needs\\_Assessment](http://bit.ly/Needs_Assessment)

## Our engagement approach

The Brisbane South PHN has a strong commitment to stakeholder and community engagement and empowerment. This commitment is reflected in the stakeholder and community engagement strategy adopted as part of the Needs Assessment process. Throughout the Needs Assessment engagement process, Brisbane South PHN developed a much stronger understanding of the stakeholder and community perspective on what was working well in the region and what needed further attention.

The consultation process focused on the perspectives of different groups. This included consumers (for example, residents and community representatives), health service providers (GPs, allied health practitioners, pharmacy, hospitals, specialists), non-government organisations and PHN system partners. In recognition of consultation fatigue, an outreach 'listening' approach was adopted with many stakeholders, respecting their time and resources.

The following sections elaborate on community and stakeholder views on these topics.

## Stakeholder and community feedback

The consultations were analysed by thematic categorisation of common suggestions and inputs. The qualitative data was supplemented by a structured survey using an online engagement tool. The online survey About You was used to capture respondent demographics and views on their top three health priorities.

*There were 211 visitors to the About You survey, with surveys completed by 115 people.*

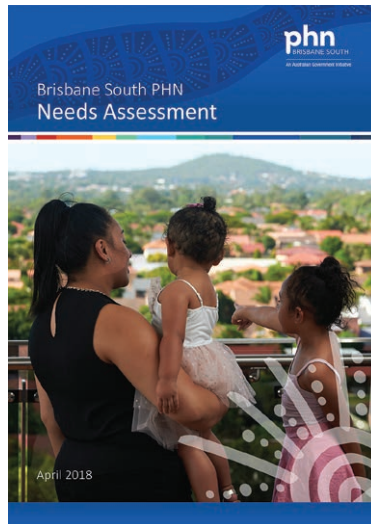
The major themes identified in the analysis of the consultation data were:

### Health conditions

- prevention
- chronic disease
- mental health
- aged health care.

### Health system

- health literacy – navigating the system
- access to services
- collaboration with other sectors
- coordination and integration of care
- workforce education and development
- technology and data.



## What Brisbane South PHN is doing well

Through the consultation process people mentioned that it was now easier to get after hours appointments and that referrals to specialists were getting better. They thought there was good access to bulk-billing GPs in many areas and that discrete programs such as Mums and Bubs, Better Access, Allied Health Intervention and Lift the Lip were making inroads.

There was also a view that the region's public health services including public hospitals and emergency departments, mental health services, dental health services, immunisation and health screening were also seeing positive outcomes.

Generally, people in the Brisbane south region would like to see a health system that is:

- user friendly and easy to navigate
- positive and focused on prevention
- patient centred, inclusive and respectful of diversity
- flexible, adaptable and able to respond to complexity
- supportive of those in most need including children; those with disability; the elderly; and their carers
- evidence-based and where the health needs are well understood and addressed
- well-equipped with appropriate facilities in the right places with greater levels of co-location
- funded, efficient and effective
- transparent and accountable
- supported by the PHN in the delivery of health services and care.



## Health conditions

The three most common health priorities identified in the online engagement tool (based on a count of responses received) were:

Chronic disease **80**

Mental health **79**

Preventative health **61**

Together these three priorities account for

**66%** of responses.

Aged health care (**41**), alcohol and other drugs (**20**), and domestic and family violence (**18**) collectively account for a further **24%**.

### Chronic disease

Health service providers and partners such as General Practitioners and representatives of Metro South Health consistently raised chronic disease as a high priority, highlighting the significant cost to time and resources of health services due to chronic disease.

Specific diseases mentioned included type 2 diabetes, chronic obstructive pulmonary disease (COPD) and chronic pain. It was suggested that these diseases provided a good opportunity for improvements in integration and coordination of care, especially for complex care cases and better management within the community. There was also acknowledgement of the relationship between individual behaviour and many chronic diseases (for example, the relationship between nutrition, exercise and diabetes) and the need for improvement.

### Prevention

The need to do more to prevent poor health was raised throughout the consultation process. Aboriginal and Torres Strait Islander community representatives highlighted the importance of adopting a more holistic approach encompassing not just physical health but also social and emotional wellbeing.

Community representatives raised the need to address health issues such as the impact of sedentary lives and need for exercise and fitness, combatting smoking, binge drinking in students, impact of drugs such as ICE in Aboriginal and Torres Strait Islander children and youth within Logan, and addiction in adults stemming from perceived over use of opiates relating to ageing and chronic disease including pain.

## Health system

### Health literacy

Health literacy is recognised as the capacity of a person to access, interpret and use health information and services to make informed decisions. Throughout the engagement process there was a recognised need to improve community awareness on how to understand, navigate and make the best use of the local health system. Examples included increasing knowledge of alternative services rather than Emergency Departments, building awareness of existing programs, and improving health related knowledge surrounding referrals, private health insurance and changing health providers.

### Access

Access includes a range of factors relevant to people's ability to make use of health services in a way that meets their needs.

Topics raised during the engagement process included a person's ability to know the relevant service to use; obtain an appointment; travel to and from a service; have enough time in the appointment and be treated well; and be able to afford the cost of the service and medications. For some community groups, such as refugees and the LGBTIQ communities, there were additional concerns such as being able to:

- use interpreters and reduce reliance on family members to fulfil this role
- see practitioners with sufficient insight and experience in issues such as complex co-morbidities, domestic violence, sexual health issues, and trauma and torture.

### Collaboration with other sectors

Collaboration refers to the connectedness of health services to other relevant sectors/groups outside of the health sector. During the community engagement there were a range of suggestions for areas in which more collaboration is required. These included collaboration with other areas that impact on the health system like police, education, financial stress and housing; developing a primary care workforce plan for school counsellors; improving the collection of data and completion of forms to achieve a more favourable outcome for both patients and GPs; integrating health care coordination on the Bay Islands into the economic transition strategy; and increasing collaboration between government departments and GPs regarding topics like immigration.

### Coordination and integration of care

The concept of coordination and integration reflects the extent to which services within the health sector are seamlessly connected. Issues specified during the community engagement process included the time-consuming nature of arranging interpreters; need for mechanisms between community nurses and GPs; lack of health literacy on Australian health system; disconnect between GPs and hospitals; and the lack of service coordination for Bay Island communities.

Improvements were also suggested, such as potential linkage between headspace locations and cross links with alcohol and drug services, and the importance of co-location and partnerships between primary health care and community service providers creating integrated service delivery.

## Mental health, alcohol and other drugs

Mental health was viewed as being one of the most important priorities in the region. A number of issues were raised, including the ongoing impact of stigma, increasing number of children accessing services, lack of suitable services for LGBTIQ communities, impact of mental health conditions within the health profession, increasing suicide occurrences in multicultural communities, difficulties accessing mental health services that deal sufficiently with torture and trauma, and the increasing prevalence of poor mental health, gambling, alcohol and drugs.

## Aged health care

Throughout the consultation, community group representatives recognised the growth in the ageing population and commented on health matters and the family impacts relating to older people living in the region. Major points raised include:

- a greater need for in-home support for elderly people wanting to remain at home
- a greater need for palliative care
- a preference within Aboriginal and Torres Strait Islander communities to have specific nursing facilities with culturally trained staff working within them
- an inability for some older people to make use of technology to access health care
- different cultural perspectives on the use of nursing homes with some cultures seeing the use of aged care facilities as being disrespectful to their elderly
- increasing evidence of extended families with no plans to use nursing homes
- increasing levels of abuse directed to older people related to financial matters
- language barriers with older multicultural people reverting back to their first language
- longer appointment times with GPs required for older patients.

## Technology and data

The importance of using data and technology to create an evidence base and improve health and health services was noted throughout the engagement process.

Consultation highlighted the poor flow of data and information between service providers and areas such as primary health and the hospital system. People advised they were looking for timely provision of data and respectful communication between parties, and to have their health information readily available. Aboriginal and Torres Strait Islander Elders saw the opportunity for their communities to increase use of My Health Record. Similar interest was expressed by other communities within the region.

There was a view that Brisbane South PHN needs to have better data collected in some areas to be able to improve the identification and understanding of health issues for some groups (such as LGBTIQ and migrant communities).

## Workforce education and development

### Health practitioners

When it comes to local health practitioners, people reported wanting to see:

- greater representation of Aboriginal and Torres Strait Islander health professionals
- greater respect shown to all people in the region irrespective of their cultural background or gender choices
- regular use of appropriate interpreters
- greater focus on prevention
- increased trust in health practitioners who demonstrate inclusivity and cultural appropriateness and take the time to listen and understand the unique need of the patient and their carers
- the PHN ensuring health practitioners are well educated in areas such as chronic disease and trauma.

### Health service providers

Suggestions from health service providers included:

- a need to look after the mental health and wellbeing of health service providers
- changing work patterns with women delaying engagement with sector due to family
- a need for health service providers to better understand what other health professionals do to improve transfer and referrals
- support for improved education in topical areas such as mental health.

### Health workforce issues generally

Suggestions made for addressing general health workforce issues included:

- changing the traditional roles that undertake activities (such as greater use of volunteers)
- increasing numbers of health professionals in primary health and hospitals
- better training and education in areas such as mental health and refugee health
- utilising overseas trained health professionals who may not be able to practice here but could still add value to the regional health system
- specific cultural training and great diversity inclusion for health professionals.





# BETTER COORDINATION

## Collaborative partnerships and networks

- Stakeholder engagement and collaboration with communities
- Partnership with Metro South Health
- Workforce development highlights
- Emergency Choices campaign
- Partnership with Children's Health Queensland
- Digital communication channels

## INTRODUCTION

Throughout 2017–2018 Brisbane South PHN has undertaken a high level of stakeholder engagement with the goal of improving the system and Brisbane south health outcomes. This consisted of collaboration with partners and networks, including Metro South Hospital and Health Service, and Children's Health Queensland, to better plan, deliver and connect health services.

Engagement was also undertaken through a variety of channels to connect, communicate and inform both the community and the primary health sector.



## STAKEHOLDER ENGAGEMENT AND COLLABORATION WITH COMMUNITIES

**Brisbane South PHN has a strong commitment to working in partnership with our local communities, as well as with primary health care professionals, regional hospital and health services, all levels of government and with the public, private and not-for-profit sectors.**

Our aim is that through these partnerships our local communities will experience a high quality health system that is delivering improved lifelong health and wellbeing. We focus on the many and varied community members who live and work in the Brisbane south region – our people and our places. We exist to improve the health outcomes of this community within the diverse Brisbane south region and we have developed a comprehensive Stakeholder Engagement and Communication Plan to ensure that our activities reflect this.

*Over the past year we have taken the opportunity to outreach into the community and listen to community members so we truly understand the opportunities and challenges faced everyday by people living in the Brisbane south region.*

We sought to engage people around their aspirations and to collaborate with them to inform and improve the quality and accessibility of care.

In particular, throughout 2017–2018 we focused our engagement with our Aboriginal and Torres Strait Islander peoples to partner with them to close the significant gap in health outcomes in our region.

These community conversations happened across more than **100** different events and activities, from consultation and collaboration around our Needs Assessment and our Reconciliation Action Plan, to participation on various community forums and workshops and participation in community events.

We also expanded our use of social media and digital platforms to enable community members to engage with us in a way and in a timeframe that suited them.



