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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.

OUR PHN

Who we are

Central and Eastern Sydney PHN is a regionally-based organisation established to strengthen primary care, work towards integrating health and social sectors, and commission health services to meet health needs. 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. These include health promotion, prevention and screening, early intervention, treatment, and management.

Primary health care addresses a wide range of chronic and complex health issues including population health, mental health, aged care and alcohol and other drugs.

Our vision

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 short term. 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
- increased prevention behaviours such as immunisation and cancer screening.

What we do

We assess the health needs of local areas to identify opportunities and gaps, and prioritise action. Our programs and services strengthen general practice and allied health services. We do this by bringing different health sectors together, supporting practices, commissioning services to fill gaps and offering continuing professional development.

Key priority areas for commissioning are:

- Aboriginal health
- aged care
- mental health and suicide prevention
- alcohol and other drugs
- promoting healthy behaviours
- chronic disease management.

We partner with local health districts and networks, human service agencies, universities and both community management and private organisations operating within our region. Our governance structure of Clinical and Community Councils, member networks, advisory committees, and Clinical Leaders Network, encourages collaboration.

Who we support

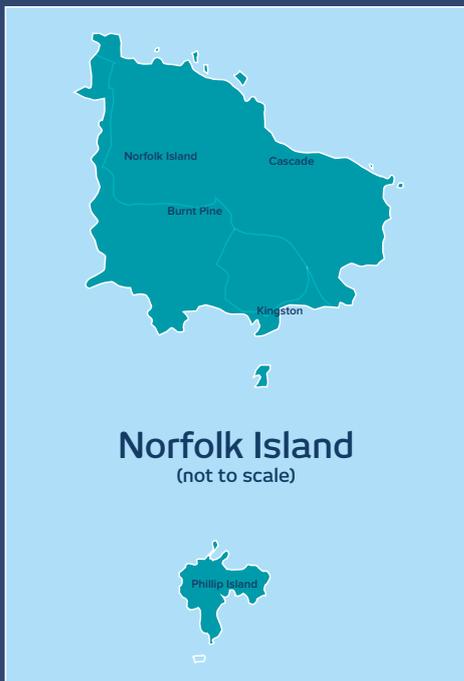
Central and Eastern Sydney PHN supports the people who live and work in the central and eastern Sydney region, which stretches from Strathfield to Sutherland, and east to the coastline. The region also includes Lord Howe Island and Norfolk Island. Central and Eastern Sydney PHN is the second largest PHN in Australia by population size, with more than 1.6 million individuals living in the region.

Our focus is on people and places experiencing disadvantage and inequities in health care. This includes Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse (CALD) backgrounds, people from low socioeconomic communities and people from vulnerable or marginalised groups.

We also support people with complex issues such as ageing, mental health, alcohol and other drug use, disability and complex co-morbidities. Other complex issues include social determinants of health (non-medical factors that affect people's health), poor health literacy and the impact of social isolation on health and wellbeing.

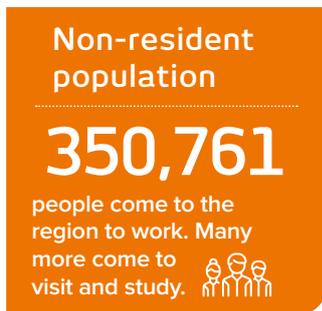
Where we work

Our region stretches from Strathfield to Sutherland, east to the coastline, and also includes Lord Howe Island and Norfolk Island. We are the second largest PHN in Australia by population, with more than 1.6 million individuals living in our region.



HEALTH SNAPSHOT

Population profile



Health profile

Life expectancy at birth (2017–19)

	CESPHN	National
Males	82.8 years	80.9 years
Females	86.8 years	85.0 years
All persons	84.7 years	82.9 years

Potentially avoidable deaths per 100,000 people (2019)

	CESPHN	National
Males	103.7	137
Females	53.9	73
All persons	78.4	103

Most common cancer types (2013–17)

PROPORTION OF CASES	Prostate 15.4%	Breast 13.57%	Melanoma of skin 9.1%	Lung 8.3%	Colon 7.2%
PROPORTION OF DEATHS	Lung 18.8%	Colon 7.2%	Breast 6.9%	Pancreatic 6.7%	Prostate 6.0%

Cancer screening programs 2018-2019

Screening program	CESPHN	NSW	National
Bowel cancer	37.8%	40.5%	43.5%
Breast cancer	50.9%	53.8%	54.8%
Cervical cancer	44.6%	44.4%	46.5%

Cancer incidence and mortality per 100,000 people ASR

All cancers	CESPHN	National
Incidence (2010-2014)	491.5	495.7
Mortality (2010-2014)	150.3	169.2

2021 childhood immunisation rates

Age group	CESPHN	Target
1 year	95.07%	95.0%
2 years	91.84%	95.0%
5 years	92.90%	95.0%

Health behaviours 2017-2018 PHIDU

Health behaviours (adults)	CESPHN (ASR per 100)	NSW (ASR per 100)
Alcohol consumption (more than 2 standard drinks per day)	14.3%	15.5%
Current smokers	12.3%	14.4%
Insufficient physical activity	62.0%	65.3%
Overweight	35.3%	35.0%
Obesity	24.3%	30.9%

Psychological distress

In 2017-2018, 10.4% of persons aged 18 years and over in the CESPHN region reported experiencing high or very high psychological distress compared to 10.8% in NSW.

Service profile

GENERAL PRACTICES¹ Accredited 387 Registered for My Health Record 462 TOTAL 607	Aboriginal Medical Services 1	Local Health Districts 2	Local Health Networks 2
Public Hospitals 18	headspace Sites 5	Residential Aged Care Facilities¹ 161	Number of Residential Aged Care Places 13,148

CEO'S REPORT

2020–2021 was a memorable year with a growing global pandemic and national vaccine rollout changing Australia's health landscape for decades to come.

Improve practice

Central and Eastern Sydney PHN played a key role in supporting general practice through this challenging time. We held hundreds of educational webinars, delivered thousands of masks, and sent hundreds of thousands of email communications regarding the latest vaccine news.

Of course, the vaccine rollout has not been without its challenges. Our staff, in particular our Practice Support, Digital Health and Immunisation teams, have worked tirelessly to ensure the health professionals of our region felt supported and informed through a time of uncertainty.

Central and Eastern Sydney PHN worked closely with residential aged care facilities to ensure our most vulnerable were protected against the virus. By the end of the financial year, 364 general practices (out of 604 in total) were delivering COVID-19 vaccinations, along with five GP respiratory clinics and the Aboriginal Medical Service in Redfern.

We held 126 CPD events this year with over 5,000 attendances. All webinars were recorded and promoted virtually, with 24,461 views over the course of the year.

The continuation of the pandemic has meant even more emphasis on digital health this year. The year was dominated by telehealth, e-prescriptions and e-referrals. Ninety-two per cent of the region's pharmacies and 47 per cent of computerised general practices were enabled for electronic prescriptions by the financial year's end, with our Digital Health team assisting when needed.

Although COVID-19 dominated the headlines, our other important work in improving population health was not forgotten. The Central and Eastern Sydney PHN Hepatitis Strategy 2021–25 was launched this year, setting out goals and actions for reducing morbidity and mortality due to hepatitis B and C.

Integrate systems

We established GPCanShare, a cancer shared care network linking general practitioners with St Vincent's, South Eastern Sydney Local Health District and Sydney Local Health District to create an infrastructure of reliable and continuous care for cancer patients. GPCanShare increases communication links between general practitioners and hospital cancer teams and improves general practitioners' knowledge of best practice cancer management.

We were awarded funding for a four years project in intellectual disability (ID) this year after a competitive application process. Project GROW was developed to support health professionals to improve health outcomes

for patients with ID. The project focuses on strengthening the skills of primary care providers, improving the coordination of care and advocating for equitable access to health services. GROW will be delivered through continuing professional development events, online learning, focus groups, practice visits and in-practice education sessions.

As part of the Central and Eastern Sydney Mental Health and Suicide Prevention Regional Plan, we launched headstart, an online navigation tool for people experiencing mental health issues.

Commission services

We focused on the mental health of our elderly community this year, with several new initiatives. We commissioned Relationships Australia to provide services to people over 65 (or Aboriginal and Torres Strait Islander people over 55) in the region who are at risk of, or have, mental health issues and are experiencing social isolation as a result of the COVID-19 pandemic. We also expanded our Psychological Support Services program to provide face-to-face psychological support for older people, and commissioned Anglicare to provide psychological services for aged care facility residents.

The Babana Aboriginal suicide prevention connector service began in January. Babana provides cultural support in raising awareness of suicide prevention and postvention strategies for those impacted by suicide or attempts. It organises local yarning groups and suicide awareness campaigns in community and offers direct cultural support for those needing clinical services.

Our organisation

Our staff stepped up and banded together this year as we relied more on remote working and were forced to embrace significant changes across all areas of our work. Notwithstanding these major changes, our annual staff survey found that 80 per cent of staff believe Central and Eastern Sydney PHN is a truly great place to work and the vast majority are highly engaged. This was our best result to date, despite the challenging times.

This year, we were proud to launch our second Innovate Reconciliation Action Plan 2021-23. The RAP reinforces our commitment as an organisation to fostering positive relationships with Aboriginal and Torres Strait Islander peoples and communities, and ensures our practices and programs reflect this vision.

Acknowledgements

The success of an organisation such as ours relies on the support and guidance of many others and this has never been truer than throughout this pandemic. I want to thank our Board and Chair for their continued dedication to quality improvement. They continued to champion the work of the PHN while holding us accountable and I am very grateful for their drive and commitment.

We can only achieve our vision of better health and wellbeing of the people who live and work across our region through collaboration and integration. Thank you to the local health districts and networks for coming together to face the obstacles of the past year. Our member organisations, Community and Clinical Councils, advisory committees and Clinical Leaders Network all play crucial roles in the work we do and I thank them for their advice and insights.

The resilience of our staff has continued to impress me, as they settled into a new normal of 'hybrid working', partly from home and partly in the office. Through the challenges of the pandemic, our people have clearly seen the purpose and the importance of their work, and I thank them for their commitment to our shared vision.

As we look to the year ahead, I look forward to the launch of our new Strategic Plan 2022–24 which will outline our goals and plans for the next three years. There is much work to do, and CESPHN, with all our partners will continue to nudge, push and drive improved health across our region.



Dr Michael Moore

CHAIR'S REPORT

Dealing with the COVID-19 pandemic once again dominated the work of Central and Eastern Sydney PHN. In 2020, primary care practices faced the challenges of keeping our patients and practice staff safe while adapting to telehealth. In 2021, the focus was on COVID-19 vaccinations while continuing to provide routine care and maintain our businesses under increasing pressure.

From the Central and Eastern Sydney PHN perspective, much of the year was spent getting up-to-date information to practices about the evolving pandemic, changing lockdown restrictions in our region, and the distribution of vaccines. Central and Eastern Sydney PHN provided regular pandemic updates, including webinars which were attended by hundreds of people. All these webinars are still available on our website and the Central and Eastern Sydney YouTube channel.

General practices and allied health practices continue to embrace telehealth consultations, although many struggled with administrative and financial impacts of the pandemic throughout the year. We supported patients and practices to access vaccines and vaccinators, and informed the federal and state health departments about early gaps in the rollout. These included aged care and disability residents and our culturally diverse populations.

Despite Board meetings being dominated by COVID-19, the Board kept an eye on the future and oversaw the development of a new risk management framework, including a clearer risk appetite statement. Board members also attended cultural competency training along with all other Central and Eastern Sydney staff. The new Reconciliation Action Plan was launched in February 2021.

Last year, we began examining learnings from the early pandemic and produced a report: *Lessons learned from COVID-19: challenges and opportunities for primary care*. Lessons learned from COVID-19: challenges and opportunities for primary care. One of the opportunities identified in this report is the important role that PHNs can have in advocating for vulnerable practices as well as vulnerable populations. This report has been a useful resource as we endured the extended lockdowns of 2021 and will be helpful for PHNs and health providers as they continue to navigate the pandemic.

As we move into 2022, with a new Strategic Plan for 2022–2024, the lessons learned from the pandemic will be critical.

I am proud of our Central and Eastern Sydney PHN staff who once again strived to keep primary care operating and connected to the rest of the health system. With changes to Medicare item numbers throughout the year, changing vaccine eligibility and availability, and changing public health orders, keeping up to date with the correct information was exhausting. I thank the PHN staff and Executive Management for providing a reliable source of up-to-date information, for listening to primary care staff about the problems they have encountered and for helping them find solutions.



I am also grateful to our general practitioners and allied health professionals for keeping their doors open in very difficult times. Clinical work this year has been incredibly stressful and our work is not finished. But however bad I have felt, I know our nursing and administration staff have had an even worse time. I am especially grateful to them. For patiently answering the same questions many times a day, for dealing with anxious and sometimes demanding patients, and for dealing with demanding and sometimes anxious clinicians. Thank you very much!

As 2021 closes, I hope you can spend time with your family and friends (public health orders permitting) and take a moment to reflect on your strength in getting this far through the pandemic. Hopefully in 2022 we can look beyond the current crisis and rebuild our lives and our practices to create a future health system that is stronger than ever.



RESPONDING TO COVID-19

Our response to the COVID-19 coronavirus pandemic continued to dominate our work in 2020–2021. From late 2020 the focus shifted to supporting the vaccination effort while continuing to promote the importance of testing and strong infection control.

Supporting the vaccine rollout

Our practice support and immunisation teams worked tirelessly to support general practice throughout the COVID-19 vaccine rollout. We arranged webinars on how to prepare for vaccine delivery and coordinated multiple expressions of interest processes to become vaccination sites. We also helped vaccination practices update their details on the vaccine clinic finder and resolve ordering issues.

By 30 June there were 361 general practices in the Central and Eastern PHN region participating in the vaccine rollout, in addition to the five general practice respiratory clinics and the Aboriginal Medical Service in Redfern.

We offered a scholarship to practice nurses to become qualified nurse immunisers. At 30 June, 48 nurses had signed up to the program. The program will expand to residential aged care next year. To support the Department of Health in the vaccination of residents and staff of aged care facilities and disability group homes, we liaised between contracted vaccine providers and facilities. We also managed escalating issues.

Our Clinical and Community Councils have both considered the vaccine rollout and provided invaluable advice including the importance of a strong communications strategy targeting the region's culturally diverse population.

Strengthening infection control

We continued to promote vigilance in primary care including minimising exposure to people with respiratory infection by judicious screening, sending unwell patients to the local GP respiratory clinic, maintaining good hygiene practice and use of PPE. We emphasised the continuing importance of arranging testing, without fail, for anyone with respiratory or any other potential COVID-19 symptoms. We also continued to promote use of telehealth, where appropriate.

Where there were cases of COVID-19 transmission, we worked with general practices to ensure all steps and processes were in place to avoid recurrence. In October we held a webinar attended by more than 100 general practitioners, practice managers, nurses and practice staff focusing on the important steps general practice needs to take to reduce the risk of COVID-19 infections.

Central and Eastern Sydney PHN has played a key role in arranging distribution of masks and other PPE to general practices, pharmacies and other health professionals where other supply was unavailable. During the year we distributed more than 750,000 masks and 10,000 gowns.



Supporting GP respiratory clinics

The five GP respiratory clinics in our region continued to be very busy and conducted approximately 58,000 assessments over the year. In addition to their role assessing people with respiratory illness and testing for COVID-19, they have also been offering COVID vaccinations.

Providing reliable and up-to-date information

Over the past year we continued to provide a weekly COVID-19 email update as part of our Sydney Health Weekly eNewsletter. We distributed to health professionals urgent advice from the Australian Government Department of Health, NSW Health and the local health districts.

To ensure questions could be promptly answered with consistent and accurate information, we maintained our dedicated COVID-19 email address. We also held regular webinars for local health professionals where we have invited experts to provide briefings and answer questions.

Preparing and responding to outbreaks in residential aged care facilities

We developed a Primary Care Preparedness and Response Strategy for COVID-19 Outbreaks in Residential Aged Care Facilities (RACFs). To assist in this work we completed a rapid assessment of the preparedness, capacity and availability of local general practitioners to help residents in local residential aged care facilities in the event of an outbreak.

Working with both Sydney and South Eastern Sydney Local Health Districts, we developed coordinated plans to ensure primary care services are available to residents of residential aged care facilities should a COVID-19 outbreak occur. We continued to meet weekly to discuss pandemic planning. To provide clinical leadership and advice on COVID-19 preparedness and response activities, we also established an aged care advisory group.

Promoting the transition to digital services

As the Australian Digital Health Agency (ADHA) fast tracks the introduction of ePrescribing we worked hard to support the implementation process in our region. This included:

- conducting webinar training sessions on electronic prescribing
- promoting ADHA and associated software vendor and peak body webinars on electronic prescribing through newsletter distributions and communication channels
- updating and sharing education and resources materials on electronic prescribing on the CESP HN website

- creating easy electronic prescribing readiness checklists for both general practices and pharmacies on how to connect.

Over 400 pharmacies and 240 general practices were participating in ePrescribing in our region at 30 June.

The free Healthdirect Video Call Service was extended for general practices and allied health and we continued to promote this program and the benefits of video telehealth. COVID-19 has highlighted the need for simpler processes to order pathology and radiology online. To facilitate this, we developed an eOrdering pathology guide for general practice.

Assisting vulnerable populations

We commissioned Relationships Australia to provide services to people over 65 (or Aboriginal and Torres Strait Islander people over 55) in the Central and Eastern Sydney PHN region who are at risk of, or have, mental health issues and are experiencing social isolation and/or loneliness in the community as a result of the pandemic. The initiative supports older people's mental and physical health, and coordinated connections to local supports, networks and services.

We have expanded our PSS program to provide in-person psychological support for older people identified by Relationships Australia.

COVID-19 has had a substantial impact on people's mental health and we have seen increased demand for mental health services over the past 12 months. Central and Eastern Sydney PHN responded rapidly to the changing situations to ensure that service delivery continued during lockdowns. We promoted e-mental health tools and commissioned a podcast series with PANDA to provide extra support in the perinatal period.

Monitoring the impact of COVID-19

In December 2020, we released a paper *Lessons from COVID-19: challenges and opportunities for primary care*. In this paper we discussed:

- the impacts of COVID-19 on primary and community care providers in our region delivering care within a pandemic
- our primary health network's response, challenges, learnings from the experience and factors that have enabled success
- the actions we will undertake to improve the resilience of the health system in the region, and to improve health outcomes for Central and Eastern Sydney PHN's population during COVID-19 and beyond.

We also commissioned the University of Technology, Sydney (UTS) to conduct research on the impacts of the COVID-19 pandemic on primary practice operations and financial viability. This involved surveys and interviews with primary health care providers across Australia.

IMPROVE PRACTICE

Supporting health professionals through professional development and training, access to information, and networking and leadership opportunities.

Develop our workforce

We continued our focus on driving quality improvement through offering a wide range of workforce development activities for the primary health workforce. These initiatives included a comprehensive continuing professional development and peer group learning program, commissioned training programs, clinical leaders network and student placements.

Continuing professional development

With the ongoing COVID-19 pandemic it was critical to maintain continuing professional development (CPD) for primary health workers. CPD activities in primary health care included rapid upskilling around COVID-19, infection control, vaccinations and how to use telehealth.

COVID-19 was once again a focus of ongoing education opportunities with five webinars delivered on COVID-19 vaccine readiness. Other education sessions included:

- infection prevention and control
- reception masterclasses (three classes)
- triage.

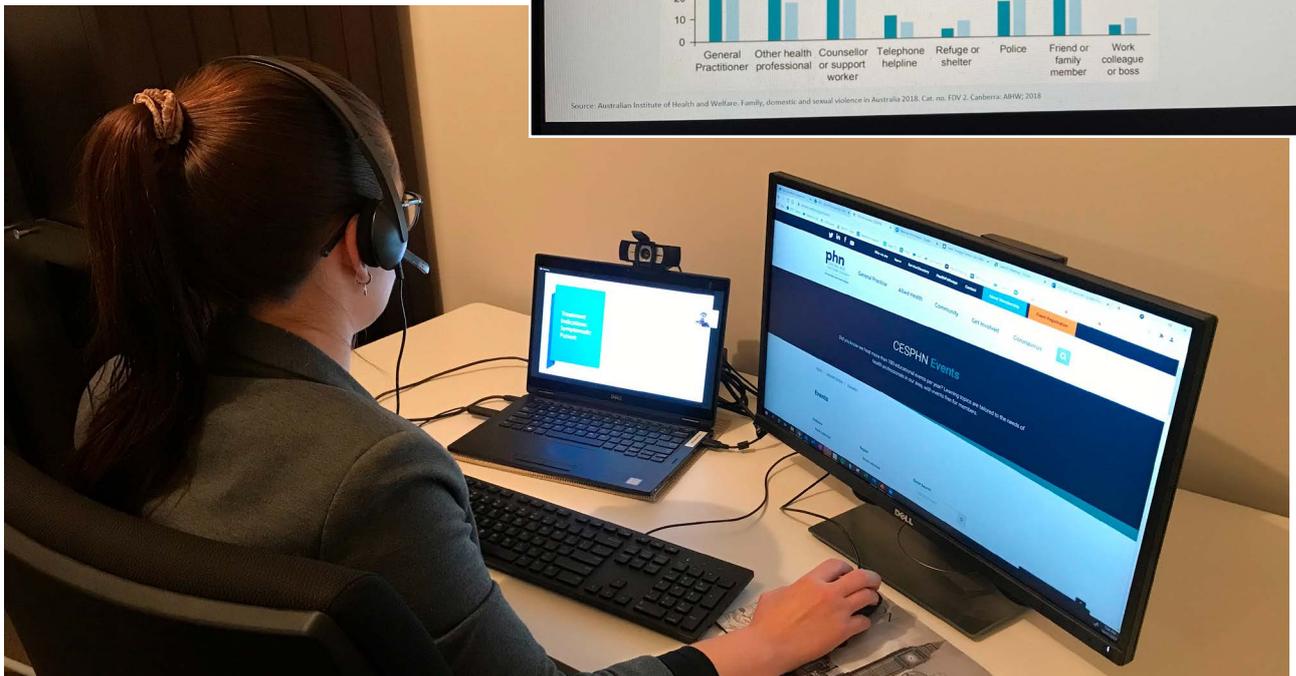
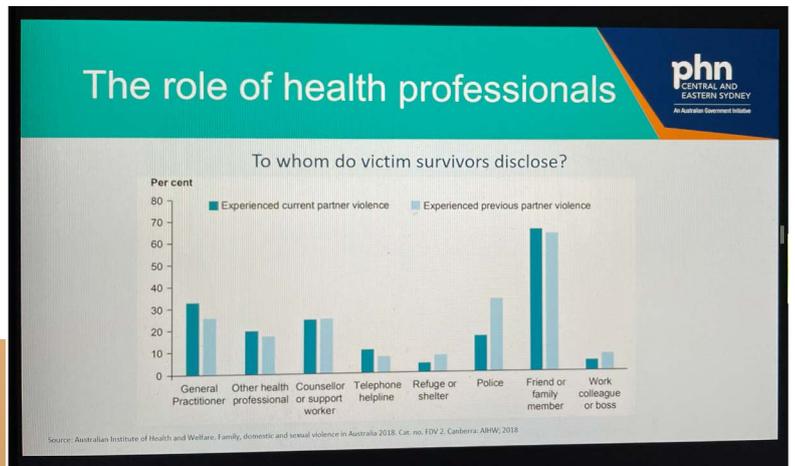
Our education services gave practices access to several high-calibre presenters for up-to-date COVID-19 information and resources.

In 2021, we established the St George GP CPD Advisory Committee and the Allied Health CPD Advisory Committee. The advice and recommendations of these committees have allowed us to offer new events. These included a CPD breakfast webinar series for general practitioners, in partnership with St George Hospital, and events specifically targeted at allied health professionals.

Our digital transformation continued with a transition to the video conferencing platform Zoom in early 2021. Through our online webinars, we were able to reach larger audiences in a COVID-safe way as well as host joint events with other PHNs.

We began offering a combination of online and in-person events in early 2021, including some hybrid events with a mix of online and in person. Events included CPR training, cultural awareness training and training for commissioned service providers. However, after two months, we transitioned back exclusively to online webinars due to COVID-19 restrictions.

Attendance at our events increased with a total of 5,321 attendances compared with 4,601 in the previous year. Our recordings of 72 CPD webinar events on our YouTube channel attracted 24,461 views.



Cultural awareness training

Aboriginal health team staff with a specialist general practitioner and community member delivered cultural awareness training to general practitioners, allied health professionals, practice nurses and practice staff. Three in-person three and a half hour sessions were delivered over the year. In addition, four specific cultural awareness training sessions were delivered online for mental health care providers, facilitated by the Australian Indigenous Psychologists Association. These sessions, which were spread over two six-hour days, were attended by 44 participants.

'[The cultural awareness training] has been the most structured and practical training that I have ever attended in the space of diversity and wellbeing trainings. My background is working with culturally and linguistically diverse (CALD) communities, so I am quite new to working with First Nations peoples and I feel much more confident now.' – Cultural awareness training participant.

Disability education

Central and Eastern Sydney PHN remained committed to providing quality health and disability education for primary care providers. Our year in disability education included four online NDIS modules which we co-designed with the Council for Intellectual Disability. In partnership with the Sydney LHD and South Eastern Sydney Local Health District (South Eastern Sydney LHD) Specialist Intellectual Disability Health Teams, we also developed three Intellectual Disability Foundational Training webinars.

Peer group learning

The Peer Group Learning (PGL) program continued to provide another professional development avenue in 2021. The peer-group format promotes a more in-depth understanding of an area or topic and allows health professionals to share their own experiences and knowledge with peers in a safe setting.

Those general practitioners who participated in the 2020 PGL online program, expressed an interest in continuing in the 2021 PGL program online as they found it a convenient and effective way to learn.

In early 2021 the PGL program was offered to general practitioners both online and in person, with a strong uptake for both modalities. The program was also offered online to allied health professionals. Seven St George Division PGL groups were added to the 2021 program.

At 30 June 2021 there were 14 GP online and in-person PGL groups, with a total of 142 general practitioner participants. The program's two allied health professional groups have a total of 16 AHP participants. A combined total of 108 sessions are scheduled for the 2021 calendar year (93 general practitioners and 15 allied health professionals).

