



2017-2018



Acknowledgement

Central and Eastern Sydney PHN acknowledges the Aboriginal and Torres Strait Islander peoples of this nation. We acknowledge the Traditional Owners 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 future.

Contents

Our PHN

Overview	4
Health Snapshot	6
CEO Report	8
Chair Statement	10

Governance

Governance Structure	12
Board Members	14
Board Committees	17
Advisory Committees	18
Clinical and Community Councils	20

Operational Structure

Operational Structure	23
Leadership Team	24
Our People	25

Health System Improvement

Overview	26
Population Health and Chronic Disease	26
Digital Health	29
Continuing Professional Development	30
Practice Development and Support	30
Immunisation	32
HealthPathways Sydney	33
South Eastern Sydney HealthPathways	33

Clinical Services

Overview	35
Commissioning Overview	37
After Hours	41
Drug and Alcohol	41
Mental Health and Suicide Prevention	43
Lead Site	43
Low Intensity	43
Psychological therapies for underserved and/or hard to reach groups	44
Child and Youth Mental Health Services	44
Norfolk Island	46
Partners in Recovery	47
Aboriginal Health	48

Corporate Services

Overview	50
----------	----

Financials	52
------------	----

Glossary of Terms	66
-------------------	----

Overview

What is a primary health network?

Primary Health Networks have three main roles:

- Working closely with general practitioners and other health professionals to build health workforce capacity and ensure the delivery of high quality care.
- Working collaboratively within their regions to integrate health services at the local level to create a better experience for people using health services, encouraging better use of health resources, and eliminating service duplication.
- Commissioning health services to meet the identified and prioritised needs of people in their regions and address identified gaps in primary health care. This may include working with others in the community to plan and deliver innovative services that meet specific health needs.

01

System Improvement

- Identify health needs and service gaps
- Support primary care providers to promote:
 - population health
 - quality improvement
 - person centred care

02

Service Integration

- Integrate care across the health system
- Health pathways
- Person centred medical neighbourhood

03

Commissioning of services

- Design service models
- Procure services to address identified gaps and needs
- Manage contracts including monitoring and evaluation

Who we are

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

We work in partnership with our GPs, allied health professionals, nurses, local health districts, local communities and NGOs to improve health, facilitate seamless care and address local health needs for the people who live in, work in and/or visit central and eastern Sydney, Lord Howe Island and Norfolk Island.

Our three aims are to:

- 1 Improve health outcomes and address health needs**
Especially for vulnerable and disadvantaged communities
- 2 Support our primary health care professionals and services**
The transformation of primary care processes comprise five critical functions: comprehensive, team-based care; patient-centered care; coordinated care; improved access to care; and a systems-based approach to quality and safety.
- 3 Work in partnership to facilitate seamless person centred care**
Services are provided in a way that is respectful of, and responsive to, the preferences, needs and values of people and their carers.



Who we support

The Central and Eastern Sydney region spans from Strathfield to Sutherland, as far east as Bondi and includes Lord Howe Island and Norfolk Island.

Our catchment population is characterised by cultural diversity and high population growth with more than one third of our community born outside Australia. We currently have a population of 1.5 million people. By 2031 our region's population will reach more than 1.85 million, an increase of 28.1 per cent.

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

Our programs and services:

- Strengthen the care that local general practice and allied health services provide. They include practice management support and continuing professional development.
- Better integrate primary health care with our local health districts and specialty health networks in particular with Aboriginal health, mental health, aged care, sexual health and antenatal shared care.
- Include a range of commissioned clinical services, providing mental health, drug and alcohol, Aboriginal health and other clinical services that address gaps identified by our needs analyses.

Health Snapshot

Total resident population

1,497,186

Norfolk Island

1,748

Lord Howe Island

382

Life expectancy

Life Expectancy of residents in CESPHN region is

83.8

YEARS

compared to the national average of 82.4 years

Population Projection



	2033	% INCREASE
TOTAL	1,951,132	24%
0-14	315,372	31%
15-64	1,305,432	16%
65+	330,328	58%

Aboriginal and/or Torres Strait Islander

Total number of residents in CESPHN who are of Aboriginal and/or Torres Strait Islander descent:

13,479

equaling 0.84 % of the total population of CESPHN -% of total Australian population = 2.8%.

Highest proportion of Aboriginal and/or Torres Strait Islander people reside in Sydney Inner City and Eastern Suburbs- South areas.



Speaks language other than English

- 1 Mandarin
- 2 Cantonese
- 3 Arabic
- 4 Greek
- 5 Italian

No. of Standard GP Consultations in 2016-2017

7,568,288

Non-resident population

APPROXIMATELY

500,000

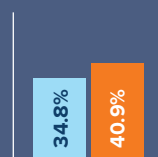
people come to CESPHN each day to work, visit or study

Cancer screening participation

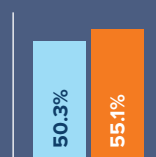


■ CESPHN
■ National

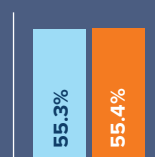
Bowel cancer screening



Breast cancer screening



Cervical cancer screening



Psychological Distress

116,837

people in the region have high or very high psychological distress

Patient Experience

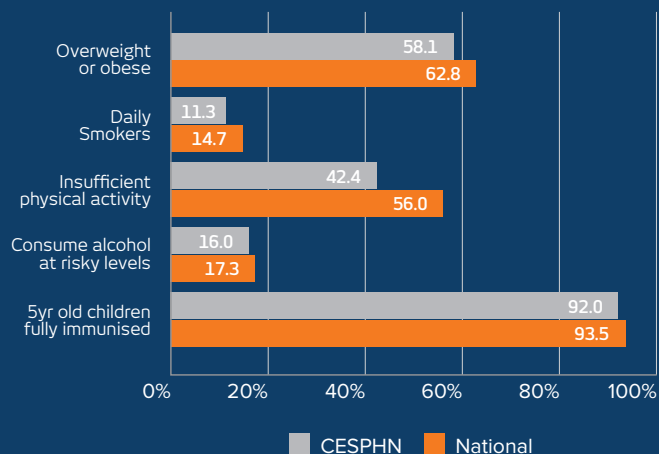
Rate their health positively	87.4%
Saw a GP in the last year	80.8%
Saw a dental professional in the last year	54.4%
With long-term health conditions	41.3%
With unacceptable waiting times	23.4%
Could not access preferred GP	20.6%

Total out-of-pocket costs per patient*

CESPHN \$187 National \$142

**Calculated based on eligible non-hospital Medicare-subsidised service costs only*

Health Behaviours



Service Profile



Public hospitals

18

Headspace sites

5

Allied Health

5043

Hospital Networks

2

Local Health Districts

2

Practice Nurses

538

General Practitioners

2230

Aboriginal Medical Service

1

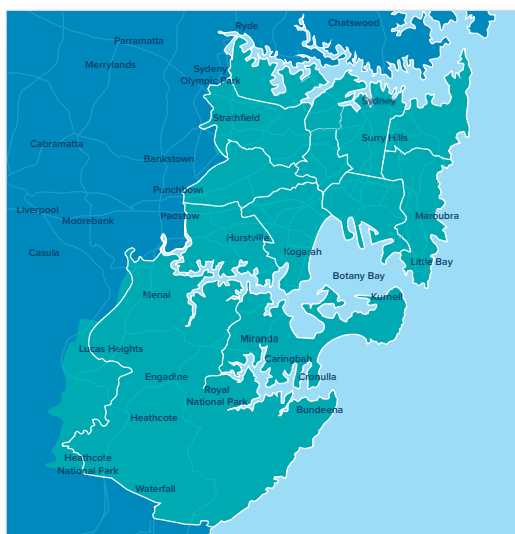
Residential Aged Care Facilities

153

Practices registered with MyHealth Record

422

Maps



CEO Report

In our 2016-18 Strategic Plan we set out to achieve three goals:

- to improve health outcomes and address health needs
- to work in partnership to facilitate seamless person centred care and
- to support our primary health care professionals and services.

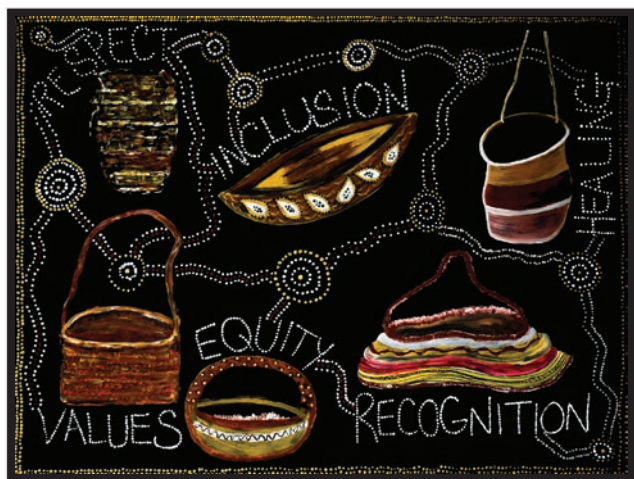
We commissioned the delivery of services that help vulnerable people in our community, including those in need of mental health, drug and alcohol and other support services. We collaborated with our partners to ensure integration of health services across the central and eastern Sydney region. And we focused on workforce education and training, and provided practical support to local health service providers to help them deliver timely care of the highest quality.

The following highlights are just a small snapshot of some the many great things we have achieved in the last year.

Key highlights

Reconciliation Action Plan

In May 2018, we launched our 'Innovate' Reconciliation Action Plan, which has been endorsed by Reconciliation Australia. Our Reconciliation Action Plan reinforces our commitment as an organization to fostering positive relationships with Aboriginal and Torres Strait Islander peoples and communities, and ensuring our programs reflect this vision. It formalises our plans to work in partnership with Aboriginal and Torres Strait Islander communities in our region to address inequalities, particularly in health. It will guide our future activities and help us to continue to build respectful, meaningful and mutually beneficial relationships with Aboriginal and Torres Strait Islander people and ensure our services are both culturally appropriate and accessible.



My Health Record

The national My Health Record system is being rolled out as an opt-out system in 2018, with the aim being to have a majority of Australians with a My Health Record by the end of 2018. Our Health System Improvement team were successful in creating awareness of the roll-out and encouraging provider readiness. We reached 100 per cent of general practices and pharmacies in our region and are now working to visit all specialist practices and allied health professionals. This year we have seen a marked increase in GP shared health summary uploads and pharmacy dispense record uploads to the My Health Record system in our region.

Continuing professional development

Throughout 2018, CESPHN hosted a wide range of continuing professional development activities for primary health care providers across the region. CPD sessions play an important role in keeping our local health care providers up to date, helping them to ensure they are providing high quality healthcare outcomes to their patients. Over the course of the 2017/18 financial year, we hosted a total of 191 events with 5,663 attendances.

HealthPathways

The South Eastern Sydney HealthPathways website was launched in October 2018, with an initial offering of 70 completed pathways. This website is a collaboration between South Eastern Sydney Local Health District, the Central and Eastern Sydney PHN, the St Vincent's Hospitals and the Sydney Children's Hospitals Network, and has been eagerly awaited by GPs in our region.

Our HealthPathways Sydney website continued to grow exponentially this year, now with a total of 700 clinical pathways, and a 51% increase in usage in the last 12 months.

New psychiatry advice line for GPs

This year we launched a new psychiatry phone advice service for GPs in our region. The service was established in response to feedback from GPs that they require timely access to psychiatry expertise to assist in managing clients with mental health problems. This is a group project with five other NSW PHNs.

Suicide prevention: SPconnect

In April 2018 CESPHN commissioned Neami National to implement the SPconnect service. This service supports people after a suicide attempt or crisis in the most at risk period for suicide; the first 28 days after discharge. The service is for people leaving St Vincent's, Prince of Wales or Royal Prince Alfred hospitals. SPconnect provides a one on one, person-led approach which provides a coordinated and seamless transition to the community.

Child Health

Over 2017/18, CESP HN commissioned Sydney Local Health District to offer early intervention speech pathology screening and assessment of almost 5000 preschool aged children. The service targeted vulnerable communities through an outreach model in playgroups and child care centres, to work to reduce communication and developmental delays for these families.

New website, new premises

We proudly launched our redesigned website www.cesphn.org.au in April 2018, having taken on-board valuable feedback from our stakeholders across the central and eastern Sydney region. Our new look website gives local health professionals a more streamlined and user-friendly online experience.

Changes were not only felt online but offline as well, as we moved to our new office in Mascot. We closed our Ashfield and Kogarah offices and brought our team together under one roof in Coward Street, Mascot. The move, which coincided with a new activity-based way of working, encourages more collaboration amongst our teams. Our staff can now more effectively provide support services from a central location within our region.

None of our achievements in the last twelve months would have been possible without the support of our Board, our member companies, our community and clinical councils, our advisory groups, and our dedicated and passionate staff.

We have also been ably supported by our contractors who provide our commissioned health services, and by our university, health district and health network partners.

And to the many GPs, practice nurses, practice managers, and the many allied health practitioners and their staff who have engaged with us and supported us in the last year, can I say a heartfelt thanks. We could not have done any of it without you.

As we look forward to another three years, and as we finalise our Strategic Plan for 2019-21, I can confidently say that our PHN is a well connected organization that will continue to positively impact the health of our community for years to come.

Dr Michael Moore

CEO, Central and Eastern Sydney PHN





Chair Statement

2018 has been a big year for Central and Eastern Sydney PHN, and I am pleased to outline some of our achievements in my first Chair's message since taking over as Chair of the Board from Associate Professor Charlotte Hespe in December 2017.

Most importantly for our staff, partners and our programs, Central and Eastern Sydney PHN has short-term funding certainty now that our core funding has been approved until 2021.

Key achievements this year include:

- Successfully launching our Reconciliation Action Plan with local Aboriginal groups and reviewing this plan regularly to ensure the services we provide are culturally appropriate
- Commissioning a range of new and innovative programs addressing mental health, aged care, drug and alcohol and Aboriginal health needs
- Developing a new GP engagement strategy which will help us identify best ways to support practices, and move away from a 'one size fits all' approach
- Increasing interaction with our GP members, Allied Health Network and Community Health Network, our Clinical and Community Councils to identify and act upon issues affecting primary health care and patient care
- Responding to concerns raised by our members, and feeding back to NDIS and My Aged Care about problems with these new systems
- Current review of our Strategic Plan
- Collaborating with our local health districts and networks to ensure that health system integration doesn't forget about primary care.
- The launch of health pathways South East Sydney, and the continued growth of Sydney Health Pathways

The busy year has been capped off by our recent move to new consolidated premises in Mascot. After three years in multiple locations the move to our new premises creates greater opportunities for collaboration and improved efficiency.

There are likely to be ongoing reforms in health care in coming years. The Federal Government has announced its intention to restructure the Practice Incentives Program and is wanting PHNs to help practices to analyse their data and support them to address any service gaps. One of the Board's priorities is to develop a clinical leadership cohort – a group of primary health professionals who will champion quality improvement initiatives across our region. Supporting and strengthening our primary care workforce is important if we are to thrive in an increasingly complex health system.

It has been a great pleasure to Chair the Board of Directors for the last year and the work of our Board will ensure that the strategic direction of Central and Eastern Sydney PHN improves the health of our residents and supports our health workforce to provide better and more accessible care in the community when it is needed.

I have been inspired by the ongoing enthusiasm of our staff, who have embraced our relocation and strive to support a stronger primary health system. I would like to congratulate our CEO, Michael Moore, and all staff for their commitment to Central and Eastern Sydney PHN.

