phn
CENTRAL AND
EASTERN SYDNEY

An Australian Government Initiative

Annual Report

2018-2019

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Acknowledgement | *Central and Eastern Sydney PHN acknowledges the Aboriginal and Torres Strait Islander peoples of this nation. We acknowledge the Traditional Custodians and Sovereign People of the land across which we work. We recognise their continuing connection to land, water and community and pay respect to Elders past, present and emerging.*

Overview

Primary health care is the frontline of Australia's health care system, with general practice at its core. Primary health care services are based in the community, are broad-ranging and include health promotion, prevention and screening, early intervention and treatment.

What is a primary health network?

The Australian Government has supported the role of regional primary health care organisations for many years, starting with Divisions of General Practice in the 1990s. From 2011, Divisions were replaced by Medicare Locals, which were charged with encouraging collaboration between health care professionals, undertaking population health planning and, in many cases, providing direct clinical services.

PHNs commission other organisations to deliver clinical services, rather than delivering clinical services directly. This is a key difference between Medicare Locals and PHNs, and represents a fundamental shift in the way that primary health care services are planned for and funded at the regional level. PHNs focus on service improvement, integration and the commissioning of services as needed to address identified gaps and needs in their local areas.

Who we are

Central and Eastern Sydney PHN supports, strengthens and shapes primary health care in our region.

What is primary health care?

Primary health care is the frontline of Australia's health care system, with general practice at its core.

General practitioners (GPs), nurses, allied health and other primary care professionals provide services in the community including health promotion, prevention and screening, early intervention, treatment and management.

They address a wide range of chronic and complex health issues including mental health, alcohol and other drugs, Aboriginal and Torres Strait Islander health, aged care and population health.

Our Vision: Better health and wellbeing

Our vision is better health and wellbeing of the people who live and work across our region. We recognise that this is a long-term, collaborative vision and that results may not be demonstrable within the life of a plan.

We are committed to investing in strategies that will ultimately contribute to **individual and population health outcomes** including:

- Fewer preventable deaths
- Fewer preventable hospitalisations
- Reduced health risks such as smoking, alcohol and drug use and overweight/obesity
- Reduced health inequities
- More prevention behaviours such as immunisation and cancer screening

To achieve our vision, we focus on:

- **People and places experiencing disadvantage and inequities.** This includes Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, from low socioeconomic communities and populations, and people from vulnerable or marginalised groups.
- **Complex issues** including ageing, mental health, drug and alcohol use, disability and complex co-morbidities. Other complex issues include the social determinants of health, poor health literacy and the impact of social isolation on health and wellbeing.
- **Prevention and earlier intervention** including a focus on wellbeing and resilience.

Primary health networks (PHNs) operate across Australia to support the primary health care system.

Our Values

How we work

- We are an agent of change
- We respond to local needs
- We support primary health

Who we support

The boundaries of Central and Eastern Sydney PHN align with those of South Eastern Sydney Local Health District and Sydney Local Health District, with whom we work closely. Other important partners across our region include St Vincent's Health Network, Sydney Children's Hospitals Network, Justice Health, local GPs, allied health professionals, nurses, secondary care providers, non-government organisations, community-managed organisations and other organisations across the health and human services sectors.

Although the term "primary health" refers to the core element of our work, our full scope is broader, including some secondary and tertiary services.

Every year we undertake a comprehensive needs assessment that identifies the key health and health service needs of people in our region. This information is used to identify opportunities, and to prioritise our activities.

Our region stretches from Strathfield to Sutherland, east to the coastline, and also includes Lord Howe Island and Norfolk Island. Our catchment area spans 626km^2. We are the second largest of the 31 primary health networks across Australia, by population, with more than 1.6 million individuals residing in our region. By 2031 our region's population will reach more than 1.9 million, with the most significant increase to be seen in the number of persons aged over 65 years.

More than 13,000 Aboriginal and Torres Strait Islander people live in our region, with the largest numbers residing in the Sydney Inner City statistical local area and Eastern Suburbs South statistical local area. 40% of our residents were born overseas. 38% speak a language other than English at home and six percent do not speak English well or at all.

Overview

Engagement

Primary health care interacts with all parts of the health and social system and for us to meet our purpose of improving and transforming care we need strong engagement with the people we seek to support as well as effective partnerships with local health districts and networks, human service agencies, universities and both community managed and private organisations operating within our region.

We have a range of established engagement structures that provide advice on our priorities and opportunities for improvement including our:

- Clinical and Community councils
- Member chairs network, and
- Twelve program advisory committees

We are able to engage more widely through our varied publications including our online weekly update, Sydney Health Weekly, program-specific eNewsletters for Immunisation, Antenatal Shared Care, Aboriginal Health and Wellbeing, Alcohol and Other Drugs and Disability, and our quarterly publication, Sydney Health Issue. This year we have increasingly used Twitter, YouTube and LinkedIn to engage with stakeholders through social media.

Our region is unique in that we have two local health districts and two health networks. We meet regularly both individually and as a Primary Health Care Partnership group. These partnerships facilitate joint planning, co-commissioning and service integration.

We are members of the District Human Services Group a group that includes a range of human services agencies including the Department of Communities and Justice, NSW Health, Education, Premier and Cabinet, NSW Police, Corrective Services and Local Government

Our engagement with universities has further strengthened with formal partnerships in place with Maridulu Budyari Gumal, the Sydney Partnership for Health, Education, Research & Enterprise (SPHERE) and Sydney Research

While primary health networks are independent organisations there is strong collaboration between us both at a state level and nationally. The NSW and ACT PHN CEOs meet monthly and have established a series of networks to collaborate across our major areas of work. Increasingly we are co-commissioning services such as the GP Psychiatry Advice Line. We are in regular contact with the national PHN network and anticipate that over the coming year our collaboration in the area of data storage and analysis will increase.

headspace stall at Rethinking Mental Health 5.0 Forum

This year we held the following major stakeholder events:

- All Things Aged Care 2, held in September and attended by more than 80 people
- Rethinking Mental Health 5, held in October and attended by more than 90 people
- Our strategic planning workshop, held in October and attended by more than 60 people
- Our mental health and drug and alcohol networking hub, held in May and attended by 50 people

These annual events are important opportunities to highlight the work that we do and reach a wider audience.

Community engagement this year has included more than 80 My Health Record engagement events as well as seven community forums to inform the development of our regional mental health and suicide prevention plan. Initiatives such as Can Get Health in Canterbury, Communities at the Centre in Maroubra and the 3 Bridges Yarning circles are proving successful in engaging populations that are traditionally hard to reach.

In the coming year our priorities will include strengthening our engagement activity overall and particularly with allied health and local government.

EIS Health Chair, Dr Michael Wright at Strategic Planning Workshop

Dr Nathan Lum

Delta Society with Therapy Dog

Rethinking Mental Health 5.0 Forum afternoon tea

Health Snapshot

phn CENTRAL AND EASTERN SYDNEY
An Australian Government Initiative

Population Profile

Area[1]
626km²
12 Local Government Areas + Norfolk Island and Lord Howe Island

13,489
Aboriginal and Torres Strait Islander peoples[6]

Population (2018)[2]
1,637,740
Norfolk Island 1,748
Lord Howe Island 421
Second largest PHN by population size

Non-resident population[5]
350,761
people come to the region to work. Many more come to visit and study.

Population projections:[3] **2031 = 1,904,720**

Age group	2018	2031	Growth
0-14 years	247,860	311,320	25.6%
15-64 years	1,168,610	1,277,940	9.4%
65+ years	221,259	315,460	42.6%
Total	**1,637,740**	**1,904,720**	**16.3%**

Culturally and linguistically diverse communities:
- **40%** of the population were born overseas
- **38%** speak a language other than English at home
- **6.9%** do not speak English well or at all
- Top languages spoken: Mandarin, Cantonese, Greek, Arabic, Italian

Births[4]
19,579 (2017)

People experiencing homelessness:
13,184

People need help with core activities: **63,855**

LGBTIQ same sex couples **18%** of same sex couples in Australia live in our region

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2. Australian Bureau of Statistics (ABS) 2019. Regional population by age and sex, Australia, 2018. ABS cat. no. 3235.0. Canberra: ABS
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4. ABS 2018. Births, Australia, 2017. ABS cat. no. 3301.0. Canberra: ABS

5-6. ABS 2016 Census

Health Profile

Life expectancy at birth (2015-17)[1]

	CESPHN	National
Males	82.2 years	80.5 years
Females	86.4 years	84.6 years
All persons	**84.2 years**	**82.5 years**

Potentially avoidable deaths per 100,000 people (2015-17)[2]

	CESPHN	National
Males	106	135
Females	55	75
All persons	**80**	**104**

2018 childhood immunisation rates[5]

Age Group	CESPHN	Target
1 year	93.7%	95.0%
2 years	89.3%	95.0%
5 years	92.6%	95.0%

Health behaviours[4]

	CESPHN	National
Alcohol consumption at levels posing long-term risk to health	32.6%	31.5%
Daily smokers	8.4%	10.3%
Insufficient physical Activity	31.5%	39.8%
Overweight or obesity	43.1%	54.2%

Cancer screening programs[6]

Screening program	Year	CESPHN	NSW
Bowel cancer	2016-17	35.1%	38.2%
Breast cancer	2016-17	50.3%	53.7%
Cervical cancer	2015-16	55.3%	55.1%

Cancer incidence and mortality per 100,000 people (2005-13)[7]

All cancers	CESPHN	National
Incidence	494.6	497.4
Mortality	155.9	167.1

The CESPHN region has the highest rates of sexually transmissible infections (STIs) in the state

Psychological Distress[3]

In 2017, 12.9% of persons aged 16 years and over in the CESPHN region reported experiencing high or very high psychological distress compared to 15.1% in NSW.

Most common cancer types[8]

	Prostate	Breast	Melanoma of Skin	Lung	Colon
PROPORTION OF CASES	16.7%	13.3%	8.7%	8.2%	7.4%
PROPORTION OF DEATHS	Lung 19%	Colon 7.4%	Breast 6.9%	Pancreatic 6.6%	Prostate 6.1%

References

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3 & 4. HealthStats NSW
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6. AIHW 2019. National cancer screening programs participation data. Cat. no. CAN 114. Canberra: AIHW. Viewed 19 August 2019, https://www.aihw.gov.au/reports/cancer-screening/national-cancer-screening-programs-participation
7. AIHW 2018. Cancer incidence and mortality in Australia by small geographic areas. Cat. no. CAN 108. Canberra: AIHW. Viewed 19 August 2019, https://www.aihw.gov.au/reports/cancer/cancer-incidence-mortality-small-geographic-areas
8. Cancer Institute NSW 2019. Cancer statistics NSW. Viewed 19 August 2019, https://www.cancer.nsw.gov.au/data-research/access-our-data/cancer-statistics-nsw#//analysis/mortality/

Service Profile

GENERAL PRACTICES[1]

Accredited	Registered for My Health Record	TOTAL
413	538	659

Aboriginal Medical Services **1**

Local Health Districts **2**

Local Health Networks **2**

Public Hospitals[2] **18**

Headspace Sites **5**

Residential Aged Care Facilities[3] **164**

Number of Residential Aged Care Places[4] **13,281**

Workforce[5]

Health Professional Group	CESPHN			NSW		
	No.	FTE	FTE Rate per 100,000 population	No.	FTE	FTE Rate per 100,000 population
Aboriginal and Torres Strait Islander Health Practitioners	3	0	-	102	100	1.27
Chiropractors	433	398	24.75	1,599	1,439	18.30
Chinese Medicine Practitioners	652	539	33.52	1,679	1,326	16.87
Dental Practitioners	1,708	1,609	100.05	6,172	5,840	74.28
Medical Practitioners	8,235	8,839	549.64	30,041	32,193	409.49
General Practitioners	2,053	1,958.4	121.78	9,385	9,038.30	114.97
Medical Radiation Practitioners	987	904	56.21	4,493	4,020	51.13
Nurses and Midwives	19,482	18,259.8	1,135.45	90,848	82,866.70	1,054.06
General Practice Nurses	536	448.8	27.91	3742	2876.2	36.59
Occupational Therapists	1,042	940	58.45	4,993	4,394	55.89
Optometrists	512	476	29.60	1,659	1,533	19.50
Osteopaths	132	123	7.65	515	441	5.61
Pharmacists	2,005	1,875	116.59	7,484	7,039	89.54
Physiotherapists	2,028	1,902	118.27	7,723	7,097	90.27
Podiatrists	281	274	17.04	1,277	1,224	15.57
Psychologists	2,738	2,300	143.02	8,684	7,327	93.20

GP and specialist attendances[6]

	CESPHN	National
GP attendances		
Average per person	5.8	5.9
% bulk-billed	88.6	85.7
Specialist attendances		
Average per person	1.21	0.95

Potentially preventable hospitalisations per 100,000 people (2016-17)[7]

Type	CESPHN	National
Acute	958	1,296
Chronic	901	1,249
Vaccine-preventable	251	213
Total	2,082	2,732

GP style emergency department presentations per 1,000 people (2017-18)[8]

Age group (years)	CESPHN	National
<15	188.5	181.4
15-24	89.0	144.3
25-44	78.4	110.9
45-64	71.1	83.4
65+	71.1	79.9
All persons	**94.0**	**117.0**

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1. a. CESPHN Customer Relationship Management database.
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Priorities for action

The Commonwealth Department of Health has identified the following priorities for PHNs operating across Australia:

- Mental health
- Aboriginal and Torres Strait Islander Health
- Population health
- Digital health
- Health workforce
- Aged care
- Alcohol and other drugs

Central and Eastern Sydney PHN has identified additional local priorities through needs assessments and consultation:

- Areas with poor health status
- Child and maternal health
- Health literacy
- Early intervention and prevention
- Service navigation
- Care coordination
- Integrated care

Our purpose: Improve and transform care

The core purpose of Central and Eastern Sydney PHN is to improve and transform care by:

- Improving the experience of consumers and carers through better integration, coordination and by encouraging a person-led approach
- Improving the provider experience with consideration of clinician and staff satisfaction, flexibility and scope for innovation, and building a strong quality improvement culture
- Improving value for money with consideration of cost-efficiency and sustainability

PHN HEADLINE PERFORMANCE INDICATORS

- Addressing needs
- Quality care
- Improving access
- Coordinate care
- Capable organisations

The Plan: What we will do

Improve practice

- Quality and safety
- Prevention
- Chronic disease management
- Build capacity
- Transform care

S1

Integrate systems

- Advocacy
- Person-led care
- Service navigation
- Care coordination
- Integrated care

S2

Commission services

- Informed by local needs
- Outcomes focused
- Co-designed
- Efficient
- Accountable

S3

CEO Report

A New Plan

We began the year with the development of a new strategic plan that clearly articulates our vision: better health and wellbeing of the people who live and work in our region; and our purpose: to improve and transform care in our region.

The process of developing the plan meant that we were able to step back and reflect on why we do what we do, and what we truly want to achieve. We held a strategic planning workshop in October 2018 with representatives from the EIS Health Board, member networks, Clinical and Community Councils, our advisory committees and local health districts and networks.

Our plan is a collaborative effort and describes the shared vision, values and priorities that will drive our work over the coming three years.

A New Structure

During the year we changed our organisational structure to better align our work with our three organisational objectives, as set out in our new strategic plan:

- **Improve practice**
  Our Primary Care Improvement stream works with primary care providers, building the capacity of providers and services to provide high quality, evidence-based, person-centred and person-led health care.
- **Integrate systems**
  Our Planning and Engagement stream strengthens collaboration, engagement and integration with our diverse stakeholder groups.
- **Commission services**
  Our Clinical Services stream manages CESPHN's contracted clinical and health services. These services address known health service gaps in our region, identified through our annual health needs assessment process.

Our Corporate Services stream provides the crucial support function for the other three streams.

Read on for some of the highlights from the 2018-19 financial year. For more information, see the more detailed reports later in this year's annual report.

Improve practice

Digital Health Plan

Digital technology assists health practitioners to provide more integrated care and facilitates improved health outcomes. In February we released our **CESPHN Digital Health Plan**. Implementation of our **Digital Health Plan** focusses on empowering the primary care workforce in our region, improving collaboration with our partners and embedding digital health into all PHN activities.

My Health Record

As part of our **Digital Health Plan** we support general practice, pharmacies, specialist and allied health professionals to adopt and start using My Health Record compliant software. As a result of our support, the use of the My Health Record system has grown strongly in our region. The number of document uploads by local GPs increased by 56 per cent over the period January 2019 to June 2019.

General Practice Quality Improvement

This year we put considerable time and effort into assisting our local practices to prepare for the commencement of the new Practice Incentive Program Quality Improvement. At the beginning of July 2018 there were just 143 accredited practices sharing data with CESPHN. By the end of June 2019 there were 247, an increase of 74%. We anticipate even more practices sharing data with CESPHN in the coming months as the PIP QI starts providing real incentives to general practice to implement practice-based, data-driven, quality care improvement.

Integrate systems

HealthPathways

This year saw the long-awaited launch of the South Eastern Sydney HealthPathways site, and a focus on developing new referral pathways. As of 30 June, there were already 123 pathways on the South Eastern Sydney website with an additional 128 under development, and already 996 users. Usage of the longer established HealthPathways Sydney site has continued to grow; as of 30 June 2019, we had more than 3,000 users and over 750 locally relevant clinical pathways and referral pages.

Mental Health and Suicide Prevention Regional Plan

During the year we developed a **Mental Health and Suicide Prevention Regional Plan** in partnership with Sydney and South Eastern Sydney Local Health Districts, St Vincent's Health Network, Sydney Children's Hospital Network, Mental Health Coordinating Council, Being NSW and Mental

Health Carers NSW. The plan provides a regional platform for addressing the problems which people with lived experience of mental illness or attempted suicide, and their carers and families, currently face.

Commission Services

Commissioned contracts

In 2018-19 we managed 98 commissioned services with a total value of $35 million. 47 of these were new services that commenced within the 2018-19 financial year. In 2018-19, 24,800 people were supported by our commissioned programs and services.

A new psychosocial support service

Flourish Australia won a competitive tender to provide a psychosocial support program for the central and eastern Sydney region. This service provides a solid backstop to the NDIS in our region. This is a new program that provides psychosocial support services to people who are not eligible for assistance through the National Disability Insurance Scheme, but who nonetheless experience reduced psychosocial functional capacity due to severe mental illness. Flourish will receive $1.4 million from CESPHN in 2019-20 to provide support to an estimated 600 people in our region.

New funding to support people with cancer

In June we were awarded $6.9 million in funding over three years through the Australian Government Department of Health's Community Health and Hospitals Program. We will use this funding to help GPs care for people with newly diagnosed cancer, and people with palliative stage cancer.

Corporate Services

Our move to our new premises in Mascot in August 2018 went very smoothly, bringing staff from our old Kogarah and Ashfield offices all together under one roof. This has measurably improved staff collaboration, staff engagement, and staff satisfaction.

During the year our Corporate Services team also:

- implemented new customer relation management software which has allowed for more streamlined and targeted communications with our stakeholders
- reviewed our procurement and contract management policies, procedures and outcomes and as a result, made several improvements
- delivered training on program logic and outcomes-based commissioning to all our staff.

Dr Michael Moore

A shared vision

We don't do all this on our own. I am very grateful for the support of our major stakeholders: the GPs, allied health practitioners and non-government organisations who work with us in our region and our member organisations. South Eastern Sydney Local Health District, Sydney Local Health District, St Vincent's Hospital, the Children's Hospital, and our private hospital partners, all give us very strong support. I am also very grateful for the ongoing support of our academic partners at UNSW, UTS, the University of Sydney and the University of Notre Dame.

Thank you to our Board, our community and clinical councils for their strategic leadership, our advisory groups for their always practical advice, and to every member of our CESPHN team for their dedication, hard work and their passion for achieving our shared vision of better health and wellbeing for the people in our region.

I look forward to working with you all in 2019-20.

Dr Michael Moore
CEO, Central and Eastern Sydney PHN

Chair Statement

2019 has seen ongoing expansion of the work of Central and Eastern Sydney PHN. We are the second largest by population of Australia's primary health networks, covering more than 1.6 million people in our footprint, along with the many more who come into our region to work.

There have been a number of highlights for the PHN in 2019.

Strategic Plan 2019 - 2021

At the beginning of the year, the Board endorsed a new strategic plan, a new vision and three core strategic priorities. Our vision is for better health and wellbeing for everyone living in our community, and our three strategic priorities are to improve the quality of primary care, better integrate care and commission services where they are needed. To explain more clearly:

- CESPHN supports GPs, general practices and other primary care practices to improve the quality of care in the community.
- CESPHN works with GPs, other primary care professionals, and the broader health system to better integrate care for patients. We do this in a number of programs including HealthPathways (a collaboration between our local health districts and the PHN), and by improving access to secure messaging services.
- CESPHN conducts needs assessments around priority areas (including mental health, drug and alcohol, Aboriginal health, population health and aged care) to identify where there might be gaps in care, and we commission services where they are needed.

General Practice Engagement Strategy

During this year we developed a general practice engagement strategy formalising our commitment to supporting general practice in the continually changing environment of primary health. Our strategies for better general practice engagement include individualised and tailored support plans for local practices, one phone number that practices can ring for all aspects of practice support - 1300 986 991 (option 2) - and targets for practice visits. We have started rolling out this strategy and will be monitoring its success over the coming year.

Advocacy

At a local level, we continue to support better integration between primary and secondary care through our representatives on hospital clinical councils. We provided submissions to the Medicare Benefits Schedule Review Taskforce and the National Disability Insurance Agency and drafted a submission to the Royal Commission into Aged Care. Our advocacy work is guided and supported by our Clinical and Community Councils and member organisations.

Dr Michael Wright

Stakeholder Engagement

We prioritised engagement through various collaborative workshops on topics including partnerships, co-design and strategic planning.

We have established a clinical leaders program within the PHN, and although in its infancy we are trying to support primary care providers to excel in their work, and enjoy doing so.

Most of the work of the PHN is to operate behind the scenes supporting and linking GPs, general practices and primary health care with the rest of the health system. Much of this work is long term and often not visible on a daily basis. As the new quality improvement component of the Practice Incentives Program rolls out, there will be increased opportunities for practices and PHNs to interact, to reflect on data, and to identify areas for improvement. We look forward to having closer connections with the providers and coming out of the shadows.

