



Sonder

Formerly **Northern Health Network**

2017/ 2018. Annual Report

Our diverse team is committed to delivering a range of integrated community support services including mental health counselling, Aboriginal health and youth employment support.

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Sonder.

n. the realisation that each random passerby is living a life as vivid and complex as your own.



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Chairman's Report



Dr Richard Heah
Chairman of the Board

This is my final report as Chair of the Board of Directors of Sonder. After unimaginable highs and lows over 20 years, it is time to pass the baton to my other capable directors to appoint a new Chair who will guide us through the next chapter of Sonder.

It is amazing how time flies. We are celebrating our 25th year since inception as a Division of General Practice and the journey has been peppered with great memories, opportunities to meet and work with wonderful committed people and without doubt, a few mistakes made in business decisions and dealings with colleagues and staff. But look at how far we have come.

We should be proud of what had been achieved. Through the goodwill and foresight of Dr Bernie Lorenzen, Dr Stephen Leow,

Belinda Edwards, Rod McGee, to name a few who started the Division of General Practice in the North. From those humble beginnings and through several changes in name and structure, the business went through its usual course of highs and lows but we soldiered on. Now we are small medium size business with turnover of over \$15million in the 2018/19 FY, with solid foundation and excellent dedicated staff.

Our geographic reach had spread from the Northern area to across all of the metro and large swathes of Country SA. But our business still continues to our serve GPs, our members, their practices and staff and their patients. We stood proud to have assisted a significant number of international and local graduates in achieving their registration for Fellowship. Through the guidance of Dr Farooq Ahmad,



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we have been involved in supporting these local and overseas graduates to prepare for their Fellowship exam. We are pleased to have recruited and retained a number of them to practice in the north. For the others – near or far and wherever else they contribute their skills, hopefully they have fond memories of our contribution to their career.

We have also started to assist the GPs in the South who had lost their support when the closure of the Southern Division of General Practice. We hope that through our support of the Southern Region GP Council that their representation through a dedicated organisation will again be a force in the region.

I would like to take the opportunity to thank my Directors for their guidance and input through the years. We have built an effective

team with clear objectives and a culture that is of service and respect to all parties. The contribution of the Risk and Finance Sub Committee under John Manning had been invaluable.

The Board sincerely thanks our Executive Team, keenly led by Sageran Naidoo. We thank them all for their dedication, commitment and passion to serve our stakeholders.

From the Chair for a final time, I say a sincere thanks to all members, stakeholders and staff for a fruitful journey thus far and I look forward to the ever challenging years ahead. I hope to continue to support Sonder as a member of Board of Directors.

Our Board



Dr Richard Heah

Chairman

General Practitioner in Elizabeth

Over 20 years of professional medical practice experience in the northern region. Director of Corporate Health Group – a multi-disciplinary, multi clinic company. Keen interest in Medical Education and involved as a mentor for IMG and RACGP Examiner, AHPRA Nominee for PESCI and Tribunal. Business and finance management experience with Certificate as Graduate of Australian Institute of Company of Directors.



Dr Rizwan Latif

Vice Chairman

General Practitioner in Craigmore

Extensive professional medical practice experience in the Northern region for over 11 years. On various State Clinical Committees, clinical Lecturer at the University of Adelaide, Clinical Examiner at the Australian Medical Council and Vice President of the Pakistan Medical Association.



Dr Farooq Ahmad

General Practitioner in Parafield Gardens

Extensive practice experience in Australia since 2001 and prior to that in South Africa and Pakistan. RACGP and AMC Clinical Examiner, member of SA/NT RACGP Faculty Board. Experience as a Medical Educator for Adelaide to Outback. Teaches medical students in rural placement and was a GP Supervisor for GPex. Helps Overseas Trained doctors (OTD) for preparation of Fellowship Exam. Previous Board experience as a Board member for Flinders and Far North Division of General Practice.



Dr Sudheer Talari

Medical Practitioner in Gawler

Over 9 years' experience as a Medical Practitioner. Is the president of SEMA (Salisbury Elizabeth Medical Association). Was an examiner for MOCK exams designed for medical students, general practitioners and AMC candidates conducted by ACMA, NAML, Sonder, AOGP and RACGP clinical bridging course. Has had experience running workshops for international medical graduates for their AMC clinical and FRACGP OSCE exams.



Mr Danny Haydon

Manager, Practice Management Services, Brentnalls SA

Danny has been a business consultant to the medical and allied health industry since 2008, advising on all areas of practice management including business planning, infrastructure development, HR management, and increasing available services. Danny's comprehensive experience in the health sector means he's committed to building viable medical and allied health practices so they can achieve their goals. Danny currently enjoys the following appointments as Board Member and Past President (2014-2017) of the Australian Association of Practice Management (AAPM) and Member of the Health Care Homes Implementation Advisory Group and continues to work as the Executive Officer at the Clare Medical Centre.



Mr John Manning

Chair of Risk and Finance

Managing Director at Dewings Accounting

John is the managing director of Dewings, a boutique firm of Accountants and Business Advisers based in Adelaide. He has worked in accounting, IT and HR at a number of firms and has rich background in business and how the various components of an organisation work together to achieve results. John is a regular speaker on a range of business issues with various organisations. He also holds a Masters of Divinity and has served as a board member for local and national not-for-profit boards. He is also an affiliate member of the Institute of Chartered Accountants.



Dr Seema Jain

General Practitioner in Elizabeth Grove

Practice Principal with over 16 years' experience working in various hospitals in SA and interstate, with exposure across a wide range of sectors. Extensive experience working with Aboriginal & Torres Strait Islander health issues. Has been teaching Medical Students and supervising Medical Registrars for a number of years.

CEO Statement



Sageran Naidoo
Chief Executive Officer

There has been much change within Sonder and in the healthcare world outside. We have had 6 prime ministers and 5 health ministers in 10 years and an election next year that promises to throw up a new regime. I think that as a sector, we are forced to depend on ourselves because as we brace for the changes that will inevitably come from a yet another minister, yet another round of policy changes, we must work harder to retain our workforce, to retain the faith of our clients and to work harder to develop solutions for the problems caused by the short term thinking of our politicians. I am pleased to say that Sonder has survived these significant ructions and you will read in the pages of this Annual Report of the activities of the 2017/18 financial year, that we have continued to build on our achievements from the previous year and we are moving ahead with building a sustainable organisation.

We have seen a 28% increase in mental health referrals corresponding with a 25% increase in income. There were similar increases in referrals across all our program types. We still uniquely continue to deliver services on behalf of both PHNs and I acknowledge again the gratitude of the staff and Directors of Sonder for the

faith shown in us by the PHNs. We remain the foremost provider of mental health services to young people and through headspace Edinburgh North, we supported 1197 young people and also placed 54 young people into ongoing employment through our inspirational headspace Employment Support Program. We also commenced as the lead agency of headspace Onkaparinga in this financial year.

From a developmental point of view, Sonder continues to support the further education in the region. We saw an increase in GP education sessions, with 99% of attendees affirming that their education needs were met. We supported 12 interns and students throughout the year as part of our endeavour towards building the workforce of tomorrow. From a current staff perspective, I am pleased to report that 100% of staff attended Sonder funded CPD activities. Sonder continues to be outward focussed as well with a 50% increase in Community Engagement activities that we were involved with.

Sonder is still nevertheless a small agency but being a values based organisation has enabled us to build a sense of purpose and accomplishment. One of the challenges for us



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organisation has
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sense of purpose and
accomplishment

is that while we work on behalf of the most vulnerable that we never fall into the trap of seeing our clients as just the Last, the Least and the Lost.

Yes many of our clients fit this profile at some points in their lives. However what always inspires me is that they who are the Last, the Least or the Lost are often the bravest of souls. To be able to fight the stigma of mental illness or to be able to confront the demons of ill health or to resist the pain that we inflict on ourselves and to reach out for a service – such bravery must be rewarded by excellence and service of the highest quality.

I am always in awe of the humility and strength of the Sonder workforce – a broad mix of diverse individuals who come together in multi-disciplinary teams that are innovative, responsive and most importantly, attuned to the clients we serve. Our staff enable prospective clients to feel at home with us and our staff remain the driving force behind the expansion and growth of Sonder. To grow mindlessly is not what we are all about – we have built sustainable partnerships wherever we set down our roots and we have respected the bravery of our clients.

The key development for us in the 17/18 FY was the change of name from Northern Health Network to Sonder. We wanted a name that was bold and innovative and was potent enough to help us to define our future and also be able to speak to our values of delivering equity, fairness and respect with empathy. And so we selected Sonder. And more than the ease of pronouncing and spelling Sonder, what appealed to us was the definition: The realisation that the lives of others are as amazing and compelling as your own.

Sonder speaks to our why and enables us to tell our stories in powerful ways. We now have a name that is relevant to our staff working in Employment Support and IT. We have a name that is now relevant to our staff in Port Pirie, Port Adelaide and Port Noarlunga. We have a name that reflects our commitment to our communities and speaks to our promise to walk with them as they shed the tag of being the Last, the Least, the Lost.





Mental health

ADULT MENTAL HEALTH

Sonder delivers an integrated suite of recovery-oriented, clinical mental health services for people aged 5 years and over and across the diagnostic criteria. Responsive, person-centred care is at the core of our clinical mental health services which encompass face-to-face psychological therapy; clinical assessment; care coordination; phone advice; psychiatric assessment; and community engagement. Sonder's mental health services are delivered by a team of skilled and highly credentialed staff including mental health clinicians, employment specialists, care coordinators, youth workers and administration support.

As a long-standing provider of primary mental health care, Sonder continues to develop innovative mental health programs that incorporate interventions across the stepped care continuum. Over the past year alone, Sonder has increased its service profile with the addition of an evidenced-based low intensity CBT program in the Barossa Gawler Region, two additional After Hours Clinics and the introduction of a Primary Mental Health Clinical Care Coordination program.

In 2017-18 Sonder's suite of mental health services fared well against performance targets with 6,316 referrals received, a 28% increase from the previous year. Over 28,500 clinical services were delivered to consumers from 16 office locations across northern and western metropolitan Adelaide and Gawler-Barossa. Furthermore, the development of an Integrated Practice Unit for Severe and Complex Youth and a Mother and Infant DBT Group are just two new projects that are scheduled for implementation in 2018-2019.

