NORTH WESTERN MELBOURNE PRIMARY HEALTH NETWORK

ANNUAL REPORT 2019–20

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NORTH WESTERN
MELBOURNE

An Australian Government Initiative

North Western Melbourne Primary Health Network

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Disclaimer

Acknowledgements

North Western Melbourne Primary Health Network acknowledges the Wurundjeri people as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.

We also recognise, respect and affirm the central role played in our work by people with lived experience, their families and/or carers.

Cover: Community member and Regional plan supporter Chinchin Sawmhal. Photo: Leigh Henningham

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Our partners

Our work would not be possible without the collaboration and support of our many partners, who in 2019–20 included:

- Local Hospital Networks
- Aboriginal and Torres Strait Islander health services
- peak bodies and advocacy groups
- specialist research and medical groups
- universities
- community health organisations
- community and social service organisations
- local community groups
- councils and other local governments
- health service providers
- Primary Health Networks.

The primary challenge

It's hard to comprehend how much our lives have changed since the beginning of 2019-20. We have all seen our lives upended by a global health crisis worse than any in living memory, and we are all struggling to find our way forward in a world where many of the old rules simply do not apply.

The COVID-19 pandemic has presented enormous challenges for our society and our health system. Australia's early lockdown and strict physical distancing measures, extensive testing and contact tracing, and ongoing restrictions have so far spared us the terrible scenes witnessed in other parts of the world.

Our actions have supported general practices and hospitals to prepare and to care for people with COVID-19 and minimise the spread. However, as we have witnessed in the second wave that has disproportionately affected our region, the pandemic is far from over.

The measures needed to prevent the spread of COVID-19 have exacerbated a range of health and social problems. Isolation, rising unemployment and economic uncertainty are correlated with increases in depression, anxiety, drug and alcohol problems and family violence.

Yet fewer people are going to their GPs and seeking health care. This reluctance may be due to concerns about being infected with COVID-19, a desire not to 'waste' health services, or a lack of clear public information. For whatever reason, people are missing out on important cancer screening and early diagnosis, the best management of their chronic and mental health problems, and management of other health concerns. Modelling shows this convergence of increased illness and decreased presentations to GPs and hospitals over the past six months could translate to several thousand more cancer cases in Victoria. This excess burden of disease will almost certainly be mirrored in a wide range of other health issues.

Our organisation is here to improve the health outcomes of our community through general practice and community care. And there has never been a more critical moment to support care in our community. While statistics on hospitalisations, intensive care capacity and deaths dominate the headlines, the vast majority of people who contract COVID-19 will receive care outside of hospitals. This is where the primary care system can, and is, playing a leading role in fighting COVID-19. Ensuring those who can be cared for in the community are cared for in the community – and that we keep on top of all the other health issues that are being swept aside by this pandemic.

To do this, we must understand today's dynamic and challenging health issues, and actively advocate, meaningfully collaborate and co-design solutions with an emphasis on increasing and supporting the capacity, capability and effectiveness of primary care.

OUR REGION 2019–2020[1]

Population
1.64 million

Aboriginal and Torres Strait Islander population[2]
10,144 0.62%

"...there has never been a more critical moment to support care in our community."

Led by our Chief Executive Officer Chris Carter and his executive team, North Western Melbourne Primary Health Network's dedicated and hardworking staff has achieved much in 2019–20, particularly in the second half of the financial year. Their lives have been disrupted, but like so many people across all sectors, they have excelled by continuing their day-to-day work, supporting quality care and health services for our community, and assisting providers to move to models that avoid face-to-face interactions.

Beyond maintaining business as usual, they have also been working to find new ways to help patients, clients, and our community respond to COVID-19. We have worked with our partners to increase services in areas such as mental health care and alcohol and other drugs. We've developed COVID-19 HealthPathways and targeted information and communications, and created professional development and support programs for practitioners and practices, as well as campaigns to encourage people to see their GP.

We have also been actively involved in crafting and developing community responses to COVID-19 – including responses to screening, care for those in lockdown, providing workforces with personal protective equipment, and linking up services and organisations. We've worked closely with hospitals and the Australian and Victorian health departments so they understand the needs of our community and providers, and any gaps in health services. We've then provided, advocated for and facilitated solutions.

2012–2016 Population growth **+14.74%**

The past six months have emphasised the value and importance of Primary Health Networks and the primary health system in responding to the major health challenges facing our society – now and in the future. The recent National Health Reform Agreement puts an onus on Victorian hospitals and the Victorian Department of Health and Human Services to partner with us to understand the population health and service needs of our communities, and plan and respond to these in a strategic, coordinated way.

This is a very powerful message, policy, and funding platform. I anticipate that over the next few years, it will underpin seismic shifts in care delivery and transparency, enabling us to realise a reimagined GP and primary care system that is stronger, more connected, and more capable of achieving better care for our diverse communities.

On behalf of the Board of Melbourne Primary Care Network (the organisation that operates NWMPHN), thank you to our staff and to all our partners for your work with us over the past year. We look forward to your continued partnership as we build a health care system that best meets the needs of our community.

I wish you and your loved ones good health.

Dr Ines Rio
Chair
North Western Melbourne
Primary Health Network

Two years in one

It is a pleasure to present North Western Melbourne Primary Health Network's Annual Report for 2019–20.

In many ways, the last six months of 2019 look entirely different to the first six months of 2020. Around this time last year, nearly 100,000 people squeezed into the MCG to watch Richmond claim the AFL premiership. Restaurants, bars, playgrounds, museums, schools and movie theatres were all full and humming with activity.

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While the bushfire crisis stifled New Year's Eve fireworks displays in many parts of the country, millions of people around Australia still celebrated the arrival of 2020. By this time, a new, yet-to-be named virus was already circulating, causing outbreaks of pneumonia-like illness in China and likely elsewhere.

By the end of March, this new virus would be causing death, distress, and economic shutdowns the world over, and by 30 June 2020, there would be more than 10,000,000 confirmed cases and over 500,000 confirmed deaths worldwide. Melbourne was lurching towards a second period of 'Stay at Home' restrictions, schools were soon to close again, and infections were rising fast.

But while the second half of 2019 and the first half of 2020 may seem like entirely different worlds, our biggest health issues remain the same – although they are much more pronounced in some cases, such as the mental health impacts resulting from COVID-19.

The push for mental health reform, galvanised by the Royal Commission into Victoria's Mental Health System, has been a key driver for our organisation over the past year, and the onset of the COVID-19 pandemic has only made the need for a better, more connected mental health system more urgent.

Likewise, our campaign with the Star Weekly newspaper group at the end of 2019 to raise awareness of suicide in our communities, and the signs to look for that indicate someone might need help or support, has gained even more relevance. This pandemic has increased stress, fear and anxiety for many, while also removing access to some protective supports.

Outside of mental health and related areas, rising rates of chronic conditions, inequitable access to health and poor coordination and integration between services – to name just a few major issues – have not simply disappeared because the world's attention is elsewhere. In fact, some of the less prominent consequences of the pandemic, such as people being less likely to visit their GP, will hamper efforts to combat chronic conditions, cancer and other health issues.

That's why, even as we've shifted to support governments and the health sector to respond to COVID-19, we've also ensured we continue to support the primary health system to meet perennial health challenges.

OUR REGION 2019–2020[1]

Born overseas **39.5%**

Not fluent in English **6.8%**

"...the COVID-19 pandemic has only made the need for a better, more connected mental health system more urgent."

We are working with our community to develop a blueprint for integrated mental health, alcohol and other drugs and suicide prevention services in our region, to help create the system of care our community needs, now and into the future.

We are supporting our general practices to continue providing safe, high-quality health care during this crisis, while also working to help them become the central hub for all their patients' health and medical needs.

And we are always looking to find the gaps in our health system – and to look after the people most at risk of falling through. Improving health equity and access is a core value for our organisation, one that is as important as ever.

Our community is our driving force. We always strive to involve the community in the work we do and the services we commission. But it is not enough to invite participation: there remains more to do to ensure we genuinely position the community at the heart of its own health care. We have made great strides towards this in 2019–20, with new networks, services and programs built with the community, for the community.

This report will highlight many of these activities and show how this focus is driving the work of our whole organisation – from how we respond to an immediate health crisis, to how we plan for a health system to meet the needs of our community 20 years from now.

I would like to thank all those who have joined with us to help make this happen, from our health system partners to the members of the public who have given their time, insight and passion for a healthier future.

Most of all, I would like to thank our staff, who have kept working every day to create better care for our community, during a year like none we have ever seen before.

Here's to a safer and healthier year to come.

Adjunct Associate Professor Chris Carter
CEO
North Western Melbourne Primary Health Network

65+yrs
11.1%

Land area
3212 km²

Contents

Creating better care

Our vision, mission and values are more than just words. They are principles that permeate our organisation, influencing everything from the way we treat each other to the way we design and deliver health services.

