



2019–2020



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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.

CEO'S Report

The critical importance of primary care has never been more evident than in 2020. COVID-19 has changed the service landscape, presenting great challenges as well as opportunity. We have been proud to help our region's primary care sector meet the challenges of COVID-19 by providing specific COVID-19 assistance, and accelerating our eHealth and health system integration agendas.

Improve practice

We continued to support practices with their quality improvement (QI) activities with over 90% of our accredited practices taking part in the Practice Incentives Program (PIP) Quality Improvement (QI) Incentive. We continued to support practices with their quality improvement (QI) activities and over 350 practices across the region now share data with us allowing us to focus on the quality improvement activities that matter to them.

We held our sixth Rethinking Mental Health Forum and established our Clinical Leaders Network at the end of 2019. Our Continuing Professional Development program went online in March and we saw a 25% increase in event attendance compared to the same period last year.

In response to the COVID-19 outbreak, our team has supported the primary health workforce by:

- providing practical practice support in pandemic preparedness
- developing easy-to-use resources on the new Medicare Benefits Schedule (MBS) telehealth items, infection control and vaccination
- monitoring practice viability and encouraging people in our region to keep accessing health care services
- partnering with residential aged care facilities within the region to ensure staff and residents were well prepared for COVID-19.

Telehealth has been integral to the primary health COVID-19 response. It enabled GPs and other health care workers to continue practising while ensuring the safety of both health workers and community members.

When the new MBS items were announced in March, our digital health team provided direct support to around 400 practices. Within weeks, almost 50% of consultations in our region were being held via telehealth.

Integrate systems

Our online HealthPathways became the local go-to source of accurate information on the assessment and management of the new virus, COVID-19.

We launched our Mental Health and Suicide Prevention Regional Plan for Central and Eastern Sydney in October, and established the working groups that will guide the plan's implementation.

We continued to advocate for system improvements for those most disadvantaged. This year we:

- provided a submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
- participated in two national intellectual disability roundtables
- provided a detailed submission to the Royal Commission into Aged Care Quality and Safety which included reform options to strengthen older people's access to primary care services
- developed an intersectoral homelessness health service plan with our key partners
- held discussions with the Federal Minister for Health, the Hon. Greg Hunt and the Member for Reid, Dr Fiona Martin MP on the importance of allied health and the need for early intervention services.

Commission services

More than 25,000 people were supported last year by the commissioned services we fund. We co-designed five new services, including mental health support for residential aged care, an enhanced cancer management program and the Continuity of Support program. During the COVID-19 outbreak we helped our commissioned services continue their services safely.

We evaluated some of the services that we fund including local geriatric outreach services, the Primary Integrated Care Service for mental health clients, and HealthPathways Sydney.

Our organisation

As part of our COVID-19 response, we activated our Business Continuity Plan in March 2020. Our staff rapidly adapted to working from home with an increase in staff productivity due to additional COVID-19 response tasks.

We finished the 2019–2020 financial year in a strong financial position with a pre-audit surplus of \$32,000. We spent or committed 98.4% of all commissioning funding, making significant savings with salaries, and property and administrative expenses. These savings will provide additional capacity over the next three years.

In the final year of our first Reconciliation Action Plan, we successfully achieved most of the Plan's actions. We began finalising our second Plan which will launch in January 2021.

Our Data Governance Committee made significant progress in laying strong foundations for our expanding data custodian role. Strong data governance is critical to maintaining the trust of our data providers.



Dr Michael Moore

Acknowledgements

Our Board, and in particular the Chair, have provided constant support and direction during the year. I also want to thank the local health districts and networks for their willingness to collaborate and work together to address issues affecting our region.

Our member organisations, our community and clinical councils, our advisory committees and our clinical leaders network have, as always, provided invaluable advice throughout the year, but particularly so in March and April. We have valued your advice, encouragement and support.

I am also grateful for the dedication and support of our staff, especially in responding so quickly and so well to COVID-19 challenges. COVID-19 has highlighted the value of our advocacy, information, commissioning, and our persistent work to better integrate the health systems in our region.

I look forward to working with you all in the year ahead. Together we will continue to do great things.

Dr Michael Moore

CEO, Central and Eastern Sydney PHN

Chair's Report

It's unlikely to come as a surprise to anyone that this year my Chair's report is dominated by the COVID-19 pandemic and Central and Eastern Sydney PHN's role in the response to it.

From February, Central and Eastern Sydney PHN's activities and priorities rapidly focused on keeping our staff, our primary care workforce, and our community, safe from the effects of COVID-19. Whether it be the distribution of hundreds of thousands of masks, the rapid set-up of GP-led respiratory clinics, the creation of multiple localised COVID-19 resources, shifting our entire continuing professional development (CPD) program online, or the ongoing support our staff have given to our region's health care providers, I am certain that the work of Central and Eastern PHN has never been more important. It has undoubtedly saved lives.

Central and Eastern Sydney PHN staff rapidly adapted to remote working. I have been impressed by the flexibility and resilience of our staff in keeping themselves and the community safe. We ensured that Central and Eastern Sydney PHN's commissioned services continued to deliver high quality care safely, while also meeting our financial commitments and keeping an eye on the world beyond the pandemic.

Central and Eastern Sydney PHN has identified problems as well as successes during the pandemic and has communicated these to funders and other health providers. We are increasingly seen as a solution to improve communication between state-funded hospital services and federally-funded community care. Our advice has been greatly valued.

As we move into 2021, we will build on many of the experiences from the pandemic, to strengthen the links within our health system, the capacity of our workforce, and the health of our community. We look forward to improving access to and communication between the many health services that operate in our region.

Central and Eastern Sydney PHN's CEO, Dr Michael Moore and his Executive team, performed admirably during times of great uncertainty and rapid change. I have been honoured to lead the Board of Directors through this difficult time and thank my fellow directors for their wisdom, support, and enthusiasm for the work of Central and Eastern Sydney PHN.



Dr Michael Wright

As we entered 2020, the Board had high hopes that Central and Eastern Sydney PHN could expand its support for primary health care and to the residents of Central and Eastern Sydney. This has certainly happened, undoubtedly driven by the COVID-19 outbreak, and shown the value of Central and Eastern Sydney PHN (and the broader PHN network) in improving communication and integration in our fragmented health system.

On behalf of the Board, I would like to congratulate all Central and Eastern Sydney PHN staff for their outstanding efforts this year. We look forward to working together on further challenges in the coming year.

Dr Michael Wright

Chair EIS Health Limited



Our PHN

Supporting, strengthening and shaping primary health care in the Central and Eastern Sydney region.

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, and 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.

Who we support

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

We support people with complex issues including ageing, mental health, alcohol and other drug use, disability and complex comorbidities. Other complex issues include the social determinants of health, poor health literacy and the impact of social isolation on health and wellbeing.

Our prevention and earlier intervention approach focuses on wellbeing and resilience.

How we work

We support primary care through practice improvement, local health system integration and the commissioning of health services in the community that address identified gaps and needs in their local area.

Primary health care interacts with all parts of the health and social systems. For us to meet our purpose of improving and transforming care, strong engagement with the people we seek to support is critical. So too are effective partnerships with local health districts and networks, human service agencies, universities as well as community-managed and private organisations operating within our region.

Established councils, networks and committees provide advice on our priorities and opportunities for improvement.



clinical and
community councils



Member Chairs'
Network



program advisory
committees

The Central and Eastern Sydney comprehensive needs assessment identifies the key health and health service needs of people in our region. This information is used to identify opportunities and prioritise our activities.

Although primary health networks are independent organisations, we collaborate extensively at a state and national level. The NSW and ACT Primary Health Network (PHN) CEOs meet monthly and have established networks to collaborate across our major areas of work.

We are in regular contact with the national PHN network and are working together in the area of data storage and analysis. We also co-commission services such as the GP Psychiatry Advice Line.

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

Area¹

626km²

12 local government areas and Norfolk Island and Lord Howe Island

13,489

Aboriginal and Torres Strait Islander peoples⁶

Population (2018)²

1,637,740

Norfolk Island **1,748**

Lord Howe Island **421**

Second largest PHN by population size

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

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

Culturally and linguistically diverse communities:⁷

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

Births (2018)⁴

20,924

People experiencing homelessness:⁹

13,184

People need help with core activities:¹⁰

63,855

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

same sex couples⁸

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1. Department of Health 2019. Primary Health Networks (PHNs). Canberra: Department of Health. Viewed 12 August 2019, https://www1.health.gov.au/internet/main/publishing.nsf/Content/PHN-Central_and_Eastern_Sydney
2. Australian Bureau of Statistics (ABS) 2019. Regional population by age and sex, Australia, 2018. ABS cat. no. 3235.0. Canberra: ABS
3. HealthStats NSW
4. ABS 2018. Births, Australia, 2017. ABS cat. no. 3301.0. Canberra: ABS
- 5-10. ABS 2016 Census

Health profile

Life expectancy at birth (2015–17)¹

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

Potentially avoidable deaths per 100,000 people (2015–17)²

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

2020 childhood immunisation rates⁵

Age group	CESPHN	Target
1 year	93.9%	95.0%
2 years	90.2%	95.0%
5 years	92.0%	95.0%

Health behaviours 2019⁴

	CESPHN	National
Alcohol consumption at levels posing long-term risk to health	36.5%	32.8%
Daily smokers	9.7%	11.2%
Insufficient physical activity	28.6%	38.5%
Overweight or obesity	47.6%	55.2%

Cancer screening programs⁶

Screening program	Year	CESPHN	NSW
Bowel cancer	2017–18	36.5%	39.3%
Breast cancer	2017–18	50.0%	53.7%
Cervical cancer	2015–16	55.3%	55.1%

Cancer incidence and mortality per 100,000 people⁷

All cancers	CESPHN	National
Incidence (2009-2013)	494.6	497.4
Mortality (2011-2015)	155.9	167.1

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

Psychological distress³

In 2019, 16.9% of persons aged 16 years and over in the CESPHN region reported experiencing high or very high psychological distress compared to 17.7% in NSW.

Most common cancer types (2012–16) ⁸	PROPORTION OF CASES	Prostate	Breast	Melanoma of skin	Lung	Colon
		16.1%	13.5%	8.8%	8.2%	7.3%
	PROPORTION OF DEATHS	Lung	Colon	Breast	Pancreatic	Prostate
		18.7%	7.3%	6.7%	6.7%	6.1%

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Service profile



Workforce (2018)⁴

Health Professional Group	CESPHN			NSW		
	No.	FTE	FTE Rate per 100,000 population	No.	FTE	FTE Rate per 100,000 population
Aboriginal and Torres Strait Islander Health Practitioners	3	---	---	106	98.00	1.23
Chiropractors	430	400.8	24.47	1,633	1,468.80	18.41
Chinese Medicine Practitioners	646	513.4	31.35	1,686	1,285.40	16.11
Dental Practitioners	1,751	1,648.1	100.63	6,327	5,972.40	74.84
Medical Practitioners	8,421	8,933.8	545.50	30,809	32,842.50	411.55
<i>General Practitioners</i>	2,051	1,861.3	113.65	9,222	8,805.30	110.34
Medical Radiation Practitioners	988	899.5	54.92	4,631	4,155.10	52.07
Nurses and Midwives	19,921	18,628.9	11,374.8	92,949	84,666.80	1,060.97
<i>General Practice Nurses</i>	546	454.7	27.76	3,674	2,861.20	35.85
Occupational Therapists	1,072	970.4	59.25	5,279	4,660.40	58.40
Optometrists	517	472.8	28.87	1,696	1,562.90	19.58
Osteopaths	131	120.1	7.33	530	456.90	5.73
Pharmacists	2,050	1,899.2	115.96	7,596	7,117.40	89.19
Physiotherapists	2,125	2,033.2	124.15	8,165	7,583.20	95.03
Podiatrists	300	293.7	17.93	1,345	1,290.70	16.17
Psychologists	2,775	2,364.4	144.37	8,869	7,544.90	94.55

GP and specialist attendances (2016–17)⁵

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

Potentially preventable hospitalisations per 100,000 people (2017–18)⁶

Type	CESPHN	National
Acute	932	1,286
Chronic	872	1,233
Vaccine-preventable	355	313
Total	2,121	2,793

GP-style emergency department presentations per 1,000 people (2018–19)⁷

Age group (years)	CESPHN	National
<15	186.3	181.2
15–24	86.3	143.5
25–44	75.1	112.0
45–64	70.6	84.8
65+	70.5	79.8
All persons	91.8	117.4

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Our PHN

Our COVID-19 response

The 2020 COVID-19 coronavirus pandemic highlighted the critical role primary care plays in the health system, and the vital support provided by PHNs. A rapid and innovative response from Central and Eastern Sydney PHN communities, its partners, providers and communities was required. Given the need for a community-based approach, Central and Eastern Sydney PHN was an essential link between the health system and the 'on-the-ground' reality.

Our dedicated COVID-19 response team supported the primary health workforce through a range of measures. These included telephone support in pandemic preparedness, Medicare Benefits Schedule (MBS) telehealth items, infection control, viability and vaccination resources to general practice and residential aged care facilities within the region.

We collaborated with Local Health Districts (LHDs) to develop COVID-19 specific HealthPathways (an online clinical and referral information portal). We also supported the primary health workforce during the pandemic by transitioning our continuing professional development (CPD) programs to virtual delivery methods as well as collaborating with other PHNs to deliver the programs.

Our COVID-19 response

- Influenced policy and regulation discussions and advocated on behalf of primary care.
- Supported community providers to adapt and change their modes of service delivery.
- Built capability in a rapidly-changing environment through virtual delivery methods.
- Maintained the capacity of primary care services, including surge capacity.
- Identified at-risk populations and supported vulnerable groups.
- Improved the coordination and communication between primary and secondary care to deliver an integrated approach.
- Provided accurate and up-to-date information in a variety of formats.
- Distributed over 400,000 masks to practices and pharmacies across the region.

Accelerating the transition to digital services

To accelerate adoption of telehealth and other digital services, we provided information, training and support to practices and providers. We also developed and disseminated resources informing practices and primary care providers how to claim against the new MBS telehealth items.

We supported LHDs, private pathology and radiology providers to increase the use of eReferrals. We were also successful in securing funding for healthdirect video call services. These were offered free of charge to the 90 general practices and allied health practices that signed up to these services.



Mobilising GP respiratory clinics

Central and Eastern Sydney PHN, with the Australian Government Department of Health, identified and established five suitable locations for GP respiratory clinics: Balmain, Belmore, Bondi Junction and Lakemba. A mobile van also operated in the Sydney CBD and surrounding areas, particularly areas with higher numbers of people experiencing homelessness.

These clinics provided for people with mild to moderate respiratory illness who needed a physical examination rather than just a swab, and helped to divert these patients from mainstream general practice. The clinics also reduced pressure on hospital emergency departments.

Providing reliable and up-to-date information

Communicating relevant and up-to-date information with a large and diverse group of primary care providers was a key challenge during the COVID-19 outbreak. A single source of reliable information curated for Central and Eastern Sydney PHN's primary care providers and partners included COVID-19 updates as well as information on issues, such as managing mental health, homelessness, and domestic and family violence.

COVID-19 related information provided via our website was accessed 57,000 times, more than triple the usual traffic. Resources included videos, social media content, guidance for ordering pathology remotely, and telehealth resources. Resources for practices included downloadable templates, frequently asked questions, and suggested messaging for practices.

We distributed a twice-weekly, and later weekly, COVID-19 eNewsletter to general practices, and additional eNewsletters to pharmacists and allied health practices. The eNewsletters highlighted new developments and directed readers to reliable information sources.

To ensure questions relating to the virus and telehealth could be promptly answered with consistent and accurate information, we also established a dedicated COVID-19 email address.

Supporting vulnerable populations

COVID-19 had a direct impact on community and individual mental health and wellbeing, with vulnerable populations in Australia among the most affected. We worked closely with providers and practices to support vulnerable and at-risk populations.

We also assisted our commissioned providers to ensure service continuity, additional supports and mental health services, as well as information, education and training. We worked with aged care facilities to help them manage infection control, deliver services to residents via telehealth and help them gain rapid access to influenza vaccinations.

“With a flexible organisational approach and strong strategic direction by the Central and Eastern Sydney PHN Board, we successfully engaged with clinicians and the community during the COVID-19 pandemic. By reimagining the way primary care is delivered, COVID-19 has given us unique opportunities to enhance the resilience of the health system.”

**Nathalie Hansen, General Manager
Planning and Engagement**



Improve Practice

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

Workforce development

Leading system change through the Clinical Leaders Network

In October, we established the Clinical Leaders Network comprised of approximately 20 GPs, allied health professionals and nurses interested in leading system change in primary care. Chaired by Gymea GP, Dr Mary Beth Maclsaac, the group provides networking and professional development opportunities for its members to support their work as primary care advocates. Topics the group discussed included linking data, access to outpatient services, and the ideal practice in the era of COVID-19.

Supporting professional development

Central and Eastern Sydney PHN's CPD activities and events for primary health care providers focus on relevant clinical and practice support in primary health care. Participants in the program include GPs, practice nurses, practice staff and allied health professionals.

The CPD program was developed in consultation with internal stakeholders and our GP CPD advisory groups. We deliver the program through partnerships with Sydney Local Health District (SLHD), South Eastern Sydney Local Health District (SELSHD), St Vincent's Clinic, St Vincent's Private Hospital, Royal Hospital for Women, Prince of Wales Private Hospital, Chris O'Brien Lifehouse and St George Hospital.

When planning CPD events, we take into consideration feedback from previous event evaluations, surveys (including an annual GP survey), needs assessments, HealthPathways recommendations and local and national priority topics.

In 2019–2020, we continued to provide opportunities for workforce development by hosting a wide range of online and in-person events. By hosting webinars, we were able to expand the reach of our CPD program. We had 4,601 attendances in 2019–2020 compared to 4,380 in 2018–2019 despite hosting fewer events. We hosted a total of 145 online and in-person events in 2019–2020 compared with 169 events in 2018–2019.

We began filming CPD events in June 2019, hosting these videos online with the aim of broadening the reach of our education. In March 2020, due to the COVID-19 outbreak, all in-person CPD events, meetings and workshops were transitioned to webinar format. This involved securing appropriate licences and familiarising ourselves with GoToWebinar functionality in a very short timeframe.

We evaluated the CPD program at the end of 2019. The evaluators' recommendations included broadening education channels and the reach of the CPD program, such as through live webinars.

We implemented the following evaluation recommendations:

- expanded online learning
- broadened our reach
- created a video library
- streamlined the event registration process
- introduced online evaluation surveys
- developed ways to more efficiently use our customer relationship management (CRM) system
- introduced online platforms to reduce the administrative reporting burden.

We contracted Realise Business to provide a series of four business workshops to allied health professionals in the region. Topics included financial management, marketing, client experience management, and referral network building. Those who participated in these workshops commented on how relevant and practical they were.

‘COVID-19 delivered many challenges and opportunities to the CPD team. Delivering the program online opened up opportunities for GPs and other health practitioners to attend events virtually. This was critical to keep them up to date on the pandemic while keeping socially distanced.’

Dr Margot Woods

Providing peer support through the Peer Group Learning (PGL) program

Peer Group Learning (formerly Small Group Learning) continued to provide another professional development avenue. This small-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.

In 2019, eight GP groups completed the annual program. Before COVID-19, eight GP groups had expressed interest in starting the PGL program in 2020. Due to the COVID-19

pandemic, our Peer Group Learning (PGL) program moved online via our GoToMeeting platform; however, only two GP groups decided to continue with online PGL. Participants and speakers alike gave positive reports of the online interactive format.

We successfully established a PGL group in April 2020 specifically for allied health providers with six people of varying allied health disciplines.

Providing development opportunities in response to COVID-19

Chair of the Central and Eastern Sydney PHN Board, Dr Michael Wright, hosted two COVID-19 updates giving participants the opportunity to hear from local GPs and public health units, and ask questions. We also held webinars on the topics of infection prevention and control, and telehealth.

To support health professionals, we launched a new Central and Eastern Sydney PHN YouTube channel which contains all of our recorded webinars and video resources. Recorded items include 12 COVID-19 videos and resources and over 40 CPD events. These videos are an excellent way for health professionals to self-report their CPD if they are unable to participate in the live webinar.

We will continue to explore new opportunities and collaborations for an innovative CPD program in 2021. We will host a mixture of online webinar and in-person networking events, and will aim to better engage with allied health professionals.

Rethinking mental health: an innovative whole-of-person approach

The annual Rethinking Mental Health Forum held on 7 November 2019 at the Pullman Hotel, Mascot covered innovation, practice, research, lived experiences and a whole-of-person approach to mental health and wellbeing. The event was facilitated by renowned broadcaster and journalist Julie McCrossin.

