



SYDNEY NORTH
Health Network

phn
NORTHERN SYDNEY

An Australian Government Initiative

INTEGRATING CARE

AND WHY IT SHOULD BE EVERYBODY'S BUSINESS!

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General Manager Primary Care
Advancement & Integration

May 2020

OVERVIEW



An Australian Government Initiative

- ◆ Role and function of PHNs
- ◆ SNHN response to COVID-19
- ◆ Integrated care – what is it?
- ◆ Local examples

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www.snhn.org.au

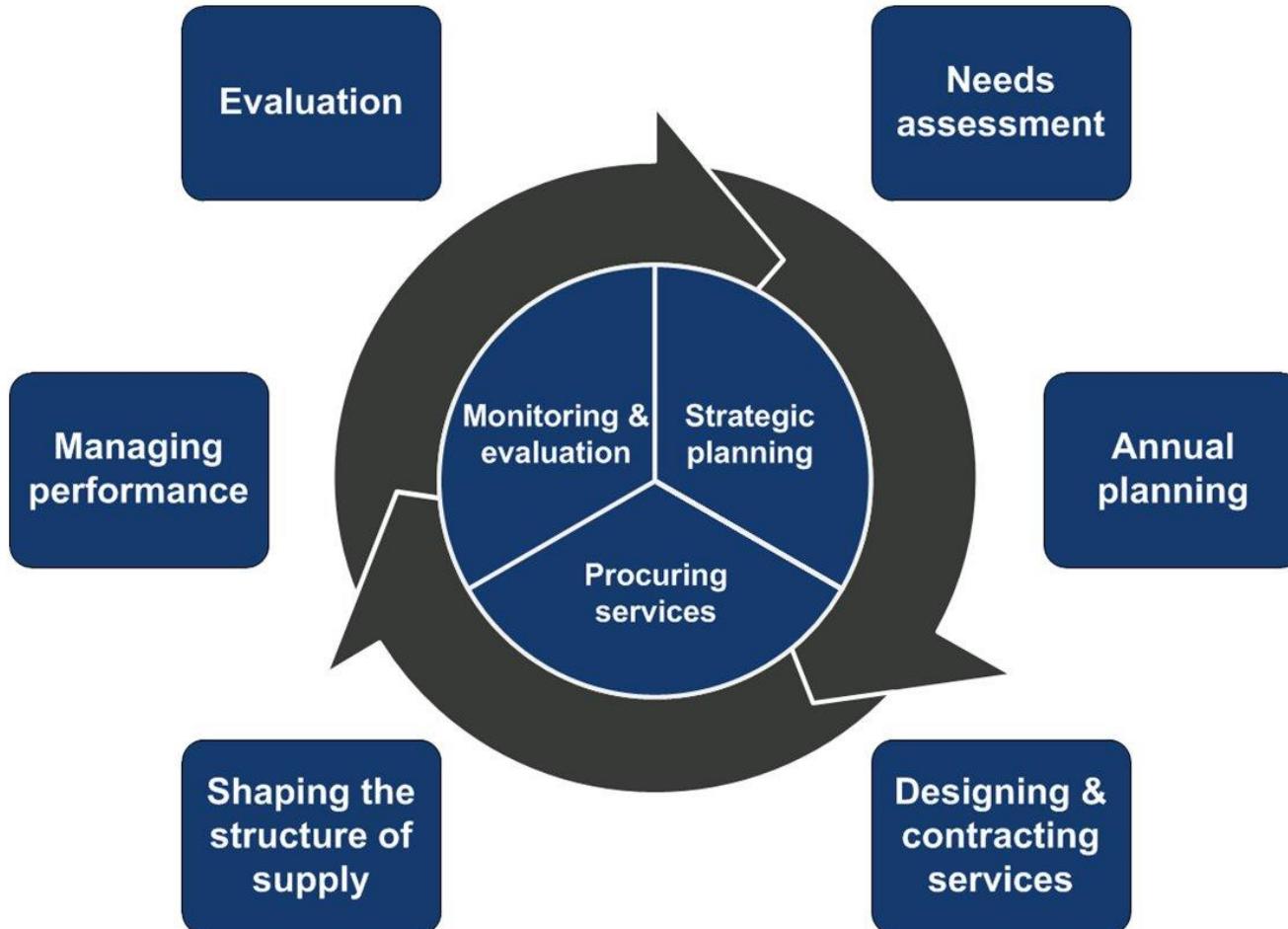
ROLE OF PRIMARY HEALTH NETWORKS

“PHNs have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.”