Accreditation and Certification

In addition to being an ISO accredited organisation, Sonder has now also achieved certification against the headspace Model Integrity Framework, the headspace Individual Placement and Support Trial Fidelity Review and the National Standards for Mental Health Services.

All Sonder staff members were funded to attend a 2 day Aboriginal and Torres Strait Islander Cultural Awareness and Safety Training, in addition to other mandated training requirements.

These achievements demonstrate Sonder's commitment to continual quality improvement, recovery oriented and person centred care, evidence based practice and consumer and carer involvement in all aspects of service delivery.

Collaboration

It is vitally important to recognise Sonder's new, sustained and wide ranging partnerships with primary health care providers, state mental health services, NGOs, local governments, Primary Health Networks, consumers, carers, and cross-sectorial agencies. All of which assist Sonder to develop and deliver a coordinated and integrated mental health service whilst responding and adapting to changing consumer and sectorial needs.

Such intersectorial collaboration is evident in collaborative projects such as the Adelaide PHN's development of the online Health Pathways Portal, during which Sonder's Clinical Lead for severe and complex mental health worked with the APHN Clinical Editors to provide clinical expertise and information around various Tier 3 mental health conditions. Such opportunities permit input to the development of state-wide Health Pathways based on current clinical experience and frontline realities.

Additionally, to complement Sonder's existing headspace Youth and Aboriginal and Torres Strait Islander Reference Groups, an adult focussed Mental Health Consumer and Carer Reference Group has been launched. Consumers and carers play an increasingly vital role in informing what is at the centre of an exemplary mental health care experience and shaping Sonder's mental health service.

NORTHERN CONNECT

Northern Connect is a consortium, commissioned by the Adelaide Primary Health Network and delivered in partnership with Sonder, Life without Barriers, Uniting Communities and Drug and Alcohol Services South Australia (DASSA).

6,316

referrals received across Sonder's suite of mental health services



INCREASE

from the previous financial year



28,500

clinical services were delivered to clients



16

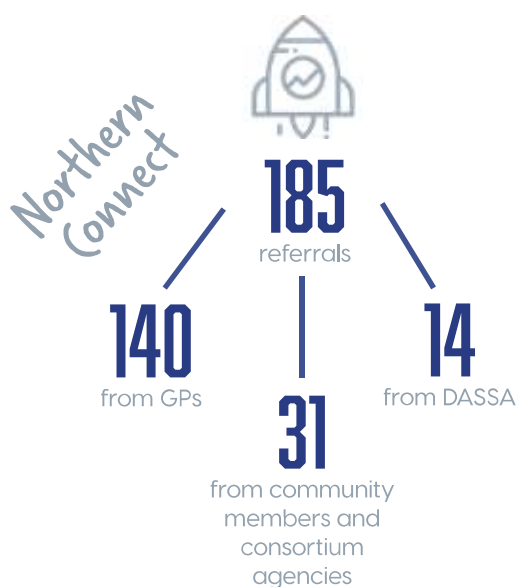
from 16 office locations across metropolitan Adelaide and country

These agencies work collaboratively to deliver a coordinated and innovative primary AOD treatment service to clients diagnosed with co-occurring or comorbid mental health and AOD conditions in the northern Adelaide region.

Sonder's Clinical Care Coordinator works to ensure that clients receive an appropriate, integrated and personalised service according to their needs and according to the principles of a stepped and shared care model of service. This holistic model ensures that clients are supported as they navigate a seamless journey through AOD and primary mental health care services.

In the 2017-18 financial year, the program experienced substantial growth. Within the Northern Connect program, Sonder received 185 referrals; 140 from GPs, 14 from DASSA and 31 from community and consortium agencies. Sonder referred 51 clients to the Northern Connect consortium agencies. Since the program's conception, the steady increase in the number of referrals demonstrates the need for an integrated "wrap-around" service.

With collaborative planning, program promotion, a commitment to client outcomes and ongoing professional development, the Northern Connect program will continue to develop and benefit one of the most disadvantaged client groups.



MENTAL HEALTH AND ALCOHOL AND OTHER DRUGS (COUNTRY)

Last financial year, Sonder successfully launched a unique psychological therapy service across the Gawler – Barossa region for people living with co-morbid substance and mental health concerns.

Sonder works closely with Drug and Alcohol Services SA Health (DASSA) in the Gawler/Barossa region. Carefully planned and innovative service co-design enables the facilitation of seamless transitions for clients who no longer require the higher intensity support services received from agencies such as DASSA, but still seek psychological support to maintain their progress and address mental health concerns.

In addition to referrals from other AOD agencies, referrals into the program are also received directly from GPs using Mental Health Treatment Plans with the option to step-up to DASSA services when indicated. In the 2017/18 financial year, 72 clients accessed more than 3 sessions each in the Mental Health and Alcohol and Other Drugs program.

Working effectively with GPs remains at the core of effective client outcomes. Throughout the year, Sonder delivered a series of three RACGP-accredited education sessions for GPs. The education sessions, delivered by Dr Chris Holmswood from DASSA, covered the management of alcohol, cannabis and methamphetamine use. The sold-out sessions were held locally and were well received, with requests to repeat the series.

LIVING WELL WITH SERIOUS ILLNESS

The unique Living Well with Serious Illness program support adults living with a progressive and life-limiting illness, and their families, with nurse care coordination and psychological therapy.

Navigating the available health and social support services can be challenging and frustrating, with client feedback highlighting

the care coordination component of the Living Well with Serious Illness program is essential in improving choice, communication between professionals involved in their care and quality of life outcomes. The program's Nurse Care Coordinators and Mental Health Clinician work closely with specialist palliative care services and GP practices to ensure continuity of care across intensity of need.

One of the aims of the program is early intervention. Informed by the understanding that contact with the client and family soon after diagnosis and the provision of information about the disease and support available, enables active involvement in the client's healthcare, better symptom management and improved quality of life. In the last financial year, the program has seen an increase in early referrals from GPs, resulting in a shorter length of contact, enabling the client to reconnect with the program as required during changes in disease trajectory.

Between Jan- Dec 2017 there were 474 psychological sessions delivered to clients and an additional 799 care coordination services. Of these collective services, over 80% were home based.



Suicide Prevention Service

Sonder's Suicide Prevention Service (SPS) offers short-term support to clients who are thinking of self-harm, or who have suicidal thoughts and a plan. Staff in the Suicide Prevention Service have backgrounds in psychology, social work or other disciplines and are highly skilled in the provision

of specialised care and support to help clients keep themselves safe.

Throughout the 2017/18 financial year, there has been a continued and increasing demand for the SPS program and a subsequent need to improve the program's response times. Through inducting, upskilling and training more clinical staff to the requirements of the program and offering additional reserved and as needed daily appointments, the program has achieved significant improvements in wait times, therefore enhancing the program's responsiveness.

SEVERE AND COMPLEX MENTAL HEALTH SERVICES

Severe/Shared Care with GPs Program

This last year has seen Sonder maintain its commitment to the delivery of high quality clinical services to people diagnosed with a severe and complex mental health illness in the northern and north eastern communities, despite the ongoing uncertainty around future program funding and transition arrangements. Throughout this process Sonder has been committed to ensuring that the community was not compromised in the number of appointments delivered nor the quality of clinical treatment received. Sonder clinicians did not waver in their motivation or enthusiasm with regards to their clinical work in the face of what was a challenging period. This is evident in the total number of clinical occasions of service, which totalled 3,578 for the 2017/18 financial year.

Recently, Sonder has learned that it has successfully secured funding for the ongoing clinical service delivery of the Shared Care with GPs program in the northern, north eastern and western regions.

Sonder established new partnerships in the western region, including with the Western Mental Health Service and continues to facilitate ongoing collaboration and communication between Sonder and the general practices

within the north and north-eastern region, local general practices, SAPOL, Department for Child Protection and various other community based agencies including Partner's in Recovery and Uniting Care – Smithfield and Anglicare. These partnerships serve to enhance every client's experience in therapy, ensuring continuity of care and providing options for the most appropriate onward referral pathways.

Booked Psychiatric Assessment

There have been no changes to the Booked Psychiatric Assessment offered to GPs in the north and north eastern regions with assessments occurring in consultation with the psychiatrist, client, client's GP and senior mental health clinician. During the 2017/18 financial year, 73 booked psychiatric assessments were completed.

Clinical Care Coordination Program

Sonder commenced its new Clinical Care Coordination program at the start of the 2018 calendar year. The program provides short-term consultation, clinical input and targeted support to people with a severe and complex mental illness.

Clinical Care Planners work alongside clients, their GPs and other health professionals involved their care to develop a joint care plan aimed at improving the ongoing management, coordination and treatment of complex and severe mental illness.

The Clinical Care Coordination program and the clinical therapy delivered in the Shared Care with GPs program work together to compliment the holistic nature of care provided to people diagnosed with a complex and chronic mental illness.



headspace Edinburgh North

Sonder is funded by the Adelaide PHN to work towards improving access and engagement in primary care services for young people in the northern metropolitan region of Adelaide via the headspace Edinburgh North service.

Sonder was also appointed lead agency for headspace Onkaparinga, commencing in the 2018/19 financial year. The headspace Edinburgh North program for young people aged 12-25 and their families, is provided by a team of dedicated and skilled youth workers and mental health clinicians, with the oversight of the service led by the headspace Centre Coordinator. The team works predominantly onsite at the Sonder Peachey Road premises, but also has a significant role in attending community events and schools to promote mental health awareness, literacy and help-seeking. The team provides interventions to young people based on their level of need and severity, with this ranging from brief and informal counselling to longer term clinical therapeutic support. Linkages are also provided to clients who would benefit from multi-agency support to address different aspects of their psychosocial difficulties.

Service delivery

The headspace Edinburgh North program saw an increase in client numbers, serving 1,197 young people throughout the 2017/18 financial year, significantly higher than the national Centre average. headspace Edinburgh North delivered 3,732 occasions of service across the northern metropolitan locations. In addition to this, we maintained excellence in terms of service provision standards, with client satisfaction and outcomes consistent with national averages for all headspace centres.



onder

erly Northern Health Network



headspace
Edinburgh North

he... centre
off... health advice
...t and inform
... people



3,732

occasions of service
delivered



322

more occasions of
service delivered
than last year

1,197

young people
serviced in
the program



30%

higher than the
national centre
average

Service Innovation

headspace Edinburgh North's commitment to improving services to young people in Northern Adelaide led to further service innovations in the last financial year.