A key example of how they guide our approach relates to our ongoing shift to place our community at the centre of design and decision-making in the health services and programs we commission. This firmly upholds our values of **Equity, Respect and Collaboration**. It is also what we believe will allow us to support the delivery of better care every day– and from there create a healthier community and system.

Our strategic objectives stem from our vision, mission and values. They provide more direct, practical guidance about what we need to do to achieve our overall goals.

This North Western Melbourne Primary Health Network (NWMPHN) Annual Report for 2019–20 is ultimately about how our organisation, working together with our partners and community, has achieved these goals and objectives over the past financial year.

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Wellbeing Coordinator Catherine Cotching is helping patients at IPC Health in Deer Park connect with their community through social prescribing. Photo: Norm Oorloff

Supported general practices
564

RACGP accredited practices
76%

VISION

A healthy community,
a healthy system

MISSION

Better care,
every day,
in every way

VALUES

Equity,
Respect,
Collaboration,
Innovation

OUR STRATEGIC OBJECTIVES

1. Develop a person-centred health system that people can access and navigate easily.
2. Improve the capacity of primary care and its integration, effectiveness and quality in a connected health system.
3. Increase recognition of primary care's key role in building a better health system.
4. Focus on priority health and population needs.

Reflecting our priority areas

Our work in the community is directed at seven key priority health areas. These areas were highlighted through extensive analysis and engagement with the major and developing health issues in our region.

Our priority areas are:

- Aboriginal and Torres Strait Islander health
- Alcohol and Other Drugs
- Prevention and Management of Chronic Conditions
- Children and Families
- Mental Health
- Suicide Prevention
- Older Adults.

Clear priorities help direct the type of services we commission and how we structure our organisation to support better care. We consistently review our priority areas and monitor emerging issues, to ensure our priorities continue to reflect the health and wellbeing needs of our diverse community.

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2019–20 overview

While COVID-19 dominated the health landscape from the start of 2020, we have remained focused on supporting existing and new services and general practices, facilitating improvements, and driving progress across all our priority areas. The need for better care in Aboriginal and Torres Strait Islander health, for example, doesn't disappear because of a pandemic. Indeed, in many of our priority areas, there has been a strong need for targeted information and support to help people stay on top of requirements and keep themselves safe.

Highlights

- **Aboriginal and Torres Strait Islander health**

The Integrated Team Care (ITC) program supports Aboriginal and Torres Strait Islander people with complex chronic diseases to effectively manage their conditions, through access to one-on-one assistance by care coordinators.

In February 2020, ITC providers received an additional $1.1 million to deliver more comprehensive self-management support, plus social, emotional and psychological wellbeing programs. These new programs complemented the core ITC program, which focuses on physical health, to provide a more well-rounded approach to managing chronic health conditions.

Screening

Breast Cancer	**52.6%**
Cervical Cancer	**52.5%**
Bowel Cancer	**38.2%**

Clear priorities help direct the type of services we commission and how we structure our organisation...

- **Children and Families**

The Children and Families program undertook a range of commissioning activities throughout the year. Priorities included pregnancy care, development delay, child health and wellbeing, and the needs of culturally diverse communities.

A key activity was the place-based immunisation program, which delivered vaccinations to more than 760 children through local provider IPC Health. Offered both at GP clinics and through outreach services, the program focused on culturally and linguistically diverse communities and provided vaccinations for new humanitarian arrivals in Wyndham and Brimbank.

- **Prevention and management of chronic conditions**

Communities in Brimbank and Wyndham were engaged to identify barriers to cancer screening and prioritise and co-design intensive community-based activities to improve cancer screening rates. Community members weren't just involved in the design – they helped deliver the program, boosting engagement and breaking down barriers to testing.

"They are more comfortable talking to me about their difficulties or about their questions regarding cancer screening, and at the same time, it's easier for me to approach them too."

Brimbank local and community-led cancer screening coordinator Maria Magno.

Maria Magno is helping boost cancer screening rates in the local Filipino community. Photo: Michael Keating

Achieving the Quadruple Aim

The 'Quadruple Aim' is about improving four key areas – patient experience, provider experience, health outcomes and health care costs – that together can transform primary care for the better.

The Quadruple Aim is a clear checkpoint for the services that we commission and the work that we do. If an activity doesn't contribute to meeting at least one area (but preferably more than one area), it's a sign that we need to review our approach.

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The Quadruple Aim in action in 2019–20: Social prescribing

'Social prescribing' acknowledges that a person's health is affected by a range of non-medical factors, including social isolation and loneliness, financial issues and housing stress, and that many of these issues can't be improved through a strictly medical response.

Our social prescribing pilot with IPC Health is an excellent example of an initiative that embodies the goals of the Quadruple Aim to make positive change in our local health system.

Through the pilot program, GPs and nurses at IPC Health have been able to refer their patients to an in-house community coordinator, who assesses their needs and links them to relevant groups and services. These could range from a gardening group or book club through to a financial advisor or welfare advocate. A total of 138 referrals were made into the program during 2019–20.

Benefits of social prescribing

- **Improved patient experience**

Patients can now access a wider range of supports and discuss their health and wellbeing needs in a more holistic way, leading them to feel more connected to their community and positive about their life.

- **Improved provider experience**

Providers report satisfaction from having a way to meet the broader needs of their patients, as well as the ability to focus more closely on their medical needs.

- **Health benefits**

A range of direct health benefits were recorded, including for:

- a man who was assisted with his Centrelink claim, which allowed him to afford his diabetes medication. His blood sugar levels consequently stabilised, and his mental health substantially improved
- a woman who cared for her unwell husband and was socially isolated. The social prescribing program connected her husband to a supported community group, giving her time to return to social swimming. This improved both her physical fitness and her mental health, as well as the mental health of her husband.

Sustainable costs

Our analysis is ongoing; however, the intent is to work collaboratively with people to address underlying social determinants of health and thereby minimise costly future hospitalisations or other acute presentations.

"I wouldn't have been able to do that [social prescription], clearly. So that gives me more time to do my clinical work while you have other people doing the social prescription part."

IPC Health GP
Dr Michael Oladiran

Isabelle McGovern is connecting the LGBTIQ community with suicide prevention and aftercare services. Photo: Leigh Henningham

Going beyond engagement

Engaging with the community is part of our 'DNA' as an organisation. It's evident in everything we do, from the work of various formal advisory bodies that inform and guide our Board and senior leadership, to the daily interactions of our staff with service providers, community groups and the public.

When we talk about the 'community', we understand that there are numerous communities within our region, distinct in many ways, but often linked by common interests, needs or circumstances. This diversity requires an equally diverse approach to fostering community participation, to ensure we are engaging in ways that follow the preferences of our communities – rather than expecting them to 'come to us'.

During 2019–20, we continued our work to move beyond just engagement, to place people at the centre of designing their own health services, including considering how they might interact with the health system.

This work can be challenging, and we don't always get the results that we expect. Similarly, changes we might assume are needed don't always prove necessary, or optimal. But the process means we've ended up with a much better understanding of what our communities want, and a range of new programs and services that truly respond to their needs.

LGBTIQ Suicide Prevention Trial

Our suicide prevention trial aims to reduce rates of suicide within local LGBTIQ communities and went from strength to strength in 2019–20. Commissioned programs started operating to address priority areas identified and informed by a LGBTIQ taskforce. These included suicide prevention training, mentorship, affirmative practice training, and aftercare for people affected by suicide.

More than 200 people from LGBTIQ organisations and groups were trained in LGBTIQ-tailored Applied Suicide Intervention Skills Training (ASIST) and safeTALK suicide prevention programs, so they could then deliver that training in their communities.

This work would not have been possible without the significant insights and contribution from the NWMPHN LGBTIQ Suicide Prevention Taskforce, made up of representatives of LGBTIQ organisations and advocacy bodies, along with those with lived experience of suicide.

As well as guiding NWMPHN through the development of the trial and activities, the taskforce has overseen implementation and monitoring of the new services, ensuring they remain appropriate and responsive to their communities.

Leading in partnership

By many measures we have a world-class health system in Victoria and Australia. But gaps clearly persist: people's health needs aren't always met, and nor can they always access care when and where they need it.

Some pressure points are long-standing, such as the provision of mental health and related services in our community. Some are revealed through crisis, such as those highlighted by the effects of the COVID-19 pandemic.

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While we are always working to fill these gaps, including through commissioning new and enhanced services where appropriate and necessary, we come to this task knowing that the capacity for better and more equitable care already exists. We have a wealth of high-quality, dedicated health and community services organisations and providers in our region, from sole-practice GPs and psychologists through to world-leading specialist hospitals.

Along with supporting primary care and our evidence-based commissioning, fostering partnerships and collaboration across the health sector are key to unlocking this existing potential to create better care for everyone in our community.