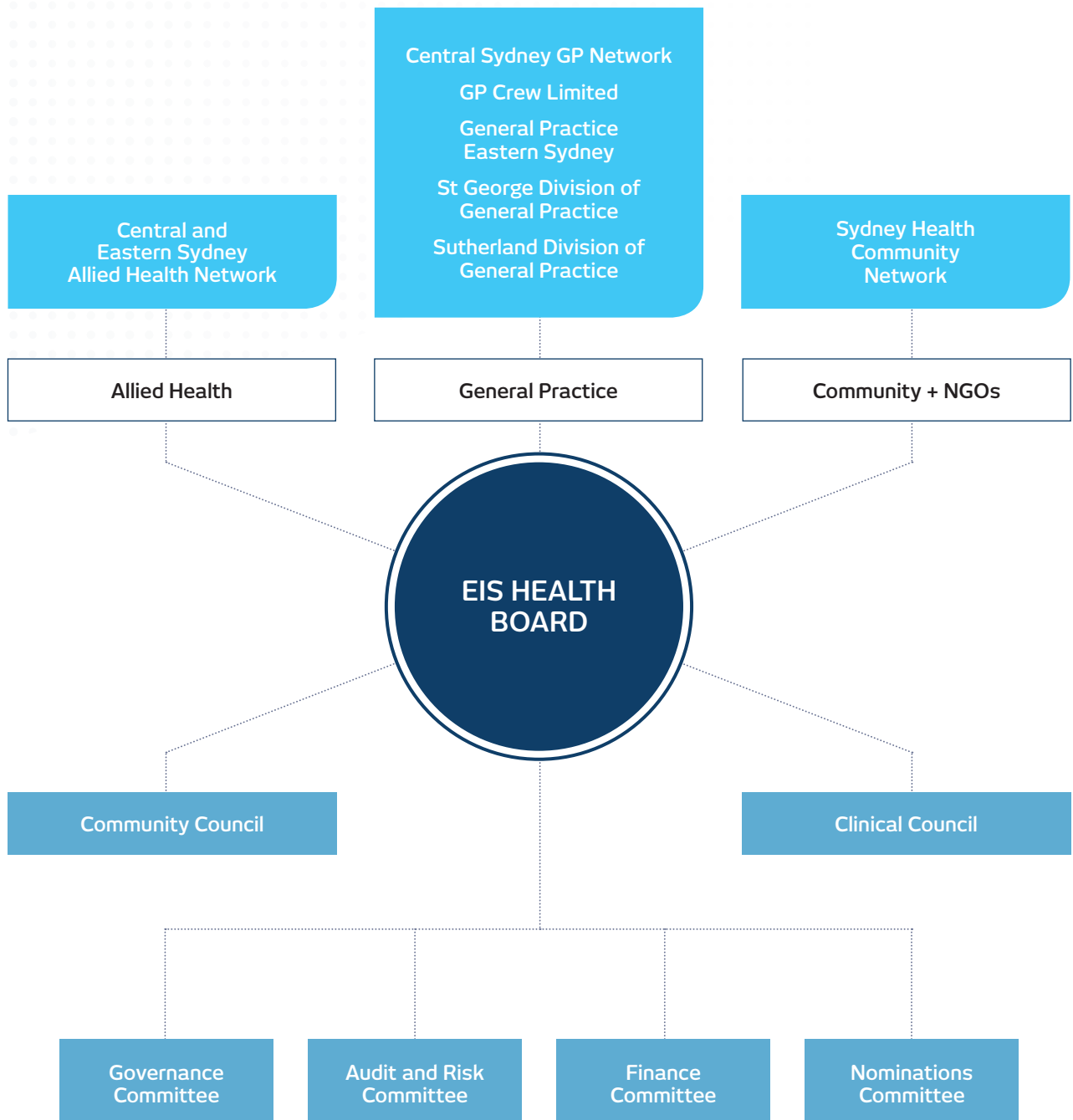
Dr Michael Wright

Chair, Central and Eastern Sydney PHN Board of Directors

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Governance Structure

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





Board Members and Bios

Dr Michael Wright

Chair, from 4/12/2017

MBBS, MSc, FRACGP, GAICD

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

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

Special Responsibilities: Chair



Dr Teresa Anderson (AM)

B.App Science (Speech Pathology) PhD

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

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

Dr Anderson is focused on supporting collaboration and building partnerships to provide excellent health care. She is widely acknowledged for supporting and mentoring her staff in fostering new ideas to drive efficiencies and best practice. She was awarded a member (AM) in the Order of Australia in 2018 for service to community health, and to public administration in New South Wales, as a clinician, manager and health service executive.



Ms Trisha Cashmere

Director

BAppSc (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 specialising in Environment and Administrative law at a leading Australian commercial law firm.

Trisha is a former board member of South Eastern Sydney Medicare Local (SESML) a former Chair and member of the SESML Finance, Audit and Risk Committee, a former member of the NSW Board of the Psychology Board of Australia and a former member of the UNSW ACEC. Trisha is a graduate member of the Australian Institute of Company Directors.

Trisha has contributed to a number of EIS Health Limited board sub committees, including the Audit and Risk, Nominations and Finance committees. Trisha assisted with the establishment of the Central and Eastern Sydney Allied Health Network. Trisha is committed to supporting early career allied health professionals and is a consumer advocate for cancer patients

Special Responsibilities: Audit and Risk Committee, Finance Committee and Nominations Committee



Prof 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 has a five year NHMRC Senior Professorial Research Fellowship 2011-2015 and was appointed Scientia Professor 2013-18. He has substantial experience in health services research and trials on chronic illness prevention and management in primary health care. He was a member of the NHMRC Academy 2010-2013, 2017-18 and its Prevention and Community Health Committee 2013-2015. He has 370 publications and 5000 citations in peer reviewed journals. He is a life Fellow of the Royal Australian College of General Practice in recognition for his work for general practice on diabetes and preventive medicine including editing the RACGP Guidelines for Preventive Activities in General Practice and the SNAP Guide. He received the Australian Association for Academic Primary Care "Charles Bridges-Webb Medal" in 2010 and the North American Primary Care Research Group: President's award 2017 for contribution to primary health care research.



He was awarded an AO in 2018 for distinguished service to education, and to the community, in the area of public health care, evidence-based practice, and equity, as an academic and researcher, and to refugees.

Special Responsibilities: Governance Committee

A/ Prof Charlotte Hespe

**Director, resigned as Chair
4/12/2017**

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

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

Special Responsibilities: Chair



Mr Steven Kouris

Director

BEc, LLB, LLM

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

Special Responsibilities: Audit and Risk Committee, Finance Committee



Dr Gary Nicholls

Director

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

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

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

Special Responsibilities: Governance Committee



Mr Robert Ramjan (AM)

Director

BA, BSocStuds

Rob Ramjan is CEO of One Door Mental Health and was the inaugural Executive Director of the Schizophrenia Fellowships Council of Australia Inc. He has worked for the Fellowship for almost 30 years and 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. His previous roles have included delegate to the Mental Health Council of Australia and member of the NSW Mental Health Priority Task Force and the Guardianship Tribunal.

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

Special Responsibilities: Governance Committee



Board Members and Bios

A/Prof Anthony Schembri

Director

**BSW(Hons) GradDipPubAdmin,
MPP, FCHSM, MAASW**

Anthony Schembri is the CEO of the St Vincent's Health Network Sydney. Anthony holds appointment as Board Director for the Garvan Institute of Medical Research, Board Director of the St Vincent's Curran Foundation and Co-Chair of Australian Catholic University/St Vincent's Nursing Research Institute. Anthony is an Adjunct Professor in Health Sciences at the Australian Catholic University and Associate Professor of the St Vincent's Clinical School of the Faculty of Medicine at the University of New South Wales. Prior to this Anthony was employed in General Manager roles at Liverpool Hospital, Bankstown-Lidcombe Hospital and Fairfield Hospital. Anthony has also held the role of Clinical Director for Allied Health and hospital social work roles.



He commenced his career as an accredited exercise physiologist coordinating evidence-based chronic disease management programs including PLWHA and mental health. He is the current Chair of the Multi-Disciplinary Group within the *Translational Cancer Research Network* (TCRN) in Sydney. His previous posts include Chair, *Exercise Is Medicine – Australia* (the Australian arm of the global health initiative), Board Director of the Eastern Sydney Medicare Local (ESML), Executive Committee of the *NSW Cancer Survivors Centre* and the primary care representative to the *Australian Commission on Safety and Quality in Health Care* (ACSQHC). He is also a member of the *Central & Eastern Sydney Allied Health Network* (CESAHN) and was previously a Board Director of the *Eastern Sydney Allied Health Network* (ESAHN).

An advocate for allied-health services playing an integral role in person-centred care, Chris is passionate about translating research into practice to promote healthy lifestyles and keep people out of hospitals. He has contributed extensively to the *Central & Eastern Sydney Primary Health Network* (CEPSHN) 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).

Special Responsibilities: Audit and Risk Committee, Finance Committee, Nominations Committee

Dr Tim Smyth

Director

MBBS, LLB, MBA, FCHSM

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

Special Responsibilities: Governance Committee



Mr Gerry Marr (OBE)

Director until 21/11/2017

RN, PhD

Gerry Marr is Chief Executive of South Eastern Sydney Local Health District, taking on the role in February 2014. Prior to this appointment, Gerry held senior executive roles for 13 years, with the National Health Service (NHS) Tayside. Facing performance challenges when Gerry took up the role of Chief Executive, NHS Tayside is now seen as one of the top performing NHS Boards in Scotland. Prior to this Gerry held senior roles in the areas of system performance and human resources management with the NHS Scotland Department of Health.

With qualifications in nursing and education, Gerry has been a passionate advocate for quality in health care delivery. He has led the implementation of a range of quality programs within the Scottish health system in partnership with The Institute of Healthcare Improvement based in Boston. He was a non-executive Board member, Healthcare Improvement Scotland, and is an international guest speaker on the topic of quality and safety.



Mr Chris Tzarimas

Director

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

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



Board Committees

EIS Health Finance Committee

Members:
Mr Steven Kouris (Chair)
Ms Trisha Cashmere
Mr Chris Tzarimas (from December 2017)
Dr Teresa Anderson (until December 2017)
Ms Shirley Liew

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

- financial reporting and management;
- overall budget frameworks;
- funding mechanisms;
- asset management; and
- ensuring EIS Health Limited is operating within its allocated budgets.

During 2017-2018 the Committee focused on ensuring a sustainable operating budget for the organisation in light of changes to funding announced by our major funder the Commonwealth Department of Health. The Committee was closely involved in reviewing the implications of the move to a single site and the organisation restructure.

EIS Health Audit and Risk Committee

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

The Audit and Risk Committee advises the Board on:

- The integrity of EIS Health Limited's financial information and systems, internal and external reporting;
- The external auditors' activities, scope and independence;
- The effectiveness of the management process for the identification, monitoring and addressing of significant business and operational risks and exposures (including but not limited to fraud, cyber risk, work health and safety and succession planning) and review and assess the adequacy of management information and internal control structures; and
- The management process for compliance with all relevant legislation, codes of practice and any other requirements arising from funding agreements

During 2017-2018 the Committee completed a full review of the risk register and oversaw the external audit process. The Committee reviews reports on strategic and commissioning risks on a quarterly basis prior to their presentation to the Board. During the year work commenced on two internal audits with a focus on budgeting and contracting.

EIS Health Governance Committee

Members:
Professor Mark Harris (Chair)
Dr Tim Smyth
Mr Rob Ramjan
Dr Gary Nicholls

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. During 2017-18 the Committee reviewed a wide range of policies as well as considering clinical governance issues at each of its meetings. A major priority was a review of the Constitution to clarify the role and membership of the Nominations Committee in the election of Board directors.

EIS Health Nominations Committee

Members:
Mr Chris Tzarimas (Chair)
Ms Trisha Cashmere
Mr Jonathon Casson
Ms Rosemary Bishop
Ms Susan Iland

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

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

Advisory Committees

CESPHN Disability Network

The CESPHN Disability Network comprises a wide variety of dedicated and committed members working to improve the lives of people with disability. During 2017-18, the number of members continued to increase, joining a strong and motivated network, including those from the local health districts and specialty networks, NSW Health and affiliated agencies, non-government organisations, NDIA, practicing health professionals, people with lived experience of disability, family members and carers.

Our enthusiastic members regularly met throughout the year and worked through a challenging first year of the roll-out of the National Disability Insurance Scheme (NDIS) in the area. With organisation and leadership from the NDIS Transition Lead, the network continued building and enhancing local partnerships, provided quality NDIS related education sessions to GPs and allied health professionals across the region and sustained advocacy for people with disability to access the NDIS.

Letters drafted by the network were sent to the NDIA and also formed the basis of a CESPHN submission to the NSW Parliamentary Inquiry regarding the implementation of the NDIS, which will be completed in 2018. Moving forward, the network will continue to work towards ensuring that the NDIS achieves what it is intended to, in providing supports for all people with disability to achieve and fully participate in life.

After Hours Advisory Committee

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

- The Evaluation plan for Central and Eastern Sydney PHN's After Hours Outreach programs for residents of aged care facilities.
- Model specifications for after hours outreach to vulnerable communities including people experiencing homelessness. Some committee members also contributed their expertise via participation in the tender selection panel for these services.
- Review of the After Hours activity work plan for 2018-19.
- Key functions of the after hours website to ensure it meets local needs.

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

Antenatal Shared Care Advisory Committee

There are two ANSC advisory committees in SESLHD, the Royal Hospital for Women (RHW) and St George and Sutherland (SGS) Hospitals.

The RHW committee has 15 members, including four GP Advisors (Dr Jill McDonnell, Dr Crystal McKeough, Dr Galina Palachevskaya and Dr Marissa Basil), and is chaired by Dr Jill McDonnell.

The SGS committee has 12 members, including four GP Advisors (Dr Lucy France, Dr Sara Baker, Dr Joanne Burrough and Dr Jane Givney), and is chaired by Dr Lucy France.

The two advisory committees assisted in planning eight professional development events across SESLHD in 2018. GP advisors played a key role in determining education topics and ensuring that Central and Eastern Sydney PHN's events were relevant and useful for GPs.

There is one ANSC Advisory Group in the SLHD covering the RPA Women and Babies and Canterbury Hospitals. The RPA /Canterbury ANSC Advisory Group has nine members including four GP Advisors (Dr Efy Alexandratos, Dr Rekha Rao, Dr Phillip Cameron and Dr Sarah Sen) and is chaired by Dr Alexandratos. The Advisory group meets quarterly to develop and maintain program standards, education priorities and ongoing evaluation of SLHD ANSC activities. In 2018 the advisory group assisted in the planning of five professional development activities.

AOD Advisory Committee

The purpose of the AOD Advisory Committee is to:

- Support the development of approaches to build regional integration, capacity, capability, quality and safety in local drug and alcohol treatment services
- Investigate and review population planning and needs assessments to improve health and reduce inequities in the health of the population with drug and alcohol treatment needs and in the delivery of care.
- Provide a forum to discuss key government policy changes or developments which impact drug and alcohol treatment service delivery.
- Develop strategies to achieve common goals in drug and alcohol treatment service delivery.
- Advise on strategies that support local primary care providers to improve client outcomes and experiences with their health care within a stepped care approach.

The committee meet quarterly and have contributed to the 2017 AOD Needs Assessment for Central and Eastern Sydney PHN and a number of local service mapping and scoping documents which contribute to the identification of key priorities and opportunities for improving health outcomes for people in the region who use alcohol and other drugs.