Aboriginal Workers' Circle

The Central and Eastern Sydney PHN Aboriginal Workers' Circle continued to meet twice a month using online technology to remain connected during times of restricted in-person group gatherings. The Workers' Circle is a traditional cultural yarning circle to support the 14 identified Aboriginal staff across Central and Eastern Sydney PHN commissioned services in a culturally safe setting. Workers come together and discuss common experiences, share learning, collaborate and make cross-sectorial referrals.

Co-occurring mental health and alcohol and other drugs

Central and Eastern Sydney PHN's Alcohol and Other Drugs team continued to work with The Matilda Centre for Research in Mental Health and Substance Use, the University of Sydney (The Matilda Centre). This partnership has enabled us to better understand the barriers to health care for people with co-occurring mental health and alcohol and other drugs issues.

The Matilda Centre produced a scoping paper with recommendations for increasing workforce capacity to support people with co-occurring needs. The recent launch of the National Comorbidity Guidelines and the accompanying training by The Matilda Centre was a timely opportunity to enact the scoping paper with strategies tailored to suit local needs.

We achieved this by forming a working party with representatives from across the region. Members included lived experience workers, practitioners in public health and non-government organisations, general practitioners, pharmacists, sector peak bodies, researchers, and educators. We focused on the four key areas of training, supervision, practice experiences and models of care. The working party developed specific activities and projects to enable providers to better support community members with co-occurring needs.

Several planned activities were launched including a new dedicated webpage as a central point of information on working with co-occurring mental health, and alcohol and other drugs needs. Tailored training to government and non-government staff working in mental health and alcohol and other drugs settings was also delivered.

Mental health literacy initiative

Central and Eastern Sydney PHN had the opportunity in December 2020 to participate in the Health Literacy Initiative with funding from the Mental Health Commission. This project aimed to increase the responsiveness of clinicians to the health literacy needs of people in our community. Activities focused on:

- encouraging general practitioners and clinicians to use e-mental health tools as part of the support they provide
- promoting service directories and other service navigation tools
- supporting implementation of the Embrace multicultural framework at Central and Eastern Sydney PHN.

IMPROVE PRACTICE

Practice Nurse Development and Leadership Program

In the last year we have extended our collaboration with the Australian Primary Health Care Nurses Association (APNA) to offer the Practice Nurse Development and Leadership Program.

The program aims to support practice nurses to:

- access learning resources
- develop their leadership skills
- support practice nurses to better manage patients and improve quality of care
- facilitate early and appropriate interventions for their patients.

At 30 June 2021, 31 nurses were enrolled in the program.

This program aligns with Central and Eastern Sydney PHN's Person Centred Medical Neighbourhood (PCMN) program which develops practice nurses to take on care coordinator roles to help manage chronic disease.

Dementia education and training

Dementia remains a significant issue for the community and our health system. It affects almost one in 10 people over the age of 65 with 52 per cent of people living in residential aged care facilities having a diagnosis of dementia.

We commissioned Dementia Australia to deliver tailored education and training to aged care facility staff. The training focused on people living with dementia who had been living at the facility for the past two years, and their carers.

Outcomes of the program include an increased understanding of dementia, skills for communicating with people with dementia, and dementia behaviour management skills. This training was delivered to 975 professional care workers and 126 family carers.

To better support the staff in aged care facilities, we commissioned training to help staff recognise and understand mental health presentations in their residents. St Vincent's Hospital Network delivered in-person (COVID-19 restrictions permitting) as well as virtual training for the staff of the aged care facilities in their remit and Dementia Australia provided virtual classes for staff of facilities in Sydney and South Eastern Sydney LHD areas.

Clinical Leaders Network

The Clinical Leaders Network, chaired by Dr Martina Gleeson (general practitioner, Caringbah) has 25 general practitioners, allied health professionals, and nurses interested in leading system change in primary care. The Network discusses key challenges and issues affecting primary care and advises Central and Eastern Sydney PHN on opportunities to better support primary care providers. It also provides networking and professional development opportunities for its members.

Negotiation training was identified as a key development area for clinical leaders and training was provided in November 2020.

The COVID-19 vaccine rollout was a key topic of discussion in 2021, together with improving service access for vulnerable population groups, providing input to Central and Eastern Sydney PHN's advocacy strategies.

Medical and student placements

Over the past year, Central and Eastern Sydney PHN supported student and registrar placements which provide fresh perspectives on challenging and emerging issues.

Two Master of Public Health students and a Public Health Registrar joined us this year and successfully completed their training. These valuable additions to our team contributed enormously to a range of key projects. This included a comprehensive review and update of the disability section of the Central and Eastern Sydney PHN needs analysis. This work will further the evidence base for our advocacy efforts and inform our commissioning in disability.

Another key project was analysis of why people with low acuity needs were attending local emergency departments during general practice business hours, using quantitative data from the Lumos project and quality data from stakeholder interviews. As a result of this project, three key strategies to help reduce unnecessary presentations to emergency departments were put forward for our consideration.

We also had Dr Nathan Lum undertake a placement as part of his training as a Public Health Registrar. In addition to providing advice on opportunities to improve integration of existing projects with primary care activities, Dr Lum evaluated the effectiveness of our adolescent obesity program and prepared an article for publication. Significantly, Dr Lum led development of our Hepatitis Strategy 2021–2025 which was endorsed by the Central and Eastern Sydney PHN Board in March 2021.

Central and Eastern Sydney will take up further opportunities to engage with students and new graduates in the primary care workforce.

Provide practice support

Our practice support officers focus on engaging and supporting general practices to improve the quality of care they provide to their patients. Despite the challenge posed by COVID we continued to support practices in their day-to-day business by telephone, email, virtual meetings and COVID-safe in-person visits where possible.

This year there was an 18 per cent increase in general practices that improved their practice systems such as receiving accreditation, adopting My Health Record and sharing de-identified data. Quarterly Practice Progress Reports provide valuable information to develop quality improvement activities that support Practice Incentives Program (PIP) Quality Improvement (QI).

We continued to provide practice management assistance accreditation, practice nurse support, chronic disease management (including care plans and health assessments), Aboriginal health, Medical Benefits Scheme support and Practice Incentive Programs.

Our Aboriginal Health, Practice Support and Digital Health teams worked together to improve the uptake of Aboriginal and Torres Strait Islander specific health checks. One practice was involved in the data review process and demonstrated that cultural training resulted in a 44.92 per cent increase in health assessment of MBS item 715 provision for their patients in the past year.

The general practice Accreditation Scheme was suspended for 12 months due to COVID-19. However, our team was still required to ensure that practices were well supported.

At 30 June 2021 there were 388 (64 per cent) general practices accredited against the RACGP 5th Edition Standards. Another 17 newly registered practices are expected to soon become accredited.

We delivered 3,123 interactions with general practice – an increase of 523 from the previous year.

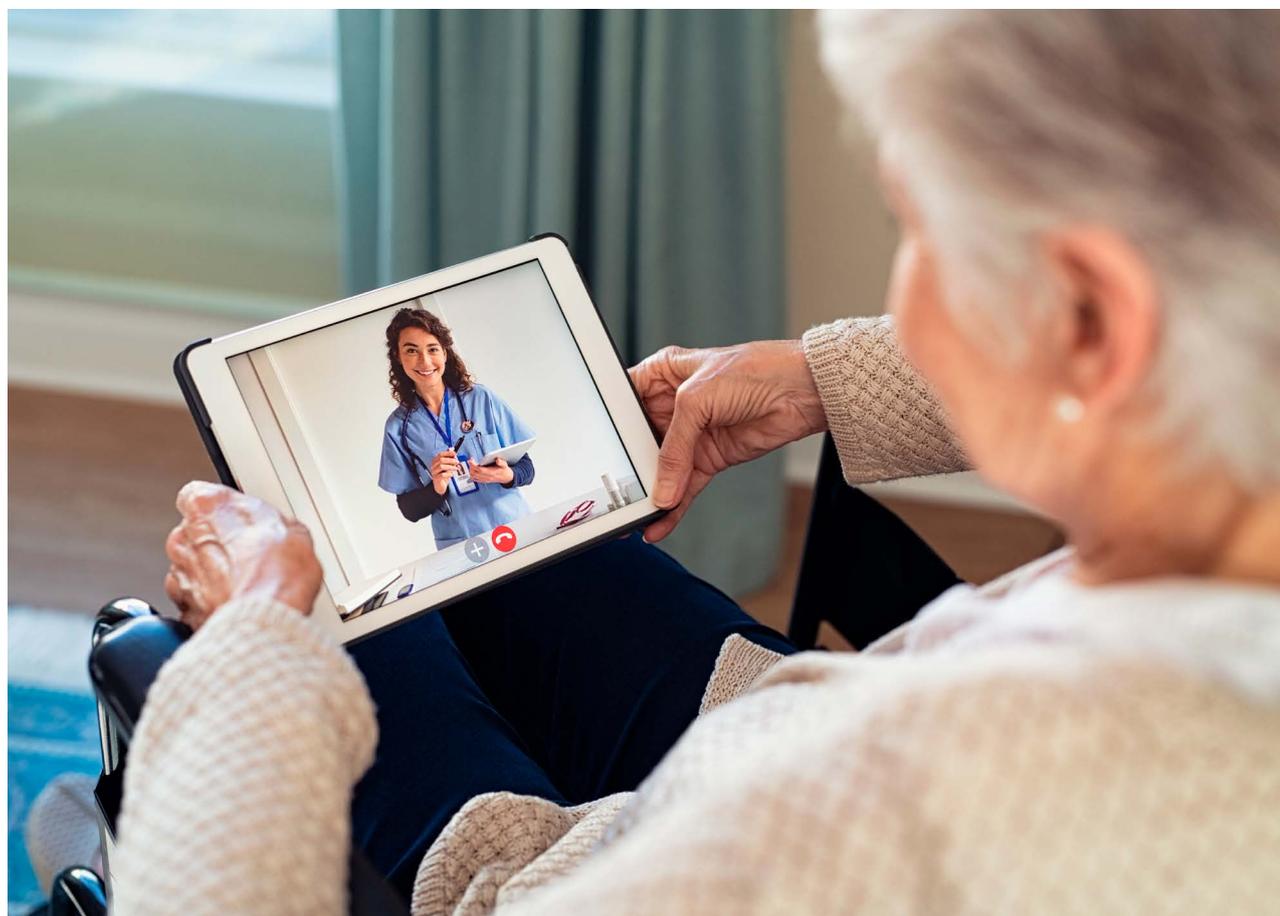
Promote digital technologies

Accelerated by the COVID-19 pandemic, telehealth, electronic prescriptions, My Health Record, eReferrals, and virtual care continued to be widely adopted by providers and patients.

The Lumos project, PIP QI and My Health Record remained priorities. Other priorities included enabling the uptake of electronic pathology and supporting government legislation, such as active ingredient prescribing (AIP) and mandatory reporting of vaccinations to the Australian Immunisation Register (AIR).

Our Digital Health Strategic Plan 2019–2021 has placed us in a strong position to meet these digital demands and support general practices, private specialists, and allied health professionals.

Telehealth is now a permanent part of the Medicare system. We received federal government funding to extend Healthdirect video call services to June 2022 for allied health, aged care, and mental health practitioners, and to December 2021 for general practitioners. In the past year, Central and Eastern Sydney PHN increased the number of accounts from 86 to 120, and over 2,000 hours of consultations took place on the Healthdirect platform.



IMPROVE PRACTICE

ePrescriptions

The era of printing a script, signing it, then faxing it to a pharmacy followed by posting it, or of having the patient attend the general practice to pick up the script, is ending. Electronic prescriptions became available in the Central and Eastern Sydney PHN region in September 2020.

Of the 440 pharmacies in our region, 92 per cent were able to dispense electronic prescriptions and over 47 per cent of computerised medical practices were able to issue electronic prescriptions at 30 June 2021. Further improvements, such as Active Script List (ASL) will begin to rollout through 2021/2022. The high uptake of digital health technologies is expected to continue.

My Health Record



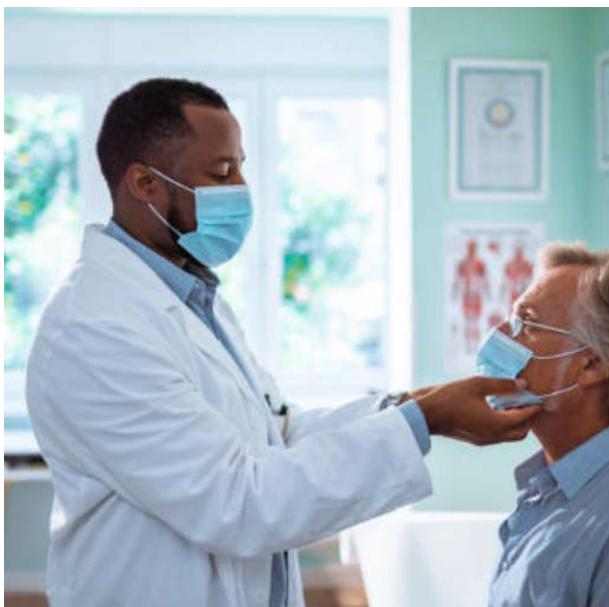
The Digital Health team continued to support practices to access records for their patients using the My Health Record platform.

An invaluable tool during the ongoing COVID-19 pandemic, information within a patient's My Health Record helps

practitioners provide virtual care as well as manage vaccination.

As of May 2021, 91 per cent of the nearly 23 million health records in Australia had data recorded in them. Nearly 16 million people have had immunisation records uploaded to their My Health Record, allowing both patients and providers to see their immunisation status at a glance.

Over the past year in the central and eastern Sydney region, general practitioners uploaded 90,824 shared health summaries for their patients, a slight increase of 3 per cent on the previous year. Views by general practices and uploads by pharmacies in the region also significantly increased.



My Health Record views by general practices

Information viewed	Number of views FY2020	Number of views FY2021
Hospital discharges	9,264	20,282
Pathology records	5,935	12,670

Views by general practices of hospital discharges had an increase of 118 per cent and pathology records a 113 per cent increase.

My Health Record uploads by pharmacies

Information uploaded	Number of uploads FY2020	Number of views FY2021
Prescription records	1,130,702	1,390,518
Pharmacist Shared Medicines Lists	7,513	12,670

Uploads by pharmacies of prescription records had a 23 per cent increase and Pharmacist Shared Medicine Lists a 210 per cent increase.

Secure messaging

The Digital Health team continued to help providers set up secure messaging systems as a priority for all areas of health care. The adoption by general practices and specialists of HealthLink Smart Forms (eReferrals) continued to grow.

General practitioners and specialists continued to use the SR Specialists & Referrals service which integrates HealthLink software and the Medical Specialist Directory. This software allows general practitioners to search, select and send electronic referrals to any listed private specialist.

Sydney Local Health District (Sydney LHD) continued to expand its eReferrals to ambulatory and specialist care services with 46 HealthLink Smart Forms available in the Sydney LHD hospital network. A further 18 forms are in development for the Royal Prince Alfred Hospital site to be deployed in late 2021. Antenatal, fertility and gynaecology services at Canterbury and RPA hospitals will be accepting eReferrals to the NSW Health Engage Outpatients platform by the close of 2021.

eReferral is accessible to all Sydney LHD-based general practitioners using the HealthLink functions in Best Practice, Genie, and Medical Director as well as optometrists using the MyHealthLink portal.

Across our region, 98 per cent of general practices use one or more secure messaging solutions which allow secure digital communications between practitioners. In our bid to "axe the fax", we collaborated with Sydney LHD and South Eastern Sydney LHD to streamline electronic communication across a range of clinical communications.

Double the number of eReferrals were sent (31,395) from the previous year by 326 general practices and 12 private specialists in the region.

Using data to drive improvement

There were 66 practices registered for the Lumos data linkage program at the end of June 2021, up from 27 in October 2020. Participating practices in the Lumos project receive insights on the patient journeys through the NSW Health system. De-identified data provides valuable information on the way patient populations interact with the health system which allows practices to tailor improvements to suit their patients.

Of the 370 practices sharing data with Central and Eastern Sydney PHN, 355 took part in the PIP QI Incentive and provided de-identified data for over 1.5 million RACGP active patients in the region. Participating practices received quarterly reports which highlight possible areas for quality improvement. These reports helped practices progress against 10 quality improvement measures (QIMs) and benchmark across accreditation standard measures.

The Person Centre Medical Neighbourhood (PCMN) program recruited 17 practices with the goal of 35 practices by 2022. The PCMN program helps general practices and allied health providers achieve the highest levels of accessible, comprehensive, coordinated and person-centred care through engaged leadership, quality improvement and team-based care.

Provide clinical support

We continued to offer a range of programs to support delivery of high quality clinical care.

GP Liaison in Alcohol and other Drugs program

Recognising that drug and alcohol issues can be complex, the GP Liaison in Alcohol and other Drugs (GLAD) program provides general practitioners with specialist advice, information, support and referral options. GLAD is provided by Sydney LHD and South Eastern Sydney LHD, who deliver support in partnership with St Vincent's Health Network.

The program continued to attract steady engagement from general practitioners in the central and eastern

Sydney region. Regular referral consultation clinics, and tailored support and information were delivered. The team also continued to identify ways to build on collaborative relationships with general practitioners and other community providers. This included identifying learning needs and resources for general practitioners.

Satisfaction with the GLAD program remained high, with general practitioners emphasising the benefit to patients who would otherwise be unlikely to access other services for their drug and alcohol use. The learning gained from GLAD clinical nurse consultants, the experience of co-managing patients, enhanced communication methods and links to local alcohol and other drugs specialist services, were also cited as key benefits to general practitioners.

The GLAD team of clinical nurse consultants and addiction medicine specialists delivered almost 550 occasions of service.

Sexual health and viral hepatitis

Central and Eastern Sydney PHN is one of only two metropolitan PHNs with a prevalence of chronic hepatitis C virus (HCV) above the national average. It also has the third highest prevalence of chronic hepatitis B virus (HBV) in Australia.

The Central and Eastern Sydney PHN Hepatitis Strategy 2021–2025 aims to build upon previous work in the primary care sector to achieve the best possible care for people living with HBV and HCV.

The strategy brings together all our work across alcohol and other drugs, mental health practice support, and population health to:

- reduce newly acquired HBV and HCV infections
- increase detection of HBV and HCV across primary care settings
- improve outcomes of people living with HBV and HCV in the Central and Eastern Sydney PHN region, in particular increasing access to treatment to all people who need it.

We continued to promote and support general practitioners to prescribe direct acting antiviral (DAA) medications (cure for hepatitis C) and HIV pre-exposure prophylaxis (PrEP) medications.

In collaboration with Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) and South Eastern Sydney LHD, we supported training in how to care for trans and gender-diverse people, liver health and hepatitis C management, and sexual health.

IMPROVE PRACTICE

Cancer control

Cancer was the leading cause of death in Australia in 2020 with 48,099 deaths. The screening participation rate in the central and eastern Sydney region in 2020 (Australian Institute of Health and Welfare 2020) was below the national average in all three population health screening programs.

Primary practitioners are in the best position to encourage people to be screened. Through a 12-month structured project, 18 general practices worked with Central and Eastern Sydney PHN to reduce the number of under- and never-screened patients. Participating practices used the Cancer Institute NSW's Cancer Screening Toolkit as well as a knowledge and readiness tool and the guidance of an experienced NPS Medicine Wise facilitator.

Each of the 18 practices identified gaps and focus areas based on high-risk populations as well as barriers specific to their practice.

As a result of this project, practices:

- increased contact with national registers to update screening status of patients
- identified patients at risk of not participating in screening and associated barriers
- sent targeted recalls and reminders to patients
- established uniform coding within practice software
- increased awareness of screening among patients and promoted opportunistic screening
- provided point-of-care opportunistic checking of patient screening status and reminders
- implemented cancer screening checklists
- provided demographic-appropriate preventative health and cancer screening information to patients.

Cancer screening participation rates				
Program	Baseline data (% screened)	Data audit #2 (% screened)	Data audit #3 (% screened)	Overall improvement (%)
Bowel	31.29%	34.69%	37.88%	6.59%
Breast	23.57%	24.26%	30.73%	7.16%
Cervical	33.10%	35.44%	50.77%	17.67%

It is anticipated that due to COVID-19, some people may have delayed seeking treatment from their general practitioner and as a result cancer diagnoses may be made later. Central and Eastern Sydney PHN will work with general practices to address issues around delayed diagnosis through our various cancer projects.

GP Psychiatry Support Line

In 2020, the Royal Australian College of General Practitioners (RACGP) Health of the Nation report, a survey of 1,100 general practitioners, found that mental health is the most common issue general practitioners manage. The GP Psychiatry Support Line, provided by ProCare, is a free telephone service for general practitioners aimed at helping them manage the care of their mental health clients.

General practitioners are often the first point of contact for patients seeking support, but there can be a three to six month wait for a psychiatrist. Once they are registered with the Support Line, general practitioners are able to telephone the service for timely expertise from psychiatrists. The number of registrations for the Support Line continued to grow with enquiries increasing by 32 per cent.

As of 30 June 2021, 68.3 per cent of all practices in the Central and Eastern Sydney PHN region were registered reaching over 1,100 general practitioners. Over 25 per cent of those registered actively use the Support Line.

Of the calls to the support line, 95 per cent of calls related to medication with immediate connection to psychiatrist. To handle the increased number of enquiries, several new psychiatrists were enlisted mid-year.

'It was very helpful and reassuring to have prompt, practical advice from a psychiatrist on this occasion.' – Central and Eastern Sydney PHN general practitioner.

Reference: The Royal Australian College of General Practitioners. General Practice: Health of the Nation 2020. East Melbourne, Vic: RACGP, 2020.

The Support Line received 236 calls from the Central and Eastern Sydney PHN region in the 2020–2021 year. Since its inception in 2018, the Support Line has received 653 calls to their service and achieved a 99 per cent satisfaction rate.

Initial assessment and referral guidance for mental health care

The Initial Assessment and Referral (IAR) Decision Support Tool (DST) helps general practitioners, clinicians, commissioned providers, and intake teams recommend the most appropriate level of care for a person seeking mental health support.

In September 2020, we completed our participation in the implementation review of the IAR guidance project. Central and Eastern Sydney PHN was chosen alongside eight other PHNs to participate in the implementation project. Our data, feedback and recommendations were consolidated into a 'state of play' report that was disseminated to the other PHNs to help inform them of the successes and challenges in our implementation of the IAR.

Since completion of the project, there has been a large amount of interest in our implementation approach. Multiple PHNs have approached us to discuss our experience and seek advice on how to approach the implementation in their own regions. This has resulted in great collaboration and networking on a national level.

Central and Eastern Sydney PHN continued to include the IAR DST for referral to some of our commissioned services. Discussions with our local health districts and networks about the potential use of the IAR DST more broadly across the local health sector began. This would help ensure more accurate referral processes and pathways between the primary and secondary health sectors. Ultimately, this will lead to a more appropriate and seamless help-seeking journey for an individual in need of mental health support. We look forward to the potential expansion of the IAR DST across the health services in our region.

Navigate services

Project GROW

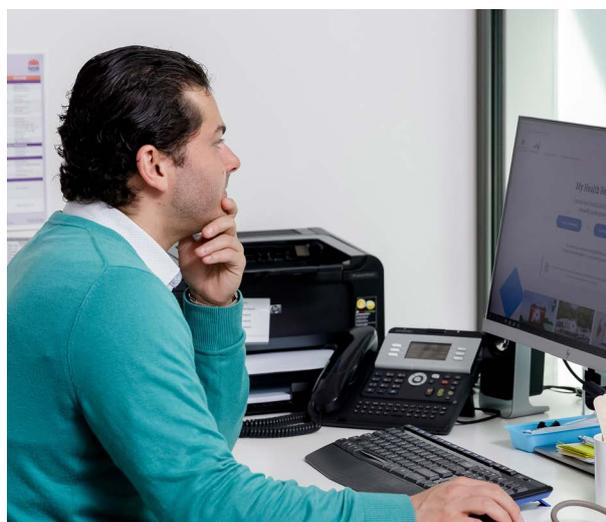
Building on our strong commitment to the health and wellbeing of people with intellectual disability, Central and Eastern Sydney PHN was one of four PHNs successful in obtaining funding from the Department of Health in 2020 to lead the development of the Primary Care Enhancement Program (PCEP) (Project GROW).

Project GROW aims to strengthen the pivotal role of primary health professionals to meet the complex needs of people with intellectual disability by providing:

- access to Intellectual Disability Service Navigators who can provide practice support and guidance on referral pathways
- practical resources, education and training to enhance practice capacity and efficiency
- information on initiatives that include, uptake of Health Assessments, HealthPathways, NDIS and digital platforms.

The project will make it easier for people with lived experience of intellectual disability to access appropriate quality health services. It will also help ensure they have equitable access to quality health prevention and health promotion programs.

In the coming year, Central and Eastern Sydney PHN will engage with general practice and other primary care providers to ensure that people with an intellectual disability receive greater access to care. This project will also identify opportunities to ensure that care is delivered in a more seamless way across the health system.



Information Line for Psychosocial Services

Central and Eastern Sydney PHN developed the Information Line for Psychosocial Services in May 2019. This service was a central point for information and referrals for people within the community with severe mental illness who wished to access psychosocial supports, including the National Disability Insurance Scheme (NDIS). The aim was to ensure a seamless transition of psychosocial service delivery following the closure of the Commonwealth community mental health programs, Partners in Recovery (PIR), Personal Helpers and Mentors (PHaMs) and Day to Day Living (D2DL) on 30 June 2019.

To October 2020 when the service was decommissioned, the information line received over 210 calls from clients as well as providers. Of these calls, 30 per cent were clients seeking psychosocial support for themselves, or friends and family on their behalf. Over 35 per cent of calls were from community mental health services and other community or health care services seeking information and referral pathways for people they support.

Service Navigation for Psychosocial Services

In December 2020 Central and Eastern Sydney PHN established the Service Navigation initiative to help people with severe mental illness identify and locate the appropriate services to meet their psychosocial, clinical, and physical health needs. Service Navigation can be accessed by clients, their families and carers, as well as general practitioners, and allied health and community practitioners.

Service Navigation enables early and easy access to health services by promoting psychosocial programs and other supports including the NDIS. It also provides a central point in the region for information and referral pathways to mental health services and supports. The Service Navigation phone line received 73 calls up to 30 June 2021.