Sonder has been funded by the Adelaide PHN to commence delivery of an Integrated Practice Unit – Youth (IPUY) for youth aged 16-25 with complex and severe mental health conditions at its Edinburgh North site.

This service will act as a 'step-up' from headspace and aims to support young people and their families/carers, where the young person has symptoms consistent with borderline personality disorder, an eating disorder, bipolar disorder, psychosis, severe anxiety, severe depression, and complex trauma.

This program commenced in a phased implementation approach in the current financial year, with the appointment of a Mental Health Clinician with a focus on eating disorders in young people aged 16-25. Further clinical staff will be appointed to deliver this program in the next financial year.

To assist in the roll out of this new service, Professor Jill Rathus, an international expert in the treatment of borderline personality disorders in adolescents from the University of Long Island, New York, delivered a workshop with the headspace team and over 250 external attendees in November 2017 at the Adelaide Convention Centre.

Additionally, headspace Edinburgh continues to partner with Orygen, the National Centre of Excellence in Youth Mental Health, to evaluate the effectiveness of a physical activity intervention in addition to 'treatment as usual' for young people attending headspace. This is a multi-site study, known as IMPACT. The uptake by young people into the IMPACT study from the headspace Edinburgh North centre

has been very high which led to an extension of our research funding term.

headspace Edinburgh North was also involved in 2 other significant enhancement initiatives funded by the APHN in the last financial year, with the University of Sydney and Orygen. headspace Edinburgh North worked in collaboration with the University of Sydney to investigate 'Synergy', an online assessment tool to assist in the comprehensive assessment of young people entering mental health services.

The centre has also worked in collaboration with Orygen in the development and evaluation on an online Cognitive Behavioral Therapy self-help program for young people experiencing suicidal ideation, depression and anxiety.

In addition to the above initiatives, headspace Edinburgh North appointed a CALD Youth Worker in the last financial year.

The focus of this role has been on engaging with and supporting young people and their family members from culturally and linguistically diverse (CALD) backgrounds to access the headspace service and seek support for mental health and other difficulties.

The CALD Youth Worker has strengthened linkages between the centre and community members in the Northern region who identify as culturally diverse. This was highlighted in the Multicultural Youth Concert, held in June 2018 at Northern Sound System, which was attended by over 150 young people. Additionally, the CALD Youth Worker has also developed a youth reference group, CALD Voice, comprising of young people from migrant backgrounds. This reference group meets monthly to plan initiatives to enhance the headspace centre's engagement with CALD young people.





headspace employment support

HEADSPACE EDINBURGH NORTH EMPLOYMENT SUPPORT PROGRAM

headspace Edinburgh North, with the support of lead agency, Sonder was chosen as one of 14 headspace sites across Australia to trial the Individual Placement and Support (IPS) model of vocational support alongside existing mental health services for 12 to 25 year olds.

The federal Department of Social Services has provided funding for a trial of IPS that will run until 30 June 2019. This voluntary program aims to assist clients engaged in mental health services to gain and maintain employment and assist with educational goals. The program funding allows for two employment specialists to provide individualised support to a caseload of 30 clients each.

To ensure the quality of the program and fidelity to the IPS model headspace Edinburgh North participated in two fidelity reviews completed by an external agency during the 2017/18 financial year. Results of 114 and 119 out of a total of 125 points were achieved for the first and second review. These were outstanding results and indicate headspace Edinburgh North is delivering IPS at an 'exemplary' level and consistent with the IPS model standards.

At the time of the last annual report, the program was only in its infancy, having been operational for only 3 months. During the 17/18 financial year 110 young people were supported into 54 job placements. To facilitate this success, our team had 1,752 recorded client contacts and 785 face-to-face contacts with employers with or on behalf of clients. Most importantly, the response from clients, caregivers, employers and other headspace staff has been overwhelmingly positive.

EMPLOYMENT
SUPPORT 
12 to 25
YEAR OLDS

1752
recorded
client contacts



54
successful
job placements



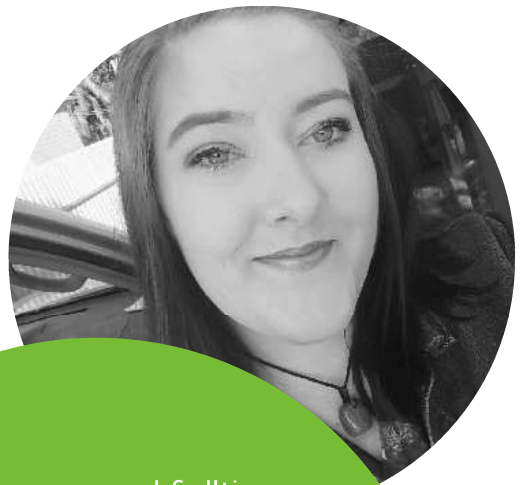
785
face-to-face contacts
with potential employers
with or on behalf

110

young people
supported through
the program



The program received
exemplary results from
a Fidelity review



“

Mikayla secured fulltime employment with Datacom as a Customer Service Representative through the Employment Support Program and continues to thrive in her new job.

Mikayla, aged 23

”

“

headspace Employment Support helped Kiarah to find a job at Hungry Jacks. After 2 months of successful employment, Kiarah is looking to be trained as a supervisor and is thriving both professionally and socially.

Kiarah, aged 18

”

Closing the Gap



The 'Closing the Gap - Integrated Team Care Activity (ITC)' Program, is funded by the Adelaide PHN and the Country SA PHN to work towards improving access to culturally sensitive and appropriate primary healthcare services for Aboriginal and Torres Strait Islander communities in South Australia.

In the 2017/18 financial year, Sonder continued to be the provider for the CTG ITC program for the entire Metropolitan Adelaide region, Gawler-Barossa, Yorke Peninsula and Mid-North regions.

LEADERSHIP

In August 2017, the CTG Leadership Structure was established to allow for the current 4 teams to be managed as an integrated unit, whilst at the same time having a localised Team Leader to enable quicker decision-making.

In February 2018, the Aboriginal Health stream was established. The stream includes the CTG ITC program and is managed by a newly created and dedicated Aboriginal Health Manager. The Aboriginal Health Manager will contribute

to the enhancement of service provision for Aboriginal and Torres Strait Islander people across metropolitan Adelaide and Country SA, in addition to supporting career pathways for Aboriginal staff. The Aboriginal Health Manager, supported by the CTG Leadership structure will be able to leverage Sonder's influence as the largest provider of CTG ITC services in SA to ensure improvements in services for Aboriginal people can be realised by other service providers across SA.

SERVICE GROWTH

In 2017/18, the CTG ITC program experienced exponential growth in new referrals, clients support and occasions of service for care coordination and outreach services across all service regions. The CTG ITC program received 436 referrals throughout the financial year. The program's Care Coordinators delivered 47,476 occasions of service, a 44% increase from the previous year, whilst the program's Outreach Workers delivered 10,627 occasions of service – a 94% increase.



The appointment of the Indigenous Health Project Officers for both Metropolitan Adelaide & Country helped to further develop our relationship with mainstream GPs & Aboriginal Primary Health Service providers. This in turn, contributed to the increase in referrals that was experienced throughout the financial year.

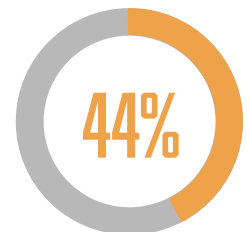
The growth demonstrates the need for the service within the community and can be attributed to an increase in program and brand awareness, improvements in the response time to new referrals and a broader contribution from the leadership team.

The service growth exceeded the capacity of the metropolitan CTG ITC teams in late 2017/18 and a waitlist was introduced to manage demand.

Throughout this period, the CTG ITC team demonstrated commitment and resilience, which was greatly appreciated. The completion of an Annual Review and Program Planning identified strategies to address the challenge of continual service growth in 2018/19.



10% INCREASE
in total no.
of clients supported



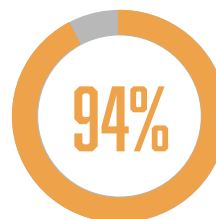
44% INCREASE
in no. of occasions
of service
delivered by Care
Coordinators



436
new referrals
received



appointed new
Aboriginal Health
Manager



94% INCREASE
in no. of occasions
of service delivered
by Outreach
Workers



established new
CTG Leadership Team

Community health

HEALTHY EATING ACTIVITY AND LIFESTYLE (HEAL) PROGRAM

Sonder is proud to have been selected by the Country SA PHN to deliver the Healthy Eating Activity and Lifestyle (HEAL) program across 8 Country SA regions as an after-hours primary health care solution, targeting clients who are at risk of developing cardiovascular disease, type 2 diabetes, or suffer from metabolic conditions.

The HEAL program is a lifestyle modification program that enables participants to develop lifelong healthy eating and physical activity behaviours. HEAL consists of 8 weekly, group based education and exercise sessions, as well as regular individual health assessments which are completed pre- and post-program, and at 5 and 12 months. Each week, the group undertakes 1 hour of supervised low to moderate intensity physical activity followed by an hour of nutrition and healthy lifestyle focused education.

The improved delivery model implemented by Sonder aims to empower local communities by training existing allied health providers to deliver the HEAL Program to communities where they live and work. During implementation, Sonder successfully engaged with an expanded network of Allied Health Professionals who bring broader skills and experiences including: Aboriginal Health Practitioners; Pharmacists; Diabetes Educators; Practice Nurses; Exercise Physiologists and Dietitians.

Sonder has completed an extensive update and modification of the HEAL education materials which enables program facilitators to deliver targeted sessions that are considerate of the needs, resources and infrastructure of each local community.

The service area for the HEAL program has expanded the reach of Sonder to new Country regions. The program has been implemented in: Gawler and Barossa; Yorke Peninsula; Lower North; Mid North; Flinders & Outback; Upper Eyre; Lower Eyre; and Far West.

HEAL FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

The reintroduction of the program provides a unique opportunity for Sonder to collaborate with Aboriginal Community Controlled Health Organisations (ACCHOs) and private allied health providers to develop culturally appropriate HEAL resources and offer programs for Aboriginal communities across Country SA.

Sonder has partnered with ACCHOs in Port Lincoln, Whyalla and Ceduna who have contributed to the development of a HEAL workbook for Aboriginal participants. Each organisation has identified and trained two qualified Aboriginal Health Practitioners to deliver HEAL programs, the first of which commenced in July 2018 in Port Lincoln.