- ◆ 7 key priorities:
 - Mental health
 - Aboriginal and Torres Strait Islander health
 - Population health
 - health workforce
 - digital health
 - aged care
 - alcohol and other drugs
- 

COMMISSIONING

A KEY FUNCTION



SNAPSHOT OF OUR REGION

Area: 899.9 km²

SYDNEY NORTH HEALTH NETWORK HEALTH PROFILE

Sydney North Health Network (SNHN) is one of 31 Primary Health Networks (PHNs) in Australia covering 9 Local Government Areas (LGAs) in the Northern Sydney region.

HEALTH DRIVERS



1.3% of people aged 16-64 years receive unemployment benefits
NSW: 4.5%



41.3% of people aged 17 years participating in tertiary education
NSW: 28.9%



28.8% of low-income families experience financial stress from mortgage or rent
NSW: 29.3%

VULNERABLE GROUPS

Children

5.3% (9,724) of children in low-income, welfare-recipient families
NSW: 20.6%



Older People

15.7% (145,154) of the total population aged 65+ years
NSW: 15.9%

Between 2016-2036, there will be an increase of **55.1%** in the 65+ years population
NSW: 67.1%

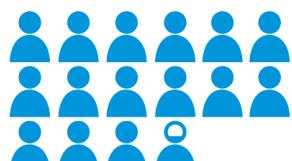


Disability

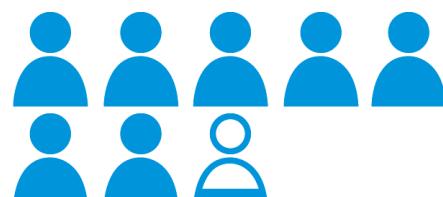
3.7% of the population have severe or profound disability
NSW: 5.4%



MENTAL HEALTH



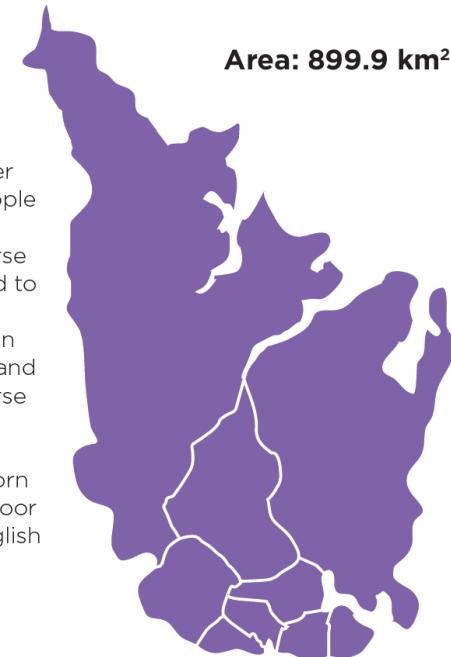
15.8 per 100 (15+ years) report mental and behavioural problems
NSW: 17.7



7.3 per 100 (18+ years) report high or very high psychological distress
NSW: 11



2,222 per 100,000 mental health related hospitalisations
NSW: 1,975



3.4% of people born overseas report poor proficiency in English
NSW: 3.8%

Aboriginal

0.4% (4,080) of the population identify as Aboriginal and Torres Strait Islander
NSW: 3.4%

POTENTIALLY PREVENTABLE HOSPITALISATIONS



1,711 per 100,000

NSW: 2,192 per 100,000
Cellulitis, kidney and urinary tract infections, and dental conditions accounted for 36% of potentially preventable hospitalisations.