Partnership highlights 2019–20

Supporting the Victorian and Australian governments' COVID-19 response

The COVID-19 pandemic has demanded a coordinated response by the Victorian and Australian governments, and by all parts of the health system. We have facilitated government communication and supported primary care through the crisis, including by:

- allocating and delivering personal protective equipment to primary health care providers
- sending clear, regular, targeted COVID-19 updates to GPs and broader service providers
- providing practical case-based training and peer networking opportunities
- facilitating the shift to telehealth through training and technical support
- developing a local integrated care pathway to support a primary care-led COVID-19 response
- supporting clear community health messages through a range of media
- directly engaging and supporting our practices and providers
- engaging with consumer and carer representative organisations to understand key issues.

For more information, see **COVID-19 response and support** on page 64.

Leading regional commissioning

NWMPHN has taken a leading role in supporting statewide health reform activities and programs, funded by both the Victorian and Australian governments. Many of these activities leverage our HealthPathways Melbourne platform, an online assessment, management and referral assistance tool for primary health care providers, with more than 700 care pathways. Key outcomes in 2019–20 are described on the following page.

Statewide specialist clinic referral criteria

We work with the Victorian Department of Health and Human Services to lead an integrated approach to the adoption of statewide referral criteria for acute adult specialist clinics. This provides consistent guidance on which patients to refer, and what information and diagnostics is required. Pathways are available through all Victorian PHNs' HealthPathways websites or alternative online tools.

In 2019–20:

- 122 pathways were published across 8 specialties, and across 6 platforms
- there have been 103,616 pageviews of these pathways across the state.

Optimal Cancer Care Pathways HealthPathways project

The Optimal Cancer Care Pathways (OCP) HealthPathways project is helping primary health adopt and implement OCPs at the point of care. The model will reduce unnecessary clinical variation of cancer care within primary health care providers across Victoria.

The fourth and current tranche of work aims to use HealthPathways to embed the OCP framework into primary health care providers.

In 2019–20:

- 56 pathways were published containing 14 OCP guidelines across the five platforms
- there were 16,558 pageviews of these pathways across the state.

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Doctors in Secondary Schools

This initiative provides school-based primary health services for 100 Victorian secondary schools most in need, complementing existing student wellbeing programs aimed at improving health literacy and preventative health.

We work with the Victorian Department of Education and Training to lead the Doctors in Secondary Schools Program, enabling students to independently seek primary health care providers support in the school setting.

In 2019–20, for the NWMPHN region:

- 2,243 occasions of care were provided
- three new general practices were recruited
- five new schools were inducted into the program.

The main reasons for young people visiting the doctor were:

- mental health (56 per cent)
- physical health (32 per cent)
- sexual health (6 per cent).

Dr Daniela Lanzlinger (above, right) and nurse Jessica Chung are caring for local schoolchildren through the Doctors in Secondary Schools program. Photo: Leigh Henningham

COMMISSIONING WITH OUR COMMUNITY

700+

- community members
- providers
- stakeholders

were engaged in developing our Blueprint for better mental health and related services

Commissioning a healthier future

Along with supporting primary health care providers and furthering reform and development of the broader primary care system, commissioning new and improved health programs and services is one of the key pillars of our work.

Commissioning is a continuous 'improvement loop' of analysing, planning, delivering and evaluating. It involves working with community members and other stakeholders to identify and prioritise health needs, then funding support and services to meet those needs.

If people need support or services that do not exist, NWMPHN works with stakeholders, including consumers, to design health services to fill the gap. We also work with existing services to help them connect with each other and improve the quality of care that people receive.

Effective commissioning is a continuous cycle. It's not just about procuring and contracting new services – it relies on relationships with local partners built on trust, and on valuing the experience and expertise of the community, providers, GPs, hospitals, government and non-government organisations to inform and improve health outcomes.

Since becoming a Primary Health Network in 2015, we have commissioned hundreds of programs, and many thousands of services and activities to improve the physical and mental health and wellbeing of people in our community, especially those most at risk of poor health outcomes.

The focus has been, and will continue to be, on commissioning services that are responsive to identified local needs, supporting people to navigate the health system and improve their ability and capacity to self-manage where appropriate.

A year of successful commissioned activities, such as our Pharmacists in General Practice and Social Prescribing programs, has validated our approach.

Commissioning can help create a strong, accessible, integrated primary health care system that can support people to stay well and be managed in the community, rather than by hospitals. This is one of the key goals for all PHNs – to limit avoidable hospitalisations and support people and providers to deliver safe, high-quality care in the community.

As our commissioning model matures and our capabilities as a commissioning organisation grow, our focus will remain on creating person-centred care models that respond to the needs of the community.

This means shifting the way primary care is delivered, so that services are designed around people, not diseases.

It means working with primary health care providers and clinicians to improve their capacity and capabilities.

And it means empowering people to manage their own wellbeing and care in the community, based on their needs and preferences.

Commissioning has delivered many of the most critical and powerful activities for our community and organisation in 2019–20. It will only become more important to our role as a reformer and innovator in the primary health system in the years to come.

Jody was one of the many community members who helped shape our Blueprint for Better Health. Photo: Leigh Henningham

The commissioning cycle

Projects, or ideas, move through several distinct stages on the way to becoming the services and programs our community needs.

Once a service is delivered, the process continues, with evaluation that helps to highlight changing needs and to support service redesign to meet those needs.

The three key commissioning cycle segments are shown in Figure 1 on the next page.

- **Develop insight**

We assess and prioritise local community health and service needs, identify evidence and consider best-practice strategies and initiatives, and assess the service system to understand relevant factors and drivers.

- **Plan and deliver**

We design evidence-informed strategies that can be expected to achieve the desired outcomes, and undertake suitable and effective procurement.

- **Monitor and improve**

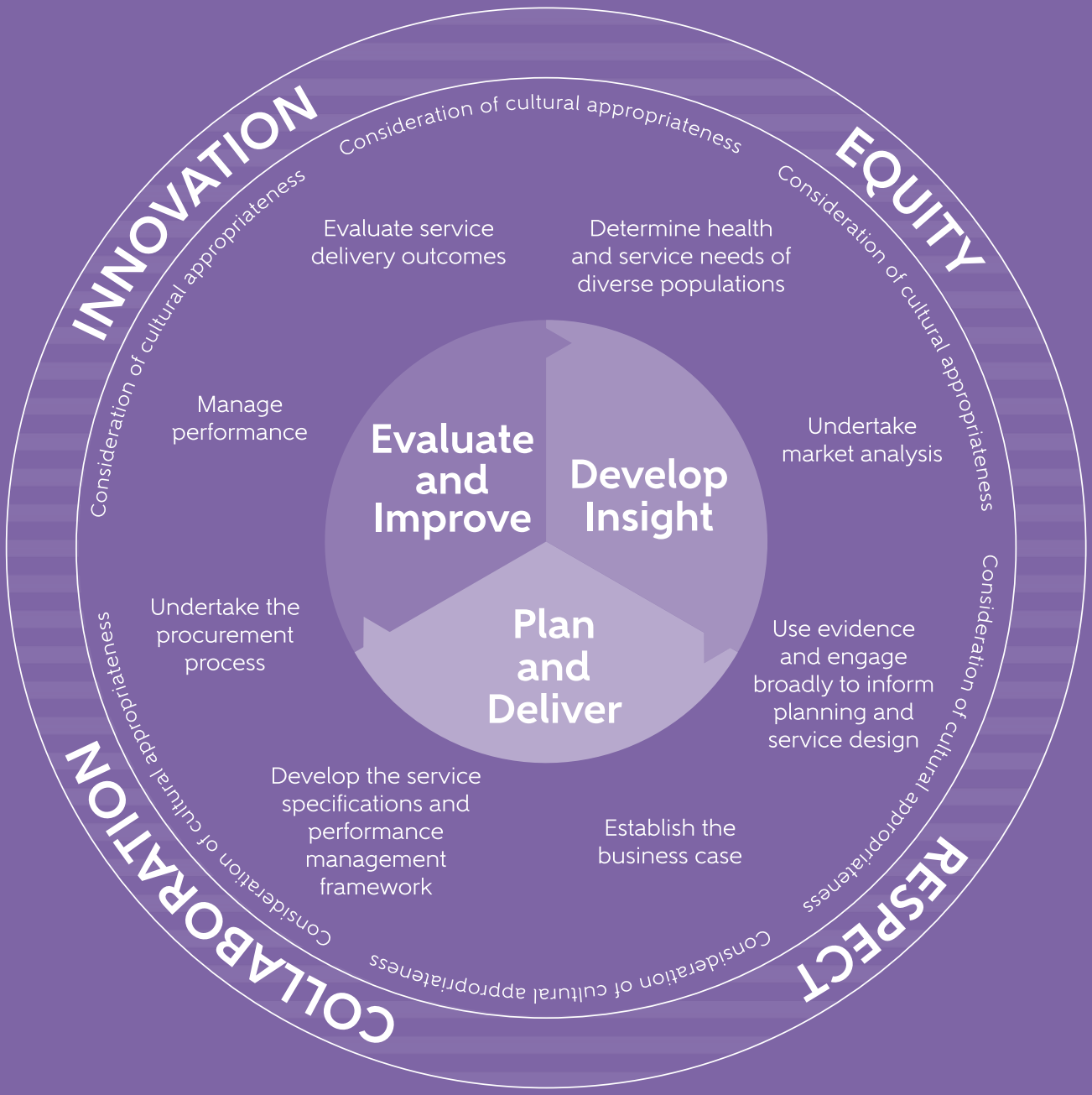
We manage performance and undertake monitoring and evaluation to drive continuous quality improvement, contribute to the evidence base about what works, and inform the ongoing investment strategy.