The HEAL Project Officer and members of the Sonder CTG ITC Leadership team collaborated to implement HEAL for Aboriginal people in metropolitan Adelaide, Gawler, Barossa, Yorke Peninsula, Lower North and Mid North.

Sonder engaged with private providers and trained qualified Exercise Physiologists, Practice Nurses and Dietitians to deliver programs in partnership with the CTG ITC teams.





GP & allied health support

EDUCATION

In 2017/2018, education services delivered more continuing professional development (CPD) workshops than forecasted and achieved the highest number of registrations and attendance.

Sonder prides itself on delivered high quality CPD services for the primary healthcare workforce. This past year saw the team deliver the most events in a financial year, with 99% of attendees reporting that their learning outcomes were met in the education sessions.

The expansion of our service footprint in 2017 was received well. The growth in CPD activities and achievements over the past 12 months validates Sonder as the leader of primary

healthcare education in the Northern and Western regions of Adelaide.

The achievements and valued contribution of the education team expand beyond CPD activities. In 2018, the education team led the expansion of our professional networks to engage general practice nurses, practice managers and practice owners across metropolitan Adelaide. As well as coordinating the South Australia's largest Closing the Gap Day at the Wayville showgrounds bringing together 800 Aboriginal people and over 40 service providers to promote access to health services.

Sonder is grateful for the funding support of the Adelaide PHN and our generous sponsors.



85

education events
throughout the
year



2,155

health professionals
attended education
events



1,006

of which were
GPs



25

on average, 25 people
attended each
education event



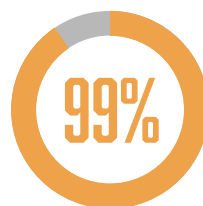
↑57%

increase in the
number of
events held



↑72%

increase in attendees
from the previous year



FEEDBACK

99% of those who provided
feedback reported that
their learning outcomes
were met



IMG EDUCATION (JESP)

The Joint Education Support Program (JESP) was launched in June 2017 in collaboration with Sonder and IMG advocacy organisations, including the South Australian Indian Medical Association (SAIMA), the Bangladesh Medical Society of South Australia (BAMSSA), the South Australian Sri Lanka Doctors Association (SASDA), the Pakistani Medical Association of South Australia (PMASA), and the Australian Chinese Medical Association (ACMA).

JESP is a collaborative project designed to provide educational help and support to IMGs living in South Australia who are preparing to enter the Australian health care workforce through a series of workshops addressing communication and consultation Skills.

Interest and demand in the JESP grew in the last financial year, resulting in the delivery of an additional 5 workshops in comparison with last year.

Sonder and our partner advocacy organisations are proud to have supported an increased number of IMGs that achieved registration with the Medical Board of Australia through successfully completing the structured clinical examination of the Australian Medical Council (AMC part 2).

We greatly appreciate the support of the generous sponsors of the 2017/18 Joint Educational Support Program.

PROFESSIONAL NETWORKS

Sonder continued to advocate for workforce development in the primary health sector through coordinating a variety of professional networks throughout 2017/18.

The networks act as a forum for health professionals to; learn about the changing face of the primary health sector, share opportunities to improve the patient experience, be inspired by a range of exciting speakers and build the capacity of local general practices and medical specialists.

Sonder coordinated a range of professional networks in the 2017/18 financial year and

provided support, education and networking opportunities to over 300 professionals working in primary healthcare.

Northern Practice Managers Network

Northern Practice Managers Network meetings are coordinated quarterly and seek to provide practice managers with the knowledge and resources to build the capacity and efficiency of their general practice for better patient outcomes.

The membership for this network grew to 66 throughout the financial year.

Northern and Southern Nurse Networks

The Northern Nurse Network entered its fourth year of operation and grew to over 159 members. The members form a passionate and professional community and share a wide range of benefits that support and advance their careers. Sonder hosted five Northern Nurse Network meetings throughout the year.

In the 2017/18 financial year, Sonder, together with Flinders University and the Australian Primary Health Care Nurses Association, formed the Southern Nurses Network and hosted three network meetings.

The topics outlined for each Nurse Network meeting were informative and addressed trends across primary health care. This was reflected in the record attendance numbers that were achieved.

Practice Owners Network

Sonder launched the Practice Owners Network in late 2016. Sonder takes on an advocacy role to champion causes that are selected by the members as being of relevance to the sector. These matters are then escalated to the relevant agencies or funding bodies to address concerns or challenges faced by practice owners.

Throughout the last financial year, Sonder coordinated four meetings, identifying influential speakers from the industry to take part in conversations with members.



professional network
meetings attracted
over 300 professionals



launched a new
Southern Nurse
Network



coordinated
20 professional
network meetings

NORTHERN REGION GP COUNCIL

The Northern Region GP Council is a subcommittee of Sonder that provides a forum for GPs in the northern region to raise issues that affect General Practice and its ability to provide effective primary health care in the community. The committee provides GP input, advocacy and linkage into and across other health care organisations (National, State, Local Government and Non-Government). The committee also ensure there is adequate GP representation on various panels and committees, acting as the conduit for GPs across the region.

The NRGPC Committee has 8 members who represent a broad range of expertise and interests across General Practice. The committee consists of three members representing the north, three representing the north east and 2 representing the centre - north of the Torrens River.

The NRGPC continue to meet quarterly and over the last 12 months have represented the GP workforce on various health care panels and committees. The committee continue to investigate various issues affecting GPs and the delivery of integrated care across the primary and acute sectors.

To highlight some particular achievements of the NRGPC over the last 12 months:

- Sonder will auspice the Southern Region GP Council, commencing in the 2018/19 FY.
- The NRGPC engaged with Commissioner Helen Connolly, the Commissioner for Children and Young in relation to child protection and to raise ongoing issues experience by GPs when lodging reports with the Department of Child Protection regarding at risk children.
- Provided the APHN with feedback regarding Mental Health referral pathways and proposed communication strategies with general practices.
- Provided feedback to the Queen Elizabeth Hospital raising concern regarding the lack of correspondence received regarding patient care.
- Dr Carolyn Roesler continues to provide feedback to the Northern Adelaide Local Health Network Outpatient Nursing Director regarding Outpatient and Emergency

services, including raising concerns regarding lack of correspondence to GPs from various departments.

- Engaged with Ms Kathy Crossing, Director of the Northern Adelaide Local Health Network Child Protection Service regarding NALHN's Child Protection Service.
- Engaged with Ms Jenny Richter, CEO, Central Adelaide Local Health Network (CALHN) and Ms Helen Chalmers, Chief Operating Officer, CALHN and discussed the lack of correspondence from various CALHN departments.
- Dr Carolyn Roesler provided GP representation at the Lyell McEwin Hospital (LMH) Direct and Quick Access Sub Committee.
- Dr Richard Heah provided ongoing GP representation on behalf of the NRGPC at NALHN's Outpatient Department Steering Committee Meetings.
- Dr Oliver Frank continues to drive the GP Endocrine Outpatient Audit Project that is being conducted by Dr Colin Goodson.
- The NRGPC engage with the Southern Region GP Council on an annual basis to discuss state-wide issues effecting primary health.

The Northern Region GP Council consists of the following GPs:

- Dr Richard Heah – Corporate Health Group (Elizabeth Vale)
- Dr Carolyn Roesler – Elizabeth Medical and Dental
- Dr Stephen Salagaras – Two Wells Medical
- Dr Louis Skeklios – Golden Grove Health Centre
- Dr Sian Goodson – Paralowie Family Health
- Dr Oliver Frank – Oakden Medical Centre
- Dr Seema Jain – Elizabeth Grove Surgery
- Dr Md Moniruzzaman – Prospect Medical Centre
- Dr Kamal Wellalagodage – Blair Athol Medical Clinic



Community engagement

COMMUNITY ENGAGEMENT COMMITMENT

At Sonder, we are committed to connecting with people within the community and understanding their needs to ensure we deliver health services that help them to achieve their healthcare goals.

Sonder understands the importance of community engagement and the role it plays in promoting better health outcomes for our community.

Through the 2017/18 financial year, we participated in an array of community engagement activities including education events, reference groups, family events and information forums.

COMMUNITY EDUCATION EVENTS

Sonder delivered a range of community health education events in partnership with local councils for a range of different population groups, including womens' health information sessions for migrant and refugees, mental health information sessions for local women's and men's community groups and health information sessions for the Aboriginal and Torres Strait Islander population.

The education events included presentations by Sonder Mental Health Clinicians and other local health professionals. The presentations provided a platform for harder-to-reach population groups such as men and older people to be educated and informed.

COMMUNITY REFERENCE GROUPS

Sonder established 2 community reference groups in the 2017/18 financial year; the Mental Health Consumers and Carers Reference Group and the Aboriginal Health Reference Group.

The Mental Health Consumers and Carers Reference was established to give consumers and carers of mental health services a voice in shaping the services that are delivered by Sonder. Led by Sonder's Mental Health Project Officer, the group welcomes the unique perspective of carers and people with a personal experience of mental illness. The learnings from the reference group contribute to the planning and delivery of more responsive and accountable mental health services.

Sonder's Aboriginal Health Reference Group has been established to ensure that clients who access our Aboriginal health program, Closing the Gap, are able to talk freely about their service needs. The group meet quarterly to provide invaluable advice about how Sonder's operations can better meet the needs of the local Aboriginal and Torres Strait Islander community.

COMMUNITY EVENTS

Sonder attended a plethora of community events in the last financial year. Sonder contributed to a total of 43 events, a 49% increase from the previous year. The event



What do you think
is an Aboriginal
Health Reference
Group?



BON APPETIT

themes were diverse, targeting a range of population groups and were held across Adelaide's north, west, south and country regions, reflective of our expansion of service delivery.

Community events provide a platform for the community to be educated about new programs delivered by Sonder and also ensure that Sonder remains current and aware of the ever-changing needs of the community.

The events delivered in 2017/18 included:

- Reconciliation events across the west and southern regions of Adelaide
- Gawler Show
- Barossa Healthy Living Expo

COMMUNITY FORUMS

Community Forums provide a two-way flow of information between community members and health professionals. They enable both parties to come together at a central location to share information, ideas, opinions and concern. Forums are a way of consulting members of the community and are an integral component to Sonder's community engagement activities.

Sonder hosted two successful forums in 2017/18; Older Persons' Mental Health Forum and the Living and Dying Well Expo.