*Auntie Ruby and General Manager Stakeholder Engagement and Communications Louise Litchfield at the Link-Up National Sorry Day commemoration event on 25 May 2018.*



*Ken Wyatt, Minister for Aged Care and Indigenous Health, with Brisbane South PHN staff at the Alexandra Hills Hotel on 24 July 2017.*



*Stakeholder, engagement and communication staff Raquel and Rhyce at the Brisbane Mental Health Expo in the CBD on 13 October 2017.*



# PARTNERSHIP WITH METRO SOUTH HEALTH

## Brisbane South PHN and Metro South Health partnership grows in 2017–2018

Brisbane South PHN has continued a strong partnership with Metro South Health throughout 2017–2018 to improve connections between primary care and hospital services in the region.

Specifically, the two organisations have worked on:

- the Refer Your Patient website – a website that outlines when and how General Practitioners (GPs) can refer patients to specialist services in Metro South Health public hospital facilities. Specialist outpatient referral templates have also been developed to assist with referral quality and compliance with essential criteria
- increasing use of Secure Message Delivery – a secure and efficient way of referring patients electronically to specialist services
- implementing SpotOnHealth HealthPathways – an online tool used by clinicians which includes information about assessment, management and referral options for over 550 conditions and is being progressively localised to the Brisbane south region by local GPs and subject matter experts
- encouraging use of the Health Provider Portal ('The Viewer') – where GPs can have secure online access to their patient's Queensland Health records. This access allows GPs to view public hospital information including appointment records, radiology and laboratory results, treatment and discharge.



Metro South Health General Practice Liaison Officers and Brisbane South PHN Area Account Managers have been engaging GPs and other clinicians across the region to support the implementation and sustainability of these initiatives. This has been achieved through collaborative service planning and coordination of targeted communication and engagement activities.

Together these initiatives are ensuring 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.



Joint Board meeting with Brisbane South PHN and Metro South Health was held on 27 March 2018.

# WORKFORCE DEVELOPMENT HIGHLIGHTS IN 2017–2018

The Workforce Development and Education program delivered an array of activities across 2017-2018 to support the development of the primary health care workforce in Brisbane south.

With a commitment to addressing national PHN priorities, Brisbane South PHN goals and strategies and local workforce needs, our activities supported both clinical and non-clinical roles to meet the demand for a skilled and competent workforce.

We provided the primary health care workforce with opportunities to strengthen foundations of knowledge and organisational systems, maintain currency, support advanced practice and work collaboratively to promote positive changes in practice that enhance patient care.



My health for life facilitator training 3–4 August 2017.

### Attendance (Jul 17 to Jun 18)

Doctor	435
Nurse	1 891
Practice manager	195
Practice staff	223
Allied health	294
Pharmacist	153
Other	133
<b>Total</b>	<b>3 324</b>

## Feedback from participants of education sessions during 2017–2018

Overall the feedback we received was overwhelmingly positive, with one General Practitioner reporting: "... the entire day was great, I feel much more confident in counselling patients about pain management, negotiating plans with them and encouraging them to try non-opioid options".



"The knowledge has increased my confidence and allowed me to share what I've learned with colleagues. The result is an overall improvement in patient care."

"We have significantly increased our screening technique for health assessments, thus improving opportunities to pick up patient concerns."

"The cultural awareness training informed my practice on the experiences of culturally and linguistically diverse individuals which prompted specific discussion towards the improvement of their wellbeing."



Confidence in my skills and knowledge have improved as a result of attending Brisbane South PHN education sessions.

**75%**  
agreed

Have you effectively applied the skills and knowledge gained from attending Brisbane South PHN sessions?

**91%**  
said yes

How has the education you attended influenced you in your role?

**76%**  
said they thought there was improved patient care



## General Practitioner Pain Management seminar

On Saturday 3 March 2018, 65 General Practitioners attended the Brisbane South PHN GP Pain Seminar at Rydges Hotel South Bank. The program was developed in collaboration with the Brisbane South PHN Clinical Council and Dr Peter Adkins, Brisbane South PHN Senior Clinical Lead- GP.

Local and national guest speakers covered a variety of pain management topics including diagnosis, appropriate investigation, acute and persistent pain, medications and dependency.

The seminar provided information on timely topics including managing codeine dependencies and the recent codeine rescheduling. Local speakers provided an update on how to access services available to patients in our region.

A highlight of the seminar was a presentation by Professor Damien Finniss, researcher and clinician from University of Sydney Pain Management Research Institute and Royal North Shore Hospital, who provided an update on placebo research and presented practical advice to GPs on applying placebo research to daily clinical practice.



*Aston Wan, Metro South Persistent Pain Management Service, specialist pain physician, presented the session 'Assessing and managing persistent pain'.*

## Practice Nurse Support Program

The Practice Nurse Support Program was established in 2016 to provide education, support and mentoring to nurses that are new, transitioning or returning to general practice.

Participating nurses have been provided with face to face education sessions, information and resources covering various topics: immunisation and vaccine management, wound management, chronic disease management, cancer screening, sterilisation, performing spirometry and ECG. An accreditation module has been added this year to the suite of topics offered throughout the program.



*Two nurses currently participating in the program – Kay and Wesli.*

A practice manager from the Brisbane south region highly recommends the program, saying she loved seeing the nurses within her practice flourish and their confidence improve dramatically as they worked through the program. She wished that the program had existed 10 years ago when she started nursing in general practice.

**102** nurses from **66** practices participated in the Practice Nurse Support Program during 2017–2018.



**practicenurse**  
Support Program



*Workforce development continued ...*

**Other notable events**

**Schedule changes – an immunisation update**

The National Immunisation Program (NIP) schedule changed on 1 July 2018 to include new vaccines and schedule changes, which necessitated support to primary care GPs and nurses to implement the changes. An education session was planned for 27 June 2018 in collaboration with Metro South Public Health Unit and was attended by 192 GPs and nurses.

Interest in this session was so great that a second session was planned for July 2018 and attended by a further 67 people. 82% of participants at the June session reported their knowledge and confidence improved by attending this session.



**Child health and wellbeing workshop**

Held on 17 February 2018, this workshop was tailored to GPs and nurses with an interest in child health. Approximately 100 guests attended. Among the guest speakers were, Tracey Button from Child Health Service and Dr Ryan Mills, Paediatrician.



*Child health and wellbeing conference, 17 February 2018.*



*Mental health, alcohol and other drugs meet and greet, 8 June 2018.*



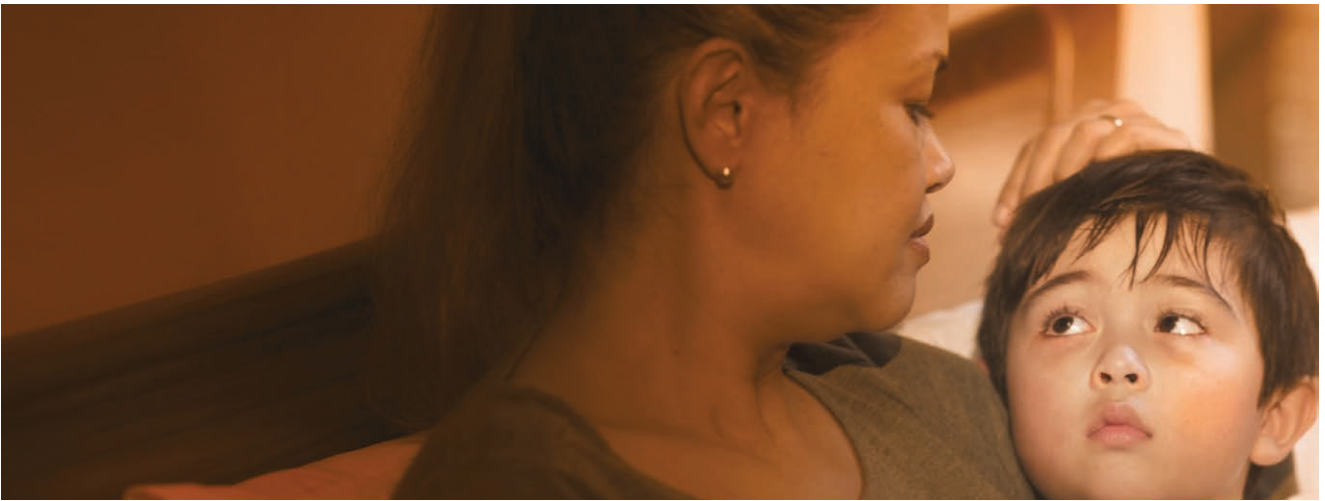
*Influenza workshop, 26 March 2018.*



*Through the looking glass - patients, profits and productivity, 29 May 2018.*



# EMERGENCY CHOICES CAMPAIGN



## One of Brisbane South PHN's directives is to improve access to after hours medical services tailored to the specific needs of our community.

A report commissioned by the Federal Government found that consumers are often unaware of the options open to them or how to access them for after hours medical care.

Research within Brisbane south also revealed that a high proportion of patients presenting to the Emergency Department (ED) were category 4 or 5 patients, creating congestion and putting pressure on resources where other services would suit these needs. As such, a community education campaign regarding after hours health care was launched during the latter half of 2017.

The objectives of the campaign were to:

- improve awareness of options and help people make appropriate choices
- empower patients to make appropriate choices, thereby reducing the burden in unnecessary/inappropriate ED presentations.

The campaign outlined alternatives to the ED, including the Healthdirect Symptom Checker, 13 HEALTH telephone service, after hours services and general practice.

The key message "going to the ED is not always the best option for non-urgent conditions" was highlighted throughout promotional materials, including posters and fridge magnets.

The success of the campaign was clear, with outcomes including:

**THE EMERGENCY DEPARTMENT ISN'T ALWAYS YOUR BEST OPTION.**

- GETTING WORRIED?** See [healthdirect.gov.au/symptom-checker](http://healthdirect.gov.au/symptom-checker)
- NEED TO TALK NOW** Call 13 HEALTH (13 43 25 84) for 24/7 advice from a nurse.
- NEED TO SEE A DOCTOR** Call your GP or after hours GP service.
- IT'S AN EMERGENCY** Go to a hospital emergency department or call 000 for an ambulance.

Sick or injured after hours?  
[emergencychoices.org.au](http://emergencychoices.org.au)

**phn**  
BRISBANE SOUTH  
An Australian Government Initiative

**85%** of survey respondents believe the Emergency Choices campaign was very relevant or of some relevance

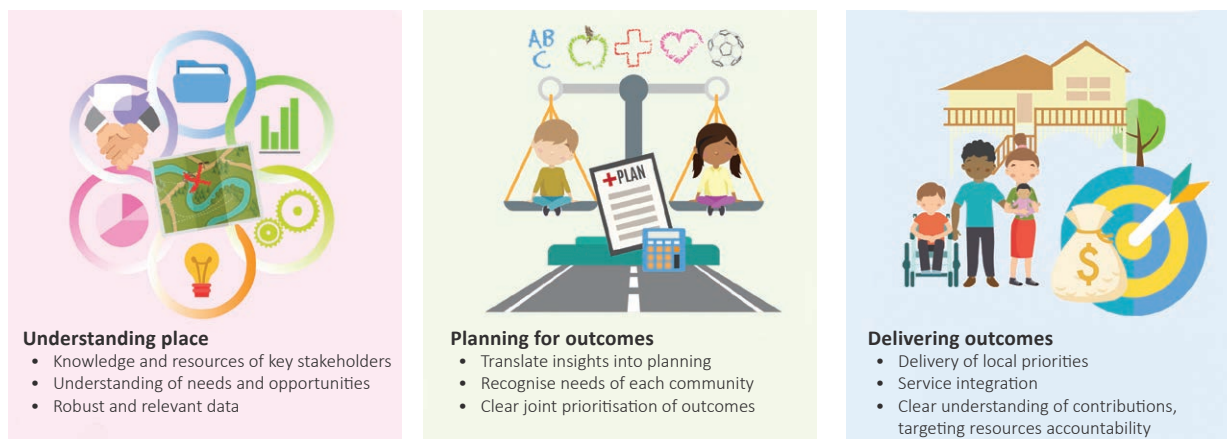
A significant increase of awareness regarding the Online Symptom Checker when prompted (21% c.f. 10%).