A project won't always progress neatly through the stages presented in the cycle diagram, but often moves back and forth between stages, with multiple activities and stages sometimes occurring simultaneously.

This happens regularly with more complex commissioning activities, or when a rapid response is required – such as during a constantly evolving pandemic.

Clear, shared outcomes and careful planning that provides flexibility to respond to new and changing information obtained through the process is critical to delivering successful programs and services.

Figure 1 | Illustrates the Commissioning Cycle process



Commissioning in action

Priority Populations

The NWMPHN region is beautifully diverse in terms of culture, language and demographics. A key goal is to provide accessible, high-quality, appropriate care for everyone in the region – care that is responsive and inclusive regardless of a person's background, location or circumstances.

However, our current health system does not always respond or adapt in ways that recognise the unique needs and context of individuals – for example, to provide care that is inclusive of people from priority groups, such as Aboriginal and Torres Strait Islanders, culturally and linguistically diverse populations, people from disadvantaged communities and people identifying as LGBTIQ. A consequence of this can be that people delay seeking support or avoid accessing care altogether, resulting in poorer health outcomes.

During 2019–20, we commissioned and enhanced a range of programs catering to the needs of priority groups, helping to create a more equitable health system for the region.

Integrated Team Care

Aboriginal and Torres Strait Islander health is a key priority for NWMPHN, and we are committed to supporting the effort to close the gap in health outcomes.

The Integrated Team Care (ITC) Program is a federally funded program, supporting Aboriginal and Torres Strait Islander people with chronic and complex health needs to access culturally appropriate health care through care coordination services.

In 2019–20, NWMPHN funded six providers to deliver the ITC program across the northern and western metropolitan region:

- Victorian Aboriginal Health Service (VAHS)
- Your Community Health
- IPC Health
- cohealth
- Djerriwarrh Health Services
- Banyule Community Health.

Care coordinators at these services supported 229 Aboriginal and Torres Strait Islander clients in 2019–20. They provided care coordination including advocacy, service navigation and connection, booking and attending medical appointments, transport and health education.

ITC in 2019–20

- Care coordination services delivered: 12,405
- Supplementary services delivered: 2,606
- Clinical services delivered: 5,379
- Transport services accessed: 2,708
- New patients in reporting period: 50
- Discharged patients in reporting period: 38
- In 2019–2020, most referrals came from Melton LGA (14).

Key activities completed by various providers included a COVID-19 testing blitz, a medication education session for clients with a pharmacist, a cultural excursion to the Royal Botanic Gardens, healthy food deliveries through Foodshare, and specialist eye appointments with the IDEAS Van (Indigenous Diabetes Eyes And Screening Van).

ITC providers were quick to adapt their service delivery to telehealth at the onset of the COVID-19 outbreak. This ensured clients would still receive care coordination services, and could self-isolate without missing out on care.

ITC providers have also assisted clients to use devices to stay connected with family and the community, to help reduce loneliness and isolation. To date, there have been no COVID-19 outbreaks among NWMPHN ITC clients, to the great credit of care coordinators and the ITC clients themselves.

ITC Complementary Program

In February 2020, ITC providers received additional funding to deliver more comprehensive self-management support and social, emotional and psychological wellbeing programs.

This included $1.1 million for activities to improve the ability of ITC clients to self-manage their chronic health conditions, including addressing underlying motivational and psychosocial factors through access to lower-intensity mental health supports.

These complementary activities are designed to enable current clients to take more control over their health and wellbeing, increasing the capacity of the ITC program to continue to meet the needs of those experiencing more significant and potentially acute harms.

The ITC and the ITC Complementary Programs evaluation will provide a baseline against which future program activities and outcomes can be measured, and will inform future commissioning. The evaluation will be conducted over eight months, finishing in April 2021.

Peer-based support for low-intensity mental health

As part of our commitment to delivering innovative and sustainable mental health services, NWMPHN has commissioned three providers to engage and embed peer workers as part of the low-intensity mental health workforce.

Mental health peer workers draw upon their personal lived experience of mental illness and recovery (consumer peer worker), or their experience of supporting family or friends with mental illness (carer peer worker).

Peer workers are able to offer hope and support consumers and carers to develop a recovery-oriented perspective. They can also improve the culture of service delivery and enhance a recovery focus among providers.

We heard from providers that they were keen to increase their use of peer workers but needed support to develop their capacity to bring community members on board.

Funding was made available to all existing commissioned services to encourage and enable the development of peer workers as part of the existing multidisciplinary workforce within mental health services. The procurement process and contracting were completed in late 2019 to support submission of detailed establishment of activities during 2019–20.

With the support of ITC worker Sally Berger (right), Vinay Cooper is staying on top of his health needs. Photo: John Donegan

Three providers are now establishing peer-based approaches for an identified priority group in our region: Orygen is focusing on young people, cohealth on those identifying as LGBTIQ, and Foundation House on refugees and asylum seekers.

These providers are expected to deliver a sustainable service which focuses on:

- development of evidence-based, peer-worker inclusive services
- an enhanced range of low-intensity services, as part of NWMPHN's 'stepped care model'
- improved early access to appropriate mental health services and supports (including for identified and defined priority populations, who may otherwise need more intensive and costly support)
- improved experience and outcomes for consumers through peer worker support.

Community Advisory Groups were formed to support the initiative and several peer workers were recruited. Promotional events have been planned and direct services are set to expand in 2020–21.

Psychosocial support for people experiencing homelessness

People experiencing homelessness and living with severe and episodic mental illness can face challenges accessing appropriate services that meet their often complex needs.

To help address this, NWMPHN convened a workshop of homeless and psychosocial service providers. The workshop resulted in the development of an innovative pilot – the Psychosocial Homelessness Pilot. The pilot was funded under the Australian Government's National Psychosocial Support measure. Cohealth, in partnership with Melbourne City Mission, was commissioned lead.

Beginning in early 2019, the pilot was conducted in the local government areas of Yarra and Melbourne – areas of high need in our region.

Community Mental Health Workers Hassenet Younis (left) and Tim Howell provide psychosocial support to the Footscray community. Photo: Leigh Henningham

Objectives included:

- engaging with people with severe mental illness who are also homeless and not engaged in support services, such as clinical mental health services, psychosocial support or the National Disability Insurance Scheme (NDIS)
- encouraging the broader housing and health sector to collaborate more closely with psychosocial services on meeting the needs of the consumer. The aim is to ensure better engagement by drawing on the established relationships of housing workers for improved health and social outcomes.

A key intention was to understand what helps to enable engagement with homeless people, so that this could be incorporated into the broader psychosocial supports commissioned by NWMPHN. The expectation was that providers would use the insights and lessons from the pilot to be more responsive to homeless people with psychosocial support needs.

A total of 156 people were engaged in psychosocial supports through the pilot. Key recovery goals, identified and met through Goal Directed Care Plan development, included:

- education and training
- housing support
- mental health and wellbeing support
- social connection
- health activity/general health support
- sport and recreation.

Veronica Red and her team are providing psychosocial support for the Williamstown community. Photo: Leigh Henningham

Life stage

As we grow and develop, our health needs, context and priorities change with us. We commission and support services that meet the specific needs of people at all stages of life, from newborns to those approaching the end of their lives.

Managing an unwell child

In 2019, we commissioned Asthma Australia to deliver an education and training program to improve the confidence of parents and caregivers to manage an unwell child after-hours.

The program started in July 2019, focusing on parents and caregivers of children aged up to four in the Wyndham, Melton and Hume local government areas.

Children in this age range have the highest rate of presentation to emergency departments across our region. One of the main reasons is that parents and caregivers often perceive certain conditions to be too serious and complex to be managed by a general practitioner.

The Asthma Australia program gives parents and caregivers confidence and reassurance to more effectively assess whether their child needs emergency medical attention. It also increases awareness about the many after-hours health services available, so that going to the emergency department is not seen as the only option or default position.

The program has also developed a range of resources for parents, including a kids' health booklet and individual factsheets on asthma, choking, meningococcal disease and COVID-19. All resources are available on the Asthma Australia website.