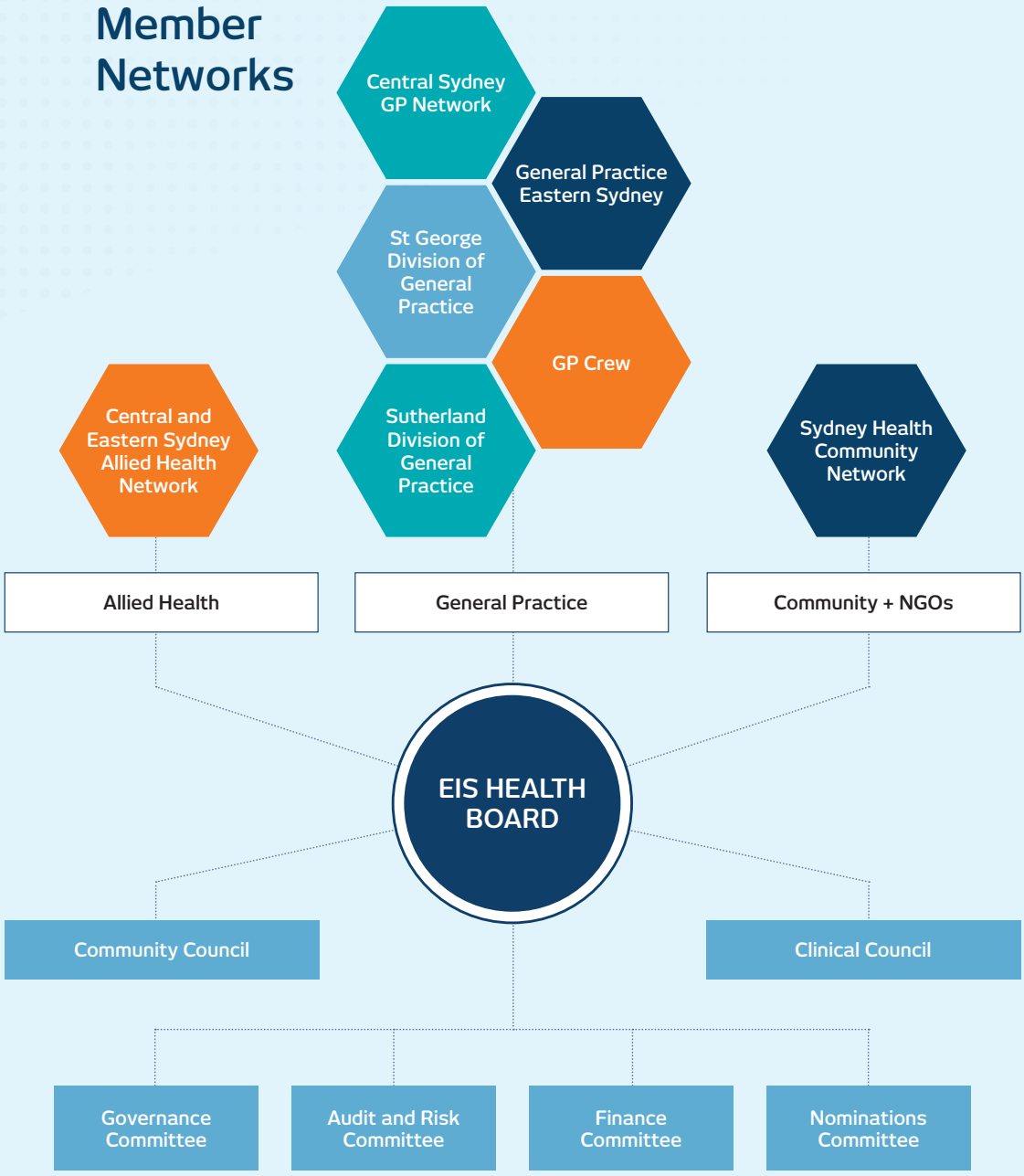
I would like to congratulate the staff for all their hard work over the past year. Since moving into consolidated premises in Mascot, the teamwork with the organisation has grown and results have been improving on all fronts. Thank you also to our Clinical and Community Councils. Both our Clinical and Community Councils continued to provide the Board with strategic guidance throughout 2018-19.

Once again I have had great pleasure chairing the Board, and I would like to thank my fellow directors for their enthusiasm and insights.

Dr Michael Wright
Chair EIS Health Limited

Governance structure

Central and Eastern Sydney PHN is a business unit of EIS Health Ltd, a company limited by guarantee under the Corporations Act.



Board members and bios

DR MICHAEL WRIGHT
Chair

MBBS, MSc, FRACGP, GAICD

Michael is a general practitioner working in Woollahra, Sydney. Michael is also a researcher with the Centre for Health Economics Research and Evaluation at the University of Technology Sydney, where he is currently a PhD candidate analysing the association between continuity of care in Australian general practice and health outcomes. Michael has previously worked in Queensland and spent four years in the UK, where he worked in private and NHS general practice and was a Research Fellow at the London School of Hygiene and Tropical Medicine.

Michael is Deputy Chair of the NSW/ ACT RACGP Faculty Board and a member of the Evaluation Working Group for the Health Department's Health Care Homes Program. Michael was previously Chair of the CESPHN Clinical Council, and a member of the Federal Government's Primary Health Care Advisory Group. Michael is keen to improve coordination in our health system, including reducing fragmentation of care and maximising the benefits of high-quality primary care.

DR TERESA ANDERSON AM
Director

B.App Science (Speech Pathology) PhD

Dr Teresa Anderson has worked in the NSW public health system for more than 30 years. She is Chief Executive of Sydney Local Health District, providing services to almost 640,000 people in Sydney and beyond. Dr Anderson has extensive experience as a clinician, manager and health service leader. She has held positions as the Director, Clinical Operations, Sydney South West Area Health Service, General Manager, Liverpool Hospital and Director of Community and Allied Health Services for the Liverpool Health Service.

She serves on the boards of the Ingham Institute, Centenary Institute, Heart Research Institute, ANZAC Research Institute and Healthshare, and is also the Chair of the Sydney Research Council.

Dr Anderson is focused on supporting collaboration and building partnerships to provide excellent health care. She is widely acknowledged for supporting and mentoring her staff in fostering new ideas to drive efficiencies and best practice.

She was awarded a member (AM) in the Order of Australia in 2018 for service to community health and to public administration in New South Wales as a clinician, manager and health service executive.

MS TRISHA CASHMERE
Director

BAppSc (Phty)(Hons), LLB, GAICD

Trisha Cashmere is the Managing Director of a growing allied health business and the Consumer Director on the Board of Cancer Council Australia. Trisha has practised as a physiotherapist in the public and private sectors, and as a lawyer at a leading Australian commercial law firm.

Trisha has experience as a Board Director and Board Committee member across the health and government sectors. Trisha is a graduate member of the Australian Institute of Company Directors.

Trisha has contributed to a number of EIS Health Limited board sub committees, including the Audit and Risk and Finance committees. Trisha is committed to supporting early career allied health professionals.

PROFESSOR MARK HARRIS AO
Director

MBBS, MD, FRACGP, FAAHMS

Mark Harris is Foundation Professor of General Practice and Executive Director of the Centre for Primary Health Care and Equity at UNSW. He was appointed Scientia Professor 2013-2021. He has substantial experience in health services research and trials on chronic illness prevention and management in primary health care. He was a member of the NHMRC Academy 2010-2013, 2017-2018 and its Prevention and Community Health Committee 2013-2015. He has 400 publications and 5000 citations in peer reviewed journals. He is a life Fellow of the Royal Australian College of General Practice in recognition for his work for general practice on diabetes and preventive medicine including editing the RACGP Guidelines for Preventive Activities in General Practice and the SNAP Guide. He received the Australian Association for Academic Primary Care "Charles Bridges Webb Medal" in 2010 and the North American Primary Care Research Group: President's award 2017 for contribution to primary health care research. He was appointed as a fellow of the Australian Academy of Health and Medical Sciences in 2017. He was awarded an Officer of the Order of Australia (AO) in 2018 for distinguished service to education, and to the community, in the area of public health care, evidence based practice, and equity, as an academic and researcher and to refugees.

ASSOC. PROF. CHARLOTTE HESPE
Director until 7 December 2018

MBBS(Hons), FRACGP, DCH, FAICD, GCUT

Charlotte Hespe is a GP principal and supervisor in a 12 doctor, patient centred family medical practice in Glebe, Sydney. She is actively engaged in medical education and quality improvement initiatives at the local and national level and is heading Primary Care Research for University of Notre Dame, Australia (Sydney). Charlotte is currently doing a PhD in the area of "Reducing CV disease: Translating an evidence based quality improvement tool into 'real world' general practice". Deputy Chair NSW/ACT Faculty RACGP, Board Director for Asthma Foundation NSW, and a Clinical Chair with Improvement Foundation Australia.

DR TIM SMYTH
Director until 20 November 2018

MBBS, LLB, MBA, FCHSM

Dr Tim Smyth is well known in the Australian health sector. With degrees in Medicine, Law and Business Administration, Tim has extensive experience at operational and senior executive levels, including as Deputy Director General with NSW Health. Tim provides management consulting services to a range of clients in the health and government sectors and is Practice Principal of a corporate and commercial law practice, Health Sector Law. In addition to serving on the EIS Health Ltd Board, Tim was appointed Chair of the Western NSW PHN in August 2015 and he is also a Director of the Black Dog Institute and the Australasian College of Health Service Management.

ROSEMARY BISHOP
Director from 20 November 2018

MBA, GAICD, BA (Hons.) Dip Ed

Rosemary Bishop is the CEO of 3Bridges, an organisation that connects with the St George, Sutherland and Central Sydney area to enable community connection and support wellbeing from birth to death. As the previous Chair of the Sydney Health Community Network and a former Community Council Member, Rosemary works with the EIS Health Board to ensure that community consultation informs evidenced based practice, the framing of tenders and the evaluation of outcomes. Rosemary was previously named the Oatley electorate's Local Woman of the Year.

DR GARY NICHOLLS
Director

MBBS, FRACGP, MRCGP, MRCP, MA, BA(Hons)

Dr Gary Nicholls trained in the UK at Cambridge University and St Bartholomews' Hospital Medical School, University of London. He has extensive experience in acute general hospital medicine, community health and general practice in both the UK and Australia. He is especially passionate about developing ways to 'join up' services between primary and community care, and hospital care – aiming to improve the health care of patients whilst improving service efficiency.

He holds positions as a Staff Specialist Physician for NSW Health and as a general practitioner in Sydney. He has special interests in the health care of disadvantaged patients, quality use of medicines, patient safety and medical education. Gary is a Conjoint Lecturer in Medicine at St Vincent's Hospital Clinical School, University of New South Wales.

MR ROBERT RAMJAN
Director

AM, BA, BSocStuds

Rob Ramjan was CEO of One Door Mental Health for 28 years and was the inaugural Executive Director of the Schizophrenia Fellowships Council of Australia Inc. He has worked with people with a mental illness and their carers for 55 years. Rob was made a Member of the Order of Australia in 2007 for services to people with mental illness.

Rob has extensive experience in the provision of mental health services, especially in the non-government sector. He has worked in NSW Health hospital and community services and worked in the Richmond Implementation Unit. He was instrumental in the establishment of the NSW Police Mental Health Intervention Team. His previous roles have included delegate to the Mental Health Council of Australia and member of the NSW Mental Health Priority Task Force and the Guardianship Tribunal.

He is a member of the NSW Mental Health Review Tribunal and the Centre for Cognitive Disorders Advisory Committee, Macquarie University. He is a Trustee of the Psychosis Australia Trust and a Director of Ostara Australia Ltd and also the Mental Illness Fellowship of Australia. Rob is the author of a book on mental health residential services and was project director for 'The Schizophrenias: guidelines for an holistic approach to clinical practice guidelines', commissioned by NSW Health.

ADJUNCT PROFESSOR ANTHONY M. SCHEMBRI AM

Director

BSW(Hons) GradDipPubAdmin, MPP, FCHSM, MAASW

Anthony Schembri is the CEO of the St Vincent's Health Network Sydney. Anthony holds appointment as Board Director for the Garvan Institute of Medical Research, Board Director of the National Centre for Clinical Research of Emerging Drugs of Concern, Board Director of the St Vincent's Curran Foundation, and Co-Chair of Australian Catholic University/St Vincent's Nursing Research Institute. Anthony is an Adjunct Professor in Health Sciences at the Australian Catholic University and Associate Professor of the St Vincent's Clinical School of the Faculty of Medicine at the University of New South Wales. Anthony completed the Australian Institute of Company Directors course and is a Surveyor for the Australian Council of Healthcare Standards. Prior to this Anthony was employed in General Manager roles at Liverpool Hospital, Bankstown-Lidcombe Hospital and Fairfield Hospital. Anthony has also held the role of Clinical Director for Allied Health and hospital social work roles. Anthony was awarded in the 2019 Queens Birthday Honours List, a Member of the Order of Australia for significant service to hospital administration, and to medical research.

MR STEVEN KOURIS

Director

BEc, LLB, LLM

Steven Kouris is a lawyer and commercial advisor. Steven has extensive corporate governance and leadership, strategic planning and risk management expertise as a non executive director and board committee member across the health, infrastructure, housing and NFP sector, and augments this with commercial and legal expertise in private, corporate and government practice. He has worked for major national law firms such as King & Wood Mallesons and Allens, advised government departments, and has substantial expertise in major projects, infrastructure and development, building and construction, and property. He also chairs the Central and Eastern Sydney PHN Finance, and Audit and Risk Committees. Steven is a director of Guide Dogs NSW/ACT, where he chairs the Corporate Governance Committee.

MR CHRIS TZARIMAS (TZAR)

Director

MSc(Ex. Rehab.), BSc(HMS), FAAESS, MBA

As the founding director of the Lifestyle Clinic - a local health service operating as a division of the Faculty of Medicine, University of NSW - Chris has been involved in numerous local, state and federal health initiatives. He commenced his career as an accredited exercise physiologist coordinating evidence-based chronic disease management programs including People living with HIV/AIDS and mental health. He is the current Chair of the multi-disciplinary group within the Translational Cancer Research Network in Sydney. His previous posts include Chair, Exercise Is Medicine – Australia (the Australian arm of the global health initiative), Board Director of Eastern Sydney Medicare Local, Executive Committee of the NSW Cancer Survivors Centre and the primary care representative to the Australian Commission on Safety and Quality in Health Care (ACSQHC). He is also a member of the Central and Eastern Sydney Allied Health Network and was previously a Board Director of Eastern Sydney Allied Health Network.

An advocate for allied health services playing an integral role in person-centred care, Chris is passionate about translating research into practice to promote healthy lifestyles and keep people out of hospitals. He has contributed extensively to Central and Eastern Sydney PHN through Board sub-committees including the Finance Committee (November 2017 to current), Audit and Risk Committee (November 2016 to current) and Nominations Committee (Chairperson – August 2016 to November 2017), as well as the Board representative to the Clinical Council (June 2016 to current).

DR SHARYN WILKINS

Director from February 2019

MBBS, RACGP Family Medicine Program, Family Planning Certificate, GAICD

Sharyn is a full-time general practitioner. She is a graduate of the Australian Institute of Company Directors and is a Board Director, Vice Chairman, Chairman Clinical Governance Committee for Karitane. Currently she is also a HealthPathways Clincial Editor for the SouthEastern Sydney Local Health District and manages a Chronic Wound Assessment Clinic which is a collaboration between the Sutherland Hospital and the Integrated Specialist Health Education and Research foundation.

Board committees

EIS Health Finance Committee

Members:
Mr Steven Kouris (Chair)
Ms Trisha Cashmere
Mr Chris Tzarimas
Ms Shirley Liew

The Finance Committee advises the Board on strategic, financial and asset management issues, including:

- Financial reporting and management
- Overall budget frameworks (including budget rationale and assumptions) and performance against budget;
- Department of Health funding related matters (such as Activity Based Work Plans);
- Financial health and solvency
- Funding mechanisms & revenue streams; and
- Asset treatment in financial statements, including compliance with new accounting standards.

During 2018-2019, the Committee focused on ensuring a sustainable operating budget for the organisation in light of changes to funding announced by our major funder the Commonwealth Department of Health. The Committee was closely involved in reviewing the implications of the move to a single site and the organisation restructure.

EIS Health Audit and Risk Committee

Members:
Mr Steven Kouris (Chair)
Ms Trisha Cashmere
Mr Chris Tzarimas
Mr Ron Switzer

The Audit and Risk Committee advises the Board on:

- The integrity of EIS Health Limited's financial information and systems, and internal and external reporting
- The external auditors' activities, scope and independence in carrying out their external audit
- Strategic and material organisational risks on an ongoing basis, particularly in relation to commissioning of services, funding and revenue and stakeholder engagement; and
- The adequacy and effectiveness of management processes, information and internal control measures for the identification, monitoring and addressing of significant business and operational risks and exposures (including fraud, cyber risk, work health and safety and succession planning, and compliance with law and funding agreements).

During 2018-2019, the Committee completed a full review of the risk register and oversaw the external audit process. The Committee reviews reports on strategic and commissioning risks on a quarterly basis prior to their presentation to the Board. During the year, two internal audits focusing on budgeting and forecasting, and procurement and contract management were completed, and the recommendations incorporated into the risk register and standard operating procedures.

EIS Health Governance Committee

Members:
Professor Mark Harris (Chair)
Ms Rosemary Bishop (from November 2018)
Dr Gary Nicholls
Mr Rob Ramjan
Dr Tim Smyth (until November 2018)

The Governance Committee ensures that the Board fulfils its legal, ethical, and functional responsibilities through adequate governance policy development, recruitment strategies, training programs, monitoring of board activities, and evaluation of Board members' performance. It also monitors clinical adverse events related to the operations of EIS Health or the services which it commissions and the organisation's response to these.

During 2018-2019 the Committee reviewed the Clinical Governance Framework, a wide range of policies and considered clinical governance issues at each of its meetings. A major priority was a review of the Constitution to clarify the role and membership of the Nominations Committee in the election of Board Directors.

EIS Health Nominations Committee

Members:
Dr Charlotte Hespe (Chair)
Mr Jonathon Casson (independent)
Ms Peggy Huang
Mr Rob Ramjan
Dr Sharyn Wilkins

This Committee includes two Board directors, an independent member and two representatives from the member companies.

Board directors are elected for two year terms and each year half of the Board directors retire. The Committee is responsible for reviewing the Board Skills matrix and identifying any skills gaps prior to the advertising of expressions of interest for Board director appointments. The Committee reviews Expressions of Interest for Board Director positions and provides a recommendation on whom to appoint to the Board and member company chairs.

Clinical Council

The Clinical Council meets bimonthly and provides input and advice to the EIS Health Board with the goal that people who live and work within the CESPHN footprint receive effective, timely, appropriate and integrated care.

The Clinical Council discusses issues relating to the provision of quality primary care; what is being done well, where are the gaps and what are potential and existing barriers to care? We recognise that primary care is provided in a diverse range of settings with multiple factors affecting its provision and outcomes including: access to care, local needs, social determinants and patient health literacy and preferences for care.

This understanding of primary care informed our feedback regarding the **Mental Health and Suicide Prevention Regional Plan**. There was much discussion about the concept of there being no wrong door when a person is accessing care and how the health system can facilitate this.

The Clinical Council's knowledge of primary care also formed the basis for our response to the **Australian Healthcare and Hospitals Association's Blueprint for a post-2020 National Health Agreement**. We outlined concerns regarding performance measurement in primary care, particularly when this may be linked to outcomes-based funding. The Clinical Council is concerned that performance measurement fails to capture the complexity and diversity of primary care.

Council members have continued to discuss the NDIS and contributed to the CESPHN response to the **Inquiry into the Implementation of the National Disability Insurance Scheme**. Concerns included the delays in the implementation of the Early Childhood Early Intervention approach, lack of adequately skilled NDIS planners with expertise and understanding of disability, and difficulty accessing in-person planning meetings. We also discussed the need for health provider education about documentation of disability and functional impairment to improve the chance of successful NDIS applications and the need for communications from the National Disability Insurance Agency to be clearer, simpler and more accessible.

The Clinical Council provided input regarding the **NSW Health Strategic Framework for Integrating Care** and contributed to the CESPHN submission to the **Royal Commission into Aged Care Quality and Safety**. Issues raised have included the increasing complexity of aged care, quality and governance, the need for increased workforce numbers and skills, the need for improved and easier communication between health providers, and better integration of care.

The Clinical Council discussed the **MBS Review Taskforce Report**. We raised issues around adequate remuneration for quality primary care, advocated for increased access to allied health services, review of funding for these services and support for funding to keep people out of hospital such as falls prevention programs.

Health promotion, prevention and community engagement are frequent topics of discussion. The Clinical Council was interested to hear presentations about the TEAM (Think, Eat, Move) Program, an online healthy lifestyle program for adolescents who are above a healthy body weight, and the Can Get Health project to reduce health inequity for the Rohingya community in Canterbury.

It continues to be a privilege to chair the Clinical Council and I thank the members for bringing their knowledge, experience and passion to our meetings.

Dr Allison Bielawski

Member Name	
Dr Allison Bielawski (Chair)	
Ms Lou-Anne Blunden	
Ms Sara Burrett	Until December 2018
Mr Trent Carruthers	
Dr Nadia Clifton	
Dr Ann-Marie Crozier	
Dr Nicholas De Rosa	
Dr John George	
Dr Joanne Ging	
A/Prof Peter Gonski	
Mr Stewart Hayes	
Mr Damien House	Until October 2018
Dr Louise Hudson	Until October 2018
Dr Alan Hunyh	Until October 2018
Dr Annabel Kain	
Dr Milena Katz	Until October 2018
Ms Carolien Koreneff	
Dr Nathan Lum	
Ms Angelica Ly	
Dr Mary Beth McIsaac	
Mr Todd McEwan	Until October 2018
Ms Penny Mills	
Prof Abdullah Omari	
Ms Jacky Peile	
Dr Alisa Pollack	
Prof Kathryn Refshauge	
Dr Faisal Rifi	Until October 2018
Dr Mona Singh	
Dr Aline Smith	Until October 2018
Ms Adele Tahan	
Dr Richard Walsh	

Community Council

The past year has seen the Community Council provide advice to the EIS Health Board around many strategic issues. In particular, we provided feedback on the 2019-2021 Strategic Plan, allowing implementation to commence in March. The bimonthly meetings have seen increased participation from people that are experts in their field, with community organisations and people with lived experience.

CESPHN provided a comprehensive response to the **Inquiry into the Implementation of the National Disability Insurance Scheme**. Many Community Council members have a broad knowledge and work experience with the implementation. Feedback provided by Council members gave a real account of the first-hand experience of participants and the difficulties that they have in gaining access to the NDIS. The submission of the response to the Hon. Greg Donnelly MLC, Chair of the Health and Community Services Committee in August 2018, allowed CESPHN to be at the forefront of providing the voice of community.

CESPHN were also invited to provide a submission to the **Royal Commission into Aged Care Quality and Safety**. Consultation was provided through the Community Council meetings around the content of this submission. The Community Council recommended that non-government organisations be included in the provision of information for the submission. Subsequently a large number were able to contribute valuable lived experience of aged care clients. The CESPHN Community Council has also tabled their future participation in a submission to the **Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability**.