The Older Persons' Mental Health Forum was held on Wednesday 4 October 2017 at the Playford Civic Centre, with the support of Calvary Central Districts Hospital and the City of Playford Council.

The forum attracted an audience of over 200 health professionals, service providers and community members interested in improving their knowledge of issues affecting older people, including mental health, the demographics of the ageing population and services available for older persons' mental health.

The forum featured presentations by Dr Duncan McKellar from the Older Persons' Mental Health Service at Northern Adelaide Local Health Network (NALHN), Ms Jackie Hanson, then CEO at NALHN, Professor Renuka Visvanathan, Director of Aged & Extended Care Services at NALHN and Mrs Doris Gioffre, from the Aged Rights Advocacy Service Inc.

Sonder later hosted the Living and Dying Well Expo on Wednesday 8 November 2017 at the Barossa Arts and Convention Centre.

The event showcased the care and support services available across Gawler and Barossa for people living with a progressive, life-limiting illness and those who care for them, including family and friends.

A diverse range of local service providers promoted wellbeing, planning ahead, positive aging and being prepared. The forum attracted over 150 local community members and was followed by an education session for GPs and Nurses, focused on delivering palliative care in general practice.



hosted 5
community health
education events



hosted 2
community forums



Created 2 consumer
reference groups



attended a total
of 43 community
events



Research involvement

During the last financial year, Sonder has been committed to developing a Monitoring and Evaluation Framework template which provides a guide for the monitoring and evaluation of programs.

Monitoring and Evaluation Frameworks are unique to each program and include the development of Program Logic Models which comprises of evaluation aims and methods.

Each framework is underpinned by evidence-based knowledge. To date, Monitoring and Evaluation Frameworks have been developed for four Sonder programs with remaining programs to be prioritised and developed in the future.

Research and Evaluation Community of Practice (RECoP)

In the 2017/18 financial year, Sonder appointed a dedicated Research and Evaluation Officer. The increase in Sonder's research capacity led to the formation of an in-house Research and Evaluation Community of Practice (RECoP) in 2018. A Community of Practice represents a group of people who have a shared passion. Participants engage in processes of collective learning and the group provides an environment to share experiences and learnings.

The mission of Sonder's RECoP is to "strengthen the capacity of Sonder to implement evidence-based practices as part of their service delivery and undertake high quality research and evaluation activities with programs delivered by Sonder". The members of the RECoP are working to establish themselves as a vital presence within Sonder and build on their profile by exploring research and partnerships opportunities.

IMPACT Project

Sonder continues to deliver the IMPACT Research project within headspace Edinburgh North.

The IMPACT Research Project is a National Health and Medical Research Council funded research project and is being conducted by Orygen, The National Centre of Excellence in Youth Mental Health and the University of Melbourne, in collaboration with Sonder and headspace Edinburgh North. The IMPACT Research Project aims to investigate the effectiveness of implementing a brief physical activity intervention in addition to usual treatment, as a means of alleviating symptoms of depression in young people.

Throughout the last financial year, Sonder has continued to house a Research Assistant

dedicated to the delivery of the IMPACT project. Sonder continues to generate a high number of referrals to the IMPACT Research Project and has been successful in recruiting more than 120 participants to date.

It is anticipated that the project will conclude recruitment in December 2018, with study results expected to be published in late 2019.

MIDBT

Towards the end of the 2017/18 financial year, Sonder established a close working relationship with Helen Mayo House at the Women's and Children's Hospital to support the delivery and implementation of a group treatment program for infants and mothers with borderline personality disorder.

The program, set to commence in late 2018, aims to address a vital service gap to treat severe and complex mental health issues of young mothers and improve mother-infant relationships.

headspace

As part of the headspace Enhancement Initiative Project, Sonder obtained funding from the Adelaide PHN to conduct two research projects. Both projects have the wider aim of increasing the capacity and effectiveness of headspace's workforce, contribute to evidence-based research in youth mental health, and improve care for young people attending headspace Edinburgh North and Onkaparinga.

The first project will see the implementation of an online intervention for reducing suicidal ideation in young people. This intervention will be offered to clients whilst they are on the waitlist for treatment and will thus provide them with an opportunity to receive immediate support.

The intervention consists of several online modules, which contain a series of videos to help young people better understand their problems and provide them with

strategies to overcome them. Young people complete weekly sessions on the website and receive support from headspace staff during this period. The study will investigate whether young people benefit from using the intervention whilst being on the waitlist.

The second headspace Enhancement Initiative Project focuses on clinical staging and stepped care. Clinical staging and stepped care are staging systems comprising a hierarchy of interventions, from the least to the most intensive, tailored to the individual's needs.

headspace Edinburgh North will implement clinical staging and stepped care systems in collaboration with the Brain and Mind Centre at the University of Sydney to investigate the effect on service users and service provision, facilitated by Synergy. Synergy is an online platform that supports staff and clients in the process of identifying stages illness and the most appropriate treatment options.

Aboriginal Health

Sonder continues to work closely with the University of South Australia, Rosemary Bryant AO Research Centre in their commitment to improve the health care services and health for Aboriginal and Torres Strait Islander people living in South Australia.

Sonder continues to assist researchers to undertake data collection around patients' experiences with cancer services as part of the CanDAD Project.

The CanDAD project was initially funded by the National Health and Medical Research Council (NHMRC) and is a collaborative partnership between UniSA, Wardliparingga Aboriginal Health Research Unit and the South Australian Health and Medical Research Institute (SAMHRI), amongst others.

The CanDAD project seeks to develop an integrated, comprehensive cancer monitoring system with a particular focus on Aboriginal people. The project is nearing completion,



following initial data collection the researchers have developed a preliminary Patient Reported Experience Measurement (PREM) tool to capture patient experience in Aboriginal people receiving cancer services. Sonder staff have been exclusively trained to use the tool developed as part of the research project. Sonder continues to be committed to finalising the PREM tool as part of the CanDAD project and has partnered with UniSA and SAMHRI to apply for Stage 2 funding to refine the tool for wider scale implementation.

Extending on this partnership and commitment to Aboriginal Health, in 2018, Sonder partnered with UniSA to apply for NHMRC funding to examine the use of My Health Record in chronic disease management and rehabilitation in Aboriginal and Torres Strait Islander populations. This project aims to investigate the knowledge and adoption of My Health Record and highlight its benefits in the Aboriginal and Torres Strait Islander community, as part of a coordinated care initiative.

Recently, representatives from Sonder have joined the “SA Aboriginal Chronic Disease Consortium – PREM Action Group” which was formed when a gap in knowledge was identified in the development of tools to measure patient reported experience in ATSI populations. This consortium includes members from SA Health, UniSA, SAMHRI and Country SA PHN. The group has recently held their initial meeting and will continue to work together to support the development of knowledge surrounding measurement of patient reported experience across health settings and locations in ATSI people.

Alcohol and Other Drugs Treatment Services

Sonder partnered with DASSA and SA Network of Drug and Alcohol Services (SANDAS) to assist them to recruit participants to test the effectiveness of routine outcome measures in Alcohol and Other Drug Treatment with a focus on client outcomes. Measures will be tested over 6 months within a number of NGO organisations to determine the usability of the measures and undertake preliminary analysis of outcomes for people accessing treatment services. This program is to commence in late 2018.

Workforce development

MENTAL HEALTH CLINICAL INTERNSHIP

The Mental Health Clinical Internship is a two year program which provides an exciting opportunity for postgraduate students to develop clinical skills experientially in a supportive clinical environment. The program is managed by a designated Clinical Lead but the overall responsibility rests with the Clinical Leadership Group. Since the program's inception in 2014, four trainees have successfully completed the program, three trainees have received mental health accreditation, and one is in the process of applying.

Currently, there are four interns employed by Sonder who are at different stages of their training. Two of the interns have completed one year of their training and they are now developing their clinical skills by working under supervision with clients presenting with a range of psychological difficulties. The two new interns commenced in August 2018 and they are in the early stages of observing the process of therapy with skilled clinicians, client engagement and interactions. As part of the program, the interns are also involved in community development, education and engagement which helps provide them with a more holistic view of the Sonder's roles in mental health with different communities.

The success of the Mental Health Clinical Internship program is attributed to the commitment of Sonder to provide the best opportunities to the interns for developing clinical skills. The interns have been provided with training in Cognitive Behavior Therapy,

Acceptance and Commitment therapy, and suicide intervention training through the Australian Psychological Society, to accelerate their professional development.

The combination of professional development, community engagement, observations and supervised practice across the suite of Sonder programs, with the support of a rich and diverse clinical team, ensures that the program provides a solid foundation of clinical skills for the interns to draw on when working with a range of clients. The interns will continue to build upon this foundation as they further develop their clinical skills.

Significant achievements within the Mental Health Clinical Internship program have also attracted ongoing and additional funding from the Adelaide PHN, with the program increasing from 2 to 4 participants, which is in addition to the 2016–2018 graduating Interns who were both successful in gaining on-going full time employment as accredited clinicians. Sonder's thriving partnership with Flinders University also demonstrates organisational commitment and dedication to clinical workforce development, with 5 students from the Masters in Cognitive Behavioural Therapy course undertaking clinical placements at Sonder within the past year alone.

STUDENT PLACEMENTS

As an organisation with a strong focus on the future, Sonder continues to work in innovative ways to develop and sustain a highly trained workforce. This is of the highest importance as it enables us to provide the highest quality of



clinical services to our clients and community.

As one facet of this work, Sonder has partnered with Flinders University in the preceding two years. We are currently supporting clinical placements for three students from the Masters of Cognitive Behavioural Therapy course. Some of these students have previous experience of working in the mental health field, prior to this study and placement.

As part of this placement, the students are seeing clients who have mild clinical presentations. All of the students are closely supervised by both the University as well as a Clinical Lead at Sonder to ensure high levels of fidelity with the Cognitive Behavioural Therapy models and treatment.

One of the students will be completing her third placement at Sonder in December and the other two students will complete their third placement in June 2019.

CONTINUING PROFESSIONAL DEVELOPMENT

Sonder defines Continuing Professional Development (CPD) as a range of learning activities for assisting employees to develop

their skills, knowledge and behaviours. We are committed to providing opportunities for our staff to maintain and develop capabilities throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice and organisational growth.