PRIMARY HEALTHCARE



295 GP practices in the SNHN region

129 GPs per 100,000 people **NSW: 119 per 100,000 people**

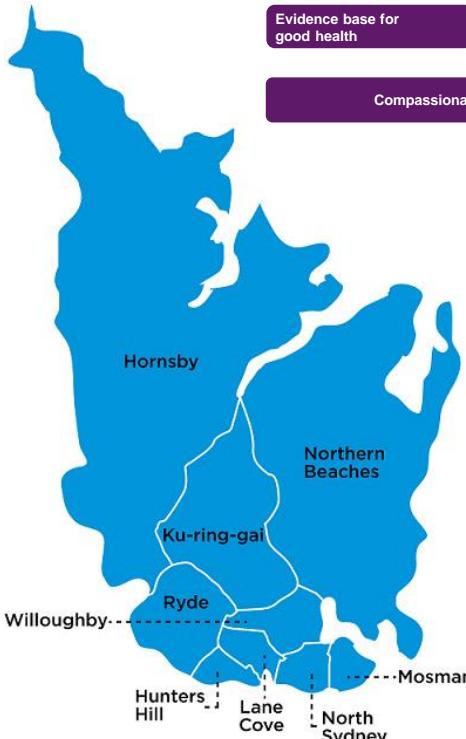
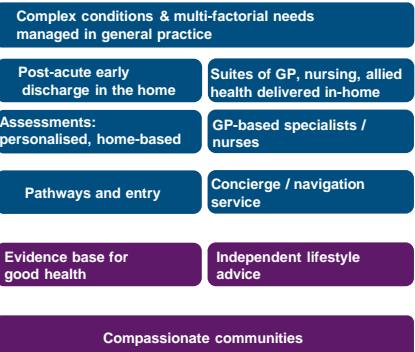
Achieving Together – Better Health, Better Care

2018 - 2023



Our Investment

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



Our Value to Our Communities

- Our service system offers:**
- Self-determination** = Customised and tailored to individual needs
 - Affordability** = Blends of public and private funding
 - Certainty** = Predictable and sufficient supply & access
 - Coherence** = Well coordinated and integrated
 - Ease** = User friendly and understandable



Goals

- Community Activation**
- System Transformation**
- Commissioning**
- Member & Provider Support**
- An Exceptional Organisation**

Roles

Support our community to self-determine and help itself

Catalyse change by enabling new approaches to health and healthcare

Attract and distribute resources to provide services that people need most

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

Develop excellence in our operations, our people and our visibility

Strategies

- Grow health literacy to enable self-determination
 - Enable health advocacy on highest-impact determinants of health
 - Facilitate communities to mutually support one another
- Develop new partner and health services initiatives
 - Redesign services to heighten Quadruple Aim
 - Build digital system enablers
- Carry out targeted health planning
 - Leverage service improvements through commissioned services
- Provide core practice support for quality improvement
 - Develop future change and skills capability
- Communicate our purpose and achievements powerfully
 - Grow the capabilities and culture of our people
 - Develop financial and information systems that support ongoing investment & growth
 - Develop a subsidiary business entity

Our Values

Innovation

Collaboration

Accountability

Respect

Excellence

COMMISSIONED SERVICES



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Alcohol & Other Drugs

Mental Health Services

Aboriginal Health

Hospital Avoidance Services

<https://sydneynorthhealthnetwork.org.au/about-us/commissioning/commissioned-services/>

www.snhn.org.au

PRIMARY CARE SUPPORT

- ◆ Quality improvement – collection and intelligent use of data
- ◆ Continuing professional development & networking
- ◆ Adoption and use of digital health technology
- ◆ Nurse transition program
- ◆ HealthPathways
- ◆ Integrated Care

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HEALTHPATHWAYS

Health Alert

Follow the COVID-19 pathways for up-to-date information on assessing and managing suspected cases.

For advice on implementing telehealth during COVID-19, see:

- MBS – MBS Temporary Telehealth Bulk-billed Items for COVID-19
- COVID-19 Telehealth

The Australian Immunisation Handbook is now available as an app.

Pathway Updates

- NEW – 25 May Diabetes Renal Disease Screening
- Updated – 7 May Dementia Review
- NEW – 1 May Familial Cancer Service Review
- NEW – 1 May