Many of our Council members have also contributed to the **Mental Health and Suicide Prevention Regional Plan**. As members of the mental health workforce and/or having lived experience, their contribution helped establish a picture of the needs of communities within the CESPHN geographical footprint.

The Community Council has been approached by the UNSW Sydney Partnership for Health, Research and Enterprise to co-design a research program with them around a subject that will be identified as a priority within the CESPHN area, from a community perspective. Historically, research projects, have not fully collaborated with community and there is a view that research does not truly identify and address community needs. After the Community Council has identified the research subject, a series of workshops will be undertaken with the Council and researchers that will direct the research content.

As the Chair of the CESPHN Community Council it has been a privilege to work with other community members who contribute their diverse knowledge to CESPHN. Many of our discussions have been robust and very respectful. The discussion brings a valuable community and hands-on perspective to **CESPHN's Strategic Plan** and its implementation. I look forward to this continuing and positive collaboration.

Sharlene McKenzie

Member Name	
Dr Mark Bagshaw	
Ms Rosemary Bishop	Until December 2018
Ms Lexi Buckfield	
Ms Jane Cockburn	
Mr Felix Delhomme	
Mr Mat Flynn	Until December 2018
Ms Jude Foster	Until December 2018
Ms Lynda Hennessey	
Mr Shane Jakupec	
Ms Amanda Justice	
Mr Peter Kennedy	Chair until December 2018
Ms Olivia Mallett	Until December 2018
Ms Julie McCarthy	
Ms Sharlene McKenzie	Chair from February2019
Mr Peter Merrett	Until December 2018
Ms Julie Millard	
Ms Roslyn Morton	
Mrs Monica Schlesinger	
Mr Ben Steele	
Ms Wendy Suma	
Mr Peter Valpiani	
Ms Liz Yeo	

Member Networks

Our seven member networks have a combined membership of 1,125 individuals and 81 organisations. The member networks provide an important advocacy role for their members and help build a sense of collegiality amongst allied health, general practice and community within the region. Representatives from our member organisations are active contributors to CESPHN's Clinical and Community Councils, Program Advisory Committees and to hospital clinical councils throughout the region.

Every quarter the member network chairs meet with our Board Chair and the CESPHN executive. These meetings provide valuable advice to the PHN and the Board on:

Improving clinical communication

Our general practice networks have a strong focus on improving clinical communication between hospitals and general practice and also between CESPHN commissioned mental health services and general practice. Improving access to outpatient clinics continues to be a priority across the region.

Education

The networks provide valuable guidance to ensure our continuing professional development program is accessible across the region and have been strong supporters of Small Group Learning.

Strategy

The member chairs have contributed to the development of several key strategic documents including our new strategic plan, the regional mental health and suicide prevention plan and our general practice engagement strategy.

Advocacy

The member chairs encouraged the PHN to make a submission to the Aged Care Royal Commission and to seek improvements to the operation of the My Aged Care website.

In October 2018 the Sydney Health Community Network held a very successful Wellness Awards where 15 community organisations showcased their wonderful work. The four award winners were:

Health Literacy: Canterbury City Community Centre
Inclusion: The Autism Community Network
Wellness: 3 Bridges Early Years Support
The One to Watch: Can Care

We are very grateful for the contribution of the following member chairs in 2018/19:

- **CESAHN:** Peggy Huang
- **CSGPN:** Dr Margot Woods and Dr Javier Camargo
- **GP Crew:** Dr Hilton Shapiro, and Dr Cedric Meyerowitz
- **GP Eastern Sydney:** Dr Sue Iland
- **SHCN:** Rosemary Bishop (to Nov 2018) and Janet Green
- **St George Division of General Practice:** Dr Wayne Cooper
- **Sutherland Division of General Practice:** Dr Owen Brookes

Advisory Committees

CESPHN Disability Network

The CESPHN Disability Network is a dynamic forum with a broad membership encompassing health and disability sectors. Our 130 members include GPs, allied and community health practitioners, professional bodies, NGOs, the National Disability Insurance Agency (NDIA), NSW Ministry of Health, university and hospital representatives, people with disability and their carers.

The Network has been in place since late 2016 and aims to facilitate a greater understanding of:

- the role of health within the disability sector, particularly as it intersects with the NDIS and,
- the implications for participants within the scheme and those falling outside of it.

The forum provides an avenue for shared understanding and learnings. It also encourages a robust debate on new health and disability policy as it is shaped and implemented.

Recent topics and presentations by various groups and organisations at network meetings have included the following:

CALD clients and the community with disability, including new arrivals migrants and refugees – Sydney Multicultural Community Services
Early Childhood Early Intervention – Life Start
Client experiences of GP involvement in NDIS planning and implementation – Research Project – Western Sydney University Medical Education Research and Evaluation
'Just Checking' - A project funded by the Cancer Institute NSW to address cervical breast and bowel cancer screening for adults with intellectual disability - Family Planning NSW
Providing Innovative support to those with disability through increased social and community participation – The Health and Technology Group Initiative
Specialist Disability Accommodation and Supported Independent Living – Summer Foundation
NDIS Update – Social Policy Implementation Unit NSW Ministry of Health
Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
Building NSW Health Services for People with Intellectual Disability/Intellectual Disability and Mental Health – Health and Social Policy Branch NSW Ministry of Health

As a result of CESPHN's **NDIS Survey for Health Professionals Report**, CESPHN will continue development and implementation of the Disability Education Program to enable health professionals to support people with lived experience access the NDIS, and those deemed ineligible.

In 2018-2019 CESPHN rolled out 14 NDIS education sessions for health professionals and the community, bringing the total to 49 since the program's inception. Targeted education relating to psychosocial disability, early intervention, families and carers, allied health and business development has been provided. In the coming year CESPHN and the NDIA will provide training around the Access Request Form.

Given the role and knowledge of the Disability Network, we have used the forum to advocate directly to the NDIA with matters that include the delays with Early Childhood Early Intervention supports, difficulties with engagement of skilled NDIS planners and how the NDIA communicates with applicants who are denied access to the NDIS. A submission was written to the NSW Parliamentary Inquiry into the NDIS, summarising some of the major issues of the implementation of the NDIS raised by members of the Disability Network, Clinical and Community councils.

We would like to thank everyone who has attended and contributed to the Disability Network. Your support is invaluable, and we hope to continue to provide strong advocacy and leadership. We would also like to encourage health professionals and people with lived experience of disability working in the CESPHN area wishing to actively engage with the disability sector to attend future meetings.

Co-chairs,

Tony Jones and Nathan Lum

Tony Jones and Nathan Lum

Aboriginal Health and Wellbeing Program Advisory Committee

The Aboriginal Health and Wellbeing Program Advisory Committee consists of 12 members; a combination of Aboriginal community representatives, Traditional Owners, Aboriginal owned and operated business, NGOs working to deliver Aboriginal-specific programs, a GP representative, local health district, specialty health network and Justice Health and Forensic Mental Health Network representatives.

The role of the Aboriginal Health and Wellbeing Advisory Committee is to:

- assist in identifying health issues and health service gaps that need to be addressed
- ensure that programs and services developed or funded by the PHN are person-centred, cost-effective, locally relevant and will meet the requirements of the local Aboriginal and Torres Strait Islander peoples
- advocate on behalf of, Aboriginal and Torres Strait Islander communities, consumers and carers in the CESPHN region
- identify opportunities to improve and evaluate the cultural appropriateness and effectiveness of medical and health care services and their delivery to Aboriginal and/or Torres strait Islander peoples
- contribute to Central and Eastern Sydney PHN planning (including the CESPHN needs assessment)
- provide expert advice, monitoring and direction to the CESPHN Reconciliation Action Plan.

During this year members of the group have been focused on;

- the evaluation of the Aboriginal-specific New Access coaching program
- consultation for the **Mental Health and Suicide Prevention Regional Plan**
- contributing a cultural perspective to a review of the current Psychological Support Services model.

2019-2020 will see the committee conduct a review and contribute to an amended **Reconciliation Action Plan** with the current 2018-2020 plan ending in June 2020.

After Hours Advisory Committee

The After Hours Advisory Committee meet quarterly and have provided input and guidance into a number of key After Hours activities including:

- The Evaluation of Geriatric Outreach services funded by Central and Eastern Sydney PHN.
- Development of the **After Hours Activity Work Plan 2019-2021**.
- Updating the **After Hours Regional Needs Assessment 2019**.
- Key functions of the after hours website to ensure it meets local needs.

The contribution of committee members' time, expertise and local knowledge has been an invaluable support to Central and Eastern Sydney PHN and essential to ensuring the work we undertake is locally prioritised and meeting the changing needs of communities over time. Thank you for your support and contributions.

Antenatal Shared Care (ANSC) Advisory Committee

There are two ANSC advisory committees covering the ANSC program within SESLHD; the Royal Hospital for Women (RHW) committee and St George and Sutherland (SGS) Hospitals committee. The RHW committee has 15 members, while the SGS committee has 12 members. Both committees have four GP advisors.

There is one ANSC advisory committee that represents SLHD, covering RPA Women and Babies and Canterbury Hospital. The committee consists of nine members including four GP Advisors.

All three advisory committees meet quarterly to provide a clinical governance framework to enhance and maintain the quality of the ANSC programs across CESPHN. The committee monitors identified and emerging risks and provides an opportunity to share ideas and offer feedback on relevant initiatives. It supports the program by developing education priorities and ongoing evaluation of activities. GP advisors played a key role in determining education topics and ensuring that Central and Eastern Sydney PHN's CPD events are relevant and useful for GPs.

Advisory Committees

AOD Advisory Committee

The CESPHN AOD Advisory Committee live or work in the CESPHN region and reflect the diversity of the local community, including underserviced populations. The committee meet quarterly to:

- Identify and action approaches that build regional integration, capacity, quality and safety in delivery of local drug and alcohol treatment services.
- Review population planning and needs assessments to reduce inequities and improve health outcomes and client experience in the delivery of care.
- Provide a forum to discuss key government policy changes or developments which impact delivery of drug and alcohol treatment.

The committee have continued to refine the scope and direction and identify priorities and opportunities to improve the outcomes and experience for people in the region who use alcohol and other drugs. Current focus areas include improving service coordination and aftercare supports, addressing stigma and discrimination, and development of lived experience workforce.

HealthPathways Sydney

The HealthPathways Sydney Advisory Committee serves to provide support, leadership, and direction to the HealthPathways Sydney Program. The committee mixed representation from the program partners – Sydney Local Health District and Central and Eastern Sydney Primary Health Network, as well as various community primary care representatives (GPs, Allied Health, Practice Nursing). The committee works to:

- Advise on program objectives ensuring they are specific, measurable, attainable, realistic and timely
- Promote integration and collaboration between SLHD, CESPHN as well as other affiliated health organisations
- Provide oversight, assistance and guidance on the development and review of pathways
- Review and endorse pathway publication where required, ensuring compliance with health service principles
- Monitor activities, outcomes and provide advice for the direction forward

In the last 12 months, the committee has played a key role in the completion of the HealthPathways Sydney Evaluation conducted by the Menzies Centre for Health Policy - most notably in providing feedback for the various recommendations that arose from the evaluation to ensure the future success of the program whilst maintaining its core objectives and ensuring the needs of key stakeholders continue to be met. The committee has also provided valuable feedback regarding process redesign for various components of the overall program.

South Eastern Sydney Health Pathways

There are two advisory committees that sit underneath the Governance committee; the adult advisory committee and the paediatric advisory committee. The adult committee currently has 19 members and the paediatric committee has 14 members including representatives from our partner organisations and consumers.

The committees meet quarterly to oversee the whole of system approach to the development and implementation of HealthPathways in the South Eastern region. They provide a structure to support communication, engagement, direction and decision making for the program.

Their main role is to advise on priority preferred pathways whilst considering the partner identified local priorities; promote integration and collaboration between public and private domains of Speciality, GP and Allied health practices of the partner organisations; critically review and provide resolution, guidance and direction; to address emerging risks and challenges.

Mental Health and Suicide Prevention Advisory Committee

The purpose of the Mental Health and Suicide Prevention Advisory Committee is to:

- Provide strategic advice to CESPHN on the development of innovative services, implementation of new models of care and best practice models
- Advise on how to best support the development of approaches to building regional integration, capacity, capability, quality and safety in local mental health and suicide prevention services
- Advise on mental health and suicide prevention commissioning activities and priorities
- Contribute to and support the development of regional mental health and suicide prevention strategy
- Support the co-design of mental health and suicide prevention programs
- Advise on how to better support local primary care providers to improve client outcomes and experiences with their health care within a Stepped Care approach
- Provide advice and communication channels for the flow of information about current initiatives.

The committee has been invaluable in providing guidance and advice in the following areas as there is a broad range of skills, experience and expertise including living experience:

- Discussion and feedback on the development of the **Mental Health and Suicide Prevention Regional Plan** including the priority areas
- Consultation regarding the **CESPHN 2018 Needs Assessment**
- Discussion and feedback regarding CESPHN's mental health and suicide prevention activities.

CPD Advisory Committees

The CPD Advisory Committees are comprised of GPs in the CESPHN region who provide valuable guidance to ensure our Continuing Professional Development program is relevant, innovative and meeting the needs of the GPs in our region.

The Committees meets toward the end of the year to assist with the planning of the CPD event calendar by reviewing and assessing topic suggestions which were collated throughout the year, exploring educational ideas and providing feedback on the current program to ensure the topics selected address GP needs.

We are very grateful for the contribution of the following education committee members in 2018/19:

- **Inner West region**: Dr Edmund Lee, Dr Vanessa Moran (to April 2019), Dr Peter Piazza, Dr Kenneth Tong and Dr Margot Woods
- **St George/Sutherland region:** Dr Jill Newth, Dr Jeanene Hopkins and Dr Philip Dwyer
- **Eastern Sydney region:** Dr Sue Iland and Dr Gary Nicholls

Person-Centred Medical Neighbourhood (PCMN) and GP Clinical Leads Advisory Committee

The PCMN and GP Clinical Leads Advisory Committees were established to give direction, and clinical advice on the development and implementation of the PCMN program. With the PCMN program having matured into a framework, embedded in our support for general practices across CESPHN, the two committees have amalgamated. The committee consists of GPs, a practice manager, practice nurse, pharmacist, consumer and representatives from CESPHN.

The committee has been actively involved in contributing to the successful weekend education sessions covering the three building blocks of the PCMN framework: engage leadership, quality improvement and team-based care. This also included offering the GPs a Category 1 activity in the form of an active learning module.

The committee will continue to meet every four months to assist with addressing program issues and risks, to share ideas and provide feedback on the program, it's resources and educational opportunities offered. The committee will also offer ideas for CESPHN to support general practice to transform into a PCMN model of care and embed quality improvement into their framework.

Improve Practice

We identify gaps and opportunities for improvement in our region through regular needs assessment. Our priorities and processes for improvement are informed by our Community Council and Clinical Council. Effective and ongoing consultation through our member networks is a key step in guiding this body of work. Advisory groups provide input for specific issues.

Central and Eastern Sydney PHN improves the practice of primary care in our region by working with our primary care providers to build the capacity of providers and services to provide high quality, evidence-based, person-centred and person-led health care. This includes quality improvement, and ongoing support for services and health professionals, professional development, cultural awareness and competency, access to information and resources and partnerships and leadership.

To improve practice we address:

In 2018-19, we have improved the practice of primary care in a variety of ways, including:

- We participated in joint planning and advisory committees with service partners and community organisations to:
  - develop service plans,
  - receive input to inform joint commissioning
  - identify service gaps
  - co-design new initiatives
  - facilitate greater recognition of primary care
  - advocate for priority populations with higher rates of chronic disease.
- We developed the **CESPHN Digital Health Strategic Plan 2019 – 2021** to provide a framework to establish our region as a leader in digital health. This strategy aligns CESPHN's digital health plans with national and state priorities to achieve critical mass, sustainability and the meaningful use of digital health amongst local stakeholders.
- We increased the number of practices sharing data from 118 in 2018 to more than 250 in June 2019. This will enable CESPHN to support general practice to drive initiatives in quality improvement.
- We actively supported the rollout of My Health Record (MHR) to promote access to faster, safer more efficient care. Over the last year we have seen substantial increases in the number of MHR document uploads and in more than one provider viewing a patient's MHR - suggesting that MHR is being used to support team-based care. In the year ahead will be focusing on aged care and working closely with the Digital Health Agency.
- We promoted immunisation in general practice. Over the last 12 months our immunisation team provided more than 650 occasions of service to general practice.
- We developed more than 200 new HealthPathways across the CESPHN region to better support clinical decision making by general practitioners.
- One in every two people in NSW will be diagnosed with cancer by the age of 85. In June 2019 CESPHN was awarded $6.9 million by the Australian Government Department of Health to support general practitioners in the management of people newly diagnosed with cancer and those receiving palliative care. This project will focus on addressing the gaps in communication and care coordination between GPs, hospitals and community-based cancer services.

- CESPHN was awarded a grant from the NSW Cancer Institute to develop a Liver Cancer Toolkit. This project will better support general practice to manage patients with risk factors for liver cancer.
- A General Practice Engagement Strategy was developed in November 2018 to provide better support for practices and extra training for our practice support staff. Extra resources have been provided to our practice support team to enable them to provide more tailored support to practices. This strategy will be implemented in 2019 - 2020.
- All practice support staff have been trained in customer service and are currently receiving training in adult learning principles to better support general practice staff.
- Levels of practice engagement have been defined against criteria that include accreditation, data sharing and being My Health Record enabled. Practices have been grouped according to their level of engagement: fully engaged, engaged and partially engaged.
- We commissioned innovative projects that:
    - targeted adolescent obesity with a program that supports adolescents wanting to make positive lifestyle changes
    - enabled nearly 8,000 preschool children to be screened for speech pathology issues
    - worked to reduce the risk of falls amongst older people with 25 programs run that reached more than 650 people
    - delivered tailored education and training to staff and carers of people living in residential aged care who had dementia. 30 workshops were conducted reaching more than 700 people.
- We have focused on responding to the epidemic of diabetes. We commissioned the Diabetes Resource Hub and projects to improve health literacy amongst vulnerable populations running nearly 30 group-based programs.
- We established a drug and alcohol, and mental health comorbidities steering group of representatives across the sectors including people with lived experience to address recommendations for workforce development and capacity building.
- We promoted and provided access to training for the primary care workforce to enhance competence in cultural appropriateness, mental health first aid, trauma-informed practice, suicide prevention, personality disorders, stepped care, Clinical Emergency Medicine Program, and other areas of practice as identified.
- We established an Aboriginal workers circle to support the Aboriginal Mental Health, Drug Health and Integrated Team Care workers across the region working in a variety of services that support the wellbeing of Aboriginal and Torres Strait Islander community members.
- We developed culturally appropriate protocols for commissioned service providers working with Aboriginal and Torres Strait Islander peoples and their families.
- We held 169 continuing professional development events across the region with more than 4,000 attendees.
- We expanded our Small Group Learning Program with eight groups established across the region.

Cancer screening and prevention

On average, one in two people in NSW will be diagnosed with a form of cancer by the age of 85[1]. Cancer is now the leading cause of death in Australia, surpassing cardiovascular disease[2].

The cancer screening and prevention programs at CESPHN work with primary care providers and other key stakeholders to increase cancer screening rates and reduce the prevalence of specific risk factors in population groups within our region.

General practice cancer management project

In the 2018-19 period CESPHN continued working with general practices to increase cancer screening to reduce mortality from bowel, breast and cervical cancer across the region. General practices play an important role in improving population health, as they are likely the first point of contact individuals have with the health system. Furthermore, primary health care providers are well positioned to influence and support patients' health actions.

CESPHN is actively working with general practices to reduce the number of patients who have never been screened or are under-screened in any of the three National Cancer Screening Programs. There is a focus on priority populations including Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds, who typically have lower screening participation rates.

Health Screening Saves Lives resources

Low levels of health literacy on the benefits of cancer screening contributes to lower participation levels in screening programs among culturally and linguistically diverse populations. To help address these barriers, in-language resources were co-designed with South Eastern Sydney Local Health District and community representatives with the key message being that “taking care of yourself is the best way of looking after your family.” These resources have been disseminated widely through community and health channels to encourage people to start a conversation with their GP and practice nurse about, and to participate in, screening.

Co-designed cancer screening brochure

Funding grants

In 2018-19 CESPHN was successful in receiving two significant grants to further boost the capacity of primary care to deliver high quality care for patients with, or at high risk of developing, cancer.

Cancer Management in General Practice

In June CESPHN was awarded $6.9 million over three years by the Department of Health for a new initiative – Cancer Management in General Practice. The program will focus on two critical time-points in a person’s cancer management - new diagnoses and end-stage palliative care. The overarching aim for the program is to support high quality multi-disciplinary care, addressing the gaps in communication and care coordination between GPs, hospitals and community-based cancer and palliative care services.

Integrated Liver Toolkit and Education Program for the management of liver cancer in primary care

CESPHN was also awarded funding to develop and implement a “Liver Toolkit” to better assist general practices to manage patients with risk factors for primary liver cancer. Specialist outreach nurses will upskill primary care providers in the best-practice management of the target conditions, and support specialist referrals. The project has the potential to profoundly impact the way liver cancer and liver disease are managed in primary care and aims to improve coordinated communication between specialist liver and cancer teams, and general practice.

Improve Practice

Can Get Health in Canterbury

With nearly 50% of residents in the Canterbury area born overseas it is a very culturally and linguistically diverse (CALD) community.[3] People living in Canterbury experience more social and economic disadvantage than people in other parts of the CESPHN region. As a result, the community of Canterbury has high health needs.

In response, the Can Get Health in Canterbury project was established five years ago to address health inequities and support community empowerment. The project is a partnership between Sydney Local Health District, CESPHN and the University of New South Wales Centre for Primary Health Care and Equity.

In the 2018-2019 year, the Can Get Health in Canterbury project provided the several activities aimed at:

- improving health literacy
- strengthening family resilience and child health
- promoting mental well-being, and
- working with communities to support their empowerment.

To deliver on these objectives the Can Get Health in Canterbury project has provided programs and specific grants to local community organisations.

Child, Family and Women's Health

- Three programs provided in partnership with the Bangla speaking community on parenting and women's health.
- Delivery of oral health assessments to Rohingya children and health promotion for families.
- Targeted support for newly arrived migrant parents and grandparents on childhood development and local service information.
- Arabic women's exercise group and health education.

Mental Health

- In partnership, two programs were provided to the Bangla speaking community on Mindfulness and Mental Health First Aid, which were enthusiastically attended.
- In response to identified local need, a Mental Health Forum for Community Workers about service access and support for CALD clients was delivered.