The Hon. Bronwyn Taylor, MLC wrote the opening address and Dr Fiona Martin, Member for Reid, delivered the opening remarks. Matt Thistlethwaite MP, Federal Member for Kingsford Smith closed the day with an insightful reflection highlighting the importance of addressing mental health in our communities.

The event attracted a diverse range of participants, including people with a lived experience of mental illness and their carers, community organisations, GPs, and staff from local health district and networks. A key focus of the day was acknowledging and incorporating individual physical, emotional and social needs into care and service delivery.

Providing obstetric and neonatal professional development

We delivered 15 obstetric and neonatal CPD events attracting over 500 attendees. With the transition to online

webinars in response to COVID-19, the antenatal shared care (ANSC) CPD program continued to attract a large and diverse number of attendees across Central and Eastern Sydney PHN region.

Providing education on dementia

The number of people with dementia continues to increase, accounting for over 52% of people living in residential aged care facilities. We contracted Dementia Australia to deliver, for the second year, tailored education and training to staff and carers of residents in aged care facilities. The education program increases understanding of dementia as well as how to communicate in a person-centred way, using problem-solving approaches to manage dementia behaviour.

Due to COVID-19, the face-to-face workshops for staff and carers in residential aged care facilities were re-oriented to online learning. Between February and June, 675 staff from residential aged care facilities enrolled in Dementia Australia's online learning modules. Virtual classrooms will continue to replace in-person workshops during 2020–2021.

Increasing awareness of disability

Working in partnership with Central and Eastern Sydney PHN, the Specialist Intellectual Disability Health Teams at the local health districts developed a series of four accredited workshops. The workshops aimed to increase the awareness of how to better care for people with intellectual disability. Topics included:

- supporting, testing and treating people with intellectual disability through COVID-19
- improving the health of people with intellectual disability
- understanding health issues of people with intellectual disability in adolescence and early adulthood.

With the Council for Intellectual Disability, we continued the successful NDIS training and delivered the following sessions:

- Psychosocial Disability Support – NDIS and Health/Mental Health
- NDIS Funding and Supports
- Equipment, Modifications and Assistive Technology Funding
- NDIS Reviews and Appeals
- Access to the NDIS and the Access Request Form
- Being an NDIS Provider.

Following positive feedback, these sessions will continue in 2020–2021, using pre-recorded online sessions in response to COVID-19.

Since its inception in March 2017, Central and Eastern Sydney PHN has run 62 NDIS disability education sessions. A total of 310 people attended 13 events in 2019–2020, an average of 24 per session. Of attendees who completed the evaluation, 100% indicated improved knowledge regarding NDIS and disability.

Improve Practice

General practice support

Increasing general practice engagement

Central and Eastern Sydney PHN supports general practices to deliver safe, high quality services to consumers. We re-launched our refreshed GP Engagement Strategy in October 2019 to better support general practices and provide ongoing quality improvement. Despite the impact of COVID-19, we made significant progress implementing the strategy. Highlights included:

- an increase of three full-time equivalent (FTE) staff to the practice support and development team
- increased engagement with over 2,600 practice interactions between July 2019 to June 2020, including practice visits, phone calls, emails, and virtual support
- introduction of virtual visits to practices using Team Viewer and GoToMeeting
- allocation of dedicated Practice Support Officers to each practice in our area
- development of key performance indicators to monitor and improve the scope of support and engagement.

Ensuring general practices have resources relevant to their needs continued to be a priority. This included development of guides for practice nurses, practice managers, and front of practice as well as enhanced accreditation, and updated resources for infection control and pandemic preparedness.

Coordinating care for patients with chronic disease

To help general practices coordinate care for patients with chronic disease and to improve practice capacity, we began developing an enhanced framework for the Person Centred Medical Neighbourhood Program. The inclusion of practice nurse-specific support, education and a digital health component aims to ensure that consumers are at the centre of their health and wellbeing care.

Supporting general practices in accreditation

Sixty percent of Central and Eastern Sydney PHN practices are accredited. Due to GPs retiring, some practices closed over the year resulting in a small reduction in the number of accredited practices from the previous year.

We completed 369 accreditation-related engagements with practices during the 12-month period despite COVID-19 reducing the capacity for in-practice face-to-face support.

Focusing on quality improvement

With over 90% of our accredited practices taking part in the Practice Incentives Program (PIP) Quality Improvement (QI) Incentive, we continued to support practices with their QI activities. Across the region, as at 30 June 2020, 354

practices with a data extraction tool installed were sharing data with us.

Central and Eastern Sydney PHN partnered with the NSW Ministry of Health in the Lumos project, which allows participating practices access to insights about patient journeys using encoded secure data linkages between general practice and other areas of health. As at 30 June 2020, 26 practices had enrolled in the program with a target of 46 practices to sign up by December 2020.

Increasing telehealth capacity

With the advent of COVID-19 there were changes to funding for telehealth items. Central and Eastern Sydney PHN provided extensive support to general practices on the use of telehealth and guidance with MBS telehealth bulk-bill items.



The Australian Government-funded healthdirect Video Call Service received an extension in funding of the program until June 2021 for general practices, allied health practices and providers in the mental health and aged care sectors. In the 10 weeks to June 2020, 87 practices registered for healthdirect and 3,770 hours of telehealth video consultation took place in our region.

Tackling complex drug and alcohol issues: the GLAD program

The GP Liaison in Alcohol and other Drugs (GLAD) program provides GPs with specialist drug and alcohol advice, information, support and referral options. Now in its third year, the program's team of clinical nurse consultants and addiction medicine specialists continued to deliver regular referral clinics in the community. Tailored education and information sessions were also provided at GP surgeries and offered via the Central and Eastern Sydney PHN CPD calendar.

There was steady engagement with the program from GPs in the region. An important outcome included improved referral pathways and communication, particularly when discharging clients from hospital. The program also provided shared care and collaboration opportunities for community-based care of clients with complex needs.

Addiction medicine specialists continued to develop locally specific drug and alcohol HealthPathways including prescribing advice for naloxone. These specialists also supported GPs with the release of the NSW guidelines for the treatment of opioid dependence and the introduction of depot buprenorphine.

‘This has been an essential part of my practice for patients with drug and alcohol addiction... Putting a friendly voice or name to the process has helped break down that initial barrier to seeking help. I strongly believe that this is an invaluable service to help bridge the gap between GPs and hospital drug and alcohol services.’

GLAD program-participating GP

Providing psychiatry advice

The GP Psychiatry Support Line is a free service for GPs to help manage the care of mental health consumers, providing advice on diagnosis, investigation, medication and developing a safety plan.

Continued promotion of the support line resulted in steady uptake in both registrations and number of GP consults. At 30 June 2020 the program had 450 GPs registered with over 350 consults. This number has continued to grow every reporting period since the launch.

Dr Martin Cohen, a Deputy Commissioner of the Mental Health Commission of NSW and a senior consulting psychiatrist with ProCare, presented a webinar about psychiatric needs during COVID-19 and spoke about the services available to Central and Eastern Sydney GPs. The webinar had a high attendance rate of over 50 registrations with positive feedback from GPs.

GP registration and usage of the service remained a key challenge. Webinars were an effective way to allow psychiatrists involved in the program to showcase the type of service available for GPs. We anticipate that further use of webinars and resource kits will increase GP uptake of the program.

Population health support

Promoting immunisation

The immunisation team developed a comprehensive six-month strategic plan to focus our resources and expertise on the areas of most critical need within our region. Low immunisation coverage rates within the Waverley local government area (LGA) were a key focus, with Central and Eastern Sydney PHN working collaboratively with the South Eastern Sydney Public Health Unit to follow up overdue children and upskill practices to ensure ongoing on-time

vaccination. Recent quarterly coverage rates released for July 2020 indicate an increase in coverage from 84.2% in Quarter 1 to 89.4% in Quarter 2 for the four to five-year-old cohort in Waverley LGA. This is a great achievement.

As part of our plan to address low coverage rates in specific regions, the Schedule Completion Awareness pilot program was implemented targeting daycare, preschool and primary schools. The aim of the program is to increase completion of the childhood immunisation schedule by age four. Information and resources were displayed in centres and supplied to parents.

At the height of the COVID-19 pandemic, Central and Eastern Sydney PHN successfully implemented a rapid response to address unvaccinated staff and residents within the aged care sector for influenza vaccines. We contacted all 161 mainland local residential aged care facilities to facilitate timely distribution of vaccines. We also helped to facilitate the redistribution of influenza vaccine stock among general practice in the Central and Eastern Sydney PHN region in response to the national shortage of flu vaccines.

Our Annual Immunisation Update education event was successfully converted to a live webinar with outstanding attendance rates. We continued to provide access and funding to the Benchmark Immunisation in General Practice course, which enabled practice nurses in our region to access and complete this qualification. We also helped prepare practices for the release of the new National Immunisation Program in July 2020.

Addressing sexual health

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

Other sexual health and viral hepatitis projects we supported included:

- care for trans and gender-diverse people training
- liver health and Hepatitis C management training
- travel medicine and sexually transmitted infections (STIs) training
- Sexually Transmitted Infections in Gay Men Action (STIGMA) group project¹
- development of Hepatitis C and Chlamydia PIP QI activities for general practice settings
- Dried Blood Spot Testing for HIV and Hepatitis C in the Community Drug and Alcohol Setting²

¹ <https://stipu.nsw.gov.au/stigma/>

² <https://www.hivtest.health.nsw.gov.au/>

Improve Practice

Increasing cancer screening rates

Primary practitioners have a significant role in influencing patient health actions and enabling patients with skills and knowledge to reduce lifestyle health risks. In 2019, we worked with practices on a project to improve the ability and capacity of primary care providers to systematically address screening participation in their practice populations.

We partnered with 18 practices to trial the Cancer Institute NSW Quality Improvement Toolkit and identify:

- under-screener and never-screener for the three national cancer screening programs
- subsets of the practice populations who are more at risk of underscreening and never screening.

The 18 practices identified service champions within each practice to implement population health activities that improve cancer screening participation and support the sustainability of these activities. Through this program we:

- supported practices to undertake audits on practice data using practice software
- developed cancer action plans for all 18 practices
- identified practice team knowledge gaps and strengths in relation to cancer screening
- reduced under-screener for bowel and/or breast and/or cervical cancer in 18 practices by 56%.

COVID-19 was a significant risk to the project as practice priorities shifted and patients reduced non-essential engagement with primary care settings, considering screening as a low health priority. Despite these challenges, we continued to engage with practices remotely and encouraged them to work towards implementing sustainable, long-term approaches to cancer screening as part of everyday practice.

A Cancer Institute NSW grant project led by South Eastern Sydney Local Health District (SESLHD) aimed to improve participation rates in cervical screening during the ante- and postnatal periods for never-screened and under-screened women from priority populations. Central and Eastern Sydney PHN received partial funding to lead the primary care strategy. The outcomes of this work will inform future health promotion and prevention initiatives to increase cervical screening participation across NSW.

Sutherland and St George antenatal shared care (ANSC) guidelines and protocols were updated to reinforce the safety of screening at any time during pregnancy. We updated the Sydney HealthPathways to reflect these guidelines. After community and other stakeholder consultation, we also developed fact sheets, posters and social media videos for consumers and health professionals.

Orientation sessions and targeted communications conveyed the updated information to ANSC GPs. We will continue community and GP resource promotion and dissemination, taking into account the impacts of COVID-19. We will also continue to work with HealthPathways to ensure all relevant areas include updated information about the safety of cervical screening in pregnancy.

Research by the Australian Institute of Health and Welfare indicates that there has been a reduction in therapeutic procedures for skin, breast and colorectal cancers between March to May 2020 and that the COVID-19 outbreak has resulted in reduced cancer screening participation rates. An increase in cancer diagnosis is predicted. To address this issue, Central and Eastern Sydney PHN's practice support team and population health teams will continue to plan activities in the primary care COVID-19 environment.





Integrate Systems

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

Digital health

Prioritising meaningful use of digital health

The importance of accessible and secure systems to enable patient care amid a worldwide pandemic cannot be underestimated. During the COVID-19 pandemic, digital health came to the fore. Our Digital Health Strategic Plan 2019–2021 which prioritises meaningful use of digital health amongst Central and Eastern Sydney PHN stakeholders, helped us to adapt and rapidly respond to the evolving situation.

Telehealth and electronic prescribing have been enthusiastically adopted across our region. Along with patient-facing technologies, Central and Eastern Sydney PHN continued to support practices in data-driven improvements.

Fast tracking electronic prescribing

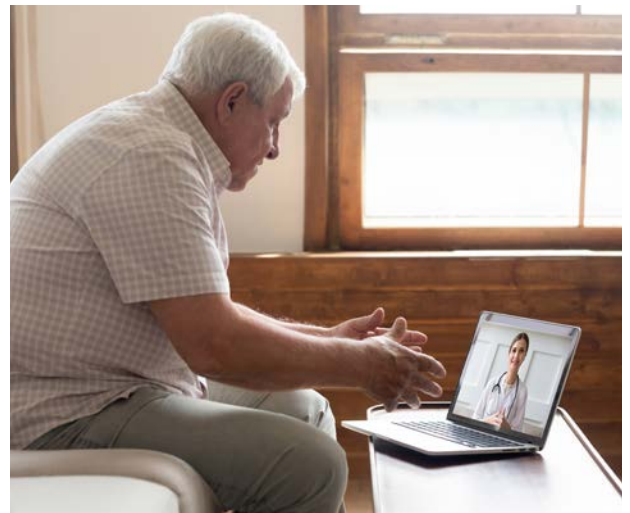
Electronic prescribing is an initiative of the Australian Digital Health Agency (ADHA) and the Department of Health. The Australian Government announced funding in April 2020 to fast track electronic prescribing to allow better access to prescriptions.

During Stage 1, the patient will present an electronic token to the pharmacy for dispensing. This will be followed by the Active Script List model which will allow patients to give access to all their prescriptions to the pharmacy or pharmacies of their choice.

Across the Central and Eastern Sydney PHN region, 90% of pharmacies and 82% of general practices have conformant software and the capacity to access electronic prescriptions once the general enablement period begins. A comprehensive implementation plan has been formulated to work with peak bodies and the ADHA to support primary care services through this process.

Supporting providers in using My Health Record

Central and Eastern Sydney PHN continued to support providers in the use of My Health Record (MHR). Across Australia, 85% of the 22.78 million individual records now have data in them, with over 2 billion documents uploaded to the system.



Enhancements to the My Health Record program included the ability for medical providers to add a Goals of Care to a patient's record and the ability for pharmacies to upload a Pharmacist Shared Medicine List.

From January to June 2020 within the Central and Eastern Sydney PHN region, there was a 20% increase in uploads of shared health summaries and dispense records compared to the same period in 2019. There were also significant increases in views of discharge summaries (186%) and pathology reports by other providers (485%).

The ADHA provided funding to Central and Eastern Sydney PHN in early 2020 to support the use of My Health Record by specialists. During the five months between February and June, we successfully engaged with 713 of 812 identified medical specialists (87.8%) and helped 91 specialists sign up for My Health Record. This project will continue in the 2020–2021 financial year.

Encouraging electronic communications

The use of HealthLink SmartForms technology has continued to grow. In 2019–2020, 15,780 eReferrals were sent by 248 general practices, with a record number of forms being sent during the COVID-19 pandemic.

GPs and specialists reported positively on the new Health Link Specialists and Referrals service. This service integrates HealthLink software and the Medical Specialist Directory, allowing GPs to search, select and send electronic referrals to any private specialist within the directory.

Eleven Healthlink SmartForms became available for GPs to refer to in the SLHD hospital network (Canterbury, Concord, RPAH), to SLHD community paediatrics and 10 additional SmartForms that refer to Chris O'Brien Lifehouse.

Across the Central and Eastern Sydney PHN region, 85% of GP practices used one or more secure messaging solutions which allow secure digital communications between practitioners. We continued to collaborate with our LHDs as they embarked on their journey to 'axe the fax'.

‘Accelerated by the COVID-19 pandemic, the region enthusiastically adopted telehealth and electronic prescribing on a large scale.’

Yvonne Cheong Costa, Digital Health and QI Manager

HealthPathways

Supporting GPs through HealthPathways

HealthPathways is an online local health information portal to support local GPs and health professionals at the point of consultation. It provides clinical decision support frameworks on how to assess and manage medical conditions, and how to appropriately refer patients to local services and specialists in the most efficient way.

A highly successful model of collaboration first developed in New Zealand, HealthPathways has resulted in significant improvements in the way hospitals and general practices share the care and clinical management of patients. This has resulted in reduced costs and improved quality of patient care.

HealthPathways Sydney, in its eighth year of operation, continued to support primary care by providing accurate and locally-relevant clinical pathways and referral resources. We published 109 new clinical pathways and referral resources, and completed 232 updates to content and 72 full reviews of previously published pathways.

To help GPs prepare their practice for chronic care patients and people returning from bushfire-affected areas, we published several pathways including burns management and trauma support.

As at June 2020, we had published 11 specific clinical and practice support pathways along with health alert, service location and resource information pages. We also completed over 160 COVID-19-specific content updates.

To meet the needs of individuals and families struggling with social isolation and low determinates of health, we developed new content focused on improving health and wellbeing rather than disease management.

We published our 850th pathway, leading Australia in terms of published content, second only to New Zealand's Canterbury District Health Board. We achieved a monthly average of 6,700 sessions of use with total page views over the year of 260,000.

South Eastern Sydney HealthPathways had another successful year also with 109 new pathways. This brought the total to 229 pathways with the team aiming to have 300 pathways live by the end of 2020.

As a result of the pandemic, COVID-19, Mental Health, Palliative Care and Respiratory pathways were prioritised. There are nine COVID-19 pathways. These pathways received frequent updates as the pandemic changed practice and the availability of services.

The go live for palliative care pathways started in June 2020 and will continue over July and August. The mental HealthPathways go live started in April and will continue over the next one to two years. Eleven respiratory pathways went live over the year.

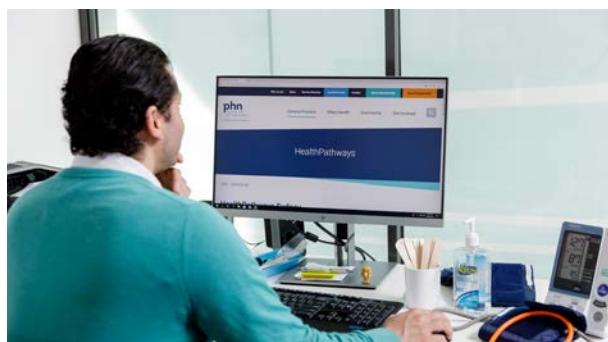
Importantly, new domestic violence pathways went live in June to correspond with reports of increased community need. A CPD event was held through Central and Eastern Sydney PHN to introduce these pathways to GPs and to highlight available supports in the community.

Despite COVID-19 priorities, other pathways were also developed simultaneously. This included pathways on wound care, nephrology and hepatitis. Of the new pathways, there were 16 in the child and youth space and nine in sexual health.

South Eastern Sydney HealthPathways worked with NSW Ministry of Health and Agency for Clinical Innovation (ACI) on new cataract pathways to ensure the new state-wide cataract referral form was available and used by GPs. This included running a CPD event held at Central and Eastern Sydney PHN before the COVID-19 outbreak. The Ministry of Health and ACI hope to see an improvement in cataract waiting list times and quality of referrals as a result.

A paediatric working group on developmental medicine was held in early March; however, pathway development was put on hold due to the COVID-19 priority workload.

To support continuous improvement, the program is being evaluated with conclusions expected by October 2020. The findings will be used to inform further implementation of the program for 2020–2021 onwards. The team also began welcoming suggestions for pathway development through a new online tool on the South Eastern Sydney HealthPathways homepage under 'latest news'.



Integrate Systems

Mental health and suicide prevention

Addressing mental health priorities

A major achievement this year was the completion of our Mental Health and Suicide Prevention regional plan allowing work to begin on addressing the priorities identified in the plan. The plan was launched in Burwood on 30 October 2019 by Dr Fiona Martin MP, Member for Reid. This event gave all involved in developing the plan an opportunity to come together.

The Regional Plan for Central and Eastern Sydney is a joint initiative overseen by a Steering Committee comprised of representatives from:



We began work on:

- reviewing commissioning processes to ensure cultural safety frameworks are better incorporated
- developing a regional digital service navigation app to improve community access to services
- assessing regional training and development needs
- applying the National Mental Health Service Planning Framework to understand the region's workforce needs
- developing shared clinical governance processes at a regional level.