Since COVID-19 emerged, Asthma Australia has found that COVID-19 symptoms are the main concern with participants, with many wanting to know more about how the disease might present in young children.

While trainers were concerned that a shift to online sessions would have less impact than face-to-face sessions, the sessions have maintained engagement and have been well received.

Perinatal Mental Health Service

We commissioned drummond street services in 2019 to implement a stepped care approach to support the mental health and wellbeing of parents in the antenatal (before birth) and postnatal (after birth) periods.

A new program is helping improve the confidence of parents and caregivers to manage an unwell child after-hours. Photo: Asthma Australia

Participant feedback

"Thank you so much for this session. I really appreciate and find this useful. Thank you, Asthma Australia, for taking care of all the residents by providing and sharing knowledgeable information."

"This session was very informative. I recommend this session to be conducted in antenatal class and as refresher in Mother's groups. Message is well received and understood"

As we grow and develop, our health needs, context and priorities change with us.

There is increasing evidence that events and experiences in these periods can have significant impacts on babies' social functioning and cognitive development, as well as parents' health and wellbeing.

The new program, Ready Steady Family, provides support and access to a range of integrated and connected early mental health and wellbeing interventions, in primary care, for new parents in the western and northern parts of the NWMPHN region.

The program recognises that the transition to parenthood is a critical life event. It is also a time of increased risk for the onset and relapse of mental health conditions.

Ready Steady Family provides a stepped care approach, allowing families to access different types and intensity of support as they move through their parenting journey. The program works alongside service partners within primary, maternal and allied health sectors to improve engagement and responses, from conception to the end of the first postnatal year.

A multidisciplinary team provides parents at risk of poorer mental health with parent support and mental health interventions, actively addressing social health determinants, responding to risks and building protective factors, with an emphasis on improving antenatal and postnatal support within the region.

The service has engaged 250 clients (children and adults) in individual and family support, and a further 469 in seminars and groups. The program prioritises families at risk of poorer mental health and has reached people from diverse backgrounds: 51 per cent of those accessing the service in 2019–20 were born overseas, and 33 per cent speak a language other than English at home.

Participant feedback

"Thank you so much. I can't believe the amazing support that I've been given through d`rummond street services. It is a brilliant service. I'm sad to be finishing up with Bec, but she has been such a support along the way for me. Introducing me to you also was so wonderful. Thank you again."

"Thanks again SO much for all your help. I also really appreciated the extra tips, for example, good foods to give at dinnertime. We will definitely be trying many of those!"

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Helping kids thrive

ASPIRE is a place-based initiative that supports the early identification of developmental vulnerability in pre-primary children at the Good Samaritan Catholic Primary School. This is achieved in partnership with, DPV Health, Hume City Council, Foundation Health and Community Hubs Australia. It has been commissioned by NWMPHN since 2017, and was nominated as a finalist in the 2019 Victorian Early Years Awards.

The development of ASPIRE was driven by a demonstrated local need:

- The Hume local government area has a higher proportion of children who are developmentally vulnerable compared to Victoria as a whole.
- Good Samaritan Primary School has a higher proportion of children who are developmentally vulnerable compared to Hume as a whole.

Parents participating in ASPIRE identified concerns about health and development needs, such as:

- learning about available support services by word-of-mouth, sometimes later than required
- information about services is not always available in languages other than English
- difficulty navigating and accessing services
- affordability of required services
- finding it challenging to accept that their child needs additional supports.

One of the most important ASPIRE activities is a supported playgroup with families using a bicultural worker. Before the COVID-19 outbreak, 148 children were involved in these playgroups.

ASPIRE transitioned to a closed Facebook page to conduct playgroup once the face-to-face was no longer an option. Fortnightly themed learning packs, supported by online engagement, are distributed to families to support play and activity between parents and their children.

Other key ASPIRE activities include:

- access to speech pathology and occupational therapy in the classroom through the Step Into Prep program, enabling better outcomes for students and teachers, and adaptive learning opportunities for the classroom
- parent engagement groups that enable conversations about services available to families, and feedback about those services.

ASPIRE is a critical support for the highly culturally diverse Good Samaritan school community, and NWMPHN will continue to commission the program until at least 30 June 2022.

ASPIRE participant feedback

"Both my husband and I enjoy working with them and we look forward to helping them learn more and more every day."

"We have created a wall where we put all our activities on… the ones you provide are awesome and having them on the wall will encourage [our son] to create more activities and feel proud."

...those living with chronic pain are at increased risk of depression, anxiety, poor self-esteem and social isolation.

Mental health for older adults

As people age, they can experience higher levels of psychological distress. It is estimated that 10 per cent of adults over 65 are currently experiencing psychological distress, and 10 per cent are experiencing chronic loneliness due to social isolation.

Since 2019, NWMPHN has been working to improve the mental health and wellbeing of older adults by commissioning a stepped care approach to mental health in residential aged care facilities (RACFs).

The first stage involved providing services to a small number of RACFs across the NWMPHN region, utilising NWMPHN's existing contracted CAREinMIND mental health clinicians, each skilled in delivering services to older adults within facilities.

The second stage involved extensive consultation and co-design between NWMPHN and stakeholders in the older adults' sector. Following this consultation, Better Place Australia were commissioned at the end of June 2020 to deliver mental health services to people in aged care.

Older adults living in RACFs will be referred to this new service via their GP, families or a nurse or aged care worker within the RACF. The provision of services will occur onsite at the facility where safe to do so, otherwise the service will be delivered virtually and through telehealth.

The providers will target residents diagnosed with mild to moderate mental illness, or those assessed as at-risk of mental illness if they do not receive services.

The service will be implemented in collaboration with the RACFs, other key stakeholders, the residents and their family members.

Chronic conditions

Chronic pain

An estimated 3.2 million adults live with chronic pain in Australia. This number is expected to increase to more than 5 million by 2050.

As well as the daily challenges of dealing with their condition, those living with chronic pain are at increased risk of depression, anxiety, poor self-esteem and social isolation.

In 2019, NWMPHN commissioned a multidisciplinary self-management program for those suffering from chronic pain. The program aims to improve physical and mental wellbeing, and to enable self-management of chronic pain.

Key objectives of this program are:

- delivery of an evidence-based, multidisciplinary pain management program in a primary care setting
- improved health and wellbeing outcomes for people experiencing chronic pain
- development of links between primary care services and the broader service system to support a more integrated system that is responsive to the needs of people experiencing chronic pain.

ASPIRE is providing support and connection for children and their families at Good Samaritan Catholic Primary School. Photo: ASPIRE program.

Community health services cohealth and Merri Health have been contracted to provide programs for Melbourne's western and northern suburbs respectively. These programs are still in the establishment phase. We expect them to be the first of a growing range of activities supported by NWMPHN to help people in our community manage chronic pain.

Integrated Chronic Care (ICC)

Physical and mental health are inextricably linked. People with severe mental illness often have physical health problems such as chronic diseases, which may not receive the attention and care needed.

We are supporting services that focus on the needs of the person in a holistic way – services that recognise connections and interdependencies between physical and mental health conditions, and those related to alcohol and other drugs, or other health areas.

In early 2019, NWMPHN commissioned cohealth and Neami National to deliver an enhanced care coordination service for people with severe and persistent mental illness and one or more chronic physical condition.

Since services began in late June 2019:

- 105 clients have been supported
- 59 clients have been discharged
- all clients have been connected to a GP.

This program takes an integrated approach to supporting an individual's mental and physical health needs. It recognises that those with severe mental illness face significant barriers to achieving physical health outcomes, and that these barriers must be considered and addressed.

The program ensures that those experiencing severe and persistent mental illnesses are being supported to achieve improved health outcomes, helping them better self-manage chronic conditions and providing access to physical and mental health services and supports.

Throughout the COVID-19 pandemic, the ICC program has been continuing to engage consumers through:

- continued over-the-phone support and telehealth video calls. Clients are encouraged to talk to ICC if they are feeling isolated, and can be redirected to mental health services, 'befriending' services or other programs
- communication with local neighbourhood houses and support groups to provide clients with information about available services to keep them connected during COVID-19
- supporting clients over the phone by 'dialling in' to three-way conversations with case managers, NDIS and Centrelink.

The program started in July 2019. Neami oversees Moonee Valley, Moreland and Hume; cohealth oversees Maribyrnong and Brimbank.

Role of community and shared work

We encourage and foster community participation in our work because it has been shown to significantly improve health outcomes and how people experience the health system.

Community participation in health has been shown to:

- **improve** experiences of care
- **lower** the risks of post-treatment complications and reduce hospital and medical visits
- **ensure** more accessible services
- **reduce** waste and duplication.

What is community participation?

Community participation can take many forms and its influence on decision-making also varies. It can range from keeping people informed of what we are doing, to inviting two-way communication and advice, and co-designing activities with community members.