INTEGRATE SYSTEMS

Working collaboratively to integrate health services at the local level to create a better experience for clients and carers, encourage better use of health resources, and eliminate service duplication.

Partnerships with service providers

We worked closely with Local Health Districts and Specialty Health Networks as well as other service providers to better integrate health care.

Primary Health Partnership Committee

The Central and Eastern Sydney Primary Health Partnership Committee includes senior representatives from Central and Eastern Sydney PHN, Sydney and South Eastern Sydney Local Health Districts, the Sydney Children's Hospital Network, and St Vincent's Health Network.

The committee met twice in the past year and held a workshop on virtual care. Focus topics included collaborative commissioning and virtual care.

A NSW Ministry of Health workshop in April 2021 provided an update on collaborative commissioning and lessons learned from the development phase of the partnership. We also requested data to inform our approach and began work on identifying the cohort. A likely outcome will be a mental health pathway with a focus on people experiencing severe mental illness.

Expanding expertise in eating disorders

Central and Eastern Sydney PHN works closely with the Sydney LHD and South Eastern Sydney LHD District Eating Disorder Coordinators to bring a primary care perspective to the implementation of the NSW Service Plan for People with Eating Disorders 2021–2025 and service design.

To inform the LHDs on eating disorders and the need for further training of primary care clinicians, we surveyed primary care clinicians in May 2021. The expected outcome of this joint work is targeted training and improved referral pathways between public health services and primary care providers.

Central and Eastern Sydney Disability Network

The purpose of the Disability Network is to improve cross agency collaboration regarding the needs of people with a disability. The network has over 260 members and meets bi-monthly.

Key presentations in 2020–2021 included:

- NDIS and Legal Aid – Legal Aid NSW
- Independent Assessments – NDIA
- Homeless Health, Disability Services and novel approaches to NDIS applications – St Vincent de Paul Society in NSW
- Central and Eastern Sydney PHN's Mental Health Suicide Regional Plan
- Update on the Royal Commission into Violence, Abuse Neglect and Exploitation of people with disability – Your Story Legal Support National Legal Aid
- Updates from the Specialised Intellectual Disability Health Team (SIDHT) South Eastern Sydney LHD and the Specialist Team for Intellectual Disability Sydney (STriDeS) Sydney LHD.

'I feel grateful to be a part of a working group of members who are so passionate, respectful, supportive, and collaborative. Not only have I been able to share my experiences and thoughts towards matters that are close to my heart, but I have also been able to learn, listen and understand the experiences and thoughts of others. These opportunities to listen and discuss have the power to positively create change for my people and I am thankful for this opportunity.' –
Natasha Janif, Community Representative

HIV, STI and Viral Hepatitis Primary Care Partnership Committee

General practice is a key site for HIV, viral hepatitis and STI prevention, diagnosis, and care. General practitioners, primary health care nurses (PHCNs) and allied health workers are usually the first, and in many cases the only, direct point of contact for people with or at risk of HIV, STIs and hepatitis B and C.

Members of the HIV, STI and Viral Hepatitis Primary Care Partnership Committee are from Sydney LHD, South Eastern Sydney LHD, Justice Health and Forensic Mental Health Network, and the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine.

The Partnership Committee met in September and December 2020, and March 2021. The Committee discussed issues and priorities within the STI, HIV and viral hepatitis sector to advise on how to better support local primary care providers to improve client outcomes.

The Partnership Committee's focus included:

- providing advice on HIV, STI and viral hepatitis-related commissioning activities, and priorities
- supporting the co-design of sexual health and viral hepatitis-related programs including identifying gaps, possible collaborations, and forward planning
- advising on how to better support local primary care providers to improve client outcomes and experiences with their sexual health and viral hepatitis-related health care.

General practitioner representation on hospital committees

Involvement of general practitioners on hospital committees fosters partnerships between primary and acute care. General practitioner representatives submit meeting reports, including recommended actions for Central and Eastern Sydney PHN where appropriate. The Board and Member Chairs review this information throughout the year.

In 2020–2021, Central and Eastern Sydney PHN had general practitioner representation on 16 hospital committees.

Regional plans

Regional Mental Health and Suicide Prevention Plan

The Regional Mental Health and Suicide Prevention Plan 2019–2022 aims to improve the health and wellbeing of

people with (or at risk of) mental health issues or at risk of suicide. This joint plan commits the Central and Eastern Sydney PHN, Sydney Local Health District, South Eastern Sydney Local Health District, St Vincent's Health Network and the Sydney Children's Hospital to work together to fulfil 88 actions.

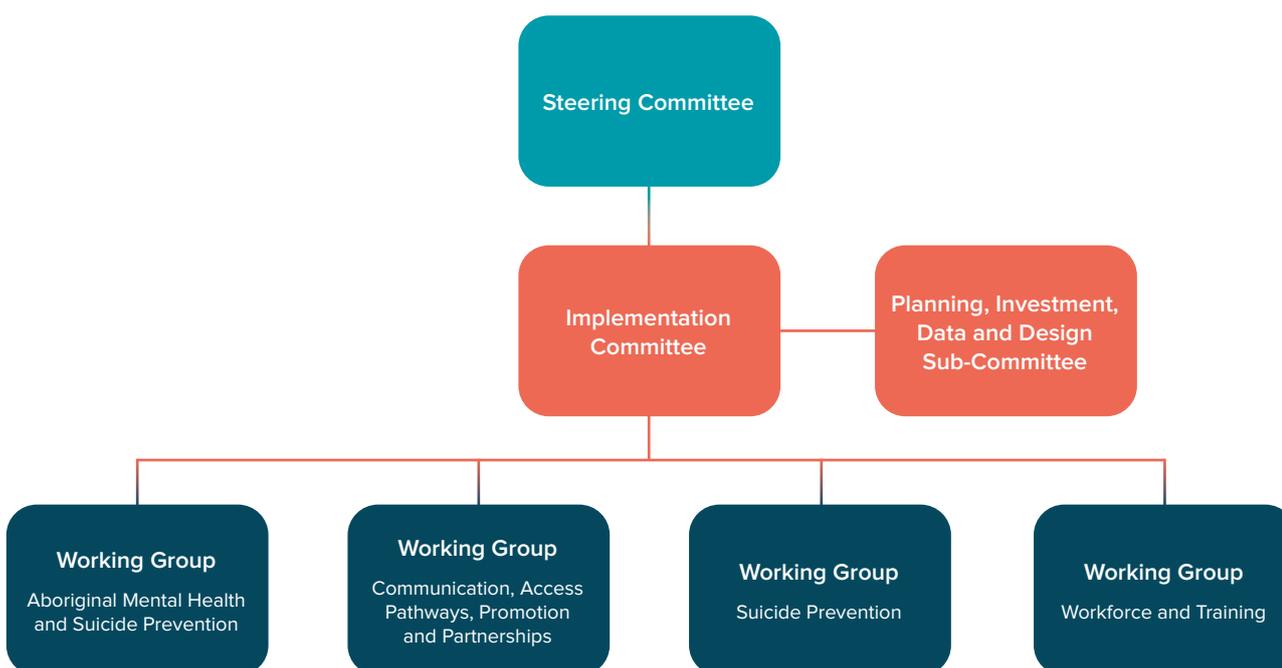
There are seven committees involved in implementing the plan. Three consumers, three carers and five Aboriginal community representatives play a critical role.

Over the past year, purpose-specific working parties focused on:

- developing protocols for projects that support a joint regional approach to improve mental health and services, including identifying regional performance indicators and preparing a joint review of adverse events
- responding to COVID-19-related increased demand for mental health services in the region
- improving commissioning processes around cultural competency and the peer workforce
- co-designing and launching headstart, an online service navigation tool
- identifying training for primary mental health care providers and gaps in training.

To coordinate Towards Zero Suicides activities across the region, the Suicide Prevention Working Group was formed in January 2021 following recruitment to hospitals, Local Health Districts and hospital networks of key Towards Zero Suicides initiative staff.

Regional Mental Health and Suicide Prevention Plan governance structure



INTEGRATE SYSTEMS

Integrated homelessness health strategy

We developed an intersectoral homelessness health service plan with our key partners. This year with our partners we developed the Intersectoral Homelessness Health Strategy 2020-2025. Our key partners included St Vincent's Health Network, Sydney Local Health District, South-Eastern Sydney Local Health District, Department of Communities and Justice, and City of Sydney. The Strategy will improve health outcomes for people experiencing homelessness over the next five years.

The Strategy will address gaps in the current service system and the drivers through five priority action areas:

- Improving access to the right care at the right time
- Strengthening prevention and public health
- Increasing access to primary care
- Building workforce capability
- Establishing collaborative governance and shared planning.

There will be a strong focus on building leadership and workforce capability with targeted training to address gaps in workforce development.

For a copy of the Intersectoral Homelessness Health Strategy go to:

<https://www.cesphn.org.au/documents/population-health/homelessness/3933-intersectoral-homelessness-health-strategy-2020-2025/file>

Integration projects

HealthPathways

HealthPathways is an online local health information portal that supports local general practitioners and health professionals to the point of consultation. It provides clinical decision support frameworks on how to efficiently assess and manage medical conditions, and how to appropriately refer patients to local services and specialists.

HealthPathways South East Sydney

The SES HealthPathways program is an important service to support general practitioners with patient assessment, management and referrals. It had its second birthday during the year, reaching a total of 371 pathways.

SES HealthPathways

- Published 137 new clinical pathways and referral resources
- Published 5 COVID-19 specific assessment pathways and vaccination resources
- Completed 10 full reviews of previously published pathways (Reviews Manager started in February 2021)
- Completed 171 content updates to the COVID-19 pathways and resources
- Completed 62 content updates to non-COVID-19 related content.

During the year key pathway development has occurred for Palliative Care and Mental Health, with 28 new Mental Health pathways and 15 Palliative Care pathways, one of which will be offered to all HealthPathways teams in NSW.

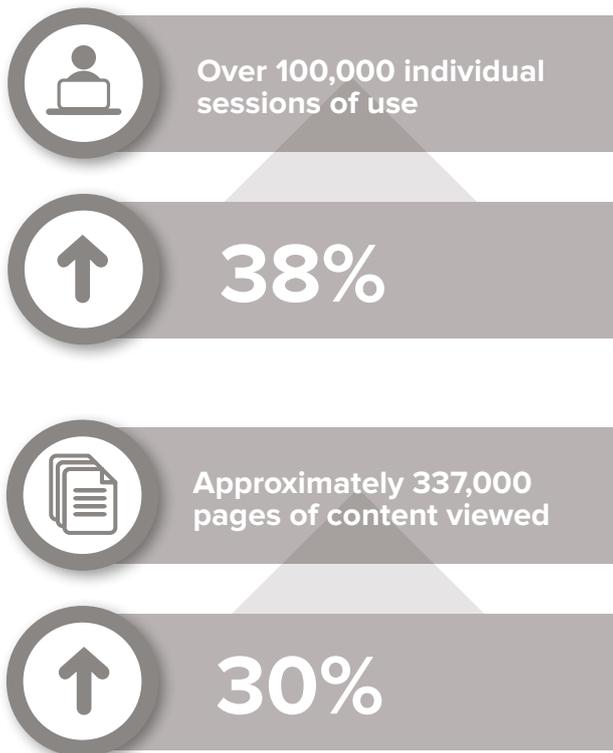


HealthPathways Sydney

The HealthPathways Sydney program remained an essential tool for managing and referring patients and providing locally relevant clinical support information. The program reached an important milestone of completing over 450 full content reviews of previously published content.

HealthPathways Sydney

- Published 71 new clinical pathways and referral resources
- Published 7 COVID-19-specific assessment pathways and vaccination resources
- Completed 79 full reviews of previously published pathways
- Completed 155 content updates to the COVID-19 pathways and resources
- Completed 92 content updates to non-COVID-19-related content.



In partnership with the Agency for Clinical Innovation (ACI) we developed a state-wide diabetes-related foot care pathway. This pathway will replace similar content on all 12 ACT/NSW HealthPathway sites with the state-endorsed National Diabetes Services Scheme Foot Forward model for diabetes-related foot care.

HealthPathways Sydney set a record for being the second most accessed site in Australia with 8,990 different users accessing the HealthPathways platform. This was an increase of 6.2 per cent from 2019–2020.

GP Antenatal Shared Care

GP Antenatal Shared Care (ANSC) promotes continuity of care through sharing clinical responsibility for pregnant women between a general practitioner and hospital-based services.

We provide support by:

- providing ongoing ANSC-specific continuing professional development (CPD) programs
- producing a quarterly ANSC newsletter to general practitioners
- assisting with developing and updating resources, including collaborating with HealthPathways.

Each GP ANSC program is overseen by an advisory committee. To ensure broad primary care representation and advocacy, each committee has local representatives with specialist antenatal knowledge, including up to five general practitioner advisers.

Within our region, over 950 general practitioners are involved in the three GP ANSC programs coordinated by Central and Eastern Sydney PHN.

The 950th HealthPathway was published making HealthPathways Sydney the first Australian region to achieve this goal.

Diabetes Resource Collaborative

The Diabetes Resource Collaborative project (the Collaborative) was established to improve diabetes management across the central and eastern Sydney region. The project is jointly managed by Sydney LHD, South Eastern Sydney LHD and St Vincent's Hospital Network and sponsored by Central and Eastern Sydney PHN.

The Collaborative began a study to assess the effectiveness of using actively managed discharge care plans for patients with diabetes. Each participant receives an actively managed care plan which provides them with a dedicated health care team and individual education and assistance to self-manage their diabetes.

INTEGRATE SYSTEMS

Cancer management

Central and Eastern Sydney PHN received landmark funding to strengthen cancer management in general practice through the Community Health and Hospitals Program. Extensive consultation with stakeholders in our region was undertaken to identify gaps in the coordination of care for those with cancer.

GPCanShare cancer nurse coordinators are now based at South Eastern Sydney LHD, Sydney LHD and St Vincent's Hospital Sydney cancer centres. These positions link hospital and community cancer providers to a patient's general practitioner, addressing the lack of integration and improving the ability of general practice to confidently support their patients with cancer.

St Vincent's Hospital Sydney was funded to establish a cancer phone line for general practices, which will enable general practitioners to access timely and appropriate cancer advice. The support line is also an important resource for GPs seeking assistance with rapid access for urgent presentations and linking general practices to GPCanShare.

GP Mental Health Shared Care

People experiencing enduring mental illness see their general practitioner more often but are screened for common conditions less frequently than the general population. This results in a reduced life expectancy of up to 25 years, with most deaths due to physical causes.

Ongoing physical health checks and linking clients to primary health care co-morbidities of physical health, wellbeing and social engagement improved with over 450 people supported with 2,659 occasions of service.

The GP Mental Health Shared Care program links people with a lived experience of severe mental illness with primary health care. The program supports people with enduring mental illness on the path to physical health. Their care is shared by their general practitioner and the Local Health Networks.

Central and Eastern Sydney PHN endorsed a translational research grant submission by Sydney LHD to enhance care coordination between mental health services and primary care. The aim of the project is to better manage risk factors for heart disease and diabetes and improve the health of people living with severe mental illness. To identify how we can improve collaboration between mental health services and clients, we ask clients about their experiences.

Through presentations at the Value Based Health Care (VBHC) and The Mental Health Services (TheMHS) conferences, the program received greater recognition. We also helped link Local Health Districts with Central and Eastern Sydney PHN networks and funded services.

We continued to create promotional videos for general practitioners and their patients to reinforce the importance of mental health services and physical health checks, particularly during the COVID-19 pandemic. There is also a need for educating general practitioners around the impact of enduring mental illness on physical health so that it is a factor in treatments recommended.

Madeline's story

Diagnosed with schizophrenia, morbid obesity and acquired brain injury from an hypoxic brain injury at birth, Madeline was also a victim of domestic violence from her marriage. She now lives with her elderly mother in a privately-owned house, experiences residual psychotic symptoms and often feels overwhelmed when isolated and not in the company of others.

Madeline received shared care support to apply for NDIS. The support includes ongoing review of her psychosocial needs, monitoring of her mental state and advocating with NDIS. Following a fall at home in June 2020, she was admitted to St George Hospital intensive care unit, followed by an admission to the respiratory ward.

As a life-saving measure to reduce the ongoing risks associated with her weight, it was determined that Madeline needed bariatric surgery but first needed to lose around 50 kilos. Madeline was anxious about the surgery. With the support of a Shared Care clinical nurse consultant, who explained the procedure and what support she would receive, Madeline was able to go ahead with the surgery.

Madeline's mother said of the support: 'I'm extremely happy and grateful for all the hard work and dedication [of the shared care Clinical Nurse Consultant] to provide the best care for my daughter.'

Addressing perinatal anxiety and depression

In a joint initiative between the Perinatal Infant Mental Health Service (PIMHS), South Eastern Sydney LHD and Central and Eastern Sydney PHN commissioned service Psychological Support Services (PSS), a PSS mental health clinician was collocated in the PIMHS service at St George Community Mental Health Service. The role of the clinician is to provide much needed psychological support services to women and their partners experiencing perinatal anxiety and depression.

The PIMHS Service Manager had identified the need to create a warm referral pathway between the PSS service, antenatal services at South Eastern Sydney LHD and the PIMHS. The aim of the service is to ensure that individuals requiring support did not 'fall through the gaps' when being referred across services. This has been a very successful collaboration between the South Eastern Sydney LHD and the Central and Eastern Sydney PHN commissioned service provider.

Advocacy

Primary Health Care 10-Year Plan

To inform development of the 10-year Primary Health Care Plan, Central and Eastern Sydney PHN prepared a submission focusing on maintaining current gains while advocating for greater systemic change.

Our submission noted the important role that Central and Eastern Sydney PHN has played in responding to national and local emergencies – the ongoing COVID-19 pandemic and the bushfires surrounding Sydney in January 2020. We argued strongly that our role in activating and supporting local primary care providers and commissioning local services needs to be more fully recognised and resourced. We proposed that clients, communities, service providers, and peak organisations be involved in implementation planning.

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

Central and Eastern Sydney PHN is deeply committed to advancing the health outcomes of those with a disability. In response to a call for public submissions we provided in 31 July 2020 a detailed submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. In our submission, we highlighted the need for a much greater focus on upskilling the primary care workforce. We also emphasised the need to reduce the structural barriers that make it difficult for people with cognitive disability to access care. We also identified opportunities that need to be seized upon to improve integrated care.

As a result of this submission, Dr Brendan Goodger, General Manager of Primary Care Improvement at Central and Eastern Sydney PHN, was invited to make a further personal submission to the Commission on 13 November and was then called to give evidence on 16 December.

During his submission and evidence to the Commission, Dr Goodger spoke of the need for greater support for primary care providers. He stressed the importance of innovative approaches to support those more likely to suffer suboptimal health outcomes, especially in priority population groups. Central and Eastern Sydney PHN was also represented by Dr Goodger on the National Round Table for Intellectual Disability that has resulted in a National Road map.

GPCANSHARE GP CANCER
SUPPORT
LINE
G P 1 8 0 0 L I N E

COMMISSION SERVICES

Commissioning health services to meet health needs in our region, targeting those who need it most.

Mental health and suicide prevention

Low intensity services

Expecting and New Parent Group Hub

In 2020, Central and Eastern Sydney PHN collaborated with other members of the NSW/ACT PHN Mental Health Network to fund the Perinatal Anxiety and Depression Australia (PANDA) Expecting and New Parent Group Hub which was launched in August 2020. A new series of podcasts were also funded and were made available on the PANDA Learning Hub, Spotify and Apple Podcasts for expecting and new parents called the Survive and Thrive series.

Despite some delays in recording the podcasts due to COVID-19 restrictions, several podcasts were released.

Survive and Thrive series	Release date
Episode 1. Worry and anxiety	December 2020
Episode 2. Mixed feelings around becoming a parent	January 2021
Episode 3. Good enough parenting	March 2021
Episode 4. Unexpected birth experiences	May 2021
Episode 5. Relationships	July 2021
Episode 6.	In progress

Bonus episodes focusing on self-care techniques were also published between each main episode.

The number of Facebook posts about the PANDA parent hub reached 4,394 and there were 3,274 downloads and listens to the podcast as at 30 June 2021.

To access the hub, go to www.panda.org.au/expecting-and-new-parents-hub

Positive Parenting Program (Triple P)

The Positive Parenting Program (Triple P) has been shown to help reduce children and teens' difficult behaviour as well as reduce children's emotional problems. The evidence also shows the program helps parents feel more confident, less stressed and angry, and less depressed.

Through a Central and Eastern PHN initiative, an agreement was finalised in mid-2021 to offer the Triple P online program free to people in our region from 2 July 2021. Parents and carers can access the program direct or be referred by general practitioners and other primary care providers in the region.

Low and moderate intensity services

NewAccess

Developed by Beyond Blue, NewAccess is a free confidential coaching service aimed at helping people who are not currently accessing a mental health service but may be experiencing anxiety and/or depression.

In July 2020, the new provider Primary and Community Care Services (PCCS) began delivering services in our region. This low intensity service had a big impact, with a recovery rate of 75 per cent for Quarter 4 2021. This is well above the Beyond Blue benchmark of 60 per cent and the national average.

'It was great to have a weekly session and talk to someone who really understands what I was going through. Greatly appreciate the service as if it was not for the Coach and the way he understood me and worked with my problems, I would not be here. My perspective on issues has changed so much that I can now focus on the here and now and able to happily resolve most issues. I am forever grateful to the coach who was just amazing, had great connection and personality and turned my life around for me.' – NewAccess client

Mindfulness

In partnership with South Eastern Sydney LHD, the Mindfulness program provides an evidence-based in-language program for members of the Arabic- and Bengali-speaking communities in our region. The program has been tailored to be culturally appropriate to each of these communities.

In response to community demand, the program developed new online modalities. These included one-off sessions and a four-week stress management course. Mindfulness videos in English, Arabic and Bangla were viewed over 4,000 times.

<https://www.youtube.com/playlist?list=PLbw1KgO1-UrEJTW6NsJTWCUyWRkatFYSZ>

headspace

Central and Eastern Sydney PHN's five headspace centres – Ashfield, Bondi Junction, Camperdown, Hurstville and Miranda – continued to provide early intervention mental health services to young people aged 12 to 25 and their families. headspace services focus on four core areas: mental health, physical and sexual health, work and study support, and alcohol and other drugs services.

Despite mental health workforce shortage and recruitment challenges, headspace continued to deliver much needed services in person, as well as online and via telephone. As a result of heightened distress during the COVID-19 pandemic, the demand for services increased. Additional funds were allocated to some headspace centres to manage long wait times for clinical services.



headspace Ashfield continued to run the Central and Eastern Sydney PHN-funded Aboriginal Youth Health program which employs two part-time Aboriginal outreach workers who work in partnership with other organisations and schools. The outreach workers also continued to encourage Aboriginal youth, including those in need of help with social and emotional health needs, to access the centre.

The **headspace Camperdown** part-time mental health nurse assigned to The Settlement Neighbourhood Centre in Darlington continued to provide mental health assessment and brief intervention to help young Aboriginal community members. The nurse strengthens the link between The Settlement and headspace Camperdown, and helps advertise services available at Camperdown headspace in partnership with The Settlement.

headspace Bondi Junction completed their Aboriginal Health Program funded by Central and Eastern Sydney PHN. This program provided culturally competent evidence-based services in an outreach model to local schools and community services with a focus on increasing the knowledge of Aboriginal and Torres Strait Islander young people about health and emotional wellbeing. As well as strengthening partnerships with South Eastern Sydney LHD Aboriginal Health Coordinator and the La Perouse Aboriginal Land Council, the program enhanced the Strengthen Our Mob program to provide comprehensive support to Aboriginal and Torres Strait Islander young people in the eastern suburbs region.

headspace Hurstville hosted a visit from The Hon David Coleman MP and Jason Trethowan, CEO of headspace National, in February 2021. It was a fantastic opportunity to showcase the integral services provided at the headspace centres, and to discuss unmet needs and service improvement ideas to help improve access to high quality service for young people requiring support.

headspace centres provided support to 4,463 young people over 21,091 occasions of service with an average visit frequency of 4.7.

Programs for older people

The COVID-19 pandemic has highlighted the importance of connection – with our friends and family but also with community services, doctors, and other health care and support providers. Physical distancing and lockdown measures may have disproportionately affected older people in the community and residential aged care facilities.

“I appreciated [the Reconnect worker’s] knowledge and advice. It’s not the best time to get things done [because of lockdown], but she got a few things done, she did as much as she could for me. I got my ID card which I desperately needed. I got the government deal where you can go out for dinner with someone. She got me interested in being a member of humanity again. It gave me hopefulness for the future, that there’s nice people in positions to help people like me.” – **Reconnect client**

To support the mental health and wellbeing of older people (over 65 years, or over 55 years for Aboriginal and Torres Strait Islander peoples), in January 2021 we commissioned two complementary programs, the Reconnect Wellbeing Support program and the Emotional Wellbeing for Older Persons program.

COMMISSION SERVICES

The Reconnect Wellbeing Support program, provided by Relationships Australia, aims to reduce social isolation and loneliness, improve wellbeing and increase connection to appropriate resources, services, networks and supports. The Reconnect program offers casework support and low intensity mental health services. It also identifies older people who may need a higher intensity of support and referral.

We funded APMHA Health Care to deliver an in-reach psychological services program. This service, which has a workforce of mental health nurses, works with older people identified and referred for higher intensity support by the Reconnect program. It provides an assessment of needs, and clinical care and psychological interventions based on the physical and mental health needs of each older person.

Residents in aged care facilities are at risk of anxiety and depression as they navigate a change to their circumstances. Many residents have co-existing physical health issues and feel isolated from their former social connections.

In residential aged care facilities in the Central and Eastern Sydney PHN region, Anglicare delivered the Emotional Wellbeing for Older Persons (EWOP) program. Benefits to residents include:

- improved mood
- reduced anxiety and stress
- increased ability to cope with life changes
- increased interest in social activities at the facility
- increased capacity of staff to identify and support residents with mental health needs.

‘The reflection at the beginning of each [dads-only] session was good, as this allowed me to step back and evaluate situations with my child during the week and see where I could have done things differently, but it also allowed me to reflect on my childhood ... I'd strongly recommend the CoS-Parenting course to any parent or caregiver. My only regret is that I should have attended the CoS-Parenting course earlier so I could have picked some of the invaluable skills and applied them sooner.’