Committee members live or work in the CESPHN region and reflect the diversity of the local community, including underserved populations.

Mental Health and Suicide Prevention Advisory Committee

This committee was established to support the mental health and suicide prevention work of Central and Eastern Sydney PHN.

Its responsibilities include advising on the development of evidence-based plans and service mapping, evaluation of tenders, identifying needs and gaps in the Needs Assessments, and the integration of mental health services and supports.

Activities to date include:

- Discussion and feedback on CESP HN's mental health and suicide prevention activities (activity work plans) including:
 - Training for GPs
 - Psychological Support Services (PSS)
 - Explore and Commission Suicide Prevention Initiatives
 - Care Continuity for those with higher suicide risk
 - System approach to suicide prevention
- Being part of the evaluation panel for the commissioning of mental health and suicide prevention Initiatives 2017-19 (working group only)
- Discussion and feedback on suicide data and suicide strategies decision tool
- Workshops on CESP HN Needs Assessments 2017 and 2018
- Workshops on the Mental Health and Suicide Prevention Regional Plan

CPD Advisory Committee

Throughout the 2017-18 financial year, our CPD planning committee has continued to provide valuable input and guidance around the education needs of primary health care professionals in the Central and Eastern Sydney PHN region. They have identified key topic areas as well as assisted in sourcing local presenters from our PHN community to ensure that education needs are linked in with the different health care services and referral pathways. We look forward to our CPD planning committee members continuing to provide this guidance as we look to plan our future education sessions.

Person Centred Medical Neighbourhood Advisory Committee and GP Clinical Leads

The following Person Centred Medical Neighbourhood Reference Groups have been established with the objective to support and enable roll out of the Person Centred Medical Neighbourhood Program.

Person Centred Medical Neighbourhood Advisory Committee

The Person Centred Medical Neighbourhood Advisory Committee was formed to advise in relation to the direction of the initiative. The Advisory Committee provides advice on the PCMN Program as well as insight to assist with addressing program issues and risks, share ideas and provide feedback on the readiness program, specifically around implications of PCMN approaches in the primary care setting.

Person Centred Medical Neighbourhood GP Clinical Leads

Person Centred Medical Neighbourhood GP Clinical Leads have been recruited to represent the readiness program and offer practices mentoring and support. The GP clinical leads provide overarching clinical advice to the development and implementation of the PCMN readiness program. This has included sharing ideas about new ways that Central and Eastern Sydney PHN can add value to general practices via the PCMN program, building rapport with other GPs and supporting their general practice's effort to transform into a PCMN model of care or embed quality improvement into the practice's existing framework.

Clinical Council

The Clinical Council is tasked with advising the EIS Health Board on issues that are unique to our region and identifying opportunities to improve the efficiency and effectiveness of medical and health care services. We are a clinically focused group comprised of professionals working directly in primary care as GPs, Practice Nurses and Allied Health Practitioners; educating future health care providers or working at important interfaces with primary care such as Local Health Districts.



The Council embodies a wide range of experience and expertise and this has been used to assist the Board with development of a primary care clinical leadership cohort.

As Chair, it has been a pleasure and a privilege to work with a group of people with such diverse experience, collective wisdom and willingness to participate in robust and respectful discussion.

Dr Allison Bielawski

Chair of the Clinical Council

The Council provides advice on implementation of strategy and on specific issues raised by the EIS Health Board. Council members are also able to identify issues for referral to the Board for consideration. The Council meets bimonthly with an EIS Health Board member and staff in attendance to answer questions from Council members and provide updates on activity and strategic directions. Communication is further enhanced with regular meetings between the Chairs of the Clinical and Community Councils and the Chair of the EIS Health, Dr Michael Wright.

The Clinical Council has continued to discuss the NDIS particularly its intersection with primary care and issues related to education for patients and health care providers, access for patients with psychosocial disability and the implementation of early childhood intervention services.

My Health Record is a regular agenda item with presentations and discussions addressing a range of issues including education for providers and patients, privacy concerns and expected benefits such as improved patient safety.

The Clinical Council reviewed the Patient Safety and Quality Improvement in Primary Care (ACSQHC) Consultation Paper and provided a response. We have discussed the rescheduling of Codeine containing medications and considered the impact for patients and practitioners. The Council continues to discuss and promote secure, timely and high quality communication between health care providers.

The Council has discussed identification, management and prevention of childhood obesity. The EIS Health Board has enacted our recommendation to contact medical software developers and request that they include age appropriate BMI and growth charts to ensure consistency with My First Health Record.

Member Name	
Prof Kathryn Reshauge	
Dr Allison Bielawski	
Dr Aline Smith	
Dr John George	
Dr Mary Beth MacIsaac	
Dr Louise Hudson	
Dr Nathan Lum	
Dr Annabel Kain	
Ms Penny Mills	
Assoc Prof Peter Gonski	
Mr Richard Walsh	
Ms Lou-Anne Blunden	
Dr Ann-Marie Crozier	
Ms Sara Burrett	
Ms Carolien Koreneff	
Jacky Peile	
Ms Angelica Ly	
Ms Michele Adair	Until Nov 17
Dr Michael Wright	Until Dec 17
Ms Lis Akhurst	Until Feb 18
Jodie Duggan	Until Feb 18
Dr Heidi Boss	Until Feb 18
Jenifer Diekman	Until Feb 18
Damien House	From Feb 18
Milena Katz	From Feb 18
Todd McEwan	From Feb 18
Faisal Rifi	From Feb 18
Dr Alan Hunyh	From Feb 18

Community Council

Our Community Council has had another productive year. We meet every two months to discuss issues relevant to the communities in our region and provide advice to the Board. In April we welcomed seven new members to the Council following an EOI process in December/January. The Council has a membership of 18 people representing the diversity of the many communities within this region.



We continued to explore the quality and safety issues around the administration of medication by non-medically trained staff and wrote to the Commission on Safety and Quality in Health Care about this issue.

We regularly provide advice to the Board and the PHN on how to best engage with the community. This year we reviewed the CESP HN stakeholder engagement strategy and the findings from the Central and Eastern Sydney PHN stakeholder engagement surveys. Many of our members were pleased to attend the Central and Eastern Sydney PHN Partnerships Workshop in October.

Our region has a large LGBTIQ population and at Community Council we discussed the rise of stress and anxiety levels within the LGBTIQ community during the marriage equality postal survey and the ongoing marriage reform process. We recommended that the PHN develop a fact sheet to support increased understanding of and improved responses to the mental health needs of LGBTIQ communities and people. We were pleased the PHN followed this recommendation and developed a very useful fact sheet that was widely distributed.

Council discussed the community awareness strategy around the implementation of the My Health Record system and highlighted the need for a wide range of community engagement activities targeted to specific community needs. Common concerns in relation to privacy and data security were raised by Council members for consideration by Central and Eastern Sydney PHN staff. The importance of clear information addressing community concerns was emphasised.

Council has been a strong advocate for the development of a Reconciliation Action Plan and recommended this to the Board in late 2016. We were very pleased to follow the development of the Reconciliation Action Plan over the course of the year with many members attending the launch of the plan at La Perouse in May.

We have been interested to hear about the implementation of newly commissioned mental health services such as New Access and the Primary Integrated Care Supports Program (PICS). Council noted the importance of evaluating these newly funded services and is interested in reviewing the evaluation findings at a future meeting.

The implementation of the National Disability Insurance Scheme (NDIS) is a regular topic of discussion at our Council meetings. In its foundation year the Council was instrumental in recommending the importance of the PHN undertaking further work in this area. This year Council discussed the implementation of the NDIS and recommended to the Board a survey of health professionals and community members around their experiences. We look forward to reviewing the findings of this survey.

I will be retiring as Council Chair at the end of 2018 as I have moved interstate. It has been an honour chairing the Council for the past three years and I am extremely grateful to each of the council members for their commitment and passion. I am very proud of all our achievements.

Mr Peter Kennedy

Chair of the Community Council

Member Name	
Mr Peter Kennedy	
Mr Mat Flynn	
Ms Julie Millard	
Mr Peter Merrett	
Ms Rosemary Bishop	
Ms Sharlene McKenzie	
Ms Jude Foster	
Dr Mark Bagshaw	
Roslyn Morton	
Shane Jakupiec	
Ms Amanda Justice	
Ms Robyn Maurice	<i>Until Oct 17</i>
Damon Rees	<i>Until Feb 18</i>
Naomi Stevens	<i>Until Feb 18</i>
Peri O'Shea	<i>Until Feb 18</i>
Sean Lomas	<i>Until Feb 18</i>
Claire Vernon	<i>Until Feb 18</i>
Jamie Moore	<i>Until Feb 18</i>
Shane Brown	<i>Until Feb 18</i>
Jane Cockburn	<i>From Feb 18</i>
Jessica Crause	<i>From Feb 18</i>
Olivia Mallet	<i>From Feb 18</i>
Julie McCarthy	<i>From Feb 18</i>
Peter Valpiani	<i>From Feb 18</i>
Liz Yeo	<i>From Feb 18</i>
Ben Steele	<i>From Feb 18</i>



Operational Structure



Leadership Team

Dr Michael Moore

CEO

MBBS, FRACGP, GradDipPH

Michael Moore was appointed to the position of CEO in July 2015. Michael trained as a GP, doing his internship at Hornsby Hospital, gained his FRACGP, and after some years in hospital administration took up the role of CEO at Hornsby Ku-ring-gai Division of General Practice in 1992. Michael oversaw Hornsby's merger with Ryde Division of General Practice, and moved across to Central Sydney in 2002. He then managed Central Sydney Division's amalgamation with Canterbury, and in 2012 organised the transition of the amalgamated organisation across to Inner West Sydney Medicare Local, becoming the Medicare Local's new CEO.

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



Mariam Faraj

General Manager, Clinical Services

BSocSc, GradDipEd, DipMgt

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

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



Nathalie Hansen

General Manager, Corporate Services

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

Nathalie has twenty-five years' experience working in health with expertise in planning, stakeholder engagement, funding and contract management. As General Manager Corporate Services Nathalie is responsible for Communications, Engagement, Governance, Finance, Human Resources and Infrastructure.

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



Belinda Michie

General Manager, Health System Improvement

**BSc, Dip Bus & Mar, Executive
Masters Business Administration
(EMBA)**

Belinda has more than 24 years management experience in primary care overseeing various health initiatives. A proven track record in contract management, government relations, formulating and successfully executing strategic, financial and operational plans to achieve organisational goals.

She has a deep understanding of planning and strategy, program development and management, developing community partnerships and promoting integration of care across the health sector.

As the General Manager of Health System Improvement, she leads a team responsible for population health planning, system integration and stakeholder engagement, workforce support and development and commissioning.



Our People

Our Values

Learning and Growth

we are creative and open to new ideas and change.

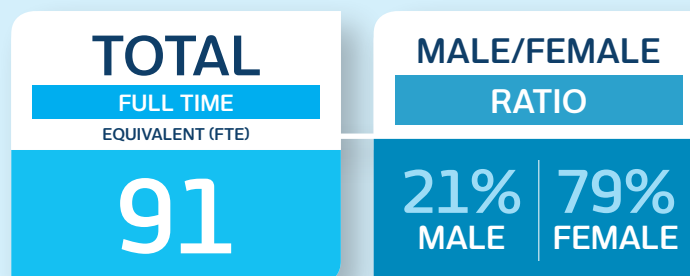
Integrity

we do the right things for the right reasons.

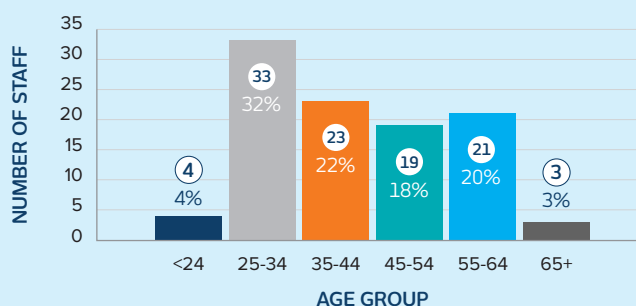
Collaboration

we create a positive environment where people want to work together by asking questions, listening to each other, adopting a positive, solutions focused approach.

As at 30 June 2018:



Age split:



PT/FT split:



Diversity

Our staff come from a wide variety of cultural backgrounds and include staff identifying as Aboriginal or Torres Strait Islander. They have a diverse range of qualifications including pharmacy, social work, psychology, occupational therapy, Aboriginal health, nursing and public health.

Development and Training

This year we had a strong focus on providing opportunities for staff development and training. We offered training on the Person Centred Medical Neighbourhood model, Aboriginal and Torres Strait Islander cultural awareness, project management, contract management and presentation skills.

Numerous staff were supported to attend conferences throughout the year.

We have developed a comprehensive performance planning review and development framework that will be implemented

across the organisation by December 2018. This will more closely link development opportunities to individual work plans

Improving staff engagement

In February we took part in a national PHN benchmarking survey which benchmarks staff engagement across PHNs. In response to the survey findings we have been working on improvements in the following five areas:

1. *Strategy and direction*
2. *Culture, values and behaviour*
3. *Brand and engagement*
4. *People practices and our workforce*
5. *Process, procedures and systems*

Health System Improvement

Overview

The health systems improvement stream involves a broad range of activities to assist in the integration and coordination of health services, through population health planning, commissioning, system integration, stakeholder engagement and support to general practice in the region.

In this dynamic environment, we have increased our efforts over the past year to transform our organisation, so that we can meet the rapidly changing needs of our stakeholders, while ensuring our organisation is sustainable and delivering value to the community we serve.

The strategic priorities going forward must include some challenging decisions around outcomes-based commissioning, increasing primary care engagement and meaningful partnerships, if the community is to benefit in the future. In the face of this, Central and Eastern Sydney PHN is committed to working closely with our partners to develop our new strategic plan for the next three years that will benefit people in the region. Central and Eastern Sydney PHN looks forward to ensuring successful and sustainable activities in the best interests of the stakeholders in the region.

Our stakeholders and the people living in the region are at the heart of everything we do, and we will maintain our commitment to delivering relevant solutions while we navigate this evolving primary health care environment. In the past year, Central and Eastern Sydney PHN has focussed on improving all areas of organisational effectiveness and engagement activities.

Key achievements during the last 12 months highlighted in this section include:

- Increased general practice engagement through workforce support, continuing professional development opportunities, accreditation, practice management, and person-centred care activities which include building and strengthening clinical leaderships in the region
- Increased digital health activities which include quality improvement initiatives and supporting the roll-out of My Health record in the region
- Launch of HealthPathways in South Eastern Sydney region (covering South Eastern Sydney Local Health District, St Vincent's Health Network and Sydney Children's Health Network) and sustained support of HealthPathways in the Sydney Health District region
- Targeted support to priority groups in the region, including improving health literacy and self-management strategies
- Commissioned health services based on health needs and service gaps
- Implemented programs that focus on building workforce capacity and equity which are tailored to the emergent needs of the population

- Strengthened partnerships and stakeholder engagement across various activities outlined above.

Population Health and Chronic Disease

In 2017-2018 the Population Health and Chronic Disease team focussed on establishing projects that could build workforce capacity, be delivered at scale, achieve gains in equity and were tailored to the emergent demographic changes and chronic disease profile of the Central and Eastern Sydney PHN region. In partnership with local service providers and communities we have undertaken the following key projects.