This definition is taken from our recently reviewed Professional Development Policy, where our Quality Risk and Safety Committee worked hard to promote an organisational culture that embraces learning and professional development, fostering a respected and competent workforce that is motivated and committed to the values of Sonder.

Sonder's CPD Program provides an annual allowance to assist Sonder employees to achieve professional and educational growth to encourage a highly skilled workforce.

In the last financial year, 100% of employees who completed their probationary period attended Sonder-funded CPD activities. This, compared to 88% in the 2017/18 financial year is an achievement that we are very proud of.

SonderIT

Sonder IT technicians provide customised, friendly and effective onsite and remote IT support services. Our technicians assist clients to establish, maintain and optimise the efficiency and effectiveness of their Information Technology and Information Management systems needed to build value for their business.

The range of services offered include, but are not limited to network services; IT support, hardware procurement, cloud services and consulting.

Sonder's IT Support Services underwent a process of re-branding in the 2017/18 financial year and will be called SonderIT moving forward.

Sonder IT's revenues increased by 18% in FY17/18 due to a 31% increase in clients and the ability to provide a wide range of services to our clients from different industries such as medical practices, schools, small businesses and corporate services.

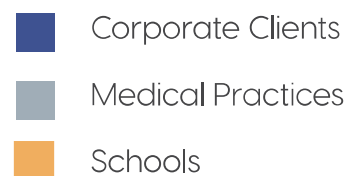
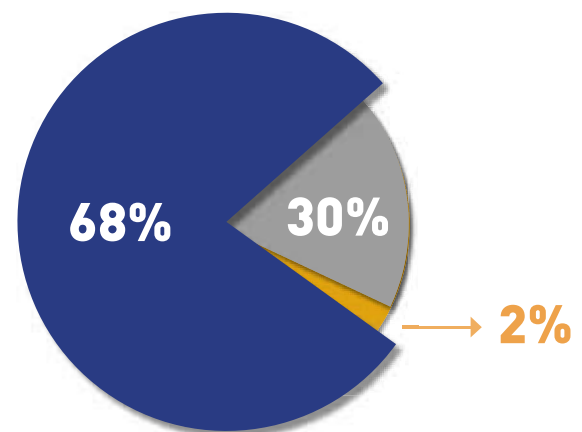
To respond to the increasing demand of support services both from internal and external clients, SonderIT's technical resources were increased by 50%. This has allowed the department to ensure it has the resources and technical expertise available to respond to client's needs.

Due to the variety of skill sets on display in the team, SonderIT was able to implement projects that increased the efficiency of internal Sonder processes as well the processes of SonderIT's external clients.

SonderIT's helpdesk ticket resolution rate remained to be 98% as at 30 June 2018 with the remaining 2% resolved after 30 June 2018, following responses from clients.

In the 2018/19 financial year, SonderIT is set to expand its footprint into new areas, such as Metro South, Metro West, Adelaide and Country regions.

CLIENT BASE DISTRIBUTION 2017/18





The Sonder Family

EXECUTIVE OFFICE



Sageran Naidoo
Chief Executive Officer



Emma Rosie
Executive Assistant



Emma Waters
Communications Officer



Cally Jennings
Research & Evaluation
Officer



Paulina Lee
Community Engagement
Officer



Josie Longo
Community Engagement
Officer

HR & FACILITIES



Kiara Hillam
HR & Facilities Manager



Kimberly Zupanic
HR & Facilities Officer



Erin Allen
Administration Support Officer



Emily Centofanti
Administration Support Officer



Nadine Clavell
Administration
Support Officer



Jessica Chambers
Administration
Support Officer



Ebony Sheehan
Administration
Support Officer



Vera Robjohns
Administration
Support Officer

FINANCE & IT



Josie Cajipe
Finance & IT Manager



Kharzina Villanueva
Finance Officer



Hayden Wall
Senior IT Service Technician



Mark Jonas
Senior IT Service Technician



Jackie So
IT Service Technician



Marc Crowther
IT Service Technician



Owen Gale
IT Service Technician



Joe Garreffa
IT Service Technician



Dr Gizelle Diaz
Mental Health Clinical Lead



Andrea Gregory
Mental Health Clinical Lead



Elvira Kovacs
Mental Health Clinical Lead



Emer Dunne
Mental Health Clinical Lead



Steven Wright
Mental Health Clinical Lead
& Youth Services Manager



Bruce Stocks
Mental Health Clinical Lead



Rachel Rice
Mental Health Project Officer



Mary Bird
Mental Health Clinician



Gail Butler
Mental Health Clinician



Andrew Ceniuch
headspace Edinburgh North
Centre Coordinator &
Mental Health Clinical Lead



Felicity Chapman
Mental Health Clinician



Yolanda Evans
Mental Health Clinician

MENTAL HEALTH



Kerri Pezos
Mental Health Clinician



Kirsty Zubrinich
Mental Health Clinician



William Vuong
Mental Health Clinician



Keira Westcott
Mental Health Clinician



Alexander Plazas
Mental Health Clinician



Angie Felekis
Mental Health Clinician



Bridie Gigney
Mental Health Clinician



Reza Abdolollahnejad
Mental Health Clinician



Tanya Guglielmo
Mental Health
Clinical Intern



Kannika Sangkhatip
Mental Health
Clinical Intern



Lynda Morphet
Mental Health
Clinical Intern



Stephanie Laurence
Mental Health
Clinical Intern



Caelyen Bruerville
Mental Health
Clinical Intern



Eloisa Steen
Mental Health Clinician



Layla Assad-Salha
Mental Health Clinician



Gabriella Szeleny
Mental Health Clinician



Goran Medos
Flinders University
Student Placement



Nana Boaten-eck
Flinders University
Student Placement



Debby Kadarusman
Clinical Coordinator



Emanuela Caroscio
Clinical Coordinator



Rebekah Antonopoulos
Mental Health Clinician



Nadia Del Col
Mental Health Clinician



Sue Reid
Care Planning Coordinator



Maggie Graham
Care Planning Coordinator



Josh Steicke
Mental Health Clinician



Tessa Dickson
Mental Health Clinician



Diana Kirke
Mental Health Clinician



Ted Russell
Mental Health Clinician



Tabatha Dellar-Walmsley
Mental Health Clinician



Mathew Guidolin
Senior Mental Health
Clinician



Noel Johns
Senior Mental Health
Clinician



Snowy Lam
Mental Health Clinician



Dianne Lynch
Mental Health Clinician



Patrick Manimaran
Mental Health Clinician



Jay Summerton
Mental Health Clinician



Kerry Martin
Mental Health Clinician



Nadia Darch
Mental Health Clinician



Valeria Nilova
Mental Health Clinician



Luisa Cerone
Mental Health Clinician



Stephen Lawrie
Mental Health Clinician



Kathy Gratton
Mental Health Clinician



Georgina Cheng
Psychiatrist



Samanta Gibbon
Private Mental Health Clinician



Anna Marciano
Senior Mental Health
Support Officer



Nicole Elvin
Mental Health
Support Officer



Simone Railey
Mental Health
Support Officer



Nathan Mercurio
Community Health Manager



Tamara Clarence
Community Health
Project Officer



Elsie Patterson
HEAL Project Officer



Samantha Wharton
Allied Health Assistant



Craig Shrubsole
Care Coordinator



Naomi Mayberry
Care Coordinator



Monika Hembram
Education Services
Coordinator



Georgina Brown
Youth Worker



Mia Louca
Youth Worker



Trephina Gartley
Youth Worker



Terryn Cook
Youth Worker



Modeste Hatungimana
Youth Worker



Oliver Keane
Youth Worker



Anna Mazzacano
Research Assistant



Peter Musiat
Research Assistant



Cindy Cox
Employment Support
Specialist



Eddie Evers
Employment Support
Specialist



Jorden Harrison
Aboriginal Community
Engagement



Pauline Brophy
headspace Onkaparinga
Centre Coordinator



Jessica Davis
Student Placement



Cynthia Avila
Aboriginal Health Manager



Rachel Tait
Western Team Leader
& Care Coordinator



Deborah Douma
Northern Team Leader
& Care Coordinator



Caroline Field
Southern Team Leader
& Care Coordinator



Amanda Richards
Country Team Leader
& Country IHPO



Schania Cyzgan
Metro IHPO



Debra Argent
Project Support Officer



Madison Sayner
Care Coordinator



Kerry Rose
Care Coordinator



Nicola Hancock
Care Coordinator



Leanne Benton
Outreach Worker



Anthony Bernhardt
Outreach Worker



Annette Miller
Outreach Worker



Graham Rigney
Outreach Worker



Amanda Jackson-Brown
Outreach Worker



Kristy Lovett
Outreach Worker



Brian Roden
Outreach Worker



Tim Mitchell
Outreach Worker

Financial performance

FINANCIAL HIGHLIGHTS

Sonder continued to grow in the 2017/18 with an increase of 24% in revenues from FY2016/17 due to the expansion of Mental Health and Community Health programs. New funding for programs to commence in FY18/19 was also awarded during the year and transition funding was also made available. Furthermore, IT Services continued to generate revenues with the increase of clients and services provided.

Sonder's operating surplus increased by 35% in FY2017/18 and represent 4.51% of the total operating revenues received during the year. An unrealised income from increase in investment value was recognised from Sonder's Investments portfolio established during the financial year.

As of 30 June 2018, 59% of the funds received were from contracts to deliver psychological therapies programs, 29% from community health programs, 3% from IT services and 9% from other services.

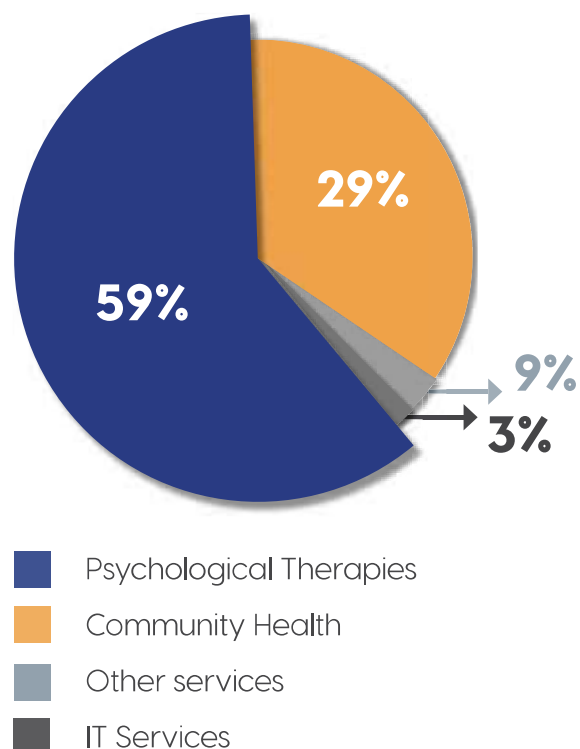
Sonder continued to be funded to deliver the Closing the Gap Integrated Team Care Program for the Northern, Southern and Western regions of the Adelaide Primary Health Network (APHN) and the regional service areas of Barossa-Gawler & Yorke & Mid North of the Country SA Primary Health Network (CSAPHN) which makes Sonder

the largest provider to deliver the CTG-ITC Program across the state.