SNHN EVENTS

NORTHERN SYDNEY LHD

SYDNEY NORTH HEALTH NETWORK

PATHWAY PROGRESS

NATIONAL HEALTH SERVICE DIRECTORY

Sydney North

HealthPathways

Home

COVID-19

About HealthPathways

Acute Services

Allied Health and Nursing

Child and Youth Health

End of Life

Investigations

Lifestyle

Medical

Mental Health

Older Persons' Health

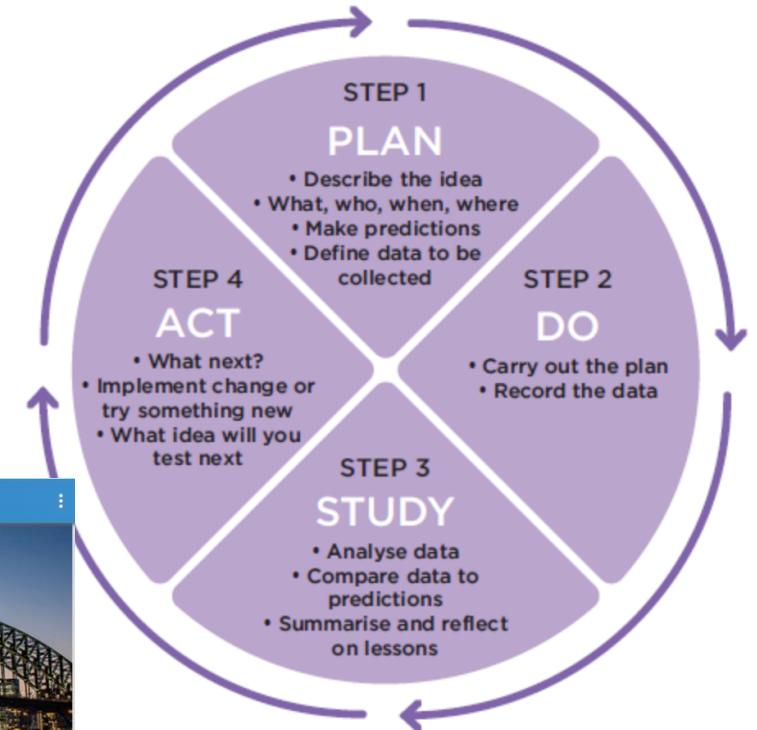
Pharmacology

Public Health

Specific Populations

Surgical

Women's Health



SNHN RESPONSE TO COVID-19



www.snhn.org.au

SNHN COVID-19 RESPONSE

MASK DISTRIBUTION

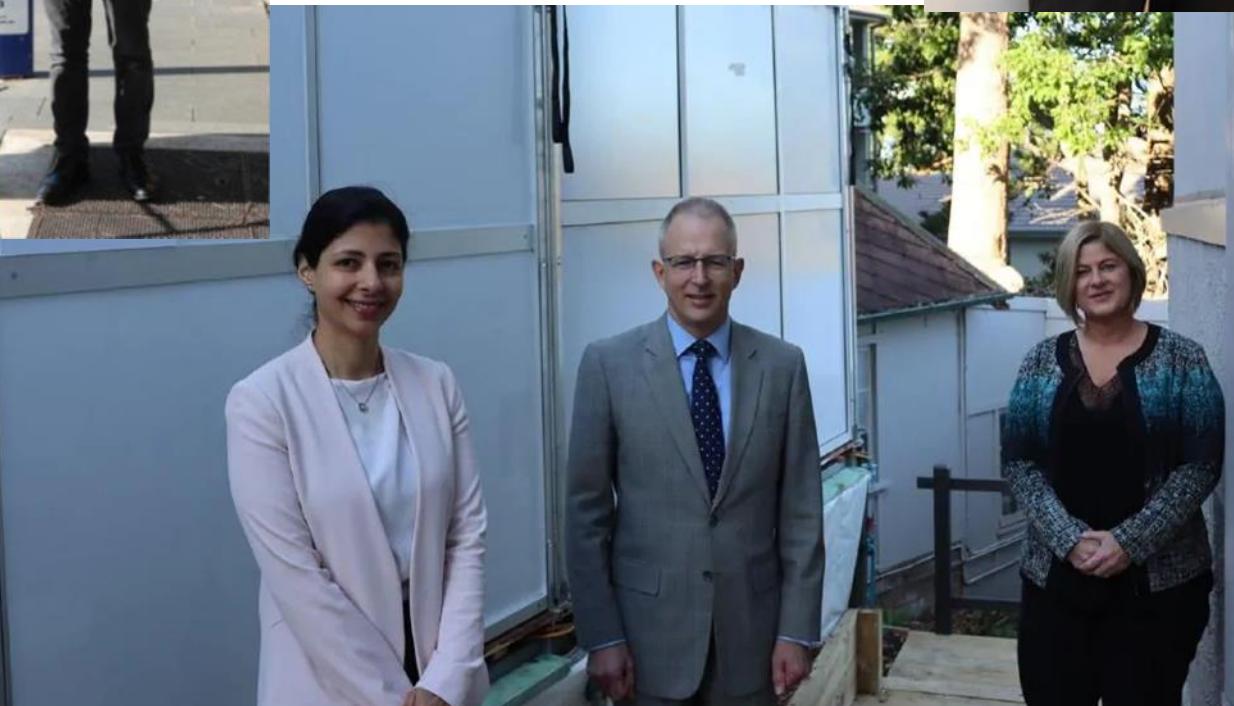


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SNHN COVID-19 RESPONSE

GP RESPIRATORY CLINICS



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SNHN COVID-19 RESPONSE

WORKFORCE CAPACITY & WELLBEING

- ◆ Guidance on developing COVID-19 response and business continuity plans
- ◆ Mobile flu vaccinations
- ◆ Telehealth implementation
- ◆ Infection control training
- ◆ Rapid development of COVID-19 pathways
- ◆ Extension of employee assistance program
- ◆ Community service mapping



SNHN COVID-19 RESPONSE

COMMUNITY SUPPORT



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Coronavirus (COVID-19)

Looking after yourself and connecting with your community



TRUSTED SOURCES

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

Get the facts from official sources only. Stay informed without the hype:

1800 020 080: COVID-19 hotline

nsw.gov.au/covid-19

Download the "Coronavirus Australia" Australian Government app in the Apple App Store or Google Play

LOOKING AFTER YOURSELF

Looking after your physical and mental health will help you and your community.

- Proper handwashing and physical distancing help to protect against COVID-19
- Eat healthy meals and do daily exercise to manage your physical and mental health
- If you can, spend time outdoors during the day – it can improve your mood and help you sleep

If you'd like help with your mood, call:

1300 120 446: Way2Wellness

13 11 14: Lifeline

If you feel unwell you can call:

1800 022 222 (healthdirect), or