Slightly increased awareness of 13HEALTH (58% c.f. 49%) and pharmacies (46% c.f. 39%) and decreased awareness of the ED (72% c.f. 79%)

An increase of service use by those aware of the campaign, including after hours doctor service 33% c.f. 21%, 13HEALTH 18% c.f. 10% and pharmacies 18% c.f. 10%

# PARTNERSHIP WITH CHILDREN'S HEALTH QUEENSLAND

Brisbane South PHN and Children's Health Queensland are working within a partnership model called 'Our Children and Communities Matter'. The partnership activities involve joint Needs Assessment, planning and collaborative effort for addressing the health needs of children in the Brisbane south region. The approach and key Needs Assessment findings are outlined below.



**Reach of universal and primary care**  
 The uptake of universal health services in children over 3 months of age is limited, and as a result at-risk children are not identified as early as possible.

**Partnerships and integration**  
 Partnerships between service providers and sectors are either absent or fractured which results in disintegrated or sub-optimal care for children and families.

**Inequity in health status**  
 There is inequity in the health of children, with children from disadvantaged communities experiencing greater health adversity.

**System support**  
 There is no consistent approach to facilitating cross-sector collaboration which causes duplication of effort and competing priorities for the system.

The two main initiatives that Brisbane South PHN and Children's Health Queensland are working on together are:

- integration approach to universal screening training and support for Early Childhood Education Centres in Brisbane south
- strengthening health assessment response for children in out of home care.

Until recently, Brisbane South PHN contracted Children's Health Queensland to provide Parent's Evaluation of Development Status training and support through Project ECHO to early childhood education centres in targeted areas in Brisbane south. Content included:

- managing difficult conversations with parents
- sharing Parental Evaluation of Developmental Status (PEDS) results with families
- typical child development
- supporting development in the early childhood setting.

However, both agencies recognised the need to better understand how their agencies and other agencies including Education Queensland are providing support to early childhood education centres, their children and families.

A decision has been made to undertake a review of this broader work and collectively develop a practice approach and delivery plan that is sustainable and targeted to most in need.

Brisbane South PHN and Children's Health Queensland are also working together to develop capacity-building tools (e.g. GP assessment forms, digital health pathway) for General Practitioners to provide comprehensive health assessments and health plans for children in out of home care.

Children's Health Queensland has been central to supporting Brisbane South PHN in the development of a training program for General Practitioners and other clinicians/stakeholders to build clinical expertise and processes. Brisbane South PHN and Children's Health Queensland participate in an executive advisory group chaired by Department of Child Safety which supports the strategic alignment of work in this area.

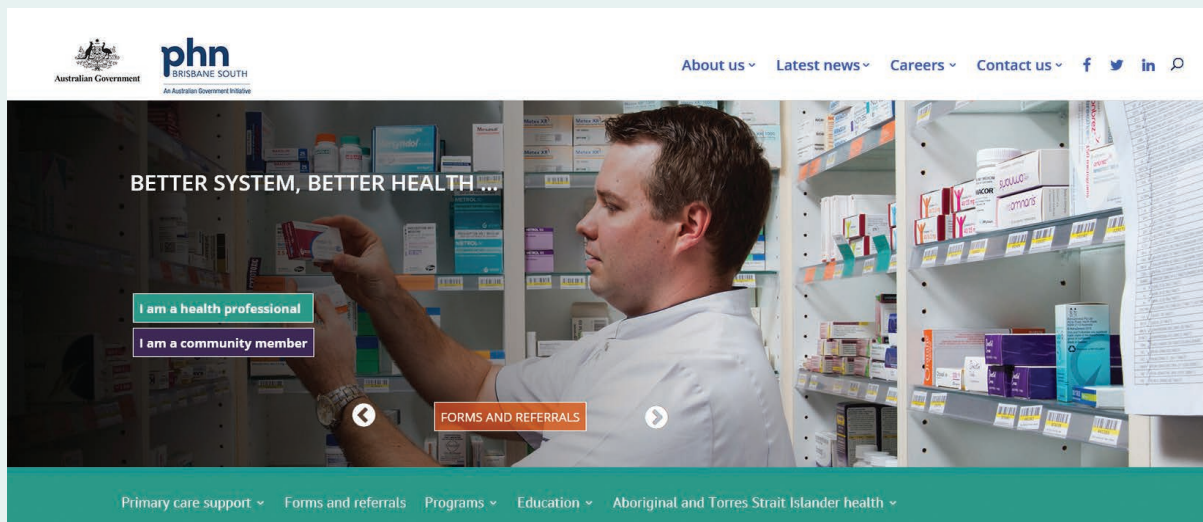
Reports indicated the face-to-face training was overwhelmingly successful in the five month period Project ECHO rolled out the training.

<p><b>16</b> training sessions, with <b>160</b> early years sector staff attending.</p>	<p>High levels of stakeholder satisfaction were reported (<b>99%</b>).</p>	<p><b>95%</b> reported improvement in knowledge.</p>	<p><b>86%</b> reported a change in self-efficiency, knowledge and confidence in screening using the PEDS tool.</p>
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# DIGITAL COMMUNICATION CHANNELS

The past 12 months have been a time of evolution, transformation and growth for our digital channels. With a new website launched and increased emphasis placed on digital methods of communication, our audiences have thrived and reached new levels of engagement.



## Website

2017–2018 saw a significant change for our digital channels, with a new website launched in December 2017. The new site reflects a more engaging style and user-friendly navigation through updated content that is concise and relevant to our stakeholders. The website is now divided into separate areas for health professionals and community, allowing users to directly access content and resources most applicable to them. The eye-catching design features Brisbane South PHN’s corporate colours and style, interspersed with large imagery of our region.

Over 2017–2018 our website had a total of **223 223** page views from **43 315** unique visitors, with **19.95%** of people heading to our homepage as their first point of call.

### Top website page views over 2017–2018

Homepage	44 543
Education	6 785
Primary health care vacancies	6 464
Forms and referrals	5 690

## eBlast

A **weekly eBlast** has been distributed to more than **3 850** subscribers throughout 2017–2018, providing short, concise primary health updates to health professionals. Following consultation with stakeholders, the eBlast design has been improved with shorter articles and eye-catching banners based on our new corporate imagery.

**Bi-monthly Partners in Recovery (PIR) and Allied Health and Pharmacy eBlasts** also provided stakeholder-specific updates for the Brisbane south region to more than **450** subscribers.





### Social media

As an area of significant influence, particularly within the community, the Stakeholder Engagement and Communication team intensified our focus on social media in 2018, which saw our Facebook, LinkedIn and Twitter audiences flourish. At the beginning of 2018, an audit of all digital communication channels was conducted. With these findings in mind, a social media growth strategy was developed and implemented, focusing on improving social media reach, engagement and brand recognition over the next 12 months.

Reflecting these objectives, content has now been catered to audience need, with Facebook focusing on community and Twitter responding to the desires of health professionals. All social media channels have grown significantly across 2017-2018, with a **58%** increase of Facebook followers since implementing the social media strategy in February 2018.

Our low intensity mental health Facebook campaign, which ran over May and June 2018, was incredibly successful. The nine posts reached a total of **50 184** people within the Brisbane south region and achieved **2 397** link clicks, comments, likes and shares.

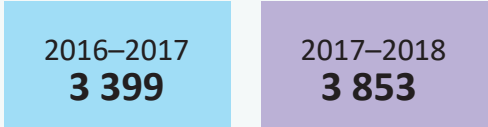


### Bulletin

Our e-magazine, the Bulletin, complements the eBlast by communicating about health in the Brisbane south region through in-depth newsworthy articles. Previously distributed monthly, the now six-weekly Bulletin was published nine times in 2017-2018 to more than **3 850** subscribers.

The Bulletin layout was also improved with an emphasis on the people and places within our region, and the design was updated to reflect our new visual style.

### Newsletter audience growth







## Accessible, appropriate, patient centred health care

- Mental health
- Chronic disease
- Child, youth and family
- Multicultural health

## INTRODUCTION

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Improving health in the Brisbane south region has continued to be of primary importance during 2017–2018. A number of services have been commissioned to improve health outcomes, with a focus on mental health and chronic disease prevention and management.

Brisbane South PHN has emphasised the importance of person centred collaborative care with the development of the Person Centred Collaborative Care (PCCC) model, fostering integrated person centred approaches to health and wellbeing in the Brisbane south region. Significant priority was also placed upon the application of emerging technologies to support person centred and integrated care through the work of the Digital Health team in 2017–2018.



## MENTAL HEALTH

In response to the Australian Government's mental health reform agenda Brisbane South PHN commissioned services throughout 2017–2018 founded upon the stepped care approach to ensure a range of service types across the region that matched individual and population need.

### Low intensity mental health services

Brisbane South PHN launched these new services in August 2017. Artius was commissioned to provide the Feeling Better Program to support the general population and Belong was commissioned to provide the NewAccess Program (developed by beyondblue) for people who identify as being from culturally and linguistically diverse backgrounds. Both programs provide early intervention, low intensity Cognitive Behavioural Therapy for people with, or at risk of, mild depression or anxiety, or having difficulty coping with stressful situations or events in their life.

These services are seen as the initial early intervention “step” within the primary care stepped care framework and have been well received as a viable option for people not requiring psychological therapies.

Low intensity is a new concept of providing early intervention for people's mental wellbeing. As such, Brisbane South PHN launched a multi-faceted campaign to raise awareness of the program and encourage self-referral. This included a social media campaign and distribution of promotional postcards across the region.



### Psychological Therapies program

The Psychological Therapies program was launched in October 2017. Replacing the old Access to Allied Psychological Services (ATAPS) program, this new initiative for mild to moderate service intervention has a clear focus on under-served groups throughout the Brisbane South PHN catchment area including people who come from a disadvantaged background. Brisbane South PHN commissioned two organisations, Wesley Mission Queensland and World Wellness Group (for those people identifying as culturally and linguistically diverse), to deliver these services.

**Wesley Mission Queensland** have sub-contracted psychologists throughout the Brisbane south region. Additionally, they have set up co-location arrangements with homeless drop-in centres and a community centre that has strong links to the Aboriginal and Torres Strait Islander community.

Provisional pathways have also been established with organisations that work regularly with the priority population groups, such as perinatal wellbeing in Metro South, Queensland Aids Council, Open Doors and specific domestic violence organisations to name a few.

Over **1 500** people from the identified vulnerable population groups have accessed psychological therapies through Wesley Mission Queensland since the program began in October 2017.

**World Wellness Group** deliver the Psychological Therapies program via their Multicultural Psychological Therapies Group (MPTG), an alliance between World Wellness Group and other key practices in the Brisbane south region with a focus on supporting culturally and linguistically diverse people.

