



Better Together

2016/17 Annual Report

Better
together



Primary &
Community Care
Services Limited

From the CEO and Board Chair

Caring for people in need

True to our vision of '**Optimising health and wellbeing for local communities**', Primary & Community Care Services (PCCS) has continued to make in-roads in developing and delivering local solutions for local needs.

Together with our committed Board, employees, funders and partners, we've worked hard to strengthen and consolidate services that support the health and wellbeing of local people to improve their quality of life.

Our reason for being is to make a difference in the lives of these people – our clients – as well as for their carers and families, so that they can live their best lives possible.

We are pleased to report that through teamwork and aligning our business models to meet our strategic imperatives, we have delivered enhanced value for all our stakeholders. Specifically, in our second year of operation, we have:

- Strengthened and consolidated **service offerings focusing on localised design and innovation**
- Worked with stakeholders to **create local solutions to meet local needs**



Above: Dr J.R. Baker
Left: Mr Ramon Del Carmen

- Continued to build our **established network of relationships** to ensure broad sectoral engagement and to **facilitate expansion**
- Developed **innovative programs** with discernible outcome measures
- Monitored performance and implemented **Continuous Quality Improvement (CQI)**.

Importantly, all of our health and wellbeing programs have centred on achieving **real clinical outcomes**.

We invite you to join us as we continue to positively shape the health and wellness of the community we serve. Whether it is as a PCCS member (for interested health professionals and community members), as a new employee, or as a business partner – we look forward to hearing from you.

Dr J.R. Baker
CEO

Mr Ramon del Carmen
Board Chair



We're all about:

Optimising health and wellbeing for local communities.

We do this through:

- Care coordination
- Linking and support for people living with long-term health conditions, mental illness and complex needs
- Participation and social inclusion.

Charlotte's story

With PCCS' help, 56 year-old Charlotte has benefited immensely from being able to access the National Disability Insurance Scheme (NDIS).

When PCCS Social Worker, Bonnie, first met Charlotte, she was calling the PCCS office multiple times per day. Combined with many complex health issues, including schizophrenia, type 2 diabetes, hypertension, a double fusion of her right ankle, osteoarthritis and a visual impairment, Charlotte also had high levels of anxiety.

She was often stuck in her armchair at home overnight because she couldn't transfer out of the chair without causing pain to her wrists. She also found it difficult to go out to do her grocery shopping and errands, as her walker was not strong enough to support her safely.

With Bonnie's help, Charlotte used her NDIS funds to arrange an assessment, which recommended a dual-motor recliner chair and a bariatric four-wheeled walker.

Soon after receiving her new equipment, Charlotte made plans to go out by herself via community transport with her new walker. She said it was the first time she'd been out by herself in over a year.

Bonnie noticed a reduction in the frequency of Charlotte's calls after she received her new equipment. And when she did call, it was about the positives in her day and discussing her future goals. Charlotte can now exercise an increased level of choice and control in her own life and continues to make plans to leave her home independently.

2016/17

Community impact

Northern Sydney Partners in Recovery (NSPIR)

Partners in Recovery aims to improve the response to, and outcomes for, people with severe and persistent mental illness who have complex needs. NSPIR provides care coordination supports, and help for those eligible to access the National Disability Insurance Scheme (NDIS).

335 accessed our NSPIR services

PCCS supported 64 people with accessing the NDIS and preparing their NDIS plans.



Who refers our PIR clients?	
Community mental health service	66%
Other health care service	14%
Hospital	5%
Family, friend or carer	3%
Psychiatrist	3%
GP	2%
Housing support	2%
Employment or education service	2%
Correctional	1.5%
Disability support service	1.5%

PIR client ages	
<25 years	5%
24-34 years	16%
35-44 years	32%
45-54 years	32%
55-64 years	19%
65+ years	2%

6% of our PIR clients identify as being of Aboriginal and/or Torres Strait Islander origin.

Top 5 NSPIR client needs

Of the assessed NSPIR clients, the following needs were most prevalent:

1. Daytime activities
2. Company (social life)
3. Accommodation
4. Support for psychological distress
5. Employment and volunteering opportunities.



Supported over 100 clients in the Northern Sydney region.

GP Social Work Connect

Providing a resource for General Practice, the GP Social Work Connect program offers a helping hand to patients with chronic and complex health conditions and psycho-social needs. Along with assessing and addressing needs, the program provides information to patients, arranges referrals and linkages to appropriate services and helps patients liaise with social, welfare and community providers.

Psychological Access+

Psychological Access+ provides patients with assistance for short-term intervention; particularly those who have difficulty accessing appropriate mental health (including psychology) support due to financial or other circumstances.