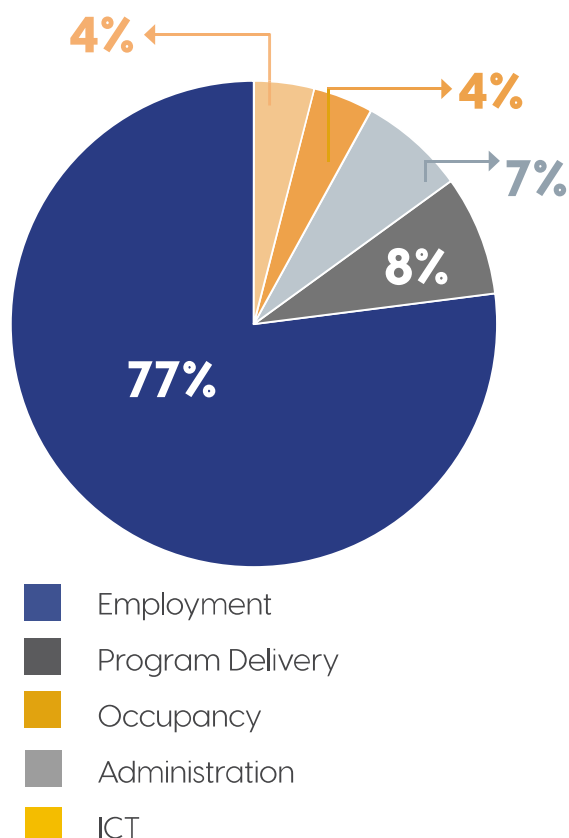
Sonder IT income increased by 18% from FY2016/17 due to the increase in services provided and new clients.

Total expenses for the year increased by 25% due to an increase in program and service delivery activities required by the programs funded.

Revenue Sources Per Program FY2017/18



Breakdown of Costs of Services FY16/17



SUMMARY OF FINANCIAL REPORT

The summary of the financial report provided here is an extract of, and has been derived from Sonder's full financial report for FY17-18. This summary does not, and cannot be expected to provide a full understanding of the financial position of Sonder.

Director's Report

Your Directors present this report on the company for the financial year ended 30 June 2018.

Directors

The names of the directors in office at any time during or since the end of the year were:

- Dr F Ahmad
- Dr R Heah
- Dr R Latif
- Dr S Jain
- Dr S Talari
- Mr D Haydon
- Mr J Manning

Director's Meetings

	Board Meetings Attended	Annual General Meeting	Risk & Finance committee	Special Risk & Finance Meeting
Dr Farooq Ahmad	8	1	-	-
Dr Richard Heah	10	1	-	-
Dr Rizwan Latif	10	1	4	5
Dr Seema Jain	7	1	-	-
Dr Sudheer Talari	7	1	-	-
Mr Daniel Haydon	9	1	4	5
Mr John Manning	10	1	3	5

Operating Result

The total surplus from operations of the company for the financial year after providing for income tax amounted to \$391,941.

Significant Changes in the State of Affairs

No significant changes in the company's state of affairs occurred during the financial year.

Principal Activities

Sonder (formerly Northern Health Network) delivers innovative programs enabling improved access to health and wellness services in metro and regional areas. For FY 2017/2018, Sonder delivered on behalf of both Primary Health Networks clinical services across the age span and complexity of mental health concerns, including the state funded Shared Care with GPs program. In addition, Sonder delivers a Barossa based primary care palliative care program, Aboriginal health CTG/ ITC program across Barossa, mid-North and Yorke Peninsula and the entire metro region. Sonder is also the lead agency for headspace Edinburgh North. Sonder delivers an integrated service where Aboriginal Health CTG/ITC staff, mental health staff and health projects staff work seamlessly to ensure that clients are able to access multiple service types to address their care requirements. Furthermore, Sonder has also provided support to GPs and the community through education and training, health promotions and provision of IT support services.

After Balance Date Events

No matters or circumstances have arisen since the end of the financial year which

significantly affected or may significantly affect the operations of the company, the results of those operations, or the state of affairs of the company in subsequent financial years.

Directors' Benefits

No director has received or has become entitled to receive, during or since the financial year, a benefit because of a contract made by the company or related body corporate with a director, a firm which a director is a member or an entity in which a director has a substantial financial interest.

This statement excludes a benefit included in the aggregate amount of emoluments received or due and receivable by directors shown in the company's accounts, or the fixed salary of a full-time employee of the company or related body corporate.

Indemnifying Officer or Auditor

No indemnities have been given or agreed to be given or insurance premiums paid or agreed to be paid, during or since the end of the financial year, to any person who is or has been an officer or auditor of the company.

Proceedings on Behalf of Company

No person has applied for leave of Court to bring proceedings on behalf of the company or intervene in any proceedings to which the

company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings. The company was not a party to any such proceedings during the year.

Auditors Independence Declaration

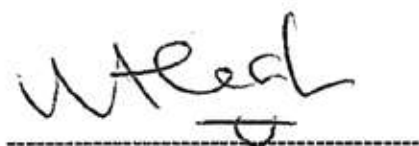
A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 has been included.

The directors of the company declare that:

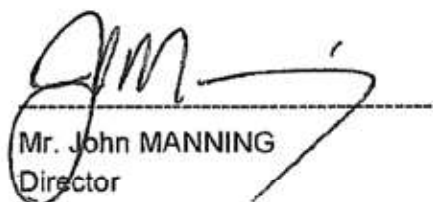
1. the financial statements and notes are in accordance with the Corporations Act 2001 and:
 - (a) comply with Accounting Standards and the Corporation Regulations; and
 - (b) give a true and fair view of the company's financial position as at 30 June 2018 and of its performance for the year ended on that date;
2. in the directors' opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

The directors are responsible for the reliability, accuracy and completeness of the accounting records and the disclosure of all material and relevant information.

This declaration is made in accordance with a resolution of the Board of Directors.



Dr Richard HEAH
Director



Dated: 27 August 2018

STATEMENT OF COMPREHENSIVE INCOME

for the year ended 30 June 2018

	Note	2018 \$	2017 \$
Revenue	2	9,677,552	7,537,239
Employee Benefits Expense		(7,015,719)	(5,272,319)
Program Delivery Expenses		(1,041,472)	(1,029,259)
ICT Expense		(339,822)	(225,472)
Occupancy expenses		(415,839)	(300,749)
Other Expenses		(472,759)	(419,587)
Total Surplus from Operations		391,941	289,853
Other Comprehensive Income			-
Unrealised Gain (loss) from Investments		44,726	-
Total Comprehensive Income for the Year		436,666	289,853

The accompanying notes form part of these financial statements

STATEMENT OF FINANCIAL POSITION

as at 30 June 2018

	Note	2018 \$	2017 \$
Assets			
Current Assets			
Cash assets	3	4,092,733	4,679,995
Receivables	4	254,665	226,701
Other	6	40,222	11,003
Total Current Assets		4,387,620	4,917,698
Non-Current Assets			
Property, plant and equipment	7	3,000	22,109
Financial Assets	5	1,044,726	-
Total Non-Current Assets		1,047,726	22,109
Total Assets		5,435,345	4,939,807
Liabilities			
Current Liabilities			
Trade & Accounts Payable	8	789,394	1,124,114
Financial borrowings	9	17,481	469
Current tax liabilities	10	248,639	156,877
Provisions	11	467,661	445,602
Other Current Liabilities	12	749,708	588,521
Total Current Liabilities		2,272,883	2,315,584
Non-Current Liabilities			
Provisions	11	311,142	209,569
Total Non-Current Liabilities		311,142	209,569
Total Liabilities		2,584,025	2,525,153
Net Assets		2,851,320	2,414,654
Equity			
Unrestricted Retained Earnings		2,506,595	2,114,654
Restricted Retained Earnings		300,000	300,000
Other Reserves		44,726	-
Total Equity		2,851,320	2,414,654

The accompanying notes form part of these financial statements

STATEMENT OF CASH FLOWS

for the Year Ended 30 June 2018

	2018 \$	2017 \$
Cash Flow from Operating Activities		
Receipts from customers	9,586,686	8,210,106
Payments to Suppliers and employees	(9,253,862)	(6,873,713)
Interest received	62,902	79,431
Income tax paid		
Net cash provided by (used in) operating activities (note 2)	395,726	1,505,824
Cash Flow from Investing Activities		
Payment for:		
Investment Portfolio	(1,000,000)	
Payments for property, plant and equipment		(34,619)
Net cash provided by (used in) investing activities	(1,000,000)	(34,619)
Cash Flow from Financing Activities		
Proceeds of borrowings	17,012	
Repayment of borrowings		(12,956)
Net cash provided by (used in) financing activities	17,012	(12,956)
Net increase (decrease) in cash held	(587,262)	1,458,249
Cash at the beginning of the year	4,679,995	3,221,746
Cash at the end of the year (note 1)	4,092,733	4,679,995

The accompanying notes form part of these financial statements

STATEMENT OF CASH FLOWS

for the Year Ended 30 June 2018

2018

2017

Note 1. Reconciliation Cash

For the purposes of the statement of cash flows, cash includes cash on hand and in banks and investments in money market instruments, net of outstanding bank overdrafts.