MPTG deliver the psychological therapies by ethnically matching the practitioner and the person or via a co-therapy model where mental health practitioners and bilingual/bicultural workers jointly work together with the person. This unique therapy model has seen positive and encouraging feedback from the people accessing the service. People report feeling more comfortable and trusting in the therapeutic environment when talking with someone from their own cultural background. The service is being evaluated throughout 2018–2019.



## Severe and complex mental health services

In 2017 Brisbane South PHN conducted a review into the effectiveness and efficiency of the Mental Health Nurse Incentive Program (MHNIP). In response to the results, a refresh of MHNIP saw the launch of the Community Mental Health Clinical Care and Coordination program for people experiencing a severe mental health issue with complex needs in the Brisbane south region. Under this program, The Benevolent Society were commissioned to provide services throughout the Logan and Redlands hospital catchment and Aftercare for the Princess Alexandra Hospital catchment area.

In 2017–2018 Brisbane South PHN, in collaboration with the Mater Refugee Complex Care Clinic, Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) and the Mater Emotional Health Unit, funded a pilot program to develop and implement an innovative model of psychiatric care for complex patients from refugee backgrounds.

Early results indicate success with culturally appropriate psychiatric assessment and treatment plans being implemented.

## Suicide prevention

Brisbane South PHN commissioned Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) to deliver their NEXUS program. This program has engaged young people from refugee backgrounds in a variety of ways to support their wellbeing and social connectedness, internal locus of control, and perceived academic and/or work performance.

The model includes individual counselling sessions and individual school outreach one-on-one sessions. QPASTT also deliver school outreach group sessions, including DRUMBEAT (Discovering Relationships Using Music, Beliefs, Emotions and Thoughts) therapeutic groups and informal/drop in group sessions.

QPASTT considers this range of activities as core to a youth suicide prevention program which provides opportunity for young people to have a suite of soft entry to clinically focused programs to address their needs.







Partners in Recovery forum 2018

### Mental health continued ...

#### Partners in Recovery and transition to NDIS

Brisbane South PHN is the lead agency for the Partners in Recovery (PIR) program in the Brisbane south region. PIR aims to support people with severe and persistent mental health issues with complex needs, as well as supporting their families and carers. During the year the PIR program supported **542** participant referrals.

In 2017–2018 PIR focused on transitioning participants to the National Disability Insurance Scheme (NDIS). As of 30 June, Brisbane south PIR had submitted **151** NDIS applications and had **80** applications waiting for a decision, and **47** participants waiting for a planning meeting. PIR has exceeded key performance activities substantially by engaging with external stakeholders such as Partners in Community Local Area Coordinators (Carers Queensland) and the National Disability Insurance Agency.



#### Aboriginal and Torres Strait Islander services

##### Youth mental health services

In 2017–2018 Brisbane South PHN continued to commission four headspace sites in Capalaba, Inala, Meadowbrook and Woolloongabba to provide mental health services for 12 to 25 year olds and assist in the positive promotion of people's wellbeing. At a minimum, hubs respond to mental health, general health, alcohol and other drug and vocational concerns of young people.

During the year more than **16 780** occasions of service were delivered across the Brisbane South PHN region. In addition, Meadowbrook and Inala headspaces provided suicide prevention programs for young Indigenous Australians.

In 2017, Brisbane South PHN undertook extensive consultation regarding child and youth services. This review identified significant opportunities for both immediate and longer term improvements to primary mental health services for those young people with severe and complex mental health issues.

In response, a child and youth severe and complex pilot program was launched in the Redland Hospital's catchment area in March 2018 to provide intensive, age-appropriate treatment and interventions to children and young people aged eight to 25 years old with, or at risk of, severe and complex mental health issues.

The service focuses on hard to reach populations and provides both onsite and outreach support, family focused interventions and group programs. The pilot will be evaluated in 2019.





*Mental health continued ...*

### Micah Nurse Project

As part of a capacity building activity for Partners in Recovery, Micah utilised nursing assessment skills to assist with identification of previously untreated health related issues and communication assistance to most effectively engage further medical assistance. It also increased education for participants to both recognise new health issues, and build confidence to collaborate with health care professionals.

#### Outcomes achieved to date

- **116** health concerns previously not being addressed have been identified in the life of this project, resulting in **70** follow up investigations, **37** new specialist referrals and **135** new allied health engagements.
- **172** assisted face-to-face engagements facilitating better health outcomes for individuals, and efficiently and effectively utilising health services and providers time.
- Successful advocacy for clients with limited understanding of their own health care needs.
- Nine participants were linked into a new general practice and **142** health concerns that had previously not been addressed were identified and referral to an appropriate allied health service occurred.

### Alcohol and other drugs services

Brisbane South PHN commissioned five alcohol and other drug (AOD) treatment providers in the 2017–2018 financial year: Anglicare, Lives Lived Well, DrugArm, Mater Health and Queensland Injectors Health Network (QUIHN). AOD treatment services provided outpatient counselling, support and case management, group work, and information and education. Outside of PHN commissioned services, the majority of AOD treatment services are provided by Metro South Hospital and Health Service.

Services commissioned by Brisbane South PHN service all of the Brisbane south region including inner Brisbane, Woolloongabba, Mount Gravatt, Logan, Redland Bay and the outer islands. Specialist programs provide therapeutic support for Aboriginal Torres Strait Islander peoples; people from culturally and linguistically diverse backgrounds; lesbian, gay, bisexual, transgender, intersex and questioning community members; pregnant women, parents and families.

The Queensland Network Alcohol and Other Drug Agencies has been funded to improve workforce capacity as the peak organisation for the AOD sector.



Brook RED's PAUSE team: Nick Moreau, Michelle Brunsmann, Kezia Schneck and Amy Davies.

## BrookRed

In recent years the Department of Health has taken a new approach to suicide prevention funding, with reform now focused on person centred care. In implementing this new strategy, PHNs have been given the opportunity to take a lead role in helping to plan community-based suicide prevention activity. This is being conducted through a more integrated and systems-based approach in partnership with the Hospital and Health Service and other local organisations. In fulfilling this mandate Brisbane South PHN commissioned Brook RED, a lived-experience organisation in Brisbane south, to deliver the PAUSE program.

The PAUSE program is a unique approach to suicide prevention in our community. All PAUSE employees are peer workers, meaning they have personally experienced suicidal distress and can relate to others from this authentic place of understanding and empathy. Both the research about suicide prevention and feedback from people who themselves have experienced suicidal distress tells us that a sense of connection with and understanding from other people is a key factor in prevention and peer workers are ideally positioned to build such connection and understanding.

PAUSE is a collaboratively designed program in partnership with Brook RED, Brisbane South PHN and the Metro South Hospital and Health Service. This partnership approach has led to innovative responses that meet the needs of multiple stakeholders and ensure a high level of responsiveness and agility to emerging trends. Referrals to PAUSE are made by Logan Hospital Emergency Department staff. The program serves as a bridge, supporting people immediately following a crisis and assisting them to identify what sorts of support they will need moving forward.

People aged 16 and over who live in the Logan Hospital catchment area are eligible for the program. Participant feedback has confirmed that people find the PAUSE program supports them to work through their suicidal thoughts and gain an increased understanding of the experience, in addition to helping them find more reasons to be alive and build an increased capacity to work through distress.

The PAUSE program was piloted commencing in August 2017 and has proven a promising approach. PAUSE will be continuing through the coming year and is being evaluated by Griffith University's Australian Institute for Suicide Research and Prevention (AISRAP), which will help to inform future directions for the program and contribute to the broader understanding of suicide prevention.

## What else in mental health?

Considering most programs are new to the community, Brisbane South PHN has developed a Referrers' Kit to assist GPs and the community to navigate available services. The kit contains program information including eligibility criteria and contact details for referrals. The feedback has been positive and will be taken into account when developing our second version in the new financial year.

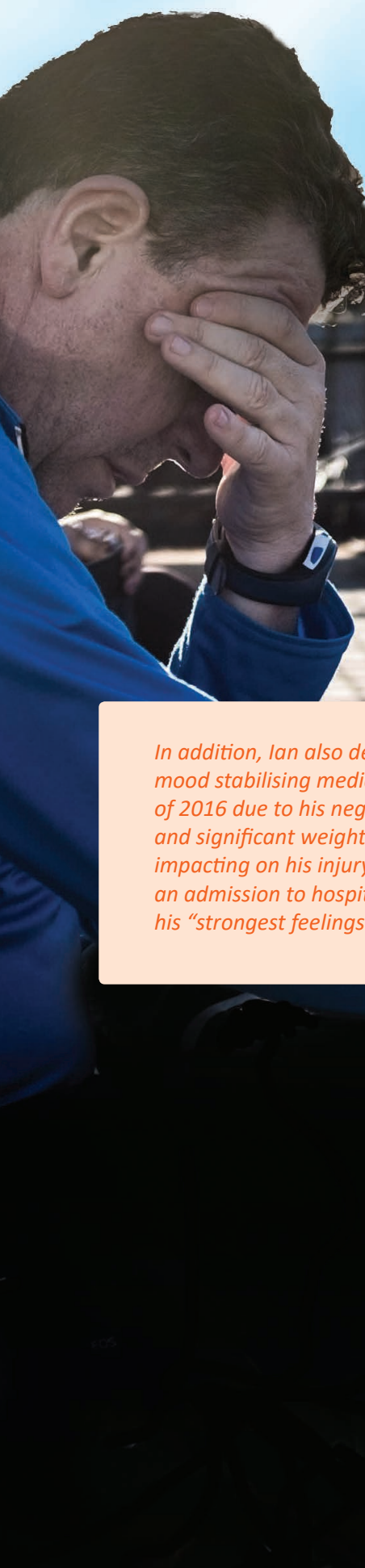


Brisbane South PHN has also been delivering a lot of community and sector consultation to inform our strategic direction beyond 2019. Ten community 'Think Tanks' were run with five focusing on health professionals, government bodies, councils, GPs and service providers, and five aimed at people with lived experience and their carers. The contribution has been put into our co-design process, informing decisions on what system and services work best for the community.



Participants of one of the "Think Tank" sessions, who are assisting us to develop our strategic direction beyond 2019.





## Queensland Injectors Health Network (QuIHN)

Brisbane South PHN commissioned the Queensland Injectors Health Network (QuIHN) in September 2017. QuIHN works from a harm minimisation framework providing services to people 18 years of age and over. Individuals under the age of 18 years are able to access brief interventions consisting of information and education as well as a referral to specialist youth services. Acknowledging the stigma for people accessing alcohol and other drugs (AOD) treatment, it is noted that QuIHN made the choice to put people before their brand by establishing an inconspicuous clinic location without signage, thus providing a safe space for people to access treatment.

QuIHN facilitates an outreach drug and alcohol service in the Redlands and Moreton Bay Islands regions for individuals and families who identify as experiencing problematic AOD use and are at risk of or are experiencing additional vulnerabilities, such as people with multiple and complex needs. This is achieved by the provision of counselling and therapeutic group work; post withdrawal/rehabilitation support and relapse prevention; and case management, care planning and coordination.