Capacity Building

Working with local communities has been key to the success of the Can Get Health in Canterbury project. The partnership provided funding and support to:

- Allow the Rohingya community to run an indoor football tournament and community picnic. These events were chosen by the community as strengthening social connection within a high-needs population.
- Organise a tour of Canterbury Community Health Services and Hospital for CALD parents from Wiley Park Public School and in this way, assist the level of understanding and use of healthcare services.
- Supported TAFE training for Rohingya women in volunteering and study skills.
- Delivered training for GPs, practice nurses and allied health practitioners in child developmental screening with CALD families
- Provided workforce development for male workers to support CALD men in parenting.

The Can Get Health in Canterbury project is an innovative service model that aims to address social disadvantage and poor health literacy. In 2018-2019 we delivered three major presentations on the success of the project in responding to the challenges of social disadvantage. Most notably we presented at the International Union of Health Promotion and Education, in New Zealand in April 2019.

Bangladeshi Community Networker, Feroza Yasmin leads a parenting discussing

Child and Maternal Health

Promoting greater awareness of diabetes risk in pregnancy is a priority for CESPHN with approximately 1 in 10 pregnant women at risk of developing gestational diabetes. Specifically, women of Asian and Middle Eastern ethnicity are known to be at increased risk. Responding to this issue, CESPHN commissioned a community-based education campaign that targets women of child-bearing age from Bengali, Urdu, Mandarin and Cantonese speaking

backgrounds. Following consultation, in-language written, and video resources were developed and then promoted through delivery of 24 educational presentations that attracted more than 300 attendees.

Program evaluation indicated that as a result of these resources 98% of participants had improved their knowledge and understanding of the risk of diabetes in pregnancy, benefits of a healthy lifestyle, and indicated an intention to change behaviour.

In the 2019-2020 period the project will be extended to include Nepalese and Arabic speaking populations.

> *"I will make sure that I use all these healthier foods and be more active"*
> *"I will be attending appointments regularly that help to improve my healthy living style"*
>
> *"Be more active eg. instead of catching up with friends for food, do some physical activity together"*
>
> Program participants

Child Health

It is widely accepted that speech, language and communication difficulties will prevent a child from reaching their full potential and are associated with a range of psychosocial and emotional disorders. In the CESPHN region the rate of children considered as developmentally vulnerable has increased in recent years[4].

To address this priority CESPHN commissioned three local health district services in 2018 to provide early intervention speech pathology services to children from vulnerable families. These services aim to identify communication difficulties early in children aged 18 months to 5 years, to ensure appropriate and timely intervention.

"Early screening means earlier intervention and better health outcomes for kids in our region," says Dr Brendan Goodger, CESPHN's General Manager, Primary Care Improvement. "It also means a reduction in the impact on our health system, as communication difficulties can be tackled head-on at a young age, rather than being left to develop and escalate."

In the past year the commissioned speech pathology services have provided screening for more than 8,000 children. Notably, access has been improved by providing services in non-traditional environments, such as early childcare centres, parenting groups, general practices and childhood health services. In addition, the service provided by Sydney Children's Hospital Network is specifically for Aboriginal children, who experience high levels of developmental delays.

Family participating in the CESPHN commissioned early intervention speech pathology service.

Another parent says, "I think the service is valuable. We didn't know our child was a little behind in his speech. He now has had a hearing test and has since been referred to an ENT."

CESPHN is committed to supporting targeted early speech pathology services and will continue to invest in these services in 2019-20.

Continuing Professional Development

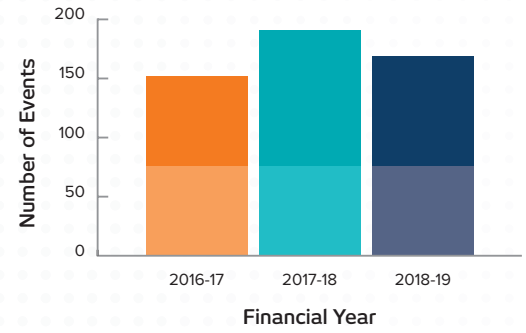
Central and Eastern Sydney PHN hosts a wide range of Continuing Professional Development (CPD) activities for primary health care providers across the region. These sessions are focused on relevant clinical and practice support areas in primary health care as well as events with a specific focus for general practitioners, practice nurses, practice staff and allied health professionals. The key purpose of CESPHN's CPD program is to improve practice in the region by providing high-quality, accessible educational events to health professionals.

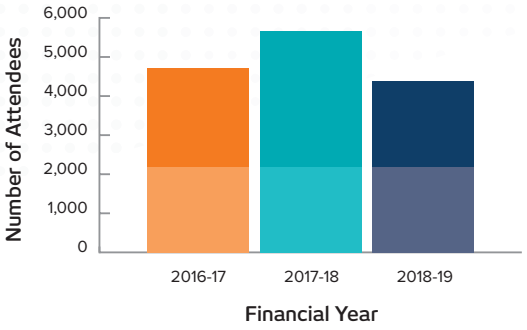
The CPD program for this year was developed in consultation with our GP Advisory Committees which is made up of local GPs. Important factors in the planning process include feedback from previous event evaluations, surveys, needs assessments, and local and national priority topics. The CPD team also consult with teams within the PHN, including Practice Support and Development, Person Centred Medical Neighbourhood, Digital Health, My Health Record, Population Health, Mental Health and Alcohol and Other Drugs. Topics and presenters are selected based on needs, preferences and priorities. This collaborative planning process promotes an equitable, relevant and meaningful education program for our diverse primary health care providers.

In the 2018-19 period, Central and Eastern Sydney PHN hosted a total of 169 events with 4,380 attendees. Attendees have been down slightly over the 2018-19 period, due to an increase in competition in this space. In the 2019-20 period, the CPD team will be conducting a program evaluation to develop quality improvement strategies for the future. This includes broadening the education channels

Improve Practice

provided, such as through live webinars. A breakdown of events over the last three years is shown below:





In terms of event satisfaction, the below table shows the average percentage of attendees who marked that their learning objectives were not met, partially met or entirely met in their post-event evaluation forms. This average was taken from all CPD events across the 2018-19 financial year.

Average not met	Average partially met	Average entirely met
1%	19%	81%

Our priorities this year were to meet the learning needs for primary health care providers, to improve our event registration process and to ensure a spread of events across the CESPHN region. We continued to prioritise our valued relationships with our partners including Sydney Local Health District, South Eastern Sydney Local Health District, St Vincent's Clinic, St Vincent's Private Hospital, Sydney Private Hospital, Royal Hospital for Women, Prince of Wales Private Hospital and Chris O'Brien Lifehouse. The implementation of a new customer relationship management (system) made for a more streamlined and sophisticated registration process for attendees.

Our Small Group Learning program continued this year and was successful in providing another avenue for professional development among health providers. Eight groups were established across the inner west, eastern and southern areas of the region, with 69 GPs. Small Group Learning promotes a more in-depth understanding of an area or topic. It allows health professionals to share their own experiences and knowledge with their peers in a safe setting. The facilitator of the Mental Health Group, Monica Moore, says "It's a great opportunity to 'deep dive' into an aspect of general practice which is challenging and requires specific GP-appropriate interventions. The benefit of the small group is that it's tailored to the needs of the participants."

In June, we began filming CPD events and hosting these videos online, with the aim of broadening the reach of our education. This will continue to be an important focus for us, as we increase the channels available to access education through the development of webinars and further video collateral. We will also be exploring holding more networking events, in response to feedback from health providers who are craving more peer-to-peer, in-person interaction. We will be working to better engage with allied health professionals in the future and as a result, are planning to commission twelve business coaching workshops across the region to be held in 2019-20. We are currently exploring new opportunities and collaborations and look forward to bringing you an exciting and enriching CPD program in 2020.

Digital Health and QI

Digital health aims to achieve better outcomes, improved population health for communities and decreased cost burdens for public and private health care sectors. CESPHN has prioritised digital health as key to improving service delivery and health outcomes our region.

The **CESPHN Digital Health Strategic Plan 2019 – 2021** establishes our region as a leader in digital health within primary care. Our **Digital Health Plan** released in 2019 aligns with national and state priorities to achieve critical mass, sustainability and the meaningful use of digital health amongst local stakeholders.

My Health Record

In January this year, nine of ten Australians had opted in for the My Health Record (MHR) program. MHR is designed to promote safer, faster and more efficient care. CESPHN worked extensively with clinical stakeholders to promote the use of MHR in improving the integration of care. The uptake of MHR in the CESPHN region continues to grow and our PHN achieved record increases across health care provider registrations and usage of the system.

Between January 2018 to May 2019 the number of document uploads increased by 56 per cent and the views of these documents increased by 267 per cent. There was also a 249 per cent increase in more than one provider viewing a patient's MHR, suggesting that MHR is being used in team-based care. Pharmacists were heavy users of the MHR and general practitioners in CESPHN also increased their use of MHR.

> *"Fax and phone are inaccurate, and there's privacy issues too. You don't know who's calling, so you have to send a consent form if they're not an authorised person. It's such a waste of my time. There's such a scope for benefit with My Health Record".*
>
> Dr S, Sydney-based GP

We continue to see substantial increase in uptake of MHR across all the public hospitals and private clinics in the region. Collectively, discharge summaries increased by 150 per cent, dispense records increased by 354 per cent and diagnostic imaging increased by 14,574 per cent for the last financial year.

My Health Record continues to be a key focus of CESPHN with further engagement and expansion of the program to private hospitals and Residential Aged Care Facilities in our region.

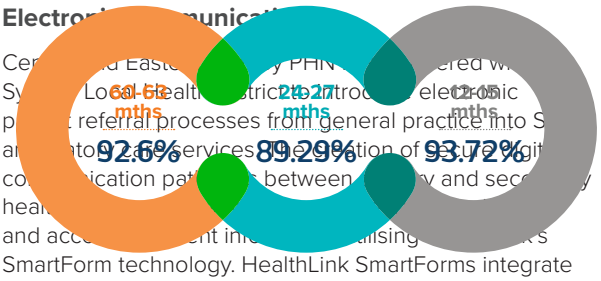
> *"Uploading patient information to My Health Record helps facilitate better inter-disciplinary communication and represents a great step forward for the CFEH's collaborative approach."*
>
> David Murray, Centre for Eye Health Executive Director.

CESPHN recognises that MHR is still evolving and we will be working closely with the Australian Digital Health Agency in 2019-2020.

Quality improvement for the future

With the introduction of the Quality Improvement Practice Incentive Payment (PIP) on 1 August 2019, and the requirement of this PIP to share de-identified data with the PHN, we will continue to increase the number of practices with a data extraction tool that share data. There were 209 practices in May 2019 and we anticipate reaching 315 by the end of December (80 per cent of accredited practices).

The introduction of the Quality Improvement PIP Incentive has been a key priority and we will be actively supporting general practices with continuous quality improvement activities. We will work in partnership with practices to implement a staged, comprehensive approach to a suite of quality improvement programs in addition to the established practice support offered by CESPHN.



SmartForm technology. HealthLink SmartForms integrate with Best Practice, Medical Director and Genie, which are prominent general practice software within the Central and Eastern Sydney PHN region. The Haematology SmartForm went live in October 2018, enabling general practitioners to refer to services at Concord Hospital and Royal Prince Alfred Hospital. More than 70 referrals have been received, with additional SLHD HealthLink SmartForms under development including Osteoporosis and Community Paediatrics, scheduled for release. HealthLink SmartForms are now also available for Chris O'Brien Lifehouse, with 10 clinics receiving eReferrals.

About the Immunisation Program

Our Immunisation Program aims to reduce the incidence of vaccine-preventable diseases in the community. We work towards this by providing appropriate and timely information about these diseases and the National Immunisation Schedule to immunisation providers and the community. We actively support general practices in vaccine storage and management to ensure practices adhere to the latest national vaccine storage guidelines.

> *"I am more confident in knowledge of 2019 Flu vaccine and other childhood immunisations, as well as effective cold chain management."*
>
> GP who attended education session.

In 2018/19 our immunisation team has worked closely with our local health districts and identified areas within the CESPHN region with low childhood immunisation coverage rates. We then implemented a targeted strategy focusing on these areas, working closely with local GPs and practices to improve reporting, recalls and follow-up of children.

Overall our region has achieved childhood immunisation coverage rates above the national goal of 90 per cent. There are small geographical areas in which coverage rates are lower than the goal, however we continue to prioritise these areas and work with providers to proactively improve these rates in 2019-2020.

Improve Practice

CESPHN coverage rates per age cohort as at December 2018

> *"Thanks to this event I am more confident in knowledge of immunisations for pregnant women."*
>
> A practice nurse who attended the event.

The immunisation team also provides ongoing support to practices regarding vaccine storage and management, as well as training in the use of the online Australian Immunisation Register (AIR). In the past 12 months there have been more than 650 occasions of service delivered to general practices within the CESPHN region.

Our work in immunisation in low coverage area was showcased at the 2019 Annual National PHN Immunisation Day in Melbourne which involved delivering a presentation about the use of AIR overdue reports to PHN staff Australia-wide.

We supported general practice by hosting four vaccine education events that were attended by 205 immunisation providers and provided information and advice on key changes in the National Immunisation Program childhood schedule, as well as the addition of meningococcal ACWY on the adolescent schedule, and changes in the timing of pertussis in pregnancy in March 2019.

Practice Support and Development

There is nothing general about general practice. General practitioners provide high quality, accessible and affordable health care – they are a key pillar of primary care.

CESPHN seeks to improve the capacity and capability of primary care by working across the medical home (general practice) and community 'circles' of the health system. The aim is to facilitate integrated care – i.e. care that is delivered around the patient's needs and to ensure that every patient and their family can partner with the care team to better manage their health.

We are cognisant of increasing demands on general practice and provide support to practices – informed by practice data - to continually improve service delivery to patients. Much work has been done this year to prepare practices for the new Practice Incentive Payment Quality Improvement incentive introduced in August 2019.

This initiative supports general practice to review opportunities for quality improvement and reflects the RACGP 5th edition Standards for accreditation Quality Improvement Standard 1.

How does CESPHN support general practice?

CESPHN supports primary health care providers and practices to deliver safe, high quality services to consumers. The Practice Support Program works in partnership with practices to support continued quality improvement areas such as accreditation, workforce support, practice management and encouraging the adoption of a person-centred care framework into general practice.

Close to two thirds (62 per cent) of all practices within the CESPHN region are accredited in line with the RACGP 5th edition standards. In addition to being an integral part of our work, it is a very rewarding experience for our team when they can support a practice to achieve their goal of becoming accredited.

> *"Our team are very grateful for all your advice and recommendations. All the hard work that CESPHN have provided to us on a regular basis, especially, sitting down with us at our surgery and going through all the situations, scenarios, policies and documentation for a practice to meet industry best practices....This is great news and our practice is not even one year old."*
>
> Dr S.

Educational opportunities

The Practice Support Program provided 21 educational opportunities in the past 12 months to general practice team members, focusing on relevant topics which align with accreditation and the person-centred model of care. These included 5th edition accreditation, risk management, infection control, clinical leadership, data quality and team-based care.

The future for general practice engagement

CESPHN aims to continually increase its level of engagement with general practices and primary care providers to support them in improving quality of care. Enhanced stakeholder engagement will be key to achieving outcomes for both primary care providers and patients.

Dr Daniel Chanisheff

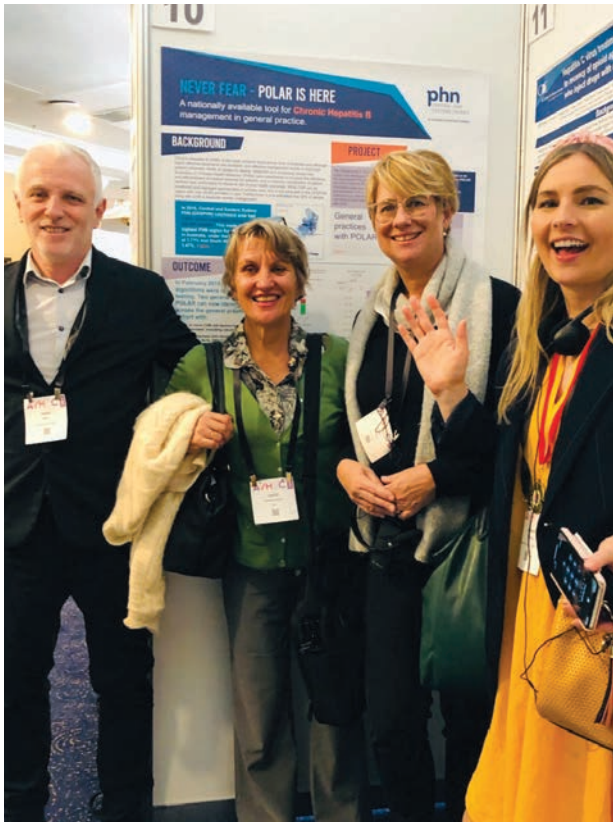
Sexual health and viral hepatitis

It has been an exciting year for CESPHN's Sexual Health and Viral Hepatitis Program, with the recent introduction of a cure for hepatitis C and listing of the HIV pre-exposure prophylaxis (PrEP) on the Pharmaceutical Benefits Scheme (PBS). Both medications can be prescribed by GPs, which means that people can receive treatment from their usual GP, thus reducing barriers to care.

PrEP first became available through the PBS on 1 April 2018 and is a one pill, once-a-day treatment, which is highly effective in preventing HIV.

In NSW, there has been a decline of 18% over the last years five years of HIV diagnoses[5].

"The decline in HIV diagnoses is a result of the incredible commitment from government, health care, community and research sectors to eliminate HIV transmission in Australia," said Professor Rebecca Guy, Head of the Kirby Institute's Surveillance, Evaluation and Research Program, Kirby Institute.



Viral Hepatitis Elimination Conference. Dr David Baker, Janice Prichard-Jones, Lisa Dowdell and Phoebe Chomley

Integrate Systems

A person's journey through the health system may take them through many different services and systems. If these are poorly integrated or connected, then wastage, duplication, gaps in and compromised quality of care may lead to poor outcomes. Integrating systems of care is therefore a key function of primary health networks.

Integration strategies include reducing gaps and duplication, engaging clinicians as enablers of change, encouraging a multidisciplinary approach to patient care and improving the health literacy of consumers and carers so that they are better prepared to navigate their health journeys. The concept of person-led care is central to this.

We take a strategic approach to advocacy and undertake joint planning to improve care planning and care coordination. Strategies to increase the uptake of supportive infrastructure such as digital systems are also a means by which to better coordinate care, improve the efficiency of service delivery, improve access and engage consumers and carers to be more actively involved in their care decisions.

To integrate services we look to:

In 2018-19, we integrated systems in numerous ways, including:

- We hosted an aged care forum with nearly 50 health providers, bringing GPs, medical and allied health specialists together to discuss current service issues in aged care.
- We developed a **Mental Health and Suicide Prevention Regional Plan** with Sydney and South Eastern Sydney Local Health Districts, St Vincent's Health Network, Sydney Children's Hospital Network, Mental Health Coordinating Council, Being NSW and Mental Health Carers NSW.
- We continued to have regular collaboration meetings with the SLHD, SESLHD and SVHN mental health services
- We hosted the Rethinking Mental Health Forum 5.0. Presentations and keynote presentations from the National Mental Health Commission on Mental Health reform and Professor Ian Hickie on a digital integrated health pathway for youth. Program themes included: suicide prevention, digital mental health programs, integrated care and local innovations. There were over 120..in our region who attended.
- We facilitated a forum for CESPHN commissioned providers to network, promote services and referral pathways. Over 100 service providers attended the forum and provided very positive feedback about the forum.
- We continue to operate a mental health intake and triage function to support implementation of stepped care and access for priority populations.
- We participated in a national research project to develop a model of care for personality disorder in primary health networks. We facilitated a regional workshop of consumers, carers, health and community professionals with Sane Australia to co-design the models of care.

Advocacy

Advocacy for quality aged care services has been a focus of CESPHN in 2018-19. Responding to stakeholder feedback, CESPHN provided a submission to the **Royal Commission into Aged Care Quality and Safety**. Four critical issues were identified as being necessary for the delivery of optimal aged care services: the need for improvement of clinical governance, workforce development, greater integration of care and improving community access to services. In the year ahead CESPHN will strongly advance these issues to support delivery of a more person-centred aged care system in our region.


phn
General Practice
Allied Health
Community
Get Involved
HealthPathways

Integrate Systems

We also provided submissions to the Medicare Benefits Schedule Review Taskforce and the National Disability Insurance Agency. Our Clinical Council, Community Council and member organisations have provided expert guidance and strategic support for this advocacy work. We also continue to facilitate better integration between primary and secondary care through representation on hospital clinical councils.

Emerging Needs

Within the CESPHN region there are areas of high social disadvantage, requiring innovative approaches to support communities build capacity and improve health outcomes.

Entrenched disadvantage and social isolation impact communities in social housing estates. To address this issue CESPHN has partnered with South Eastern Sydney Local Health District, Department of Communities and Justice, Randwick City Council, and other local service providers to deliver Communities at the Centre (ComaC), a place-based equity and wellbeing initiative.

ComaC aims to build community resilience, improve wellbeing and reduce inequities. This approach places community at the centre, acknowledges community 'readiness' and identifies assets required to create positive change. Strategies centre around a multi-purpose community hub that offers community-driven activities and co-located health (e.g. GPs and allied health) services, housing and family support services. ComaC is in its first year of operation and in 2019-20 we will provide further funding to develop extra services that support empowerment of the community.

People from culturally and linguistically diverse backgrounds

The CESPHN catchment population is characterised by high cultural diversity; 40% of our residents were born overseas, 38% speak a language other than English at home, and six per cent do not speak English at all. The cultural and linguistic diversity (CALD) means we need to be responsive to the health needs of different communities in our region in order to reduce health inequities.

In this context, CESPHN has continued to invest in the local Cultural Support Program, delivered by Sydney Local Health District and South Eastern Local Health District. This initiative aims to improve the access and equity of care for people from CALD backgrounds by providing cultural and linguistic support to enhance the health literacy of CALD communities.

Program activities include:

- strengthening links with CALD communities
- assisting in media and campaign activities
- developing culturally appropriate resources
- delivering education sessions in the community, and
- providing cultural and linguistic input into health promotion initiatives.

Funding for the Cultural Support Program will continue during 2019-2020.

People experiencing homelessness

Over one third of the total number of people experiencing, or at risk of homelessness in NSW live in the CESPHN region.[11] To tackle this priority issue and the inequities these populations face in relation to accessing health services, CESPHN is an active community partner and advocates on a range of initiatives. These initiatives have focused on enhanced interagency service planning, raising awareness for GPs and allied health professionals on the needs of homeless people, and efforts to improve the delivery of integrated care through the establishment of the Diabetes Resource Hub and development of clinical health pathways.