Maternal and Child Health

Central and Eastern Sydney PHN has continued supporting the GP Antenatal Shared Care Program (ANSC) model of care across our region's five public maternity hospitals. 138 GPs were orientated to this program with 1,036 GPs engaged in at least one of the three ANSC programs. Central and Eastern Sydney PHN provided 22 obstetric and neonatal focused CPD sessions attracting over 900 attendees. The ANSC program demonstrates Central and Eastern Sydney PHN's commitment to building partnerships between hospitals and GPs to grow clinical skills and collaboration.

Two Early Intervention Speech Pathology programs were commissioned across Sydney Local Health District and South Eastern Sydney Local Health Districts. As a result, over 8,500 children aged 0-4 will be offered speech pathology screening, assessment and intervention services. A key aim is to reach those vulnerable children who may not have been able to access specialist speech pathology services and to have any communication issues assessed by a qualified Speech Pathologist. The child's GP also receives a copy of the child's assessment report for enhanced coordination of care. These speech pathology services will be expanded in 2018-19 to reach Aboriginal children aged two to five years via a collaborative family-based approach.





Health System Improvement

Adolescents

The rate of overweight and obesity amongst adolescents has increased significantly from 22.0 per cent to 27.4 per cent in just over five years. Currently, there are very few well-structured programs to support adolescents in managing their weight and adopting healthy lifestyles. In response, Central and Eastern Sydney PHN has funded an innovative adolescent weight management program which aims to address the health needs of young people. *Think, Eat and Move* (TEAM) is an evidence based eight-week online healthy lifestyle program free for young people aged 13-17 who are above a healthy weight. Participants are also supported with weekly phone coaching sessions and other tailored resources.

From September 2018, teenagers can be referred by health professionals or self refer to the TEAM Program. More details about the TEAM Program can be found on the website at www.thinkeatandmove.org.

Sexual health

The focus of the sexual health program is to support general practices in the appropriate management of sexually transmissible infections (STIs), HIV and viral hepatitis. This year two key highlights included the:

- listing of HIV Pre-Exposure Prophylaxis (PrEP) on the PBS from April 2018. PrEP is the regular use of a HIV medication by people who are HIV-negative to prevent HIV acquisition. It is an important new option in the suite of HIV prevention strategies (treatment as prevention) that aim to end HIV transmission by 2020. The team contributed this goal by providing prescribing pathway information to general practices via our communication channels, in-practice visits and partnering with the peak body, Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) to deliver PrEP-specific training to primary care clinicians.
- national release of the hepatitis B filters in Pen CAT (clinical auditing tool software) in December 2017. A CESPHN-led project, CESPHN partnered with five organisations to support primary care appropriately screen and manage hepatitis B. General practices with the latest version of the software can identify patients who have one or more of the risk factors for hepatitis B, require hepatitis B vaccinations and require information on chronic hepatitis B management.

Older people

Recognising the ageing of the population and the devastating impact of falls on the older person and the associated costs on the health system Central and Eastern Sydney PHN has continued to invest in falls prevention activities. In 2017-18 Central and Eastern Sydney PHN, through its commissioned provider, delivered 15 falls prevention programs reaching 430 people with 12 people trained in delivery. These programs focussed on older people from culturally and linguistically

diverse communities with program resources made available in ten languages.

To continue developing the evidence base for early intervention and enhanced self-management strategies for older people, the *Staying Well at Home* demonstration project explored three intervention strategies. These strategies included:

- Development of an optimised 75+ Health Assessment for general practice aimed at enhancing early screening and better management of frailty. This optimised assessment recognises the important role general practice plays as the primary point of contact for an ageing population. Further work will be undertaken to promote and embed this optimised assessment into routine care.
- Testing of a heart failure coaching application. With older generations becoming more digitally literate the scope for greater use of technology-based service options to complement conventional treatment is becoming more realistic. The use and acceptability of this phone application to assist older people to better manage their health care will be evaluated in 2018-19.
- The Active Living maintenance fitness program was established in response to a significant service gap for people completing time-limited hospital-based (heart failure or pulmonary) rehabilitation programs. In 2017-18 over 470 people registered for the program which were delivered across the Canterbury and Sutherland areas. This integrated program model offers general practice an important service referral option for improving the management of chronic disease in the community.

Can Get Health

The Can Get Health in Canterbury (CGHiC) project is supported by a partnership between Sydney Local Health District Health Equity Research and Development Unit (HERDU), Central and Eastern Sydney PHN (CESPHN) and the University of New South Wales Centre for Primary Health Care and Equity (CPHCE). The project was launched in October 2013.

The goal of CGHiC is to improve health and reduce inequities for marginalised culturally and linguistically diverse (CALD) populations in the Canterbury region. The project objectives are to:

- Improve access to comprehensive primary health care services
- Increase individual and community health literacy
- Identify and work with relevant stakeholders to address at least one of the social determinants of health.

The highlight activities in the financial year 2017-2018 were:

- Employment of a Bangladeshi Community Networker
- Kids Don't Fly (apartment window safety) promotion

- Support the provision of in-language parenting programs
- Work with Rohingya community to understand and address their needs including organising a de-stress day at the zoo for 125 community members and Canterbury hospital tour
- Fortnightly Bangladeshi Women's Circle (health literacy focus) with Metro Assist
- Mental Health training for GPs

Chronic disease

Chronic diseases were involved in 37 per cent of hospitalisations with the eight major chronic conditions accounting for 61 per cent of the total burden of disease in Australia. Nearly 1.2 million Australians have diabetes and over one million hospitalisations (10 per cent of all hospitalisations) were associated with diabetes in 2015–16.

In 2017-18 Diabetes NSW and ACT was commissioned to deliver diabetes education programs to over 200 people and 100 per cent of participants indicated that they were very likely or extremely likely to recommend the program to others. Over 95 per cent of participants indicated after program completion that they were confident that they understood the importance of healthy lifestyles and knew how to make healthy meals and snacks and a physical activity plan.

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

To help boost primary care workforce capacity in responding to the challenge of chronic disease, all general practice nurses have been given access to free education via 15 online chronic disease modules provided by the Australian Practice Nurses Association. Access to these resources commenced in September 2018.

Homelessness

A significant number of people within the region are homeless. Central and Eastern Sydney PHN commissioned the "Enhancing Primary Health Care Services for People Experiencing Primary Homelessness in the CESP HN Region Report" to examine the primary health care needs of people experiencing homelessness in the region.

Digital Health

The Health System Improvement project continues with the focus on our main priorities being My Health Record, electronic communications and data sharing/quality improvement.

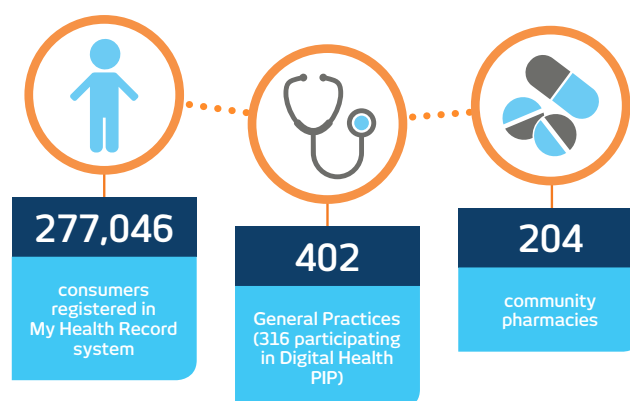
My Health Record

In May 2017, the Government announced its full support for the My Health Record system whereby a My Health Record will be created for every Australian by the end of 2018 unless they choose not to have one (opt out). The My Health Record Expansion Program activities commenced in November 2017

with the initial focus of registering and raising awareness of the program with health professionals. This has been followed by extensive education and engagement with the community on the My Health Record program and increasing the meaningful usage of the My Health Record system across the spectrum of stakeholders. The aim of having an 'opt-out' approach is to have the majority of Australians with a My Health Record by the end of 2018.

Central and Eastern Sydney PHN achieved its targets for health professional awareness and is on track for meeting its targets in the other My Health Record Expansion activities.

My Health Record in CESP HN



Electronic communication

We have conducted an eReferral project with SLHD Haematology, Liver and Renal clinics in association with Strata Health and Healthlink. This is the first project for inbound referrals to SLHD facilities and is due to conclude and be evaluated by late 2018.

Collaboration has occurred with Healthlink to develop Smartforms for eReferrals. These are integrating with Best Practice, Medical Director and Genie (vast majority of Central and Eastern Sydney PHN computerised general practices). Examples of these referrals include those to Chris O'Brien Lifehouse, the Haematology Clinic in SLHD and to the Collaborative Centre for Cardiometabolic Health in Psychosis (ccCHIP).

Data sharing and quality improvement

Throughout 2018, we continued to roll out the PEN Clinical Audit Tool. This has provided 125 general practices the ability to share data.

The addition of the POLAR (Population Level Analysis and Reporting) quality improvement tool has also expanded data analysis capabilities including the analysis of pathology, radiology and free text entries and has been implemented in 31 general practices sharing data. The Person Centred Medical Neighbourhood Program (PCMN) has been a champion for its adoption.

Health System Improvement

Innovative projects

The Stepped Care Project with the Black Dog Institute focussed on innovative solutions for self-diagnosing anxiety and depression, as well as providing appropriate decision support and recommendations. The project tested feasibility of the web-based screening tool by patients with the screening results and treatment options sent to treating doctors electronically via Healthlink.

The Staying Well at Home Project aimed at innovative solutions to reduce hospitalisations in older patients with chronic lung and heart conditions and frailty. The project tested the feasibility of a heart failure digital coaching app, community maintenance classes and optimisation of over 75 health assessments in general practice.

Continuing Professional Development

In the 2017-18 financial year, Central and Eastern Sydney PHN hosted a wide range of Continuing Professional Development (CPD) activities for primary health care providers across the region. These sessions focussed on relevant clinical and practice support areas in primary health care as well as events with a specific focus for practice nurses, practice staff and allied health professionals. All CPD sessions contribute to the vital role that primary health care providers play in providing high quality healthcare outcomes for their patients and ensure that practices are meeting best practice guidelines. The end of the 2017-18 financial year also marked the midpoint of the RACGP QI&CPD triennium for general practitioners.

Central and Eastern Sydney PHN has hosted a total of 191 events with a total of 5,663 attendances. Furthermore, the CPD advisory committee has continued to meet to help plan, guide and facilitate events across the region. This ensures that topics are relevant to providers within the local context. A breakdown of events by month and total attendees is depicted below:

Month	Number of Events	Total attendees
July	15	500
August	15	439
September	12	322
October	15	523
November	22	779
December	2	37
January	0	0
February	10	295
March	26	676
April	23	614
May	31	827
June	20	651

Education topics over the past 12 months have included antenatal updates, paediatrics, diabetes, respiratory, advanced care planning, immunisation updates, cancer updates, pain management wound management, sexual health and mental health. In addition, Central and Eastern Sydney PHN also recognises the importance of educating all members of the practice in a whole of practice team approach. As a result, specific practice management topics have been covered including infection control, Industrial relations, triage, My Health Record, NDIS, dealing with difficult patients, practice leadership and Cardio Pulmonary Resuscitation (CPR).

Central and Eastern Sydney PHN have also collaborated with a number of partners in hosting events including:

- Prince of Wales Private Hospital
- Chris O'Brien Lifehouse, Camperdown
- St Vincent's Private Hospital and St Vincent's Clinic
- The Sydney Private Hospital
- Sydney Local Health District (SLHD)
- South Eastern Sydney Local Health District (SESLHD)

In addition, Central and Eastern Sydney PHN have introduced a Small Group Learning Program (SGL) into the region with six groups in operation, with the aim to expand this further as well. SGL allows GPs to share knowledge and discuss daily practice with their peers. It maximises the benefits of working together in a small group educational setting. We look forward to continuing to build upon and expand this program in the future.

Central and Eastern Sydney PHN prides itself on hosting a robust and up to date CPD program which meets the learning needs for primary health care providers within the region. Central and Eastern Sydney PHN will continue to provide a range of high quality CPD events to assist primary health care professionals and their practice staff to constantly improve their knowledge attitudes and practical skills and enhance referral pathways across health disciplines and encourage peer to peer interaction.

Practice development and support

Practice support and the Person-Centred Medical Neighbourhood Readiness Program

Supporting primary health care providers and practices to deliver safe, high quality services to consumers continues to be a key priority for Central and Eastern Sydney PHN. The practice support program assists both general practice and allied health practices and focuses on four main areas:

Accreditation

Practice
management

Workforce
support

Person
centred care

Accreditation

Central and Eastern Sydney PHN promotes and supports practices and health professionals undergoing the accreditation process. The 2017-18 financial year saw increased activity in the area of accreditation with the introduction of the RACGP 5th edition accreditation standards. Many practices across the central and eastern Sydney region have commenced assessment against the new standards. Currently Central and Eastern Sydney PHN maintains a high level of accreditation. This is achieved by:

- Advice and support on meeting the RACGP accreditation standards
- Provision of templates for policies and procedures and a wide array of resources
- Advice regarding key aspects of accreditation including infection control, sterilisation, cold chain management, quality improvement and clinical governance
- Mock accreditation visits prior to a practice's survey visit and advice.

Practice management

Support regarding practice management issues includes:

- Practice Incentive and Service Incentive Payments (PIPs and SIPs).
- Practice management support for allied health professionals.
- MBS item numbers including chronic disease management items and health assessments.
- Cold chain management support around accreditation processes.
- PenCAT and POLAR enquiries and license set up, including troubleshooting.
- Support regarding Closing the Gap Program and information, including closing the gaps scripts for patients, health assessments, cultural awareness training and the indigenous health incentive.
- Recall and reminder system information and assistance.
- Targeted CPD events regarding specific practice management issues including triage, dealing with difficult patients, CPR, recalls and reminders, infection control, industrial relations and clinical software training. In addition, specific practice nursing clinical education sessions have also been hosted to ensure nurses are keeping their clinical skills up to date. These have included the topics of wound management, chronic disease management and diabetes.
- Practice managers and practice nurse network meetings which give attendees the opportunity to network with peers, share information and get an update on the PHN's activities.

Workforce support

Central and Eastern Sydney PHN is committed to supporting the primary care workforce across the region. Being such a large geographic area with a large number of programs, we endeavour to promote and educate primary care professionals on the PHN programs on offer to them. This includes:

- Support to newly opened practices within the region
- Support to GP registrars on rotation within the region, medical students as well as GPs new to the area
- Support, orientation and mentoring to practice nurses, practice managers and their teams within the region
- Support to allied health professionals and their practices.

Person-Centred Medical Neighbourhood Readiness Program

The Person-Centred Medical Neighbourhood Readiness Program (PCMNR) is designed to examine and assess the readiness of general practices in the central and eastern Sydney region around upcoming changes in the general practice landscape. These changes include, but are not limited to:

- The introduction of a quality improvement component to the new RACGP 5th edition accreditation standards
- The QI PIP to be introduced in May 2019 and the current commonwealth trial of the Health Care Homes which looks at new models of funding for patients with chronic and complex care needs.

Central and Eastern Sydney PHN worked closely with 18 practices across the region and established a group of clinical leads with the aim of driving change at the general practice level. In addition, five events have been held focusing on the following areas – leadership, data driven improvement, patient engagement, team-based care and quality improvement.

Key achievements in the 2017-18 financial year include:

- 60 visits to GP registrars on rotation within the region
- 15 practice management-specific CPD events
- Maintenance of high general practice accreditation rate – 384 practices accredited and 15 currently registered for accreditation for the first time
- Support to eight newly opened practices across the region
- Implementation of the POLAR data extraction tool

Health System Improvement

- Strong preliminary results from the PCMNR program shows increases in perceptions and understanding of leadership and quality improvement processes.