### Case study Ian\*, 47-years-old

*Ian was referred to QuIHN for therapeutic counselling to address substance use. Ian has used various substances including alcohol, heroin, speed and methamphetamine (commonly known as ice). Ian sustained abstinence for a period of six years, from the age of 14, until a workplace accident in 2011 caused a significant back injury.*

*Following the injury Ian was given multiple diagnoses of mental illness and was prescribed mood stabilisers and opioid medications. Ian used opioids as prescribed to manage pain which made him feel as though he had relapsed to heroin, leading to his decision to reduce opioids without medical advice. This triggered withdrawal symptoms that he began managing with illicit substances, namely methamphetamine and cannabis.*

*In addition, Ian also decided to cease his mood stabilising medication at the end of 2016 due to his negative experience and significant weight gain that was impacting on his injury, culminating in an admission to hospital experiencing his “strongest feelings of suicide”.*

*At the beginning of engagement with QuIHN in March 2017, Ian experienced limited capacity to complete tasks and manage pain since ceasing substances two months prior, which was motivated after identifying a correlation between drug use and mental illness. To manage his mental health and abstinence, Ian actively participated in AOD treatment and support groups and sustained specialist appointments to manage his injury.*

*QuIHN used a non-judgemental harm reduction approach for conversations regarding substance use with a dialogue of safety and psychoeducation. Therapeutic interventions were predominately focused on self-care and strengths, while encouraging conversations on injecting procedures to support safety and reduce shame surrounding substance use.*

*support safety and reduce shame surrounding substance use.*

*Ian’s back pain has now reduced to the stage of being able to complete meaningful everyday tasks due to continued health supports and sustaining self-care. When reviewing his treatment plan he stated that he has found himself “achieving more, feeling more motivated and focusing more on the important things in life”.*

*Ian is proud to report few lapses with methamphetamine since his engagement with QuIHN and a significant reduction of mental illness symptoms. Ian also shared his plans to gain employment again for the first time since his workplace injury.*

*From QuIHN’s perspective, “encouraging conversations around harm reduction can collaboratively create treatment plans with a non-judgemental approach to reduce the self-stigma that can lead to unsafe/misuse of substances that can correlate with self-harm or suicidal thoughts”.*

*Ian was eager to share his experience stating that “upon reflecting on his story” he felt proud of his progress. Ian believes that his abstinence is supported by weight loss from ceasing medication, diet changes in line with his values and “not feeling shame anymore” about his substance use. Ian added that he finds it easier now to visualise himself “dusting off and getting back up” after lapsing.*

(\*Name has been changed)

## CHRONIC DISEASE

Brisbane South PHN supports three key components essential for improved primary care management of chronic disease: delivery system design, clinician decision support and patient self-management support. Throughout 2017-2018 focus has been placed on supporting general practice to provide optimal care to people with chronic disease through quality improvement initiatives, and preventing chronic disease in patients through the behaviour modification program My health for life.



### My health for life

**My health for life (MH4L) is a free risk assessment and behaviour modification program developed for Queenslanders at high risk of chronic disease, such as heart disease, type 2 diabetes and stroke.**

The program is delivered by the Healthier Queensland Alliance, led by Diabetes Queensland (DAQ) in partnership with the Stroke Foundation, Heart Foundation, Queensland Aboriginal and Islander Health Council (QAIHC), Ethnic Communities Council of Queensland (ECCQ) and all Queensland PHNs.

Brisbane South PHN received funding from DAQ to promote the program to primary health care and to support general practices with early intervention strategies and identifying eligible patients for referral into MH4L.

### Key activities Brisbane South PHN initiated during 2017-2018

.....  
**453** practice visits were conducted incorporating MH4L information and resources.  
 .....

**14** general practices participated in our MH4L competition aiming to increase promotion of the MH4L program to their patients, with five practices awarded a prize for their collaboration, innovation and GP referral efforts.  
 .....

**18** Continuous Quality Improvement projects were completed to improve 45 to 49-year-old health assessments using the Plan, Do, Study, Act tool (practices participating in the Optimal Care program).  
 .....

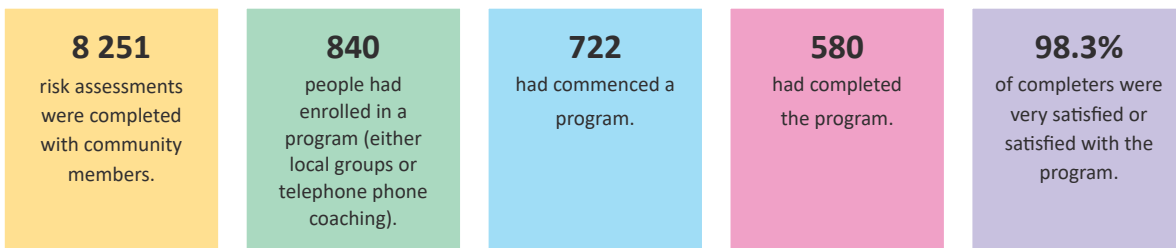
**Two** MH4L education events were held covering topics such as exercise as medicine, behaviour change and absolute cardiovascular disease risk, attended by **54** health professionals.  
 .....

Supported the identification and training of local qualified health professionals to become MH4L providers, resulting in approval of **32** MH4L facilitators across **16** provider organisations.  
 .....

Regular promotion was undertaken through Brisbane South PHN's communication channels including eBlast and Bulletin newsletters, events and social media.  
 .....

The Lifestyle Modification Pathway on SpotOnHealth HealthPathways was launched.  
 .....

### As at June 2018 for the Brisbane South PHN region:







# OPTIMAL CARE

The Optimal Care program supports practice staff to improve the management of chronic disease in their practices.

## Optimal Care program

**Chronic diseases require adequate prevention and management strategies to ensure they do not become a major cause of hospitalisation.**

**People who are affected are much more likely to become frequent users of primary and acute health services. Chronic disease management (CDM) in general practice involves appropriate prevention, early identification and best practice management strategies.**

The Optimal Care (OC) program was developed by Brisbane South PHN as a chronic disease quality improvement program for general practice. Practice staff are supported to implement changes which are identified by the practice to improve processes and systems related to the management of patients.

In 2017–2018 an external evaluation of the program was conducted. Findings revealed that Brisbane South PHN has implemented an extremely successful and positive program which has drawn support from clinics across its area of influence. Data analysis found that the program is effectively and positively working towards the objectives of:

- reduced general practice variation, evidenced by the lower levels of fluctuation in trends in OC practices compared with non-participating practices
- improved quality of care, implied through an upward trend in utilisation of GP Management Plans, Team Care Arrangements and Care Plan reviews, as well as better monitoring of lifestyle indicators
- improved screening and immunisation rates for pneumococcal and influenza across the chronic care cohort
- an increase in the quality and quantity of the CAT4 clinical audit tool being used by participating practices.

To achieve the above, participating practices are supported by a range of methods and tools including individual, benchmarked practice data reports; on-site clinical audit training; practical workbooks; in-practice professional upskilling (e.g. from Asthma Australia); and practical workshops and education events related to quality improvement and chronic disease.

Practices use data to track clinical and operational measures and set monthly goals to drive quality improvements in practice systems. Each practice is assigned an Optimal Care program support officer to assist them in working toward these goals.

The external evaluation also identified key factors contributing to the program's success, including:

- the flexibility of the program which allows clinics to engage in the areas of most interest, need or concern to each practice
- the high quality of program material provided to practices to support them in their quality improvement activities
- the high degree of support provided to practices by PHN staff.

The Optimal Care program is available to all general practices across the Brisbane south catchment, however the program has an emphasis on practices that are located in areas with high prevalence of chronic disease, as identified by the Brisbane South PHN Needs Assessment.

During 2017–2018 the number of practices participating in the Optimal Care program incrementally grew from **11 to 54**. A new cohort of practices will join the program in 2019.

As a result of participating in the program, practices are equipped with the tools to continue on their quality improvement journey. This encompasses testing and reviewing processes and analysing data to enhance their management of patients with chronic disease.

### Quote from a practice nurse in one of the 11 initial practices:

*"Numbers of Cycles of Care's attended had increased...[including] a five fold improvement for one doctor. Importantly, overall care of patients with diabetes has improved.*

*It has been an excellent opportunity to improve practice nurse skills being part of this program. The Monthly Progress Reports have been encouraging, to see the gradual improvement over the 20+ months is rewarding."*

### A quote from a practice manager at a recently signed practice:

*"Working through the goal activity books and Optimal Care's asthma, diabetes and flu booklets with the CAT 4 tool has inspired me to create several PDSA (Plan, Do, Study, Act) reports and monitoring systems.*

*These systems have helped to produce KPIs for my staff that ultimately pushed us to improve on the quality of our data in which we can now monitor changes on a monthly basis.*

*This data can be used in planning, implementing and monitoring business and clinical system initiatives, which can lead to improved health outcomes."*



## CHILD, YOUTH AND FAMILY

A major focus of the Child, Youth and Families team at Brisbane South PHN is understanding how the primary care sector engages with the broader child and youth health and community services sector. It is also to support preventive programming and take a lead in integration, where required, to enable greater collaborative efforts and a deeper impact for local children and families. The following are examples of our efforts to build primary care capacity and collaborative pathways that prevent more acute, costly health issues for children and families.

### Domestic and family violence

#### Recognise, Respond, Refer

*An integrated health response to domestic and family violence*

In 2017 Brisbane South PHN launched the Recognise, Respond, Refer program, an integrated health response to domestic and family violence (DFV). This program was developed in response to the Brisbane South PHN Needs Assessment, which highlighted the difficulty primary health care providers can encounter when identifying and supporting individuals experiencing DFV. Further confounding the issue are the complexities involved in navigating the system between primary health care and specialist DFV services.

Recognise, Respond, Refer addresses the Brisbane South PHN strategic goal of Better Health, by enhancing the capacity of the primary health care workforce to improve health outcomes for people experiencing DFV.

The first component of the program is an education package that engages the whole-of-practice, from receptionists to General Practitioners, as each role is integral in the identification of and response to DFV. The training addresses techniques such as sensitive enquiry, appropriate responses to disclosures of abuse, effective linkages with other services and sustainability measures through the implementation of organisational practices, policies and procedures.

Central Queensland University's Queensland Centre for Domestic and Family Violence Research is delivering the education package throughout the Brisbane South PHN region. To date the training has been delivered to **30** general practices and an adapted version has been delivered to two Aboriginal and Torres Strait Islander Community Health Services. In total, **246** primary care staff have received the training.



QCU's Centre for Domestic and Family Violence Research delivering one of 246 training sessions to practice staff at Calamvale Medical Centre in March 2018.



General Manager of Commissioning, Lucille Chalmers, with Bert van Manen MP and Terri Butler MP at the launch of the Recognise, Respond, Refer program in November 2017.

The University of Queensland's Institute for Social Science Research is undertaking a comprehensive evaluation of the program, with initial findings showing that the training has been well received. Recognise, Respond, Refer has led to improvements in participants' knowledge of common signs of DFV, high risk groups and referral points, as well as improvements in their confidence in identifying, responding to and referring patients experiencing DFV. There is a recognition from the sector of the value and importance of this training.

*Nurse at Wellers Hill Medical Centre Jo Sanders says the training was highly beneficial for her practice. "Since your visit our doctors have been more vigilant at recognising controlling behaviour and initiating conversation regarding domestic violence at every female new patient appointment as part of the initial assessment," Ms Sanders said. "We appreciate the education and feel it has influenced our practice for the better."*

A further **40** practices will be trained in the 2018–2019 period along with the delivery of two master classes to further participants' knowledge and skill in this area.

An additional component will be established to support better coordination between GPs, DFV services and hospital services, and further reinforce the primary health care workforce's ability to respond to the broad needs of individuals experiencing DFV through multisector collaboration.





## Strengthening health assessment response for children in out of home care

The Strengthening Health Assessment Response for Children and Young People in Out of Home Care Project was initiated by the Department of Child Safety, Youth and Women in January 2018, in response to the Queensland Child Protection Commission of Inquiry Recommendation 7.7.