To see the Mental Health and Suicide Prevention Regional Plan click [here](#)

Cancer management in general practice

Strengthening integration of cancer care

A 2019 review of the role of primary care providers in cancer management found that lack of integration in the care system diminished the ability of general practice to confidently support their patients with cancer.

Through the landmark Community Health and Hospitals Program, Central and Eastern Sydney PHN was awarded \$6.9 million in federal funding to address fragmentation of cancer care and to enhance cancer management in the region. The focus of the program is to strengthen integration between cancer and palliative care specialists, community services and general practices. As a result of an integrated model of care and GP cancer support line, approximately 6,000 patients will have better access to the appropriate services.

South Eastern Sydney LHD, Sydney LHD and St Vincent's Hospital began planning for a new initiative to integrate primary and specialist cancer services, GPCanShare. This initiative will result in 12 new hospital-based cancer nurse coordinators being employed in 2020 to liaise with general practice specialist cancer nurse coordinators across nine major cancer centres located within Central and Eastern Sydney PHN. The service covers 606 general practices.

Responding to all cancer management-related enquiries from general practices, the GP Cancer Support Line will be established in 2020 to support general practice. St Vincent's Hospital is the lead provider of the phone service which is staffed by a cancer nurse specialist with broad cancer, psycho-social and cancer-related palliative care expertise and service knowledge.

Improving health outcomes of patients with liver cirrhosis and hepatocellular carcinoma

In partnership with Royal Prince Alfred Hospital and St George Hospital, we were awarded a Cancer Institute NSW Grant for the Liver Toolkit Project. The aim of the project was to improve health outcomes of patients with liver cirrhosis and hepatocellular carcinoma (HCC) and improve communications between hospitals and general practice. This exciting project has the potential to slow the progression of liver disease and reduce morbidity and mortality from HCC.

Project partners refined a complex set of more than 60 metrics related to cirrhosis, hepatitis B and C, non-alcoholic fatty liver disease, and alcoholic liver disease and developed an innovative data extraction tool using POLAR software. General practices and clinical hospital liaisons use the tool to identify patients needing further investigation and use secure messaging to refer patients and improve the timeliness of communication.

“The new cancer care model will help create strong partnerships between the major cancer care stakeholders in our region and ultimately improve the health care experience and outcomes in people affected by cancer. The model was co-designed and developed by 50 general practitioners, patients with cancer experience, key stakeholders in cancer care and specialist cancer professionals.”

**Dr Brendan Goodger, General Manager
Primary Care Improvement**

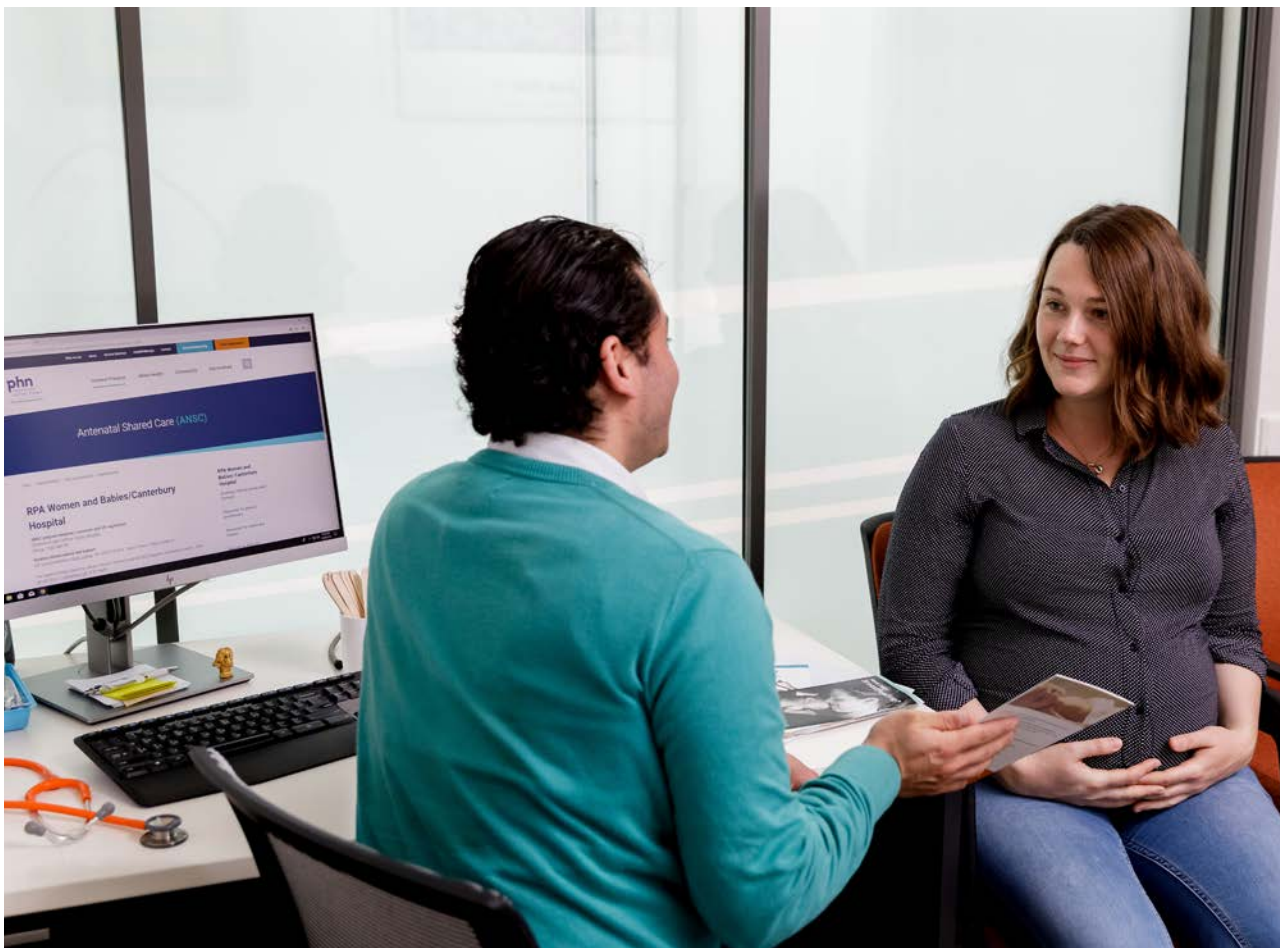
Maternal health

Promoting continuity of care

Local health districts, general practitioners and key stakeholders continued to collaborate to give women of maternal age and their newborns, access to optimal care from preconception through pregnancy and beyond.

The program focusses on the GP Antenatal Shared Care (ANSC) Program across our region's five public maternity hospitals: Canterbury Hospital, RPA Women and Babies, Royal Hospital for Women, St George Hospital and Sutherland Hospital. Offered to women with low-risk pregnancies, this program promotes continuity of care through sharing antenatal care between a general practitioner and the hospital clinic.

More than 850 GPs engaged in at least one of the three ANSC programs across the region. We facilitate the program's orientation and intake sessions and deliver high-quality education events. We also produced specific communications, including a bi-monthly ANSC newsletter, developed and improved program resources, and collaborated with HealthPathways to ensure clinical resources are current and consistent.



Integrate Systems

Collaboration

Primary Health Partnership Committee

The Central and Eastern Sydney PHN Primary Health Partnership Committee includes senior representatives from Sydney and South Eastern Sydney Local Health Districts, the Sydney Children's Hospital Network and St Vincent's Health Network. The committee met three times and identified four priority focus areas.



Coordination and integrated care:

development of integrated care, transition of care information, peer and care coordinator workforces, Lumos and data linkage, winter planning.



Population health: hepatitis C, obesity, aged care, child, youth and families.



Commissioning: collaborative commissioning, co-design.



Evidence-based practice and research translation: translational research.

Due to COVID-19, Primary Health Partnership Committee meetings were temporarily suspended in March 2020.

GP representation on hospital committees

To strengthen the relationship between primary and acute care services, Central and Eastern Sydney PHN also supports GP representation on hospital committees. GP representatives submit meeting reports with recommendations for action where appropriate. Our Board and member chairs review this information throughout the year.

In 2019–2020 we had GP representation on 16 hospital committees. In September, we brought all the representatives together to discuss common themes and share learnings.

Disability Network

The Central and Eastern Sydney PHN Disability Network continued to build on the success of previous years, with ongoing delivery of training and education about disability and the NDIS. The Disability Network meetings continued to bring together strong advocates, clinicians and leaders for people living with disability. Presentations at past meetings have included:

- NDIS Price Guide, NDIA
- Health Maintenance Tool – Spinal Cord Injury, The University of Sydney
- UN Convention on the Rights of Persons with Disabilities, Council for Intellectual Disability
- NDIS Quality and Safeguards Commission, NDIA
- Disability Royal Commission, JFM Law
- Disability workforce, Department of Social Services
- National redress scheme, People with Disability Australia.

The Disability Network consulted with its membership regarding changes in the NDIS Price Guide 2019–2020, and made a submission to the NDIA to be considered in the Annual Price Review 2020–2021. This included increased payments for services paid to all service providers of Early Childhood Early Intervention (ECEI) and billable non-face-to-face activities.

COVID-19 created challenges and significant disruptions to people living with disability, their families, and providers. The commitment, agility and resilience of providers in adapting to such a period of intense change was a source of immense inspiration. This included the formation of the Specialist Team for Intellectual Disability Sydney (STriDeS), and the South East Sydney Specialist Intellectual Disability Health Team (SES SIDHT), previously SES Metro Regional Intellectual Disability (MRID) Team.

Advocacy

Allied health discussions

A deputation from Central and Eastern Sydney PHN met with the Federal Minister for Health, the Hon. Greg Hunt and the Member for Reid, Dr Fiona Martin in August. The group included Michael Wright and Trisha Cashmere from the Board; Brendan Goodger, Nathalie Hansen and Mariam Faraj from our Executive; and representatives from our Clinical Council, Central and Eastern Sydney Allied Health Network, and Central and Eastern Sydney PHN's Disability Network.

Items discussed included the MBS Review, the importance of early intervention and My Health Record. The Minister was particularly interested in the success of our adolescent obesity program, TEAM, as well as SPconnect, our program that supports people after a suicide attempt. We were also able to provide an advance copy of our Regional Mental Health and Suicide Prevention Plan.

Dr Martin then facilitated discussion around the NDIS. The forum was received very positively, with Dr Martin expressing her desire to hold a similar event in the future.

Submission to the Royal Commission into Aged Care Quality and Safety

Central and Eastern Sydney PHN made two submissions to the Royal Commission into Aged Care Quality and Safety. The Commission suspended all hearings and workshops

in March 2020 for three months due to the COVID-19 pandemic. On resumption of the hearings, Central and Eastern Sydney PHN continued to advocate for solutions that improved integration of primary aged care providers.

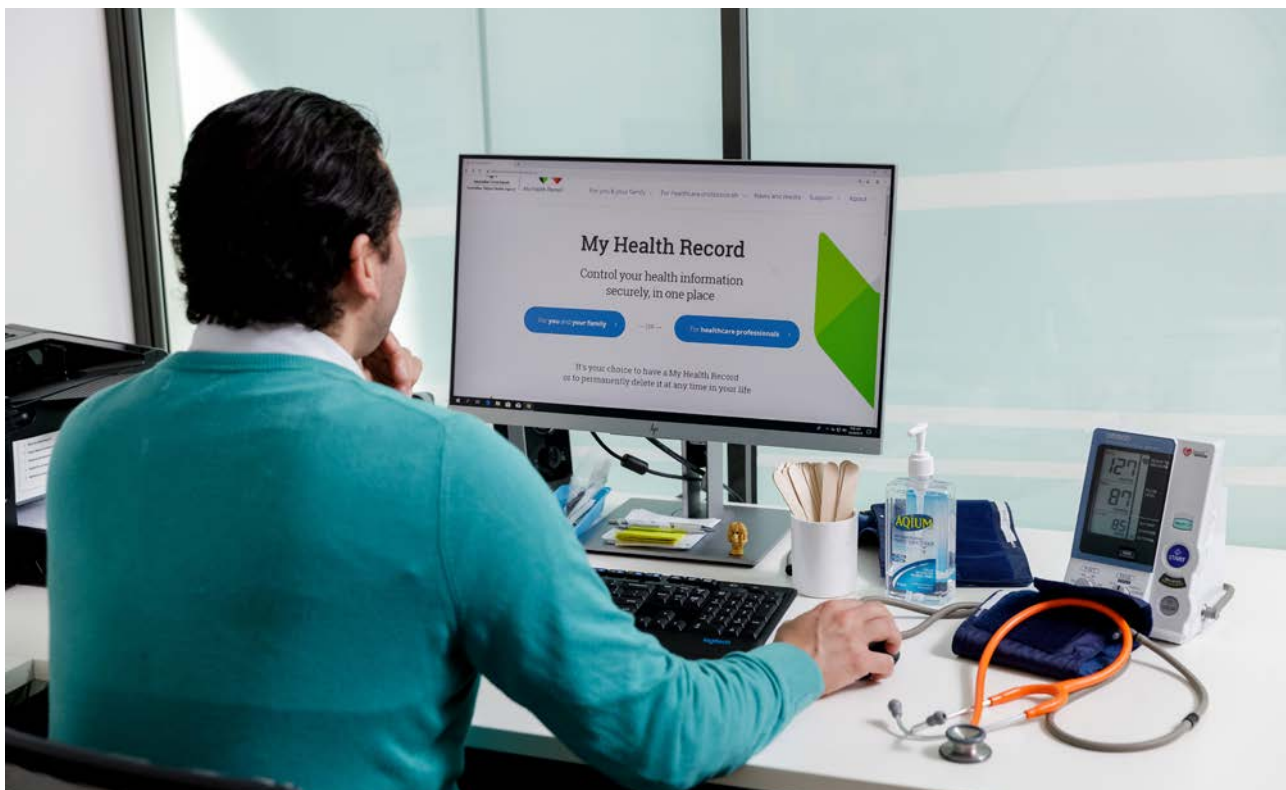
When the Commission hands down its recommendations later this year, Central and Eastern Sydney PHN will be well placed to assist in coordinating the primary health care response. This includes better integrating primary aged care health with the wider health care system.

Diabetes Resource Collaborative

Funded by Central and Eastern Sydney PHN, the Diabetes Resource Collaborative project aims to improve diabetes management across the central and Eastern Sydney region. The project is jointly managed by Sydney Local Health District, South Eastern Sydney Local Health District, and St Vincent's Hospital Network.

The Collaborative has identified opportunities to strengthen communication between hospital-based diabetes services and GPs and streamline diabetes referral pathways. The Collaborative has co-designed a range of projects to assess the effectiveness of actively managed discharge care plans for priority population groups.

Projects funded under the Collaborative support stronger communication between hospitals and primary care, ensure continuity of care, decrease hospital re-admissions and improve health outcomes for patients with diabetes from priority populations in the Central and Eastern Sydney PHN region.



Commission Services

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

Commissioning highlights

Supporting mental health and wellbeing in residential aged care

Representatives from the health and aged care sectors met on Tuesday, 5 November 2019 to discuss solutions to mental health challenges in aged care facilities. The 35 attendees included representatives from the Older People's Mental Health Teams at South Eastern Sydney Local Health District (SESLHD), Sydney Local Health District (Sydney LHD) and St Vincent's Health Network (SVHN). These included psychiatrists, psychologists, social workers and nurses. Also attending were aged care facility managers, primary care mental health service providers, GPs, carers and community organisations.

A key outcome of the session was a model for residents in residential aged care facilities to access psychological therapies. Following from these discussions, we released a tender on 10 March 2020 requesting proposals to provide psychological treatment services to residents in residential aged care facilities within Central and Eastern Sydney PHN region.

The tender was awarded to Anglican Community Services (Anglicare) to deliver person-centred, evidence-based interventions that promote mental and emotional wellbeing of residents in aged care facilities through face-to-face, online and telephone modalities. Anglicare will also build on the mental health knowledge and skills of residential aged care staff, families and carers with a multidisciplinary workforce of mental health professionals and mental health-trained volunteers.

Workshopping potential pathways for collaborative commissioning

Representatives from SLHD, SESLHD, SVHN and Central and Eastern Sydney PHN, held several workshops to identify a project suitable for collaborative commissioning.

We agreed to develop a comprehensive, collaborative and regionally-relevant suicide prevention model of care. Considerable resources within each partner organisation are directed towards suicide prevention making the collaborative commissioning work consistent with current strategic and operational priorities.

Due to the need to prioritise the COVID-19 response, further developments were delayed. We will progress this work further in 2020–2021.

Updating the clinical governance framework

Central and Eastern Sydney PHN reviewed and updated our clinical governance framework to better reflect our commissioning role as well as our health systems improvement and sector support functions.

The updated framework, categorises responsibilities, using the Australian Commission on Safety and Quality in Health Care (ACSQHC) Model Clinical Governance Framework:

- governance, leadership and culture
- patient safety and quality improvement systems
- clinical performance and effectiveness
- safe environment for the delivery of care
- partnering with consumers.

Responsibilities were further broken down by Board, Executive team, Central and Eastern Sydney PHN staff members and commissioned providers.

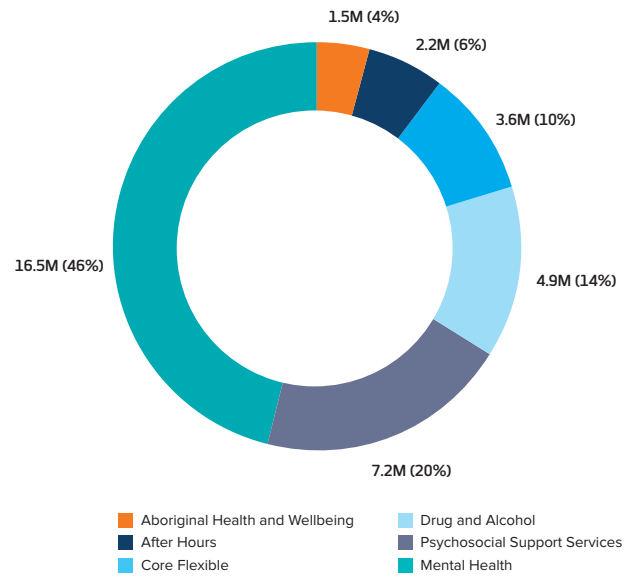
‘We commissioned almost \$36 million of funding across 128 services and programs including 20 Drug and Alcohol, 16 After Hours, 4 Aboriginal Health, 43 Mental Health and Suicide Prevention services 12 Psychosocial Support Services and 33 Preventative health and aged care services’.

Mariam Faraj,
General Manager, Clinical Services

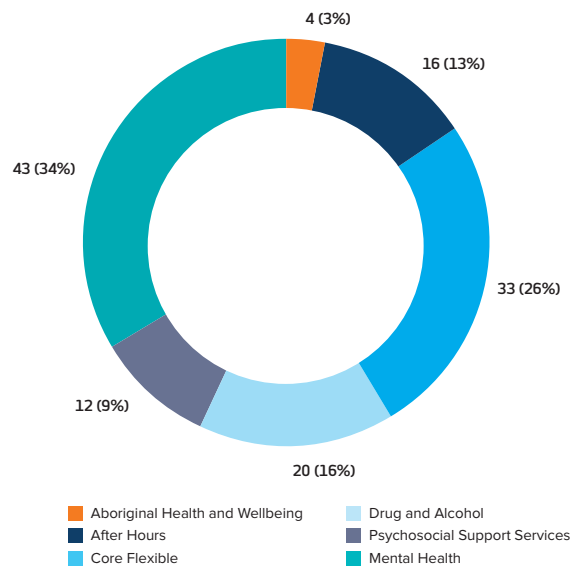


Value and number of contracts by schedule

CESPHN total contracts' value by schedule for FY 2019–2020



CESPHN total number of contracts by schedule for FY 2019–2020



Commission Services

Our services



Mental health and suicide prevention



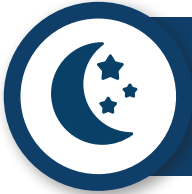
National Psychosocial Support Measure



Norfolk Island support



Aboriginal health



After hours



Alcohol and other drugs



Preventive health services



Aged care support



Commission Services



Mental health and suicide prevention

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.