your doctor. Many GPs are now having appointments via video call or phone call to keep patients and themselves safe. Make sure you call ahead. The staff will let you know if you need a video, telephone or face-to-face appointment

• Dial triple zero (000) in an emergency.



LOOKING AFTER YOUR COMMUNITY

Physical distancing doesn't have to mean social isolation.

Here are some ways to stay socially connected:

• Keep in touch by telephone (4 calls per day – family, friend, neighbour, colleague or acquaintance)

• Ask an older person/neighbour if they need help with running errands (groceries, etc.)

137 788 is the Service NSW helpline, which can call vulnerable people each day to check in. You can request calls for yourself or someone you know

• If you don't know your neighbours, consider introducing yourself with a note (name, phone number, address), willing to connect if they want to.

STAYING AT HOME

Maintain a routine – and make room in it for things you enjoy

For people working or studying, set up a workspace for each individual

Take regular stretch breaks

Take lunch breaks away from your workspace

Speak to at least one person from school, work or uni by telephone or video call each day

- Taking care of mental and physical health
- Testing information
- Expanding scope of social work service

https://www.youtube.com/watch?v=4IQobYPLWNA&feature=emb_logo

- Partnership with School TV and Schools around incorporating relevant information and virtual support

https://schooltv.me/wellbeing_news/special-report-preparing-homeschooling

- “We’re here for you” series:

<https://www.youtube.com/watch?v=zYDzS4d9mFA>

https://www.youtube.com/watch?v=nP1Qh_O9xs4

INTEGRATED CARE

WHY DO WE NEED IT?



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- ◆ Escalating health care costs
- ◆ Ageing population
- ◆ Increasing complexity and multimorbidity
- ◆ Shift from infectious disease to chronic disease as health system's biggest challenge
- ◆ Fragmented delivery systems



evidence for
better health care

nuffieldtrust

An overview of integrated care in the NHS

What is integrated care?