Participant, CoS-Parenting

‘Now that the Emotional Wellbeing for Older Persons (EWOP) worker is well known in the aged care facility, 10 residents have asked to be referred to an eight-week group program which is being offered by the EWOP. The Care Manager reports that residents are very excited to be a part of a new wellness group.’

‘The safety and understanding that my counsellor provides me – I have never felt as if I had to simplify my identity, needs or expression in order to be understood. Put simply, I feel as if they understand me, and I appreciate how special this is in a service.’ –

PHN Your Experience of Service survey respondent

An 86-year-old resident was referred due to her low mood and depression. Following a decline in health and after a recent hospitalisation, she was no longer walking. Her Parkinson's disease was impacting swallowing and meant her diet had to change and she had suffered the recent loss of her sister. She told a story of grief, loss and anxiety about her decline.

After seven weekly sessions, she was happy to be discharged and had reached most of her goals. Regaining her strength, she is now walking again and speaking up on her own behalf. She has been negotiating with hospitality staff for foods that are more appetising and has used techniques learnt in the sessions to self-modulate her anxiety.’ – EWOP worker

Moderate intensity services

Post-natal Depression Groups

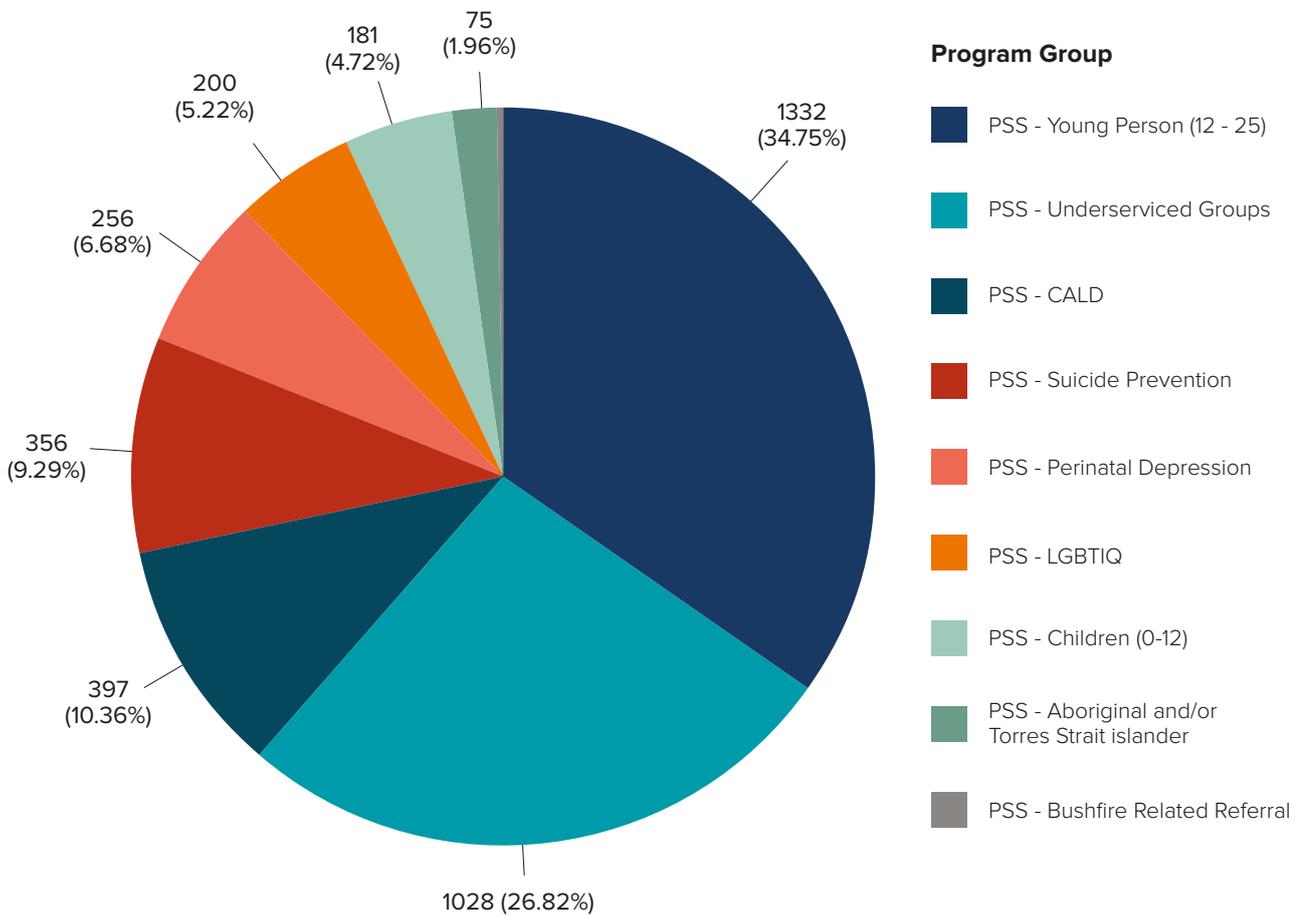
Tresillian Family Centre delivered nine virtual post-natal depression groups, including Circle of Security (CoS), and Post-natal Depression and CoS-Parenting combined groups. A new online group for fathers, Dad's CoS-Parenting, was also piloted. Due to its success, this program was repeated later in the year.

Psychological Support Services (PSS)

Psychological Support Services (PSS) provides free, short-term, face-to-face psychological therapies for people experiencing mild to moderate mental health concerns who are unable to access Medicare-funded mental health services due to financial hardship.

Increased demand, coupled with limited availability of mental health practitioners in the primary care sector as well as the impact of COVID-19 created new challenges and pressures for the PSS. Following consultations with commissioned service providers, other PHNs, Clinical Council, and the Mental Health and Suicide Prevention Advisory Group, the PSS program was modified to provide a better experience for clients and clinicians. We introduced

Referrals to PSS program by target group



Psychological Support Services received 3,888 referrals with mental health providers delivering 22,935 occasions of service.

payment for clinical coordination sessions when working with children. We also removed the need for a general practitioner review at Session 6. Given recruitment challenges we focused on nurturing the existing committed workforce. These modifications have resulted in more seamless service delivery with better quality of care.

CBT groups for young people with Autism Spectrum Disorder

The Brain and Mind Centre, University of Sydney, continued to deliver modified cognitive behavioural therapy (CBT) groups to help young adults with autism spectrum disorder overcome anxiety.

Previously an underserved area, the CBT groups help participants make significant gains in their lives. For example, one participant who attended eight sessions had previously only frequented cafés with her partner or ‘safe’ person, and had never placed her own order or spoken to anyone not known to her. As she gained confidence, she began going to the café on her own and challenged herself to change her order, which would normally cause her anxiety. She even began speaking to other customers or the barista.

The Brain and Mind Centre published a paper about these modified CBT groups in the highly prestigious Molecular Autism journal.

COMMISSION SERVICES

High intensity services

Youth Enhanced Support Service (YES) - hEIT and CASPAR

While many young people greatly benefit from headspace services, some have more complex needs and require a higher level of support. Central and Eastern Sydney PHN funds two Youth Enhanced Services that provide multidisciplinary teams co-located within headspace centres.

The headspace Early Intervention Team (hEIT) is provided by Sydney Local Health District (SLHD) at headspace Ashfield and headspace Camperdown, and the Comprehensive

Assessment Service for Psychosis and At Risk (CASPAR) program is provided by South Eastern Sydney Local Health District (SESLHD) at the Bondi Junction, Hurstville and Miranda headspace centres.

These teams support young people with emerging severe disorders who may require care coordination, diagnostic clarification, more intensive therapeutic intervention, and support engaging with school or work.

These critical services continued to help young people meet their goals, whether managing their symptoms, returning to school or work, or strengthening connections in their community.

I really want to thank you so much for your support through the court process last year. Last year was one of the hardest due to lack of psychologist and battle fatigue. I can be very difficult to work with due to the many factors, both exacerbated mental health issues and existing life stressors. I was very fortunate to have been accepted for support by PICS. I just want you to know it did make a noticeable difference to me and my ability to push on.

Thank you for your patience and time. I can't be more clear that me surviving last year was in a large part you and Sam. All the best, it's a tough job you have but you do make a meaningful difference. **Naveeda*** [PICS client]

** Not their real name*

Primary Integrated Care Supports (PICS)

Primary Integrated Care Supports (PICS) provides clinical mental health services and links to psychosocial supports to meet the needs of people experiencing severe mental illness who can be appropriately managed in the primary care setting. Central and Eastern Sydney PHN extended the contract with One Door to deliver the program for a further year. One Door will continue to fill service gaps for people who have lived experience of severe mental illness and need help linking with primary health care.

Referrals to PICS came from allied health professionals, general practitioners, community health services and other community organisations across the Central and Eastern Sydney PHN region. Through developing collaborative care plans with PICS nurses and peer workers and clients continued to work on their goals with 49 per cent achieved to 30 June 2021.

PICS supported over 1,287 clients with over 22,770 occasions of service, exceeding both these KPIs.

Meeting the demands for mental health services remained a challenge for the program. Funding was received to increase workforce and program capacity with peer workers and mental health nurses to be added to the program in the new financial year. Additional discharge options help manage the demand for mental health services.

The Recovery Assessment Scale – Domains and Stages (RAS-DS), which compares first and last scores, demonstrated that people receiving PICS support are mastering their illness, connecting and belonging more, and looking forward to the future.

All people being supported by PICS also completed a Neami Health Prompt, a survey with 28 questions covering physical health needs. This survey helps identify physical health needs that would otherwise be overlooked for those with a mental health diagnosis. Clients also rated their experience highly on the Your Experience of Service (YES) survey.

Underserved groups reached by PICS included 61 per cent of people not born in Australia, 5.2 per cent identifying as from an Aboriginal and/or Torres Strait Islander background, 2.5 per cent identifying as LGBTQI+ and 19.6 per cent of people at risk of becoming homeless.

As a crucial step in safeguarding clients and returning to increased in-person service delivery, PICS worked closely with Local Health Districts and general practitioners to make vaccination more accessible. They also continued to provide services virtually, by telephone or in-person in a COVID-safe way.

‘Before starting with KBIM, I was hardly exercising and my mental health was crook too. Simon got me out of a rut by designing and guiding me through an easy to follow routine that gave me a clearer mind in surprisingly short time. The flow on effect has been great to experience – I can more confidently advocate for myself, plan my days ahead and enjoy hobbies and life in general like I used to. From little things, big things grow!’ –

KBIM-program participant

Keeping the Body in Mind-primary

In December 2020, Central and Eastern Sydney PHN commissioned Mindgardens Neuroscience Network to deliver the Keeping the Body in Mind-primary (KBIM-primary) program at the UNSW Lifestyle Clinic in Randwick. Previously available only to individuals experiencing severe mental illness engaged with the South Eastern Sydney LHD Mental Health Service, new funding enabled extension of the program. The extension encompasses those individuals who are supported in the community by their general practitioner across the entire Central and Eastern Sydney PHN region.

An exercise physiologist was employed to collaborate with general practitioners and provide clients up to eight appointments. These could be either at the Lifestyle Clinic in Randwick or via telehealth when required due to COVID-19 impacts.

The KBIM-primary service includes:

- delivery of inclusive physical activity programs that are adaptable to individuals' needs and preferences
- assessment of medical and exercise history
- person-led goal setting and barrier identification
- education on the physical and mental health benefits of participating in a structured exercise program
- development of a mental health-informed and personalised physical activity program
- provision of pathways into existing community resources for longer term support, as required.

To 30 June, KBIM-primary received 20 referrals; however, for some individuals, moving from a referral to a first appointment took some time. The KBIM-primary exercise physiologist continued to engage with these individuals with 13 clients

ready to begin the service in June 2021. Four of these chose to postpone their program due to COVID-19 stay-at-home orders imposed in June 2021.

Over the year, 30 sessions were delivered to nine clients. Twelve general practitioners and two other primary health care professionals were engaged. All nine individuals were provided with a physical health check, one has successfully completed the eight sessions and the remainder continue to engage with the service.

The National Psychosocial Support Measure

The National Psychosocial Support (NPS) Measure is an initiative that provides psychosocial support to people who experience severe mental illness and who are not eligible for assistance through the NDIS. Central and Eastern Sydney PHN commissioned a number of programs under this initiative.

Psychosocial NDIS Access Project

Central and Eastern Sydney PHN established the Psychosocial NDIS Access Project (PNAP) in December 2019 to address the gap for people experiencing severe and persistent mental health issues.

Due to higher than expected demand, the six-month pilot was extended by 12 months to 30 June 2021. Central and Eastern Sydney PHN commissioned Mission Australia to help individuals with a diagnosed psychosocial disability navigate and coordinate their NDIS application, as well as support them through the access and planning process. They were also provided help to test their eligibility for supports under the NDIS criteria and guidelines.

Since program inception to decommissioning on 30 June 2021, there was an approval rating of 96.5 per cent. Of clients who were found eligible, 100 per cent were transitioned to the NDIS. All those found ineligible or still awaiting their eligibility decision had transitioned to alternative supports.

Clients reported good satisfaction with the program, with 94 per cent rating 4 or higher on the Your Experience of Service (YES) survey upon transitioning out of the program.

Since inception, the NDIS Access Project has delivered 10,070 occasions of service with 273 clients having submitted 196 applications.

COMMISSION SERVICES

Psychosocial Support Transition program

The PST program provides temporary support for Partners in Recovery (PIR), Personal Helpers and Mentors (PHaMs) and Day to Day Living (D2DL) clients who had not tested their NDIS eligibility by 30 June 2019. This initiative aims to provide short-term support to this cohort as they test eligibility and transition to NDIS if eligible, or into the Continuity of Support (CoS) program if ineligible.

One-on-one individual psychosocial support with a mental health or peer worker is provided. A range of group support programs focusing on supporting people to build their individual psychosocial capacity is also available.

Central and Eastern Sydney PHN extended the contracts of three providers (Neami National, Stride, and Wayside Chapel) to continue providing these services throughout 2020–2021 to 198 clients who had not yet transitioned to the NDIS or CoS.

The impact of COVID-19 caused delays in gathering evidence for NDIS applications. It also created barriers to accessing individual and group supports, and a high number of clients disengaged from the program. However, providers were able to adapt supports and activities as necessary. By 30 June 2021, all clients found eligible for the NDIS had been transitioned to NDIS supports, and those found ineligible to CoS.

Continuity of Support program

The Continuity of Support (CoS) program provides psychosocial support to clients of the former Commonwealth mental health programs, Partners in Recovery (PIR), Personal Helpers and Mentors (PHaMs), and Day to Day Living (D2DL) and who are ineligible for NDIS support.

Service delivery models and activities provided through these three mental health programs were combined. The consolidated program provides ongoing funding, ensuring CoS clients have access to long-term, responsive support with comparable outcomes to those under the PIR, D2DL and PHaMs programs.

CoS services aim to:

- increase personal capacity, confidence and self-resilience
- increase social participation and interaction
- streamline access and approach to appropriate services
- provide flexible and responsive support in accordance with program guidance documentation, at times of increased need.

The CoS 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 15 office locations across our region. Group support programs focus on supporting people to build their individual psychosocial capacity. From December 2020, the CoS program also began helping clients re-test their eligibility for the NDIS, successfully transitioning 13 people to NDIS supports.

‘A consumer has responded well to the service provided. They opened up about their struggles, expressed interest in employment opportunities, proactively suggested different forms of support such as walking in the park and exercising to better their mental health conditions.’

‘A consumer had applied three times before finally being approved for the NDIS. This has changed their life. They are now able to get the support they need to be able to gain access to community activities and feel safe in their home.’

‘Two consumers involved in the Work Well program are studying and three are working, two part time and one with casual work, and all are receiving post-job support.’

165 clients were supported throughout the year with 8,551 hours of individual and 106 group occasions of service with an average of four groups held per week.

To address several challenges that arose throughout the year, Central and Eastern Sydney PHN worked collaboratively with lead provider Neami National, who subcontracts Wayside Chapel and Flourish Australia. Challenges included low client transition rates into the program and the impact of COVID-19 on access to groups and individual support.

Comprehensive plans were implemented to ensure the program continues to provide quality services and psychosocial support to help clients increase their personal capacity and achieve their individual recovery goals.

“My support worker has been very dedicated to helping me succeed in my goals, and has been vital to my mental well-being during the last year we’ve worked together. My autonomy was foremost and emphasised at all times, and my worker adapted well to my needs. I am very grateful for the support and also for [my worker’s] understanding, gentleness, and their passion for helping people like myself. I will miss them and this service but I am very happy that they will go on to help more people like me.”

Connect and Thrive client (YES survey)

“The support they gave me during difficult time in my life, they were very comforting and I always knew [my worker] was there to help me deal with life stresses with understanding that I didn’t know how to deal and support with my housing, I’m very grateful for the assistance I’ve had from Flourish Australia. Even during [the COVID pandemic I could always rely on my caring caseworker. Thank you for helping me.”

Connect and Thrive client (YES survey)

Connect and Thrive

Connect and Thrive is a commissioned program delivered by Flourish Australia which began in April 2019. It provides one-on-one individual psychosocial support with a mental health or peer worker. Support is provided either in the client’s home or community, or from one of five offices spread across our region. The program also offers group support focused on building individual functional capacity.

Connect and Thrive received 418 referrals throughout the year, demonstrating its value as an established support service for people experiencing severe mental illness who are not assisted through the NDIS. Despite the challenges of COVID-19, referral numbers & access to supports remained steady.

From December 2020, the program also began helping clients submit NDIS applications, including gathering evidence for their submission. By 30 June 2021, over 50 people had accessed help to start the application process. Over 80 clients were identified as benefiting from the more intensive and longer-term psychosocial support provided by the NDIS.

The challenge of managing clients referred with more complex needs than expected in program design remained. Program staff worked closely with clients from the moment of initial engagement to identify all support needs through the design of Individual Recovery Plans. All clients were also encouraged early to connect with general practitioners,

psychologists, psychiatrists, and other community and mainstream supports as needed.

As well as providing the psychosocial support offered through the program, staff worked collaboratively with other external supports to help clients experiencing crisis and more complex needs. This included helping clients to secure safe accommodation, access Centrelink, establish welfare payments and receive clinical care.

Clients reported good satisfaction with the program, with over 88 per cent rating 4 or higher on the Your Experience of Service (YES) survey on exiting the program once their support needs had been met. The Connect and Thrive program will continue to support people experiencing severe mental illness to build their psychosocial functional capacity and achieve their individual recovery goals.

Connect and Thrive supported 485 clients, delivering 8,724 individual occasions of service and 1,054 through group supports.

COMMISSION SERVICES

Suicide prevention services

The Way Back Support Service

The Way Back Support Service, a Beyond Blue program, began delivering services across the Central and Eastern Sydney PHN region in October 2020. A rebrand and extension of the previous SPconnect, The Way Back provides up to three months of non-clinical, tailored support following discharge from hospital after a suicide attempt or suicidal crisis.

Within one working day of receiving their referral, a Support Coordinator contacts the client and guides them through their personalised program. This can include everything from support accessing clinical care during elevated periods of risk, to referrals to community-based services such as financial or relationship counselling.

The Way Back receives referrals from seven hospitals in the region. To help ensure a smooth referral process, we engaged St Vincent’s Hospital Network, Sydney LHD and South Eastern Sydney LHD to employ The Way Back Project Officers at each of the hospitals.

Funding streams include the Australian Government Department of Health, NSW Ministry of Health, and Beyond Blue, who also own and license the service model to Central and Eastern Sydney PHN. After experiencing some initial challenges engaging all relevant stakeholders and expanding the suicide prevention service, The Way Back began receiving high referral numbers and supported a large number of people.

In March 2021, Hon David Coleman MP, Assistant Minister to the Prime Minister for Mental Health and Suicide Prevention, visited The Way Back Support Service. He met with Central and Eastern Sydney PHN representatives and Neami National staff as well as a consumer representative and a South Eastern Sydney Local Health District representative. Minister Coleman reported it was an invaluable meeting which greatly improved his understanding of the service delivery role of PHNs.

Reducing suicidal thoughts – Mark’s story

Mark*, an international student, was referred to The Way Back Support Service after he presented to the hospital with ongoing suicidal ideation. As an international student, Mark was unsure what supports and services he could access, further impacting his mental wellbeing. At the time of referral, there were many contributing factors worsening his situation. These factors included financial worries, visa matters, accommodation issues and feeling disconnected from his family and home country of Mexico. The Way Back Support Service helped Mark to create a support plan outlining and prioritising his goals. They also provided him with information and resources to support each goal and referred him to services to ensure continuing support after The Way Back Support Service.

Mark received support for 12 weeks. During that time, he worked on improving his mental wellbeing, which decreased his suicidal ideation, and he was able to return to work. He created a plan with his university to help him with future studies, which ultimately fixed his visa matters. Mark moved into a one-bedroom studio and connected with a Latin American community in Sydney. Mark expressed ongoing gratitude throughout his time with TWBSS emphasising how much the support he received changed his life. The support he received reduced suicidal thoughts, improved his mental wellbeing and helped him find services he could access while living in Australia. ** Not their real name*



Aboriginal health services Connector service

We identified a gap in culturally appropriate service provision to Aboriginal and Torres Strait Islander people in the region who have experienced a recent suicide or suicide attempt either themselves or of someone they know.

In response, Babana Aboriginal established their Connector service in early 2021 to link participants to required services and supports both within and outside of the community. The Connector service also provides cultural advice to other services involved with a client's support. By 30 June 2021, the service was receiving regular community referrals and providing valuable cultural support.

Yarning circles

A yarning circle is a harmonious, creative, and collaborative way of communicating to encourage responsible, respectful and honest interactions between participants. The circles help build trusting relationships, foster accountability and provide a safe place to be heard and to respond.

Throughout 2020–2021, Babana Aboriginal continued monthly yarning circles for men in the Central and Eastern Sydney PHN region. The aim of these circles is to enhance attendees' overall health as well as their social and emotional wellbeing.

The yarning circles allowed an opportunity for men to come together and discuss their challenges in a non-judgemental, culturally supportive environment. These interactions help pave the way to better health care outcomes for Aboriginal people in the community. Topics discussed included mental health, health and wellbeing, access to health services, employment, education and cultural support.

Since commencement in February 2021, Babana Aboriginal have supported 201 clients and provided 275 occasions of service.

Since commencement in February 2021, Babana Aboriginal have supported 201 clients and provided 275 occasions of service.

Aboriginal health and wellbeing

We continued to fund two youth Aboriginal Health and Wellbeing programs in the Sydney Inner City area and at La Perouse, to connect young people with health and wellbeing coordinators (community-based peer mentors). Programs were delivered in person, via social media platforms and in schools as well as local community settings.

Taking a holistic approach, the programs recognise that providing health care alone will not fully meet the needs of each client. Maintaining strong connections to culture, Country and family and community for overall wellbeing is also an important focus.

Youth Aboriginal Health and Wellbeing services have supported 191 clients and provided 1,555 occasions of service.

To meet the individual's physical, mental, social and emotional aspects of care, the services collaborate with other local service providers. Clients are linked to clinical services, where needed, to encourage early identification of low intensity mental health and other wellbeing issues. Clinical supports provided by the PSS Project 54 psychological support community outreach model.

Integrated Team Care

The Integrated Team Care program aims to address the substantial and detrimental impact of chronic diseases and the barriers to primary health care supports experienced by Aboriginal and Torres Strait Islander peoples.

For communities who are experiencing higher rates of morbidity, mortality and avoidable hospitalisations, the South Eastern Sydney LHD, Sydney LHD and Sydney Children's Hospital Network delivered the Integrated Team Care program. Through this program, Central and Eastern Sydney PHN funds the employment of five clinical care coordinators and five Aboriginal outreach workers based in the three locations. Their role is to integrate acute and primary care services for Aboriginal and Torres Strait Islander people in our region and contribute to closing the gap in health disparities and outcomes.

In the past 12 months
10,306 occasions of service
were delivered to 634 clients.

Deadly Choices

The Institute for Urban Indigenous Health, in collaboration with Cronulla Sharks NRL, delivered the Deadly Choices (DC) program in the Sutherland Shire. This program aims to address the lower rates of engagement for preventative health assessments in that area.

An Indigenous Program Officer, supported by prominent NRL players who interact and advocate for the program, delivers outreach education and health promotion in high schools. The Program Officer connects the Deadly Choices participants with locally-based general practitioners to complete their comprehensive MBS 715 health assessments and assist with the coordination of any follow up to recommended services.

Due to continuing COVID-19 limits on group numbers, NRL player lockdowns and prevention of school access, this program has had intermittent periods of inactivity and challenges. Despite these challenges, three largescale events took place with excellent participation rates. Up to 20 comprehensive health assessments were provided on each of these days.

COMMISSION SERVICES

Alcohol and other drugs

The COVID-19 pandemic continued to create barriers for those seeking support and treatment for their alcohol and other drug use, as well as for family and friends who support them. Despite the challenges, services adapted to the rapidly evolving COVID-19 landscape. Services successfully re-engaged past clients and found that people remained engaged in treatment longer than they did before the pandemic.

ACON substance abuse support

A counselling service for LGBTI clients, their family and friends, ACON's substance abuse support program delivered services in person and via telehealth. For services delivered online, there were fewer cancellations, no-shows and dropouts. People found it easier to attend online sessions, particularly during lockdown periods when there were fewer competing demands on time. As people began to return to work and other activities following lockdown periods, and had greater choice around their time, session attendance reduced.

ACON's observation is in line with recent UNSW Social Policy Research Centre report statistics showing a 12 per cent increase in counselling support sessions (episodes of care) since the onset of the COVID-19 pandemic.

Weave Youth & Community Services

Weave Youth & Community Services Speak Out Dual Diagnosis program works with young people seeking support for co-occurring mental health and alcohol and other drug issues.

During lockdown periods, this service introduced innovative ways for crisis and critical in-person meetings to continue. Weave provided COVID-19-adapted office space for

appointments as well as access to computers. Counsellors and caseworkers were also available in outdoor settings such as the oval adjacent to the Weave building. These socially-distanced sessions meant those experiencing barriers to other modalities could get help.

To keep their community engaged, Weave also developed and streamed online content across their social media platforms. To celebrate Youth Week 2021, they launched their podcast *What Is Your Utopia?* This podcast series captures conversations with young people sharing their vision for change for their communities and in the world.

The Haymarket Foundation

The Haymarket Foundation provides counselling services and crisis accommodation for people experiencing homelessness or at risk of homelessness who have co-occurring mental health and alcohol and other drug issues.