Due to the impact of COVID-19, these services were transformed to telehealth-based solutions to safely allow continuation of support. Approximately 5,235 people in the region received services with an average of five occasions of service each



**PSYCHOLOGICAL
SUPPORT SERVICES**

Number of people who receive services through PSS in 2019–2020 by SUP population	Number of unique individuals	Occasions of service	Average number of sessions
Aboriginal and Torres Strait Islander	99	432	4
Culturally and linguistically diverse (CALD)	443	1,975	4
Children 0–11	349	1,651	5
Youth 12–24	1,454	7,916	5
Other (Adults 25+)	2,171	13,539	6
Other (older person 65+)	412	2,077	5
Suicide prevention	307	16,588	5
TOTALS	5,235	29,248	5

Central and Eastern Sydney PHN commissioned six organisations, with 113 mental health professionals, to deliver focused psychological strategies to individuals in need. Focused psychological strategies are delivered as individual sessions, or as evidence-based therapeutic groups to specific underserved groups, such as individuals with perinatal depression, within the Central and Eastern Sydney PHN region.



PSS helps client with panic attacks

Mary is a single mother of two young children and cares for her elderly parents who live with her. Mary's parents migrated to Australia from Cambodia and speak little English. Mary's mother is very frail and has multiple health issues.

Separated from her husband two years ago, Mary is the sole income earner for her family. She has two part-time jobs and tutors on weekends for extra income. With COVID-19, Mary lost one of her jobs and had her hours reduced at her second job leaving Mary in financial distress.

Feelings of fatigue, headaches and anxiety mounted and Mary began to have panic attacks. Her GP referred her to PSS. Mary was hesitant at first as she had little time and English is her second language.

At the initial telehealth consultation, the psychologist set out flexible options for Mary's sessions to fit in with her job and family commitments.

The PSS program provided 1,071 occasions of service to individuals in residential aged care facilities. This included assessment, psychological intervention, and care coordination to 172 individuals across 22 aged care facilities in Central and Eastern Sydney PHN region. Of those, 636 sessions were psychological therapy interventions. Services were delivered face-to-face, and via telehealth in either an individual or group program format.

COVID-19 caused significant disruption to aged care services due to visitor restrictions. The uptake of telehealth was initially slow due to lack of access to tools such as iPads and internet access in the facilities. Central and Eastern Sydney PHN's distribution of more than 20 iPads to the facilities resulted in delivery of 99 occasions of service via telehealth including mindfulness, and reminiscence sessions.

Child and youth mental health services: headspace and YES

headspace centres provide holistic support to young people aged 12 to 25 years. Services include mental and physical health, alcohol and other drugs, and vocational services. Central and Eastern Sydney PHN commissions five headspace centres in our region: Ashfield, Bondi Junction, Camperdown, Hurstville, and Miranda.

headspace centres provided 23,141 occasions of service, averaging 1,809 occasions per month, to 4,655 unique individuals. Young people attended five appointments on average.

Mental health and behaviour concerns accounted for 77.2% of the referrals to the centres, with situational needs (10.8%), sexual and reproductive health (4.8%) and alcohol or other drugs (3%) being the other main reasons.

By including PSS in headspace centres, young people with more complex needs are able to access additional therapy sessions to those funded through Medicare.

'When I turned 18, I started gambling, drinking and using illegal drugs every weekend. I was in a bad place. A couple of years later, I finally decided to get help and found Miranda headspace. Over the past 14 months, headspace has helped me take control of my mental health and create positive lifestyle changes. I honestly don't know where I'd be without headspace.'

headspace client

'When I was growing up, I was interested in arts and events, but I was also driven to help people in need. In 2016, I was dealing with some personal issues and needed some guidance on how to get back on track to following my dreams. I connected with staff at headspace, where I learnt valuable tips and lessons on how to help myself and gain strength to conquer tricky tasks I once struggled to complete. Hitting some mental health bumps recently, I decided to re-engage with headspace and Central and Eastern Sydney PHN's PSS program. I joined my local headspace's Youth Reference Group and could not be happier.'

headspace client

Central and Eastern Sydney PHN commission two Youth Enhanced Services programs to enhance headspace services and bridge the gap between existing primary mental health services and LHD services. These are: Comprehensive Assessment Service for Psychosis and At Risk (CASPAR) provided by South Eastern Sydney Local Health District (SESLHD) and headspace Early Intervention Team (hEIT) provided by Sydney Local Health District (SLHD).

These programs provide multidisciplinary team care to young people presenting to headspace with, or at risk of, severe or complex mental illness. Young people are supported to meet their goals, whether managing symptoms, returning to school or work, or strengthening their community connections. The teams provide outreach services, deliver a combination of face-to-face and telehealth interventions to their clients, and continue to provide an invaluable service to the young people in our region.

The hEIT team has been providing services from headspace Camperdown and Ashfield since 2017 and was successfully selected as one of six YES teams nationally to be part of the Orygen Implementation Lab. Central and Eastern Sydney PHN youth mental health team began working with Orygen, headspace Camperdown, headspace Ashfield, and SLHD to review and improve the hEIT model of care to ensure that it continues to meet the changing needs of the community.

The team clearly defined the 'missing middle' group of young people to address the unmet needs of this cohort. Despite the challenges of the review process, the team felt the review was both necessary and timely to meet the needs of vulnerable youth.

Commission Services

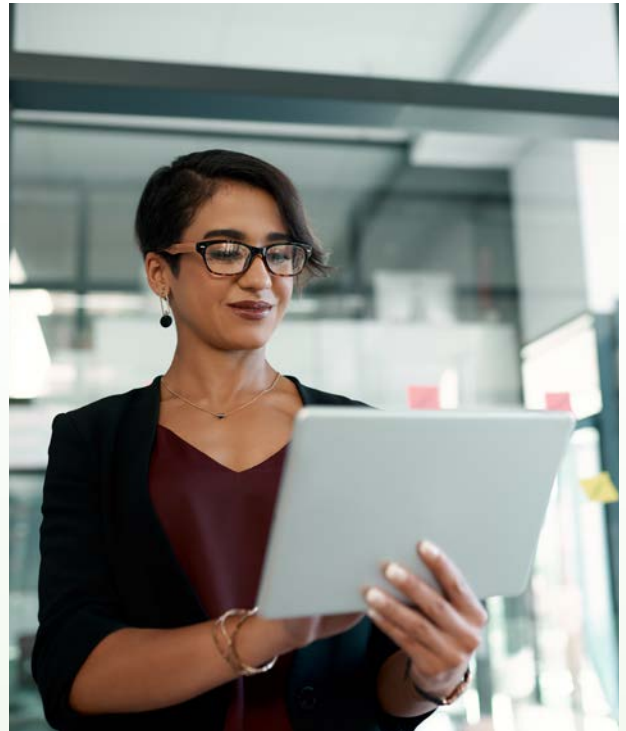
NewAccess

Developed by Beyond Blue, NewAccess is a free confidential coaching service aimed at assisting people who are not currently accessing a mental health service who may be experiencing anxiety and/or depression. Bolton Clarke delivered this program in Central and Eastern Sydney PHN region in 2019–2020.

Mindfulness for culturally and linguistically diverse (CALD) communities

The five-week, group Mindfulness program continued to provide an evidence-based in-language program for members of the Arabic- and Bengali-speaking communities in Central and Eastern Sydney PHN region. The program has been tailored to be culturally appropriate to each of the communities. Benefits to participants include reductions in stress, anxiety and depression. The groups are led by bilingual mental health professionals, with the support of bilingual community workers.

The COVID-19 outbreak has had a devastating impact on CALD communities, especially those with a trauma background and those particularly vulnerable to social isolation. Working through existing community networks and organisational partners, the Mindfulness team provided a number of online group debriefing, mindfulness and stress management sessions. These sessions provided support and guidance with coping strategies for CALD community members and staff from community organisations.



Black Dog Institute StepCare

The Black Dog Institute's StepCare service, an online mental health service used in GP practices, helps identify adults with anxiety, depression, and/or high levels of alcohol consumption. A simple first step to accessing the right care, self-assessment via an online survey removes the barriers that so often prevent people from seeking help. The GP receives the results in real time enabling them to provide timely, cost-efficient early intervention and treatment for patients.

Increased promotion of StepCare included additional practice visits and article submissions in Central and Eastern Sydney PHN's newsletter *Sydney Health Weekly*. Central and Eastern Sydney PHN and the Black Dog Institute also provided GPs with information about available referral pathways as well as inclusion of a treatment guide and a list of Central and Eastern Sydney PHN commissioned referral services.

StepCare was integrated with Digital Health and Practice Support team activities, including regular updates of practice interest, analysis of technical capabilities and educational sessions.

With COVID-19 leading to decreasing numbers of physical visits to GPs, there was reduced promotion as well as usage rates and follow-up assessment. For some community groups, language barriers also emerged.

To address these challenges, research into online delivery methods of StepCare began. This included use of QR codes and URL links in the Australian Government's healthdirect software. Conducting the service through the practice nurse showed initial promising results worthy of further exploration. To address language barriers, we also began investigating validated translations of written content.

Handling COVID-19 lockdown with mindfulness



'When COVID-19 crisis hit its peak, I was struggling with the whole concept of lockdown and having to deal with fear, stress, uncertainty, a loss of a family member and my relationship with myself. Fortunately, we were able to attend HEND's Mindfulness workshop remotely.

By the second week we were eagerly waiting for the session where we learned how to treat ourselves kindly and take things at our own pace. Using mindfulness, we learned how to let grief take its own course and be aware of good things that are happening around us.

The tools and skills that were taught were interesting and useful. If only I had been taught this earlier in my life, things would have been easier.'

Nishat Ara Alam, Mindfulness program participant

Primary Integrated Care Supports (PICS)

To fill service gaps for people who have lived experience of severe mental illness and to link these people into primary health care, Central and Eastern Sydney PHN commissioned One Door to deliver the Primary Integrated Care Supports (PICS) program. The program was evaluated in 2019 and during the year the following improvements were implemented:

- review of caseload and activity targets
- review and refinement of triage and prioritisation criteria
- strengthening of three-way dialogue between credentialled mental health nurses (CMHN), peer workers and consumers to support recovery
- investment in joint CMHN and peer worker team building and CMHN, peer worker and consumer forums and training opportunities
- enhanced capture of baseline client demographic and morbidity data
- development of outcome measures and health indicators based on benefit to consumers, service and system levels.

COVID-19 presented challenges of access to physical health appointments, emergency food relief and links to financial aid services. Access to bulk-billing psychiatrists also remains a challenge for this cohort.

During the COVID-19 outbreak, use of online forums and groups allowed for peer worker facilitated activities to continue. Telehealth support helped make regular contact with consumers easier.

Over the year, close to 1,570 consumers were supported through the program and there were 23,913 occasions of service, both exceeding the KPIs. The program continued to receive positive feedback from consumers with close to 89% of the consumers rating the service as excellent or very high in the YES (Your Experience of Service) survey.

PICS helps Kevin find secure accommodation

A PICS' credentialled mental health nurse saw Kevin each month at the medical centre and provided short health and lifestyle interventions. Slowly she was able to build rapport with Kevin and earn his trust.

Due to his poor living conditions, his mental health nurse was able to have Kevin's application upgraded to priority housing. Within two weeks, a unit in Waterloo became available. Kevin's mother, who had not seen him for some time, was greatly relieved to know he has safe and secure accommodation. Now with his own home, Kevin is more spontaneous, less anxious and is beginning to reach for new goals.

GP Mental Health Shared Care

People experiencing enduring mental illness attend their GP more often but are screened less frequently for common conditions than the general population. As a result, this population have a reduced life expectancy of up to 25 years, with most deaths due to physical causes.

The GP Mental Health Shared Care program aims to better link people who have lived experience of severe mental illness into primary health care. The program provides support to the path of recovery and physical health of a consumer, whose care is shared by a GP and the local health districts.

In 2019–2020 improvement in co-morbidities of physical health, wellbeing and social engagement continued to be shown. There was continued uptake of physical health checks for consumers with links to primary health care. The GP Mental Health Shared Care submission was also accepted into the MHS (Mental Health Services) Conference 2020.

Approximately 428 consumers are being supported through the program and there were 2,676 occasions of service over the year.



SPconnect

Neami National delivers the Suicide Prevention After Care Coordinated Support Service (SPconnect) in partnership with St Vincent's Health Network (SVHN), South Eastern Sydney Local Health District (SESLHD) and Sydney Local Health District (SLHD). This after-care coordination service enhances support for people who present to St Vincent's Hospital Sydney (SVH), Prince of Wales (POW) and Royal Prince Alfred (RPA) hospitals following a suicide attempt or amidst a suicidal crisis.

The SPconnect program managed 316 new referrals and delivered 4,239 hours of support to assist 463 participants to get their lives back on track.

Central and Eastern Sydney PHN will be launching The Way Back Support Service (TWBSS) in 2020–2021 to cover the St George and Sutherland Hospitals. TWBSS focuses on reducing distress for people who have attempted suicide or experienced a suicidal crisis and aims to build connections in the person's community, tailoring support to each person's specific needs, combining an evidence-based approach with personal connection and integration with existing health services.

Commission Services



National Psychosocial Support Measure

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

Information Line for Psychosocial Services

Central and Eastern Sydney PHN developed the Information Line for Psychosocial Services in May 2019 to provide a central contact for information and referrals for people within the community with severe mental illness, who wish 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.

The information line received 177 calls from consumers as well as providers. Of these calls, 31% of all calls were consumers seeking psychosocial support for themselves, or friends and family on their behalf.

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 navigating NDIS. Initially established as a six-month pilot project, the demand was much higher than expected and the project 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, access and planning process as well as test their eligibility for supports under the NDIS criteria and guidelines.

In the first six months of the program, PNAP provided 2,191 occasions of service, received 136 referrals, actively coordinated the NDIS application process with 94 consumers, submitted 26 applications, and had a 95% approval rating.

Outcome assessment scores showed significant and substantial distress and very low wellbeing across the cohort; satisfaction with the program as per the Your Experience of Service survey was good at 4.35 (87%).

Psychosocial Support Transition (PST) program

This 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 eligibility for the National Disability Insurance Scheme (NDIS) by 30 June 2019. The initiative aims to provide short-term support to this cohort as they test eligibility for the NDIS and transition to the NDIS if eligible, or into the Continuity of Supports (CoS) program if ineligible. The program provides one-on-one individual psychosocial support with a mental health or peer worker, as well as a range of group support programs focusing on supporting people to build their individual psychosocial capacity.

Given the transitional nature of these services and the tight timeframes involved, Central and Eastern Sydney PHN procured seven existing providers (Neami National, Stride, Wayside Chapel, New Horizons, Aftercare, Flourish Australia and Mission Australia). This ensured minimal disruption to client support as clients were able to remain supported by their current provider. Staff were also familiar with the appropriate supports as well as with the NDIS testing processes.

A total of 1,055 existing clients from PIR, PHaMs and D2DL programs across the Central and Eastern Sydney PHN region received supports through this program until 30 June 2020. There were 537 NDIS applications submitted, and 165 NDIS decision review applications. Of those, 421 people successfully transitioned to NDIS and 155 to CoS as at 30 June 2020.

Continuity of Support (CoS) program

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

Service delivery models and activities provided through these three mental health programs were combined to provide a consolidated approach to support. 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 responsible support in accordance with program guidance documentation, at times of increased need.

The program provides one-on-one individual psychosocial support with a mental health or peer worker either in the client's home or community, or from one of three provider locations across the region. There is also a range of group support programs focusing on supporting people to build their individual psychosocial capacity.

Central and Eastern Sydney PHN began commissioning activities for the CoS program in July 2019 and awarded the contract to Neami National. The lead for the CoS program, Neami National applied a consortium approach and sub-contracted Wayside Chapel and Flourish Australia to provide services.

The CoS program began in Central and Eastern Sydney PHN region in January 2020 with 125 clients successfully transitioned into CoS between January to June 2020. Between March and June 2020, 1,449 hours of individual occasions of service and 78 group occasions of service (one group session per attendee) were provided with an average of five groups provided per week.

As a result of COVID-19, there were some delays in transition from PST to CoS. Although there were some barriers to accessing groups and individual support, providers adapted supports and activities as necessary to ensure clients remained supported.

Connect and Thrive

Connect and Thrive is a commissioned program which began in April 2019 and 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 office locations spread across our region. The program also offers group support focused on building individual functional capacity.

The program received 405 referrals throughout 2019–2020, showing its value in providing a support service for people experiencing severe mental illness who are ineligible for assistance through the NDIS. Connect and Thrive delivered 6,850 occasions of service to clients individually, and 432 through group supports. Clients were mainly supported to build life skills, increase their access and participation in the community, increase socialisation, become involved in education, find employment both paid and voluntary, and engage in sports or other physical activities.

Clients often presented with complex needs greater than expected in program design which resulted in staff taking on lower caseloads than initially anticipated. Program staff worked closely with clients and collaboratively with other external supports to meet the more complex needs of the cohort.

An internal evaluation of the program showed that in addition to providing psychosocial supports, Connect and Thrive helped:

87%

of evaluation respondents find a GP

72%

find a psychologist

45%

find a psychiatrist

Out of respondents experiencing more complex needs:

67%

felt well supported in housing matters including finding a home.

73%

felt well supported in attending to issues relating to Centrelink.

78%

felt well supported in attending medical appointments.

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.

Commission Services



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

This year saw 60% of all school-aged children participating in the program and 13 local sporting or other active providers joining the program.



Chronic disease self-management program

This chronic disease self-management program began in July 2019 in association with FerosCare and Central and Eastern Sydney PHN, with a part-time local coordinator. Over 20 participants had completed the program with very positive outcomes before the program was paused in March 2020 due to COVID-19 restrictions. Particularly appropriate for Norfolk Island residents, the program provides telehealth opportunities not available locally, and links people with their local GP, chronic disease nurse and other available allied health practitioners.



Alcohol and other drug forums

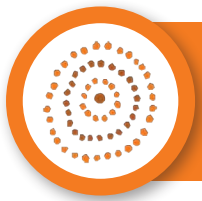
In November 2019, an alcohol and other drugs expert educator was funded by the health promotion program to conduct a number of public and school forums. Approximately 50 people attended the public forum. Following the event, a community-led group was formed to work with NIHRACS, Norfolk Island Police and other service providers to develop an alcohol and other drugs Community Action Plan.

COVID-19 lockdown activities

A series of local health and wellbeing webinars were conducted, including sessions on meditation, physical activity at home, healthy cooking demonstrations, stress management and art therapy. A comprehensive health and wellbeing messaging campaign was also developed using the local slogan 'Te-gadda we el' ('Together, we can').

A health and wellbeing Facebook page was established and updated twice weekly. There was also a weekly email update, fortnightly radio spots, regular website updates and weekly updates in the local papers.

A local graphic designer was engaged to produce images to align with the key health messages of physical distancing, stop any spread – hygiene, look after yourself and others, and know the symptoms. While initially the messages were linked to COVID-19, the campaign broadened to encompass wider health promotion messaging.



Aboriginal health

Our Aboriginal health programs acknowledge the importance of culture, Country and family and address physical, mental, emotional, and social needs.

Health and wellbeing programs

We continued to deliver programs in La Perouse and the inner city of Sydney. We worked with 110 clients and provided 692 occasions of service to individuals. Mentoring camps and school-based programs were held to help participants make strength-based life choices.

Yarning circles bring the community together to discuss issues and share learning as well as support each other in a culturally safe setting. Central and Eastern Sydney PHN funded two yarning circle programs in Glebe and across south eastern Sydney region with 182 participants attending a total of 56 sessions. A monthly Aboriginal Workers Circle for staff working in Central and Eastern Sydney PHN-commissioned services was also added to our yarning circle calendar.

Integrated Team Care

Aboriginal and Torres Strait Islander communities in Central and Eastern Sydney PHN region experience much higher rates of hospitalisation, morbidity and mortality from chronic diseases in comparison to non-Indigenous residents. The Integrated Team Care (ITC) program employs five clinical care coordinators and five Aboriginal outreach workers and aims to integrate acute and primary care services.

The program is delivered under three continuing individual contracts by South Eastern Sydney Local Health District, Sydney Local Health District and a paediatric-focused service provided by Sydney Children's Hospital Network. In the 2019–20 year, 8,434 occasions of service were delivered to 411 clients.

Deadly Choices program

In early 2020, Central and Eastern Sydney PHN entered into a new contract with the Institute for Urban Indigenous Health to collaborate with the Deadly Choices program with Cronulla Sharks NRL in the southern sector of Central and Eastern Sydney PHN. The contract follows on from a pilot program in 2018–2019 to build on the previous success involving Sutherland Shire-based high schools. An Indigenous Program Officer is responsible for developing an educational health promotion program and connecting program participants with locally-based GPs to complete their comprehensive MBS 715 health assessments.

“Through a family centred care approach, we have the privilege of meeting families, listening to their concerns about their child's chronic condition and life stressors, and assist by providing support and linking them into appropriate community based services. We have been told that having a single mobile number to call or text, and knowing who is on the other end of the phone, makes it easy and less intimidating to reach out for help.”