Research report
Sara Shaw, Rebecca Rosen ar



<https://vimeo.com/216033116>

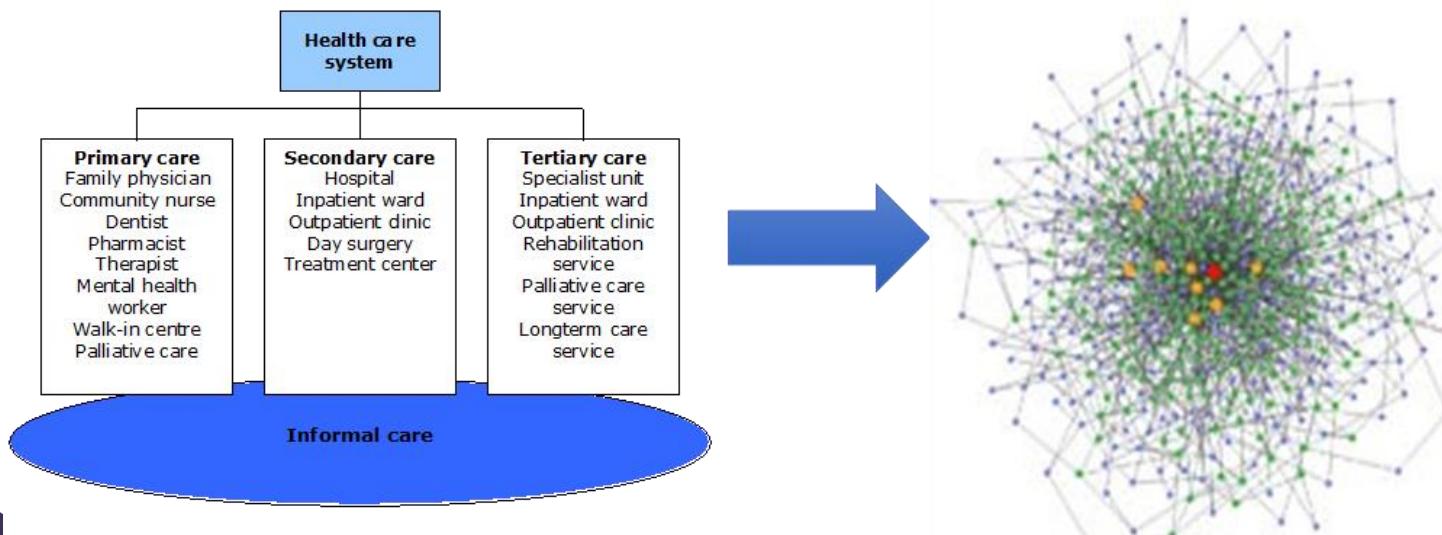


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WHAT IS IT?

A set of ideas and principles that seek to **overcome fragmentation** in the **organisation of care**, and to better **co-ordinate care** around **people's needs**.

It is an important strategy to improve care and outcomes for people with complex health and social care needs.



WHAT IT'S NOT



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Integrated care is not the end itself, but a means to achieve:

Improved population health outcomes

Better patient experience

Better value

Provider experience/sustainability

PROJECT INTEGRATE

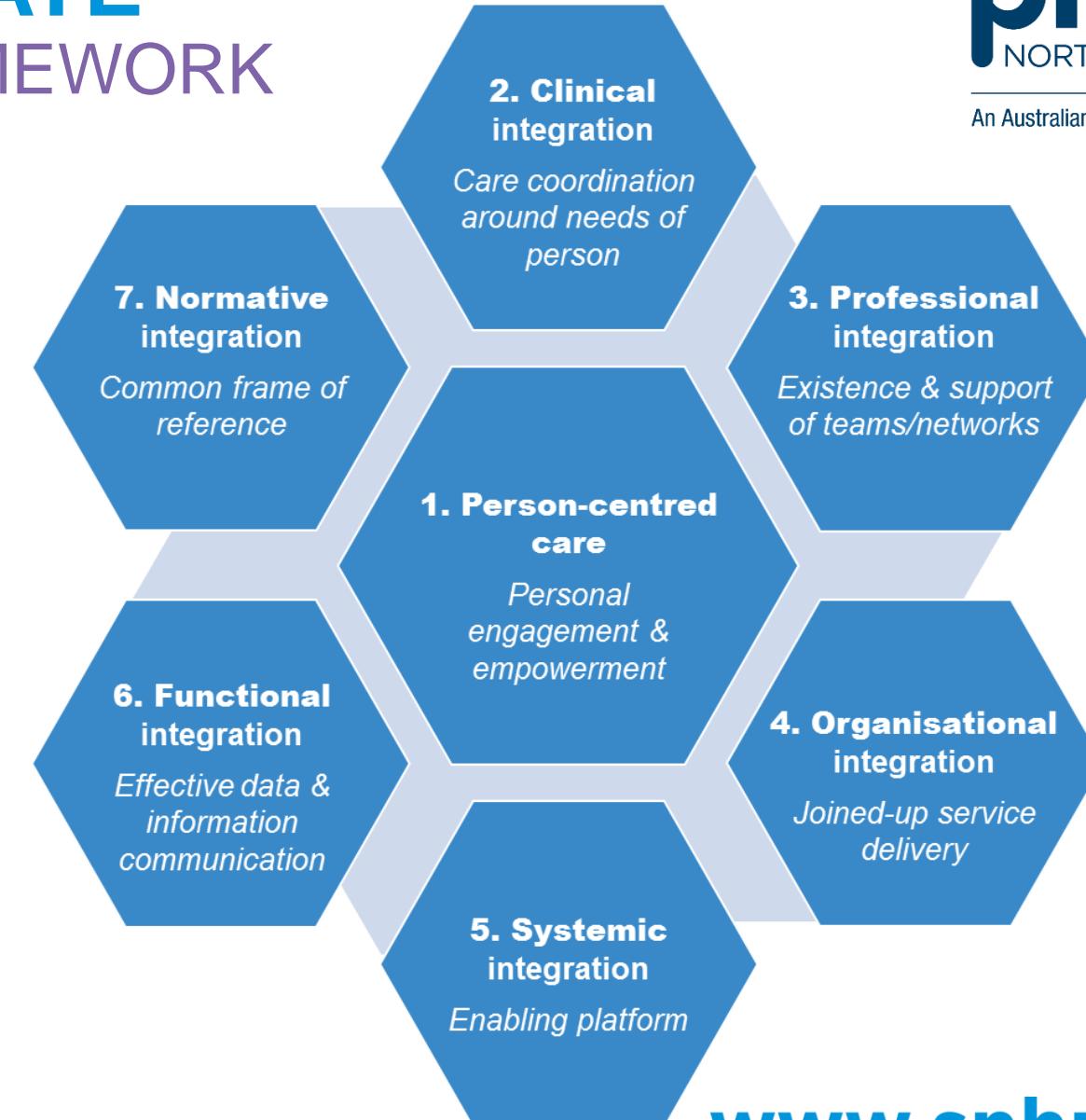
INTEGRATED CARE FRAMEWORK

- ◆ Evidence-based understanding of the key dimensions and items of integrated care that the research showed were associated with successful implementation
- ◆ Relevant and important in different country-contexts *and* to different disease-and condition-specific population groups.
- ◆ A tool for self assessment – to reflect on the design and implementation of new integrated care programs/projects.
- ◆ <http://www.projectintegrate.eu.com>

PROJECT INTEGRATE

EVIDENCE BASED FRAMEWORK

- ◆ 7 dimensions
- ◆ Sub-elements within
- ◆ Associated with successful implementation of integrated care



HOW ARE WE DOING IT?