During Sydney's lockdown periods, Haymarket Foundation clients used digital technology and smart phones to access counselling and other support. Telehealth, using the conferencing platform CoviU, allowed for increased access for those with mobility issues or for those without the resources or flexibility to travel. The CoviU platform helped break down barriers to using technology, as clients do not have to download an app to use the service.

An independent evaluation by the Matilda Centre at the University of Sydney found telehealth '...could be incorporated into this type of service as an option for the therapist and client to use when needed or preferred on a case-by-case basis once they have already spent time establishing good rapport and engagement in person.'

The Waiting List Support Service (WLSS) and the Drug and Alcohol Counselling Service, both funded by Central and Eastern Sydney PHN, plan to offer a hybrid of in-person and online counselling, case management and group support, depending on client suitability.





Carlos Duarte, Clinical Psychologist – Drug and Alcohol Counselling service, The Haymarket Foundation. Photo credit Anna Kucera

‘Some people find telehealth better. They like that they can take an hour off work and go into a private office for the meeting. It’s also good for accessibility for those who are less mobile and for others who are far away. It saves time and transport costs.’ – **Clinical Psychologist Carlos Duarte, Drug and Alcohol Counselling Service, The Haymarket Foundation**

Odyssey House Community Services

Odyssey House offers alcohol and other drug counselling, mental health services as well as family and parent support programs to the community. The service continued to offer group and one-on-one support over the phone or via the videoconferencing service Zoom. Services included recovery groups, SMART (Self-Management and Recovery Training), and an Aboriginal and Torres Strait Islander group for women.

We Help Ourselves Foundation

The residential rehabilitation service We Help Ourselves Foundation (WHOS) continued to use their transformed Lilyfield Day Program space as a quarantine house. Established in response to the COVID-19 pandemic, the house continued to be the entry point for new admissions to

Drug and alcohol service providers commissioned by Central and Eastern Sydney PHN supported 3,456 clients and provided 29,115 occasions of service.

the therapeutic community programs, enabling staff to test and monitor for COVID-19 symptoms. They were also able to effectively support clients with low to moderate withdrawal needs.

The reinvention of the space into the quarantine house was essential to WHOS’ ongoing COVID-19 response. On easing of the COVID restrictions, WHOS re-opened their Lilyfield Day Program for clients to engage in person in pre- and post-treatment services.

The Station

Located in Sydney’s CBD, The Station continued to provide essential supports and meet client’s basic needs. They provided the incredibly important safe spaces for people who may be experiencing homelessness or sleeping rough.

Medically Supervised Injecting Centre (MSIC)

MSIC also remained open with the Mental Health Nurse Coordinator providing mental health care and facilitating coordinated care to meet holistic needs.

The Salvation Army Pathways Maroubra

Pathways Maroubra remained open throughout the year with social distancing and hygiene measures in place. They continued to provide recovery-based group support, one-on-one counselling and case management to clients needing support with alcohol and other drug issues.

For more information about the Drug and Alcohol services commissioned by Central and Eastern PHN, download a copy of the Services Guide from our website



van de Ven, K., Ritter, A., & Stirling, R. (2021). The impact of the COVID-19 pandemic on the non-government alcohol and other drug sector. DPMP Monograph No. 34. Sydney: UNSW Social Policy Research Centre: <http://doi.org/10.26190/nm0s-zc77>

COMMISSION SERVICES

After Hours

Geriatric Outreach Services and Homelessness Health Programs

We continued to commission geriatric outreach services to support Local Health Districts and hospital networks provide care to older people in residential aged care facilities and the community. A focus of these services is to reduce unnecessary emergency department presentations and hospital admissions.

We also continued to commission two inner city homeless health programs. These programs provided support to Local Health Districts and hospital networks to care for vulnerable populations experiencing or at risk of homelessness in the after-hours periods.

Facebook videos reached 550,000 unique individuals, resulting in almost 25,000 people clicking on the link to the healthdirect website for after-hours care options.

To increase the awareness of after-hours primary health services within our region we commissioned an after-hours social media campaign. The campaign, which began in February 2021, is a series of short Facebook videos directing people to the Healthdirect website to find the closest and most suitable options for after-hours care. The videos, available in five languages (Greek, Arabic, Bangla, Mandarin, Spanish), have had high levels of engagement.

Norfolk Island

Norfolk Island support

Central and Eastern Sydney PHN commissions Norfolk Island Health and Residential Aged Care Service (NIHRACS) to deliver community support services. We fund the Norfolk Island Health and Wellbeing Coordinator to implement strategies outlined in the Norfolk Island Health Promotion Plan.

A key principle of the Plan is that NIHRACS will work with the Norfolk Island community rather than for them. This approach respects Norfolk's unique history and culture, and builds on the community's capacity, assets and strengths. In turn, this creates enduring partnerships between community members, services and local organisations.

NI Active Kids Program

NI Active Kids Program is a locally funded and administered program that encourages school-aged children living on Norfolk Island to be physically active. Eligible school children can use a \$100 NI Active Kids Voucher for their choice of one sport or other activity provided by registered local providers within a 12 month period.

The program experienced a 20 per cent increase over the year with 80 per cent of all eligible school children participating in the program as at 30 June 2021. The number of NI Active Kids' providers has remained stable at 13.

Preliminary evaluation data from the 2020–2021 participant (parents) evaluation survey showed strong support for the program with 100 per cent saying they would recommend the program to others. Almost 60 per cent of respondents reported the vouchers encouraged their child(ren) to participate in more physical activity than before the program started.

Junior rugby league is the largest NI Active Kids provider with over 50 per cent of all vouchers redeemed for this sport.





Norfolk Island Community Health Empowerment (NICHE) Program

With the conclusion of the Staying Healthy, Living Well Program, Central and Eastern Sydney PHN invited submissions for a locally run program to empower people with one or more chronic health conditions. The aim of Norfolk Island Community Health Empowerment (NICHE) Program is to increase participants' capacity to self-manage their health.

Following recruitment of a registered nurse as the local part-time NICHE Coordinator, the program began in May 2021. Eight individual or group health coaching sessions focus on increasing health literacy and making individual lifestyle changes. Participants are also able to borrow relevant health monitoring equipment.

Although still in the early stages, there was good uptake, with referrals coming from the GP Clinic and other local allied health practitioners.

Emily Bay Accessibility Program

The Emily Bay Accessibility Program offers Norfolk Island residents and visitors the opportunity to enjoy the water at beautiful Emily Bay. People of all abilities are welcome with a mobility mat and floating wheelchair providing increased

accessibility. After a COVID-19 enforced hiatus, this program returned in early 2021. Wonderful hospital staff and trained volunteers continued to ensure the experience was safe and enjoyable for participants.



COMMISSION SERVICES

Preventative health services

Addressing family and domestic violence

In 2020-21 we undertook a range of strategies to address the issue of family and domestic violence. A key strategy undertaken with local partners was the development of a community based campaign called 'We're Better Than That'. We produced five videos promoting respectful relationships and featuring prominent local influencers. Reflecting strong community interest, these videos were viewed more than 120,000 times and widely shared and promoted: <https://www.youtube.com/playlist?list=PLKILCNZT3Dy4HFpgD3s7TTv85Tvd2s0P->

Following on this from success, we launched our new Domestic and Family Violence service (DFV Assist) in mid-2021. To date DFV Assist has trained over 80 primary care practitioners in our region. We have identified a number of key service integration issues that will be addressed to further drive system change in partnership with the LHDs and local primary care providers.

Early intervention speech pathology

We continued to commission Sydney LHD, Sydney Children's Hospital Network and South Eastern Sydney LHD to provide early intervention speech pathology services. The services are targeted to developmentally vulnerable children in areas identified from the Australian Early Development Census (AEDC) data 2018. The service provided by Sydney Children's Hospital Network is specifically for Aboriginal children, who experience high levels of developmental delays.

'We recognise that children thrive when parents and carers are supported, and we have played a key role in linking families in with necessary supports, including the provision of data packages for internet access.' – **Gillian Marples, Speech Pathologist, Sydney Children's Hospital**

Over the past year, speech pathology services offered screening to more than 5,618 children and provided over 1,921 screening assessments, both in person and via telehealth.

Community Diabetes Program

We continued to commission the Community Diabetes Education Program which has provided diabetes education and awareness sessions to more than 600 people since its inception in 2017. The program targets people who speak Arabic, Bengali, Nepali, Greek, Vietnamese, Mandarin and Cantonese languages. The program reflects the diverse

community Central and Eastern Sydney PHN services and health disparities experienced by many people from culturally and linguistically diverse (CALD) backgrounds.

The program aims to give participants the skills and knowledge to reduce their risk of developing diabetes or learn self-management behaviours if type 2 diabetes has been diagnosed. The program is delivered in person by Diabetes NSW & ACT bi-lingual health professionals or with the assistance of NAATI-accredited interpreters.

The Community Diabetes Education Program has consistently demonstrated the ability to increase participant knowledge, confidence and intention to change, in order to manage or prevent diabetes. The program has been received well with high levels of participant satisfaction.

'The Diabetes Education in Pregnancy Program has been embraced by local community leaders and members. New in-language resources have been co-designed and created with the help from the Mongolian, Indonesian and Rohingya-speaking communities to add to the suite of project resources already available in other languages. It has been a wonderful collaboration between Diabetes NSW & ACT, Central and Eastern Sydney PHN and numerous community and health services, and community members.' – **Katie Allison Diabetes NSW & ACT**

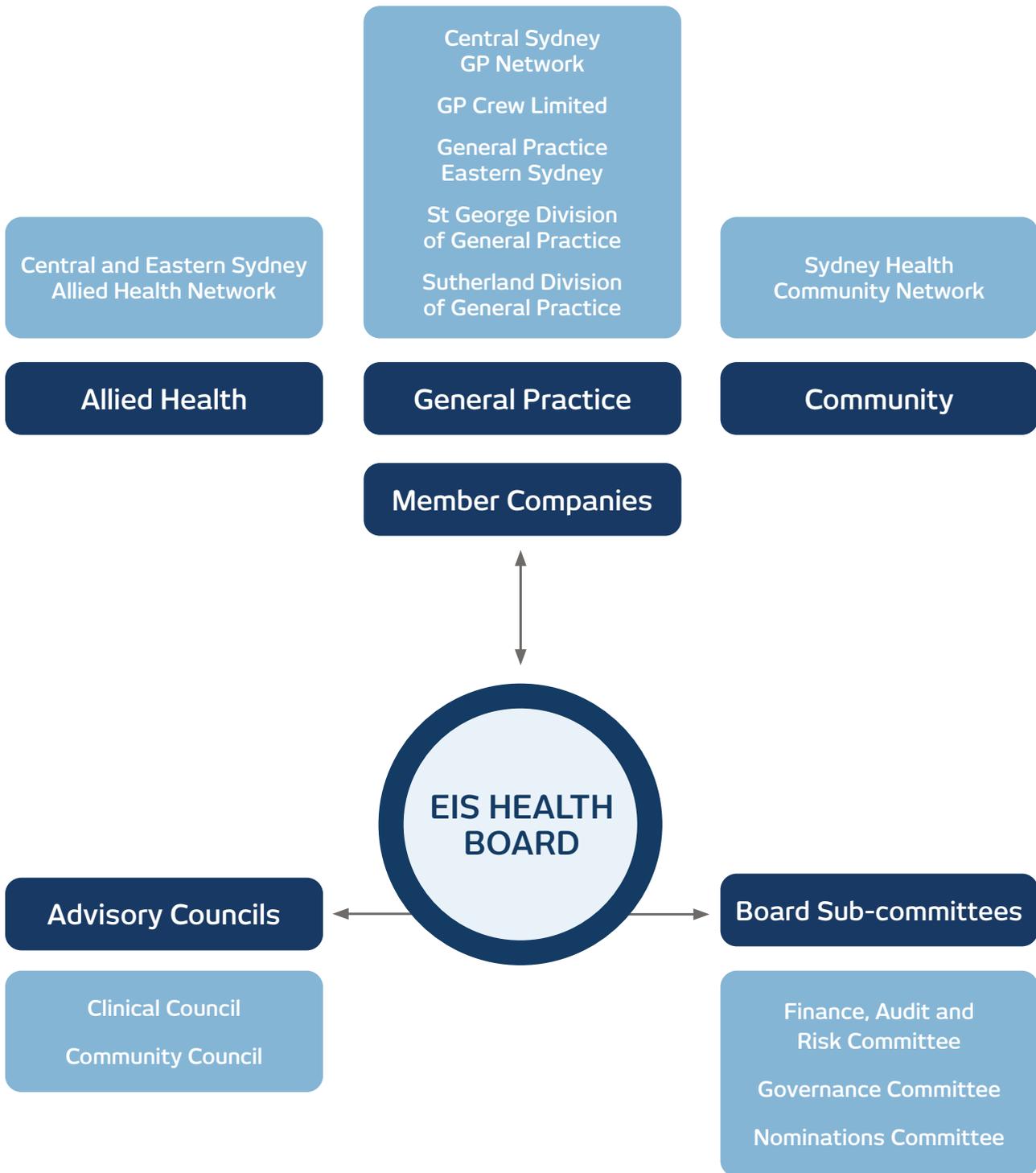
Diabetes Education in Pregnancy Project

The Diabetes Education in Pregnancy Project provides education and support to women of child-bearing years from culturally and linguistically diverse (CALD) communities. During the past year, the project targeted Nepali, Bengali, Arabic, Mongolian, Indonesian, Rohingya and Urdu speaking communities.

The project engages extensively with the community to build relationships. In-language written and video resources complement health promotion education sessions. Since its inception, the program has reached more than 900 people through awareness sessions. There have also been 74,000 video views.

The program continued to raise awareness of diabetes risk in pregnancy and the importance of a healthy lifestyle for women planning a pregnancy, despite the impacts of the COVID-19. The project delivered 40 community education sessions both in-person and online, attracting over 330 attendees. These sessions were hosted by community organisations, hospitals, social groups and multicultural services. Post-evaluation surveys indicate that 100 per cent of participants improved their understanding of the risk of diabetes in pregnancy and the importance of early intervention.

GOVERNANCE



GOVERNANCE

Our Board members



Dr Michael Wright Chair

MBBS, MSc, PhD, FRACGP, GAICD

Michael Wright is a general practitioner working in Woollahra, Sydney and a researcher and health economist with the Centre for Health Economics Research and Evaluation (CHERE) at the University

of Technology Sydney. In 2019, Michael completed his PhD 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. He was also a Research Fellow at the London School of Hygiene and Tropical Medicine.

Michael is Deputy Chair of the NSW/ACT RACGP Faculty Board, chairs the RACGP Reference Committee for Funding and Health System Reform and has strategic appointments with the Australian Institute of Health and Welfare. Michael was previously Chair of the Central and Eastern Sydney PHN Clinical Council, and a member of the Australian Government's Primary Health Care Advisory Group. Michael is keen to improve coordination in our health system, reduce fragmentation of care, and highlight the benefits of high-quality primary care to the Australian health system.



Dr Teresa Anderson AM Director

B.App Science (Speech Pathology) PhD

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. Teresa 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.

Teresa serves on the Boards of the Ingham Institute, Centenary Institute, Heart Research Institute, ANZAC Research Institute, and HealthShare. She is also the Chair of the Sydney Research Council. She was awarded a Member of the Order of Australia (AM) in 2018 for service to community health and to public administration in New South Wales as a clinician, manager and health service executive.

Teresa 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.



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 5,000 citations in peer-reviewed journals.

Mark is a life Fellow of the Royal Australian College of General Practice (RACGP) 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 his contribution to primary health care research.

Mark was appointed as a fellowship 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.



Steven Kouris Director (until 24 November 2020)

Bec, LLB, LLM

Steven Kouris is a lawyer and commercial adviser with extensive corporate governance and leadership, strategic planning

and risk management expertise. He is a non executive director and Board committee member across the health, infrastructure, housing and not-for-profit 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, and has advised government departments. He also has substantial expertise in major projects, infrastructure and development, building and construction, and property. He 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 and the Centre for Eye Health.



Dr Gary Nicholls

Director

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

Gary Nicholls trained in the UK at Cambridge University and St Bartholomew's 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 with the aim of improving the health care of patients while improving service efficiency.

Gary 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. He is a Conjoint Lecturer in Medicine at St Vincent's Hospital Clinical School, University of New South Wales.



Robert Ramjan AM

Director

AM, BA, BSocStud

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 (AM) 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 establishing 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.

A member of the NSW Mental Health Review Tribunal, he is also a Trustee of the Psychosis Australia Trust and the NSW Schizophrenia Research Trust Fund. He is a Trustee and Independent Director of 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(Merit),
FCHSM, MAASW

Anthony Schembri is the CEO of the St Vincent's Health Network Sydney. Anthony holds appointments as

Board Director for the Garvan Institute of Medical Research, Board Director of the Victor Chang Cardiac Research Institute, Board Director of the National Centre for Clinical Research of Emerging Drugs of Concern, Board Director of the St Vincent's Curran Foundation, Board Councillor of Sydney Partnership for Health, Education, Research and Enterprise (SPHERE) and Co Chair of Australian Catholic University/St Vincent's Nursing Research Institute.

Anthony is an Adjunct Professor at the Australian Catholic University, Adjunct Professor at the University of Notre Dame Australia, and Conjoint Associate Professor at the University of New South Wales. Anthony completed the Australian Institute of Company Directors' course.

Previously, 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 as well as hospital social work roles. Anthony was awarded in the 2019 Queen's Birthday Honours List, a Member of the Order of Australia (AM) for significant service to hospital administration, and to medical research.



Rosemary Bishop

Director

MBA, GAICD, BA (Hons.) Dip Ed

Rosemary Bishop is the Director of Interdependent, a change management and community engagement consultancy. Her

current projects include a review of a health service and an interim CEO role within the women's health sector. Before re-establishing Interdependent, Rosemary was the CEO of 3Bridges Community, an organisation that services the St George, Sutherland, and Central Sydney areas to enable community connection and support wellbeing from birth to death.

Previously, Rosemary led the merge of Mamre Plains, a small charity supporting refugees and people with a disability, into Catholic Care. Rosemary was the Chair of Evolve Housing where she worked with two Boards to merge into Evolve housing and was a Board member with Afford Disability. Rosemary brings to the Board a community perspective and a strategic focus on change and sustainability.

GOVERNANCE



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, UNSW – Chris Tzarimas has been involved in numerous local, state and federal health initiatives. He began his career as an accredited exercise physiologist coordinating evidence-based chronic disease management programs for people living with HIV/AIDS and in 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 (resigned 24 November 2020)

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

Sharyn Wilkins 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 Clinical Editor for the South Eastern 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.



Rene Pennock

Director

Bachelor Applied Science Physiotherapy, Grad Dip Ger. GAICD

Rene Pennock is a consultant working in various health sector organisations. For most of his professional career he has worked in the primary and community sectors with allied health, nursing and medical specialties alongside general practitioners, geriatricians and paediatricians. As CEO of South Western Sydney Medicare Local (SWSML) and then South Western Sydney Primary Health Network (SWSPHN) his commissioning role has focused on these specialties. He is also currently a director on the Board of Down Syndrome Association NSW.

His key achievement over the last 10 years was the implementation of quality in general practice support services, practice nursing workforce support. He also implemented a Health Alliance model of care and began a commencement of an interoperability platform to enable real time sharing of clinical data between the acute and primary care sector. Previously, Rene spent 15 years working in the public sector for South Western Sydney Area Health Service performing both clinical and management roles. In 2004, he became the CEO of the Macarthur Division of General Practice.



Tobi Wilson

Director

B Physio, MHSM

Tobi Wilson was appointed to the South Eastern Sydney Local Health District Chief Executive position in April 2019. Tobi brings a wealth of experience to the role, having held various executive positions, most recently spending two and a half years as General Manager of Prince of Wales Hospital and Sydney/Sydney Eye Hospitals.

His extensive experience in executive and senior management roles also includes two years as Chief Operating Officer at the Royal Melbourne Hospital and Acting Chief Executive Officer, Southern Adelaide Local Health Network. In these roles, Tobi has demonstrated a proven ability to drive clinical change through redesign, including the delivery of several capital redevelopments.

Tobi began his career as a physiotherapist, before completing a Master of Health Science Management at the University of South Australia.



Peggy Huang

Director

MAICD, BA Science (Hons), BA Applied Science, Dip Rehab

Peggy Huang is a dietitian, nutritionist and exercise physiologist (The University of Sydney) with diverse experience including clinical practice, practice support, rehabilitation, NSW Health, local government, community services, youth work, RACFs, education (vocational and university), workforce management and leadership development.

Peggy is also a Non-Executive Director for 3Bridges Community and a member of the Governance and Risk Committee. She has completed the AICD Company Directors' Course and Governance Foundations for Not-for-Profit Directors.

Peggy was previously the Chairperson of the Central and Eastern Sydney Allied Health Network (CESAHN) Board of Directors, NSW Exercise & Sport Science Australia and a previous volunteer with Dietitians Australia.

Before joining the Board, Peggy was a member of the Central and Eastern Sydney PHN Clinical Council and contributes to the Clinical Leaders Network, Health Pathways, Nominations and Central and Eastern Sydney PHN–Sydney LHD Liaison Committees. She is committed to working across the hospital and primary care sectors and walking alongside community to deliver better health outcomes.



GOVERNANCE

Board committees

EIS Health Finance Audit and Risk Committee

Members
Rene Pennock (Chair) – since 8 December 2020
Steven Kouris (Chair) – until 24 November 2020
Rob Ramjan
Chris Tzarimas
Nicole Grantham (Independent)

The Finance Audit and Risk Committee (FAR) provides financial analysis, advice and oversight of the organisation's budget, forecasts and financial performance and assists the Board to discharge its responsibility to exercise due care, diligence and guidance, and to oversee the risk management framework operating within EIS. The Committee works within the guidelines of the Finance Audit and Risk Committee Terms of Reference.

EIS Health Governance Committee

Members
Professor Mark Harris (Chair)
Dr Sharyn Wilkins – until 24 November 2020
Rosemary Bishop
Peggy Huang – since 8 December 2020

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.

EIS Health Nominations Committee

Members
Rob Ramjan (Chair)
Dr Gary Nicholls
Jonathon Casson (independent) – 2020
A/Professor Frankie Merritt (independent) – 2021
Janet Green
Dr Wayne Cooper – 2020
Dr Sue Iland – 2021

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

Board directors are elected for three-year terms and each year, up to three of the Board Directors retire. The Committee is responsible for reviewing the Board Skills matrix and identifying any skill's 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.

Member networks

Our seven member networks have a combined membership of 917 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 Central and Eastern Sydney PHN's Clinical and Community Councils, Program Advisory Committees and to hospital clinical councils throughout the region.

The member network chairs as representatives of their member organisations vote for the eight elected Board directors and approve any changes to the constitution.

Every quarter the member network chairs meet with our Board Chair and the Central and Eastern Sydney PHN executive. These meetings provide invaluable advice to the PHN and the Board on clinical communication, education, advocacy, and engagement.

Clinical communication

Our general practice networks have a strong focus on improving clinical communication between hospitals and general practice. This includes attending monthly hospital clinical council meetings.

Education

The networks provide invaluable guidance to ensure our continuing professional development (CPD) program meets the needs of health professionals across the region. This year, we worked closely with the St George Division of General Practice to establish a new monthly CPD series with St George Hospital and supported seven groups with Peer Group Learning (PGL). The Central and Eastern Sydney Allied Health Network Board worked with us to plan a program of CPD events for allied health professionals and to promote these among allied health peak bodies.

Advocacy

Member network chairs continue to be strong advocates for their members in relation to the COVID-19 response. They provided feedback to the PHN about vaccine distribution and obtaining COVID-19 test results. The networks also advocated on the distribution of e-prescribing and pathology requests.

Engagement

The member networks are an important mechanism for engagement of general practitioners, allied health professionals and community organisations. Member network chairs provided advice to the PHN on our report of COVID-19 challenges and opportunities as well as the new Services Guide, our new Strategic Plan, and the upcoming engagement survey.

Central and Eastern Sydney PHN is very grateful for the contribution of the following member network chairs in 2020–2021:

- Central and Eastern Sydney Allied Health Network: Trent Carruthers
- Central Sydney General Practice Network: Dr Javier Camargo
- GP Crew: Dr Hilton Shapiro
- GP Eastern Sydney: Dr Sue Iland
- St George Division of General Practice: Dr Wayne Cooper until November 2020 and Dr George Samra
- Sutherland Division of General Practice: Dr Owen Brooke
- Sydney Health Community Network: Janet Green.

Thank you to Dr Wayne Cooper for his work as chair of the St George Division until November 2020. Wayne has been actively involved with the Division, the PHN and previously, the Medicare Local. His contribution advocating for general practice has been immense.

GOVERNANCE

Clinical Council

Meeting schedule: Every two months Number of meetings: 6

Council members: Five new members commenced at the beginning of 2021.

Name	Profession/experience represented
Ms Adele Tahan	Pharmacist, Adore Pharmacy, Rozelle
Dr Alessandra Doolan	Principal (Advocacy and Policy), Health and Technology Advisory Group
Dr Alisa Pollack	GP, Marie Stopes Australia
Dr Allison Bielawski, Chair	GP, Glebe Family Medical Practice
Ms Andrea Ness	General Ambulatory Medicine and Subacute Services Manager, St Vincent's Health Network
Dr Annabel Kain	GP, Erskineville Doctors
Ms Annette Ruhotas	Founder and Principal Consultant, Be The Change Consulting Group, Oatley
Dr Ann-Marie Crozier	Medical Director, Hospital in the Home, RPA
Ms Barbara Kallinosis	Physiotherapist, Lifestyle Enhancers Physiotherapy, Sans Souci
A/Prof Francis Merritt	Associate Professor, Head of Aboriginal and Torres Strait Islander Health, University of Notre Dame
Ms Jacky Peile	Occupational Therapist, Early Links, Caringbah
Ms Jenny Hughes	Practice Nurse, Your Doctors Leichhardt
Dr Joanna Bruce	GP, GP Maroubra
Dr Joanne Ging	Director of Clinical Operations, Sydney Children's Hospital Network
Dr John George	GP, Doctors R Us, Sans Souci
Mr John Petrozzi	Chiropractor, Body Mind Central, Leichhardt
Prof Kathryn Refshauge	Professor of Allied Health (Strategic Partnerships), University of Sydney
Ms Lou-Anne Blunden	Executive Director, Clinical Services Integration, Sydney Local Health District
Dr Mona Singh	GP, Bondi Doctors
Dr Nadia Clifton, Deputy Chair	GP, Ultimo Medical Practice
Dr Nathan Lum	GP, Abbotsford Family Medical Practice
Ms Peggy Huang	Dietician and exercise physiologist
Ms Penny Mills	Operations and Practice Manager, Leichhardt General Practice
A/Prof Peter Gonski	Director of Southcare Aged and Extended Care at Sutherland Hospital and Community Services
Prof Raghu Lingam	Professor of Paediatric Population Health, UNSW and Sydney Children's Hospitals Network
Ms Rebecca VanLierop	Clinical Services Manager, Civic Disability Services, Caringbah
Mr Richard Walsh	Pharmacist
Mr Trent Carruthers	Exercise Physiologist, Activ8 Health Club, Caringbah

Council purpose

The Clinical Council advises the board on:

- clinical issues that are relevant to the needs of the central and eastern Sydney region
- opportunities to improve the efficiency and effectiveness of medical and health care services
- population health planning
- commissioning of programs and services that support local and national priorities.