HealthPathways

South Eastern Sydney HealthPathways

South Eastern Sydney (SES) HealthPathways launched in September 2018 with more than 50 live pathways. During its first 10 months SES HealthPathways achieved:

These pathways allow time poor users (especially busy GPs) to move between different pathways without negotiating different layouts. Another user-friendly achievement was moving to the mobile-friendly platform in May 2019.

Pathways related to alcohol have been one of the most frequently visited and searched pathways in South-Eastern Sydney and as a result we have localised most of the alcohol and drug pathways. Additionally, we have been able to match the interest in type 2 diabetes and antenatal shared care with comprehensive pathways to support local health professionals.

The SES HealthPathways Program continues to expand with the recent release of a suite of hepatitis-related pathways following consultation with stakeholders. Our focus continues to align with the priorities identified by our partners (South Eastern Sydney Local Health District,

St Vincent's Hospital Network and Sydney Children's Hospital Network) and our local GPs. Feedback regarding pathway development is always welcomed.

As the program evolves, we will continue to seek opportunities to be involved in change management and redesign, effectively translating evidence into best practice. We plan to have the program evaluated over the next two financial years.

HealthPathways Sydney

Another year of big achievements has passed for the HealthPathways Sydney Program, a year which saw the publication of our 750th locally relevant HealthPathway since the program started in 2013. Over the year we completed and published:

- 71 new clinical pathways and referral resources
- completed the full review of 84 previously published pathways and resources
- undertook 82 major content updates, including the conversion of referral information pages to our new directory format

Mobile-friendly platform

As part of our program of work to ensure that the HealthPathways Sydney website is always relevant and fit for purpose, in December 2018 we introduced our mobile-friendly platform. This next step in our evolution as a premier free-to-access GP decision support platform means that accessing locally relevant clinical content and referral information has never been easier. Specially formatted smartphone and tablet configurations now deliver the information you need in a convenient format. This change has also allowed us to update the way in which our desktop website functions and pathways are now accessible through better search functions and a clearer view of content.

Promoting community-based care

The program team has also been busy supporting new initiatives across Sydney Local Health District with new content in place to enable greater GP management and emergency department avoidance for a number of minor fractures. The minor fracture initiative is supported by the dedicated GP-led fracture service at Balmain Hospital which provides initial management and follow up services for minor fractures.

Evaluation and the future

The end of 2018 also marked a key point in the journey of the program as the eagerly awaited evaluation of HealthPathways Sydney, undertaken by the Menzies Centre for Health Policy, was delivered to the program team and its Research and Evaluation Advisory Committee (REACH). The program team would like to express their gratitude to the Menzies evaluation team, the members of REACH and the boards of Central and Eastern Sydney PHN and Sydney Local Health District for their support and endorsement of the evaluation and program response to the evaluation's recommendations. The evaluation will be showcased via a number of international forums and journal submissions.

SLHD GP eReferral Project

Supported by the CESPHN Digital Health team, HealthPathways Sydney has established a number of HealthLink SmartForms enabling secure referrals to SLHD services. Early feedback from both general practice and hospital staff is extremely positive regarding the simplicity of use and referral acknowledgement process. SLHD is committed to providing our local GPs with greater access to our services through eReferral and over the coming year more services and hospitals will be receiving eReferrals straight from Best Practice, Genie and Medical Director.

Supporting GP education

Did you know that along with contributing to the continuing professional development program, we also provide placements for GP Registrars in their third term? GPT3 Registrars work with our dedicated project team and our experienced GP Clinical Editors to consolidate their education and clinical experience. The term is a great introduction to medical writing and system awareness. It offers great opportunities for networking with specialist practice and other GPs as well as contributing to the development and review of HealthPathways.

HealthPathways mobile friendly platform

Integrate Systems

National Disability Insurance Scheme: Emily's story

My name is Emily and I now live on Norfolk Island. My nan, who loved me more than words can describe, was born on Norfolk Island and often told me about how lucky we are to have such an interesting heritage, including being descended from John Adams from the Bounty and a beautiful Tahitian woman.

I was born 25 years ago with a rare chromosome deletion syndrome, called Smith Magenis Syndrome or SMS for short. I have met people from around the world with the same syndrome and we share many things, including intellectual impairment, sleep and behavioural issues but most of us are very outgoing people who love to be around other people and we give the best hugs! I have had a few other challenges in my life, including having to have major surgery for a double curved spine at 10 years of age and I lost the sight in one of my eyes a few years ago.

A few months after my parents and I moved to Norfolk Island, in March 2018, NDIS started and although I don't have to worry about how it is managed, my mum says it has been a godsend. As Norfolk is a small remote island situated roughly halfway between Australia and New Zealand, there are not the range of disability services I was used to in Brisbane. I have been really lucky though as I am blessed with having an amazing range of people and the general community here who support and accept me, keep me safe and happy and help me learn new skills that will help me when I eventually move out of home.

My weekdays include spending time with my main support worker, Meg, though I really consider her as my friend. Meg assists me to participate in many community activities, including horse riding, going to the gym, attending an activity and friendship program, watching the planes arrive and saying hello to people as they come off the plane plus she helps me do a coffee delivery service to lots of lovely people from a great café called The Olive. I also have yoga therapy each week and have learnt many new things including how to control my breathing when I start to get a bit upset. NDIS has helped me participate in all these things and my Mum says she is so grateful for the National Disability Insurance Agency planners and managers for understanding that Norfolk is unique and how important community participation is for my day-to-day life and ongoing development.

Emily at The Olive doing her coffee run

Emily and Patch (our horse)

NDIS has also supported me to get some therapy services to help me meet my goals, such as working with me on what to say when I deliver the coffees to people around the Island and also in how to read labels and street signs so I can be more independent. They have also provided funding for plan management for the first year as we all got used to the new system.

I think NDIS has been very successful for me and has really helped me enjoy my new life on Norfolk Island.

Research

CESPHN's research team supports local researchers to conduct high quality general practice research to drive improvement in primary care. Such research is integral in ensuring Australians can access evidence-based primary health care.

While general practice research is relevant to the day-to-day work of all GPs, there are numerous ways for GPs to be more actively involved in research. GPs can engage in the research process as a co-investigator or lead research projects. Our research team is working to:

- develop a better understanding of which GPs in our region are interested in research
- link GPs to relevant partners and,
- assist to formulate key areas of primary care research that GPs want investigated.

Our aim is to involve and support GPs, practices nurses, allied health and other relevant staff from inception of the research through to publication. Through this process our knowledge-rich local primary health care workforce can better shape and be connected to the research being conducted in our region, as well as drive areas for quality improvement.

It's is an exciting time with the Practice Incentive Payment Quality Improvement (PIP QI) Incentive taking effect on 1 August 2019, and PHNs being named as regional data custodians for the PIP Eligible Data Set. PIP QI data will be used to highlight health trends and deliver population health improvements.

In 2019-2020 we will also identify how health data in our region can:

- Provide a comprehensive overview of how patients journey across primary, acute and other health care settings
- Inform data driven quality improvement and system redesign responses
- Allow early identification of current and emerging population health issues
- Improve patient care and potentially constrain or reduce system costs.

CESPHN has agreements with world-class primary care researchers, evaluators and institutions in the region and this capacity helps build the profile of primary care while assisting to better understand health inequities experienced by those who live in our region.

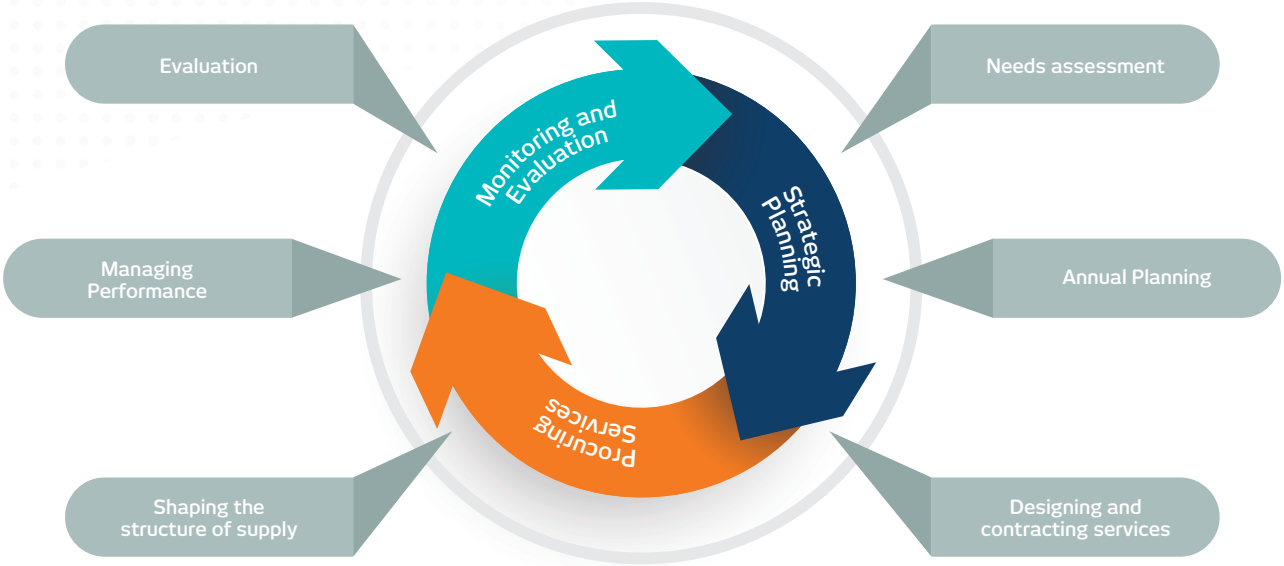
GPs participate in small group learning

Commission Services

Primary health networks commission local services to deliver outcomes. Commissioning is a strategic, evidence-based approach to planning and purchasing services, based on local priorities and needs.

Commissioning is a continual and iterative cycle that involves strategic planning, co-design, procuring, monitoring and evaluation of commissioned services. This cycle feeds into regional service planning and the commissioning cycle continues. The scope of commissioning is directed by the Commonwealth and includes mental health, alcohol and other drugs, Aboriginal and Torres Strait Islander health, aged care, digital health and population health funding streams. We then work within this scope to align with the local context and needs.

Figure 1. Commissioning cycle



Our commissioning prioritises those who need it most, including Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, from low socioeconomic communities and populations, and people from vulnerable or marginalised groups.

Our commissioned services are:

Informed by local needs

- Undertook needs assessment for the CESPHN region and developed Activity Work Plans in line with local needs for Mental Health and Suicide Prevention, Drug and Alcohol, After Hours, Aboriginal Health, National Psychosocial Supports and Norfolk Island.

Efficient

- CESPHN continue to commission mental health services in line with a Stepped Care Model. What this means is that we ensure services that we commission are accessible to the communities in our region and provide support in areas across the spectrum of need from low intensity supports i.e. digital mental health through to higher intensity services such as Integrated care for people experiencing severe mental illness. This means that people can access the right level of support they need at the right time and may move into lower or higher support if their needs change.
- Lead site nationally for low Intensity mental health services: 5 programs with a focus on reaching underserviced populations such as: CALD, Aboriginal and Torres Strait Islander and young people.

Accountable

- Updated our clinical governance framework and underlying polices to better align with CESPHNs commissioning function (including role delineation of PHN responsibilities v Service Providers responsibilities).
- Implemented requirement of consumer reported experience of service measures for all commissioned services.

Outcomes focused

Commissioned almost $31M of funding on 88 services and programs:

22 Drug and Alcohol

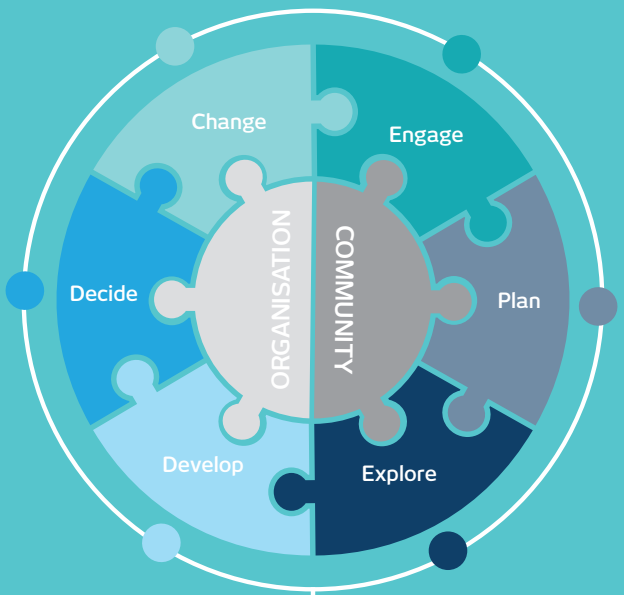
10 After Hours

5 Aboriginal Health

40 Mental Health and Suicide Prevention services and programs: including co-commission a GP Psychiatry support line in partnership with five other NSW PHNs.

Co-designed

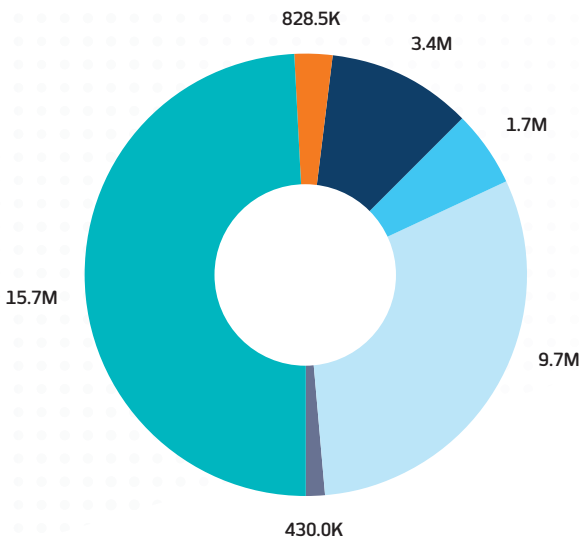
- Included consumers, carers, community organisations and LHD/N in commissioning activities including needs assessments, co design, procurement and evaluation. These included: psychological therapies to older people in RACFs, National Psychosocial Supports program, transition supports for people experiencing severe mental illness, Primary Integrated Care Supports (PICS) program and RACF Flying Squads evaluations.
- Commissioned comprehensive service evaluations utilising lived experience researchers and co-design methodology to review outcomes of the PICS program and the After Hours Geriatric Flying Squad services. Both evaluations found positive outcomes and high level of user and stakeholder satisfaction. Recommendations from the evaluations will be implemented over the course of the next financial year.



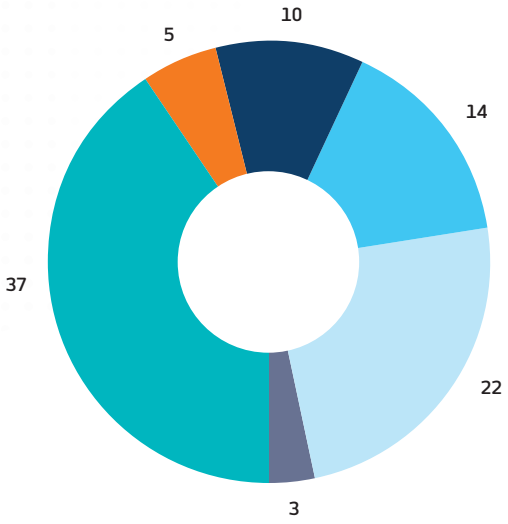
Co-design is: Working with the community as active participants in the design process, to create shared value.

Commission Services

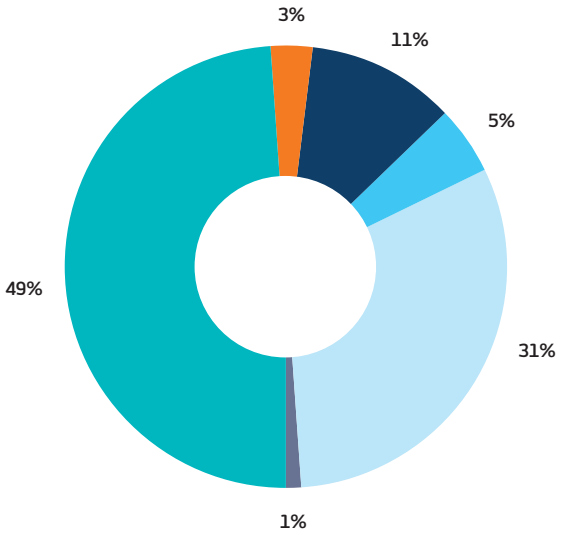
CESPHN total contracts value by schedule for FY 2018-19



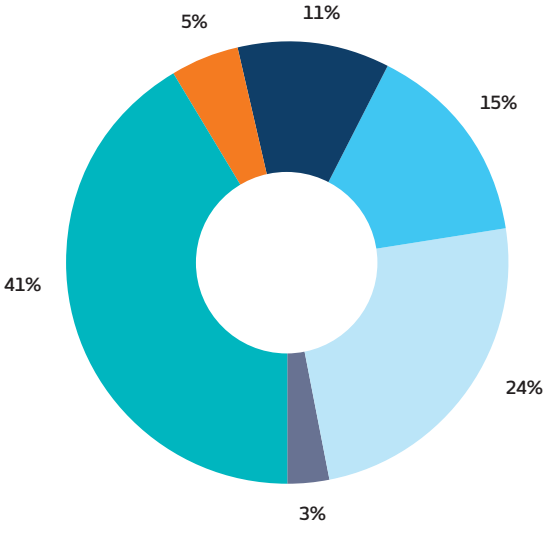
CESPHN total number of contracts by schedule for FY 2018-19



CESPHN total contracts value % age by schedule for FY 2018-19



CESPHN total number of contract % age by schedule for FY 2018-19



Aboriginal Health and Wellbeing

Integrated Team Care: care coordination and outreach support

In 2018-19 we commissioned three separate contracts for the Integrated Team Care Program. Two are extensions to existing services within South Eastern Sydney Local Health District and Sydney Local Health District and a new paediatric focused service is now being provided by Sydney Children's Hospital Network. A team of five clinical care coordinators and five Aboriginal outreach workers are employed within the LHDs and LHN to work across the district to integrate and bridge the potential gap between acute and primary care services for Aboriginal and Torres Strait Islander people in our region experiencing chronic conditions. During the financial year, more than 5,300 occasions of service were delivered to 526 clients.

Practice support and resources

We have continued to offer cultural competency support to GPs, practice staff and allied health professionals in our region by delivering two cultural awareness training CPD sessions and two additional sessions, specifically targeted towards mental health service providers.

> *"I've learned that if we want to close the gap, cultural awareness is essential. The ability to gain trust and show understanding of past traumatic experiences and acknowledge the potential barriers that exist is a critical factor."*
>
> Feedback from one of the GP participants.

Community focus

We offered support for NAIDOC 2018 to Mudgin-gal, a Redfern based Aboriginal organisation. Staff from CESPHN provided voluntary assistance to prepare for the event and attended the launch of an expo to showcase the impact locally based services can have on improving and maintaining the health and wellbeing of community members.

In 2019 we launched the **Eora Health Messenger** as a one-stop-shop way to communicate directly about CESPHN's commissioned services, programs and associated health promotion activities to community both online and in print through community-based services.

We also supported a partnership initiative with Cronulla Sharks NRL, called Deadly Choices. Following this health promotion program in a Sutherland Shire based high school, the participants were linked up with locally based GPs to complete their comprehensive health assessments. Of the 19 participants, none had previously had an Aboriginal and Torres Strait Islander Health Assessment.

The practice involved stated that, **"we think this is a great initiative to encourage active engagement and participation in health screening."**

Reconciliation Action Plan (RAP)

Following the successful launch of CESPHN's inaugural Innovate RAP in late 2018, we have now met 68 of our 103 objectives. A continued focus in the coming year will be supporting an increase in employment and workforce development opportunities.

Health and wellbeing programs

Health and wellbeing programs have been delivered, viewing education as a key social determinant of health and identifying appropriate opportunities for community empowerment and shared learning.

A series of six individual workshops for health and wellbeing education were delivered by an Aboriginal psychologist in two local Aboriginal organisations. Aboriginal-focused Mental Health First Aid training was delivered to participants in La Perouse and Redfern. We have supported 14 Aboriginal people in CESPHN communities to achieve their Mental Health First Aid certificate.

We were able to bring 'We Yarn', an Aboriginal specific suicide prevention awareness program to our area to be delivered in partnership with University of Newcastle staff in three CESPHN locations with a total number of 67 Aboriginal and/or Torres Strait Islander participants. The success of the We Yarn workshops, has prompted the commencement of a dedicated consultative process to identify models of care which will meet the need to influence an improvement in culturally appropriate suicide prevention services for the different communities and geographical areas of CESPHN.

Participants of the We Yarn Workshop with Babana Aboriginal (April 2019).

Commission Services

We commissioned the provision of seven yarning circles in various locations across the CESPHN area with a focus on:

- Homelessness
- Women
- Elders
- Young parents
- Family and carers
- Young women
- Transition from correctional services

An outcome from the yarning circles has been a collaborative partnership between multiple community-based services and local government areas with the potential for long-term sustainable funding to continue this work currently being explored.

> *The Arncliffe Yarning Circle for women has been underway for its second year. Participants are very connected. They undertake cultural activities as well as do workshops centred around their health and wellbeing. They are working together to make the group more sustainable into the future as it now plays a major role in social connection and health outcomes.*

A Youth Health and Wellbeing program has continued to be delivered at La Perouse by male and female wellbeing coordinators. The program uses an outreach model, linking in with the local high school, running wellbeing educational programs, cultural camps and helping to navigate appropriate health and wellbeing support services. The success of the program has led to an expansion of services to cover the inner-city area of Sydney through two additional workers based at Tribal Warrior in Redfern.

158
Number of Youth Health and Wellbeing Clients 18/19

292
Number of Occasions of Services 18/19

After Hours

Our After Hours Program focuses on providing 'the right care, in the right place, at the right time.' What this means to us is working to increase the accessibility, efficiency and effectiveness of after-hours primary health care services for the people living and working within our region.

This year our work has focused on a range of vulnerable populations including aging populations, specifically those who experience preventable hospital admissions to the emergency department and individuals at risk and/or experiencing homelessness. We commission Geriatric Outreach services to work in the after hours time period with SESLHD and SLHD. These services work predominately with people in residential aged care facilities (RACFs) and some work with people in their own homes in the community. We also fund training in the St George region and have also delivered a pilot wound care initiative in south east Sydney for RACFs wishing to access additional support and training for chronic and palliative wound care needs. Alongside this, CESPHN support the St George GP After Hours Service.