Primary health care and the promotion of patient centred models of care will continue to be at the cornerstone of services that the PHN provides. As the primary health care space is changing, we aim to continue to provide a high level of support to our stakeholders to ensure that they are equipped with the right knowledge and resources to provide a high quality of patient care. Moving into 2019, we look forward to exploring new areas including the changes to the current Practice Incentives Program (PIP) to incorporate a greater focus on quality improvement and continue to embed and expand our PCMNR program across our region.

Immunisation

Our immunisation program reduces the incidence of vaccine preventable diseases in the community by providing appropriate and timely information about these diseases and the National Immunisation Schedule to immunisation providers and the community.

The Central and Eastern Sydney PHN immunisation program has formed strong partnerships with the SESLHD Public Health Unit and SLHD Public Health Unit (PHU) to work towards achieving program objectives.

In the past 12 months, the PHUs and our team have identified several geographic areas with low childhood immunisation coverage rates and we have worked closely with practices

in those areas to improve reporting, recalls and follow-up of children.

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

The Immunisation Team also provides ongoing support to practices regarding vaccine management and cold chain support. In the 2017-18 financial year, 86 practices were provided with support. Three education events were held focussing on the latest immunisation news, cold chain training and travel vaccinations. Community groups have also been engaged, with education programs being delivered to two community groups in our region.

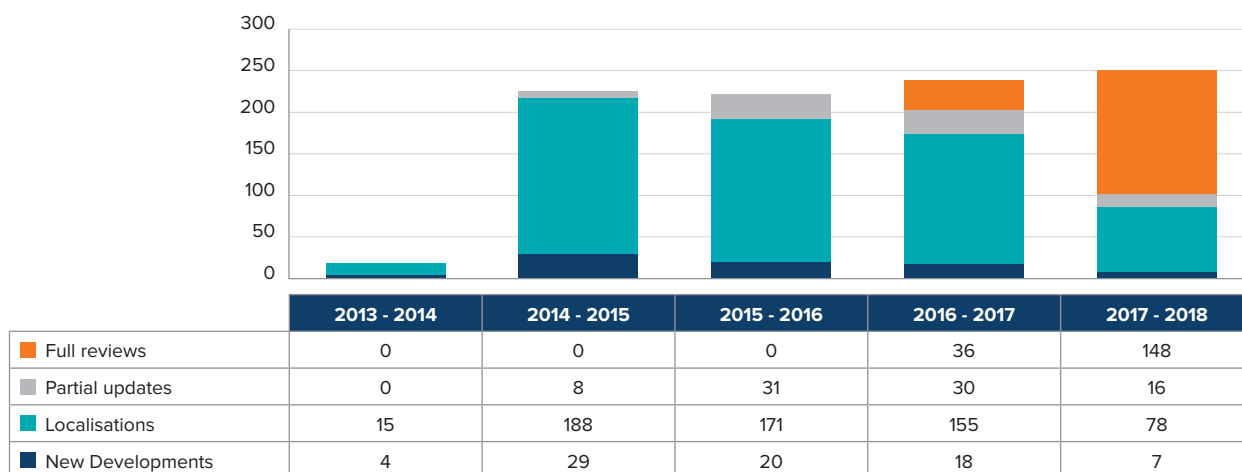
The Immunisation Team presented a poster at the 16th National Immunisation Conference hosted by the Public Health Association of Australia in which we showcased the work of the PHN in achieving increased childhood immunisation coverage rates.

We strive to provide timely information regarding the latest immunisation news and alerts to all stakeholders through our website and bimonthly electronic newsletters.

Immunisation support will continue to be a core PHN activity. Moving into the 2018-19 period, we look forward to continuing our work with our local PHUs, as well as promoting a new immunisation schedule following the review of the Australian Immunisation Register.



Program Output



HealthPathways Sydney

The HealthPathways Sydney website was developed over four years ago, and in that time a lot has changed. We have grown from having 19 clinical pathways and referral information pages to just under 700 clinical pathways, as well as the numerous clinical support tools and patient resources.

As the website's content has grown so has the number of users. Annually, we have seen an increase of 34 per cent in content pages viewed and 51 per cent in sessions of use from the previous year. 2017-18 saw monthly averages of:

- 616 different users
- 4,829 sessions of use
- 19,941 page views

Pathway reviews

To maintain the credibility and accuracy of content, our Periodic Pathway review process commenced in mid-2017 and by the end of June 2018 had completed the full review of 184 previously published pathways and resources. Managed by a dedicated Project Officer, the review process is providing many more opportunities for primary care providers to become involved in shaping pathway content and ensure the continued engagement with the program and accuracy of specialist content with our hospital colleagues. The undertaking of a two year review process has led to the creation of a specific Extended Skills placement for GP registrars who spend two days per week undertaking the pathway content review as well as the networking opportunities from directly interfacing with hospital specialists. The Pathway review process is also supported with a non-clinical Resident Medical Officer placement. Established to provide leave relief for JMOs at RPAH, the position is providing exposure to general practice, medical writing experience, as well medical networking opportunities.

Other notable highlights for the last year have included the introduction of our new directory functions for listing hospital and specialist service providers. The program team is on track to convert all of the current and future service information pages to the new format which will enhance the user experience when looking for contact details. The program has also committed to be one of the first Australian sites to move to a mobile friendly format. This will mean some changes to the current platform to enable easier visualisation of content, particularly for those using smart phones and tablets.

If you would like to be involved or learn about using HealthPathways in your practice, contact the team at SLHD-HealthPathways@health.nsw.gov.au or call 0477 735 472.

Electronic referral

Central and Eastern Sydney PHN continued its support of the Sydney Local Health District (SLHD) General Practice Electronic Referral Project throughout the year which in phase one saw the successful implementation of the Strata Health Solutions PRISM E-Referral software to a number of Medical Director practices in the Inner West. Referrals using the e-referral platform were enabled to Haematology, Liver and Renal services at Canterbury, Concord and RPA Hospitals. Moving forward the project has overseen the integration of HealthLink's SmartForm referral templates into the PRISM platform, which is initially available to 32 local practices with expansion across the central and eastern Sydney region to all HealthLink enabled practices.

With the ongoing support of Central and Eastern Sydney PHN, phase two of the project will see the introduction of more e-referral templates throughout 2018/2019 to more Sydney Local Health District services. For more information please contact the SLHD E-Referral Project Team at SLHD-EReferralProject@health.nsw.gov.au or call 0459 885 531.



South Eastern Sydney HealthPathways

The South Eastern Sydney HealthPathways website went “live” on 4 September with 50 pathways. These included both clinical and referral/request pages across a range of clinical areas. We now have more than 70 published pathways and over 100 in various stages of draft.

The front page of the site also includes quick access to information for Interpreter Services, the Medicare Benefits Schedule (MBS), RACGP Guidelines, Patient Information, Online Resources and access to Education Resources.

Google Analytics is in place to enable us to track and measure program usage over time and demonstrate increases in access as well as increased numbers of individual users and those using the site more than once.

A strategic review meeting involving the program staff, interested senior management and clinical leads is scheduled for late October to review our processes and develop potential clinical areas for future priorities. This will be followed by meetings with the relevant clinical streams to secure engagement and collaboration. It is also intended to re-survey general practice to determine their priorities.

South Eastern Sydney HealthPathways has committed to move to a mobile friendly format. This will provide easier visualisation of the program content, particularly for those using smart phones and tablets.



Clinical Services

Overview

The Clinical Services Stream has had a busy and successful year. The stream is responsible for the Mental Health and Suicide Prevention, Drug and Alcohol (AOD), After Hours, Integrated Team Care (Aboriginal Health), and Partners in Recovery programs. Our strategic goals have been addressed in the following ways:

Goal 1

Improve health outcomes and address health needs

Central and Eastern Sydney PHN has commissioned effective, responsive and integrated health care services in the areas of Mental Health, Suicide Prevention, Drug and Alcohol, Aboriginal Health and After Hours. We successfully commissioned:

- 20 Drug and Alcohol, 18 After Hours, 10 Aboriginal Health, and 25 Mental Health and Suicide Prevention services and programs
- A GP Psychiatry support line in partnership with five other NSW PHNs

We have developed and commissioned innovative drug and alcohol service models that are appropriate for our diverse community including:

- Co-commissioned, with five NSW PHNs, an Alcohol and Other Drugs (AOD) peak project to develop AOD treatment service guidelines for working with Aboriginal and/or Torres Islander people
- Commissioned Family Drug Support to develop and implement a training package to make AOD treatment services more family inclusive
- Commissioned AIDS Council of NSW (ACON) to provide a Substance Support Program consisting of psychosocial counselling and aftercare for the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community, family and friends. ACON have also delivered LGBTI inclusivity training to AOD workers across the region. A new website, Pivot Point, was commissioned to increase LGBTI community access to AOD treatment.
- Commissioned DAMEC (Drug and Alcohol Multicultural Education Centre) to develop and deliver tailored training to commissioned providers to ensure cultural competence in working with Culturally and Linguistically Diverse (CALD) communities
- Commissioned CRC (Community Restorative Centre) to provide a holistic transition program for people exiting custody and returning to community. This program

includes an Aboriginal specific component with identified workers.

Considerable progress has been made in implementing stepped care mental health models. We have:

- Led the development of Stepped Care principles with the NSW/ACT Mental Health Network to support our commissioning
- Commissioned services across a stepped care continuum
- Implemented stepped care across five headspace centres in our region
- Re-designed our website to navigate mental health across the stepped care continuum
- Developed resources identifying commissioned services across the stepped care spectrum
- Trialed stepped care digital tools in general practice
- Provided training to GPs around stepped care
- Acted as a lead site for stepped care, regional planning and low intensity mental health services
- Aligned all commissioned activities to stepped care principles
- Our Rethinking Mental Health Forum continues to be a pillar for supporting a stepped care approach across the region.

We have developed innovative solutions to better support those people with chronic and complex health conditions to keep them well in the community, including:

- Expanded geriatric flying squads across our region
- Mental Health Shared Care to address physical health needs for people experiencing severe mental illness
- GLAD (GP Liaison in Alcohol and Other Drugs) Initiative to build capacity to respond to AOD in the primary care setting
- Digital Health enabled Stepped Care with the Black Dog Institute for people with anxiety and depression presenting to GP practices
- After hours support to vulnerable populations at risk of homelessness with St Vincent's Health Network (SVHN)
- Training to providers in Trauma Informed Care, Aboriginal and Torres Strait Islander cultural awareness and Dialectical Behaviour Therapy

We have undertaken a range of joint action plans with Local Health Districts (LHDs), specialty networks and established healthcare providers, including:

- Child Health and Wellbeing Plan with Sydney Local Health District (SLHD), Family and Community Services (FaCS) and Department of Education (DET)
- Youth Health and Wellbeing Plan with SLHD, FaCS and DET

Clinical Services

- Regional Mental Health & Suicide Prevention Plan Development - Steering Committee formed with SLHD, South Eastern Sydney Local Health District (SESLHD), SVHN, Mental Health Coordinating Council (MHCC), and NSW Mental Health Carers
- CESPHN Mental Health Atlas published and utilised in the planning of regional service activities, with The University of Sydney - Brain and Mind Centre
- Norfolk Island comprehensive needs assessment with Norfolk Island Health and Residential Aged Care Service (NIHRACS) and SESLHD

Goal 2

Support our primary health care professionals and services

We have implemented strategies to build the capacity of the AOD workforce including:

- LGBTI Inclusivity training, CALD cultural competence training, AOD treatment services guidelines for working with Aboriginal and Torres Strait Islander people
- GP Liaison in Alcohol and Other Drugs (GLAD) Project to specifically build capacity of GPs to provide care to people who use AOD in the primary care setting
- Development of guidelines for working with Aboriginal people who access drug and alcohol services – Network of Alcohol and Other Drug Agencies (NADA) and The Sydney Partnership for Health, Education, Research and Enterprise (SPHERE)

Our mental health workforce development activities have included:

- Engaged Orygen to train both headspace and LHD staff together around severe mental illness in young people
- Facilitated training for primary care workforce for DBT and trauma informed care
- In partnership with SESLHD, supported the training of Mental Health First Aid Facilitators including Aboriginal and Torres Strait Islander Facilitators
- Held Navigating Mental Health for diverse communities' forums for community workers

Other key mechanisms that have supported our activities included:

- Drug and Alcohol Advisory Committee
- Mental Health and Suicide Prevention Advisory Committee
- Aboriginal Health and Wellbeing Programs Advisory Committee
- After Hours Advisory Committee

- Reconciliation Action Plan Advisory Committee
- Central and Eastern Sydney PHN was active in the NSW/ACT PHN Networks including Mental Health, Drug and Alcohol, Data, Corporate, Aboriginal Health, Commissioning
- Central and Eastern Sydney Regional Mental Health & Suicide Prevention Plan Steering Committee

Goal 3

Work in partnership to facilitate seamless person-centred care

We have established and continue to foster partnerships with key players including our local health districts, specialty health networks, local health professionals, communities, and social services across the Central and Eastern Sydney PHN region, including Norfolk Island.

We have provided opportunities for community groups and service providers to be partners in the co-design of solutions for commissioned services including:

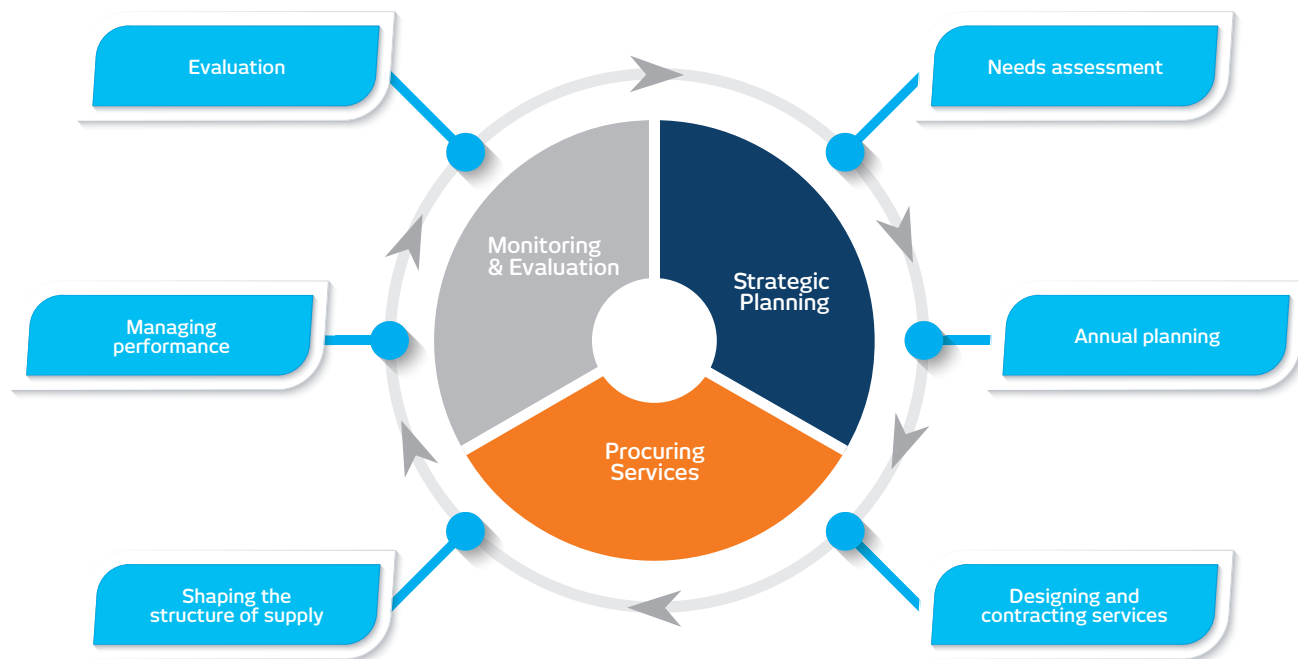
- Review of co-design process with NSW Consumers Health Forum
- Co-design of a number of services including: PSS across priority groups, PICS for people experiencing severe mental illness, Suicide Prevention Services, Norfolk Island health and wellbeing program, and health and wellbeing program for Aboriginal and/or Torres Strait Islander young people

We worked with key partners to support health consumers to become active partners in their health care and support effective local implementation of the NSW Health Integrated Care Strategy. We:

- Co-commissioned a Youth Mental Health First Aid project across SESLHD
- Engaged the 'Consumer Academy' to encourage people who use AOD to take active roles in service organisations
- Commissioned the GLAD project supporting GPs to address drug and alcohol issues in partnership with SESLHD, SLHD and SVHN
- Built capacity in SLHD and SESLHD through implementation of Mental Health First Aid
- Through our Partners in Recovery consortium networks across the South East and Eastern Sydney regions, continued to deliver coordinated support for people with severe and persistent mental illness, with complex needs
- Commissioned the SESLHD and SLHD to deliver the Integrated Team Care program for Aboriginal Communities

Commissioning Overview

Central and Eastern Sydney PHN commissioning activity has been undertaken in line with robust systems and processes.