2020–2021 summary

Members of the Clinical Council bring their expertise, experience, knowledge and enthusiasm to our meetings with the goal of achieving coordinated, effective and high quality whole-of-person health care for our communities.

The COVID-19 pandemic and the rollout of the vaccine was an ongoing focus for the Clinical Council. Key challenges and opportunities discussed included:

- distribution of vaccine doses to aged care facilities and disability group homes for staff and residents
- distribution of vaccine doses to general practices
- challenges for general practices in prioritising patients to receive the vaccine
- the impact of COVID-19 related changes on practice workflow and workload as well as practitioner and staff burnout
- clear, consistent messaging to the community including targeted in-language communications for multicultural communities.

The outcomes of these discussions included input into the COVID-19 Challenges and Opportunities for Primary Care paper and a letter to the Department of Health on the need for a National Communicable Diseases Centre.

The Clinical Council played a key role in providing feedback and opportunities for improvement in the development and evaluation of Central and Eastern Sydney PHN funded programs and services. These included:

- the rollout of the DFV Assist program
- the development of the intellectual disability service model
- opportunities to improve the Psychological Support Services program
- opportunities to improve the Headstart online service navigation app
- the development of the Training Organisations Summary, an initiative of the Regional Mental Health and Suicide Prevention Plan.

Several Central and Eastern PHN funded programs and other services were presented to the Clinical Council. Council members provided guidance on how to increase program effectiveness and ensure effective engagement with health professionals. Presentations included the:

- Sydney Children's Hospital Strengthening Care for Children Project
- Primary Care Enhancement Program via Local Health District Specialist Intellectual Disability Health Teams
- Anglicare Emotional Wellbeing for Older Persons Program.
- The Clinical Council further provided strategic advice to Central and Eastern PHN, including on the development of the 2022–2024 Strategic Plan and the Aged Care Royal Commission Recommendations. Clinical Council members also participated in the 2020–2021 Central and Eastern Sydney PHN Strategy Day in October 2020.

GOVERNANCE

Community Council

Meeting schedule: Every two months Number of meetings: 5

Council members: Seven new members commenced at the beginning of 2021.

Name	Profession/experience represented
Ms Amanda Justice	South Eastern Sydney LHD, Community Partnerships Manager
Mr Anton Mayne	Consumer advocate
Mr Ben Steele	Community member
Ms Cheryl Brady	Community Partnerships Officer, Population and Community Health, South Eastern Sydney LHD
Mr Christian McNally	Senior Support Advisor, Home and Community Care, Uniting NSW/ ACT
Ms Emma Dickins	Integrated Care Lead, Sydney Children's Hospitals Network
Ms Janet Green	General Manager, The Junction Neighbourhood Centre
Ms Jenny Smith	Mental health consumer
Ms Jessica Crause	Deputy Director, Strategic Relations and Engagement, Sydney Local Health District
Mr Joseph Lonn	Training Services Development Manager, ACON
Ms Julie McCarthy	Community member
Ms Julie Millard	Credentialed mental health nurse
Ms Kate Melhopt	CEO, South Eastern Community Connect
Ms Liz Yeo, Deputy Chair	CEO, Newtown Neighbourhood Centre
Ms Lucy Klippan	Consumer and Community Participation Coordinator, St Vincent's Health Network
Ms Lynda Hennessey	Mental Health Consumer Advocate
Ms Magali Mumby	Volunteer carer advocate
Mr Peter Valpiani	CEO, Haymarket Foundation
Mr Scott Sumner	Consultant, Centre for Inclusive Design
Mr Shane Jakupec	Regional Manager, Neami National
Ms Sharlene McKenzie, Chair	General Manager of Inclusion and Engagement, 3Bridges
Ms Suzanna Gooley	ShoutOut Australia
Ms Wendy Suma	Head of Programs, Wayside Chapel

Council purpose

The Community Council advises the board on:

- service gaps and concerns about service quality
- opportunities for integration of consumer, carer and community views into primary health service operations, planning and policy development
- concerns and issues affecting community, consumers and carers
- identifying how to increase consumer, carer and community participation in the Central and Eastern Sydney PHN region.

2020–2021 summary

The Community Council played a fundamental role in providing community guidance on COVID-19 and the vaccine rollout. Key challenges and opportunities discussed included:

- identifying populations that require additional support throughout the vaccine rollout
- raising concerns in different communities regarding the vaccine rollout
- the mental health impact of the COVID-19 pandemic on communities, and support strategies
- challenges in the transition to telehealth and communities that require additional support.

The outcomes of these discussions included input into the COVID-19 Challenges and Opportunities for Primary Care paper and guidance on the best use of additional funding from the National Mental health and Wellbeing Pandemic Response Plan.

The Community Council provided valuable strategic advice to Central and Eastern Sydney PHN, including input on:

- Central and Eastern Sydney PHN submissions to the Disability Royal Commission
- Central and Eastern Sydney PHN response to the Aged Care Royal Commission Recommendations
- development of the Central and Eastern Sydney PHN Hepatitis Strategy
- development of the 2022–2024 Strategic Plan
- development of the Central and Eastern Sydney PHN plan to address issues in aged care
- development of the Central and Eastern PHN Community Engagement Strategy.

The Community Council also provided guidance and opportunities for improvement in the development of Central and Eastern Sydney PHN funded programs and services. These included:

- opportunities to improve the Headstart online service navigation app
- the development of the intellectual disability service model
- the development of the Training Organisations Summary, an initiative of the Regional Mental Health and Suicide Prevention Plan.

GOVERNANCE

Advisory committees

Central and Eastern Sydney PHN has 19 advisory committees with 198 members. Three new advisory committees are in development.

Mental health

Mental Health and Suicide Prevention Advisory Committee

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

- provide strategic advice to Central and Eastern Sydney PHN on the development of innovative services, and 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 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.

Committee members have a broad range of skills, experience and expertise, including lived experience. The Committee developed an Acknowledgement of Lived Experience statement which was published on the Central and Eastern Sydney PHN mental health website page (Mental Health | CESPHN). The Committee also provided guidance and advice on supporting older people during the COVID-19 pandemic.

The Committee provided feedback to Central and Eastern Sydney PHN on:

- Suicide Prevention and Recovery Cottage (SPARC) suicide prevention initiative with Independent Community Living Australia (ICLA) and South Eastern Sydney LHD
- Towards Zero Suicide initiatives in collaboration with the LHDs and LHNs in the region
- Regional planning updates and initiatives
- Central and Eastern Sydney PHN's Strategic Plan
- PSS capacity, access and workforce
- State Mental Health Telephone Access Line (SMHTAL) – South Eastern Sydney LHD
- discussion and feedback regarding Central and Eastern Sydney PHN's mental health and suicide prevention activities.

Aboriginal and Torres Strait Islander health

Aboriginal Health and Wellbeing Advisory Committee

The 11 Aboriginal Health and Wellbeing Advisory Committee members all live or work across the Central and Eastern Sydney PHN region. The committee members are a combination of Aboriginal community members, Traditional Owners, Aboriginal-owned and operated business representatives, a general practitioner representative, and Local Health District, Local Health Network and Justice Health and Forensic Mental Health Network staff members. Ten of the 11 members identify as being Aboriginal.

The Advisory Committee met four times over the year and focused on:

- providing ongoing review, guidance, and monitoring of the 2018–2020 Central and Eastern Sydney PHN Reconciliation Action Plan (RAP)
- supporting the development of the new Innovate RAP 2021–23 and its launch in February 2021
- keeping the PHN informed on any identified health service gaps and current health issues concerning communities across the Central and Eastern Sydney PHN region whilst advocating for their communities, the people, carers, and organisations
- determining the elements of a cultural safety framework to be implemented for Central and Eastern Sydney PHN's commissioned services and future tender processes
- reviewing and contributing to organisational needs assessment and strategic planning processes ensuring Central and Eastern Sydney PHN's commitment towards improving Aboriginal health outcomes is affirmed and maintained
- reviewing nominations and selecting the recipient of the Central and Eastern Sydney PHN staff annual National Reconciliation Week Aboriginal Excellence Award and the inaugural NAIDOC Award 2021 (for external people or organisations in Central and Eastern Sydney PHN region)
- representative participation in staff cultural education sessions and on Central and Eastern Sydney PHN recruitment panels.

Population health

After Hours Advisory Committee

The After Hours Advisory Committee provides support, leadership, and guidance to the Central and Eastern Sydney PHN After Hours program. Members of the committee work within the region and share expert knowledge from within their fields at quarterly committee meetings.

Over the past year the After Hours Advisory Committee provided advice and direction into a number of key after hours activities, including:

- advising on the transition to the 2021–2022 After Hours funding schedule and assisting Central and Eastern Sydney PHN develop options, initiatives, and measures to address access to primary care in the after-hours period
- reviewing the Evaluation of the Geriatric Outreach Services funded by Central and Eastern Sydney PHN
- reviewing Central and Eastern Sydney PHN After Hours social media promotion activities
- informing the Central and Eastern Sydney PHN Needs Assessment to identify after-hours service gaps and barriers within the region.

Antenatal Shared Care Advisory Committees

Over 950 general practitioners are involved in the GP Antenatal Shared Care (ANSC) programs coordinated by Central and Eastern Sydney PHN. There are three Advisory Committees overseeing the GP ANSC programs in the region: Royal Hospital for Women; St George and Sutherland Hospitals; and RPA Women and Babies/Canterbury Hospital. The committees help implement each GP ANSC program and have a key role in maintaining strong partnerships between the hospitals and general practitioners.

The GP ANSC Advisory Committees are a forum of local representatives with specialist antenatal knowledge. To ensure broad primary care representation and advocac, each committee has up to five general practitioner advisers. In the past year, new general practitioner advisers were recruited for each committee and appointed for three-year terms.

Each committee meets quarterly and is responsible for the clinical governance of the program, ensuring appropriate standards of antenatal care are maintained. They advise on the operation of ANSC protocols, monitor identified or emerging risks, provide feedback on program initiatives and assist with developing educational priorities.

GPCanShare Advisory Committee

In 2020, the GPCanShare Advisory Committee was established to oversee the Enhancing Cancer Management in Primary Care project. The committee consists of eight members including executive representation from Sydney LHD, South Eastern Sydney LHD, St Vincent's Hospital, an expert in cancer management from Cancer Institute NSW (CINSW), and general practitioners.

The committee's focus included:

- discussing communication pathways and IT systems across cancer centres and coordination of information distributed to general practices
- developing educational documents and HealthPathways for primary care clinicians managing patients with cancer
- reviewing existing resources that could be used as enablers to meet project outcomes.



GOVERNANCE

HealthPathways Sydney Advisory Committee

The HealthPathways Sydney Advisory Committee provides decision support, direction, and leadership to the program team. It also ensures program output is relevant to health and social care practitioner and specialists in the central Sydney area.

Over the past financial year, the committee continued to support the operational direction of the program. This included optimising the HealthPathways platform as a source of truth throughout the evolving COVID-19 pandemic. The committee also provided guidance on the HealthPathways Strategic Plan 2022–2025, noting the shift of operational focus from pathway localisation to review and maintenance. Consultation and guidance on enhancing the platform's content for allied health professionals will continue to expand the program's reach across the primary care sector.

HealthPathways South East Sydney Advisory Committee

Over the past year, the HealthPathways South East Sydney Advisory Committee has grown to include a general practitioner Chair or delegate for each of the general practitioner groups within the south eastern Sydney area as well as practice nurse members nominated by the Australian Practice Nurse Association. Central and Eastern Sydney PHN is working with GP Synergy to find a GP Registrar representative to ensure we meet the needs of this large user group. The advisory committee continues to have members from all program partners (Central and Eastern Sydney PHN, South Eastern Sydney LHD, St Vincent's Hospital Sydney and Sydney Children's Hospital Network).

The advisory and governance committees provide high-level advice and strategic direction for the SES HealthPathways program team. They also help prioritise pathway development where required.

Over the past year, the committees have facilitated many projects within SES HealthPathways, including:

- finalising the program's process evaluation
- committing to new key performance indicators (KPIs)
- developing a tool to assist with prioritising pathway requests
- committing to key priority pathways for the program team to work on over 2021.

The committees have also provided feedback on what they want in the new SES HealthPathways Agreement which will see the program continue strongly through to 30 June 2024.

Liver Toolkit Project Executive and Governance Committees

In 2019, Central and Eastern Sydney PHN was funded by the Cancer Institute NSW, to deliver a two-year project. The aim of the project was to improve the management of patients with primary liver cancer through early detection and an enhanced shared-care model between specialist

services at RPA and St George Hospitals, and primary care. The project included the development and implementation of an electronic management support tool, known as the Liver Toolkit, in the Outcome Health POLAR program. Twelve general practices were recruited to the project.

People with a previous liver cancer diagnosis, as well as those with known risks such as cirrhosis, viral hepatitis B and viral hepatitis C, can be identified via algorithms applied to pathology results to determine if they require follow-up and shared care. The project received ethics approval and is being developed as a mixed-method research project in a real-world setting, exploring principles of quality improvement in primary care.

The Governance Committee is tasked with making key operational and implementation decisions regarding the project, based on the advice of project partners and committee members, and applying a lens of client and primary care acceptability to all aspects of the project.

The Governance Committee also provides advice to the Executive Committee, enabling it to perform its function of overall project oversight and final decision-making, and clinical governance.

Members of the committees include representatives from South Eastern Sydney LHD and Sydney LHD HARP units, RPA and St George Liver Clinics, Hepatitis NSW, and general practitioner advisers.

Workforce and digital health

CPD Advisory Committees

The five CPD Advisory Committees are comprised of local general practitioners and allied health professionals in the Central and Eastern Sydney PHN region. Committee members provide valuable guidance and support to ensure our continuing professional development program is meeting the needs of general practitioners and health professionals in our region.

The St George GP CPD Advisory Committee and the Allied Health CPD Advisory Committee were established in the 2020–2021 year. Their advice and recommendations have allowed us to offer, in partnership with St George Hospital, a new CPD breakfast webinar series for general practitioners as well as events targeted specifically at allied health professionals.

The CPD Advisory Committees provide critical advice on the high-quality in-person and online educational topics we offer. We thank them for their ongoing contributions and valuable assistance and guidance.

Person Centred Medical Neighbourhood Advisory Group

The Person Centred Medical Neighbourhood (PCMN) Advisory Group was established to give direction, and clinical advice on the development and implementation of the PCMN program. This program provides tailored support to

participating general practices and allied health so they can achieve the highest levels of accessible, comprehensive, coordinated and person-centred care. The committee consists of general practitioners, practice managers, a practice nurse, a pharmacist, a dietitian, a client, and Central and Eastern Sydney PHN representatives.

In 2020, the committee guided the redesign of the PCMN program and the inclusion of digital health technologies and care coordination in the program framework. The Committee will continue to advise on how to better support general practices as well as improving patient experiences and health outcomes through engaged leadership, quality improvement, and team-based care in practices.

Aged care

Aged Care Advisory Committee

The Aged Care Advisory Committee provides support, leadership, and guidance to the Central and Eastern Sydney PHN aged care program. Members of the committee work within the region and share expert knowledge from within their fields at a one-hour committee meeting every six weeks.



Alcohol and other drugs

Drug and Alcohol Advisory Committee

The Central and Eastern Sydney PHN Drug and Alcohol Advisory Committee is a large diverse group that spans public, private and non-government treatment services. Members include general practitioners, allied health professionals, researchers, educators, peak bodies, people with lived experience, and family and carers.

The committee met each quarter to discuss issues and priorities within the alcohol and other drugs sector. Discussions centred on improving the outcomes and experience of people in the region who seek support for their alcohol and other drugs use.

The committee's focus included:

- exploring a possible initiative to address stigma and discrimination within services and the community
- having a sub-committee develop a statement of recognition of people with lived experience
- providing feedback to inform the Central and Eastern Sydney PHN Alcohol and Other Drugs Needs Assessment
- discussing challenges and opportunities in response to the COVID-19 pandemic
- evaluating NADA's alcohol and other drugs Treatment Guidelines for working with Aboriginal and Torres Strait Islander people
- discussing how alcohol and other drugs services can support the Inner City End Street Sleeping Collaboration.

OPERATIONS

Our organisation

Our organisational structure is based on four streams whose areas of work are outlined below.

<h3>Primary Care Improvement</h3>	<h3>Clinical Services</h3>
<ul style="list-style-type: none"> • Practice support and development • Digital health • Population health • Immunisation • Chronic disease management • HealthPathways • Research and quality improvement • After Hours 	<ul style="list-style-type: none"> • Mental Health and Suicide Prevention • National Psychosocial Support Measure • Alcohol and other drugs • Aboriginal health and wellbeing
<h3>Planning and Engagement</h3>	<h3>Corporate Services</h3>
<ul style="list-style-type: none"> • Planning • Reporting • Engagement • Continuous Professional Development • Marketing and communications 	<ul style="list-style-type: none"> • Finance • Contracts and procurement • Information Communications Technology • Facilities • Administration • Risk • Policies • Human Resources

Our leaders



Dr Michael Moore Chief Executive Officer

MBBS, FRACGP, GradDipPH, GAICD

Michael Moore was appointed to the position of Central and Eastern Sydney PHN CEO in July 2015. Having trained as a general practitioner, Michael completed his internship at Hornsby Hospital

and gained his FRACGP. After several years in hospital administration, Michael took up the role of CEO at Hornsby Ku-ring-gai Division of General Practice in 1992 where he oversaw Hornsby's merger with Ryde Division of General Practice. He moved to Central Sydney in 2002 and managed Central Sydney Division's amalgamation with Canterbury. In 2012, he managed the transition of the amalgamated organisation to Inner West Sydney Medicare Local and was appointed Medicare Local's CEO.

Michael is passionate about the contribution of primary and community-based care to the health of our community. Maintaining an active presence in general practice, he has great sympathy for busy clinicians everywhere.



Mariam Faraj General Manager, Clinical Services

BSocSc, GradDipEd, DipMgt, GAICD

Mariam Faraj is the General Manager, Clinical Services. She has a background in social science and policy, education and management with more than 25 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 has a comprehensive understanding of health and a deep, caring nature. Her strong strategic leadership skills and ability to engage a broad range of stakeholders has seen her champion innovative models of care that improve the health outcomes of our community.



Dr Brendan Goodger General Manager, Primary Care Improvement

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

With over 20 years' experience working in health, Brendan Goodger is the General Manager of Primary Care Improvement. 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. With a focus on achieving health gains for priority population groups, Brendan has worked in health planning, health policy and state-wide projects from project commissioning and design to implementation and evaluation. Brendan is committed to finding innovative service solutions to long-standing issues, achieving outcomes and working collaboratively for sustainable change.



Nathalie Hansen General Manager, Planning and Engagement

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

Nathalie Hansen has 30 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 (CPD) planning and performance. Other responsibilities include engaging with clinical and community councils and our member organisations. Nathalie has worked in health care management for 20 years. Previously, she was responsible for planning and engagement at Central and Eastern Sydney PHN and Inner West Sydney Medicare Local and later General Manager, Corporate Services. Before joining Central and Eastern Sydney PHN, Nathalie had a long career at the Department of Health where she managed programs in primary health care, rural health, alcohol and other drug treatment, and mental health.

General Manager, Corporate Services

This position was occupied by Richard Vaughan until 25 June 2021.

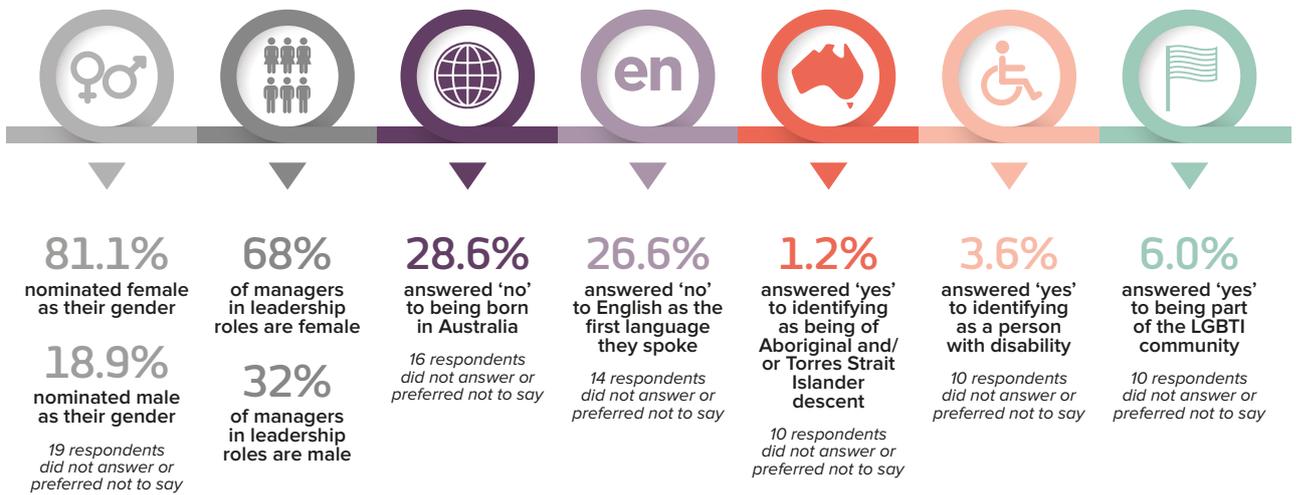
OPERATIONS

Our People

Fostering a diverse and flexible workforce

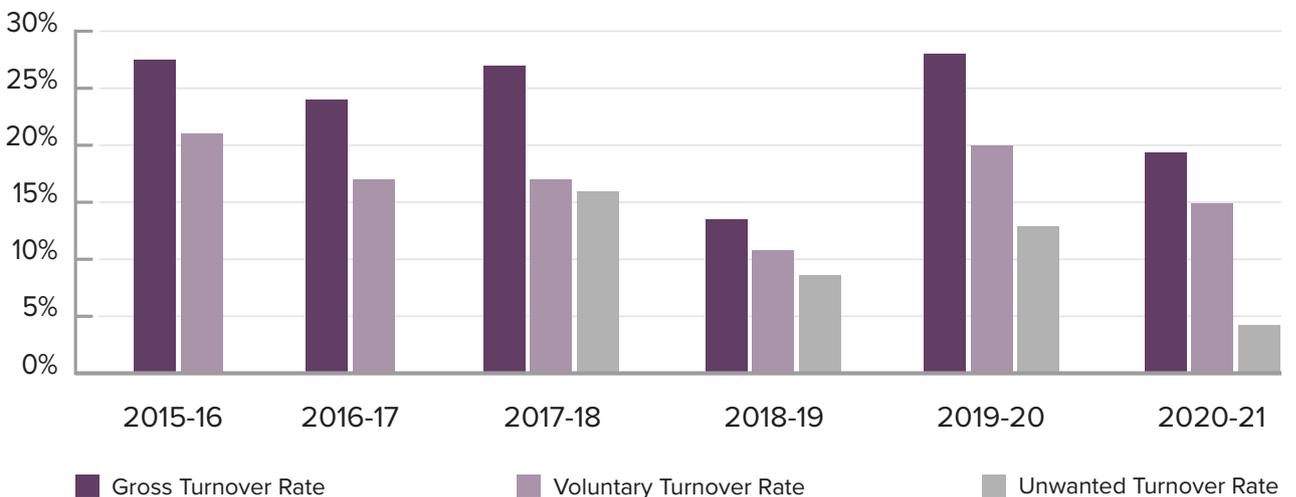
Central and Eastern Sydney PHN had 103 employees at 30 June 2021. Taking into account part-time staff this equates to 91.4 full-time equivalents (FTEs).

Employees by Division	Clinical Services	Corporate Services	Planning and Engagement	Primary Care Improvement	Total
FTE equivalent	27.66	17	14.46	32.28	91.4
Total employees	31	18	17	37	103



Managing staff turnover

The gross turnover rate this year was 19 per cent, a reduction on the previous year. The percentage of staff voluntarily leaving Central and Eastern Sydney PHN stayed the same as the previous year at 15 per cent.



Adapting to a hybrid work model

For most of the past year, Central and Eastern Sydney PHN worked in a hybrid model, partly in the office and partly at home. Several staff formed a working group to look at how to make our facilities, systems and culture more suited to the hybrid future. All staff were consulted on initial ideas and these were explored further in small groups.

The hybrid model of working had an impact on the organisation's internal communications. Platforms such as Teams and Mural have assisted in encouraging collaboration among and across teams. There was also an increase in the frequency of staff newsletters and an emphasis on sharing resources around mental health and wellbeing.