> *One third of NSW's homeless population is located within the CESPHN region. Our commissioned homelessness programs work to support the needs of this group.*

CESPHN also commission three services. SESLHD Kirkton Road Centre's (KRC) Homelessness Outreach Project, St Vincent's Hospitals Network Vulnerable Populations and Vulnerable Individuals projects provide a range of services, including but not limited to, primary health care outreach, supported service navigation, peer support and care coordination.

The programs have worked to meet people where they are at with their current health needs. By taking a person-centred approach, the impact of the services has been significant, improving health outcomes and empowering the individuals they work with. People experiencing

homelessness have multiple complex health issues and often face many barriers accessing primary health care. Often these barriers are around accessibility, affordability, physical and mental capacity, trust of services and other competing priorities. As one third of NSW's homeless population is located within the CESPHN region our commissioned homelessness programs work to support the needs of this group.

PHOENIX | KRC

Hi, my name is Phoenix, and for the past 4 years I've been living rough here at Woolloomooloo. I've been a sex worker over the years because I can't get Centrelink. But I make do and I've made some really good friends out here on the streets.

I never imaged that I'd be in this situation. But I am.

I originally moved to Melbourne from New Zealand with my partner back in 2002 and we lived there for around 10 years. We both used drugs, mainly ice. We used to have a routine of having drugs together and settling down for the evening. But his using got really bad and he would often be hospitalised. Then in 2012, he ended up taking his own life.

When I first came to Sydney, I stayed with a good friend of mine who introduced me to the street community down here in Woolloomooloo.

It was here that I first came across the Kirkton Road night bus. At first I used to stop by, have a chat and pick up the injecting equipment that I needed. But now that you've got regular nurses on board, it's just great for those people who need medical care.

I'm a trans-woman, and the nurse has even been able to give me my hormone injections, which is just great. I've also seen so many overdoses that have been managed by KRC staff.

The staff are so knowledgeable and caring. People who need medical attention get the help they wouldn't otherwise get had the Outreach staff not been here. It's just a brilliant service.

Thank you.

MARY | SVHN

Hello my name is Mary, I am an Aboriginal lady and I am currently experiencing homelessness, I have recently come to Sydney during May.

I have been hospitalised many times, during the last 12 months I have been in and out of every major hospital in cities such as Melbourne, Adelaide, Alice Springs, Darwin, and Brisbane. Not too long after moving to Sydney I was hospitalised at St Vincent's Hospital, due to a terrible fall. Whilst being treated for that fall, I was also diagnosed with heart failure. As part of my stay at hospital, I was assessed and admitted to a place called Tierney House.

I am currently still here.

This place is allowing me to be treated and to finally step back into the community. Since coming to St Vincent's Hospital, my heart condition has been well treated. One of the best things I have experienced is engaging with Homeless Health Service Nurses, Peer Support Workers, Aboriginal Health Workers and Tierney House staff. They have been a great help to me firstly by listening to my story and my circumstances. They have shown me respect and dignity. I often feel emotional at times because my story includes DV and court but the Homeless Health Team have been really good for my recovery. I want to thank them for all their help.

Commission Services

Aged Care

In 2018-19 CESPHN commissioned a number of strategies to assist the prevention of risk and promote wellness and improved health literacy of older people and their carers. These strategies included falls prevention, training in dementia, professional workshops and a new program (Staying Healthy Living Well) aimed at enhancing older people's capacity to self-manage their wellbeing.

Prevention of risk: Falls Prevention

Recognising that older people have an increased risk of falling that results in injury, admission to hospital and increased use of health services, CESPHN commissioned 25 falls prevention programs that were delivered to more than 650 older people. Specific programs were created for people from culturally and linguistically diverse communities (14 programs) with support provided to residents at aged care facilities (five programs). To promote program sustainability 15 staff have been trained to deliver falls prevention programs.

Demonstrating the efficacy of falls prevention, participants showed significant improvements that will help reduce their risk of falling. Funding for the Stay Standing program will continue into 2019-20.

Wellbeing and training

In 2018 CESPHN hosted the annual 'All Things Aged Care' forum. The forum attracted leading presenters in aged care and was attended by more than 50 aged care service providers. Key topics included advance care planning, dementia and falls prevention. The event will run again in September 2019 and discussions from this forum will help shape service planning and development in our region.

Dementia

Dementia affects one in three people aged 65 years and over. Dementia Australia was commissioned by CESPHN to deliver tailored education and training to staff and carers of people living in residential aged care facilities. Within the first five months a total of 30 professional training workshops and 16 community and carers' workshops were delivered, which saw a total of 706 people trained. This training provided staff and carers with additional skills in how to manage challenging behaviours, adopt a more person-centred approach to the person with dementia and skills in self-care for carers. This program will be supported with additional funding in 2019-20, with a focus on older people and their carers living in the community.

Supporting older people in the community

CESPHN is supporting older people to stay healthy and live well at home through an innovative technology-based program, "Staying Healthy Living Well". The program provides virtual health education sessions to support older people to set and achieve health and wellbeing goals. In doing so the program helps clients understand more about their health condition(s) and reinforces important messages they receive from their health care providers.

Launched in late 2018 the Staying Healthy Living Well program is achieving good results in the area of client acceptance and improving participants' confidence to manage their health conditions. To date, participants in the free 12-week program have seen improvements in a number of health measures as a result of the program and we're excited to share with you a participant's story.

"Harold", 72 was referred to the Staying Healthy Living Well program by his GP to help him better understand his unstable type 2 diabetes, and associated hypertension. Harold set some key goals wanted to reduce the risk of serious long-term complications of diabetes. As a result of the Staying Healthy Living Well Harold achieved improved control of blood glucose, blood pressure and was able to implement strategies to better manage his diabetes.

Funding for the Staying Healthy Living Well program continues into 2019-20 and is now available on Norfolk Island.

Alcohol and Other Drugs

Now in our third year of Alcohol and Other Drugs (AOD) commissioning, the evidence-based programs and initiatives that we fund are well established. The effectiveness of these activities is being understood through the experiences of treatment service providers and community members who seek support to address their AOD use.

This year demonstrated a continued commitment to the needs of CESPHN's priority populations as we progressed a family-inclusive approach and meaningful involvement in services for people with lived experience of using alcohol and drugs.

A spotlight on Community Restorative Centre's (CRC) AOD Transitions Project

We recently spoke with CRC about their work and the impact of this for people they support. The team includes people who identify as Aboriginal and Torres Strait Islander and people with lived experience of the criminal justice system and AOD use.

We support people coming out of custody with their AOD and mental health issues and help them reintegrate into community and ideally stop committing crime to fund their substance use. We offer outreach counselling as well as warm referrals, attending appointments and accompanying them to court.

I provide a supportive ear and presence. Many of our clients don't have friends or family they can speak with, which is where I come in a great part of the time.

Q. What difference does it make to bring your lived experience to the work?

It gives me 100% understanding of how that person is feeling, which helps me to be an empathic and caring worker. The big thing is knowing how lonely and isolated people are. People have often burnt bridges with family and friends, so just being able to give someone a connection, a worker but also someone who cares about them, is huge. A big part of my job is about connection. Every person has a right to a connection. That's why I try so hard to keep people engaged, get out and see them, whatever they are doing.

It can be the highlight of someone's week to have their appointment with their worker. I know because it used to be mine. It kept me going. I feel very lucky to be where I am now. I may not be sitting here now if it wasn't for CRC. I want to give that to others.

Q. What stands out in the way you provide support through the AOD transition?

Being able to be flexible and offer outreach. The ability to get in the car and go out and see people. Having a bit of a budget to buy them a coffee. It's amazing what can be done over a cup of coffee.

Having someone that is there regardless is so important. Someone they can talk to who will listen, who wants to support them and who won't turn them away. It is such a positive thing we are able to offer, to people who typically don't trust other people. A lot of these people have been burnt by others in the past, so to be able to offer a service that is not going to drop them in three or six months is so important for building that trust.

Commission Services

Q. How do you build a relationship with a person?

The first time I meet a person is usually in custody – it's a tough place to meet someone. People are used to being visited and often by people they don't want to see. Our initial visits are about letting them know that I'm not going to share what they talk to me about. The more you see them the more they open up and believe you are who you say you are and can be trusted. After a while, we will start to talk about release day and often they have no-one to pick them up. I'm able to say, "I'll pick you up". Those release days are difficult whirlwind days, and to be with them through that really cements the relationship.

If you have visited someone in custody they really remember that when they're out in the community. And supporting someone on release day is such a big thing. Having to get to Centrelink, then housing and then report to parole in that first day is pretty impossible to do without a car, or an Opal card. Straight out the door and they are up against a mountain. Those first few weeks after someone is released are really 'thin ice' weeks where anything can happen. Being able to support people through that is critical.

Q. Can you share about a person you've supported in your role?

I started working with J nine months ago. After he got out of custody he had a tough month and started using again. Through that I was still engaging with him once or twice a week, while he was in addiction. As I have lived experience, I'm not fearful of that, he's just a person who's high. Being able to do that helped our rapport, as it took him a while to trust me. J was part way through a certificate in commercial cookery and was pretty passionate about getting it finished. He just didn't know how he was going to do it. So we contacted the TAFE together - he was leading the way most of the time, I was just there supporting him to do it. We used brokerage funds to help cover the course fees and eBooks, his knives and uniform. Seeing him in his chef uniform now is amazing, he is just glowing. He has finished all the class work at TAFE now and he has some assessments he's doing online. I spoke with him today and he's just finished one of those. This is a guy who has faced homelessness and struggles from a young age, he was recently living in crisis accommodation, and is now renting a room from a mate. He's on a methadone program and so as well as getting to TAFE he attends the clinic daily. He's doing SMART recovery groups and is well on his way to having his Cert 3 finished. He wants to work in fine dining. It's been great to watch him grow amidst a bit of chaos. I get a bit emotional sometimes driving away after our visits and seeing what he's been able to achieve.

Q. How does stigma and discrimination influence your work?

There isn't the understanding out there about the sort of life a person has had often from a young age, and what they've been victims of that's led them to being in custody themselves.

Our priority has been around influencing the perspectives held by services. We want to be able to work alongside a person with other services also involved, so that people coming out of jail have a fair go and get the support they need. There is always one criteria that excludes someone from getting a service involved. There can't just be one service that will work with a person.

We might see a person once a week, and phone them once a week, but that leaves five or six other days that we're not there, and that's a long time for somebody so there needs to be other supports involved.

There is more to a person than their history or what you might read about them in a report. Let's not judge a person by the worst thing they've ever done. For the rest of their life. People need connection. They've got nothing without it. And if they've got no connection, they will connect to what they know.

Community Restorative Centre, AOD Transition team

Reflections from We Help Ourselves (WHOS) Withdrawal Management Program

The addition of WHOS Withdrawal Management program in 2017 addressed an identified need; to manage low to moderate withdrawal for people entering WHOS residential programs. CESPHN has funded two nursing positions to work with clients from: initial assessment, identifying withdrawal needs and the appropriate withdrawal management pathway. Those with low to moderate non-complex needs can now be managed onsite within the residential programs. Previously WHOS relied on the medicated inpatient withdrawal management services to admit prospective clients to manage withdrawal. This practice had both been a barrier to timely access to the residential programs and a costly method of addressing low to moderate withdrawal needs.

The nurses have broadened the scope of their work since commencement to effectively manage residual and unplanned withdrawal management on site. The main withdrawal management has been for methamphetamine, opioids and cannabis. People with more complex needs are still referred to medicated inpatient withdrawal services and transfer of care is managed by the nurses.

In the last year, WHOS nurses assessed 477 individuals for withdrawal needs, with 238 receiving supports from the nurses for withdrawal management on admission to the WHOS residential programs.

Commission Services

WHOS Aboriginal and Torres Strait Islander Engagement Workers

The WHOS Aboriginal and Torres Strait Islander Engagement Workers funded by CESPHN have supported 64 Aboriginal and Torres Strait Islander clients admitted during 2018/2019. We recently spoke with the two Aboriginal Engagement workers, Aunty Susan Kelly and Uncle Clifford Cutmore to hear about their experience of working in the WHOS programs.

WHOS Aboriginal and Torres Strait Islander Engagement workers, Aunty Susan Kelly and Uncle Clifford Cutmore, with Aunty Shirley Lomas at NAIDOC activities.

Aunty Susan **AS**: Working at WHOS has been most insightful and encouraging especially seeing Aboriginal and Torres Strait Islander clients fitting into mainstream services and progressing through the program, staying focused and having us to support them.

Uncle Clifford **UC**: WHOS is beneficial to clients wanting recovery and to be part of this process is very rewarding, I love coming into work and supporting them to keep engaged in the program.

What inspires you in your work?

AS: To be part of a service where clients feel understood and supported in their culture and the opportunity to work with the whole of the WHOS community including non-Aboriginal clients.

UC: I believe in the clients and love being part of the WHOS therapeutic community. I love having interaction with the clients and the staff across all the services at Rozelle.

How do you feel your support impacts clients, their families, friends and community?

AS: There is a huge impact on our clients to have our support to work with them. Family is a huge area for our clients and we can support them to re-engage with their community and acknowledge community events such as Yabun, NAIDOC and Reconciliation Week to further connect with community.

UC: There are big benefits for our clients in connecting with community and family and to gain the skills to go back into their communities. Working on the RAP (Reconciliation Action Plan) for WHOS is a great way to look at what we are doing to support our clients and the cultural inclusiveness at WHOS.

A strong and capable workforce

As a result of our partnerships with service providers in the region we are able to identify opportunities to support the growth of a strong and capable AOD workforce. Supporting services to be well-equipped and provide good access for CESPHN priority populations is a key focus.

Our GP Liaison in Alcohol and other Drugs project provides regular tailored GP education on topics informed through their ongoing engagement with GPs, such as use of opioids, benzodiazepines and insomnia, alcohol dependence and motivational interviewing. Workshops were provided to the AOD workforce to support LGBTI-inclusive practice, family-inclusive practice and working with culturally diverse clients. Central and Eastern Sydney PHN also continue to partner with NADA, Lives Lived Well and five other NSW PHNs, to develop guidelines for mainstream AOD services working with Aboriginal and Torres Strait Islander communities.

Tara MacLoughlin and Donna Brady – WHOS Withdrawal Nurses

Diabetes

Prevention and management of diabetes

Diabetes affects up to eight per cent of people in the CESPHN region, with a further 26 per cent at risk of developing diabetes. There is a high proportion of people from culturally and linguistically diverse (CALD) communities in the region who have higher rates of diabetes.

Management of diabetes by GPs has been shown to significantly improve self-management and reduce hospitalisation. In 2018-19 CESPHN responded to the priority issue of diabetes in the region by commissioning a number of services aimed at enhancing diabetes care and supporting people at risk of diabetes.

ComDiab – Community Diabetes Education Program

CESPHN commissioned diabetes education programs for more than 200 people from CALD communities who are living with, or are at risk of, type 2 diabetes. All program participants reported increased knowledge in diabetes management, with 80 per cent indicating their intention to visit their doctor for an Annual Diabetes Cycle of Care check-up.

"It is not just about coming here to learn new knowledge, it is also about meeting people who I can relate to."
ComDiab participant

Diabetes Healthy Feet Program

CESPHN commissioned Sydney Local Health District to implement Diabetes Healthy Feet, a community-based podiatry strategy. Investing in evidence-based care for Australians with diabetic foot ulcers saves around $2.7 billion over five years[12]. Updated educational resources for carers and consumers were developed and as part of this project specialised training was provided to GPs and practice nurses on best-practice treatment pathways. The project team also supported health care professionals in developing effective shared-care arrangements resulting in 90 per cent of appropriate referrals to the High-Risk Foot Service.

Think Eat and Move

Overweight and obesity is a critical public health issue. In the last ten years there has been a 50 per cent increase in obesity levels amongst adults. Early intervention to empower people to make healthy choices is an integral strategy to help address the issue of overweight and obesity. To address this key public health issue, CESPHN commissioned the Think, Eat and Move (TEAM) program, which is aimed at supporting adolescents to achieve and maintain a healthy weight. Using an evidence-based approach, the TEAM program supports young people to adopt a healthy lifestyle through diet and exercise.

Since the program's inception in September 2018, the TEAM program has been delivered to over 50 participants. Following the program, 75 per cent of participants reported an increase in physical activity and 64 per cent reported a decrease in frequency of eating sweet snack foods.

"Thank you so much. My son and I are so proud to be part of this program. (The) dietitian was so supportive, respectful and knowledgeable. We both really enjoyed her weekly sessions. She was able to motivate my son which was great." Mother of a TEAM program participant.

TEAM poster

Diabetes Resource Hub

In 2019, CESPHN commissioned Sydney Local Health District, South Eastern Sydney Local Health District, and St Vincent's Hospital Network to establish a centralised Diabetes Resource Hub. The Diabetes Resource Hub will work to create opportunities for co-design and commissioning of important diabetes services, as well as provide clinical services for disadvantaged populations.

Central and Eastern Sydney PHN is committed to identifying further opportunities and taking action to address the epidemic of diabetes with our community partners.

Commission Services

Mental Health and Suicide Prevention

Low intensity services

Central and Eastern Sydney PHN has funded several low intensity mental health services and activities as part of our commitment to meet the needs of consumers within the region, within a stepped care approach to mental health and as a lead site for this area nationally.

Low intensity mental health services are aimed at improving access to psychological and psychosocial interventions for people with, or at risk of, mild mental illness. These services and activities have provided an opportunity for consumers across the region to access cost-effective alternative services.

Over the past year Central and Eastern Sydney PHN is pleased to have been able to continue to fund and support the following services:

- South Eastern Sydney Local Health District **Mindfulness program for Arabic and Bengal communities**
- South Eastern Sydney Local Health District **Youth Mental Health First Aid** training for frontline youth workers
- **Mood Active** group exercise programs for people diagnosed with depression and/or anxiety
- **Beyond Blue NewAccess coaching program** supporting people experiencing early signs of depression and anxiety.

JENNY'S STORY

I have a daughter who has struggled with severe anxiety, depression, anorexia and self-harm for some years. My ex also has mental health issues. I can't work when she becomes unwell and have left a number of temporary jobs suddenly when a crisis occurs. The situation has also created financial pressure. The constant stress took a toll on me and I developed my own guilt, depression and anxiety.

I knew I wasn't coping but I wasn't sure how to access help and whether it would help, let alone how I would pay for it. I saw a NewAccess ad on Facebook and clicked on it, thinking it might be worth a go – plus it was free.

From the first session my coach was able to assess my personality expertly and he gained my respect and trust. He believed that I could feel better while still in the situation and I was ready to try doing things differently. The program helped me by clarifying the actual issue versus the symptoms, and provided structure and practical steps including homework so that I could practise behaviours. It helped to measure my feelings each session and track my progress.

The result of the program is that I am still in the same situation, yet I am coping much better. I challenge my thoughts more, and I allow myself to feel rather than avoiding feelings. I understand now that I can function and enjoy life without the situation being resolved. I also believe I am a better support for my daughter as I think and behave more clearly and constructively.

I would recommend the program to anyone who is ready and willing to make a change and put an effort in. In my case the result was remarkable.

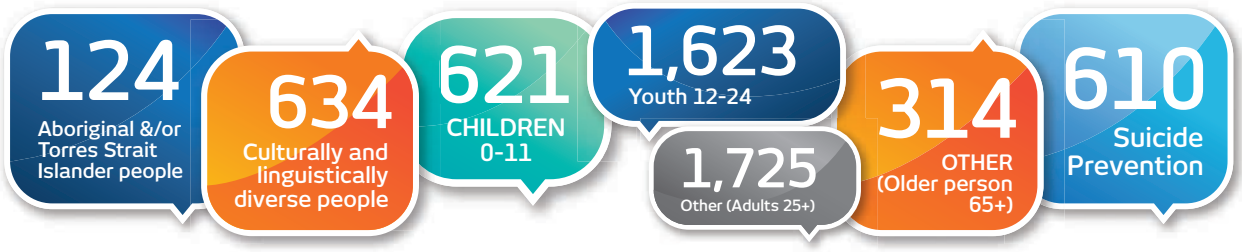
Psychological therapies for underserviced and/or hard-to-reach groups

Between 2018-2019, more than 5,650 people in our region received Psychological Support Services (PSS). The PSS program provides free short-term face-to-face psychological therapies for people experiencing mild to moderate mental health concerns. It is a program for people who are considered underserviced across the region and who experience barriers in accessing psychological support, and includes:

- Women and their partners during the perinatal period
- Residents of aged care facilities
- Children 0-12 years and young people aged 12-25 years
- Aboriginal and/or Torres Strait Islander peoples
- People from culturally and linguistically diverse backgrounds
- Adults at risk of homelessness
- Adults who are unable to access psychological services due to financial/ other constraints
- Adults living within the underserviced local government areas of Bayside, Canterbury City, Georges River and Strathfield
- People at risk of /or who have attempted suicide or intentional self-harm

The services are delivered via consortiums and include individual therapy sessions, as well as group programs such as dialectical behaviour therapy programs and mindfulness groups for Arabic and Bengali speakers.

Number of people who received services through PSS in 2018-2019 by sub population



PSS services targeting young people, are being successfully provided within our headspace centres as evidenced by the following feedback from a young client accessing PSS support at headspace Ashfield.

BENJAMIN'S STORY

My name is Benjamin. I am 19 years old and I have ADHD, depression, anxiety and bipolar disorder... I have found that having someone to talk to has made a very big difference in my life even though it is only for about an hour each session. My psychologist... has helped me apply these strategies in my own life and also has provided comfort and support for me in times of distress and struggle. He also gave me helpful advice and has been there for me when I needed someone to talk to."

Commission Services

Child and youth mental health services

headspace

headspace centres provide holistic support to young people aged 12-25 years, including mental and physical health, drug and alcohol, and vocational services. Central and Eastern Sydney PHN commissions five headspace centres in our region, at Ashfield, Bondi Junction, Camperdown, Hurstville, and Miranda. This is just one of the many stories from headspace Camperdown.

headspace Bondi celebrates its third birthday

5 HEADSPACE CENTRES provided 21,692 occasions of service to 4,600 young people.

SOPHIE'S STORY

"My name's Sophie. I'm 23 years old and I first attended headspace in 2017 after trying to see multiple psychologists and doctors to help with anxiety and depression. A friend studying psychology recommended I get a referral to headspace to help with the problems I was facing. I went to my local GP and got a referral. I then had an appointment with a youth access clinician (YAC) within the first week of contacting headspace. At the appointment the YAC asked what brought me to headspace and what was going on in my life. They could see that I was distraught and needed some help getting my life back on track. I was on the waiting list to see a psychologist and was booked in with a psychologist three weeks later. When I first visited the clinic, I noticed the welcoming and friendly staff, the inviting waiting area surrounded by beautiful plants and relaxing atmosphere. Whilst I was unsure about seeing a psychologist, I felt relaxed and happy to attend, getting help in such a positive environment. Talking to a psychologist about my feelings and worries helped me combat emotional battles that were significantly affecting my life. Whilst visiting the psychologist I learnt various ways to manage my anxiety and depression through cognitive behavioural therapy. Once I practised and talked about my anxious situations with my psychologist, I gained confidence and reduced the anxiety I was feeling about the problems in my life. The psychologist helped me to be more self-assured and happier around my partner, friends and family - which I had once found very challenging. They also helped me to be more focused, sociable and calm in my work environment. I found the overall experience incredibly well executed; however, I found the waiting time to be a little difficult during a time when I needed help, but they did provide me with some other resources for support. I would most definitely recommend headspace to my friends and family as they really brought me through a tough time in my life and I am extremely grateful I came to headspace for assistance."