Sydney Children's Hospital Network

Babana Aboriginal Men's Group

Central and Eastern Sydney PHN engaged Babana Aboriginal to provide key messages and information regarding COVID-19 to the local community that could be accessed online at any time of day. This included messaging around health and wellbeing, as well as additional information in the areas of mental health, suicide prevention, and information for community Elders.

This information campaign focused on sharing information and resources through Babana's website and social media platforms as well as maintaining traditional forms of contact with Babana members and the broader Indigenous community. Key messages were disseminated through video grabs and links to key resources such as downloadable posters and fact sheets on the Babana website. These resources were supplemented with text and email campaigns.

This highly successful campaign reached more than one million people between March and May. The social media posts reached 1,054,291 people and actual post engagement reached 342,776 people with a total of 568,708 video views.

Babana's official website received a number of hits and the information page on 'how to have a yarn' for suicide prevention received more than 11,000 hits – the largest number on a three-month cycle since the resource was released more than four years ago. This resource will be expanded.

Commission Services



After hours

Geriatric outreach services

A major part of our after-hours services program involves commissioning geriatric outreach services from SESLHD and SLHD to prevent avoidable emergency department presentations and hospital admissions.

We arranged an external evaluation of Central and Eastern Sydney PHN-funded geriatric outreach services which was completed in December 2019. It revealed that our geriatric outreach services bring significant economic benefits. These include the prevention of ambulance call-outs, emergency department presentations and potential hospital admissions. These services also bring significant benefits for patients and their families.

Central and Eastern Sydney PHN will make a submission to the Royal Commission into Aged Care Quality and Safety highlighting the findings of the evaluation. The submission will focus on the patient outcomes and economic benefits of the geriatric outreach service model of care.

We are planning two further workshops with the participating geriatric outreach services to review and prioritise the evaluator's recommendations, and develop an implementation plan.

With the onset of COVID-19, St George RACF Training and Education Program adapted their service to a clinical coordinator role to manage referrals and intercept ambulance call-outs. The program also provided education and support via telephone and developed educational webinars to support facility staff and allied health practitioners working in aged care facilities.



“My role as Geriatric Flying Squad Clinical Nurse Consultant has evolved since COVID-19 to include triaging all new referrals, monitoring the NSW Ambulance board, monitoring workload of clinical staff, and increasing weekend and after hours efficiency. A webinar to teach residential aged care facility staff to perform respiratory viral swabs on residents to speed up COVID-19 testing has been a very welcome resource. The increased collaboration has been a vital part of the pandemic response for residential aged care facilities in our district.”

Sharon Bolton, Clinical Nurse Consultant, Geriatric Flying Squad, St George Hospital

Inner City Outreach

Kirketon Road Centre's (KRC) (SESLHD) mobile outreach van provides primary health care services to individuals with complex needs who may be experiencing or are at-risk of homelessness in the after-hours period. The outreach team provides assessment, triage, treatment and referrals to primary care for ongoing support as well as care coordination.

In February 2020, the SESLHD evaluated the program from its inception in October 2018 to December 2019. Findings were positive and indicated that the service was reaching its target group and that 23% of participants were from Aboriginal and Torres Strait Islander background.

The evaluation found that the most frequent type of medical care delivered was sexual and reproductive health, followed by hepatitis testing and treatment, and general medical. Participants reported a positive experience of service with assertive referral processes in place, to promote continuity of care from outreach to in-house clinical services.

From April to June 2020, 76.5% of the clients who accessed the Kirketon Road Centre (KRC) Outreach Services identified as homeless. There were 5,491 occasions of service provided during the funding period of October 2018 to December 2019, equivalent to 1,098 occasions of service per quarter.



Alcohol and other drugs

Building alcohol and other drug treatment capacity

Central and Eastern Sydney PHN began our first rigorous alcohol and other drugs needs assessment process in 2016, to support our efforts to increase treatment availability, build a capable workforce to support the diversity of alcohol and other drugs work and also to increase treatment capacity in the primary care setting.

Understanding that more than half of those who seek treatment for their alcohol and other drugs use, also experience a co-occurring mental health issue, we convened a region-wide working group to focus on co-occurring needs. The working group developed a local plan to build system and workforce capacity to deliver integrated care for people with co-occurring mental health and alcohol and other drugs needs.

We have recently worked in partnership with commissioned service providers to improve the collection of routine effectiveness measures and how to use these to improve service quality. Together with NADA and other NSW PHNs, we launched the alcohol and other drug treatment guidelines for working with Aboriginal and Torres Strait Islander peoples in a non-Aboriginal setting. We also continued to support tailored models of care to meet the needs of people exiting custody, people who experience homelessness, culturally and linguistically diverse communities, and people of diverse gender and sexuality.

ACON services for LGBTI communities

Through their Substance Support Service, ACON provides specialist community-based counselling to people of diverse sexuality and gender experiencing problems with alcohol and other drug use, and their family and friends. This is one of a small number of services in Australia that is specifically designed for LGBTI people.

Using a harm reduction approach, counsellors help clients reach their goals to manage use, reduce or quit. The service helps establish connections with supportive networks and relevant services to improve overall quality of life.

The Substance Support Service was recently evaluated by the University of NSW which found the service had a significant impact on the reduction in use of the principal drug of concern and psychological distress and increased client quality of life. It also found LGBTI people were more likely to access the service as they perceived it would better meet their needs, compared to mainstream services. The evaluation identified that 'LGBTI-specific services play

an important role in understanding and responding to the health needs of these communities and in reducing barriers to accessing services' (Evaluation, page 10).

LGBTI people must be able to receive appropriate care wherever they choose to go. In recognition of this, ACON partnered with Network of Alcohol and other Drugs Agencies (NADA) to develop LGBTI Inclusive Guidelines for alcohol and other drug treatment providers to help services become accessible, culturally informed and inclusive. The guidelines were released simultaneously with eLearning guidance from NADA on how to implement gender and sexuality indicators within the intake process. Twenty-nine services completed this training and statistics show a shift in reporting a valid sexuality indicator from 27% in 2017 to 50% in 2019.

ACON's Substance Support Service saw 136 clients. Of those completing routine measures, over 80% showed

“
‘When you come into ACON, it just feels better... I feel more like I am coming to a place which is servicing my community, so that’s why I like it.’

ACON client

Odyssey House

During COVID-19, alcohol and other drug services adapted to restrictions with innovations that have informed ongoing practice. Odyssey House began offering online groups, such as the Relapse Prevention Group, which will continue post COVID-19. Jackson Goding, Service Coordinator, reported that people who may not have attended support groups, or one-on-one support, found it easier to make contact by telephone or online.

You can find out more about Odyssey House programs at www.odyssey.com.au

Commission Services



Preventive health services

Early intervention speech pathology services

It is widely accepted that speech, language, and communication difficulties that are not addressed will prevent a child from reaching their full potential and are associated with a range of psychosocial and emotional disorders. In Central and Eastern Sydney PHN region, the number of children considered as developmentally vulnerable has increased in recent years (MEASURE Evaluation. Indicator compendium for reproductive maternal newborn child and adolescent health 2018).

To address this priority, Central and Eastern Sydney PHN commissions services from Sydney Local Health District, Sydney Children's Hospital Networks and South Eastern Sydney Local Health District to provide early intervention speech pathology services to children from vulnerable families. The services from Sydney Children's Hospital Network are specifically for Aboriginal children, who experience high levels of developmental delays.

By identifying communication difficulties early in children aged zero months to six years, the program aims to lead to better health outcomes. Addressing communication difficulties before they develop and escalate, also results in reduced impact on the health system.

By using non-traditional environments, such as early childcare centres, parenting groups, general practices and childhood health services, access improved. To continue to deliver a quality, accessible and effective service during COVID-19, we adapted our services to telehealth. We will continue to invest in targeted speech pathology services in 2020–2021.

‘Our commissioned speech pathology services offered screening for more than 4,785 children and provided over 2,061 screening assessments.’

**Dr Brendan Goodger, General Manager,
Primary Care Improvement**

Sexual health initiatives

We commissioned the South Eastern Sydney Local Health District to deliver the Integrated Community-based Hepatitis Assessment and Treatment (iCHAT) program. The project supports primary health providers and other health service providers in the assessment and management of hepatitis C in the community.

At UNSW a computer-assisted self-interview (CASI) Kiosk, aims to encourage access to STI testing by CALD male students who may not otherwise attend health services (particularly men who have sex with men). Due to COVID-19 and UNSW transitioning from on-campus learning to online learning, the Kiosk was switched off for several months but has now resumed service.

Diabetes Education in Pregnancy

Our community-based education project, Diabetes Education in Pregnancy – Migrant Communities, continued to successfully promote a greater awareness of diabetes risk in pregnancy and the importance of a healthy lifestyle for women planning a pregnancy. The project expanded to include Arabic-speaking and Nepalese communities as well as continuation within the Bengali, Urdu, Mandarin and Cantonese communities. This project involved comprehensive community engagement and relationship building to develop and promote in-language written and video resources and deliver face-to-face health promotion education sessions.

Despite COVID-19 and the cessation of in-person education in March 2020, the project delivered 29 community education sessions attracting over 400 attendees. Post-event evaluation indicated that 98% of participants had improved their understanding of the risk of diabetes in pregnancy and the benefits of a healthy lifestyle.

Targeted social media marketing of digital consumer resources exceeded expectations and demonstrated the effectiveness of this communication medium for health messaging to CALD communities. The project has been expanded for 2020–2021 to target Mongolian, Indonesian and Rohingya communities.



Aged care support

Stay Standing

This program worked with around 50 local community-based organisations promoting falls awareness and strengthening local provider networks. More than 45 staff from these organisations have been trained in a train-the-trainer model to continue to deliver falls prevention in their local communities. Online resources are also available to support this training.

COVID-19 significantly impacted traditional service delivery and gave us the opportunity to develop innovative telehealth delivery options for the last quarter of the program. Participants engaged with each other and presenters in real time through Facebook and YouTube. They were also able to watch and listen to recordings at a later time using internet-connected devices. Real-time translations were also included to increase the reach to CALD people.



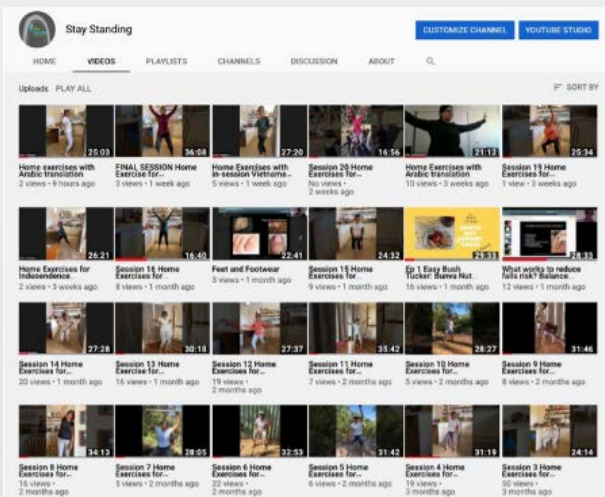
Staying Healthy Living Well

We continued to support older people with chronic health conditions to stay healthy and live well at home through our innovative commissioned telehealth program Staying Healthy Living Well. The program provides virtual one-on-one and group health education sessions to help older people better understand and manage their health. The program helps set health and wellbeing goals and reinforces important messages older people receive from their GP and health care providers.

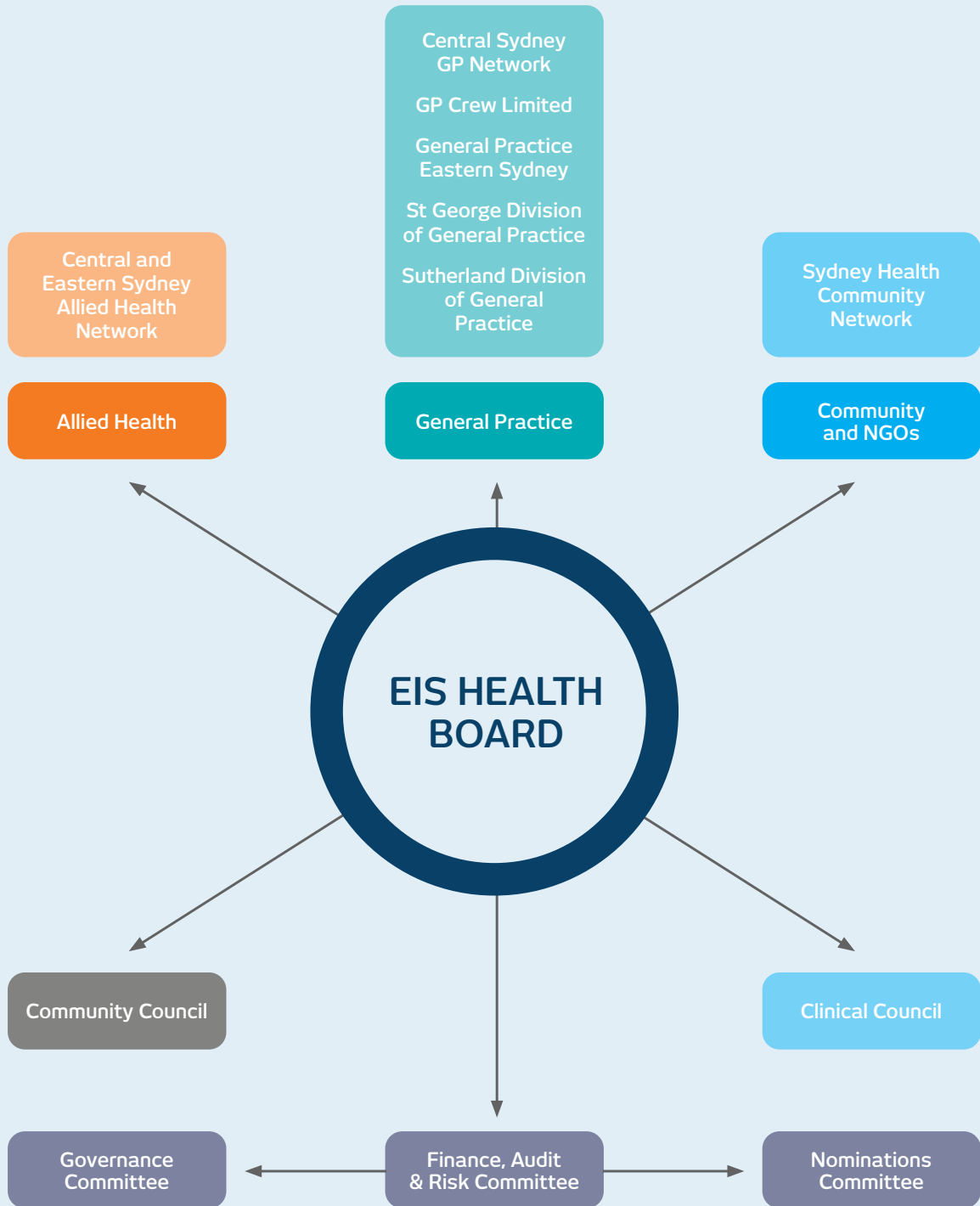
The 12-week program has seen excellent improvements in individual and aggregated health indicators and measures. The program has debunked the myth that telehealth is not suitable for older people, with 92% of clients in Sydney and 88% of clients in Norfolk Island reporting an improvement in their understanding of their health and ability to better self-manage their chronic health conditions. Over 90% reported telehealth support was an acceptable form of supplementary care. Funding for the Staying Healthy Living Well program has been extended to the end of 2020.

“Since its launch in 2018, the Staying Healthy Living Well program has coordinated telehealth coaching for 159 older people in Sydney and 26 in Norfolk Island, improving participants’ confidence and ability to better manage their chronic health conditions.”

Jason Phillips, Aged Care Program Officer



Governance



Our Board

Dr Michael Wright Chair

MBBS, MSc, FRACGP, GAICD

Michael Wright is a general practitioner working in Woollahra, Sydney and a researcher/health economist with the Centre for Health Economics Research and Evaluation (CHERE) at the University of Technology Sydney. Michael completed his PhD analysing the association between continuity of care in Australian general practice and health outcomes in 2019. Michael has previously worked in Queensland and spent four years in the UK, where he worked in private and in a NHS general practice and was a Research Fellow at the London School of Hygiene and Tropical Medicine.

Michael is Deputy Chair of the NSW/ACT RACGP Faculty Board, 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.

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

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



Ms Trisha Cashmere Director (resigned 27 November 2019)

**B. App Science (Phy)(Hons),
LLB, GAICD**

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

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

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

Professor Mark Harris AO Director

MBBS, MD, FRACGP, FAAHMS

Mark Harris is Foundation Professor of General Practice and Executive Director of the Centre for Primary Health Care and Equity at UNSW. He was appointed Scientia Professor 2013–2021. He has substantial experience in health services research and trials on chronic illness prevention and management in primary health care. He was a member of the National Health and Medical Research Council (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 contribution to primary health care research.

Mark was appointed in 2015 as a Fellow of the Australian Academy of Health and Medical Sciences in 2017. He was awarded an Officer of the Order of Australia (AO) in 2018 for distinguished service to education, and to the community, in the area of public health care, evidence-based practice, and equity, as an academic and researcher to refugees.



Mr Chris Tzarimas (Tzar)

Director

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

As the founding director of the Lifestyle Clinic, a local health service operating as a division of the Faculty of Medicine, UNSW, Chris Tzarimas has been involved in numerous local, state and federal health initiatives.

Beginning his career as an accredited exercise physiologist coordinating evidence-based chronic disease management programs, he is currently Chair of the multidisciplinary 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 and Executive Committee of the NSW Cancer Survivors Centre. He is the primary care representative to the Australian Commission on Safety and Quality in Health Care (ACSQHC) and a member of the Central and Eastern Sydney Allied Health Network. Previously he was a Board Director of Eastern Sydney Allied Health Network.

Chris 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).

Mr Rene Pennock

Director from November 2019

**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 an 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.

**Rosemary Bishop**

Director from 20 November 2018

MBA, GAICD, BA (Hons) Dip Ed

Rosemary Bishop is the director of Interdependent, a change management and community engagement consultancy. Before re-establishing Interdependent, Rosemary was the CEO of 3Bridges, an organisation that services the St George, Sutherland, and Central Sydney area to enable community connection and support wellbeing from birth to death.

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

**Dr Sharyn Wilkins**

Director from February 2019

**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 a HealthPathways Clinical Editor for the South Eastern Sydney Local Health District, she also manages a Chronic Wound Assessment Clinic which is a collaboration between the Sutherland Hospital and the Integrated Specialist Healthcare Education and Research Foundation.

**Mr Steven Kouris**

Director

BEC, LLB, LLM

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



Mr Tobi Wilson
Director from November 2019

B Physio, MHSM

Tobi Wilson was appointed to the South Eastern Sydney Local Health District (SESLHD) 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 Masters of Health Science Management at the University of South Australia.



Dr Gary Nicholls
Director

MBBS, FRACGP, MRCP, MRCGP, 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, aiming to improve 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. Gary is a Conjoint Lecturer in Medicine at St Vincent's Hospital Clinical School, University of New South Wales.



Mr Robert Ramjan
Director

AM, BA, BSocStuds

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

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

He is a member of the NSW Mental Health Review Tribunal, a Trustee of the Psychosis Australia Trust and the NSW Schizophrenia Research Trust Fund and 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*, commissioned by NSW Health.



Adjunct Professor
Anthony M. Schembri AM
Director

BSW(Hons) GradDipPubAdmin, MPP, FCHSM, MAASW

CEO of St Vincent's Health Network Sydney, Anthony Schembri AM holds appointments as Board Director for the Garvan Institute of Medical Research, Board Director of the National Centre for Clinical Research of Emerging Drugs of Concern, Board Director of St Vincent's Curran Foundation, Board Councillor of Sydney Partnership for Health, Education, Research and Enterprise (SPHERE) and Co-chair of Australian Catholic University and St Vincent's Nursing Research Institute.

Anthony is an Adjunct Professor in Health Sciences at the Australian Catholic University, Adjunct Professor of the Sydney School of Medicine at the University of Notre Dame Australia and Conjoint Associate Professor of the School of the Faculty of Medicine at the University of New South Wales. He completed the Australian Institute of Company Directors course and is a Surveyor for the Australian Council of Health Care Standards. Anthony was previously employed in general manager roles at Liverpool Hospital, Bankstown Lidcombe Hospital and Fairfield Hospital. Anthony has also held the role of Clinical Director for Allied Health and hospital social work roles.

For his significant service to hospital administration, and to medical research, Anthony was awarded a Member of the Order of Australia at the Queen's Birthday 2019 Honours List.