The recommendation requires Child Safety and Queensland Health to work together within the requirements of the National Clinical Assessment Framework to ensure that every child in out of home care is given a comprehensive health assessment within three months of placement.

Overall, children in out of home care are not receiving appropriate screening and assessments in response to health issues triggered by neglect and past trauma. To ensure quality health outcomes for these children, a greater level of child safety and health service coordination and collaboration is required.

Strong local partnerships with Child Safety, Queensland Health, Children's Health Queensland, Aboriginal Medical and Kinship Care organisations, foster care organisations, parents and carers and Queensland PHN networks are being forged.

Local project officers are supporting this through building more effective working relationships between Child Safety and health stakeholders and better understanding barriers and opportunities in seven high needs communities across Queensland. This community of practice will support improved local clinical case coordination and practice between Child Safety and health organisations.

As part of the communities of practice, a training program will be provided to Child Safety and Department of Health staff to increase awareness about consent issues for children in out of home care, assessment and screening tools/guides and working with traumatised children.

A digital health pathway for General Practitioners working with children in out of home care has also been developed with support from Children's Health Queensland. General Practitioners have noted "this easy-to-access online tool will help us quickly understand the assessment and management requirements when undertaking check-ups on these children".

At this point, the project has been rolled out to four areas including Gold Coast, Ipswich, Mount Isa and Maryborough areas.

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*By mid-2019, all seven locations will have more effective referral pathways, clearer care coordination processes for children and carers, and enhanced working relationships and practice.*

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Project officers in Gold Coast and Ipswich have commenced engagement to understand current referral pathways, opportunities and barriers.

North Queensland (Thuringowa and Aitkenvale), Brisbane north (Caboolture) and Brisbane south (Stones Corner) will roll out in the coming months.

General Practitioners will also be able to easily access a digital pathway to understand how to conduct assessment and manage health plans for children in out of home care.

## MULTICULTURAL HEALTH

The Brisbane South PHN region is home to a relatively high proportion of people from culturally and linguistically diverse (CALD) backgrounds and is the area of highest refugee settlement within the state.

Nearly a third (30%) of Queensland's population of people born overseas live in our region<sup>1</sup>. The Brisbane South PHN Multicultural Health Program aims to improve the health outcomes and experience of people of CALD backgrounds by collaborating with partners to ensure that primary health care is accessible, culturally appropriate and inclusive. Our objectives include building capacity in primary care, improving health literacy for CALD communities and sector capacity building and integration.



Women from Myanmar attend a health workshop at Access Community Services, 18 November 2017.

### Community health workshop

The refugee experience can have major impacts on health as people of refugee background encounter numerous health care disadvantages due to lower socio-economic status, varying degrees of education and health literacy, limited English proficiency and the effects of torture and trauma.

They have unequal access to primary care and may not receive appropriate health screening or preventive service recommendations. Refugee populations may not initially embrace the concept of preventive care, as these services may not have been available in their countries of origin or may be inconsistent with their health beliefs<sup>3</sup>.

On Saturday 18 November 2017, 45 women from Myanmar attended a health workshop at Access Community Services in Logan funded by Brisbane South PHN. Topics included breast, cervical and bowel cancer screening, ovarian cancer and contraception. The workshop was organised and delivered by the Mater with speakers including Dr Rachel Claydon (Qld Refugee Health Fellow), True Relationships and Reproductive Health and Queensland Health.

The event was an excellent example of intersectoral collaboration and community participation with community members involved in catering, providing hand massages for participants and activities for the 20+ children in attendance.

Feedback about the workshop was positive from all involved with **100%** of participants reporting improved knowledge, confidence and motivation to look after their health. All stated they would recommend the workshop to a friend.

Nine women aged 40+ completed referrals to Breast Screen Qld for mammograms and were later assisted by the Metro South Health Breast Screen Health Promotion Officer to make appointments at their local clinic. A range of strategies were employed to ensure the screening process went smoothly on the day.

*This workshop was of particular importance due to the vulnerability of the target community. Most of the Myanmar-born population in Australia belong to minority groups that face persecution in Myanmar and have migrated to seek refuge. Many arrived in Australia after long stays in refugee camps, sometimes between 10 and 20 years<sup>2</sup>.*

The workshop also provided opportunities for service providers to work collaboratively, increase their knowledge about working with people of culturally and linguistically diverse (CALD) backgrounds and learn more about the importance of using interpreters and translated appointment letters.

1. Queensland Government Statistician's Office. 2017. "Queensland regional profiles".
2. Cultural Atlas. Myanmar (Burmese) Culture. <https://culturalatlas.sbs.com.au/burmese-myanmar-culture/burmese-in-australia#burmese-in-australia>. 2018.
3. Griswold KS, Pottie K, Kim I, Kim W, Lin L. Strengthening effective preventive services for refugee populations: toward communities of solution. Public Health Reviews. 2018;39:3. doi:10.1186/s40985-018-0082-y.



# DIGITAL HEALTH

Brisbane South PHN is committed to the adoption and use of digital health to enable a safer and more integrated system of quality health care. Health care professionals, organisations, systems and the community are increasingly using digital health platforms and technologies to efficiently access and exchange information and deliver better quality care.



In 2017–2018 Brisbane South PHN’s Digital Health Program had two streams of activities: My Health Record and Building Digital Health.

## My Health Record

My Health Record is an online summary of a patients’ health information that can be shared securely between the individual and registered health care providers involved in their care. As more people use the My Health Record, Australia’s national health system will become better connected, contributing to safer and more efficient care for patients and families. Across Australia there are already more than **5.8 million** patients registered for My Health Record. By the end of 2018 all Australians will have a My Health Record, unless they choose not to have one.

Throughout 2017–2018, we have been working closely with general practices, pharmacies, specialists and allied health providers to assist in registration, uptake and meaningful use of My Health Record. These activities have been largely funded by the Australian Digital Health Agency as part of the national My Health Record expansion program.

### Awareness

During 2017–2018, digital health and practice support staff completed more than **700** practice visits to raise awareness of My Health Record.

This allowed us to reach **100%** of pharmacies and **90%** of general practices within the Brisbane south catchment by 30 June 2018. We also engaged with **23** specialists and **93** allied health providers.

### Registration

One priority for the year was to increase the number of pharmacies registered to access the My Health Record system. In 2017–2018 a further 89 pharmacies registered to access the system – up from five registrations during 2016–2017. General practice registrations remained stable with 92% of practices in the Brisbane south region registered.

Work began in 2017–2018 and will continue into 2018–19 to support specialists and allied health providers in registering to access the My Health Record system. To date, **36** providers are registered.

### Meaningful use

Over the course of the year we saw significant growth in the number of shared health summaries uploaded by general practices with **38 058** in total (**34%** increase on the previous year).

Other notable increases include:

- **30 757** dispense record uploads by pharmacists in 2017–2018, compared to only three in 2016/2017.
- **1 738** documents viewed by providers that were uploaded by another (90% increase on the previous year).

## Digital health enablement

Throughout 2017–2018, our digital health enablement activities focused on the adoption of digital technologies and the improvement of health data standards to support primary care, particularly general practice, to:

- effectively use enabling technologies
- improve health data quality
- support safer and more secure communication between providers
- enhance sustainable processes within general practice to support best practice data standards.

*The digital health team has been working closely with 41 practices within the Tier 2 group to help improve their data completeness and quality.*

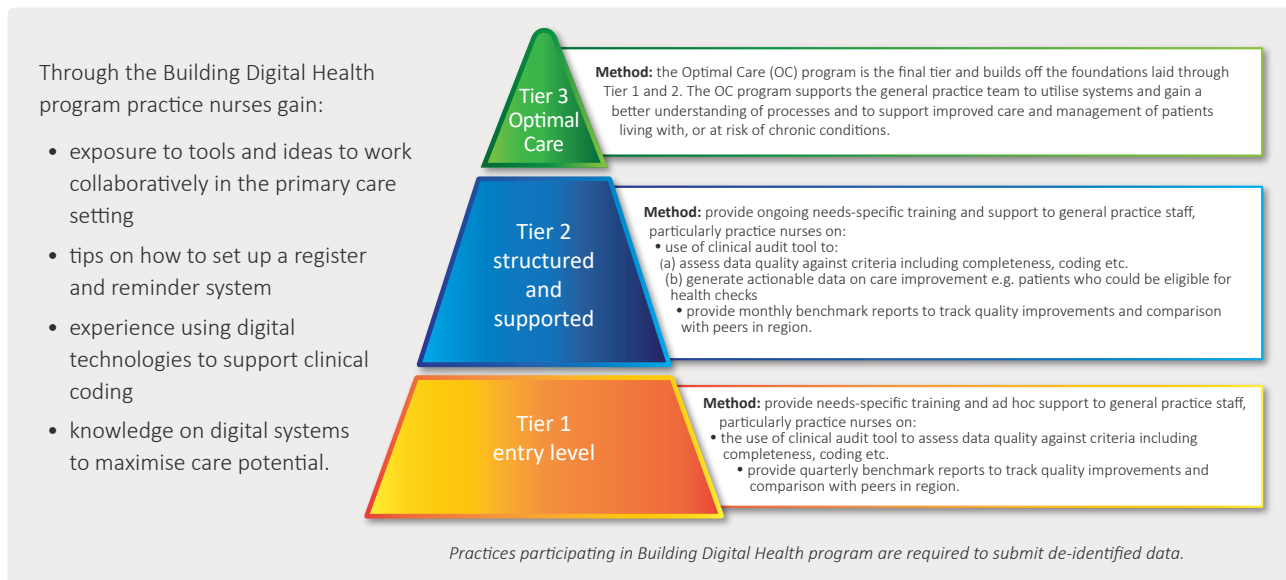
## Data driven improvements

The Building Digital Health program is designed to support general practices to collect, analyse and use their clinical data. Analysis of this data can help guide practices in planning, implementing and monitoring business and clinical system initiatives, which can lead to improved health outcomes for patients.

A total of **58% or 178** eligible practices\* are currently participating in the program, an increase of **9% or 28** practices from the 2016–2017 period.

Practices are engaged through a tiered approach, providing a choice on the level of engagement they wish to receive.

*\*Eligibility requires compatible clinical software to the CAT Plus software suite. There are 309 eligible practices within the Brisbane South region between the 2017–2018 period.*



## Secure Messaging Delivery

Secure Messaging Delivery (SMD) enables health care providers to securely exchange clinical information such as referrals, reports, pathology and radiology requests, results and discharge summaries. SMD is a technology defined within one of the seven National Digital Health Priorities (The Australian Digital Health Agency, 'Australia's National Digital Health Strategy', 2017).

We have worked collaboratively with stakeholders to promote the benefits and awareness of securely communicating and transmitting health information between health providers. As a result of this engagement, the number of referrals received via SMD to the Metro South Health Central Referral Hub has increased from **9.47%** (July 2017) to **20.35%** (June 2018).

<p>The number of completed 45 to 49-year-old Health Check's increased by <b>4%</b> over baseline of <b>14%</b>.</p>	<p>Correct recording of HbA1c for people living with type 2 diabetes increased by <b>6%</b> over baseline of 64%.</p>	<p>Correct coding of alcohol consumption increased from <b>55% to 59%</b>.</p>	<p>"These systems have helped to produce KPIs for my staff that ultimately pushed us to improve on the quality of our data in which we can now monitor changes on a monthly basis," Practice Manager from Doctors @ Forest Lake Village.</p>
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## Events

In 2017–2018 the Brisbane South PHN My Health Record team coordinated four My Health Record education events which were attended by over **200** providers and practice staff.