The following principles outline our approach to commissioning.

- Our decision making is open and transparent and based on priorities identified through health needs assessment and planning
- We utilise a competitive process subject to market capability
- Our investment is targeted at the most appropriate services and evidence based clinical interventions and innovative models of care
- Where appropriate, we co-design services
- We value partnerships with service providers and service users and recognise that we share responsibility and accountability
- We strive to achieve best value for money
- We prioritise improving access, especially for vulnerable populations
- We are committed to developing good quality services and continually improving clinical quality, outcomes and experience
- We have a focus on improving integration and coordination.
- We monitor and evaluate performance with agreed key performance indicators and outcome measures.

Clinical Services

In 2017-18 the clinical services stream commissioned 50 programs. The commissioned organisations are listed below:

Funding stream	Contract name	Contracted Organisation
Mental Health		
Lead site Mental Health	Trial of Stepped Care Clinic in GP Practice	Black Dog Institute
	CALD Mindfulness Project	South Eastern Sydney Local Health District
	Coaching services for Aboriginal and Torres Strait Islander peoples	Bolton Clarke
	Mental Health First Aid for Underserved Groups	Sydney Local Health District
Low intensity Mental Health	Coaching services	Bolton Clarke
	Coaching services in Residential Aged Care Facilities	Bolton Clarke
	Mental Health First Aid	South Eastern Sydney Local Health District
Psychological Support Services (PSS)	PSS in headspace	South Eastern Sydney Local Health District (Bondi Junction)
		Aftercare (Hurstville and Miranda)
		New Horizons (Ashfield)
		University of Sydney (Camperdown)
	PSS in community	Australian Primary Mental Health Alliance
		Sydney Mindcare
		The Gender Centre
		Lilly Pilly Counselling
		One Door Mental Health - with WEAVE and Twenty Ten
		Uplift Psychological Support
	PSS Aboriginal and Torres Strait Islander Specific	Winton Foote (Kirinari Aboriginal Youth Hostel)
		Uplift Psychological Support
Child and youth mental health	headspace	South Eastern Sydney Local Health District (Bondi Junction)
		Aftercare (Hurstville and Miranda)
		New Horizons (Ashfield)
		University of Sydney (Camperdown)
Aboriginal and Torres Strait Islander Mental Health and Wellbeing	Health and Wellbeing of Aboriginal Young People Outreach Services	La Perouse Aboriginal Land Council
		headspace Ashfield
Suicide Prevention	SP Connect	NEAMI

Funding stream	Contract name	Contracted Organisation
Youth Severe Funding	Comprehensive Assessment Service for Psychosis and At Risk -CASPAR headspace Early Intervention Team hEIT	South Eastern Sydney Local Health District
		Sydney Local Health District
Severe Mental Illness	Primary Integrated Care Services (PICS)	One Door Mental Health
	Mental Health Shared Care	South Eastern Sydney Local Health District
		Sydney Local Health District
		St Vincent's Hospital Network
	GP Psychiatrist Support Line	Procare
	Aboriginal and Torres Strait Islander Dialectical Behaviour therapy	Gamarada Universal Indigenous Resources (GUIR)
Norfolk Island Mental Health	Health and Wellbeing Program	Norfolk Island Health and Residential Aged Care Service (NIHRACS)
Partners in Recovery		
	SESPiR	Aftercare
		Benevolent Society
		Neami
	ESPIR	Aftercare
		Neami
Alcohol and Other Drugs		
Service Capacity	Alcohol and Other Drugs Transition Project- Mainstream	Community Restorative Centre (CRC)
	Psychosocial Counselling, MH and AOD Recovery Groups	Odyssey House
	Withdrawal program	WHOS
	Substance Support Program	ACON
	Dialectical Behaviour Therapy Groups	South Eastern Sydney Local Health District
	Volunteer program and Women's Peer Support Groups	NSW User's and AIDS Association
	Consumer Academy – Consumer and Peer work training	NSW User's and AIDS Association
	AOD and MH Education & Training	South Eastern Sydney Recovery College
Service capacity, managing clinical complexity and clinical pathways	GP Liaison in Alcohol and Other Drugs (GLAD) Project	South Eastern Sydney Local Health District
Services for high needs populations	LGBTI Inclusivity training	ACON
	Population Health Campaign – Pivotpoint website	ACON
	CALD Cultural competency training	Drug and Alcohol Multicultural Education Centre (DAMEC)

Clinical Services

Funding stream	Contract name	Contracted Organisation
Aboriginal and Torres Strait Islander Flexible funding: Service capacity	Alcohol and Other Drugs Transition Project	Community Restorative Centre (CRC)
	Aboriginal wellbeing AOD groups	Odyssey House
Services to develop and support best practice guidelines	Treatment Services Guidelines for working with Aboriginal and Torres Strait Islander People	Network of Alcohol and other Drugs Agencies (NADA)
Drug and Alcohol Program (Transitioned programs)	Substance Support Program	ACON
	The Haymarket Foundation AOD Counselling and Waiting List Support Program	The Haymarket Foundation
	The Station Drug and Alcohol Service	The Station
	Maroubra Pathways	The Salvation Army
	Choices, OASIS Youth Services	The Salvation Army
	Mental Health Nurse Coordinator	Uniting, Medically Supervised Injecting Centre
	Speak Out Dual Diagnosis Program	Weave Youth and Community Services
	Drug and Alcohol Treatment Program	Redfern, Aboriginal Medical Service
	Drug and Alcohol Transition Program	Community Restorative Centre
After Hours		
	Geriatric Flying Squad	South Eastern Sydney Local Health District - SouthCare, The Sutherland Hospital
		South Eastern Sydney Local Health District - St George Hospital
		South Eastern Sydney Local Health District - Prince of Wales and War Memorial Hospital
	RACF Outreach Project	Sydney Local Health District
	RACF Education Project	Sydney Local Health District
		South Eastern Sydney Local Health District
	St George GP After Hours Service	Central Coast Primary Care
	After Hours Support Program	Consumer Activity Network (One Door Mental Health)
	Homelessness Outreach Project	South Eastern Sydney Local Health District- Kirkton Road Centre and St Vincent's Hospital
Integrated Team Care (Aboriginal Health)		
	Integrated Team Care - Care Coordination and Outreach	South Eastern Sydney Local Health District
		Sydney Local Health District

After Hours

The After Hours program has commissioned multiple initiatives to help address barriers and gaps to improve access, efficiency and effectiveness of after hours primary health care.

Below are project highlights from the past year:

Homelessness Outreach Project

Central and Eastern Sydney PHN has commissioned services to improve the coordination and delivery of care to individuals experiencing or at risk of primary and secondary homelessness. These include:

- Kirketon Road Centre will operate a mobile outreach team with an equipped van to regular locations in central Sydney. This service will provide primary care, care coordination and linking to health services.
- The complex care coordination program at St Vincent's Hospital will be expanding to provide care coordination and case management for people presenting to the emergency department with complex support needs.

Community and RACF Improvement projects:

Central and Eastern Sydney PHN continues to support both South Eastern Sydney and Sydney Local Health Districts to increase the capacity and hours of operation of specialised teams within the St George, Sutherland, Prince of Wales, War Memorial and SLHD regions. These teams provide rapid services to residents in Aged Care Facilities, including assessments, triage services, care planning and follow up.

Some achievements made in this area include:

- Central and Eastern Sydney PHN has now commissioned the expansion of the Southcare Community Outreach Service (SOS) project to deliver a rapid response, multidisciplinary team to clients aged over 65 years in their home. Feedback has been positive, such as: "The after hours project for the SOS has been very quick to take off. From the first afternoon shift we have been very busy and this has continued. Thanks so much for your support."
- Commissioning a pilot Residential Aged Care Facility (RACF) education project with a Clinical Nurse Consultant working alongside the St George RACF outreach team to upskill RACF staff
- Work with existing teams to expand the service to provide RACF outreach across the St Vincent's region
 - The Prince of Wales – War Memorial GFS won the prestigious HESTA National Aged Care Awards, in the Team Innovation Category
 - Central and Eastern Sydney PHN has engaged with a consultant to conduct an evaluation of the CESPHN commissioned RACF outreach projects.

Training and Support to After Hours Pharmacies

The Pharmacy Guild of Australia (NSW Branch) is delivering Mental Health First Aid Training to pharmacists working in after hour pharmacies in the region. Four sessions with 20 participants will be delivered in locations across the region.

St George After Hours GP Service

Central and Eastern Sydney PHN maintained the ongoing support of after hours services for residents in the St George region by continuing to support the St George GP After Hours Service.

In the upcoming year we look forward to developing a number of innovative projects to support after hours primary care.

Drug and Alcohol

We continue to support contemporary, evidence-based programs and initiatives to enhance delivery of drug and alcohol treatment across Central and Eastern Sydney PHN, ensuring effective and timely care, with a focus on those who experience barriers to accessing services.

Our new work plan underpins our continued efforts with a renewed focus on family inclusive practice and the meaningful involvement of people with lived experience of using alcohol and drugs. The plan has been informed by extensive consultation and reflects our updated *Alcohol and Other Drugs Needs Assessment*, released in November 2017.

Drug and alcohol treatment

We funded the following improvements to drug and alcohol treatment across the region.

ACON have worked to increase access to Alcohol and Other Drugs (AOD) treatment for LGBTI communities, launching *Pivotpoint* – a web-based resource with local service information and brief self-assessment tool. ACON has supported more than 200 LGBTI people and families, through their Substance Support Program.

Community Restorative Centre Transitions Project won the NADA *Excellence in Treatment* award for their psychosocial outreach support to people with substance use and complex support needs exiting custody. The team includes identified staff who support Aboriginal and Torres Strait Islander clients.

Odyssey House provide AOD and Mental Health Recovery groups, individual counselling, aftercare and Wellbeing yarning circles. They have provided 450 treatment episodes and two group sessions weekly, from their new Redfern and Canterbury locations.

The addition of WHOS Withdrawal Management program has reshaped the residential program, enabling holistic needs of people presenting for admission to be addressed. Over 80 per cent of WHOs participants have benefited from having their withdrawal needs met on-site, allowing them to engage directly with the Therapeutic Community program, without the need to complete withdrawal elsewhere.

Clinical Services

Capacity Building in the AOD Sector

We continue to fund innovative approaches to enhancing the capacity of AOD service provision.

NUAA's volunteer program provides peer supported hepatitis C treatment, supporting workforce re-entry for 45 volunteers and a weekly support group for women who experience intimate partner violence. NUAA have launched their *Consumer Academy* in Central and Eastern Sydney PHN - a structured program enabling 20 consumers to build their capacity to work in AOD peer roles.

South Eastern Sydney Recovery College¹ worked with consumers to inform, develop and co-facilitate five new courses for people with mental health and AOD support. The college provides education, peer support and pathways to

study and employment.

Family Drug Support are establishing a regular family support meeting in the region, in addition to Burwood, Randwick and Sutherland.

SESLHD have trained six facilitators and supported 32 people through their 12-week Dialectical Behaviour Therapy informed group counselling for clients of SESLHD Drug and Alcohol Services. A collaboration between SESLHD, SLHD and St Vincent's Health Network provides the GP Liaison Alcohol and Other Drugs (GLAD) project. Clinical Nurse Liaisons work with GPs to provide effective support to people with AOD support needs, in the primary care setting, through a targeted education program and regular clinics.

¹ A service of South Eastern Sydney Local Health District



Building a quality AOD workforce

Through ongoing dialogue with service providers, we can identify and respond to workforce needs and opportunities that enhance the capacity of those who provide AOD treatment services. Ensuring services are well-equipped and provide good access for Central and Eastern Sydney PHN priority populations, is a key focus.

In September 2017 we held a comprehensive one-day GP workshop, *AOD Recognise and Respond 2017*. Over 50 GPs engaged in assessment and brief intervention sessions, with

opportunities to meet local AOD service providers and build referral opportunities.

Other initiatives included training to support LGBTI inclusive practice, family inclusive practice, working with culturally diverse clients. Central and Eastern Sydney PHN also partnered with NADA, Lives Lived Well and other NSW PHNs, supporting the development of guidelines for mainstream AOD services working with Aboriginal and Torres Strait Islander communities.

Mental Health and Suicide Prevention

Lead Site

As a PHN lead site for primary mental health reform in Australia, Central and Eastern Sydney PHN continue to support the implementation and promotion of innovative approaches.

South Eastern Sydney Local Health District (SESLHD) delivered the *Mindfulness Interventions in CALD Communities* program. Based on SESLHD's earlier pilot, the tailored in-language program has been delivered to 149 Arabic and Bengali speakers in the community. Facilitated by bilingual mental health and community service practitioners, ongoing evaluation has indicated success in reducing psychological

distress, depression, anxiety and stress.

Central and Eastern Sydney PHN funding has increased the capacity of Sydney Local Health District (SLHD) to continue to deliver *Mental Health First Aid (MHFA)* training to underserved populations. Four instructors within SLHD were recruited and trained to deliver: youth, Aboriginal, Arabic and Chinese (Mandarin and Cantonese) courses; with nine MHFA courses delivered to 158 community members.

Collaboration with the Black Dog Institute (BDI) to pilot BDI's StepCare program provided mental health screening within General Practices through the implementation of a 'train the trainer' model. The evaluation found the service was considered acceptable to GPs, Practice staff and patients, with GPs reporting improved identification and management of patient's mental health needs. The train the trainer model was found to support service implementation and sustainability.

Low Intensity

As part of a stepped care approach to mental health Central and Eastern Sydney PHN funded low intensity mental health services and activities, including NewAccess coaching services and South East Sydney LHD's Mental Health First Aid Youth program.

Launched in October 2017, the NewAccess program is a mental health coaching program developed by beyondblue to support people experiencing early signs of depression and anxiety.

Bolton Clarke has been commissioned by Central and Eastern Sydney PHN to deliver the program in the region. Consistent with Central and Eastern Sydney PHN's commitment to reach underserved population groups, Bolton Clarke have also been commissioned to deliver NewAccess to people living

in Residential Aged Care Facilities. We have also begun working with Bolton Clarke, beyondblue, Charles Sturt University and Aboriginal and Torres Strait Islander community members to establish, monitor and evaluate the feasibility and appropriateness of NewAccess for Aboriginal and Torres Strait Islander people.