In the first week of accepting referrals (to 30 June 2017), PCCS received **89** referrals: **27** of these were for children/youth **11** were for suicide prevention.

PCCS has over 130 Approved Providers servicing the Northern Sydney and Northern Beaches community.



GP Mental Health Clinic

The GP Mental Health Clinic is a joint venture between PCCS, Mental Health Drug and Alcohol (MHDA) and the Hornsby GP Unit. It focuses on the physical healthcare of consumers of the Hornsby Ku-ring-gai Community Mental Health Service and enables them to access a GP service with the assistance of a mental health registered nurse.

52 Patients have attended the clinic

37 Patients with repeat appointments

Top 5 Types of interventions provided (number of patients)

Full physical health history and examination	50
Metabolic health screening	44
Serum lipid/BGL monitoring	39
Weight reduction support	18
Dietetics advice	18
Referral and engagement with Diabetes Education/Service	14

Project Air Brief Intervention Clinics (BICs)

Project Air BICs support people with personality disorders. PCCS funding secured a 12-month project officer to work one day a week establishing BICs throughout Northern Sydney Local Health District. Highlights over the year included a new BIC at the Hornsby-Ku-ring-gai Child and Youth Mental Health Service, which offers four appointments per week. The Project Air team also trained over 60 staff from Royal North Shore/Ryde to run BICs for adult consumers, with a two-day per week BIC now available.

Transition to Primary Care Nursing (TPN)

The 12-month TPN program is specifically designed for new graduate registered nurses entering primary care directly from university studies. It facilitates the development of relevant knowledge and skills while providing support and guidance to enable new graduates to work as competent primary healthcare nurses.

The program helps participating Primary Health Networks and general practices to create a larger workforce that delivers cost-effective and high quality health care.

Over **300** TPN applications were received

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'The practice I'm working in has provided me with fantastic mentors who allow me to learn and grow as a registered nurse, as well as providing me with seminars and education to develop professionally. I recommend this program to anyone interested in being on the front line of healthcare and refining their skills with a great support network – it really is a great opportunity!'

- Bianca Cantarella, Graduate Nurse Transition Program participant.

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Plus Social

PCCS' **Plus Social** social prescribing program enables GPs and other health professionals to prescribe additional (non-medical) services to improve patient health and wellbeing. Plus Social participants can access a range of social activities and links to local community services based on their identified needs. Examples of activities include art classes, meditation, exercise groups and gardening.

PCCS is now working in partnership with the icare Foundation to help address the social, emotional, and practical needs of **injured workers** through a Plus Social pilot, which began mid-2017.

Preliminary results from a small Plus Social pilot showed promise with:

- An 80% reduction in hospital admissions over the course of the pilot and
- A reported 20% increase in self-rated health status.



Financials

	2017 (\$)	2016 (\$)
ASSETS		
Cash and cash equivalents	2,657,217	1,833,194
Trade and other receivables	241,298	9,468
Other assets	88,089	116,158
Property, plant and equipment	45,666	60,803
Total Assets	3,032,270	2,019,623
LIABILITIES		
Trade and other payables	633,334	636,484
Provisions	80,641	163,763
Other liabilities	1,227,262	160,075
Employee benefits	150,324	241,241
Total Liabilities	2,091,561	1,201,563
TOTAL NET ASSETS	940,709	818,060

Partners and Funders (2016/17)

- Commonwealth Department of Health
- Family and Community Services
- icare (2017/18)
- National Disability Insurance Agency
- Northern Sydney Primary Health Network
- South West Primary Health Network
- Our 25 Partners in Recovery partners (Collaborative Mental Health Working Group)
- Northern Sydney Local Health District

Future Projects (2017/18)

- Plus Social pilot program for injured workers (with icare Foundation)
- Mental Health Innovation Fund (with University of Technology Sydney, Northern Sydney Local Health District, Family & Community Services, Sydney North Primary Health Network, icare) jointly funded by NSW Health





Our Mission

Improving the health and wellbeing of local communities through increased collaboration, integration, inclusion, research, and targeted health and community services.

Our team

Here to help

Our enthusiastic, caring, culturally and linguistically diverse team of professionals has qualifications in medicine, social work, nursing, occupational therapy and psychology.

The team has extensive experience in:

- clinical assessment
- care planning, and
- psychosocial support.

Adding to this experience is their invaluable knowledge of localised health and welfare services and providers.

Some of the languages spoken by our team include: Arabic; Chinese (Mandarin, Cantonese, Wuhanese); Farsi; Filipino (Tagalog); French; Indian (Konkani, Hindi); Laotian; Nepalese (Nepali, Newari); Russian and Thai.



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