Early intervention for severe mental illness

Central and Eastern Sydney PHN commissioned two programs to enhance headspace services and bridge the gap between existing primary mental health and local health district services. These programs provide multidisciplinary team care to young people with or at risk of severe mental illness who present to headspace. They support young people to meet their goals, whether that is returning to school or work or strengthening connections in their community.

Comprehensive Assessment Service for Psychosis and At Risk (CASPAR) is provided by South Eastern Sydney Local Health District (SESLHD). headspace Early Intervention Team (hEIT) is provided by Sydney Local Health District (SLHD).

"hEIT clinicians and the services they are working with have clearly recognised the benefit of bridging the gap between primary health care and local health district services. Anecdotally hEIT has been seen by young people to support accessing timely and more intensive services that may have previously been unavailable to them. The implementation of hEIT within SLHD has enabled the smoother role out and acceptance of a stepped care model and approach to service provision allowing the young person to have improved continuity of care no matter what their current level of need may be.

Challenges have been in the understanding and acceptance by all clinicians of different services models, the culture of different services and expectations around the young people hEIT are able to work with, in particular in defining Youth Severe.

hEIT clinicians have overall seen a high uptake and engagement by young people offered support via the program and data indicates that most young people remain within the program for greater than six months." Renae van der Pol, Senior Clinician, hEIT.

Mental health services for people experiencing severe mental illness

Central and Eastern Sydney PHN commission a number of programs to fill gaps in services for people who have lived experience of severe mental illness and to support people to link into primary health care. This includes programs that provide public information around self-help strategies, digital mental health services, peer supports and coordinated multiagency face-to-face clinical care.

A recent evaluation of the Primary Integrated Care Supports (PICS) program commissioned by CESPHN, investigated the integration of clinical care coordination through mental health nursing services together with peer supports in severe mental health. It highlighted the value of addressing the social needs of individuals through peer supports, to clinical service delivery and reinforced the role of lived experience in navigating the often-complex mental health system. It also showed that further work in refining the model of service delivery and utilising appropriate outcome tools can assist in meeting the recovery goals of an individual.

GP Psychiatry Support Line

Along with the PICS program, dialectical behaviour therapy groups and Mental Health Shared Care, CESPHN has collaborated with four other NSW PHNs to commission the GP Psychiatry Support Line. The aim of the GP Psychiatry Support Line is to assist GPs in providing clinical care and coordination to people experiencing mental illness. Key supports include assisting GPs in the diagnosis, treatment and safety planning of mental illness. This service supports consumers to access treatment and support in a primary care setting and is funded by a range of PHNs across NSW.

The most common presenting issues to the line have been in relation to major depressive disorder, mixed anxiety and depressive symptoms, anxiety disorders and pervasive developmental disorder. The most asked advice has been in clarifying medication, diagnostic advice, investigations and developing safety plans. Launched in July 2018, 275 GPs registered to receive support with positive feedback from the GPs in the CESPHN region.

> *"I can't thank you enough. You took the time to understand my patient's needs ... carefully laid out a treatment plan ... in writing for me. You have provided ... a much better understanding of my patient's condition. We both feel we might finally be on the right track. In one week since starting on your plan my patient feels better than he has in years- or since he can remember. This is such a fantastic service. Please never defund this critical area of support for community GPs! ... [my previous call] was also wonderful and her advice has helped with a person who has significant disabilities and a diagnosis of schizophrenia, get back on track and lose weight too..."*
>
> GP in CESPHN region.

Commission Services

Partners in Recovery

The Partners in Recovery (PIR) initiative was originally implemented to support individuals who experience severe and persistent mental health difficulties, with complex support needs. Care coordination was provided to ensure services and supports from multiple sectors work in a collaborative, coordinated and integrated way. Additionally, PIR focused on improving referral pathways, strengthening partnerships and promoting systems change within the community sector. The 2018-19 year saw the winding down of PIR, which ceased as a program on 30 June 2019. From 1 December 2013 to the 30 June 2019, the PIR program has provided care coordination to 3119 consumers across our two areas, eastern Sydney and south east Sydney.

The focus of the final year of PIR was the transitioning of consumers to the National Disability Insurance Scheme (NDIS), with a total of 372 NDIS Access Request Forms submitted across eastern and south eastern Sydney before the closure of PIR. PIR provided support coordination for consumers receiving NDIS supports to aid in understanding and implementing their funded supports to ensure they were getting the most out of their NDIS plan. PIR support coordinators worked with our consumers to link them with community, mainstream and other government services, building their ability to exercise choice and control.

Throughout the year, we maintained key partnerships with the National Disability Insurance Agency, regional Local Area Coordinators and other relevant services in our two PIR regions to facilitate the transition. Service continuity was a focus for consumers who had not yet submitted an NDIS application.

With the expected closure of PIR, a focus was on the implementation of Psychosocial Support Transition (PST). The aim of PST is to continue supporting those consumers not yet transitioned to the NDIS. A total of 1,055 existing clients from PIR, PHaMs and D2DL programs across the CESPHN region will continue to receive supports through this program until 30 June 2020. People supported through these programs will transition to the NDIS. Those who are not eligible for NDIS will receive support from an ongoing Continuity of Support program to be commissioned by CESPHN in 2019-2020.

National Psychosocial Supports: Connect and Thrive

The National Psychosocial Supports (NPS) measure is an initiative that works to provide psychosocial support to people who experience severe mental illness who are not eligible for assistance through the National Disability Insurance Scheme. CESPHN's commissioned program, Connect and Thrive, provides support that builds individuals' psychosocial functional capacity in a range of areas, improving mental health outcomes and building broader life skills.

In the 2017-18 Budget the Australian Government announced funding for the NPS measure. With the closure of Commonwealth mental health programs - Partners in Recovery, Personal Helpers and Mentors and Day to Day Living - on 30 June 2019, it became apparent that there would be a large gap in support services for people experiencing severe mental illness who were unable to access supports through the NDIS. The NPS program addresses and aims to reduce this gap.

Throughout the first half of 2018-19, we met with consumers and key stakeholders including mental health providers, NGOs and local health districts to co-design the NPS program, ensuring it would meet the psychosocial needs of consumers in our region and provide appropriate supports. Following a competitive tender process, we commissioned Flourish Australia to provide the NPS program, now named Connect and Thrive, across the CESPHN region.

Service delivery for Connect and Thrive began on 1 April 2019. The program provides one-on-one individual psychosocial support with a mental health or peer worker either in the client's home or community or from one of

CONSUMER STORY: RAY

Being involved with the NPS program has allowed me to meet other people and make connections with them. I joined the walking and cooking groups which has been fun and it makes me feel good as we can just hang out and have a good laugh. I have found it easier to get out and about and feel safer in this... I have felt safer to stay at home during the evenings or when I'm not out doing something, and this has meant I have met some of my neighbours which has been nice. Being out with my support worker has helped me to keep my schedules and I have started thinking differently to before, I'm a lot more positive towards people. Being productive and around good company has helped me stay more positive.

five office locations spread across our region, as well as a range of group support programs focusing on supporting people to build their individual psychosocial capacity. Areas of focus include maintaining physical wellbeing, finding and maintaining a home, managing daily living needs, building social skills and friendships, and building skills for gaining employment.

Connect and Thrive has received more than 70 referrals since April, showing the growing need for a support service for people ineligible for assistance through the NDIS. We estimate that Connect and Thrive will provide psychosocial supports to 600 people experiencing severe mental illness in 2019-2020.

Suicide Prevention

Central and Eastern Sydney PHN has commissioned Neami National to deliver SPconnect, a postvention support service for people following a suicide attempt or crisis. The outreach service is provided following the patient's discharge from the care of St Vincent's, Prince of Wales or Royal Prince Alfred hospitals.

The concept of SPconnect – is prevention through connection by providing one-on-one support for emotional wellbeing.

Care coordinators delivering SPconnect use a person-led approach to facilitate connections with relevant local services and GPs to offer support to overcome and address the stressors that are impacting the lives of the participants. During the financial year SPconnect delivered 6415 occasions of service to 299 client, with all clients reporting a positive experience.

"The SPconnect program has provided me with new insights and suggestions for my mental health recovery, which I have not had before. I was terrified I'd have to sit through wellness tips and positive affirmations with a health worker. What I've experienced has been the opposite. The advice I have received has been extremely well-researched and realistic. Our conversations have been raw, open, and supportive. In the past I have felt as though I have been treated with a one-size-fits-all approach. The conversations I have had with my care coordinator have allowed for my questions to be answered individually and tailored to the support that I need". SPconnect client

An additional great success of the program is the strengthened collaborative relationships and integrations with the mental health teams working within the local health districts, combined with a highly experienced and robust advisory group for the program.

Norfolk Island Health and Wellbeing Expo

Norfolk Island

The Norfolk Island Health and Wellbeing Coordinator engaged by the Norfolk Island Health and Residential Aged Care Service (NIHRACS) has been implementing a coordinated approach to health promotion and health literacy over the past 12 months. Activities have included the following:

- Men's Health Checks, based on the Men's Shed Australia "Spanner in the Works" program
- Chronic disease programs (Healthy Cooking Program and Get Started Exercise Program)
- The Health and Wellbeing Expo
- Community Health Education presentations
- Strength 4 Life Program implemented at the Norfolk Island School
- Parenting Programs – Living with Teenagers, Tuning into Teens and Circle of Security
- Antenatal bags – resources and baby items
- Mental Health First Aid
- International Women's Day Event
- Heart Foundation walking group
- Stepping on Program (falls prevention)
- Smoking Cessation Clinic
- Regular live radio interview on various health topics

Norfolk Island Health and Residential Aged Care Service (NIHRACS) also have successfully recruited an experienced clinical psychologist to support children, young people and their families. This role started in November 2018 when the clinician relocated to Norfolk Island and introduced herself and her role to key stakeholders including the school, police, Anglicare and NIHRACS staff. The role has been well received within the Norfolk Island community with 315 occasions of service delivered to 60 individuals to June 2019.

Leadership Team

DR MICHAEL MOORE
CEO

MBBS, FRACGP, GradDipPH

Michael Moore is the Chief Executive Officer for Central and Eastern Sydney PHN.

Michael trained as a GP, doing his internship many years ago at Hornsby Hospital. He gained his FRACGP, and after some years in hospital administration took up the role of CEO at Hornsby Ku-ring-gai Division of General Practice back in 1992. Michael moved across to Central Sydney in 2002. He managed Central Sydney Division's amalgamation with Canterbury, and in 2012 organised the transition to Inner West Sydney Medicare Local, becoming the Medicare Local's CEO. He applied for the job of CESPHN CEO in 2015 when the Medicare Locals were closing down, and is very pleased to have been appointed to this role.

Although now living on the north shore of Sydney, Michael remains an 'inner westie' at heart.

Michael is passionate about optimising the contribution of primary and community based care to the health of our wider community, and, having maintained an active presence in general practice through most of his career, has great sympathy for busy clinicians everywhere.

NATHALIE HANSEN
General Manager, Planning and Engagement

BA (Hons), GradCert Management, PostGradDip Social Research and Evaluation

Nathalie has twenty-five years' experience working in health with expertise in planning, stakeholder engagement, funding and contract management. As General Manager Planning and Engagement Nathalie is responsible for Communications, Continuing Professional Development, Engagement including Clinical and Community Councils and our member organisations, Planning and Performance.

Nathalie has worked in health care management for more than fifteen years. Until April Nathalie was General Manager, Corporate Services. Before then she was responsible for Planning and Engagement at Central and Eastern Sydney PHN and Inner West Sydney Medicare Local. Prior to that she had a long career at the Department of Health where she managed programs in primary health care, rural health, drug and alcohol treatment and mental health.

MARIAM FARAJ
General Manager, Clinical Services

BSocSc, GradDipEd, DipMgt, GAICD

Mariam Faraj is the General Manager of Clinical Services for Central and Eastern Sydney PHN. Mariam has a background in Social Science and Policy, Education and Management with more than 20 years' experience in primary and mental health care. Her work has included the planning, co-design, implementation and management of numerous primary and mental health services and programs.

Mariam's strategic leadership, ability to engage a broad range of stakeholders, comprehensive understanding of health and deep caring nature has seen her champion innovative models of care that improve the health outcomes of our community.

BRENDAN GOODGER
General Manager, Primary Care Improvement

BSW (Hons), GradDip Medical Social Science, PhD (Clinical Epidemiology and Community Medicine)

Brendan is the General Manager of Primary Care Improvement and he has over 20 years' experience working in health. His first six years were spent as a clinical social worker advocating for the needs of clients in complex service environments.

After undertaking higher degree research studies, Brendan has gone on to lead teams for the Australian and NSW governments working in health planning, health policy and state-wide projects from project commissioning to design to implementation and evaluation. His work has focussed on achieving health gains for priority population groups.

He is particularly committed to finding innovative service solutions to long standing issues. Brendan's focus is about achieving outcomes and working collaboratively to drive an agenda of sustainable change.

RICHARD VAUGHAN
General Manager, Corporate Services

BA (Hons)

After arriving in Australia from the UK in September 2000, Richard held several finance and commercial management roles within the corporate sector. In 2009 Richard made the decision to seek roles within the not-for-profit sector, taking on the role of Business Manager at the Wayside Chapel in Sydney's Kings Cross.

Richard returned to his native United Kingdom for several years where he worked in local government managing major construction projects as part of the national primary school expansion scheme.

Richard is currently on hiatus from the University of Technology, Sydney in his studies for a master's in management which is specifically focused on the community and not-for-profit sector.

Richard joined CESPHN in January 2017 as Contracts Manager, before being appointed to the role of General Manager, Corporate Services, in which he is responsible for finance, human resources and infrastructure.

Operations

Our People

CESPHN had 107 employees at 30 June 2019. CESPHN strongly supports flexible working and part-time employment. There were 86 equivalent FTEs at 30 June 2019.

Employees by division	Clinical Services	Corporate Services	Planning and Engagement	Primary Care Improvement	Total
Total employees	29	18	19	41	107
FTE equivalent	24	15	14	33	86

81% (n=47) nominated female as their gender

17% (n=10) nominated male as their gender

16 respondents did not answer or preferred not to say

37% of managers in leadership roles are male

63% of managers in leadership roles are female

30% (n=17) answered 'no' to being born in Australia

17 respondents did not answer or preferred not to say

26% (n=15) answered 'no' to English as the first language they spoke

17 respondents did not answer or preferred not to say

0.0% (n=0) answered 'yes' to identifying as being of Aboriginal and/ or Torres Strait Islander descent

14 respondents did not answer or preferred not to say

0.0% (n=0) answered 'yes' to identifying as a person with disability

18 respondents did not answer or preferred not to say

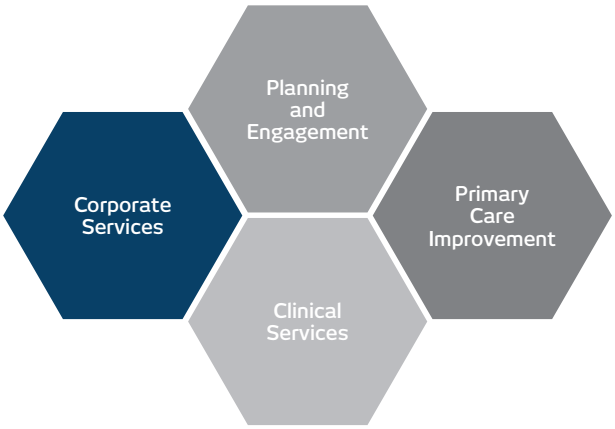
10% (n=6) answered 'yes' to being part of the LGBTI community

16 respondents did not answer or preferred not to say

Reference: February 2019 PHN Engagement Survey

Our structure

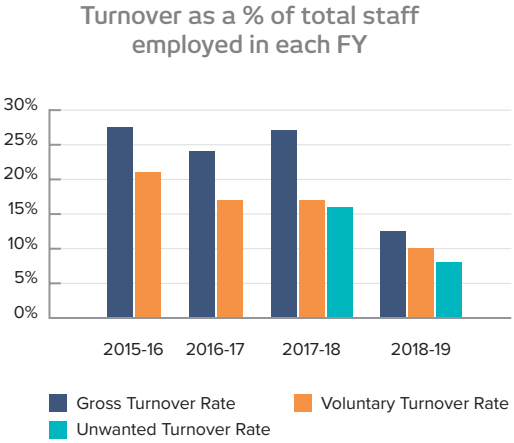
The new **Strategic Plan for 2019-2022**, released in 2019, informed an organisational structure which moved CESPHN from three streams to four streams.



Human Resource Management

At the start of 2018-2019 we moved to an outsourced human resource management model which has proved to be a successful model for CESPHN.

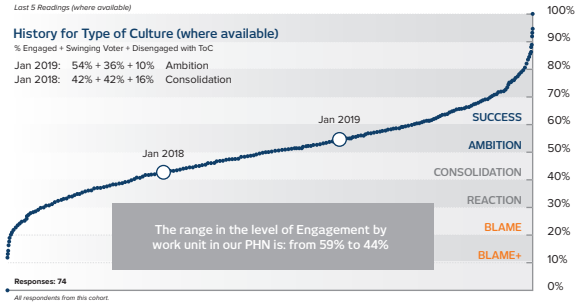
The changes in the organisational structure and the HR management model correlate closely with the significant improvement in staff retention set out in the graph below.



Engagement

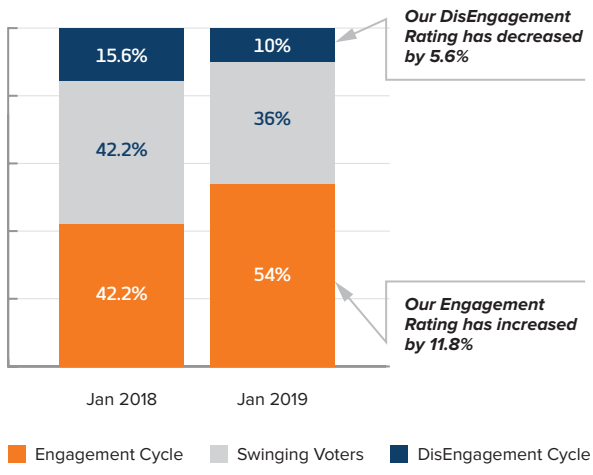
In February, we took part in a Pulse Check to identify where we sit alongside other PHNs in a range of areas relating to work culture and HR. We saw a significant improvement in engagement, with an 11.8 per cent increase on the previous year of staff members who identified as 'highly engaged'. We had moved from a culture of consolidation in early 2018 to a culture of ambition.

Central and Eastern Sydney PHN



The number of CESPHN staff in the disengagement cycle has reduced from being at the industry standard in 2017-2018, to being 33 per cent better than the industry standard in 2018-2019. The number of employees who are engaged (54 per cent) is 20 per cent higher than the industry standard (45 per cent).

Our PHNs Engagement Trend



99 per cent of staff stated that we offered adequate flexibility and 81 per cent have a strong sense of being a valued member of their team.

Testimonies from staff on why they believe the PHN is a truly great place to work included:

We took on board the constructive criticism and feedback we received as part of this survey and implemented strategies to solve the problems we face. These include a change in our Executive Management Team structure, a new classification system for roles within the PHN to ensure responsibility and remuneration are aligned and increased learning and development across outcomes-based commissioning, contract management, MS office applications and more.

Operations

Staff Recognition Awards

This year, we launched our Staff Recognition Awards program, which was an action from our Reconciliation Action Plan. The awards are given out quarterly to staff who exemplify one of our organisational values; Collaboration, Integrity and Learning and Growth.

The awards are named after three significant Aboriginal members of our community – Les Bursill, Shane Phillips and Aunty Barbara Simms Keeley.

This has been a successful initiative in celebrating outstanding achievements in the workplace and encouraging recognition amongst colleagues. It is an important program in furthering a positive culture within CESPHN.

Social Committee

The Social Committee had a busy year with a number of highlights including an End of Year celebration at The Grounds of Alexandria, a coming together of culture on Harmony Day, a dress up day for Mardi Gras, an inspirational speaker from beyondblue for International Women's Day, an Easter egg hunt, a trip to the Lakemba Ramadan Night Markets and much more.

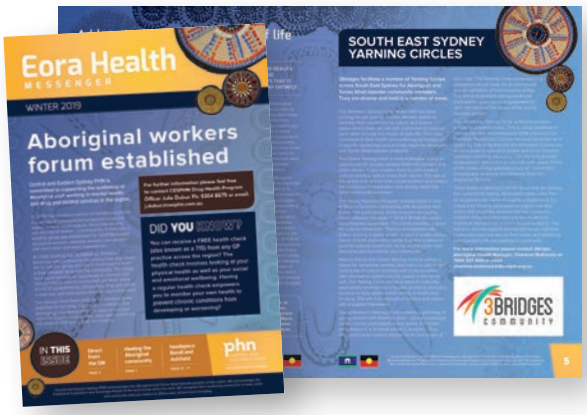
The Committee ensured there was a spread of events throughout the year, with an opportunity for either socialising or team-building every month. It has led initiatives for improved wellbeing such as CESPHN's Steps Challenge to encourage staff to get active and a macramé class for mental health.

Communications

As stated in the **Strategic Plan 2019-21**, Central and Eastern Sydney PHN strives for better health and wellbeing across our region by improving and transforming care. One of the key enablers to achieve the goals set out in the plan is marketing and communications. Timely, relevant, articulate communication to both external and internal stakeholders is crucial for CESPHN to deliver its desired outcomes to the community.

This year, we developed a new Marketing and Communications Strategy to clearly define our target audiences, outline our communication channels, analyse our performance as compared to other PHNs, and explain our marketing goals. Our core marketing channels include the CESPHN website, social media channels, **Sydney Health Weekly**, program-specific eNewsletters, **Sydney Health Issue**, email outreach, media relations, video and printed collateral.