Cash at the end of the year as shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:

Cash at Bank	4,756	4,281
CBA Term Deposit Bank Guarantee	100,000	100,000
NAB Cheque	256,787	65,144
NAB Savings	1,231,845	2,086,286
NAB Staff Liability a/c	506,076	503,465
NAB Term Deposits	1,992,671	1,920,245
Petty Cash	598	574
	4,092,733	4,679,995

Note 2. Reconciliation of Net Cash Provided By/Used In Operating Activities To Net Profit

Operating profit (loss)	391,941	289,853
Depreciation	19,109	12,510

Changes in assets and liabilities net of effects of purchases and disposals of controlled entities:

(Increase) decrease in trade and term debtors	(27,964)	752,297
(Increase) decrease in prepayments	(29,220)	4,609
Increase (decrease) in trade creditors and accruals	41,914	550,863
Increase (decrease) in other creditors	(242,656)	(212,909)
Increase (decrease) in employee entitlements	150,841	139,800
Increase (decrease) in sundry provisions	91,761	(31,199)
Net cash provided by operating activities	395,726	1,505,824

NOTES TO THE FINANCIAL STATEMENTS

for the Year Ended 30 June 2018

Note 1: Statement of Significant Accounting Policies

The financial report is a General Purpose financial report that has been prepared in accordance with Accounting Standards and other authoritative pronouncements of the Australian Accounting Standards Board and the Corporations Act 2001.

The financial report covers Adelaide Northern Division of General Practice Ltd as an individual entity. Adelaide Northern Division of General Practice Ltd is a public company limited by guarantee, incorporated and domiciled in Australia.

The financial report of Adelaide Northern Division of General Practice Ltd as the controlled entity and Adelaide Northern Division of General Practice Ltd as an individual parent entity comply with all Australian equivalents to International Financial Reporting Standards (IFRS) in their entirety.

The following is a summary of the material accounting policies adopted by the economic entity in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

(a) Basis of Preparation

The accounting policies set out below have been consistently applied to all years presented unless stated otherwise.

The financial report has been prepared on an accruals basis and is based on historical costs modified by the revaluation of selected non-current assets, and financial assets and financial liabilities for which the fair value basis of accounting has been applied.

(b) Accounting Policies

Income tax

The Association is exempt in accordance with the Terms of Section 5O-5 of the Income Tax Assessment Act 1997 as amended.

Employee Benefits

Provision is made for the liability for employee entitlements arising from services rendered by employees to balance date. Employee entitlements have been measured at the amount expected to be paid when the liability is settled.

Provisions

Provision are recognised when Adelaide Northern Division of General Practice Ltd has a legal or constructive obligation, as a result of past events, for which it is probable that the outflow of economic benefit will result and that the outflow can be measured reliably.

Cash and Cash Equivalents

Cash and Cash Equivalents includes cash on hand, deposits held at call with banks or financial institutions, other short term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short term borrowings in current liabilities on the balance sheet.

NOTES TO THE FINANCIAL STATEMENTS

for the Year Ended 30 June 2018

Revenue

Revenue from the sale of goods is recognised upon the delivery of goods to customers.

Interest revenue is recognised on a proportional basis taking in to account the interest rates applicable to the financial assets.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers. All revenue is stated net of the amount of goods and services tax (GST).

Borrowing Costs

Borrowing costs directly attributable to the acquisition, construction or production of assets that necessarily take a substantial period of time to prepare for their intended use or sale, are added to the cost of those assets, until such time as the assets are substantially ready for their intended use of sale.

All other borrowing costs are recognised in income in the period in which they are incurred.

Goods and Service Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of GST.

Cash flows are presented in the cash flow statement on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

Comparative Figures

Where required by Accounting Standards comparative figures have been adjusted to conform with changes in presentation for the current financial year.

Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment losses.

a) Plant and equipment

Plant and equipment is measured on the cost basis less depreciation and impairment losses.

The carrying amount of plant and equipment is reviewed annually to ensure it is not in excess of the recoverable amount from those assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets employment and subsequent disposal. The expected net cash flows have not been discounted to present values in determining the recoverable amounts.

b) Depreciation

The depreciable amount of all fixed assets including buildings and capitalised leased assets, but excluding freehold land, is depreciated on a straight line basis over their useful lives to Adelaide Northern Division of General Practice Ltd commencing from the time the asset is held ready for use.

NOTES TO THE FINANCIAL STATEMENTS

for the Year Ended 30 June 2018

The depreciation rates used for each class of depreciable asset are:

Class of Assets	Depreciation Rate
Motor Vehicles	25%

Financial Instruments

a) Recognition

Financial instruments are initially measured at cost on trade date, which includes transaction costs, when the related contractual rights or obligations exist. Subsequent to initial recognition these instruments are measured as set out below.

b) Financial assets at fair value through profit and loss

A financial asset is classified in this category if acquired principally for the purpose of selling in the short term or if so designated by management and within the requirements of AASB139: Recognition and Measurement of Financial Instruments. Derivatives are also categorised as held for trading unless they are designated as hedges. Realised and unrealised gains and losses arising from changes in fair value of these assets are included in the income statement in the period in which they arise.

c) Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market are stated at amortised cost using the effective interest rate method.

d) Held-to-maturity investments

These investments have fixed maturities, and it is the company's intention to hold these investments to maturity. Any held-to-maturity investments are stated at amortised cost using the effective interest rate method.

e) Available-for-sale financial assets

Available-for-sale financial assets include any financial assets not included in the above categories. Available-for-sale financial assets are reflected at fair value. Unrealised gains and losses arising from changes in fair value are taken directly to equity.

f) Financial liabilities

Non-derivative financial liabilities are recognised at amortised cost, comprising original debt less principal payments and amortisation.

g) Fair Value

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

NOTES TO THE FINANCIAL STATEMENTS

for the Year Ended 30 June 2018

	2018	2017
	\$	\$

h) Impairment

At each reporting date, the directors assess whether there is objective evidence that financial instrument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in value of the instrument is considered to determine whether an impairment has arisen. Impairment losses are recognised in the income statement.

Note 2: Revenue and Other Income

Revenue:

Grant Funding Income	9,021,245	7,054,049
IT Services Income	288,702	244,918
Interest Income	62,902	79,431
Other Income	304,703	158,841
	<u>9,677,552</u>	<u>7,537,239</u>

Note 3: Cash assets

Bank accounts:		
Cash at Bank	4,756	4,281
CBA Term Deposit Bank Guarantee	100,000	100,000
NAB Cheque	256,787	65,144
NAB Savings	1,231,845	2,086,286
NAB Staff Liability a/c	506,076	503,465
NAB Term Deposits	1,992,671	1,920,245
Other cash items:		
Petty Cash	598	574
	<u>4,092,733</u>	<u>4,679,995</u>

Reconciliation of Cash:

Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows:

- Cash	<u>4,092,733</u>	<u>4,679,995</u>
	<u>4,092,733</u>	<u>4,679,995</u>

NOTES TO THE FINANCIAL STATEMENTS

for the Year Ended 30 June 2018

2018

\$

2017

\$

Note 4: Receivables

Current

Trade debtors

254,665

226,701

254,665

226,701

Note 5: Other Financial Assets

Investment Portfolio

1,000,000

-

Unrealised Gain (Loss) from Investments

44,726

-

1,044,726

-

Note 6: Other Current Assets

Prepayments

40,022

10,80

Other

200

200

40,222

11,003

Note 7: Property, Plant and Equipment

Motor vehicles:

At cost

34,619

34,619

Less: Accumulated Depreciation

(31,619)

(12,510)

3,000

22,109

NOTES TO THE FINANCIAL STATEMENTS

for the Year Ended 30 June 2018

2018	2017
\$	\$

Note 8: Payables

Unsecured:

- Trade creditors	617,715	575,801
- Other creditors	144,470	548,313
	762,185	1,124,114

Note 9: Borrowings

Current

Unsecured:

- Credit Cards	17,481	469
	17,481	469

Note 10: Tax Liabilities

Current

GST clearing	125,893	78,059
Amounts withheld from salary and wages	122,746	78,818
	248,639	156,877

Note 11: Provisions

Current

Employee entitlements*	467,661	445,602
	467,661	445,602

Non-Current

Employee entitlements*	311,142	209,569
	311,142	209,569

* Aggregate employee entitlements liability	778,803	655,172
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NOTES TO THE FINANCIAL STATEMENTS

for the Year Ended 30 June 2018

2018

\$

2017

\$

Note 12: Other Liabilities

Current

Grants in Advance	749,708	588,521
	749,708	588,521

Note 13: Auditors' Remuneration

Remuneration of the auditor of the company for:

Auditing or reviewing the financial report	8,000	8,000
Other services	-	-
	8,000	8,000

Note 14: Events Subsequent to Reporting Date

Since the end of the financial year there have been no events that would give rise to an adjustment to the accounts for the year ended 30 June 2018.

Adelaide Northern Division of General Practice Ltd
t/as Sonder Care (formerly Northern Health Network)
Auditors Independence Declaration

UNDER SECTION 307C OF THE CORPORATIONS ACT 2001

To THE DIRECTORS OF: Adelaide Northern Division of General Practice Ltd

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2018 there have been:

- (i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the Audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit



Natale Rugari
Principal, Registered Company Auditor

Ascensio Accountants
Suite 12, 116 Melbourne Street
North Adelaide SA 5006

INDEPENDENT AUDITOR'S REPORT**Adelaide Northern Division of General Practice Ltd*****Opinion***

I have audited the accompanying financial report of Adelaide Northern Division of General Practice Ltd, which comprises the statement of financial position as at 30 June 2018, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the responsible entities' declaration.

In my opinion, the financial report of Adelaide Northern Division of General Practice Ltd has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- a) giving a true and fair view of the registered entity's financial position as at 30 June 2018 and of its financial performance and cash flows for the year ended on that date; and
- b) complying with Australian Accounting Standards and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

Basis for opinion

I conducted our audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. I am independent of the registered entity in accordance with the auditor independence requirements of the *Corporations Act 2001* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

I confirm that the independence declaration required by the *Corporations Act 2001*, which has been given to the directors of the responsible entities, would be in the same terms if given to the directors as at the time of this auditor's report.

I believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsible entities' responsibility for the financial report

The responsible entities of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and for such internal control as the responsible entities determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the responsible entities are responsible for assessing the registered entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the registered entity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibility for the audit of the financial report

My objectives are to obtain reasonable assurance about whether the financial report as a whole, is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: <http://www.auasb.gov.au/Home.aspx>. This description forms part of our auditor's report.



Natale Rugari
Registered Company Auditor

20th August 2018

Ascensio Accountants
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North Adelaide SA 5006



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Sonder acknowledges Aboriginal and Torres Strait Islander Peoples as the First Peoples of Australia and we pay respect to the Elders past and present with whom we share this great country.