Governance

Board committees

EIS Health Finance Audit and Risk Committee

Members
Mr Steven Kouris (<i>Chair</i>)
Mr Rene Pennock
Mr Rob Ramjan
Mr Chris Tzarimas
Ms Trish Cashmere (<i>former Finance Committee and former Audit and Risk Committee</i>) – until November 2019
Ms Shirley Liew (<i>member of former Finance Committee</i>) – until October 2019
Mr Ron Switzer (<i>member of former Audit and Risk Committee</i>) – until November 2019

In February 2020, the two Board sub-committees, Audit and Risk and the Finance Committee, were combined to form the Finance, Audit and Risk Committee (FAR), with the first combined committee meeting being held on 3 February 2020.

The Finance, Audit and Risk committee (FAR) provides financial analysis, advice and oversight of the organisations' budget, forecasts and financial performance and to assist 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 (TOR).

EIS Health Governance Committee

Members
Professor Mark Harris (<i>Chair</i>)
Dr Sharyn Wilkins – from March 2020
Ms Rosemary Bishop
Dr Gary Nicholls – until September 2019
Mr Rob Ramjan – until September 2019

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
Mr Rob Ramjan (<i>Chair</i>) – from December 2019
Mr Jonathon Casson (<i>independent</i>)
Dr Gary Nicholls – from December 2019
Ms Janet Green – December 2019
Dr Wayne Cooper – from December 2019
Mr Chris Tzarimas (<i>Chair</i>) – until November 2019
Dr Javier Camargo – until November 2019
Ms Trisha Cashmere – until November 2019

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

Board directors are elected for two-year terms and, each year, half of the Board directors retire. The Committee is responsible for reviewing the Board Skills Matrix and identifying any skills gaps prior before advertising 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.



Governance

Community Council

Meeting schedule: every two months

Number of meetings: 5

Council Members
Ms Amanda Justice , <i>Community Partnerships Manager, Planning Population Health and Equity, South Eastern Sydney Local Health District</i>
Mr Ben Steele , <i>Peer Recovery and Wellbeing Education Project Officer – SESLHD Recovery College</i>
Ms Jane Cockburn , <i>Director, Kairos Now</i>
Ms Janet Green , <i>General Manager, The Junction Neighbourhood Centre, Maroubra</i>
Ms Jenny Smith , <i>Mental Health Consumer</i>
Ms Jessica Crause , <i>Manager, Consumer & Community Relations, SLHD</i>
Ms Julie McCarthy , <i>Physiotherapist, Big Sister Foundation</i>
Ms Julie Millard , <i>Consultant, Community Development and Education in Mental Health</i>
Ms Lexi Buckfield , <i>Senior Project Officer, Strategic Research and Evaluation (Alcohol and Other Drugs), Centre for Population Health, Ministry of Health</i>
Ms Liz Yeo , <i>CEO, Newtown Neighbourhood Centre</i>
Ms Lynda Hennessey , <i>Mental Health Consumer Advocate, SUPER CRO, South Coogee</i>
Ms Magali Mumby , <i>Volunteer Carer Advocate</i>
Dr Mark Bagshaw , <i>Managing Director, Innov8 Consulting Group</i>
Mr Peter Valpiani , <i>CEO, Haymarket Foundation</i>
Mr Scott Sumner , <i>Consultant, Centre for Inclusive Design</i>
Mr Shane Jakupc , <i>Regional Manager, Neami National</i>
Ms Sharlene McKenzie , <i>(Chair) Manager Aboriginal Services – 3Bridges</i>
Ms Suzanna Gooley , <i>Co-founder of ShoutOut Australia Pty</i>
Ms Wendy Suma , <i>Head of Programs, Wayside Chapel</i>

The Community Council provides advice to the Board on:

- ensuring decisions, investments, and innovations are person-centred, cost effective, locally relevant and aligned to local care experiences and expectations
- identifying service gaps
- integrating consumer, carer and community views into levels of primary health service operations, planning and policy development
- advocating on behalf of the community, consumers and carers
- increasing consumer, carer and community participation in the Central and Eastern Sydney PHN region.

During the COVID-19 pandemic, the Community Council played a critical role in providing insight and guidance from a community perspective. The Council identified

vulnerable populations who could be severely impacted by the COVID-19 pandemic, specifically people experiencing homelessness, and what services could provide them with adequate support.

The Council also provided feedback on the introduction of telehealth and challenges arising from its speedy implementation. The Council noted concerns regarding access to telehealth, dealing with complex issues through telehealth, consumers experiencing paranoid illness and disembodied voices using telehealth, and supports for CALD communities needing translation services to fully engage with telehealth.

The Community Council played an important role in identifying the social impacts of COVID-19 to the community and the role of community organisations during the pandemic. The Council provided guidance to Central and Eastern Sydney PHN as to how it can best support these community organisations during that time.

In addition to the COVID-19 support and guidance, the Community Council provided invaluable advice on other issues affecting primary health and the community. The Community Council discussed issues related to alcohol and other drug health and provided comprehensive feedback on the information paper for the Special Commission of Inquiry into the Drug 'Ice'. The Council further discussed alcohol and other drug service models that work well and what service gaps currently exist.

The Community Council continued to guide the Central and Eastern Sydney PHN in its work supporting people living with a disability. The Council contributed to the Central and Eastern Sydney PHN submission for the Disability Royal Commission, providing a community and carer perspective.

The low uptake of 715 Aboriginal health checks in the central and eastern Sydney region was raised and the Council recommended the Central and Eastern Sydney PHN look into the causes of this and ways to increase uptake. This was communicated to the Clinical Council for further discussion from a clinical perspective in practice.

The Community Council provided valuable feedback on the mental health assessment and referral toolkit. Receiving input from individuals with lived experience and those who care for them through the Community Council, was essential to developing an effective toolkit for both health professionals and the consumers they treat.

Central and Eastern Sydney PHN received funding to establish two new domestic violence programs in the region. In the planning of these new domestic violence programs, the Community Council advised Central and Eastern Sydney PHN to fully engage with consumers by consulting with individuals who have lived experience.

A key function of the Community Council is to guide the PHN on how to best engage with the community in its work. The Council specifically provided feedback on the Consumer and Community Engagement Approaches discussion paper. The Council further recommended the PHN actively engage with a greater number of community members and provided ongoing support in the development of this strategy.

“
‘I was humbled to be accepted on this Council as it meant I was entrusted with the voices of carers and the community. My goal is to shine a light on the value of carers and focus on solutions while acknowledging current issues. Years ago, carers were discarded by the medical system. The government was oblivious to their needs and value in decision making. Today, the country realises that carers’ support is crucial to the survival and recovery of their loved ones and of the system. We need to stop playing “power games” and cooperate towards a happier healthier society. I am grateful we can be heard.’

Magali Mumby (Community Council)

“
‘The Council provides guidance in ensuring effective and efficient health care systems and initiatives across the region to meet the primary health care needs of the region’s diverse consumers and communities, in particular the needs of people who live with complex health issues. As a mental health professional, the Council provides an opportunity to use my expertise, knowledge and experience to support and enhance physical and mental health outcomes for people in the region.’

Julie Millard (Community Council)

“
‘After being involved with the Regional Plan for Mental Health & Suicide Prevention last year, I joined the Community Council to participate more in the work CESP HN does as a consumer advocate. The meetings give me insight into the challenges and issues people face. I want to be a part of improving services and programs that the community can access within our region.’

Jenny Smith (Community Council)

“
‘I joined the Community Council to network with other health industry peers and to make informed contributions from my perspective to CESP HN topics of high priority from the Council’s agenda and strategic plan. Also to learn from other speakers regarding their insights and knowledge. That in turn makes me better informed in my work in health.’

Ben Steele (Community Council)

Governance

Clinical Council

Meeting schedule: Every two months

Number of meetings: 6

Council Members
Ms Adele Tahan , Pharmacist, Adore Pharmacy, Rozelle
Dr Alisa Pollack , GP, Sydney Sexual Health Centre
Dr Allison Bielawski , (Chair), GP, Glebe Family Medical Practice
Ms Andrea Ness , Stream Manager Subacute, Ambulatory & Community Services – St Vincent's Health Network Sydney
Dr Annabel Kain , GP, Erskineville Doctors
Dr Ann-Marie Crozier , Medical Director, Hospital in the Home, Sydney Local Health District
A/Prof Frankie Merritt , Psychologist and Head of Aboriginal and Torres Strait Islander Health at the University of Notre Dame
Ms Jacky Peile , Occupational Therapist, Early Links, Caringbah
Ms Jenny Hughes , Practice Nurse, Your Doctors, Leichhardt
Dr Joanne Ging , Director of Clinical Operations, Sydney Children's Hospitals Network
Dr John George , GP, Doctors R Us, Sans Souci
Professor Kathryn Refshauge , Professor Allied Health, Strategic Partnerships, School of Health Sciences, The University of Sydney
Ms Lou-Anne Blunden , Executive Director, Clinical Services Integration and Population Health, Sydney Local Health District
Dr Mary Beth MacIsaac , GP, North West Medical Practice, Gympie
Dr Mona Singh , GP, Bondi Doctors
Dr Nadia Clifton , GP, Ultimo Medical Practice
Dr Nathan Lum , GP, Abbotsford Family Medical Practice Public health registrar
Ms Peggy Huang , Dietician, Exercise Physiologist, Project Coordinator – HETI, NSW Health
Ms Penny Mills , Operations & Practice Manager, Leichhardt General Practice
Associate Professor Peter Gonski , Director of Aged Care and Rehabilitation, South Eastern Sydney Local Health District
Mr Richard Walsh , Pharmacist, Walsh's Village Pharmacy, Maroubra
Mr Trent Carruthers , Exercise Physiologist, Activ8Health Club, Caringbah

The Clinical Council advises the Board on:

- clinical issues that are unique to the needs of the 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.

The Clinical Council raises clinical issues unique to the needs of our region and to provides guidance on opportunities to improve the efficiency and effectiveness of medical and health care services for the people living and working in our region. It makes recommendations on ways to streamline patient care, improve the quality of care and use health resources efficiently to improve health outcomes. This includes creating pathways between hospitals and general practices that influence the follow-up treatment of patients.

The COVID-19 pandemic was a major focus for the Clinical Council including the need for consistent, clear and concise information for both health care providers and consumers, and the need for rapid communication of information. Barriers to communication between the different facets in our health care system, the health impact of COVID-19 particularly on mental health and for vulnerable groups and the impact on service provision, were also topics for discussion, along with the impact on both providers and consumers of the rapid transition to telehealth.

Outcomes of these discussions included a recommendation for a National Communicable Diseases Centre responsible for health communications during the pandemic, advocated for directly to the Department of Health. Guidance from the Council influenced the comprehensive COVID-19 webpage managed by Central and Eastern Sydney PHN as well as the regular email updates distributed to primary health professionals and practices.

Council discussion also led to Central and Eastern Sydney PHN surveying health providers within our area on their preparedness for COVID-19 and the ability to adapt to telehealth. This enabled Central and Eastern Sydney PHN to support practices with the use of telehealth. It also helped ensure ongoing provision of, and access to, health care through support of the RACGP media campaign promoting general practice and identifying and supporting practices experiencing decreased viability as a result of COVID-19.

Following the bushfires, emergency health was a topic of much discussion in early 2020. The Clinical Council assisted in determining the role of primary health in these emergencies and the challenges seen in practice that need to be addressed. The Council provided feedback on their experiences and advised that a regional emergency planning process was required between Central and Eastern Sydney PHN and the LHD to support future coordinated responses.

The Clinical Council has maintained an interest in alcohol and other drug health across the central and eastern Sydney region. The Council discussed and submitted topics and questions for the Special Commission of Inquiry into the Drug 'Ice' roundtable to ensure a primary health perspective was presented. The Council further provided feedback on the Drug and Alcohol Specialist Advisory Service (DASAS) and the Alcohol and Drug Information Service (ADIS).

Communication and digital health were other areas of ongoing discussion. The Council continued to advocate for timely communication and shared access to information between primary care and Local Health Districts and Networks through My Health Record. The need for

streamlined referrals and communication between public and private providers and the crucial role for Central and Eastern Sydney PHN in advocating for these changes was also discussed.

The Clinical Council provided feedback on several other issues including the results of the Aged Care Survey, CPD evaluation findings, and RPA Virtual Clinics. The Committee contributed to the Central and Eastern Sydney PHN Strategic Planning Day and the Central and Eastern Sydney PHN Engagement Strategy.

Council Members' breadth of experience, passion for their work and their drive to improve health outcomes in our region, continued to be an inspiration.

“It allows me to share my knowledge and perspective as a nurse within primary health care. I want to give nurses an included and valued profile and a voice to discuss primary health care provision. Interacting with a committee that influences delivery of health care is exciting; to reflect and examine the services we and look at health care needs with a whole-of-system approach. These valuable community networks are essential in changing the approach to health care delivery and funding allocation. I also wanted to learn from others and look beyond the eyes of a nurse.”

Jenny Hughes (Clinical Council)

“The clinical council brings together health workers of many disciplines from many different sectors of the health system to examine, discuss and plan services to help the local PHN community. The teamwork is necessary to optimise the outcomes and allow strategies to be successfully implemented by minimising silos which fragment many healthcare systems.”

Associate Professor
Peter Gonski (Clinical Council)

“Especially during the current challenges in health, the Council helps CESP HN coordinate action that is both timely and effective. We're also an avenue to spread good news stories. It's equally important to let individuals and organisations across the primary and hospital health care systems know what's working well and what our patients and community appreciate.”

Peggy Huang (Clinical Council)

“To be a member of CESP HN clinical council – all committed and passionate about improving the health, safety and wellbeing of patients – is a privilege. The Council plays a valued role within CESP HN to generate change. I value participating in a process where important clinical issues and programs are raised. The purpose and aim of our meeting is to assess relevance, determine effectiveness, measure efficiency and formulate recommendations. Acting in an advisory role, it reports these findings to the CESP HN Board for consideration and final decisions.”

Penny Mills (Clinical Council)

Governance

Advisory committees

Aboriginal Health and Wellbeing Advisory Committee

In the past year, the work of the Aboriginal Health and Wellbeing Advisory Committee has focused on:

- providing guidance and informing the PHN on current health issues and health service gaps that need to be addressed in Central and Eastern Sydney PHN
- providing an advocacy perspective for Aboriginal and Torres Strait Islander peoples, carers and organisations in the Central and Eastern Sydney PHN region
- evaluating the appropriateness of cultural sensitivity training for local health care providers, staff within the PHN and the Central and Eastern Sydney PHN Board of Directors
- guiding the requirements of a cultural safety framework for commissioned services
- providing expert advice and monitoring progress of the 2018–2020 Central and Eastern Sydney PHN Reconciliation Action Plan (RAP)
- contributing to organisational strategic planning to ensure Central and Eastern Sydney PHN maintains a strong commitment towards improving Aboriginal health outcomes
- determining appropriate support mechanisms of Central and Eastern Sydney PHN's proposed work with Justice Health for transition of care arrangements.

In addition, some members of the Committee had a presence on interview panels for Central and Eastern Sydney PHN staffing as a Reconciliation Action Plan objective to increase employment opportunities for people identifying as being of Aboriginal and/or Torres Strait Islander descent.

The Aboriginal Health and Wellbeing Program Advisory Committee members all live or work in the Central and Eastern Sydney PHN region. The Committee consists of a combination of Aboriginal community representatives, Traditional Owners, Aboriginal-owned and operated business representatives, NGOs working to deliver Aboriginal-specific programs, a GP representative, and Local Health District, Local Health Network and Justice Health and Forensic Mental Health Network representatives. We thank them for their ongoing contributions and valuable assistance and guidance.

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 Advisory Committee has given advice and direction into a number of key After Hours activities including:

- reviewing the Evaluation of the Geriatric Outreach Services funded by Central and Eastern Sydney PHN
- informing the 2019 Central and Eastern Sydney PHN needs' assessment to identify after hours service gaps and barriers within the region
- providing strategic advice in the development of the After Hours Activity Work Plan 2019–2021.

Alcohol and Other Drug Advisory Committee

The Central and Eastern Sydney PHN AOD Advisory Committee is a large diverse group that spans public, private and non-government treatment services, general practice, allied health, research and education, peak bodies and lived experience.

The Committee met in September, December, March and June and discussed issues and priorities within the alcohol and other drug sector to improve the outcomes and experience of people in the region who seek support for their alcohol and other drug use.

The Committee's focus included:

- participating in the Special Commission of Inquiry into the Drug 'Ice'
- providing feedback into the 2019 Central and Eastern Sydney PHN Alcohol and Other Drugs Needs Assessment
- providing feedback on care coordination services
- providing feedback on approaches to service co-design
- advising on the implementation of the Take Home Naloxone trial
- monitoring service changes and use during the COVID-19 outbreak.

Central and Eastern Sydney Regional Mental Health and Suicide Prevention Plan Committees

The Central and Eastern Sydney Regional Mental Health and Suicide Prevention Plan governance structure is comprised of seven groups that meet regularly to oversee the plan implementation.

These groups are:

- Steering Committee
- Implementation Committee
- Planning, Investment, Data and Design Sub-Committee
- Aboriginal Mental Health and Suicide Prevention Working Group
- Communication, Access, Pathways, Promotion and Partnerships Working Group
- Suicide Prevention Working Group
- Workforce and Training Working Group.

CPD Advisory Committees

The three CPD Advisory Committees are comprised of local GPs in the Central and Eastern Sydney PHN region who provide valuable guidance and support to ensure our continuing professional development program is relevant, innovative and meeting the needs of the GPs and health professionals in our region.

The Advisory Committees were paramount in providing advice and feedback as we undertook an external evaluation of the CPD program. The evaluation reviewed CPD delivery and made recommendations to improve event attendance and reach.

The beginning of 2020 marked the start of the new RACGP triennium and new opportunities for online learning and unique face-to-face education sessions. The CPD Advisory Committees played an invaluable role providing guidance which ensured a smooth transition to online CPD. This allowed for the PHN to continue to provide high quality education to primary health professionals despite physical distancing restrictions.

Enhancing Cancer Management in Primary Care Advisory Committee

The Enhancing Cancer Management in Primary Care Advisory Committee consists of eight members including executive representation from Sydney LHD, South Eastern Sydney LHD, St Vincent's Hospital, expertise in cancer management from Cancer Institute NSW (CINSW) and general practitioners.

The Advisory Committee, chaired by Dr Michael Moore, will begin quarterly meetings in September 2020 to provide leadership and oversight of the landmark \$6.9 million project Central and Eastern Sydney PHN is leading under the Australian Government Community Health and Hospitals funding. The aim of the project is to strengthen integration between cancer and palliative care specialists and general practices over the next three years.

The role of the Advisory Committee will include:

- providing project accountability to ensure key deliverables are achieved
- endorsing of governance procedures and policies
- providing integrated and responsive risk management and mitigation
- ensuring adequate resourcing and effective organisational performance.

Key stakeholders in cancer and palliative care and project working groups, including an Evaluation Steering Committee will make project-related recommendations to the Advisory Committee. The expertise and oversight of the Advisory Committee will be a valuable and essential component of ensuring coordinated service implementation across the region and successful achievement of the key aim.

Governance

GP Antenatal Shared Care (ANSC) Advisory Committees

Over 850 GPs are involved in a GP Antenatal Shared Care (ANSC) program coordinated across Central and Eastern Sydney PHN. There are three GP ANSC Advisory Committees overseeing the GP ANSC programs at The Royal Hospital for Women, St George and Sutherland Hospitals, RPA Women and Babies, and Canterbury Hospital. These GP ANSC Advisory Committees are a forum of local representatives with specialist antenatal knowledge supporting the function of each GP ANSC advisors. Each GP ANSC Advisory Committee includes up to four GP advisors to ensure primary care representation and advocacy.

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.

Over the past year, the committees have provided timely advice and support during the COVID-19 pandemic, embracing online communication platforms for committee meetings and successfully continuing the CPD program via webinars.

Ongoing challenges included improving methods of communication between hospitals and GPs to ensure a high quality of integrated patient care, and the continuation of a high quality CPD program using virtual methods.

HealthPathways Sydney Advisory Committee HealthPathways SYDNEY A clear direction for healthcare

The HealthPathways Sydney Advisory Committee provides decision support, direction and leadership to the program team, and ensures program output is relevant to health and social care practitioners and specialists in the Central Sydney area. The Committee has mixed representation from the program partners, Sydney Local Health District and Central and Eastern Sydney PHN as well as various community primary care representatives (GPs, allied health, practice nursing). The Committee:

- advises on program objectives ensuring they are specific, measurable, attainable, realistic and timely
- promotes integration and collaboration between Central and Eastern Sydney PHN, SLHD as well as other affiliated health organisations
- provides oversight, assistance and guidance on the development of new pathways and the prioritisation of the periodic review of previously published pathways
- reviews and endorses pathway publication where required, ensuring compliance with health service principles
- monitors activities, outcomes and provides advice for the direction forward.