Throughout 2017-18, Bolton Clarke and program partners have undertaken significant promotion and partnership development, providing 1,245 coaching sessions to 374 people through the mainstream program and 149 sessions to 43 people living in residential aged care facilities.

Central and Eastern Sydney PHN was also pleased to support South Eastern Sydney Local Health District's Youth Mental Health First Aid program which was recently awarded the SESLHD Improvement and Innovation award for Delivering Integrated Care.



Clinical Services

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

Psychological Support Services (PSS) provides free short-term face to face psychological therapies for people experiencing mild to moderate mental health concerns. It is a program for people who are considered underserved across the region and who experience barriers in accessing psychological support. In 2017-2018 approximately 4,955 people received services from PSS in the region.

The underserved populations in the Central and Eastern Sydney PHN region are:

- Women experiencing perinatal depression
- Children 0-12 years
- Aboriginal and Torres Strait Islander peoples
- People from culturally and linguistically diverse backgrounds
- People who identify as lesbian, gay, bisexual, transgender or intersex
- Adults at risk of homelessness
- Adults who are unable to access psychological services due to financial constraints
- Adults living within the underserved local government areas of Bayside, Canterbury City, Georges River and Strathfield

We fund the following consortia to deliver the services:

- Australian Primary Mental Health Alliance
- Lilly Pilly Counselling
- Sydney Mindcare
- The Gender Centre
- headspace - Ashfield, Bondi, Camperdown, Hurstville, Miranda

*Number of People who received services through PSS in 2017-2018 by sub population

Aboriginal &/or Torres Strait Islander people	128
Culturally and Linguistically Diverse	409
Children 0-11	290
Youth 12-24	1,263
Other (Adults 25+)	2,253
Other (Older person 65+)	195
Suicide Prevention	725

**NB data in this table includes an estimation for a 6 week period during transition of data systems based on existing data.*

Mental health services for people experiencing severe mental illness

Central and Eastern Sydney PHN has a number of programs to attempt to fill gaps in services for people who have lived experience of severe mental illness and to support people to link into primary health care.

In 2016-2017 the Mental Health Nurse Incentive Program (MHNIP) transitioned to a new program that was the result of a co-design process that included many stakeholders: consumers, GPs, psychiatrists, mental health nurses and representatives from local health districts and community organisations.

In October 2017 the Primary Integrated Care Support program (PICS) commenced operating after a successful bid by One Door Mental Health. Since this time the PICS program has delivered approximately 8,888 sessions to 1,088 people in the region.

One of the key features of the PICS program is not only that One Door have been successful in recruiting 10 Full Time Equivalent (FTE) Mental Health nurses, but that four FTE Peer Workers are also working in the program, with a view to expand this number.

Along with the PICS program, Central and Eastern Sydney PHN commissions the Sydney Local Health District, South Eastern Sydney Local Health District and the St Vincent's Hospital Network to support consumers to link in with a GP, with the aim of improving people's physical health through more regular health screening.

A total number of 193 people were supported in 2017-18 through this initiative.

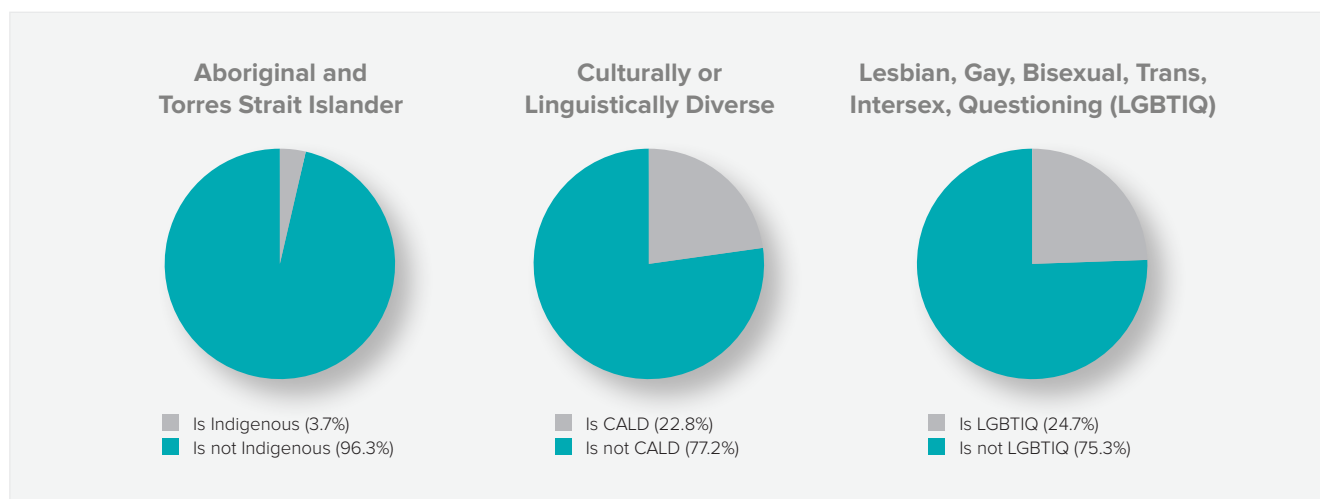
A number of primary health networks in NSW have also collaborated to commission a GP Psychiatry line with the aim of improving mental health services received by consumers in the primary care setting. This service will provide a pool of psychiatrists to the GPs in the region to provide expert advice for their consumers. This service was only launched in July 2018 and already 117 GPs have registered to receive support.

Child and Youth Mental Health Services

headspace

Central and Eastern Sydney PHN commissions five headspace Centres in our region, at Ashfield, Bondi Junction, Camperdown, Hurstville, and Miranda. On average, each centre saw 190 young people each month. headspace Centres provide holistic support to young people 12-25 years, including mental and physical health, drug and alcohol, and vocational services.

Who is going to headspace Centres in our region?



Client satisfaction at CESPHN headspace Centres is high



headspace Ashfield

produced an animation to create mental health awareness in the Mandarin-speaking community <https://www.youtube.com/watch?v=prBVdKr58Bo>

headspace Hurstville

and headspace Miranda ran Dialectical Behaviour Therapy (DBT) groups which taught skills that help to manage painful emotions and decrease conflict in relationships.

headspace Bondi Junction

won the Consumer Choice for Person Centred Care at the 2018 SESLHD Improvement and Innovation Awards.

headspace Camperdown

evaluated their functional recovery program, showing that it helps young people to live a full and meaningful life. Almost all participants who had not been in work or education at the beginning of the program were at the end.

Central and Eastern Sydney PHN commissions five headspace Centres in our region, at Ashfield, Bondi Junction, Camperdown, Hurstville, and Miranda. On average, each centre saw 190 young people each month.

Clinical Services

Early intervention for severe mental illness

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

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

Anxiety project

Ashfield, Burwood, Strathfield and Canada Bay Child and Family Interagency identified a need for greater support for children and adolescents experiencing anxiety in the inner west. Funded by Central and Eastern Sydney PHN, this group ran two events in Mental Health Month 2017 for a total of 157 parents and workers, and produced resources that were widely distributed, including a podcast and referral pathway tool.

Participants rated the events highly and increased their understanding and knowledge of services.

Suicide Prevention

SPconnect

This year Central and Eastern Sydney PHN commissioned Neami National to implement a service to support people after a suicide attempt or crisis, following leaving St Vincent's, Prince of Wales or Royal Prince Alfred Hospitals.

Research conducted by Suicide Prevention Australia and the University of New England highlighted the effects suicide and suicide attempts have on the community, estimating that between 10 and 135 people are affected by each suicide, including increases in psychological distress and risk of suicide. In the Central and Eastern Sydney PHN region this equates to approximately 1,300 to 17,000 people annually affected by suicide.

SPconnect – prevention through connection is an outreach service providing one-on-one support for emotional wellbeing. The SPconnect care coordinators use a person-led approach to facilitate connections with local services and GPs to support the stressors that are impacting the lives of the participants.

One participant stated, "I wish I had found this program years ago and I hope it is successful so that more people can be supported."

Suicide Prevention Training

Central and Eastern Sydney PHN understands the value of the GP in caring for people who may have attempted to take their lives and commissioned the Black Dog Institute to deliver workshops tailored specifically to general practice – entitled *Safety plan and suicide pathways navigation*.

These workshops resulted in 93 per cent of GPs participating rating that their learning needs were met and 91 per cent rating that the activity was relevant to their practice. 92 per cent rated that their knowledge and confidence regarding dealing with suicide in their practice increased from somewhat confident to extremely confident.

By working together and making suicide everyone's business we can make a difference in people's lives.

Norfolk Island

Central and Eastern Sydney PHN funded several Norfolk Island community groups during the year to enhance health and wellbeing knowledge and awareness. These activities included:

- **Women's Health High Tea** – High Tea, facilitated by WAGNI (Women's Advocacy Group Norfolk Island), where we discussed those burning questions women need to know
- **Men's Health - 'My Health Service Card?' health awareness activity** – a program developed by the Australian Men's Shed Association as a man-friendly health screening and information initiative adapted and facilitated by WAGNI
- **RUOK?** – Activities facilitated by MHAG (Mental Health Awareness Group)
- **Mental Health Month** – Activities including a bike ride to raise awareness about suicide facilitated by MHAG
- **Older peoples' health and wellbeing** – Activities facilitated by Care Norfolk
- **Mums and Bubs** – Healthy eating, facilitated by Anglicare.

Norfolk Island Health and Residential Aged Care Service, who have been commissioned by Central and Eastern Sydney PHN, were successful in recruiting a Health and Wellbeing Coordinator, whose role is to work with health services and the community to implement strategies outlined in the Norfolk Island Health Promotion Plan. This role is crucial to supporting a coordinated approach to health promotion and health literacy.



Preparing for bike ride to raise awareness around suicide



Ready to welcome community for an afternoon tea RUOK? chat

Partners in Recovery

Partners in Recovery (PIR) is an initiative that works to better support people who experience severe and persistent mental illness with complex support needs. Our program provides care coordination to ensure services and supports from multiple sectors work in a more collaborative, coordinated and integrated way. In the 2017-18 year we delivered care coordination to over 900 consumers across our two areas, Eastern Sydney and South Eastern Sydney, increasing access to services and supports for those experiencing severe mental illness in our regions.

PIR has continued to promote a community-based recovery model by working collaboratively with organisations in the mental health sector alongside our consumers. We have facilitated strong partnerships through co-locations with several key services in our region. This has allowed us to better respond to consumer needs by communicating with services used by our consumers, ensuring effective engagement with those experiencing severe mental illness in our regions.

Our focus for the 2017-18 year was the transitioning of PIR consumers to the National Disability Insurance Scheme (NDIS). Our program has been extended to 30 June 2019 so we can engage with PIR consumers to support and facilitate their transition to and participation in the NDIS, whilst also maintaining service continuity to our consumers who do not wish to transition or who are ineligible for the NDIS. We have continued to develop key partnerships with the National Disability Insurance Agency (NDIA), regional Local Area Coordinators and other relevant services in our two PIR regions to facilitate the transition.

A key challenge for PIR has been the extremely slow phasing in of the PIR clients by the NDIS across our regions. The long waiting periods for NDIS to make initial contact with our consumers has led to far slower transition rates and approved Individually Funded Packages (IFPs) than was expected. Based on the evidence of the slow transition rates which was outside of PIR program control, negotiations with the Department of Health and NDIS were undertaken which led to revised PIR contracted targets being approved late in the financial year. These new targets have been fully achieved for both regions.

Over the coming year we will continue to focus on providing smooth transition for consumers moving to an NDIS IFP while continuing to provide high quality care coordination supports to existing consumers who will not be transitioning to the NDIS. PIR is expected to wind down by July 2019, with an interim Continuity of Support program implemented for all consumers not transitioned to ensure these remaining clients continue to receive the same level of support and service.

Clinical Services

Aboriginal Health

Care Coordination and Aboriginal Outreach Support

Throughout 2017-18 all outreach and care coordination components of the Integrated Team Care Program were commissioned out and delivered by teams working within Sydney Local Health District and South Eastern Sydney Local Health District. From the end of June 2018 the ITC program intake support role (previously provided by Central and Eastern Sydney PHN) will be formally managed by the Local Health District teams.

Practice Support and Resources

Practice visits have been offered both as a follow up to cultural awareness training activities and for support in the registration and required administration for participation in the practice based Indigenous Health Incentive.

In addition:

- Cultural awareness training resources have been further developed; an Aboriginal cultural audit tool has been created
- Central and Eastern Sydney PHN website has been redeveloped and updated, including listing practices who have provided consent to list their details as participating in the Indigenous Health Incentive
- A review and update of SLHD HealthPathways site was supported.

Three cultural awareness CPD training opportunities were offered in Waverley, Kogarah and Canada Bay for GPs, allied health professionals, practice nurses and practice staff. A total of 64 participants completed the training.

Central and Eastern Sydney PHN has also participated in the *Ways of Thinking, Ways of Doing* UNSW research project into cultural competency in general practice which has now concluded and is being prepared for publishing with a report of positive evaluation results. Central and Eastern Sydney PHN was represented with 17 practices participating in the study.

Reconciliation Action Plan (RAP)

The development of the Central and Eastern Sydney PHN inaugural Innovate Reconciliation Action Plan continued in 2017 and was successfully finalised by early 2018. Following the plans' formal endorsement by Central and Eastern Sydney PHN Board of Directors and Reconciliation Australia, the Reconciliation Action Plan was launched at an event during Reconciliation Week. The event was attended by more than 100 people from our local Aboriginal communities and community-controlled organisations, commissioned services, local health districts and health service providers along with staff, Executive Board and Council representatives.

Community Based Events

Central and Eastern Sydney PHN has supported:

- The facilitation of an anxiety awareness workshop for community members in the Redfern/Chippendale/Waterloo area
- The delivery of a cultural awareness and sensitivity training program at Department of Education for school counsellors and psychologists (Sutherland Shire region)
- Two cultural awareness and sensitivity training sessions for 48 provisional referrers to the PSS program
- Aboriginal Youth Mental Health First Aid training
- The 9th Annual Koori Breast Cancer Awareness event at La Perouse
- GP service provision for residents of a local Aboriginal youth hostel.

Health and Wellbeing programs

La Perouse Local Aboriginal Land Council was funded by Central and Eastern Sydney PHN to recruit two Youth Health and Wellbeing Coordinators to work with local community to:

- Build community relationships
- Map local clinical and community services to promote awareness of available appropriate resources
- Assist in navigating clinical and other support services in line with a stepped care approach
- Build community resilience through working with young people, their families, carers and communities
- Assist in facilitating referral pathways to improve access and engagement with services.

Central and Eastern Sydney PHN has commissioned the headspace Ashfield Lead Agency (New Horizons) to recruit an Aboriginal Outreach worker to facilitate access to services for Aboriginal and Torres Strait Islander young people. headspace Ashfield consulted with elders, Aboriginal workers, service providers and young Aboriginal young people to determine the model of support required.



Corporate Services

Overview

This year Corporate Services has driven significant organisational change within Central and Eastern Sydney PHN. We have consolidated our operations with the aim of creating both a better place to work and efficiencies.

Consolidating offices

We identified the need to consolidate our Ashfield and Kogarah offices to a single site as a way to better serve the needs of the region by improving communication between teams and reducing rent and infrastructure costs. This involved a search for suitable premises, obtaining approvals from our funding body and then the design of a new workspace. We also implemented activity-based working to strengthen collaboration and improve productivity. This change to our work style has involved significant input from our staff to ensure that it meets our specific needs.