"Community participation is integral to the work we do at North Western Melbourne Primary Health Network. Without involving the community in our work, we wouldn't be able to adequately improve care in a way that meets the needs of both consumers and health professionals."

Adjunct Associate Professor Chris Carter
CEO NWMPHN

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Our work may include many types and levels of community participation. These are shaped by the purpose of the community participation activity, the community members who participate, and the scope of the activity.

Community participation by the numbers

46 Community participation activities conducted

People Bank members
288 **+33** in 2019–20

13 Tender evaluation panels included community members

40% from diverse backgrounds

4 Editions of 'My health my voice'

Translations
Arabic
Italian
Turkish
Mandarin
Vietnamese

Community participation in action

#CroakeyGO

On 1 August 2019, we sponsored a #CroakeyGO to help inform inform our Blueprint for Better Health.

Developed by the team at public health organisation Croakey, this exercise in 'walking journalism' saw 100 participants follow in the footsteps of someone interacting with the mental health system in Fitzroy and Carlton.

The crowd included people with lived experience of mental health issues, carers, clinicians, health professionals, service providers, journalists, policy makers, politicians and mental health advocates. Hundreds more followed and commented online through a live stream of tweets, photos and videos.

The aim was to collaboratively produce social media and other editorial content, while looking at the mental health system from as many perspectives as possible. Our hashtag #NavigatingHealth trended nationally, with 1,661 tweets receiving 13.35 million impressions. (While we sponsored the event, we had no control over editorial content or what was said on the day.)

'Stops' were the Victorian Aboriginal Health Service (VAHS), St Vincent's Hospital, drummond street services and Carlton Family Medical Centre. At each stop, we heard from guest speakers before breaking off into groups to share perspectives on the mental health system.

#NavigatingHealth

1,661 tweets
13.35 million impressions

Walking their journey

NWMPHN planned the walk to be representative of a patient's journey, with the discussions and outcomes to directly inform our Blueprint for Better Health.

Among the participants was Fiona Patten, Member of the Legislative Council of Victoria, who said she was driven by a strong interest in public health, and especially in access to mental health services.

We started the walk at VAHS in Fitzroy, hearing from former CEO Alan Brown and Preventative Health Manager Lionel Austin. Both spoke about why Aboriginal and Torres Strait Islander people need culturally safe health services, and how VAHS is trying to move towards a 'good health' model, and away from an 'illness model'.

Next stop was St Vincent's Hospital, where walkers spent time in the Safe Haven Cafe, an alternative for mental health patients to waiting in the emergency department. Just a year after opening, the Safe Haven Cafe had welcomed more than 1,200 visitors.

Fran Timmons, Director of Nursing, Mental Health and Addiction Medicine at St Vincent's Hospital, said the cafe helped address social isolation and gave people a place to go to feel connected to others.

At our third stop, drummond street services, CEO Karen Field talked about how NWMPHN's support of a holistic approach to mental health funding was critical to providing culturally safe services for refugee and LGBTIQ communities and other vulnerable groups.

Our final stop was Carlton Family Medical Centre, where GP Ralph Audehm spoke about the problems his patients, including students, have accessing and navigating the mental health system.

The day was a great success for NWMPHN, allowing us to tap in to the positive and negative experiences of community members and health professionals in a way that wouldn't have otherwise been possible.

Community participation in suicide prevention

NWMPHN is leading three suicide prevention trials. Two place-based trials seek to reduce suicide within at-risk regions (Brimbank/Melton and Macedon Ranges), while the third trial is a national one to support those who identify as LGBTIQ.

Funded by the Victorian and Australian governments respectively, each of the three trials are supported by governance groups comprising a range of key local participants, with strong representation from community members and people with lived experience of suicide.

These groups are directly involved in designing, approving and overseeing the activities of the suicide prevention trials, which undertook significant activities during 2019–20 at system, community and individual levels. Some of the trials' key community participation activities are described here.

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Uncle Colin Harper welcomed us to country to start our first CroakeyGO. Photo: Norm Oorloff

"I'll be grateful to her all my life. She's changed my life irrevocably."

'You Said...', participant 2020

Macedon Ranges Place-Based Suicide Prevention Trial

The Macedon Ranges Suicide Prevention Action Group and partners in the Macedon Ranges Place-Based Suicide Prevention Trial worked together to develop a sustainable community support model. People with lived experience of mental illness and/or suicidal thoughts were central to developing this work.

The model focuses on non-medical interventions, such as help with everyday activities, having a safe and friendly chat with someone who has a shared experience of mental health, or help to make community connections.

More than 40 local people with lived experience made significant contributions to the project, including individuals, families, carers and people bereaved by suicide. Their honesty, generosity and insights contributed directly to the model recommendations and considerations for funding options.

LGBTIQ suicide prevention trial

The NWMPHN LGBTIQ Suicide Prevention Taskforce, made up of representatives of LGBTIQ organisations, along with those with lived experience of suicide, continued to meet regularly during the first half of the year to oversee delivery of trial programs informed by the taskforce, and to plan activities.

Activities developed in partnership with the taskforce that launched during 2019–20 included suicide Aftercare, mentoring for LGBTIQ youth, and affirmative practice training programs for frontline workers, including hospital workers, general practice and other primary health providers. (See **Suicide prevention** on page 44 for more information about trial activities.)

(See **Suicide prevention** on page 44 for more information about trial activities, including the Brimbank and Melton trials.)

New activities planned for 2020–21	
LGBTIQ community awareness campaign	**LGBTIQ Lived Experience in Suicide Prevention Research Project**
The Shannon Company is leading a co-design process with the taskforce and broader community to develop a community awareness campaign to: • improve understanding and awareness of, and compassion for, the poorer mental health outcomes and higher risk of suicide for the LGBTIQ community • promote supportive and responsive communities • improve the health and wellbeing of LGBTIQ people, families and communities.	The Australian Centre for Sex, Health and Society will undertake a multi-method study to explore the diversity and nature of informal mental health and suicide prevention support provided by peers and LGBTIQ community leaders. The study will make recommendations on how to improve supports for this cohort.

'You Said...'™

'You Said...' is a powerful consumer experience survey tool to collect and report on consumer experience and outcomes. We have been using 'You Said...' with people referred to our CAREinMIND™ Targeted Psychological Support Service or Intensive Support Services to tell us about their health journey and health outcomes to inform better planning and care.

"Without your services, or without the help I get from my counsellor, I'm not sure where I would be when a challenge comes up in my life."

'You Said...' participant, 2019

'You Said...' also helps providers, allowing them to access aggregated information from the 'You Said...' portal once they have a minimum number of surveys completed by their clients. This enables them to track trends and opportunities in the treatment and care they deliver.

All feedback is captured on a dashboard for analysis and reporting about experiences and outcomes at each stage of the care journey – at referral, and at three and nine months after beginning treatment.

In 2019–20, approximately 50 per cent of people referred to CAREinMIND gave consent to be part of 'You Said...', with 980 completing the first 'You Said...' survey following referral (and before starting treatment). Surveys one and three provide a snapshot of how a person feels before and after treatment.

Daisy Dinnage from Mind Australia works to provide suicide prevention and aftercare support for the LGBTIQ community. Photo: Leigh Henningham

For example, 11 per cent of people answered positively to the prompt "My hopefulness for the future is..." in survey one; by survey three, 42.5 per cent felt more positive.

The information shared with us by consumers supports our engagement with providers on consumer experiences and preferences in the way care is delivered. It also informs insight into our consumers' assessment of the effectiveness of services for them. 'You Said...' will continue to evolve and be embedded in more of our services.

People Bank

People Bank is a register of those who want to help us improve health in the NWMPHN region. Everyone in our community is welcome to join, and there are currently nearly 300 on the register.

In 2019–20, members of our People Bank participated in activities ranging from tender evaluation panels and focus groups to the co-design of innovative services.

We keep in touch regularly with People Bank members. The quarterly 'My Health My Voice' newsletter, available in five languages, and the People Bank web page and emails let people know about new opportunities for involvement. In 2019–20, People Bank communication tools, including the newsletter and Community Participant Orientation Guide, were redeveloped with input from members, to better represent People Bank as it is today. We plan to grow and build more diversity in our membership over the next financial year.

Blueprint for Better Health

The Blueprint has been our largest community participation activity in 2019–20, in terms of both the numbers involved and its reach across our organisation.

The Blueprint is the first step towards better mental health care in our region, including better services for alcohol and other drugs (AOD) and suicide prevention. It maps what's working, and what isn't, according to those with direct experience of mental illness and related support services.

The Blueprint will be used to inform the creation of a joint regional plan with local hospital networks to improve and better integrate the mental health system.

The objectives of the Blueprint are to:

- understand how the system works for people who interact with it
- identify opportunities to better integrate services across the system
- build on existing relationships and work with consumer advocates, peak bodies, expert advisers and hospitals in responding to challenges.