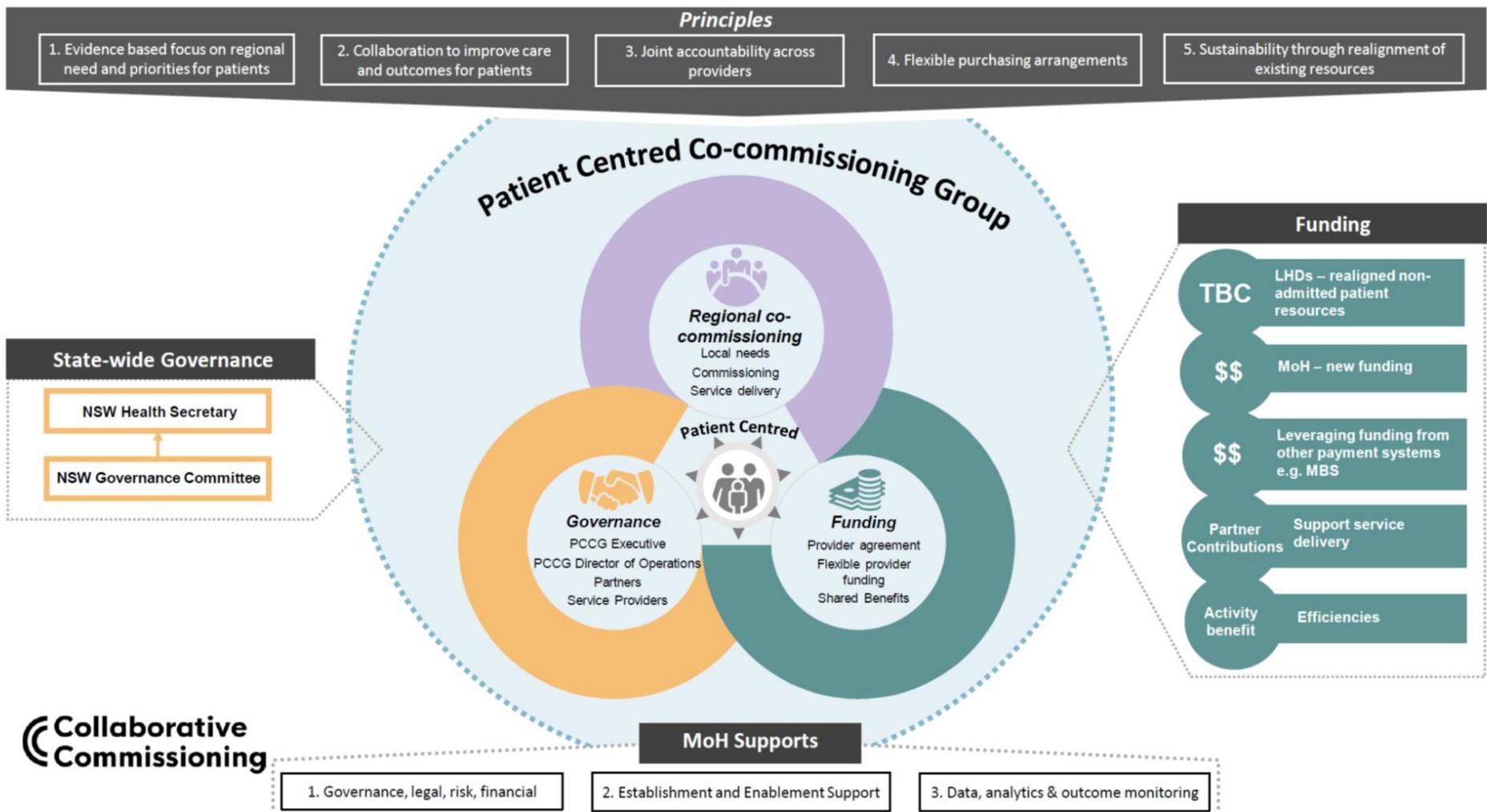
LOCAL INITIATIVES

- ◆ Collaborative commissioning – focus on Healthy Ageing and Frailty
- ◆ Lumos – data linkage
- ◆ Person Centred Medical Home models
- ◆ Commissioning for quality end of life care
- ◆ HealthPathways
- ◆ Digital Health enablers – connecting RACFs and specialists to My HR and increase use of secure messaging, Ambulance secure messaging
- ◆ My Health Record

COLLABORATIVE COMMISSIONING

- ◆ A whole of system approach to incentivise local autonomy and accountability for delivering patient-centred, outcome focused care in the community

Overview of Collaborative Commissioning



NORTHERN SYDNEY “CONCIERGE”



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- ◆ The aim is to provide a navigation and “troubleshooting” service for social, aged & primary care providers to help link identified frail and patients at risk of deterioration due to COVID – 19 impacts, to the right service for their needs, at the right time and in the right place.
- ◆ This will be achieved by delivering an easily contactable service for health and aged care providers where they can discuss and troubleshoot a patient situation to find the most suitable referral points for their patient in a complexed environment with rapidly changing information
- ◆ The function would differentiate from existing services as it would be able to not only locate services (like a directory) but link providers to the most appropriate local care for consumers and provide information and network connections which can help with ongoing support and care
- ◆ The concierge role would also play a role in understanding gaps and issues across the pathway and for this cohort, broaden and strengthen network connections and help inform future solutions

YOUR CHALLENGE!



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- ◆ Consider your service as one element of a much larger system
- ◆ The patient's perspective is at the heart of any discussion about integrated care. Achieving integrated care requires those involved with planning and providing services to"

'impose the patient's perspective as the organising principle of service delivery'

- ◆ What is one thing you could do better to "integrate"?



ULTIMATELY WHAT DO WE WANT?



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