Branding was a key focus this year and the team introduced a new look and feel across all CESPHN's marketing collateral. We developed a Brand, Communications and Marketing Policy and Procedure to ensure the brand is treated appropriately and the Department of Health guidelines are followed. All bulk emails are now managed by the Marketing and Communications team, meaning more consistent and regulated communication with our stakeholders. The move to a new CRM (Salesforce) has led to greater personalisation and targeting in our marketing, to ensure stakeholders are receiving content that is relevant to them. The management of Salesforce also shifted to the Marketing and Communications team this year and a Salesforce Consultant has been employed to improve communications and data governance. The Salesforce Innovation Group was established and meets monthly to explore priority areas such as improving data quality, reporting, enhancements, communications and training.



In June, we launched **Eora Health Messenger,** a print newsletter for the Aboriginal and Torres Strait Islander peoples in our community. This quarterly newsletter is an important addition to our suite of publications, to achieve our goal of targeted communication to priority groups.

We identified that articulating who CESPHN is and what we do was a challenge for both staff and key stakeholders. To assist in simplifying our message, we filmed an explanatory video targeted to primary health providers that delves into our role and some of our key programs.

The benchmarking survey we completed as an organisation in early 2019 showed significant improvements across internal communications across CESPHN. This has been strengthened by introducing weekly updates from the CEO via email and in-person, a Staff Recognition Awards program, the monthly Staff Newsletter, a robust Social Committee calendar and the use of tools such as Salesforce, SharePoint and Folio.

Publication	Sydney Health Weekly	Sydney Health Issue	News articles	Program-specific eNews	Email alerts
# published	50	4	323	19	306

Communications highlights

CESPHN's Mascot Office

Administration

New premises – better together

In August 2019 we moved out of our two main office locations in Ashfield and Kogarah, into our new premises in Mascot, close to Sydney's Kingsford Smith Airport and very central to the CESPHN region, with great transport links throughout the region and nationally. We applied our desire for innovation to our new work environment, and implemented activity based working, which provides great flexibility for staff to work in different environments depending on the tasks that they are undertaking. It has also reduced our required desk space, meaning that we have been able to accommodate bespoke training facilities and an array of collaboration spaces with appropriate technology. The fit-out was delivered on time and within budget. We intend to relocate our only remaining satellite office into the Mascot office in July 2019.

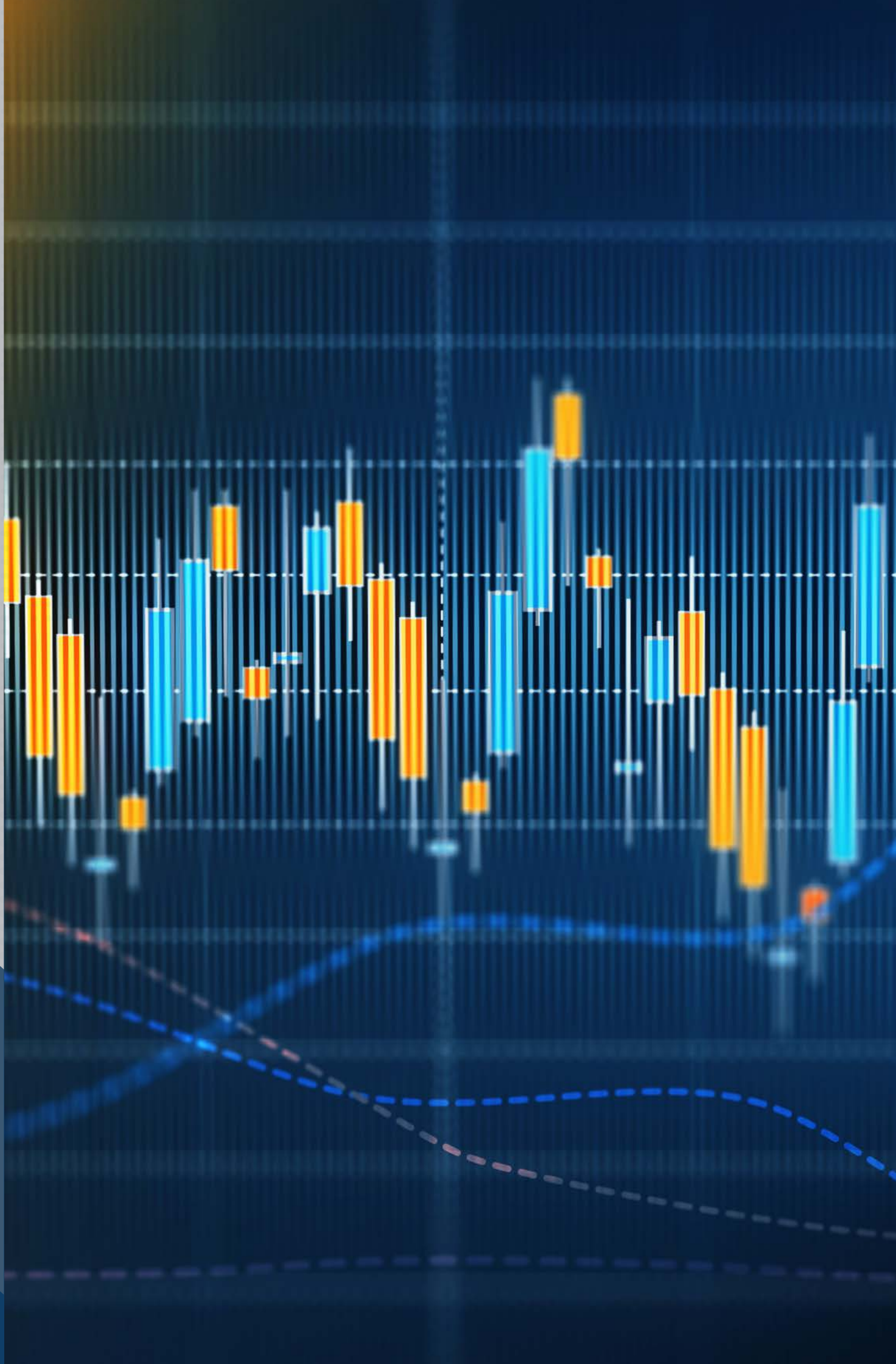
Improved systems

This year we engaged consultants to undertake internal audits of two key operational areas. An audit of our budgeting and forecasting procedures and outcomes revealed no major risks and provided a small number of recommendations. The audit of our procurement and contract management processes found only moderate risks in the contract management phase, and made some excellent recommendations which were all implemented prior to the year ending. Procurement and contract management is an area where we now have industry leading processes in place.

We implemented the DocuSign platform to enable electronic execution of contracts and service agreements. This small change has had a remarkable effect on the turnaround time in agreeing contracts to receiving co-signed documents and commencing service delivery.

Almost all policies and procedures were reviewed during the year, with a newly formed policy committee overseeing this work and adding numerous policies to strengthen our risk management and operational excellence.

We expanded our usage of the Folio contract management system to include a reporting interface for all our commissioned service providers. This has greatly enhanced our contract administration and reduced our risks from cyber attack by providing a secure system through which all provider invoices are lodged to CESPHN.

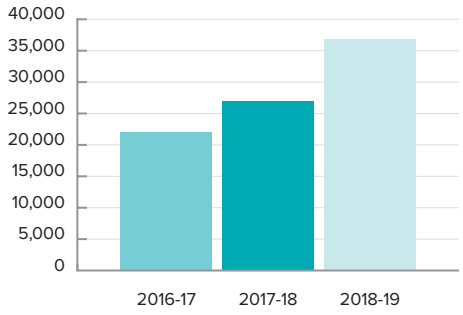


Financial Performance

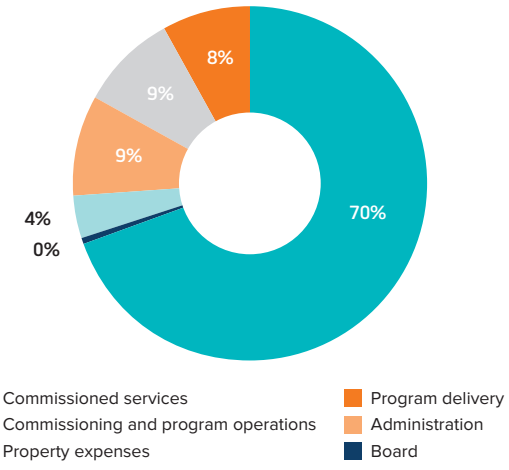
CESPHN matured and consolidated its strong financial position during 2018-19 as evidenced by the consistent reduction in our employee expenses while increasing the total value and total commitment of available funding in our commissioning.

Income Statement	2016-2017 $'000s	2017-2018 $'000s	2018-2019 $'000s
Revenue	35,309	40,082	47,118
Expenses	35,309	40,034	47,005
Net Surplus ($)	0	48	114
Net Surplus (%)	0.00%	0.12%	0.24%

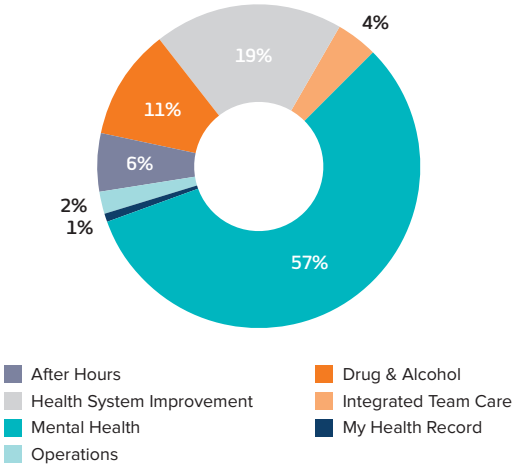
Funds distributed to commissioned providers



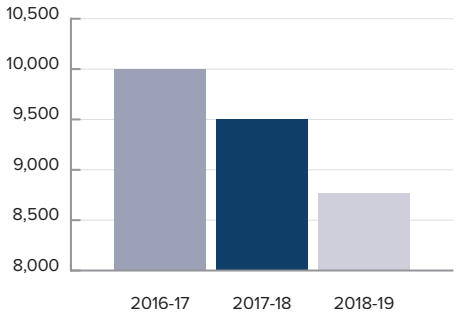
Expenses by nature



Funding by program



Employee benefits expenses



Cutcher&Neale
ASSURANCE

EIS HEALTH LIMITED
ABN 68 603 815 818

Summary Financial Report
For the Year Ended
30 June 2019

The financial statements and other specific disclosures have been derived from EIS Health Limited's (the Company's) full financial statements for the financial year. Other information included in the Summary Financial Statements is consistent with the Company's full financial statements.

The Summary Financial Statements do not, and cannot be expected to, provide as full an understanding of the financial performance, financial position and financing and investment activities of the Company as the full financial statements.

A copy of the Company's 2019 full financial statements, including the independent audit report, is available to all members and will be sent to members without charge upon request.

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EIS Health Limited

ABN 68 603 815 818

Auditors Independence Declaration

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2019 there have been no contraventions of:

(i) the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commision Act 2012* in relation to the audit; and

(ii) any applicable code of professional conduct in relation to the audit.

Cutcher & Neale Assurance Pty Limited
(An authorised audit company)

M.J. O'Connor
Director

NEWCASTLE

9 September 2019

EIS Health Limited

ABN 68 603 815 818

Independent Audit Report to the members of EIS Health Limited

Report of the Independent Auditor on the Summary Financial Statements

Opinion

The summary financial statements, which comprise the summary statement of financial position as at 30 June 2019, the summary statement of comprehensive income, summary statement of changes in funds and summary cash flow statement for the year then ended, and related notes, are derived from the audited financial report of EIS Health Limited for the year ended 30 June 2019.

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with (or a fair summary of) the audited financial report, on the basis described in Note 1.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Australian Accounting Standards – Reduced Disclosure Requirements. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and auditor's report thereon.

The Audited Financial Report and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial report in our report dated 17 September 2019.

Responsible Persons' Responsibility for the Summary Financial Statements

The Responsible Persons' are responsible for the preparation of the summary financial statements on the basis described in Note 1.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial report based on our procedures, which are conducted in accordance with Auditing Standard ASA 810 *Engagements to Report on Summary Financial Statements.*

Cutcher & Neale Assurance Pty Limited
(An authorised audit company)

M.J. O'Connor
Director

NEWCASTLE

17 September 2019

EIS Health Limited

ABN 68 603 815 818

Responsible Persons' Declaration

The Responsible Persons of the Company declare that the summary financial statements of EIS Health Limited for the financial year ended 30 June 2019, as set out on pages 4 to 10:

(a) comply with the Accounting policies described in Note 1; and

(b) have been derived from and are consistent with the full financial statements of EIS Health Limited.

This declaration is made in accordance with a resolution of the Responsible Persons'.

Responsible Person

Responsible Person

Dated 16 September 2019

EIS Health Limited

ABN 68 603 815 818

Summary Statement of Surplus or Deficit and Other Comprehensive Income
For the Year Ended 30 June 2019

	Note	2019 $	2018 $
Revenue	2	**46,164,855**	39,617,373
Other income	2	**953,642**	464,609
Employee benefits expense		**(8,817,807)**	(9,498,157)
Occupancy expense		**(2,345,686)**	(1,139,207)
Program delivery expenses		**(34,195,904)**	(27,116,462)
Management and administration expense		**(1,645,323)**	(2,280,519)
Surplus / (deficit) before income tax		**113,777**	47,637
Income tax expense		**-**	-
Surplus / (deficit) after income tax		**113,777**	47,637
Other comprehensive income		**-**	-
Total comprehensive income		**113,777**	47,637

The accompanying notes form part of these financial statements.

EIS Health Limited

ABN 68 603 815 818

Summary Statement of Financial Position
As at 30 June 2019

	Note	2019 $	2018 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents		**16,425,413**	20,134,715
Trade and other receivables		**1,029,027**	1,204,401
Other assets		**112,918**	420,607
TOTAL CURRENT ASSETS		**17,567,358**	21,759,723
NON-CURRENT ASSETS			
Property, plant and equipment		**1,631,351**	788,931
TOTAL NON-CURRENT ASSETS		**1,631,351**	788,931
TOTAL ASSETS		**19,198,709**	22,548,654
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables		**7,098,853**	5,353,421
Other liabilities		**9,125,930**	15,114,809
Provision for make good of premises		**-**	417,538
Employee benefits		**699,947**	700,991
TOTAL CURRENT LIABILITIES		**16,924,730**	21,586,759
NON-CURRENT LIABILITIES			
Employee benefits		**219,136**	362,944
Provision for make good of premises		**100,000**	-
Other Liabilities		**1,631,351**	389,236
TOTAL NON-CURRENT LIABILITIES		**1,950,487**	752,180
TOTAL LIABILITIES		**18,875,217**	22,338,939
NET ASSETS		**323,492**	209,715
FUNDS			
Accumulated Surplus		**323,492**	209,715
TOTAL FUNDS		**323,492**	209,715

The accompanying notes form part of these financial statements.

5

EIS Health Limited

ABN 68 603 815 818

Summary Statement of Changes in Funds
For the Year Ended 30 June 2019

	Accumulated Surplus
	$
Balance at 1 July 2018	**209,715**
Total other comprehensive income	**113,777**
Balance at 30 June 2019	**323,492**

	Accumulated Surplus
	$
Balance at 1 July 2017	162,078
Total other comprehensive income	47,637
Balance at 30 June 2018	209,715

The accompanying notes form part of these financial statements.

EIS Health Limited

ABN 68 603 815 818

Summary Statement of Cash Flows
For the Year Ended 30 June 2019

	Note	2019 $	2018 $
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from government grants and services		**44,588,036**	46,793,526
Payments to suppliers and employees		**(47,169,297)**	(43,693,694)
Interest received		**399,347**	290,050
Net cash provided by (used in) operating activities		**(2,181,914)**	3,389,882
CASH FLOWS FROM INVESTING ACTIVITIES:			
Proceeds from sale of plant and equipment		**18,970**	-
Purchase of property, plant and equipment		**(1,546,358)**	(531,852)
Net cash used by investing activities		**(1,527,388)**	(531,852)
Net increase (decrease) in cash and cash equivalents held		**(3,709,302)**	2,858,030
Cash and cash equivalents at beginning of year		**20,134,715**	17,276,685
Cash and cash equivalents at end of financial year		**16,425,413**	20,134,715

The accompanying notes form part of these financial statements.

EIS Health Limited

ABN 68 603 815 818

Notes to the Summary Financial Statements
For the Year Ended 30 June 2019

1 Accounting Policies

The summary financial statements have been prepared from the audited financial report of EIS Health Limited for the year ended 30 June 2019. The audited report for the year ended 30 June 2019 is available at request from EIS Health Limited.

The financial statements, specific disclosures and the other information included in the summary financial statements are derived from and are consistent with the full financial statements of EIS Health Limited. The summary financial statements cannot be expected to provide as detailed an understanding of the financial performance, financial position and financing and investing activities of EIS Health Limited as the full financial statements.

The accounting policies have been consistently applied to EIS Health Limited and are consistent with those of the financial year for their entirety.

EIS Health Limited is dependent on the Department of Health for the majority of its revenue. At the date of this report the Responsible Persons have no reason to believe the Department of Health will not continue to support EIS Health Limited. The Department of Health has agreed to extend the core funding contract for Primary Health Networks to 31 October 2021.

The presentation currency used in the financial report is Australian dollars.

2 Revenue and Other Income

	2019 $	2018 $
Revenue from ordinary operations		
- Operating grants	**46,148,700**	39,373,524
- Program partner contributions	**16,155**	243,849
	46,164,855	39,617,373
Other income		
- Sponsorship income	**51,064**	57,068
- Donations and fundraising income	**457**	-
- Interest revenue	**399,347**	290,050
- Other income	**490,774**	117,491
- Profit on disposal of fixed assets	**12,000**	-
	953,642	464,609
Total revenue & other income	**47,118,497**	40,081,982

EIS Health Limited

ABN 68 603 815 818

Discussion and Analysis of the Summary Financial Statements
For the Year Ended 30 June 2019

Statement of Surplus or Deficit and Other Comprehensive Income

The surplus from ordinary activities for the year was $113,777 (2018: $47,637).

This year has been the fourth year of operations subsequent to incorporation of the Company on 20 March 2015.

EIS Health Limited operates Central and Eastern Sydney PHN, one of 31 Primary Health Networks established by the Commonwealth Government to drive improvements in the delivery of primary health care. Primary Health Networks are responsible for improving the health of the local population through coordinating the planning, designing and delivery of effective, equitable and evidence-informed primary health care.

From July 1, 2016 the Company began commissioning local health services on behalf of the Australian Government. These newly commissioned services have been designed to improve the efficiency and effectiveness of health services and improve health outcomes for people with priority needs. EIS Health Limited provide programs and services that strengthen general practice and allied health services, including practice management support and continuing professional development. EIS Health Limited also provide a range of programs focused on delivering integrated care within the local health districts and specialty health networks including Aboriginal health, antenatal shared care, aged care, health pathways, immunisation, mental health and sexual health.

Revenue

Operating revenue for the year was $46,164,855 (2018: $39,617,373). Almost all of this revenue was derived from delivering outcomes in accordance with Commonwealth Department of Health funding contracts. Operating grant income increased as a result of continued growth of the Company's grant funded activities with notable increases in recognised income for; Operational and Flexible Funding, Innovation Funding, Mental Health Funding, Drug and Alcohol Funding, Partners in Recovery Funding, My Health Record Expansion Funding and Norfolk and Torres Strait Funding.

Expenditure

Total expenses incurred for the year were $47,004,720 (2018: $40,034,345).

Employment costs amounted to $8,817,807 (2018: $9,498,157). Employee benefits expense decreased $680k due mainly to difficulties experienced in the prior period with the uncertainty around the funding environment. This uncertainty has resulted in staff reductions and company employment restructure.

Program costs amounted to $34,195,904 (2018: $27,116,462). These costs represent the cost of allied health professionals and similar direct costs incurred for planning, developing, promoting and delivery of primary health care services. The increase was mainly attributed to payments for commissioned services with an increase in program contracts and consultancies expense of $7.3M.

EIS Health Limited

ABN 68 603 815 818

Discussion and Analysis of the Summary Financial Statements
For the Year Ended 30 June 2019

Statement of Financial Position

The Company's statement of financial position discloses net assets of $323,492 as at 30 June 2019. The net asset position is consistent with the requirements of the Company's reciprocal funding arrangements with the Commonwealth Department of Health. Unspent grant funds are recorded as liabilities and represent amounts carried forward to be applied in future periods in accordance with plans and strategies approved by the Department of Health.

The Company has reported current assets of $17,567,358 (2018: $21,759,723) and current liabilities of $16,924,730 (2018: $21,586,759). Assets consist mainly of cash of $16,425,413 (2018: $20,134,715) which is of similar value to the sum of unspent current year funding $6,745,435 (2018: $11,004,684), grant funding received in advance of $2,380,844 (2018: $4,110,125) and trade and other payables of $7,098,853 (2018: $5,353,421).

Statement of Cash Flows

Operating Activities

Cash inflows from operating activities were $44,588,036 (2018: $46,793,526). Almost all the cash receipts represented funding received from the Department of Health. Cash payments to suppliers and employees amounted to $47,169,297 (2018: $43,693,694).

Investing Activities

Cash outflows from investing activities were $1,527,388 (2018: $531,852). Property, plant and equipment increased $842k due to additions of $1.546M in relation to the fit out for the new Mascot office, offset by depreciation for the period of $697k.

Glossary of Terms

ABW	Activity Based Working
AIR	Australian Immunisation Register
CALD	Culturally and Linguistically Diverse
CASPAR	Comprehensive Assessment Service for Psychosis and At Risk
CESPHN	Central and Eastern Sydney PHN
ComaC	Communities at the Centre
CPD	Continuing Professional Development
D2DL	Day to Day Living
FTE	Full-time Equivalent
GP	General Practitioner
GPT3	General Practitioner Term 3
HEIT	headspace Early Intervention Team
LGBTI	Lesbian, Gay, Bisexual, Trans and/or Intersex
LHD	Local Health District
LHN	Local Hospital Network
MHR	My Health Record
NAIDOC	National Aborigine and Islanders Day Observance Committee
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NFP	Not for Profit
NHMRC	National Health and Medical Research Council
PIP QI	Practice Incentive Payment Quality Improvement
PBS	Pharmaceutical Benefits Scheme
PHaMs	Personal Helpers and Mentors Service
PICS	Primary Integrated Care Supports
PIR	Partners in Recovery
PHN	Primary Health Network
PrEP	Pre-exposure Prophylaxis
PSS	Psychological Support Services
PST	Psychosocial Support Transition
RACF	Residential Aged Care Facility
RACGP	Royal Australian College for General Practitioners
RAP	Reconciliation Action Plan
REACH	Research and Evaluation Advisory Committee
SCHN	Sydney Children's Hospitals Network
SESLHD	South Eastern Sydney Local Health District
SLHD	Sydney Local Health District
SNAP	Smoking, Nutrition, Alcohol and Physical Activity
SVHN	St Vincent's Health Network
WHOS	We Help Ourselves

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phn
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