How was the Blueprint developed?

We knew that genuine engagement with and participation from a broad range of groups, providers and individuals would be crucial to developing a plan that reflected the needs and experiences of our community.

'You Said...' survey 1

11% positive about the future

▶

'You Said...' survey 3

42.5% positive about the future

The Blueprint was developed in the context of a changing policy landscape in Victoria, and amid the evolving COVID-19 pandemic

We were amazed and humbled by the willingness of people from all walks of life to not only be part of the process, but to share their stories and experiences openly. Their participation gave us crucial insights to the human impact of our mental health system.

Almost 700 people were consulted, using a range of techniques that made sure we spoke to the right people and asked the right questions.

Overall, what we learned from the community was in-line with the findings of current reviews into the mental health system, such as the interim reports of the Royal Commission and the Productivity Commission inquiries. Commonly cited barriers in the mental health, AOD and suicide prevention service system included that the system:

- is fragmented and difficult to navigate
- is expensive
- is under-resourced
- has significant service gaps (especially in the non-crisis phase)
- is poorly designed (considers the structure rather than the person)
- makes it difficult for people to be heard.

We would like to thank and acknowledge those who shared their experiences and insight, and gave their time to inform the process and recommendations for change. Your contribution has been invaluable.

We would also like to thank the many people who have represented service providers, and other stakeholders. Your valuable insights and enthusiastic contribution have supported both this process and a partnership approach.

What we heard from the community

Quotes are from three people with lived experience of mental ill-health in the NWMPHN region.

"It is confusing to have so many places to find information when you are feeling overwhelmed and stressed – this just adds to the confusion and pressure and makes it feel harder."

"Particularly crisis or mental health teams in public hospitals have been difficult for myself and people close to me due to lack of understanding of complex needs ... I often feel scared of going to the emergency room when I'm in crisis because I fear how I'm going to be dealt with."

"Our mental challenges are only one part of our lives – it's not the whole story. It is a situation we find ourselves in at different times of our life."

Farmer Em (right) and Gabrielle provided their insights on mental health to help shape the Blueprint. Photo: Leigh Henningham

Five strategic opportunities for improvement

After extensive community consultation, testing ideas and looking at other available data and reports, five key areas were identified where reforms to mental health, suicide prevention and alcohol and other drugs services would be most effective:

1 Improve service integration

Improve coordination of services, and the ways in which services work together. This could include innovative models of care.

2 Build community and workforce capacity

Help our workforce and community respond to distress appropriately, using concepts such as cultural safety and trauma-informed practice.

3 Enable accessibility in the system

Improve accessibility across the system and ensure services meet individual needs.

4 Strengthen supportive networks

Help people develop stronger, more supportive personal networks.

5 Enhance data capability

Work towards data that is more transparent, reliable and useful.

Next steps

More information on the Blueprint is available at blueprintforhealth.org.au and consumers and other stakeholders have been invited to provide feedback on the completed document. The project reference and local hospital networks groups are considering feedback for incorporation into the Blueprint, prior to its full publication in late December 2020.

Deng Lual, Engagement and Project Officer at the Centre for Culture, Ethnicity and Health. Photo: Leigh Henningham.

SYSTEM OF CARE

Mental health

Lifetime prevalence of diagnosed depression or anxiety[3]

14%
250,000
Mild to moderate mental illness[4,5]

3%
57,000
Severe mental illness[4,5]

Our Mental Health System of Care

Through research and extensive consultation with the community, NWMPHN has developed a person-centred approach to delivering 'stepped care' within our region: our Mental Health System of Care.

The System of Care enables people in our region to access a range of mental health services and supports based on their needs and the intensity of support they require. Crucially, care is provided on a continuum, with people able to access different levels of support as their needs change.

The System of Care website details how to access services, and the referral information needed. Some services can be accessed directly by consumers, with others requiring a referral. Consumers are encouraged to use the System of Care webpage as a way of supporting conversations with their GP about what is best for them.

This is in keeping with our philosophy that people should be empowered to be at the centre of their mental health care. This means people actively participate in choosing the most suitable care and setting – rather than having decisions made for them that may or may not meet their needs and situation.

A flexible approach

NWMPHN recognises that individuals will require different supports, at different times, and that needs can change over time. Mental health and wellbeing occurs on a continuum from wellness to illness, and providing supports that regard mental health in linear terms fails to recognise that people may have experiences along this continuum at different times and stages of their life.

System of Care – nwmphn.org.au/systemofcare

Knowing how to access care or support when needed can be difficult. GPs provide an excellent starting point and can assist in navigating the service system. Once people are ready to seek help, they need to be confident that the way help is provided will recognise their individual needs and context. Services commissioned under our System of Care seek to ensure this by aligning what they do with common principles and oversight practices, including gathering consumer feedback.

People at the centre of care

Eight principles, developed in consultation with consumers, carers and clinicians, underpin the System of Care, and reflect our broader approach to commissioning.

They aim to support a consistent and inclusive approach to mental health service delivery, which recognises the whole person, and the important role family and significant others can play in supporting recovery. The principles are:

- person-centred
- accessible
- culturally appropriate
- integrated
- outcomes-focused
- high-quality and safe
- innovative
- flexible.

Our commissioned services continue to evolve, including through understanding and responding to consumers' experiences of services. Our 'You Said...' tool is a key tool to help us better understand the experience of consumers (see '**You Said...**' on page 32).

Consultation to inform the Blueprint for Better Health (see p. 30) has also involved significant engagement with consumers of mental health and related services, their carers, service providers and others. The Blueprint's methodology has included listening carefully to consumers to better understand what's working and what's not.

Some of the other ways we have fostered a person-centred approach in mental health in the past year include:

- analysing general practice and CAREinMIND™ data to help us better understand needs
- reviewing submissions to major inquiries, including the Royal Commission into Victoria's Mental Health System
- putting consumers (as experts) on tender panels to inform the selection of the most suitable providers
- ensuring 'lived experience' representation on our suicide prevention trials and expert advisory groups, to inform systems improvement and the requirements for commissioned services
- engaging in key networks to understand emergent needs and issues.

A strong focus of our work is to make it easier for people to access mental health support earlier...

A diverse lens

How people identify and relate to mental health varies considerably. It can be influenced by factors such as culture, spiritual or religious beliefs, personal circumstances, and previous experiences of people living with mental illness.

NWMPHN has a strong focus on commissioning services that address access for target population groups that may be underserved by existing or mainstream services.

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This includes working with Aboriginal and Torres Strait Islander organisations to commission mental health, alcohol and other drugs and suicide prevention services, developing LGBTIQ-specific mental health programs, and engaging with culturally and linguistically diverse communities to understand needs and commission tailored responses.

All our mental health services have access to free interpreter services. Several providers in key locations are also able to consult in different languages. We work closely with communities to understand their needs, and regularly review our services to ensure they remain relevant as needs change and new circumstances emerge.

Examples and outcomes

Mental health

Nearly a quarter of people in our region will be diagnosed with depression or anxiety in their lifetime. Many more will experience mental health distress or be affected by the mental health issues faced by a friend or family member.

Mental health in our region

- An estimated 250,000 (about 14 per cent) residents per year will experience mild to moderate mental illness, and 57,000 (about 3 per cent) will experience severe mental illness.[4,5]
- The local government areas of Brimbank, Hume and Melton experience the most socioeconomic disadvantage, as well as the highest rates of high or very high psychological distress.[6]

Psychosocial support programs commissioned by NWMPHN have helped Theo engage with his community and stay on top of day to day living. Photo: DPV Health

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- The rate of suicide-related presentations to emergency departments is associated with socioeconomic disadvantage and are highest in the youth (15–25 years) cohort and Aboriginal communities.[7]
- ABS data from 2018 showed that 19 per cent of people in the NWMPHN region self-reported mental health and behavioural problems, and 14 per cent self-reported high or very high psychological distress.[8]

But while the stigma attached to talking about mental health has lessened somewhat, and our understanding of the needs of people living with mental illness has improved, many people are still unable to get the help they need.

A strong focus of our work is to make it easier for people to access mental health support earlier, and to access care aligned to the level of intensity of their current need, and their situation. Matching care to need, rather than adopting a one-size-fits-all approach, enables the right type of support to be provided. This can include self-management support, lower-intensity and online supports, or more targeted interventions, if they are indicated. This stepped approach to mental health seeks to ensure the available resources are used efficiently and that mental health clinicians target their efforts to working with those who may have more severe or complex needs.

CAREinMIND™

CAREinMIND provides access to a range of free mental health services in the NWMPHN region, through a central CAREinMIND referral, intake and assessment team.

CAREinMIND is targeted at people of all ages who:

- are unable to afford (or are ineligible for) other local services
- are experiencing a level of mental health stress from mild to severe
- live, work or study in the NWMPHN region.