The new space has also made way for new training rooms which have provided an improved environment for the professional development of our primary care providers.

Improved systems

The move to a new site has meant a focus on improved IT, with smart technology solutions implemented throughout the office. We also reviewed our Customer Relationship Management (CRM) system and are preparing to implement the Salesforce system in late 2018. This new system will better integrate with our website and membership functions and will allow us to target our communications more effectively throughout the region.

Our Finance systems have been further improved with the implementation of Power BI to strengthen our analytics and reporting functions.

This year we continued to develop our procurement and contract management processes. This has involved designing standardised tools, templates and the provision of regular staff training. Our contract and risk management system, Folio, has been further refined with commissioned service providers now able to submit reports via this system.

Cybersecurity awareness has increased as a result of phishing training and penetration testing.

Streamlining operations

Our renewed funding agreement with the Department of Health included a reduction in funding for corporate governance, providing an impetus to improve our processes and restructure some of our support functions. We decided to outsource Human Resources and Payroll from July 2018. In implementing these changes we have ensured our managers have access to 24/7 HR support, and the organisation has access to strategic HR advice. We also consolidated some of our administration and engagement functions.

Strengthening our communications

We have listened to feedback and redesigned our website to create a simple, more accessible platform. We continue to provide a weekly email update that is supplemented by online newsletters on specific topics including Immunisation, Antenatal Shared Care, Health and Disability Interface and Drug and Alcohol. Our quarterly publication, Sydney Health Issue, provides the opportunity for more in-depth profiles of issues affecting our region.

Our management team have all attended presentation skills training.

Improved internal communications have also been a priority with weekly CEO communications building momentum and awareness around organisational changes. We held staff workshops in May and June to address the findings of our staff engagement survey and to develop our new organisational values. The move to our single site and the shift to activity-based working has also made a positive change to our internal communications between teams.





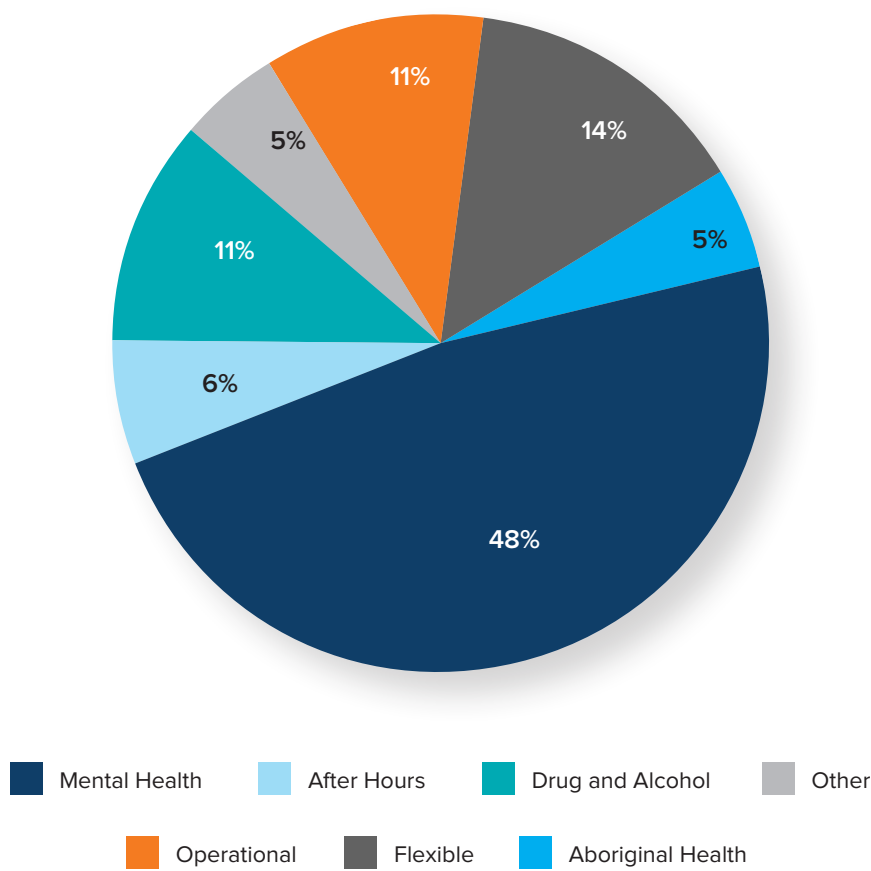
Financial Performance

Our Financial Statements were completed within the required timeframe and the audit report was unqualified. During 2017-18, we managed a total income of \$49,078,251. The following information presents a summary of our financial results for 2017-18. Refer to the Summary Financial Report for a more detailed report of our financial performance in 2017-18.

Our major funder is the Commonwealth Department of Health from whom we receive funding under several different schedules. In late March we received advice that our core funding and Integrated Team Care funding would be extended to 30 June 2021. We expect to hear about the continuation of our Mental Health, Drug and Alcohol and After Hours funding later this year. This year we also received funding from the Digital Health Agency to assist in the roll out of the My Health Record system.

Overall our expenditure was \$40 million of which we spent \$26 million or 63 per cent on commissioned services, 24 per cent on staffing related costs and 13 per cent on other expenses. As at the end of June we had unexpended grants of approximately \$9 million, some of which have been approved for carry over into future funding periods to offset funding reductions.

Total funding 2017-18





EIS HEALTH LIMITED
ABN 68 603 815 818

Summary Financial Report
For the Year Ended
30 June 2018

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 2018 full financial statements, including the independent audit report, is available to all members and will be sent to members without charge upon request.

CONTENTS

Auditor's Independence Declaration.....	1
Independent Audit Report.....	2
Responsible Persons' Declaration.....	3
Summary Statement of Surplus or Deficit and Other Income.....	4
Summary Statement of Financial Position.....	5
Summary Statement of Changes in Funds.....	6
Summary Statement of Cash Flows.....	7
Notes to the Summary Financial Statements.....	8
Discussion and Analysis of the Summary Financial Statements.....	9

EIS Health Limited

ABN 68 603 815 818

Auditors Independence Declaration

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2018 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 CA
Director

NEWCASTLE

14 September 2018

1



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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 2018, the summary statement of comprehensive income, summary statement of changes in funds and summary cash flow statement for the year then ended, and related notes, are derived from the audited financial report of EIS Health Limited for the year ended 30 June 2018.

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

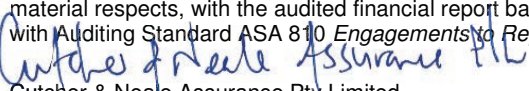
We expressed an unmodified audit opinion on the audited financial report in our report dated 14 September 2018.

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 CA
Director

NEWCASTLE

14 September 2018

2



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EIS Health Limited

ABN 68 603 815 818

Responsible Persons' Declaration

The Responsible Persons of the Company declare that the summary financial statements of EIS Health Limited for the financial year ended 30 June 2018, as set out on pages 4 to 10:

- (a) comply with the Accounting policies described in Note 1; and
- (b) have been derived from and are consistent with the full financial statements of EIS Health Limited.

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

Responsible Person



Dr Michael Wright

Responsible Person



Steven Kouris

Dated 18 September 2018

EIS Health Limited

ABN 68 603 815 818

Summary Statement of Surplus or Deficit and Other Comprehensive Income For the Year Ended 30 June 2018

		2018	2017
	Note	\$	\$
Revenue	2	39,617,373	34,813,027
Other income	2	464,609	496,024
Employee benefits expense		(9,498,157)	(10,017,135)
Occupancy expense		(1,139,207)	(1,294,345)
Program delivery expenses		(27,116,462)	(22,219,164)
Management and administration expense		(2,280,519)	(1,778,368)
Surplus / (deficit) before income tax		47,637	39
Income tax expense		-	-
Surplus / (deficit) after income tax		47,637	39
Other comprehensive income		-	-
Total comprehensive income		47,637	39

The accompanying notes form part of these financial statements.

4

EIS Health Limited

ABN 68 603 815 818

Summary Statement of Financial Position As at 30 June 2018

	2018 \$	2017 \$
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	20,134,715	17,276,685
Trade and other receivables	1,204,401	271,242
Other assets	420,607	130,477
TOTAL CURRENT ASSETS	21,759,723	17,678,403
NON-CURRENT ASSETS		
Property, plant and equipment	788,931	558,325
TOTAL NON-CURRENT ASSETS	788,931	558,325
TOTAL ASSETS	22,548,654	18,236,728
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	5,353,421	4,677,581
Other liabilities	15,114,809	11,055,346
Provision for make good of premises	417,538	514,726
Employee benefits	700,991	559,111
TOTAL CURRENT LIABILITIES	21,586,759	16,806,764
NON-CURRENT LIABILITIES		
Employee benefits	362,944	342,562
Provision for make good of premises	-	366,999
Other Liabilities	389,236	558,325
TOTAL NON-CURRENT LIABILITIES	752,180	1,267,886
TOTAL LIABILITIES	22,338,939	18,074,650
NET ASSETS	209,715	162,078
FUNDS		
Retained Earning/profit	209,715	162,078
TOTAL FUNDS	209,715	162,078

The accompanying notes form part of these financial statements.

EIS Health Limited

ABN 68 603 815 818

Summary Statement of Changes in Funds For the Year Ended 30 June 2018

	Accumulated Surplus
	\$
Balance at 1 July 2017	162,078
Total other comprehensive income	<u>47,637</u>
Balance at 30 June 2018	<u><u>209,715</u></u>
	Accumulated Surplus
	\$
Balance at 1 July 2016	162,039
Total other comprehensive income	<u>39</u>
Balance at 30 June 2017	<u><u>162,078</u></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 2018

	2018	2017
	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from government grants and services	46,793,526	38,737,122
Payments to suppliers and employees	(43,693,694)	(31,965,234)
Interest received	290,050	267,158
Net cash provided by (used in) operating activities	<u>3,389,882</u>	<u>7,039,046</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property, plant and equipment	(531,852)	(218,652)
Net cash used by investing activities	<u>(531,852)</u>	<u>(218,652)</u>
Net increase (decrease) in cash and cash equivalents held	2,858,030	6,820,394
Cash and cash equivalents at beginning of year	17,276,685	10,456,291
Cash and cash equivalents at end of financial year	<u><u>20,134,715</u></u>	<u><u>17,276,685</u></u>

The accompanying notes form part of these financial statements.

EIS Health Limited

ABN 68 603 815 818

Notes to the Summary Financial Statements For the Year Ended 30 June 2018

1 Accounting Policies

The summary financial statements have been prepared from the audited financial report of EIS Health Limited for the year ended 30 June 2018. The audited report for the year ended 30 June 2018 is available at request from EIS Health Limited.

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

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

EIS Health Limited is dependent on the Department of Health for the majority of its revenue. At the date of this report the Responsible Persons have no reason to believe the Department of Health will not continue to support EIS Health Limited. The Department of Health has agreed to extend the core funding contract for Primary Health Networks for an additional three years, to 30 June 2021.

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

2 Revenue and Other Income

	2018 \$	2017 \$
Revenue from ordinary operations		
- Operating grants	39,373,524	34,244,707
- Program partner contributions	243,849	533,794
- Services revenue	-	34,526
	39,617,373	34,813,027
Other income		
- Sponsorship income	57,068	67,557
- Donations and fundraising income	-	20,070
- Interest revenue	290,050	267,158
- Other income	117,491	141,239
	464,609	496,024
Total revenue & other income	40,081,982	35,309,051

EIS Health Limited

ABN 68 603 815 818

Discussion and Analysis of the Summary Financial Statements For the Year Ended 30 June 2018

Statement of Surplus or Deficit and Other Comprehensive Income

The surplus from ordinary activities for the year was \$47,637 (2017: \$39).

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

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

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

Revenue

Operating revenue for the year was \$39,617,373 (2017: \$34,813,027). Almost all of this revenue was derived from delivering outcomes in accordance with Commonwealth Department of Health funding contracts. Operating grant income increased as a result of continued growth of the Company's grant funded activities with notable increases in recognised income for; Operational and Flexible Funding, Innovation Funding, Mental Health Funding, Drug and Alcohol Funding, Partners in Recovery Funding, My Health Record Expansion Funding and Norfolk and Torres Strait Funding.

Expenditure

Total expenses incurred for the year were \$40,034,345 (2017: \$35,309,012).

Employment costs amounted to \$9,498,157 (2017: \$10,017,135) and the number of employees at balance date remained consistent with the prior period (2017: 104 employees at balance date).

Program costs amounted to \$27,116,462 (2017: \$22,219,164). 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 in program expenses is due mainly to the expected growth and maturity of commissioning of services resulting in more payments to 3rd parties for service delivery.

Statement of Financial Position

The Company's statement of financial position discloses net assets of \$209,715 as at 30 June 2018. The net asset position is consistent with the requirements of the Company's reciprocal funding arrangements with the Commonwealth Department of Health. Unspent grant funds are recorded as liabilities and represent amounts carried forward to be applied in future periods in accordance with plans and strategies approved by the Department of Health.

EIS Health Limited

ABN 68 603 815 818

Notes to the Financial Statements For the Year Ended 30 June 2018

The Company has reported current assets of \$21,759,723 (2017: \$17,678,403) and current liabilities of \$21,586,759 (2017: \$16,806,764). Assets consist mainly of cash of \$20,134,715 (2017: \$17,276,685) which is of similar value to the sum of unspent current year funding \$11,004,684 (2017: \$6,660,106), grant funding received in advance of \$4,110,125 (2017: \$4,395,240) and trade and other payables of \$5,353,421 (2017: \$4,677,581).

Statement of Cash Flows

Operating Activities

Cash inflows from operating activities were \$46,793,526 (2017: \$38,737,122). Almost all of the cash receipts represented funding received from the Department of Health. Cash payments to suppliers and employees amounted to \$43,693,694 (2017: \$31,965,234).

Investing Activities

Cash outflows from operating activities were \$531,852 (2017: \$218,652). Asset additions totalling \$132k mainly comprising computer equipment and capital work in progress balance of \$400k in relation to deposit made for the new office fit out in Mascot.

Glossary of Terms

ACON	AIDS Council of NSW	LHD	Local Health District
ACSQHC	Australian Commission on Safety and Quality in Health Care	MHCC	Mental Health Coordinating Council
ANSC	Antenatal Shared Care Program	NGO	Non Government Organisation
AOD	Alcohol and Other Drugs	NIHRACS	Norfolk Island Health and Residential Aged Care Service
CALD	culturally and linguistically diverse	PCMNH	Person Centred Medical Neighbourhood
CESPHN	Central and Eastern Sydney PHN	PHN	primary health network
CPD	continuous professional development	PICS	Primary Integrated Care Supports
DBT	dialectical behaviour therapy	PIP	Practice Incentives Program
DET	Department of Education and Training	PSS	Psychological Support Services
ESPIR	Eastern Sydney Partners in Recovery	RACF	Residential Aged Care Facility
FACS	Family and Community Services	RACGP	Royal Australian College of General Practitioners
GLAD	GP Liaison in Alcohol and Other Drugs	SESLHD	South Eastern Sydney Local Health District
GP	general practitioner	SESPIR	South Eastern Sydney Partners in Recovery
GUIR	Gamarada Universal Indigenous Resources	SIP	Service Incentive Payments
ITC	Integrated Team Care	SLHD	Sydney Local Health District
LGBTI	lesbian, gay, bisexual, transgender and intersex people	SVHN	St Vincent's Health Network

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