Encouraging learning and development

Learning and development continued to be a priority for the organisation with more than \$240,000 spent on training

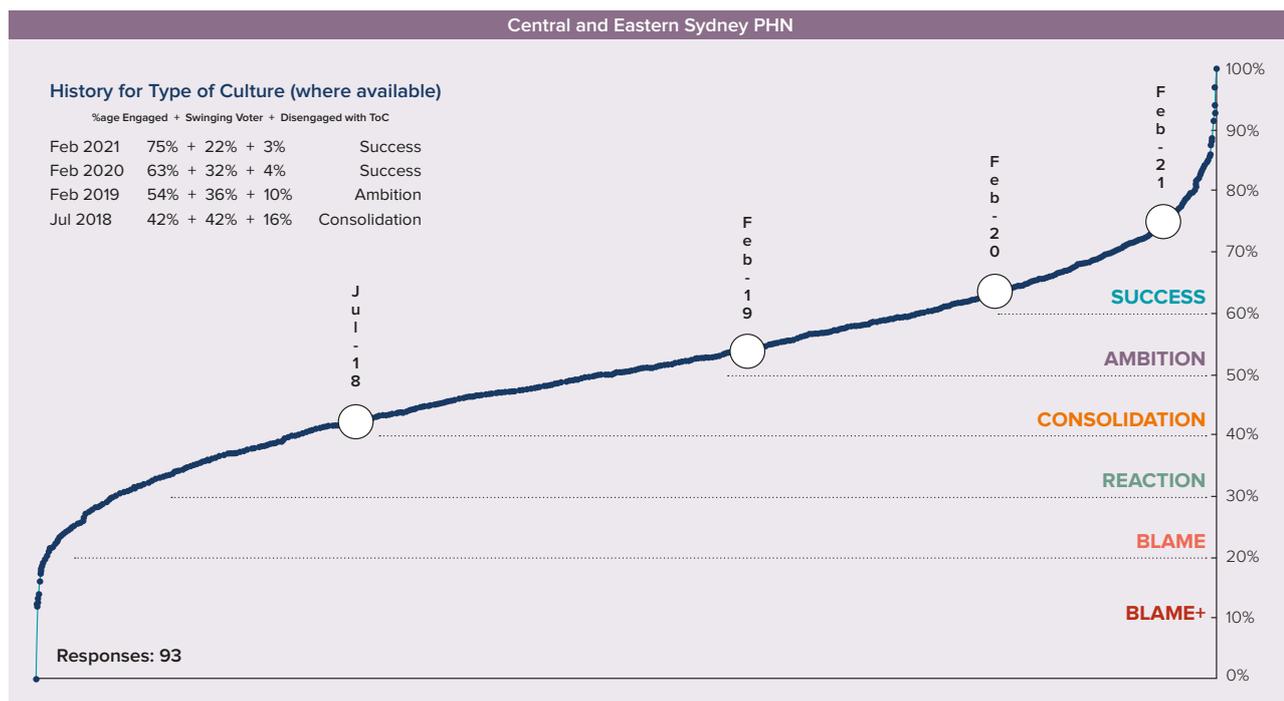
and development over the year. Some of the learning and development activities included courses in the full Microsoft suite including Excel, Word, PowerPoint and Microsoft Teams, and training in procurement, contract management and commissioning.

Cultural awareness training was offered throughout the year and in December more than 50 staff attended disability confidence training. In addition to this, individual staff were supported to attend courses relevant to their specific roles.

A comprehensive individual manager coaching program has been offered to our managers.

Fostering a culture of success

Our annual Pulse Check survey to identify where we sit alongside other PHNs in a range of areas relating to work culture had pleasing results. We saw a significant improvement in engagement, with a 12 per cent increase on the previous year in staff members who identified as engaged. We remained a culture of success.





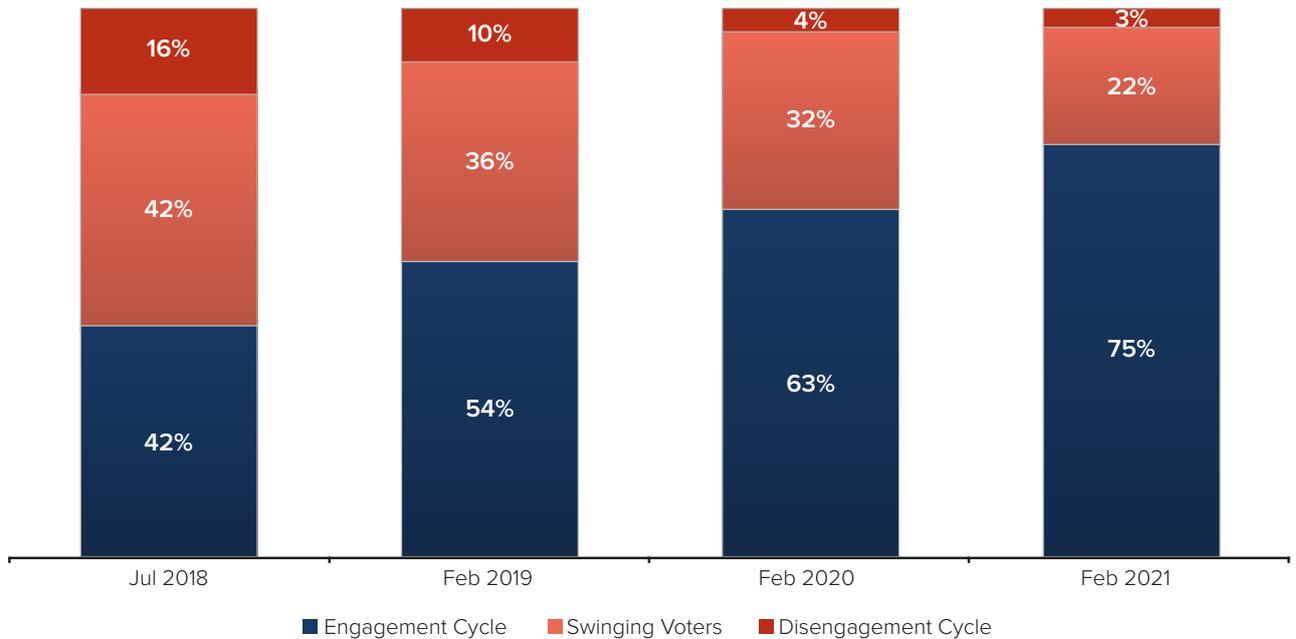
>60%

Culture of Success

- Employees are very positive about tackling problems – "Can Do" mentally.
- Very close-knit, very cohesive, very focused.

OPERATIONS

Our overall engagement ratings continued to improve. The proportion of Central and Eastern Sydney PHN staff in the disengagement cycle reduced from being at the industry standard in 2017–2018, to being 80 per cent better than the industry standard in 2020–2021. The proportion of employees who are engaged (75 per cent) is 50 per cent higher than the industry standard (50 per cent).



Of staff surveyed, 98 per cent stated that we offered adequate flexibility and 89 per cent have a strong sense of being a valued member of their team.

Over the past year we focused on the following five areas for improvement:

- collaboration (inadequate teamwork and cooperation remain frustrations for some staff)
- management coaching (scores against the 13 indicators improved on average 14 per cent)
- learning and development (our score improved by 4.5 per cent and is higher than PHN and industry benchmarks)
- communications (our score improved by 8 per cent and is 10 per cent higher than the PHN average, 21 per cent higher than industry benchmark)
- career development (our score improved by 8.6 per cent, on par with other PHNs and above industry benchmark).

Priorities for improvement in the coming year are:

- harassment, bullying, favouritism and discrimination
- meaningful and purposeful work/job satisfaction
- career opportunities
- remuneration
- collaboration
- feedback.



Recognising staff excellence

We continued our Staff Recognition Awards program where staff nominate colleagues who exemplify one of our three organisational values of collaboration, integrity, learning and growth.

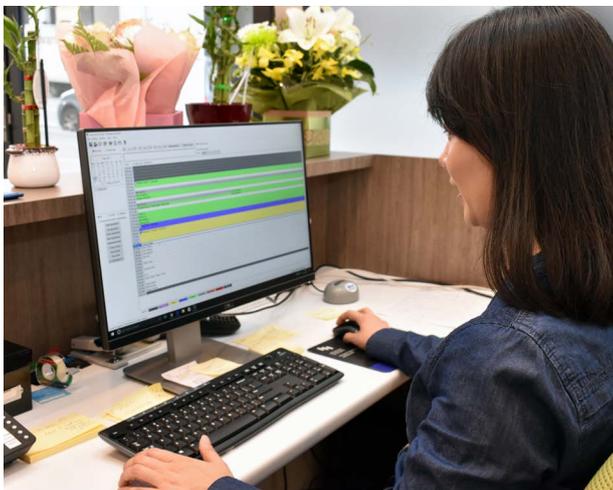
The awards are named after three significant Aboriginal members of our community: Les Bursill, Shane Phillips and Aunty Barbara Simms Keeley.

Winners this year were:

Les Bursill Award for Integrity

Esther Toomey for taking on a leadership role during the COVID-19 pandemic to support her peers in the transition to working from home full time. She developed a support group to discuss daily challenges and ensured all teams and streams felt supported during a time of great change.

Kelly Horn for her work in undertaking PPE distribution, her management of data in Salesforce and for being 'supportive, understanding and compassionate' to staff during a difficult year.



Shane Phillips Award for Learning and Growth

Zoe Richards for taking on responsibility to write an intellectual disability grant in addition to her normal duties. The grant application resulted in the awarding of over \$1.4 million in new funding to support Central and Eastern Sydney PHN to improve the lives of those with an intellectual disability.

Bertha Harvey for transforming Central and Eastern Sydney PHN's CPD offering throughout 2020, leading to a 15 per cent increase in event attendees. She supported the team to transition smoothly to a new way of working, making them feel safe and secure in the process.

Aunty Barbara Simms Keeley Award for Collaboration

Jan Sadler for her tireless work in keeping the team updated to the evolving COVID-19 situation and implementing improvements to workflows. Jan was responsible for upskilling herself and was always there to support her peers.

Clara Ha for her work in managing the Salesforce project and prioritising the needs of every team within Central and Eastern Sydney PHN. She spent significant time collaborating with teams to ensure the CRM meets their needs and has always remained positive and motivated. Her leadership of the Salesforce Champions group has also promoted collaboration across teams on how to best use Salesforce.

Aboriginal Excellence Award

The Central and Eastern Sydney PHN Aboriginal Excellence Award recognises the efforts of a staff member who has demonstrated excellence in their work and relationships with Aboriginal and Torres Strait Islander communities. This includes through displaying respect, establishing and maintaining meaningful relationships and creating opportunities which make a positive impact on reconciliation and healing in a culturally competent and safe manner. The winner of this award is selected by the Aboriginal Advisory Committee.

Cat McPherson was the winner of our inaugural Aboriginal Staff Excellence Award which was presented in November 2020 during NAIDOC week. As chair of the RAP working group, Cat demonstrated her interest and dedication to inclusivity, reconciliation and assisting the PHN to achieve the goals of the RAP. She brings professionalism and organisational skills to the role, and shows clear respect and commitment to the RAP. Cat also supported three of our headspace centres to obtain further funding for Aboriginal enhancement projects.

Karina Crutch received the award in 2021 for her outstanding contribution to building relationships with Aboriginal and Torres Strait Islander peoples. The award was announced in Reconciliation Week. Karina worked tirelessly on our second Reconciliation Action Plan and led the organisation of the Plan launch in February.

Karina also contributed significantly to promoting opportunities for the Aboriginal community to connect with health services through the Eora newsletter and promotion of MBS 715 health checks. She also reviewed and updated our staff Aboriginal cultural training materials including the online module.

Fostering a sense of belonging

We are a friendly workplace and encourage staff to get active, build social connection and strengthen relationships within Central and Eastern Sydney PHN. Our active social committee organised steps challenges, as well as events to celebrate Mardi Gras, Harmony Day, and World Laughter week. For National Reconciliation Week, staff had the option of joining a walking tour at La Perouse or taking part in a Wayapa workshop – an activity that combines mindfulness, meditation, storytelling, and physical movement.

OPERATIONS

Our systems

Creating a robust organisation

Our robust risk management practices are in accordance with the risk management standard ISO 31000:2018. The Central and Eastern Sydney Risk Management Framework encompasses the Risk Management Policy, Risk Appetite and Risk Management Procedure. The Finance, Risk and Audit Committee oversees Central and Eastern Sydney PHN's system of internal controls and risk management framework.

Central and Eastern Sydney PHN continued its critical business during COVID-19 outbreaks. To help ensure recovery from the pandemic with minimal challenges, we continued to improve infrastructure and technology to help staff work remotely. We began refurbishing the office to accommodate a hybrid workforce.

We also began implementing Microsoft Teams protocols as our main communication system. Human resources support and communicating with staff to manage their health and wellbeing, safety and work/life balance while working remotely was highlighted as a priority.

Managing workplace health and safety

Quarterly workplace health and safety (WHS) committee meetings continued throughout the year. We also completed our annual review of WHS requirements and reviewed and updated our WHS policy.

To better support staff who have suffered an injury or illness, as opposed to a workers' compensation issue, we began reviewing our return-to-work process. The skills of first aid officers, emergency evacuation wardens, and health and safety representatives (HSRs) were also kept up to date.

Work-from-home ergonomic assessments were completed as required by an independent ergonomic specialist. We provided ongoing support and supplied equipment for work-from-home office set-ups.

Managers and staff were consulted about a hybrid style of working to incorporate meeting pods (also known as VC booths), small meeting rooms, as well as private and quiet areas.

Reconciliation Action Plan

We transitioned from our first Reconciliation Action Plan 2018–20 to our second plan Innovate Reconciliation Action Plan 2021–23. This plan was approved by Reconciliation Australia in January and focuses on the three key foundations of relationships, respect, and opportunities.

Our external Aboriginal Advisory Committee provided guidance and advice on the development of the plan and its strategies. Our internal RAP working group convenes monthly to monitor progress against implementation of the RAP activities.

Our Innovate Reconciliation Action Plan 2021–23 was launched on Friday, 12 February 2021 at the Prince Henry Centre, Little Bay with approximately 60 people in attendance. The launch intentionally coincided with (a day before) the thirteenth anniversary of the National Apology to the Stolen Generations. Due to COVID-19 restrictions, the event was also live-streamed and recorded live on Facebook.



Celebrating NAIDOC week

Delayed by COVID-19 restrictions, we celebrated NAIDOC week in November 2020 by providing links to staff to view their choice of Aboriginal film for discussion at team meetings. These interactions encouraged reflection on the experiences of Aboriginal and Torres Strait Islander peoples in contemporary Australia.

National Reconciliation Week

A cultural walk in the La Perouse area led by Aboriginal Elder, Glen Timberry as well as two Wayapa workshops provided cultural immersion experiences for Central and Eastern Sydney staff. Ancient earth mindfulness, narrative meditation, and storytelling through physical movement practice were provided in a series of 14 elements. The aim of the workshop was to teach participants the importance of connecting into the earth and nature for holistic wellness. Both activities were well received with the educational walk providing a unique opportunity for the Central and Eastern Sydney PHN CEO to learn how to correctly throw a boomerang.

Learning about culture

We developed Aboriginal engagement guidelines and created comprehensive induction information for new starters, including three eLearning modules. All staff had the opportunity to attend monthly cultural awareness training sessions. A cultural competency workshop was also held for the Central and Eastern Sydney PHN Board.

Volunteering in Aboriginal organisations

Babana Aboriginal held three community days focused on employment, suicide prevention and closing the gap. Central and Eastern Sydney PHN provided 16 staff volunteers and speakers to assist and speak at the events.

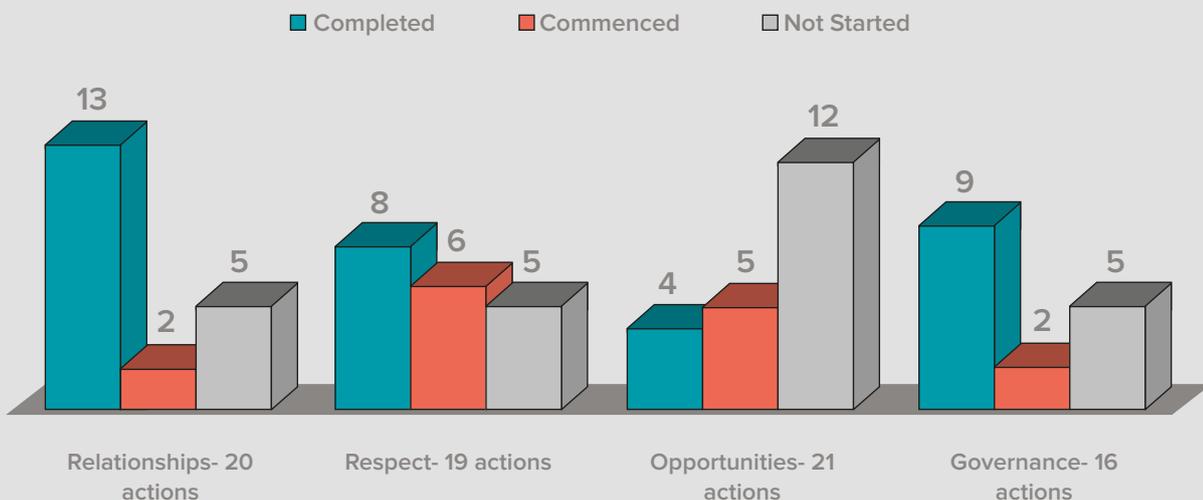
Tracking progress against our RAP actions

We have reported quarterly against our 76 RAP actions. The chart below shows progress as at the end of June (Quarter 2 of new RAP).

For further information and access to the complete Reconciliation Action Plan, go to the Central and Eastern Sydney PHN website.



JUNE 2021 (Q2) RAP ACTIONS PROGRESS REPORT



PARTNERSHIPS

Achieving better health outcomes through strong partnerships.

Communicate

Communicating our COVID-19 response

Timely communications kept health professionals up to date with local COVID-19 outbreaks and the Australian Government vaccine rollout. A thirst for news resulted in significant increases in email-open rates, website views and social media followers.



In December 2020, we launched the Lessons learned from COVID-19: challenges and opportunities for primary care report. The impacts of COVID-19 on primary and community care providers in our region and our response to the pandemic are outlined in the report. By reflecting on successes and lessons learned, we will increase resilience of the region's health system and improve COVID-19 health outcomes for our community. The report, which was well received, had input from the Central and Eastern Sydney PHN Board, councils, Clinical Leaders Network as well as a range of health professionals and commissioned service providers.

Casting our communications net wider

The communications team increased their skills to produce regular Q&A videos with health workers across the region. Central and Eastern Sydney PHN's social media presence grew with the launch of an Instagram page, and an increased presence on YouTube, Facebook, Twitter and LinkedIn. We also launched an interactive Services Guide to help our stakeholders understand who we are, what we do, and how we help health professionals.

Engaging with government ministers

Members of Executive Management met with Assistant Minister to the Prime Minister for Mental Health and Suicide Prevention, Minister David Coleman and introduced him to several of our commissioned mental health initiatives. To celebrate World Mental Health Day, Executive also met with Treasurer Josh Frydenberg and Dr Fiona Martin MP at the National Youth Mental Health Foundation headspace.

We communicated more frequently with ministers, councils and other government officials through a quarterly newsletter that highlights key projects and relevant initiatives.

Increasing PHN brand awareness

To increase brand awareness, our Marketing and Communications team continued to promote a wide range of programs and services. These included Domestic Family Violence (DFV) Assist, Project GROW, headstart, GPCanShare, HealthPathways and Relationships Australia's Reconnect program.

Longer-form publications, such as Primary Health Quarterly and the community-focused Eora Health Messenger, continued to succeed in giving a voice to health professionals and community members across the region.

phn
CENTRAL AND EASTERN SYDNEY
An Australian Government Initiative

Download the service guide

HOW CAN THE PHN ASSIST YOU?

- Workforce development
- Practice support
- Clinical support
- Services we fund

Eora Health Messenger

We published three online seasonal editions of the Central and Eastern Sydney PHN's Eora Health Messenger. The Eora Health Messenger is a well-received publication which shares information about our commissioned services, programs, referral pathways and health promotion activities. Health days for Aboriginal communities in our region were also promoted through Eora.

“It is one of the best publications of its kind which meets the needs of its audience and hits the mark!” –
Aboriginal Advisory Committee member



Consult

Surveying our stakeholders

We sought feedback from general practitioners, allied health professionals, practice staff, community organisations, and community members, on their experiences and concerns across a variety of topics. From a total of 13 surveys, we received 824 responses.

To inform our COVID-19 Challenges and Opportunities for Primary Care paper, we consulted on stakeholder experiences during the COVID-19 pandemic. These included general practitioner preparedness for an outbreak in a residential aged care facility, and general practitioners' experience of receiving COVID-19 test results. General practices and allied health practices were further surveyed on practice viability as a result of the pandemic.

Our annual Continuing Professional Development (CPD) planning surveys gauged the learning needs and preferences of health professionals in the region. A total of 132 health professionals responded to the surveys which contributed to the development of the 2021 CPD program.

Several Central and Eastern Sydney PHN programs also used surveys to consult with stakeholders on program design and development, including the GPCanShare, DFV Assist, and GROW programs.

Involve

Reflecting at Strategy Day 2020

Our first virtual strategic workshop held on 24 October 2020 was an opportunity to showcase our work, reflect on the challenges and opportunities provided by COVID-19, and seek feedback from our partners and major stakeholders on future work. Workshop discussions influenced the development of our COVID-19 Challenges and Opportunities for Primary Care paper.

Updating our strategic plan

We consulted and worked with a wide range of stakeholders throughout development of the 2022–2024 Central and Eastern Sydney PHN strategic plan. Various engagement groups provided input on the draft Strategy on a Page, key priorities and activities, and the vision for the next three years.

Groups involved in the development of the plan included:

- Clinical and Community councils
- Member Network chairs
- Clinical Leaders Network
- Primary Care Partnerships Committee.

We also consulted the following advisory committees:

- Mental Health and Suicide Prevention Advisory Committee
- After Hours Advisory Committee
- Alcohol and Other Drugs Advisory Committee
- Aged Care Advisory Committee
- Aboriginal Health and Wellbeing Advisory Committee.

Following further consultation with internal and external stakeholders, the draft Strategic Plan will be presented to our key engagement groups at the Central and Eastern Sydney PHN Strategy Day later in 2021.

PARTNERSHIPS

Promoting mental health and employment in Aboriginal communities

We supported Babana Aboriginal to deliver an annual Suicide Prevention Awareness Day to the Aboriginal community in the region. Following the success of this event in November 2020, Babana organised an Employment Day in February 2021 and a mental health event in June 2021.

These one-day events brought together a network of stakeholders including peak bodies, government and community-managed organisations as well as the wider community. Participants discussed and addressed different aspects of Aboriginal and Torres Strait Islander people's social and emotional wellbeing.



Co-design

Improving primary care responses to domestic and family violence

Domestic and family violence (DFV) can significantly impact a person's physical and mental wellbeing. Primary health care providers have an important role in supporting patients experiencing domestic and family violence. They frequently, and often unknowingly, encounter women experiencing domestic and family violence – a visit to a health care service might be a patient's only opportunity to disclose and access support.

Central and Eastern Sydney PHN was one of six PHNs across NSW, Victoria and Queensland successful in securing funding from the Department of Health to pilot a project to improve primary care responses to domestic and family violence. The Sax Institute, in partnership with Australia's National Research Organisation for Women's Safety (ANROWS) evaluated the pilot.

The aim of the pilot was to build the capacity of primary health care providers to recognise the signs of DFV, respond appropriately and refer to specialist DFV services. The project also aims to integrate and improve systems, with the overall objective being improving patient outcomes.

Following some delays due to COVID-19, we developed the model with an extensive literature review, consultations with relevant stakeholders, and collaboration with participating

PHNs. This process helped us identify the barriers that impede primary care providers from supporting patients experiencing domestic violence. It also helped us understand their concerns as well as the needs of patients, and apply that to best practice strategies.

The subsequent service model, known as DFV Assist, offers primary care providers CPD and in-practice training, support with referrals to specialist domestic and family services, secondary consultations and guidance to develop practice policy. CPD training was also developed in partnership with general practitioner, Dr Elizabeth Hindmarsh and will be offered following the program launch in July 2021.

headstart

Central and Eastern Sydney PHN commissioned headstart, an online service navigation tool, to support people in our communities to better navigate the mental health services available in our region.

With the Bright agency, who developed the prototype, and with the support of the Mental Health and Suicide Prevention Regional Plan, we established a codesign working group. This group of consumers, carers, Aboriginal community representatives and health stakeholders met monthly to comment on prototypes, provide feedback on layouts and wording, and test the tool as it was developed.

The involvement of the headstart working group has been critical to the success of the website. This collaboration led to improvements to how people navigate the tool and find the right resources. One innovation was the introduction of a question on whether you were looking for support for yourself or for someone else in the 'not sure where to begin' pathway. This made the website much more responsive to the needs of carers.

Strengthening cancer management in general practice

We conducted an innovative co-design process to ensure a service design that successfully meets the needs of stakeholders and addresses the service gap. This consisted of six focus groups with 45 stakeholders, including general practitioners, registrars, practice nurses and practice management and captured the geographic, work-flow and cultural diversity represented in our region. Additional targeted consultations were conducted with cancer specialists and the Cancer Institute NSW.

The consultation and co-design process found that general practitioners would like better engagement with cancer specialists. The service would need to be staffed by experts in the area of cancer and palliative care and these findings were used to develop the services and to embed integration-based outcomes into the GPCanShare model.

EVIDENCE

Identifying health and service needs

The Central and Eastern Sydney PHN Needs Assessment, which we are required to submit every three years, or more frequently if we wish, identifies the health and service needs of our region.

We updated the Needs Assessment in 2020–2021 to include new data and feedback from stakeholder consultations. The assessment will be submitted to the Department of Health in November 2021.

Addressing health and service needs

Activity Work Plans (AWPs) outline how we are addressing the health and service needs of our region. We updated the AWP to include new activities for priority areas. These included managing COVID-19 outbreaks, pilot projects in intellectual disability, and domestic and family violence, as well as managing the demand for mental health support. All seven AWP are available on the Central and Eastern Sydney PHN website.

Reporting our performance

We regularly monitor and report our performance against a set of indicators under the PHN Program Performance and Quality Framework. The Department of Health's second annual assessment in April 2021 found Central and Eastern Sydney PHN met all 18 targets that contribute to it being a successful and capable commissioning organisation.

We continued to make operational our Evaluation Framework which provides a structure for ensuring a consistent approach to evaluation. It also provides the selection of indicators to assess intended outcomes.

For all Central and Eastern Sydney PHN programs, we began developing evaluation plans that include a program logic and data collection strategy.

Evaluating programs

In the past year we contributed to an evaluation of the South Eastern Sydney Health Pathways. In June 2021, Central and Eastern Sydney PHN also entered into an agreement with Social Ventures Australia to review the Comprehensive Assessment Service for Psychosis and At Risk (CASPAR) youth-enhanced program that supports young people in South Eastern Sydney.