Over the past year, the Committee continued to support the operational direction of the program through advice on program and platform structure. A particular focus was the Periodic Review process and the conversion of service information to the more dynamic HealthPathways Provider Directory. The Committee also ensured that core objectives and the needs of stakeholders were being met and provided guidance to the offshoot SLHD GP Electronic Referral Project.

The program moved to a quarterly meeting structure, a reflection of the stability of the program's operations and overall direction. As with most committees, activities at the end of the year needed to be curtailed reflecting the change in priorities of the program team as part of the SESLHD COVID-19 response.

South Eastern Sydney HealthPathways Advisory and Governance Committee

The South Eastern Sydney (SES) HealthPathways Advisory and Governance Committees have members from all program partners (Central and Eastern Sydney PHN, SESLHD, SVHN and SCHN). The Adult Advisory Committee also has local GP Chairs and the program's GP Clinical Lead.

These committees provide high-level advice and strategic direction for the SES HealthPathways program team. The committees also assist with prioritisation of pathway development where required.

A working group was formed with representation from each partner organisation to assist with the evaluation of the program. The committees will be overseeing this process and providing strategic direction in response to any evaluation recommendations.

The program memorandum of understanding will be renewed ready for 1 July 2021 and these committees will be part of the process of ensuring all partners are willing to re-sign.

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, 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.

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

- discussion and feedback on the development of the Mental Health and Suicide Prevention Regional Plan
- consultation regarding the 2019 Alcohol and Other Drug Needs Assessment
- consultation on the increase in suicides in the Aboriginal and Torres Strait Islander population in the region in 2019
- consultation on the 2019–2020 bushfire season and related mental health and suicide prevention strategies
- lived experience feedback on PHN Stepped Care Workshop in Canberra, 2019
- discussion and feedback regarding Central and Eastern Sydney PHN's mental health and suicide prevention activities.

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



The PCMN and GP Clinical Leads Advisory Committee was established to give direction, and clinical advice on the development and implementation of the PCMN program. The PCMN program provides tailored support to participating general practices so that they can achieve the highest levels of accessible, comprehensive, coordinated and person-centred care. The current Committee consists of general practitioners, a practice manager, practice nurse, a consumer, and representatives from Central and Eastern Sydney PHN.

In 2019, the Committee was actively involved in the review of the existing PCMN program and provided valuable input in the direction of the program. The Committee noted that the program was successful in supporting practices to undertake quality improvement in person-centred concepts, including engaged leadership, data quality and team-based care. In 2020, the Committee guided the redesign of the PCMN program and supported the inclusion of digital health technologies and care coordination in the program framework moving forward.

The addition of an allied health professional to the PCMN Committee will be an important next step. Over the next 12 months, the Committee will continue to meet every four months to assist with addressing program design issues and risks, to share ideas and provide feedback on the program.

Governance

Member networks

Our seven member networks have a combined membership of 1,094 individuals and 80 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.

Member network governance

The member network Chairs, as representatives of their member organisations, vote for the eight elected Board Directors and approve any changes to the constitution. In September, we held a General Meeting where the Chairs approved changes to the constitution allowing a fourth appointed director and a maximum of 12 Board Directors as well as three-year terms for Directors.

Every quarter, the member network Chairs meet with our Board Chair and the Central and Eastern Sydney PHN Executive. This year saw increased engagement between the Board and the member Chairs with Board directors rotating attendance at these meetings. These meetings provide valuable advice to the PHN and the Board.

Clinical communication

Our general practice networks have a strong focus on improving clinical communication between hospitals and general practice. Priorities this year have included improving access to outpatient clinics, communication of COVID-19 results from LHDs to GPs, and electronic referrals.

Education

The networks provide valuable guidance to ensure our continuing professional development program is accessible across the region. A key focus for the allied health network this year was how to attract more allied health professionals to CPD events.

Advocacy

The member Chairs have been strong advocates for their members in relation to the COVID-19 response, providing feedback to the PHN around access to PPE, infection control and pandemic preparedness, access to GP respiratory clinics and advice on the information needed by their members. How to improve the process of ordering and distributing flu vaccination was another area where the member Chairs were strong advocates.

Engagement

The member networks are an important mechanism to facilitate engagement with GPs, allied health professionals and community organisations. This year there was a strong focus on how best to engage allied health professionals and community organisations.

We are very grateful for the contribution of the following member Chairs in 2019–2020:

- **Central and Eastern Sydney Allied Health Network:** Peggy Huang and Trent Carruthers
- **Central Sydney General Practice Network:** Dr Margot Woods (until October 2019) and Dr Javier Camargo
- **GP Crew:** Dr Hilton Shapiro
- **GP Eastern Sydney:** Dr Sue Iland
- **St George Division of General Practice:** Dr Wayne Cooper
- **Sutherland Division of General Practice:** Dr Owen Brookes
- **Sydney Health Community Network:** Janet Green.



ShireGPs

Sutherland Division of General Practice



THE ST GEORGE DIVISION OF GENERAL PRACTICE INC



General Practice Eastern Sydney



gp crew

Operations

Our organisation

The Central and Eastern Sydney PHN organisational structure is informed by our Strategic Plan 2019–2021.

<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 	<ul style="list-style-type: none"> • Mental Health and Suicide Prevention • National Psychosocial Support Measure • Alcohol and other drugs • Aboriginal health and wellbeing • After Hours
<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 CEO

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 GP, 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 wider community. Having maintained an active presence in general practice for most of his career, 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 to design, to implementation and evaluation.

Brendan is committed to finding innovative service solutions to longstanding 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 25 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 and continuing professional development (CPD). Other responsibilities include engaging with Clinical and Community Councils and our member organisations, and planning and performance.

Nathalie has worked in health care management for 20 years. Nathalie was previously General Manager, Corporate Services and was responsible for planning and engagement at Central and Eastern Sydney PHN and Inner West Sydney Medicare Local. 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.



Richard Vaughan General Manager, Corporate Services

BA (Hons)

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

Previously, Richard held several finance and commercial management roles within the corporate sector. In 2009, Richard took on the role of Business Manager at the Wayside Chapel in Sydney's Kings Cross.

Returning to his native United Kingdom for several years, he worked in local government managing major construction projects as part of the national primary school expansion scheme. Richard is currently on hiatus from the University of Technology, Sydney where he is studying a Master of Management which focuses on the community and not-for-profit sector.



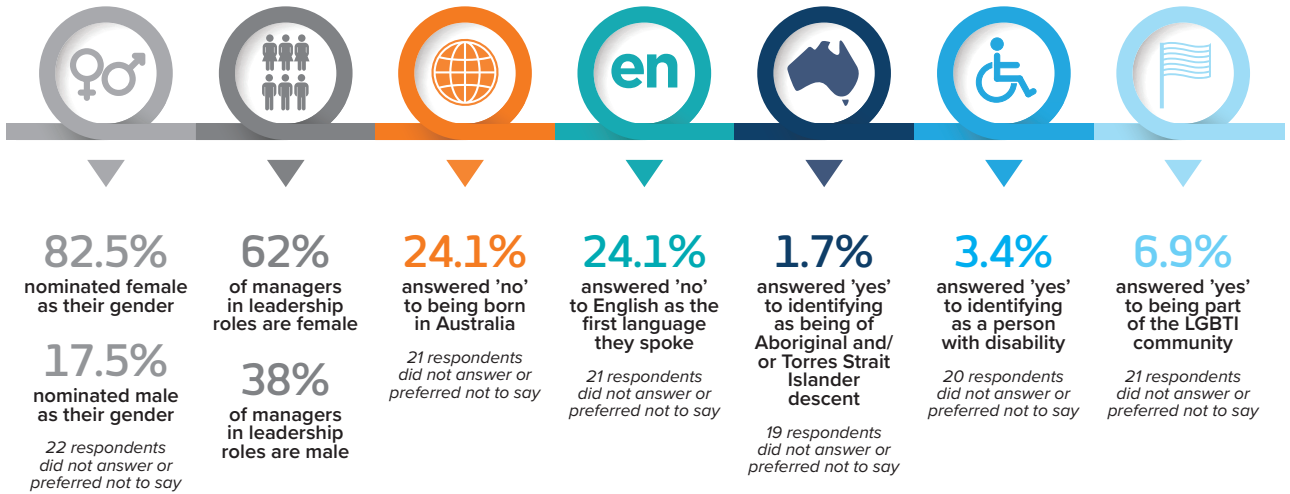
Operations

Our people

Fostering a diverse and flexible workforce

Central and Eastern Sydney PHN had 99 employees including 88.8 full-time equivalent (FTE) at 30 June 2020. We strongly support flexible working and part-time employment.

Employees by Division	Clinical Services	Corporate Services	Planning and Engagement	Primary Care Improvement	Total
Full-time equivalent (FTE)	29.3	14.4	14.5	30.7	88.8
Total employees	32	15	17	35	99



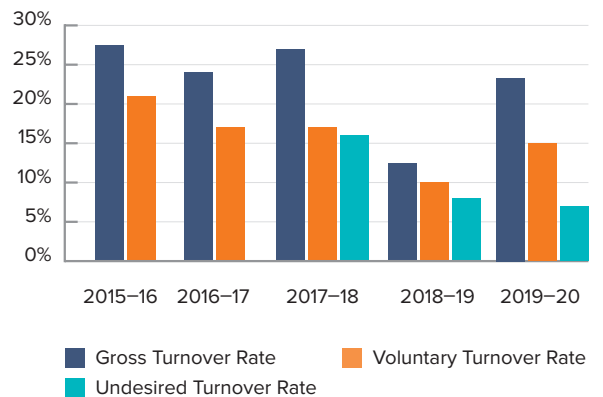
Retaining staff

In 2019–2020 there was a reduction of staff in our Corporate Services stream as part of our drive towards a leaner organisation.

There was an increase in gross turnover compared with the previous year. This was partially due to outsourcing several services previously delivered by staff directly employed by Central and Eastern Sydney PHN. In most cases, those staff obtained other roles within the organisation delivering the service.

The number of staff voluntarily leaving Central and Eastern Sydney PHN also increased slightly on the previous year. Of the staff choosing to leave Central and Eastern Sydney PHN, 30% moved interstate or overseas which is a significant contributing factor to the spike in staff leaving voluntarily.

Turnover as a % of total staff employed in each FY



Meeting the challenges of COVID-19

Although we were largely prepared in terms of technology and infrastructure, COVID-19 presented particular human resources challenges. Our focus was on human resources support, communications and engagement with staff to mitigate the impacts of working remotely full time.

Support included frequent consultations with staff, focusing on safety, wellbeing and work-life balance. A survey of all managers within Central and Eastern Sydney PHN revealed there was a 100% positive response when asked if they felt the organisation had adequately protected the safety of the workforce.

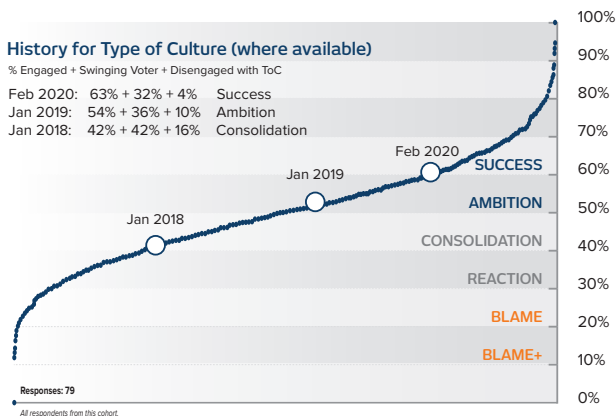
Developing our staff

We have become the learning and training environment we aspired to be with the staff training ethos now well established. Regular training sessions have become a normal part of our calendar including an annual all-day staff training event. We also commissioned a modular training workshop focused on outcomes-based commissioning for all of our commissioning staff.

All staff in practice support have now received training in quality improvement, with some staff working towards a Certificate IV. Presentation training and procurement training for our staff has also been established as business as usual.

Fostering a culture of success

In February, we again took part in a Pulse Check survey to identify where we sit alongside other PHNs in a range of areas relating to work culture. We saw a significant improvement in engagement, with a 9% increase on the previous year in staff members who identified as engaged. We have moved from a culture of ambition in early 2019 to a culture of success.



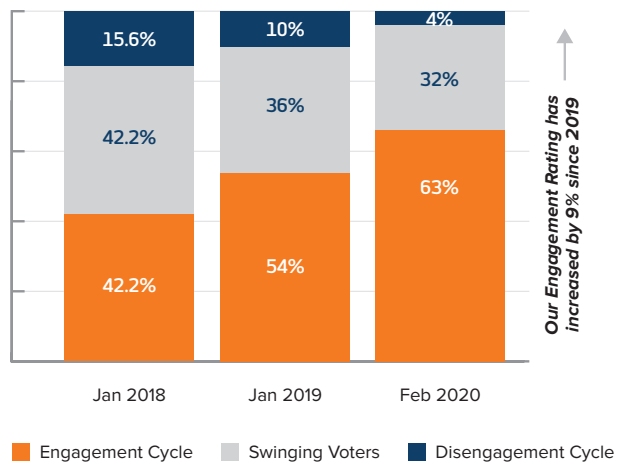
>60%
engagement

Culture Success

- Employees are very positive about tackling problems – 'Can do' mentality.
- Very close-knit, very cohesive, very focused.

Engaging our staff

Our overall engagement ratings continue to improve. The number of Central and Eastern Sydney PHN staff in the disengagement cycle has reduced from being at the industry standard in 2017–2018, to being 73% better than the industry standard in 2019–2020. The number of employees who are engaged (63%) is 37% higher than the industry standard (46%).



96% of staff stated that we offered adequate flexibility and 92% have a strong sense of being a valued member of their team.

Testimonies from staff on why they believe the Central and South Eastern Sydney PHN is a truly great place to work included:

Great staff, we do good work, the culture and benefits are pretty good.

Opportunity to make a difference; relatively easy to get things done; supportive relationships between people who work here.

Flexibility, working from home. Ability to talk directly and openly with managers. No 'ivory tower'. My manager is so approachable and always willing to assist and listen if you have any concerns.

Operations

We have reviewed the findings of the Pulse Check survey in our teams and streams and have developed an action plan to address five areas for improvement:

- collaboration
- management coaching
- learning and development
- communications
- career development.

Recognising staff excellence

We continued our quarterly 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.

The awards program continued to be a successful initiative to celebrate outstanding achievements in the workplace and encourage recognition amongst colleagues. It is an important program in furthering a positive culture within Central and Eastern Sydney PHN.

Fostering a sense of belonging

We pride ourselves on being a friendly workplace and offered multiple events over the year to encourage staff to get active, build social connection, and strengthen relationships within Central and Eastern Sydney PHN. We are very grateful to the Social Committee who organised regular activities including yoga, the popular steps challenges, tennis and basketball games. We also established a music club and book club.

Whole-of-office activities in 2019–2020 included an anniversary celebration of one year in Mascot, a NAIDOC week movie event, R U OK presentation, and our fabulous end-of-year celebration at Portenos in Surry Hills.

Charities we supported included Wear it Purple, Jeans for Genes and Red Cross blood donations. For mental health month in October, our staff led a wide variety of activities including dance aerobics, basketball, craft club, tennis, running clinic, yoga and a bath salts workshop.

Strengthening our internal communications

We continued our weekly Monday CEO updates shifting to online updates in March when most staff transitioned to working from home due to COVID-19. These short updates allowed everyone to quickly learn about major activities and build a sense of connection across the organisation.

One of the highlights during the COVID-19 lockdown was our haiku competition where staff contributed short poems to convey their experience of working in isolation. We also published six staff newsletters profiling new staff members, staff holidays, births and pets. For our June edition, we interviewed several staff about their experience of working from home.

Lockdown haiku

**Business on the top
But PJs on the bottom
Fooling nobody**

Ellie

Working from home now.

**Fewer kitchen break catch-ups,
But plenty of snacks.**

Willhemina

A virus blanket

**Has grounded the world with fear
But I am hopeful**

Riva



Delivering the Reconciliation Action Plan

Central and Eastern Sydney PHN's inaugural Reconciliation Action Plan (RAP) for 2018–2020 reinforces Central and Eastern Sydney PHN's commitment to foster positive relationships with Aboriginal and Torres Strait Islander peoples and communities. Focusing on the three key foundations of respect, opportunities, and relationships, the RAP ensures our practices and programs reflect our vision.

Our external Aboriginal Advisory continued to meet quarterly and provided strategic advice on plan initiatives. A cross-organisation RAP working group met monthly to monitor RAP implementation progress. A key initiative to acknowledge COVID-19 physical distancing restrictions was to develop and initiate an educational online quiz. The quiz was accessed by several commissioned services and other organisations, some as far afield as Western Australia.

Of the 104 deliverables, which are listed under 25 actions in the Innovate RAP, 88 have been completely achieved, seven partially achieved (work in progress) and nine impacted by COVID-19. These included meeting procurement targets, recruitment of 3% Aboriginal staff, offering placements to Aboriginal students and identifying and promoting staff volunteering opportunities in Aboriginal organisations. Another impact of COVID-19 was the need to delay office-based and group activities. Reconciliation Australia granted an extension for the current RAP to 31 December 2020.

“Since the launch of the Reconciliation Action Plan, I've seen more interaction between Central and Eastern Sydney PHN and Aboriginal people. Central and Eastern Sydney PHN has been working with GPs to ask patients whether they identify as Aboriginal or Torres Strait Islander. Many Aboriginal people have been employed through commissioned services and have been included in practice support, mental health, immunisation and NDIS programs.”

Bill Ramage, Central and Eastern Sydney PHN Aboriginal Health and Wellbeing Advisory Committee member

Our administration

To enable all staff members to work remotely, whether from home or on the road, we provided each staff member with a SIM-enabled laptop in July 2019. We also moved to an entirely cloud-based information technology infrastructure. At this time, we also reviewed our employer work, health and safety obligations and audited our working from home agreements and corresponding health and safety checklists.

To manage the COVID-19 outbreak, we implemented our business continuity plan (BCP) in mid-March. We closed our Mascot offices to all staff except for a small team needed onsite to distribute PPE and complete other activities. We were able to maintain productivity through the transition to COVID-19 restrictions. An advantage of the cloud-based infrastructure is the ability for IT administrators to assist staff without needing to be onsite.

Our basic infrastructure allowed the whole organisation to work remotely while we focused on refining and adding value to the work experience with online tools and office-grade technology hardware to any staff who requested it. As at the end of June 2020, we continued to work under the initial COVID-19 restrictions and remote working.



Partnerships

Achieving better health outcomes through strong partnerships.

Partner

We recognise that working in partnership with stakeholders will achieve better outcomes than working in isolation. Partnerships are the basis of how we work and provide opportunities for our stakeholders to identify issues where primary health care can make a real difference to health outcomes.

Our partners include consumers, GPs, allied health professionals, local health districts, specialty health networks, professional associations, social services, non-government and community-managed organisations, other PHNs, and other health and human services.

We continued to collaborate with our partners on projects and informed our stakeholders of new developments and opportunities in primary care. Our Community and Clinical Councils and member networks also continued to play an important role in fostering these partnerships.

Co-design

Wherever possible, we involve our stakeholders in design of our services. We held co-design workshops in 2019–2020 to develop the:

- Continuity of Support (CoS) program
- The Mental Health in Residential Aged Care Facilities program
- Aboriginal suicide prevention strategies
- GPCanShare shared cancer care program
- Diabetes Resource Collaborative.

The Mental Health and Suicide Prevention Advisory Group and the Aboriginal Health and Wellbeing Advisory Group contributed to the co-design process.



Collaborate

We held the following major stakeholder events:

- All Things Aged Care 3.0, held in September and attended by 40 people
- 2019 Strategy Day, held in October and attended by 65 people
- Rethinking Mental Health 6.0, held in November and attended by more than 75 people.

These annual events continued to provide important opportunities to highlight our work and to hear from our stakeholders on local needs and priorities.

Consult

We sought feedback from general practitioners, allied health professionals and community organisations on their awareness of PHN programs and services as well as their views on service gaps and areas of improvement. Respondents included 106 GPs, 75 allied health professionals and 31 community organisations.

Respondents provided high positive ratings for a number of Central and Eastern Sydney PHN's programs and services. For GPs, this included the Antenatal Shared Care Program, immunisation support, CPD program, HealthPathways, GP Psychiatry Support Line and the Mental Health Shared Care Program. For allied health professionals, the highest positive ratings were for interpreting services, HealthPathways, Aboriginal Cultural Awareness Training and secure messaging.