Through partnering with stakeholders, the team also presented at 40 events delivering key messages to more than **800** providers and practice staff.







# BETTER ORGANISATIONAL PERFORMANCE

## Excellence in organisational capability and culture

- Our structure
- Our leadership team
- Our Clinical and Community Advisory Councils
- Our Board
- Our members
- Our people

## INTRODUCTION

Brisbane South PHN is committed to ensuring that we deliver responsible, transparent, independent and inclusive governance and a culture built on diversity, inclusiveness, fairness, innovation and teamwork. This is led by our Board, who assist in maintaining strong and stable governance across Brisbane South PHN.

2017–2018 brought about changes to our Clinical and Community Advisory Councils, with a greater emphasis placed on members' connections to the Brisbane south region.

A number of staff-focused events were also held, engaging and involving staff members in organisational improvement and promoting a culture of learning and performance.

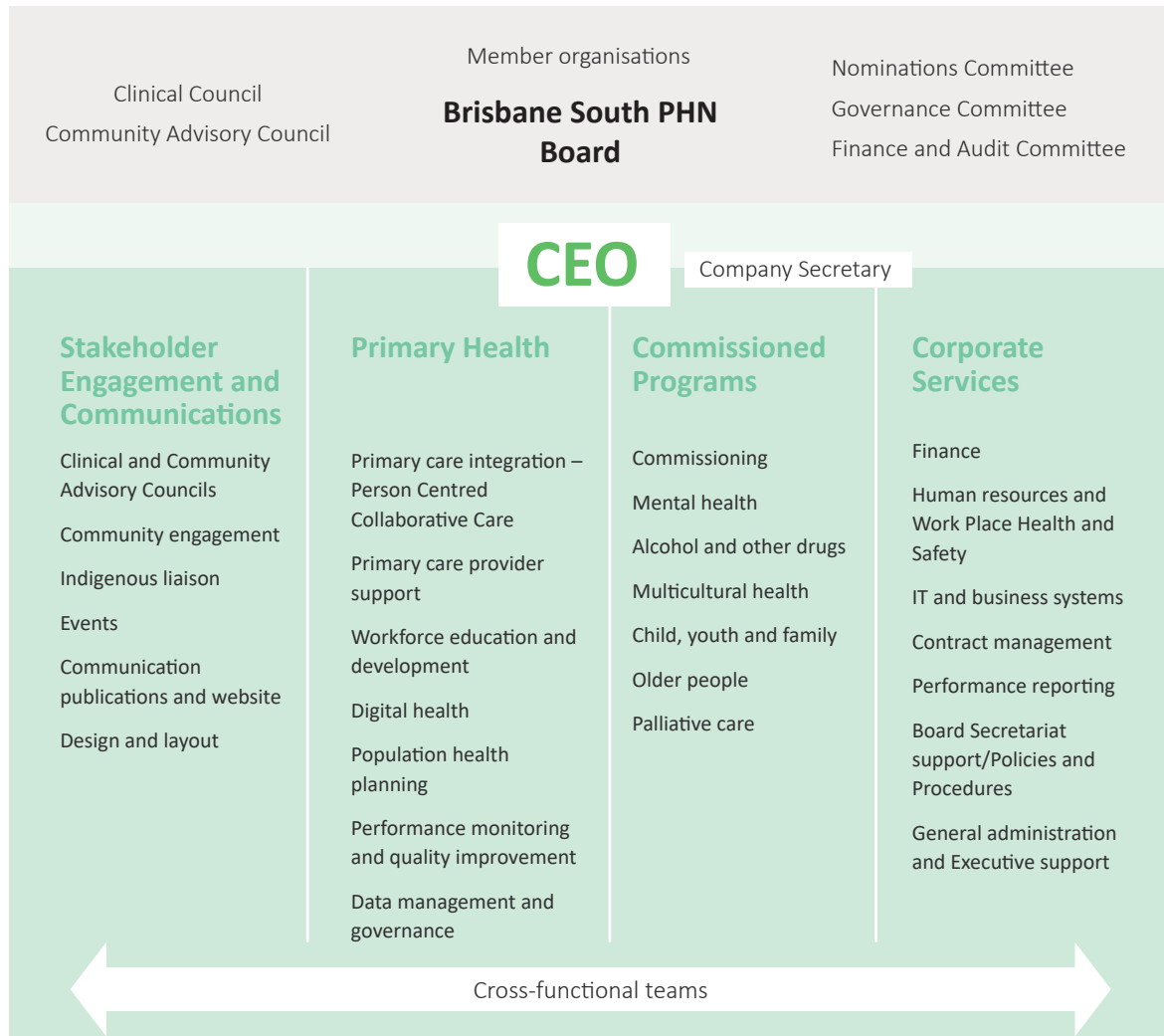
STRADBROKE ISLAND

## 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 (2017–2018)

Chief Executive Officer .....	<b>Sue Scheinplug</b>
Stakeholder Engagement and Communications General Manager .....	<b>Louise Litchfield</b>
Primary Health General Manager .....	<b>Sharon Sweeney</b>
Commissioned Programs General Manager .....	<b>Lucille Chalmers</b>
Knowledge, Planning and Performance General Manager (until April 2018) .....	<b>Tonia de Bruin</b>
Corporate Services General Manager (Michael Hipwood until January 2018) .....	<b>Julie Couper</b>





# OUR CLINICAL AND COMMUNITY ADVISORY COUNCILS



Members of the Brisbane South PHN Board and Clinical and Community Advisory Councils get together for a joint meeting on 13 June 2018, to workshop key PHN strategies and activities.

## Our Community Advisory Council

The Community Advisory Council now reflects the diversity and needs of our region with a membership that is representative of a broad spectrum of our community.

Other organisations (NGOs and private companies) and individuals may attend meetings of the Community Advisory Council by invitation and on an as-needed basis to advise and support specific local initiatives.

## Members

Carol Ann Rylance 2018	Janet Nielson 2018
Christopher Smeed 2017/2018	Joanne Jessop (Chair 2018)
Clint Ferndale 2017/2018	Judith Chapman 2018
Deb Cowan 2017/2018	Lynette Schonefeldt 2018
Donna Byrne 2017/2018	Michael Roennfeldt 2018
Elizabeth Miller 2018	Michelle Trute 2017
Eugene McAteer (Chair 2017)	Noeleen Lopes 2017/2018
Galila Abdelsalam 2017/2018	Odette Tewfik 2017/2018
Dr Geoffrey Woolcock 2017/2018	Rachelle Foreman 2107/2018
Georgina Moshudis 2018	Sally Jacobs 2018
Grace Edward 2018	Sharon Knight 2017
Heather Allan 2017	

## Our Clinical Council

Our Clinical Council is GP-led but comprised of other health professionals, including nurses, allied and community health, Aboriginal health workers, specialists and hospital representatives.

They advise and influence the Board on opportunities to improve medical and health care services through strategic, cost-effective investment and innovation. The Clinical Council reports to the Brisbane South PHN Board, and comprises up to 20 members.

## Members

Dr Aaron Chambers 2018	Jennifer Stevens 2017/2018
Ashleigh Tricarico 2018	Dr John Kastrissios (Chair)
Dr Bruce Willett 2017	Dr Joshua Byrnes 2018
Dr Carmel Nelson 2017	Katie Lyndon 2018
Dr Caroline Harvey 2017	Leonie Fowke 2017/2018
Dr Christopher Freeman 2017	Dr Lynne McKinley 2017
Ciaran McSherry 2018	Dr Margaret Kay 2017/2018
Dr Claire Morgan 2017	Dr Peter Adkins 2017/2018 Ex-Officio
Dr Dale Seierup 2017/2018	Rachelle Arnott 2017/2018
Fiona Watson 2018	Dr Sara Winter 2018
Gail Ker 2017/2018	Dr Scott Horsburgh 2017
Grace Ward 2018	Sebastien Brignano 2017/2018
Hailie Uren 2018	



## Brisbane South PHN Clinical and Community Advisory Councils

PHNs are required to establish and maintain a GP-led Clinical Council, made up of individuals who represent general practice and other health professionals, and a Community Advisory Council to provide the community perspective to PHN Boards to ensure that decisions, investments and innovations are person centred, cost-effective, and locally relevant and aligned to local care experiences and expectations.

Our Councils' membership is consistent with our key themes of 'people and places', with terms of reference revised for each Council to put a greater emphasis on members' connections to the Brisbane south region, through living or working in the community.

Diversity is valued in the Clinical and Community Advisory Councils with membership encouraged by those who identify as/or have expertise in one or more of the following:

- consumers, carers and/or patient representatives in the primary health system in Brisbane south
- Aboriginal and/or Torres Strait Islander
- culturally and linguistically diverse (CALD)
- LGBTQI
- having a disability.

In addition, the Community Advisory Council includes:

- Metro South Health representatives
- Brisbane South PHN Board member (Chair)
- Brisbane South PHN executives and staff as required.

Each Council meets bi-monthly and annually with the Brisbane South PHN Board of Directors. Meetings are supported by the Brisbane South PHN leadership team who ensure operational alignment with the work of the Councils and a flow of information from Brisbane South PHN such as data, health planning analysis, practice support and care pathways.

A focus of this term of engagement has been increasing the capacity of each Council to provide considered input into both the deliverables of the PHN as well as the broader health sector in the region.

The 2018 term commenced with an informal meet and greet session, where members could get to know one another outside of the regular meeting sessions. At the first meeting in

February 2018, Brisbane South PHN conducted an expectations session, where each member outlined their expectations of the PHN and the PHN discussed actions they could agree to.

This culminated in a Commitment Statement that was signed by all members and the Brisbane South PHN leadership team. Framed copies of the Commitment Statement are displayed in the foyer of the Brisbane South PHN offices.

Our Council members' contributions across the year were significant and included:

- developing key topics for the successful 2018 General Practice Conference, focusing on pain management
- developing priorities for the regional Needs Assessment and commenting on gaps, opportunities and options
- consulting on the artwork and actions for the Brisbane South PHN stretch Reconciliation Action Plan
- contributing to the Needs Assessment and older persons strategy
- reviewing the new Brisbane South PHN website
- representing consumers at PHN Mental Health Stepped Care two day workshop in Canberra (November 2017), focusing on national mental health initiatives, managing clinical risks in stepped care environment, panel discussion on consumer engagement, and low intensity in practice
- providing input into the Australian Commission on Safety and Quality in Health Care Consultation paper (December 2017)
- providing feedback to assist with the evaluation of the Mental Health Act 2016 implementation (March 2018)
- providing feedback on the osteoarthritis of the knee Decision Support Tool for the Australian Commission on Safety and Quality
- providing feedback on the updated Australian Guidelines for Prevention and Control of Infection in Healthcare
- contributing to the Australian Commission on Safety and Quality in Health Care (ACSQHC)'s review of the Australian Charter of Healthcare Rights.