Using a mixed-methods approach, the review will present findings relating to program implementation, reach and service delivery. Key stakeholder interviews and analysis of program data, including service experience measures will be used to inform findings. The findings will help us understand current performance and initiate quality improvement processes.

Governing our data

Data is the foundation of our planning, monitoring and decision-making. As the custodian of a vast number of data assets, we rely on strong data governance to perform our functions effectively. It is also critical to maintain the trust of our data providers, data recipients and stakeholders in acquiring, handling and releasing data.

The Central and Eastern Sydney Data Governance Committee led the organisation's migration to the national PHN data and analytics platform known as Primary Health Insights (PHI). This involved:

- passing a national data governance audit
- upskilling staff on database management, programming and analytics
- migrating data onto the secure platform.

The Committee continued to implement its work plan that is concerned with:

- ensuring all staff have completed annual data governance and privacy training
- maintaining Central and Eastern Sydney PHN's data asset registry that identifies data sponsors, custodians and stewards for each data asset
- implementing data quality improvement activities for data assets
- undertaking risk assessments through privacy impact assessments of data assets
- developing policies and procedures that support the Central and Eastern Sydney PHN's Data Governance Framework
- operationalising a reporting framework to realise the value of our data assets.

Osteoporosis Secondary Fracture Prevention in Primary Care project

Osteoporotic fractures affect an estimated 160,000 to 180,000 people each year. Up to 60 to 80 per cent of people who suffer a first osteoporotic fracture go on to sustain a secondary fracture within two years of the initial fracture.

A range of hospital-based secondary fracture prevention models exist and have been demonstrated effective at finding and managing patients who would benefit from therapy to prevent secondary osteoporotic fractures. However, these models have yet to be successfully applied across primary health care settings.

To address this, Central and Eastern Sydney PHN funds the delivery and evaluation of a primary care case finding model. People who have been diagnosed with a possible osteoporotic fracture, and are therefore at risk of refracture, are identified through continuous automated electronic search of imaging reports generated by a private imaging provider (Spectrum Medical Imaging). Identified at-risk cases are linked back to the person's general practitioner for management. The program will conclude at the end of June.

EVIDENCE

Collaborating on research

We collaborated on 21 research grant proposals of which three were successful as at 30 June 2021. The successful projects will receive a cash-in-kind contribution from Central and Eastern Sydney PHN. We also commissioned two research projects and made in-kind and cash contributions to one established research project. These projects are set out in the table below.

Project	Organisation
Identifying the mental health effects and support needs of people who have been bereaved in the time of the COVID-19 pandemic	University of Technology Sydney
Community health workers extending care in the community	University of New South Wales
Unifying and quality assuring disparate health silos with a common data model	University of New South Wales
Primary care practice viability study	University of Technology Sydney
Osteoporosis secondary fracture prevention in primary care	Spectrum Medical Imaging
Co-designing a primary care intervention to better address mental health clients' physical health care needs	University of New South Wales

We continued to participate in seven existing collaborative research projects that began before 2020 as listed below.

Project	Organisation
Central and Eastern Sydney Community Cohort and Resource Study	University of Technology Sydney
Community Health Navigators	University of New South Wales
Liver Toolkit Project	Cancer Institute
Strengthening Care for Children	University of New South Wales
Management of Chlamydia Cases in Australia (MoCCA)	University of Melbourne
The Pasifika Preventing Diabetes Programme	University of Western Sydney
ARC Hub to combat Antimicrobial Resistance in STIs	University of New South Wales

We also promoted 34 primary care research projects to stakeholders.

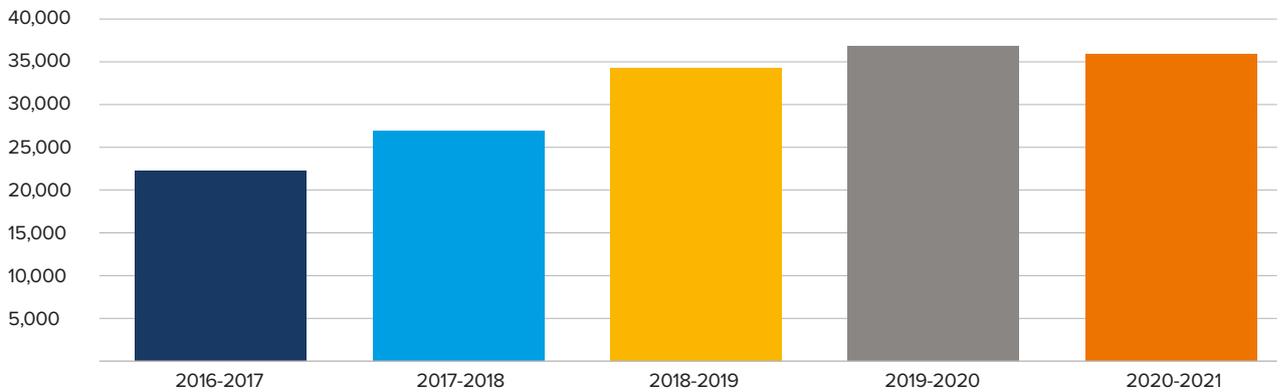


FINANCIAL PERFORMANCE

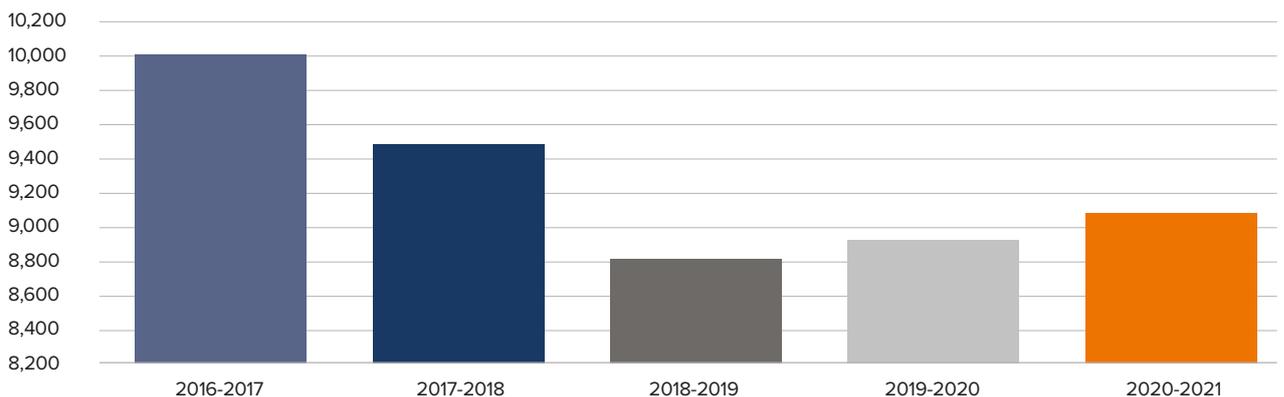
CESPHN continued to perform well given the challenges presented by the COVID-19 pandemic. The Company was able to support primary care and our commissioned providers in the delivery of services, and to support all staff to continue to work without interruption and without accessing government subsidies. Commissioning expenditure was maintained at prior year levels however some programs delivered by the local health districts and networks were delayed due to staff being diverted to COVID-19 related activities. CESPHN also commissioned specific COVID-19 programs and resources to support primary care providers better meet the needs of the people in our region.

Income Statement	2016-2017 \$'000s	2017-2018 \$'000s	2018-2019 \$'000s	2019-2020 \$'000s	2020-2021 \$'000s
Revenue	35,309	40,082	48,118	48,174	47,303
Expense	35,309	40,034	47,005	48,142	47,273
Net Surplus (\$)	0	48	114	32	30
Net Surplus (%)	0.00%	0.12%	0.24%	0.07%	0.06%

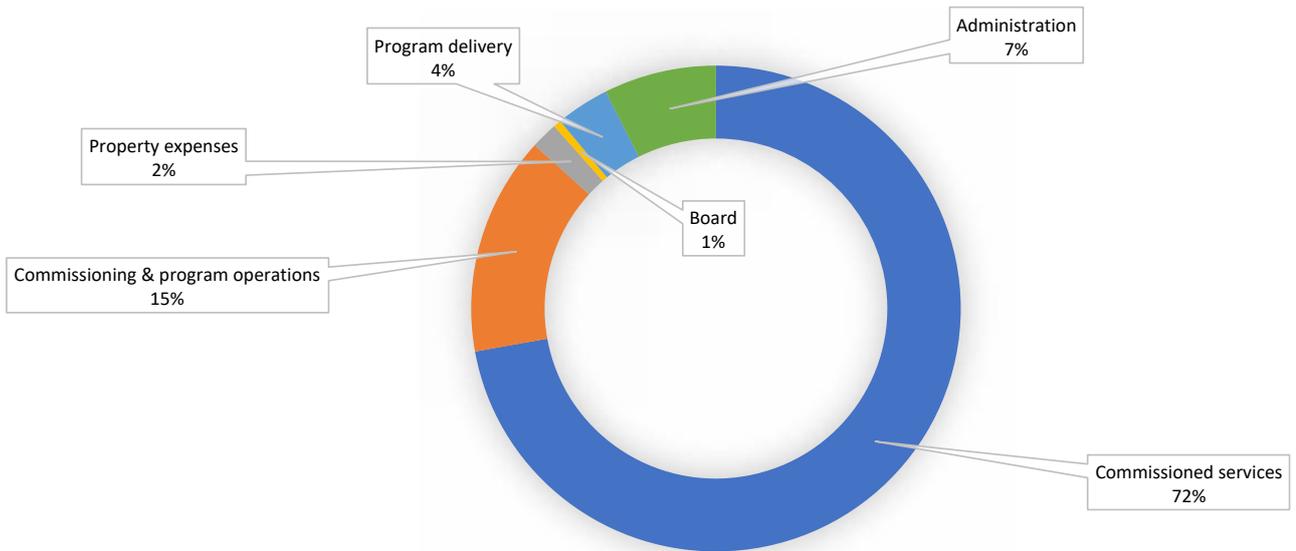
Funds distributed to commissioned providers



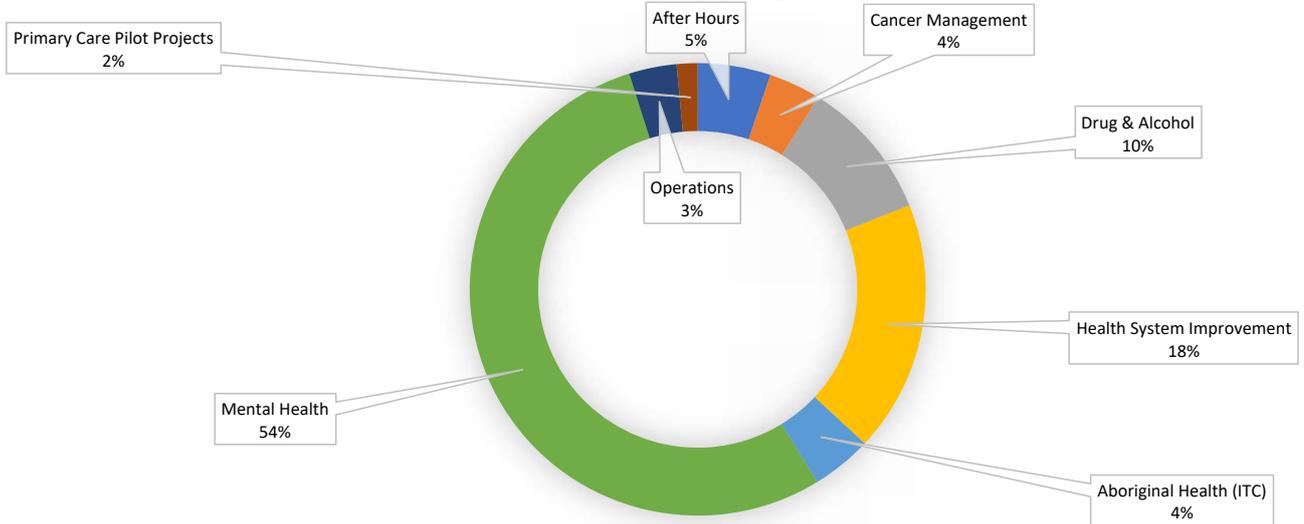
Employee benefits expense



Expenses by nature



Funding by program



FINANCIAL STATEMENTS

EIS Health Limited

ABN 68 603 815 818

Directors' Report 30 June 2021

3. Directors Information

Meetings of directors

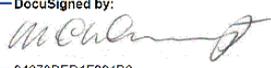
During the financial year, 24 meetings of directors (including committees of directors) were held. Attendances by each director during the year were as follows:

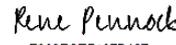
	Directors' Meetings		FAR Committee		Governance Committee		Nominating Committee	
	Number eligible to attend	Number attended						
Dr Michael Wright (Chair)	9	9	7	6	4	3	-	-
Dr Teresa Anderson	9	3	-	-	-	-	-	-
Prof Mark Harris	9	9	-	-	4	4	-	-
Dr Gary Nicholls	9	9	-	-	-	-	4	4
Mr Robert Ramjan	9	9	7	7	-	-	4	4
A/Prof Anthony Schembri	9	6	-	-	-	-	-	-
Mr Chris Tzarimas	9	9	7	7	-	-	-	-
Ms Rosemary Bishop	9	9	-	-	4	3	-	-
Mr Rene Pennock	9	9	7	7	-	-	-	-
Mr Tobi Wilson	9	9	-	-	-	-	-	-
Ms Peggy Huang	6	6	-	-	2	2	-	-
Mr Steven Kouris	4	4	2	2	-	-	-	-
Dr Sharyn Wilkins	4	4	-	-	2	2	-	-

4. Indemnification and insurance of officers

The Company has paid premiums to insure each of the Directors against liabilities for costs and expenses incurred by them in defending any legal proceedings arising out of their conduct while acting in the capacity of director of the Company, other than conduct involving a wilful breach of duty in relation to the Company. The amount of the premium is not disclosed due to the terms of the insurance contracts and to protect commercially sensitive information of the Company.

Signed in accordance with a resolution of the Company's Directors

Director: 
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Director:..... 
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Dated 28 September 2021

EIS Health Limited

ABN 68 603 815 818

Auditor's Independence Declaration

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2021 there have been no contraventions of:

- (i) the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission 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

21 September 2021

FINANCIAL STATEMENTS

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 2021, the summary statement of surplus or deficit and other comprehensive income, the summary statement of changes in funds, the summary statement of cash flows, notes to the summary financial statements and the Directors' Declaration 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 2021.

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

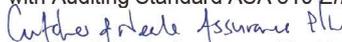
We expressed an unmodified audit opinion on the audited financial report in our report dated 29 September 2021.

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

29 September 2021

EIS Health Limited

ABN 68 603 815 818

Directors' Declaration

The Directors of the Company declare that the summary financial statements of EIS Health Limited for the financial year ended 30 June 2021, as set out on pages 14 to 21:

- (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.

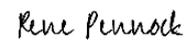
This declaration is made in accordance with a resolution of the Directors.

Director

DocuSigned by:

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Director

DocuSigned by:

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Dated 28 September 2021

FINANCIAL STATEMENTS

EIS Health Limited

ABN 68 603 815 818

Summary Statement of Surplus or Deficit and Other Comprehensive Income For the Year Ended 30 June 2021

		2021	2020
	Note	\$	\$
Revenue from contracts with customers	2	46,854,978	47,570,193
Other revenue from ordinary activities	2	448,017	603,782
Employee benefits expense		(9,090,248)	(8,935,310)
Amortisation expense		(490,393)	(488,704)
Occupancy expense		(293,559)	(347,575)
Program delivery expense		(35,930,997)	(36,836,568)
Management and administration expense		(1,411,023)	(1,461,550)
Interest expense on lease liabilities		(56,884)	(71,811)
Surplus / (deficit) before income tax		29,891	32,457
Income tax expense		-	-
Surplus / (deficit) after income tax		29,891	32,457
Other comprehensive income		-	-
Total comprehensive income		29,891	32,457

EIS Health Limited

ABN 68 603 815 818

Summary Statement of Financial Position As at 30 June 2021

	2021	2020
	\$	\$
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	19,823,908	17,356,929
Trade and other receivables	197,726	316,523
Other assets	263,123	553,548
TOTAL CURRENT ASSETS	20,284,757	18,227,000
NON-CURRENT ASSETS		
Property, plant and equipment	610,417	1,106,289
Right-of-use assets	1,072,645	1,563,038
TOTAL NON-CURRENT ASSETS	1,683,062	2,669,327
TOTAL ASSETS	21,967,819	20,896,327
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	4,086,934	6,204,795
Other liabilities	14,448,733	10,584,120
Employee benefits	829,454	692,524
Lease liabilities	505,457	465,832
TOTAL CURRENT LIABILITIES	19,870,578	17,947,271
NON-CURRENT LIABILITIES		
Employee benefits	247,025	177,401
Provision for make good of premises	200,000	150,000
Other liabilities	610,418	1,106,290
Lease liabilities	653,958	1,159,416
TOTAL NON-CURRENT LIABILITIES	1,711,401	2,593,107
TOTAL LIABILITIES	21,581,979	20,540,378
NET ASSETS	385,840	355,949
FUNDS		
Accumulated Surplus	385,840	355,949
TOTAL FUNDS	385,840	355,949

FINANCIAL STATEMENTS

EIS Health Limited

ABN 68 603 815 818

Summary Statement of Changes in Funds For the Year Ended 30 June 2021

	Accumulated Surplus
	\$
Balance at 1 July 2020	355,949
Total other comprehensive income	<u>29,891</u>
Balance at 30 June 2021	<u>385,840</u>

	Accumulated Surplus
	\$
Balance at 1 July 2019	323,492
Total other comprehensive income	<u>32,457</u>
Balance at 30 June 2020	<u>355,949</u>

EIS Health Limited

ABN 68 603 815 818

Summary Statement of Cash Flows For the Year Ended 30 June 2021

	2021	2020
	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from government grants and services	55,838,665	54,666,388
Payments to suppliers and employees	(52,922,972)	(53,414,507)
Interest received	82,976	215,828
Interest paid	(56,884)	(71,811)
Net cash provided by (used in) operating activities	<u>2,941,785</u>	<u>1,395,898</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property, plant and equipment	(8,973)	(37,888)
Net cash used by investing activities	<u>(8,973)</u>	<u>(37,888)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Repayment of lease liabilities	(465,833)	(426,494)
Net cash used by financing activities	<u>(465,833)</u>	<u>(426,494)</u>
Net increase (decrease) in cash and cash equivalents held	2,466,979	931,516
Cash and cash equivalents at beginning of year	<u>17,356,929</u>	<u>16,425,413</u>
Cash and cash equivalents at end of financial year	<u>19,823,908</u>	<u>17,356,929</u>

FINANCIAL STATEMENTS

EIS Health Limited

ABN 68 603 815 818

Notes to the Summary Financial Statements For the Year Ended 30 June 2021

1 Summary of Significant Accounting Policies

(a) Basis of Preparation

The summary financial statements have been prepared from the audited financial report of EIS Health Limited for the year ended 30 June 2021. The audited report for the year ended 30 June 2021 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 Directors 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 30 June 2023.

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

(b) Significant changes in the current reporting period

Impact of COVID-19 on Operations

EIS continues to see the impact of COVID-19 that was declared in March 2020 by the World Health Organisation ("WHO") a pandemic. In response to this, the Australian Government together with State and territory Premiers announced a series of measures aimed at preventing the spread of COVID-19, which had the effect of impacting the state of the Australian economy (i.e. impact on supply chain, customers, availability of finance, consumer confidence, etc.).

Although these measures had an impact on the Company's ability to deliver all services to its clients, EIS has adapted well to the COVID-19 environment.

At the outset of the pandemic, most EIS staff were able to immediately move to a working from home arrangement, with no loss in operating efficiency, and all our continuing professional development opportunities were moved online at the same time, with no loss in audience (in fact a significant increase).

All preceding government contracts have been maintained and EIS has received additional government funding during the COVID pandemic, including additional funding to:

- Purchase additional mental health services for those impacted by COVID-19.
- EIS has continued to assist private allied health and general practices to adapt to the more stringent infection control arrangements required during the pandemic.

EIS Health Limited

ABN 68 603 815 818

Notes to the Summary Financial Statements For the Year Ended 30 June 2021

- Assist private allied health and general practices move to telehealth and make greater use of e-health modalities.
- Assist in and facilitate the COVID vaccine roll out in general practice and in aged care facilities.
- Work with commissioning providers to ensure that they can continue to deliver on the contracted services and meet all contractual obligations.

2 Revenue and other income

	2021	2020
	\$	\$
Revenue from contracts with customers		
- Operating grants	45,941,198	47,309,435
- Program partner contributions	913,780	260,758
Total revenue from contracts with customers	46,854,978	47,570,193
Other income from ordinary activities		
- Sponsorship income	-	27,609
- Interest revenue	82,976	215,828
- Other income	365,041	359,345
- Profit on disposal of fixed assets	-	1,000
Total other income from ordinary activities	448,017	603,782
Total revenue and other income	47,302,995	48,173,975

FINANCIAL STATEMENTS

EIS Health Limited

ABN 68 603 815 818

Discussion and Analysis of the Summary Financial Statements For the Year Ended 30 June 2021

Statement of Surplus or Deficit and Other Comprehensive Income

The surplus from ordinary activities for the year was \$29,891 (2020: \$32,457).

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

Revenue from contracts with customers for the year was \$46,854,978 (2020: \$47,570,193). Almost all of this revenue was derived from delivering outcomes in accordance with Commonwealth Department of Health funding contracts. Operating grant income decreased with notable decreases for; Psychosocial Support, Integrated Team Care and Community Health and Hospitals Program. This was offset by increases in revenue recognised for Mental Health, Drug and Alcohol and After Hours.

Expenditure

Total expenses incurred for the year were \$47,273,104 (2020: \$48,141,518).

Employment costs amounted to \$9,090,248 (2020: \$8,935,310). Employee benefits expense increased \$155k due to CPI increases, with the workforce remaining consistent and the Company delaying recruitment of vacant positions.

Program costs amounted to \$35,930,997 (2020: \$36,836,568). 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 decrease is consistent with the reduction in revenue recognised.

EIS Health Limited

ABN 68 603 815 818

Discussion and Analysis of the Summary Financial Statements For the Year Ended 30 June 2021

Statement of Financial Position

The Company's statement of financial position discloses net assets of \$385,840 as at 30 June 2021. 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 contract 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 \$20,284,757 (2020: \$18,227,000) and current liabilities of \$19,870,578 (2020: \$17,947,271). Assets consist mainly of cash of \$19,823,908 (2020: \$17,356,929) which is of similar value to the sum of contract liabilities \$14,448,733 (2020: \$10,584,120), and trade and other payables of \$4,086,934 (2020: \$6,204,795).

Statement of Cash Flows

Operating Activities

Cash receipts from operating activities were \$55,838,665 (2020: \$54,666,388). Almost all the cash receipts represented funding received from the Department of Health. Cash payments to suppliers and employees amounted to \$52,922,972 (2020: \$53,414,507).

Investing Activities

Cash outflows from investing activities were \$8,973 (2020: \$37,888). Property, plant and equipment decreased \$496k due to depreciation for the period of \$505k; offset by additions of \$9k.

Financing Activities

Repayment of lease liabilities of \$465,833.

ACRONYMS

A

AIR	Australian Immunisation Register
ACSQHC	Australian Commission on Safety and Quality in Health Care
ACI	Agency for Clinical Innovation
ADIS	Alcohol and Drug Information Service
ANSC	Antenatal Shared Care
ACSQHC	Australian Commission on Safety and Quality in Health Care
ADHA	Australian Digital Health Agency

C

CESPHN	Central and Eastern Sydney Primary Health Network
CASI	computer Assisted Self-interview
CoS	Continuity of Support
CRM	Customer relationship management
CASPAR	Comprehensive Assessment Service for Psychosis and At Risk
CALD	Culturally and Linguistically Diverse
CMHN	Credentialed Mental Health Nurses
CPD	continuing professional development

D

D2DL	Day to Day Living
DAA	Direct Acting Antivirals
DASAS	Drug and Alcohol Specialist Advisory Service

F

FTE	Full-time Equivalent
------------	----------------------

G

GAD	Generalised Anxiety Disorder
GP	General Practitioner
GLAD	GP Liaison in Alcohol and other Drugs
GPT3	General Practitioner Term 3

H

hEIT	headspace Early Intervention Team
HCC	hepatocellular Carcinoma

L

LGBTIQ	Lesbian, Gay, Bisexual, Trans and/or gender diverse, Intersex, Queer
LGA	Local Government Area
LHD	Local Health District
LHN	Local Hospital Network

M

MBS	Medicare Benefits Schedule
MHR	My Health Record

N

NADA	Network of Alcohol and other Drugs Agencies
NAIDOC	National Aborigines 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

P

PBS	Pharmaceutical Benefits Scheme
PIR	Partners in Recovery
PGL	Peer Group Learning
PCMNP	Person Centred Medical Neighbourhood Program
PHaMs	Personal Helpers and Mentors Service
PHN	Primary Health Network
PICS	Primary Integrated Care Supports
PTSD	Post-traumatic Stress Disorder
PIP	Practice Incentives Program
PIP QI	Practice Incentive Payment Quality Improvement
PrEP	Pre-exposure Prophylaxis
PSS	Psychological Support Services
PST	Psychosocial Support Transition

Q

QI	Quality Improvement
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R

RAP	Reconciliation Action Plan
RACF	residential aged care facility
RACGP	Royal Australian College of General Practitioners
REACH	Research and Evaluation Advisory Committee
RPAH	Royal Prince Alfred Hospital

S

SCHN	Sydney Children's Hospitals Network
SAD	Seasonal Affective Disorder
SESLHD	South Eastern Sydney Local Health District
SES SIDHT	South East Sydney Specialist Intellectual Disability Health Team (previously SES Metro Regional Intellectual Disability (MRID))

SLHD Sydney Local Health District

SNAP Smoking, Nutrition, Alcohol and Physical Activity

STIGMA Sexually Transmitted Infections in Gay Men Action

STriDeS Specialised Team for Intellectual Disability Sydney

SVHN St Vincent's Health Network

T

TWBSS The Way Back Support Service

Y

YES Youth Enhanced Services



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Central and Eastern Sydney PHN is a business unit of EIS Health Ltd ABN 68 603 815 818

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