Central and Eastern Sydney PHN actioned several recommendations from the survey, including:

- more targeted promotion of HealthPathways
- updating and improving Psychological Support Services (PSS) referral processes and working with PSS providers to address demand management
- developing a Central and Eastern Sydney PHN services guide to be released in late 2020.

Overall, GP satisfaction levels with Central and Eastern Sydney PHN remained similar to the levels reported in 2018 with 62% of GPs reporting high to very high overall satisfaction levels. The higher proportion of respondents reporting low/very low satisfaction levels (15% versus 7%) can be attributed to a change in methodology where a proportion of less engaged general practitioners were deliberately surveyed.

Overall Satisfaction	2018 (%)	2019 (%)
9–10 Very High	15	16
7–8 High	47	46
5–6 Moderate	31	23
0–4 Low/Very Low	7	15



Communicate

Our weekly eNewsletter, *Sydney Health Weekly*, has been tailored to different audiences to ensure our stakeholders receive the most relevant information in the most efficient format.


During the bushfire emergency, Central and Eastern Sydney PHN also developed and promoted a dedicated webpage with key information, resources and services for primary health professionals.

Timely and informative communications were crucial in supporting primary health care during the COVID-19 pandemic. We quickly developed a dedicated webpage with the latest localised information for primary health professionals, as well as regular weekly email updates. In June, we launched a *CHECK-IN with your GP* campaign aimed at encouraging people to visit their doctor.


Social media provided a critical platform to actively engage with different stakeholders and disseminate accurate information throughout the bushfire emergency and COVID-19 pandemic. Our Facebook following as at June 2020 was six times that of June 2019.


Central and Eastern Sydney PHN distributed regular program-specific eNewsletters for immunisation, antenatal shared care, and alcohol and other drugs. We also published four editions of our quarterly publication *Sydney Health Issue*.

We introduced a new quarterly publication *Eora Health Messenger*. This community online and print resource provides information for Aboriginal and Torres Strait Islander community members about Central and Eastern Sydney PHN's commissioned services, programs, referral pathways and associated health promotion activities.




Your general practice is safe to visit in person.





You can also have your appointment over the phone.



Evidence

Committing to evidence-based practice and an ongoing cycle of improvement.

Needs assessment

Our formal needs assessment process informs our planning and feeds into our activity work plans. The needs assessment considers the health and service needs of our region. This includes priority groups and areas within the Central and Eastern Sydney PHN region with higher needs, unique challenges or emerging concerns, as well as the functioning of the primary care system in terms of accessibility, coordination, integration and the workforce.

We updated the needs assessment in November 2019 to include new data and feedback from stakeholder consultations. To allow for more transparent performance monitoring, we assigned new priority areas and formulated expected outcomes for each priority area:

Priority 1: Population health
Priority 2: Aboriginal and Torres Strait Islander health
Priority 3: Older Australians
Priority 4: Regional priority areas
Priority 5: Mental health
Priority 6: Alcohol and other drugs
Priority 7: Access, integration and coordination
Priority 8: Workforce.

Activity work plans

We restructured the Activity Work Plans (AWPs) for 2020–2021 to better align them with Central and Eastern Sydney PHN's strategic goals of improve practice, integrate systems and commission services. All six AWP's were approved by the Australian Government Department of Health and are available on Central and Eastern Sydney PHN's website:

- Core funding
- Primary mental health care
- National psychosocial support
- Integrated team care
- Drug and alcohol treatment services
- After hours primary health care.

Performance reporting

Central and Eastern Sydney PHN regularly monitors its performance against a set of indicators under the PHN Program Performance and Quality Framework. The Department of Health's first annual assessment in April 2020 found Central and Eastern Sydney PHN met all six outcomes that contribute to being a successful and capable commissioning organisation.

The Central and Eastern Sydney PHN Evaluation Framework outlines the guiding principles for undertaking program evaluations and provides a structure for ensuring a consistent approach to evaluation and the selection of indicators to assess intended outcomes. We continued to develop evaluation plans that include a program logic and data collection plan for all Central and Eastern Sydney PHN programs.

We also conducted the following evaluations of commissioned services in 2019–2020:

- Primary Integrated Care Support Program
- Geriatric Flying Squad and outreach services
- NewAccess coaching for Aboriginal and Torres Strait Islander peoples.

Mental health initial assessment and referral

A clinical initial assessment and referral (IAR) tool was designed by the Department of Health to determine the most suitable level of care when referring to PHN-funded programs nationally. The goal of the standardised referral tool is to ensure all Australians receive the appropriate level of care, irrespective of where they seek this care. The IAR tool provides valuable clinical information and guidance to referrers about suitable levels of care for the clients.

The department called for expressions of interest from PHNs to evaluate the implementation of the tool. Central and Eastern Sydney PHN was one of nine PHNs involved in the evaluation. With GP support and input, the Central and Eastern Sydney PHN project team developed working models for mental health intake and triage processes.

The GPs were impressed with the clinical utility of the tool and the eight IAR domains were successfully incorporated into the new Psychological Support Services (PSS) and Primary Integrated Care Service (PICS) referral form. These domains include symptom severity, comorbidity, and other contextual factors such as access to support.

Mariam Faraj (General Manager, Central and Eastern Sydney PHN Clinical Services) and Belinda Ivanovski (Central and Eastern Sydney PHN Mental Health Manager) spoke about the implementation process of the IAR at the 5th National PHN Stepped Care Workshop in Canberra on 13 November.

Data collection for the project began in March 2020 with Central and Eastern Sydney PHN meeting the required targets during the collection period. A series of workshops for referrers, PHN staff and consumers, was held via videoconference. These sessions provided valuable feedback on the face validity of the tool and its implementation.

Central and Eastern Sydney PHN will continue to use the IAR tool which provides valuable clinical information and guidance to referrers about suitable levels of care for their clients.

Research

During 2019–2020, we collaborated with our region's leading researchers and together submitted 12 National Health and Medical Research Council (NHMRC) grant applications. We also participated in the following research projects:

- Strengthening Care for Kids Project, Sydney Children's Hospital
- Integrated Liver Toolkit and education program for the management of liver cancer in primary care, Cancer Institute NSW
- Management of Chlamydia Cases in Australia (MoCCA) Project, University of Melbourne
- ARC Research Hub to combat Antimicrobial Resistance, University of New South Wales
- Community Health Navigators in General Practice, University of New South Wales
- Pasifika Preventing Diabetes Programme, Western Sydney University.

Data governance

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. We also have a responsibility to maintain the trust of our data providers, data recipients and stakeholders in acquiring, handling and releasing data.

Central and Eastern Sydney PHN's Data Governance Committee was established in May 2019. During 2019–2020 the Committee made significant progress in laying strong foundations for data governance. This included:

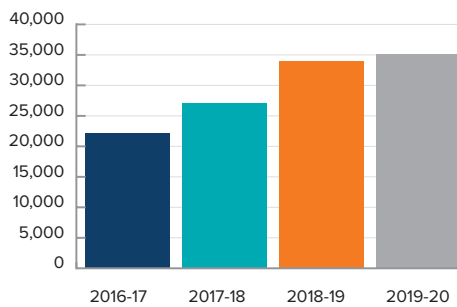
- identifying the data assets that need to be governed
- assigning data sponsors, custodians and stewards for each data asset
- standardising data collection and analysis tools
- developing policies and procedures including our Data Governance Framework
- building awareness and capability.

Financial Performance

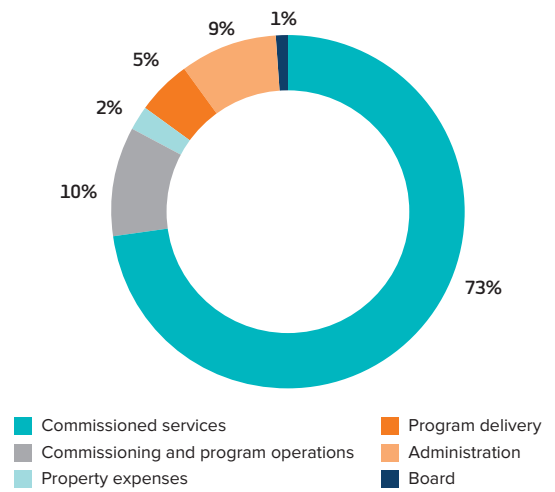
CESPHN was well prepared for the challenges presented to business continuity by the COVID-19 pandemic. The financial statements reflect that despite the impact of COVID-19 on the Australian economy during this period, the Company was able to support primary care and our commissioned providers in the delivery of services, and to support all staff to continue to work without interruption without accessing government subsidies. Commissioning expenditure continued the trend of year-on-year growth in 2019–2020, which exemplifies the maturity of the Company’s commissioned services programs.

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

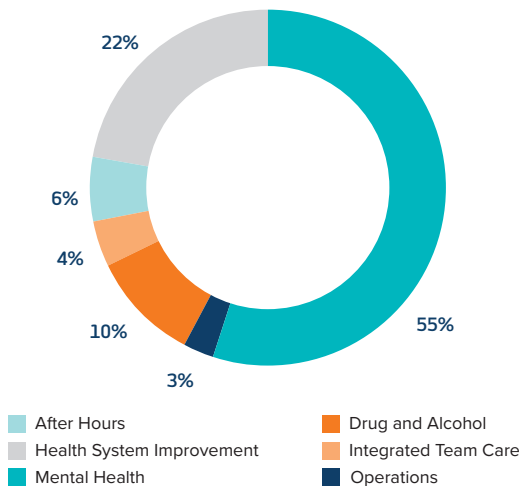
Funds distributed to commissioned providers



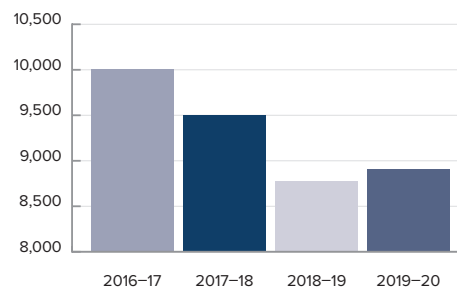
Expenses by nature



Funding by program



Employee benefits expenses





EIS HEALTH LIMITED
ABN 68 603 815 818

Summary Financial Report
For the Year Ended
30 June 2020

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

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

A copy of the Company's 2020 full financial statements, including the independent audit report, is available to all members and will be sent to members without charge upon request.

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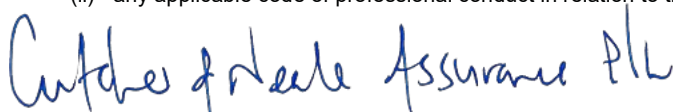
EIS Health Limited

ABN 68 603 815 818

Auditor's Independence Declaration

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2020 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

8 September 2020

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 2020, 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 2020.

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 16 September 2020.

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

16 September 2020

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Newcastle 25 Bolton Street (PO Box 694) Newcastle NSW 2300 T 02 4928 8500 F 02 4926 1971 E cnmail@cutcher.com.au
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Innovative thinking. Traditional values.

EIS Health Limited

ABN 68 603 815 818

Directors' Declaration

The Directors of the Company declare that:

The Directors of the Company declare that the summary financial statements of EIS Health Limited for the financial year ended 30 June 2020, as set out on pages 15 to 22:

- (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
..... 94673DED1F82486...

Director
..... 7E146D6D335B447.....

Dated 15 September 2020

EIS Health Limited

ABN 68 603 815 818

Summary Statement of Surplus or Deficit and Other Comprehensive Income For the Year Ended 30 June 2020

		2020	2019
	Note	\$	\$
Revenue	2	47,570,193	46,164,855
Other income from ordinary activities	2	603,782	953,642
Employee benefits expense		(8,935,310)	(8,571,026)
Amortisation expense		(488,704)	-
Occupancy expense		(347,575)	(2,345,686)
Program delivery expenses		(36,836,568)	(34,195,904)
Management and administration expense		(1,461,550)	(1,892,104)
Interest expense on lease liabilities		(71,811)	-
Surplus / (deficit) before income tax		32,457	113,777
Income tax expense		-	-
Surplus / (deficit) after income tax		32,457	113,777
Other comprehensive income		-	-
Total comprehensive income		32,457	113,777

The accompanying notes form part of these financial statements.

EIS Health Limited

ABN 68 603 815 818

Summary Statement of Financial Position As at 30 June 2020

	Note	2020 \$	2019 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents		17,356,929	16,425,413
Trade and other receivables		316,523	1,029,027
Other assets		553,548	112,918
TOTAL CURRENT ASSETS		<u>18,227,000</u>	<u>17,567,358</u>
NON-CURRENT ASSETS			
Property, plant and equipment		1,106,289	1,631,351
Right-of-use assets		1,563,038	-
TOTAL NON-CURRENT ASSETS		<u>2,669,327</u>	<u>1,631,351</u>
TOTAL ASSETS		<u>20,896,327</u>	<u>19,198,709</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables		6,204,795	7,098,853
Other liabilities		10,584,120	9,125,930
Employee benefits		692,524	699,947
Lease liabilities		465,832	-
TOTAL CURRENT LIABILITIES		<u>17,947,271</u>	<u>16,924,730</u>
NON-CURRENT LIABILITIES			
Employee benefits		177,401	219,136
Provision for make good of premises		150,000	100,000
Other liabilities		1,106,290	1,631,351
Lease liabilities		1,159,416	-
TOTAL NON-CURRENT LIABILITIES		<u>2,593,107</u>	<u>1,950,487</u>
TOTAL LIABILITIES		<u>20,540,378</u>	<u>18,875,217</u>
NET ASSETS		<u>355,949</u>	<u>323,492</u>
FUNDS			
Accumulated Surplus		355,949	323,492
TOTAL FUNDS		<u>355,949</u>	<u>323,492</u>

The accompanying notes form part of these financial statements.

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EIS Health Limited

ABN 68 603 815 818

**Summary Statement of Changes in Funds
For the Year Ended 30 June 2020**

	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>
	Accumulated Surplus
	\$
Balance at 1 July 2018	209,715
Total other comprehensive income	<u>113,777</u>
Balance at 30 June 2019	<u>323,492</u>

The accompanying notes form part of these financial statements.

EIS Health Limited

ABN 68 603 815 818

Summary Statement of Cash Flows For the Year Ended 30 June 2020

	2020	2019
Note	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from government grants and services	54,666,388	44,588,036
Payments to suppliers and employees	(53,414,507)	(47,169,297)
Interest received	215,828	399,347
Interest paid	(71,811)	-
Net cash provided by (used in) operating activities	<u>1,395,898</u>	<u>(2,181,914)</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Proceeds from sale of plant and equipment	-	18,970
Purchase of property, plant and equipment	(37,888)	(1,546,358)
Net cash used by investing activities	<u>(37,888)</u>	<u>(1,527,388)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Repayment of lease liabilities	(426,494)	-
Net cash used by financing activities	<u>(426,494)</u>	<u>-</u>
Net increase (decrease) in cash and cash equivalents held	931,516	(3,709,302)
Cash and cash equivalents at beginning of year	<u>16,425,413</u>	<u>20,134,715</u>
Cash and cash equivalents at end of financial year	<u><u>17,356,929</u></u>	<u><u>16,425,413</u></u>

The accompanying notes form part of these financial statements.

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EIS Health Limited

ABN 68 603 815 818

Notes to the Summary Financial Statements For the Year Ended 30 June 2020

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 2020. The audited report for the year ended 30 June 2020 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

In March 2020 the World Health Organisation ("WHO") declared the Coronavirus disease 2019 ("COVID-19") 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.).

These measures had an impact on the Company's ability to deliver all services to its clients. Specifically, it prevented the delivery of group activities such as CPD, external and stakeholder events. Some clients also chose to cease some of their other normal services from fear of contracting COVID-19. This caused a reduction in the number of services delivered to clients during this period. However, the Company worked with funders and clients to provide alternative services that did not require close contact to replace the traditional service delivery mode where possible.

The Board and Management have implemented a range of operational and financial strategies in order to minimise the impact of COVID-19, including but not limited to:

- The Company undertook extensive strategic activities with stakeholders which informed the COVID-19 response by the Company and provided stakeholders with support, guidance and information in effectively managing their own COVID-19 response.

EIS Health Limited

ABN 68 603 815 818

Notes to the Summary Financial Statements For the Year Ended 30 June 2020

- Replacing face to face services with electronic alternatives (telephone or audio-visual) where possible. Specifically, CPD events, leading to higher attendance using online and telephony modes of service delivery.
- The Company made significant savings in the running of CPD events above and reduction in external and stakeholder events. The Company was significantly prepared with the ability for staff to move to the work from home environment and has been able to maintain productivity throughout the streams, and without the need for any government subsidies.
- Working with commissioning providers to ensure that they can continue to deliver on the contracted services and meet all contractual obligations.
- Working with grant funding providers to ensure we understand the likely impact on current and future grant funding. The Company has provided support in the local COVID-19 response in the distribution of PPE and the set up of respiratory clinics, which led to an increase in AGDoH funding.

2 Revenue and other income

	2020	2019
	\$	\$
Revenue from contracts with customers		
- Operating grants	47,309,435	46,148,700
- Program partner contributions	260,758	16,155
Total revenue from contracts with customers	47,570,193	46,164,855
Other income from ordinary activities		
- Sponsorship income	27,609	51,064
- Donations and fundraising income	-	457
- Interest revenue	215,828	399,347
- Other income	359,345	490,774
- Profit on disposal of fixed assets	1,000	12,000
Total other income from ordinary activities	603,782	953,642
Total revenue and other income	48,173,975	47,118,497

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EIS Health Limited

ABN 68 603 815 818

Discussion and Analysis of the Summary Financial Statements For the Year Ended 30 June 2020

Statement of Surplus or Deficit and Other Comprehensive Income

The surplus from ordinary activities for the year was \$32,457 (2019: \$113,777).

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 \$47,570,193 (2019: \$46,164,855). Almost all of this revenue was derived from delivering outcomes in accordance with Commonwealth Department of Health funding contracts. Operating grant income increased as a result of continued growth of the Company's grant funded activities with notable increases in recognised income for; After Hours, Psychological Support, Community Health and Hospital, Mental Health and Core Funding (including HSI, Flex and COVID-19).

Expenditure

Total expenses incurred for the year were \$48,141,518 (2019: \$47,004,720).

Employment costs amounted to \$8,935,310 (2019: \$8,571,026). Employee benefits expense increased \$364k consistent with the increased level of service delivery.

Amortisation expenses increased by \$489k as a result of the impact of the new accounting standard AASB 16.

Program costs amounted to \$36,836,568 (2019: \$34,195,904). These costs represent the cost of allied health professionals and similar direct costs incurred for planning, developing, promoting and delivery of primary health care services. The increase was mainly attributed to payments for commissioned services with an increase in program contracts and consultancies expense of \$2.26M.

EIS Health Limited

ABN 68 603 815 818

Discussion and Analysis of the Summary Financial Statements For the Year Ended 30 June 2020

Statement of Financial Position

The Company's statement of financial position discloses net assets of \$355,949 as at 30 June 2020. 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 \$18,227,000 (2019: \$17,567,358) and current liabilities of \$17,947,271 (2019: \$16,924,730). Assets consist mainly of cash of \$17,356,929 (2019: \$16,425,413) which is of similar value to the sum of contract liabilities \$10,584,120 (2019: \$9,125,930), and trade and other payables of \$6,204,795 (2019: \$7,098,853).

Working capital reduced by \$363k when compared to the prior year due mostly to the first-time adoption of Accounting Standard AASB 16: Leases. Whilst there has been no material change to the solvency position of the Company, the accounting policy requires lease liability payment obligations for the next financial year to be reported as current liabilities whereas the right-of-use asset is reported similarly to property, plant and equipment assets within the non-current asset balance.

Statement of Cash Flows

Operating Activities

Cash inflows from operating activities were \$54,666,388 (2019: \$44,588,036). Almost all the cash receipts represented funding received from the Department of Health. Cash payments to suppliers and employees amounted to \$53,414,507 (2019: \$47,169,297).

Investing Activities

Cash outflows from investing activities were \$37,888 (2019: \$1,527,388). Property, plant and equipment decreased \$525k due to depreciation for the period of \$562k; offset by additions of \$38k.

Financing Activities

Repayment of lease liabilities of \$426,494.

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 Aborigine and Islanders Day Observance Committee
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NFP	Not for Profit
NHMRC	National Health and Medical Research Council

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
-----------	---------------------

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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company/central-and-eastern-sydney-phn



[@cesphn](https://twitter.com/cesphn)

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

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