*The next step with the Councils is to increase their capacity to engage in co-design. Brisbane South PHN is currently investigating an opportunity to include Council members in training related to the co-design of the Mental Health and Alcohol and Other Drugs strategy.*



## OUR BOARD



### Dr Ian Williams

GP MBBS, FRACGP, MAICD  
Chair, Member Finance and Audit Committee (ex officio), Member Governance Committee (ex officio), Member Nominations Committee (ex officio)



### Prof. Cindy Shannon

BA, Grad Dip Ed, MBA, Dr Soc Sc, GAICD  
Deputy Chair,  
Member Governance Committee



### Joanne Jessop

DipPharm, GradDipPharm, MBA, GAICD  
Chair Community Advisory Council



### Dr John Kastrissios

GP MBBS, GAICD  
Chair Clinical Council



### Dr Anthony Di Marco

B.Economics, Post Grad Dip Applied Finance and Investment, GAICD, FAIM  
Chair Finance and Audit Committee



### Mr Eugene McAteer

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



### Dr John O'Donnell AM

MBBS Adel, MHP UNSW, Hon.MD Qld FRACMA, FACHSM(Hon), FAIM, FAICD  
Chair Governance Committee



### Chris Townend

BA (Hons) Business (Hull), MBA (dist) (Massey NZ), FCA Chartered Accountant, FAICD. Member Finance and Audit Committee



### Mrs Patrice Cafferky

Registered Nurse, B.Nurs;  
Dip Prac Management; GAICD, MAPNA, MAAPM, FAIM, Chair Nominations Committee, Member Finance and Audit Committee

## Change of Board members

Brisbane South PHN farewelled two of its longstanding Board Directors at the Annual General Meeting in November 2017, Graham Carpenter and Cheryl Herbert.

The Board welcomed two experienced Directors, Chris Townend and Joanne Jessop who are coming to the end of their first year as Directors on the Board of Brisbane South PHN. Both Chris and Joanne have been actively involved in the organisation with roles in addition to their directorships.

Chris was appointed as a member of the Finance and Audit Committee and Joanne Jessop was appointed as Chair of the Community Advisory Council in December 2017.

## OUR GOVERNANCE

The Brisbane South PHN Board remains committed to good governance and continuous improvement. The end of 2017 brought about the streamlining and updating of key governance policies including the Constitution.

The new Constitution has been streamlined and closely aligns with Brisbane South PHN's strategy, vision and structure with members voting to adopt it during the 2017 Annual General Meeting. Following the adoption of the new Constitution, a number of Board policies were reviewed and updated to facilitate strong governance.

# OUR MEMBERS

## *Current member organisations 2017– 2018*

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 PEOPLE



## Emerging Leaders program

One component of developing our own organisational capacity is to develop the leadership capability across the organisation.

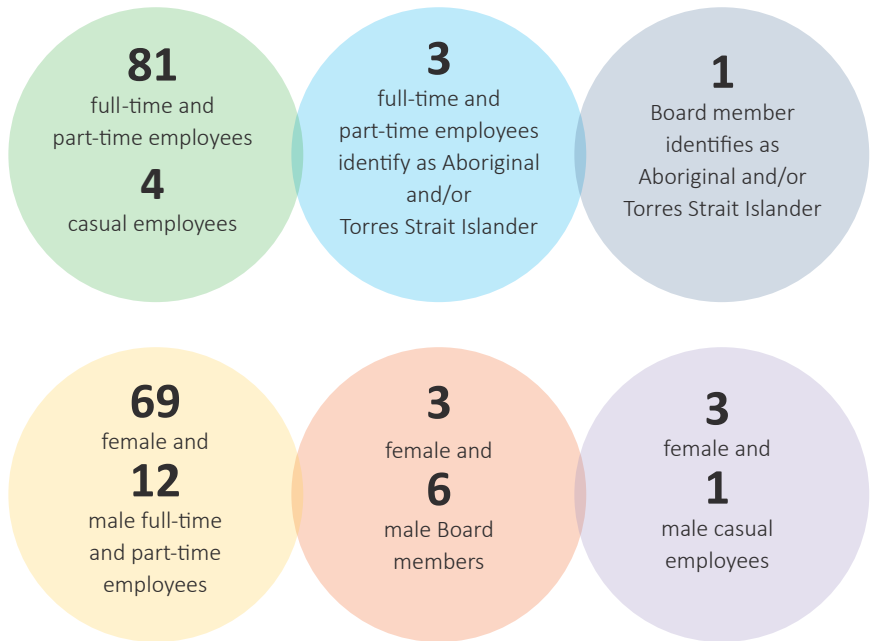
This year the Emerging Leaders program was launched with 10 emerging leaders.

The program is designed to nurture and develop those people coming through the organisation who are currently occupying leadership positions to develop their capability as well as create an emerging leaders group whereby ideas can be shared, developed and learnings applied throughout the organisation.

Over a period of several months, emerging leaders work with an external facilitator and undertake self and other assessments; strategy and business planning; team and organisational development; as well as self management and identifying individual development areas.

This program forms the foundation for developing future leaders in the organisation.

## Employee statistics 2017–2018



## Staff forums

Brisbane South PHN regularly held all staff forums in 2017–2018. These forums provided the opportunity for the entirety of the organisation to share progress and updates, discuss emerging opportunities and ideas and reconnect as a team.







Brisbane South PHN staff forum, 19 February 2018.

### Staff survey

A focus on a strong, positive and productive culture across the organisation continued in 2017–2018, with a score of 84% of staff reporting they are actively engaged in the culture of success in the PHN.



### Health literacy

Brisbane South PHN hosted The Centre for Culture, Ethnicity and Health on 6 June 2018 who delivered health literacy training to 17 employees from a range of teams within the organisation.

Highlights from the workshop included discussion around core concepts in health literacy, writing for readability and using plain language, health literacy tools for verbal communication, health literacy in a clinical setting and navigating the health environment.

Improving health literacy ensures that health information and communication is easy to understand and act on, and health care providers within our region are equipped with the knowledge and resources to best communicate with culturally and linguistically diverse patients.





# Directors' and financial report as at 30 June 2018

## Statement of profit or loss and other comprehensive income for the year ended 30 June 2018

	Note	2018 \$	2017 \$
<b>Revenue</b>			
Government funded program income - Department of Health		38,276,494	32,343,838
Government funded program income - Non-Department of Health		2,146,843	126,252
Other program income		49,199	-
Donations		-	1,011
Interest income		487,943	569,346
Government funded capital purchases		66,765	379,901
Total revenue		<u>41,027,244</u>	<u>33,420,348</u>
<b>Expenses</b>			
Employee Costs	3	(9,029,158)	(7,192,293)
Service Delivery Costs	4	(29,332,687)	(24,143,765)
Depreciation and Writedowns	5	(398,363)	(836,658)
Operational Costs		(2,083,017)	(1,853,165)
Other Program Expenses		(455,582)	(209,866)
Total expenses		<u>(41,298,807)</u>	<u>(34,235,747)</u>
<b>Deficit before income tax expense</b>		(271,563)	(815,399)
Income tax expense		-	-
<b>Deficit after income tax expense for the year</b>	16	(271,563)	(815,399)
Other comprehensive income for the year, net of tax		-	-
<b>Total comprehensive income for the year</b>		<u>(271,563)</u>	<u>(815,399)</u>

Refer to note 23 for detailed information on Restatement of comparatives.

The complete Directors' and Financial Report and Auditor's Report can be viewed on our website.

## Financial highlights

The continued growth of services provided by Brisbane South PHN and its service providers with total grant revenue increasing from **\$32.4m** to **\$40.4m** – an increase of **24%**.

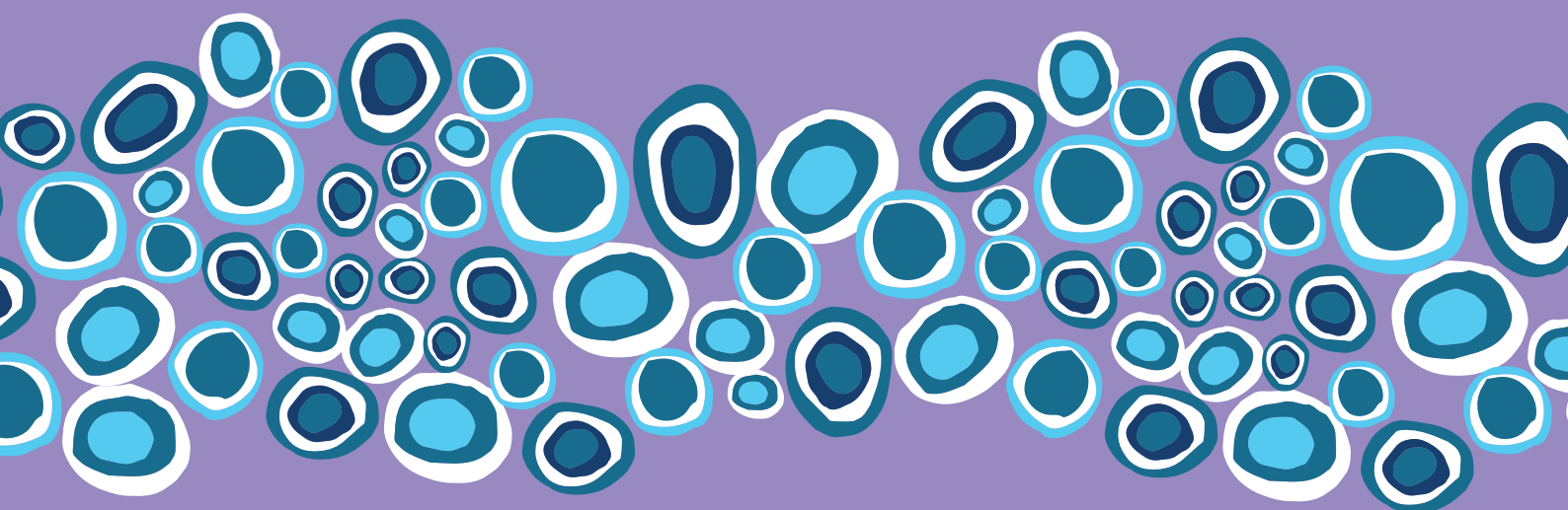
Program service delivery to commissioned service providers continues to grow with a total of **\$28.9m** commissioned during the year (an increase of **21%** from last year's **\$23.8m**).

### Statement of financial position for the year ended 30 June 2018

Assets	Note	2018 \$	2017 \$
<b>Current assets</b>			
Cash and cash equivalents	6	19,679,705	18,808,124
Trade and other receivables	7	523,518	248,889
Other	8	260,485	408,520
Total current assets		<u>20,463,708</u>	<u>19,465,533</u>
<b>Non-current assets</b>			
Property, plant and equipment	9	28,994	174,654
Intangibles	10	117,230	303,167
Total non-current assets		<u>146,224</u>	<u>477,821</u>
<b>Total assets</b>		<u>20,609,932</u>	<u>19,943,354</u>
<b>Liabilities</b>			
<b>Current liabilities</b>			
Trade and other payables	11	4,531,736	6,356,662
Employee benefits	12	497,246	445,517
Unearned revenue	13	14,207,731	11,522,775
Total current liabilities		<u>19,236,713</u>	<u>18,324,954</u>
<b>Non-current liabilities</b>			
Employee benefits	14	88,805	62,423
Total non-current liabilities		<u>88,805</u>	<u>62,423</u>
<b>Total liabilities</b>		<u>19,325,518</u>	<u>18,387,377</u>
<b>Net assets</b>		<u>1,284,414</u>	<u>1,555,977</u>
<b>Equity</b>			
Divisional reserve	15	362,532	464,282
Retained surpluses	16	921,882	1,091,695
<b>Total equity</b>		<u>1,284,414</u>	<u>1,555,977</u>

Refer to note 23 for detailed information on Restatement of comparatives.





Australian Government

**phn**  
BRISBANE SOUTH

An Australian Government Initiative

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