Some services are available without a referral; otherwise GPs, psychiatrists or paediatricians can refer patients. In addition, school principals or school counsellors can refer under a provisional referral, as can maternal child health nurses and early childhood staff.

Referrals are assessed based on a person's presenting needs, then allocated to an appropriate, experienced mental health practitioner.

CAREinMIND practitioner Natalie O'Connor. Photo: Leigh Henningham

CAREinMIND services include:

- **Wellbeing Support Service** – low-intensity counselling, 24/7 by phone or online, available without a referral
- **Targeted Psychological Support Services** – structured psychological therapies for people with diagnosable, mild to moderate mental ill-health
- **Intensive Support Services** – mental health nurse support for people with a diagnosis of severe and complex mental illness
- **Suicide Support Service** – for people at increased risk of self-harm or suicide. (Note that this is not a crisis service)
- **Support After Suicide** – suicide postvention support for loved ones of people who have attempted suicide or who have died by suicide.

In addition to CAREinMIND services, NWMPHN has commissioned a range of other mental health services targeted at particular population groups or settings. You can find a comprehensive list on our website at nwmphn.org.au/systemofcare

CAREinMIND in 2019–20

The number of referrals into CAREinMIND and the number of sessions delivered show the significant need for accessible, affordable and appropriate primary care mental health services in our region.

Referrals to CAREinMIND increased by about 5 per cent between 2018–19 and 2019–20.

National Psychosocial Support Measure

From July 2019, PHNs have been given responsibilities to commission psychosocial support services for people with severe mental

CAREinMIND by the numbers

Referrals
7,587

Sessions
63,048

Interpreter sessions
2,002

REFERRALS BY SERVICES TYPE

Targeted Psychological Support
5,872

Intensive Support Services
956

Suicide Support Service
759

2018–19 **+5%**

TPS

57 Cancer Care

18 Aged Care

3 Homelessness Services Melbourne City Mission

illness to build skills to manage their mental illnesses, improve their relationships with family and others, and increase social and economic participation.

NWMPHN commissioned these new psychosocial support services during 2019–20 to assist people with severe mental illness who are not better supported through the National Disability Insurance Scheme (NDIS).

Neami National and cohealth were selected through a tender process to provide psychosocial support services across the NWMPHN catchment. Since late 2019, they have provided tailored services, including direct support from a psychosocial support worker, help with daily living activities, help with return-to-work or education, family connection, housing support, health coaching, community participation, service navigation and emotional support and mentoring.

Neami National is providing services in the northern areas of the NWMPHN region (comprising the Melbourne, Yarra, Moreland, Moonee Valley, Darebin, Hume and Macedon Ranges local government areas) and cohealth is covering the western areas (comprising the Wyndham, Melton, Brimbank, Hobson's Bay, Maribyrnong and Moorabool local government areas).

Other organisations are contracted to provide group-based programs as part of the psychosocial support measure, including DPV Health, St Mary's House of Welcome, Mind Australia and Merri Health.

Sinan draws on his experiences to help promote and support good mental health in his community. Photo: Leigh Henningham

Alcohol and Other Drugs

Through our Regional Health Needs Assessment, we have identified a range of local government areas in our region which have populations experiencing levels of harm related to alcohol and other drugs (AOD) greater than state and national averages.

AOD misuse or addiction issues are complex, and are often related to other health or social issues. They are also highly stigmatised. The majority of AOD services are funded through the Victorian Government and health services. NWMPHN has targeted its AOD commissioning to focus on people who are at greatest risk of missing out on access to support, or whose needs may not be met by mainstream services.

Multicultural drug support program

In July 2019, NWMPHN commissioned the Centre for Culture, Ethnicity and Health (CEH) to provide a multicultural drug support program in partnership with the South Sudanese community.

The program is the first of its kind to use a flexible and tailored model working closely with the local South Sudanese community. It is being developed in response to the community's self-identified need, as well as to growing evidence that urgent intervention is required.

The new model is informed by peer-led approaches. Families and communities have had real input and will co-design the service model. The new model has five main elements:

- an in-home model of care, supporting both young people and their families
- community workshops to improve service navigation and understanding of AOD and mental health
- sector capacity-building to improve the cultural competence and accessibility of mainstream service providers
- development of an evaluation framework to identify efficacy and potential for expansion
- a co-designed resource that is culturally sensitive in defining harm reduction.

CEH are leading the project in partnership with Turning Point, drummond street services, Victorian Alcohol and Drug Association (VAADA), the Burnet Institute and the Sudanese Mothers Coalition.

AOD misuse or addiction issues are complex, and are often related to other health or social issues.

Progress during 2019–20 included:

- program establishment, community consultation and workforce capacity building
- partnering with local organisations to conduct an online community education campaign that has reached over 3,500 young people. The education campaign focuses on alcohol and other drugs, their effects on the individual and community, how to talk to loved ones about AOD use, and how to refer to the program
- hosting AOD workforce capacity building sessions in partnership with VAADA to support culturally responsive practice.

Strategic review of AOD services

Throughout 2019–20, the AOD team also worked with the community to review contracts against strategic aims.

Feedback from this review informed a new approach for NWMPHN and local AOD services, which are now working together to identify and implement actions to better meet the needs of the diverse NWMPHN community.

In early 2020, NWMPHN provided funding to VAADA to explore the potential to improve collaboration between sectors, and thereby improve people's experience of the health system. This work and the work with AOD services will continue throughout 2020–21.

Suicide prevention

Suicide is the leading cause of death for young people and older men in Australia, but suicide and suicidal thoughts are a major health concern for all age groups across the country.

The factors behind suicide are complex, and suicide affects more than immediate family, friends and acquaintances. There is growing recognition for the need for a more systematic response to suicide prevention. One example is Black Dog Institute's Lifespan framework, which has informed some of NWMPHN's work.

Effective approaches to suicide prevention include engaging with people who have lived experience, and through understanding the regional context and factors associated with suicide. Targeted strategies can then be developed to address stigma, promote help-seeking and resilience, and design training that recognises and responds to suicide risk using contemporary evidence-based approaches.

Throughout 2019–20, community participation remained at the heart of our suicide prevention activities through our place-based suicide trials in Brimbank/Melton and Macedon Ranges, and through our population-based trial aimed at preventing suicide in our local LGBTIQ community. (For more information, see **Community participation in suicide prevention** on page 30.)

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Anyaak Abiel is helping connect his community to access appropriate alcohol and drug services. Photo: Centre for Culture, Ethnicity and Health

"Great support and a place where I could be heard without judgement ... "

Mind Australia Aftercare client

2019–20 suicide prevention trial activities

- **Brimbank/Melton and Macedon Ranges place-based suicide prevention trials**

Activities in Melton and Brimbank have focused on increasing the capacity of frontline workers and the community to provide early intervention support, developing an in-depth understanding and response to the diverse needs of the culturally and linguistically diverse communities within the catchment, and working closely with both Melton and Brimbank Councils.

Kerry King started a support group for families affected by suicide, following the death of her son. Photo: Mike Keating

In Macedon Ranges, the focus has been on working closely with the community and local partners in the region to improve the capacity of the community and frontline workers to respond to suicide, and on the development of a localised community support model.

- **Suicide prevention campaign with Star Weekly**

From October to December 2019, we joined with the Star Weekly newspaper group in the 'Reach Out, Reduce Suicide' campaign. The campaign included more than 20 articles on suicide prevention in the Brimbank and Melton Star Weekly newspapers that encouraged people to talk about suicide and take up free 'Question, Persuade, Refer' (QPR) suicide prevention training.

Uptake of QPR training increased by more than 250 per cent during the campaign period, and hundreds of thousands of people in the target areas and beyond were reached through the print and online articles and social media promotion.

- **Pilot Gambling Project, commissioned with IPC Health Deer Park**

This project successfully increased the knowledge and skills of 32 gaming venue staff, who were trained in safeTALK across four gaming venues in Brimbank in early 2020.

Following training, staff rated themselves as being confident (9/10) and committed (9.4/10) in applying what they learned in identifying risk factors and having safe conversations about suicide alongside their regular duties.

Throughout 2019–20, community involvement remained at the heart of our suicide prevention work

Nine Gamblers Health Staff from IPC Health also completed Applied Suicide Intervention Skills Training (ASIST), which offers participants tools and knowledge to provide early intervention and create safety plans with those deemed at risk of suicide. Table 1 shows the significant changes in the safeTALK participants' confidence in identifying risk factors, in inviting discussion about suicide, and in providing appropriate resources to support those in distress.

- LGBTIQ suicide prevention trial activities

In 2019–20, the Australian Government funded the National Suicide Prevention Trial, which in NWMPHN is focused on reducing rates of suicide in LGBTIQ communities. In the past year, the trial continued its focus on delivering interventions that have been co-designed with the LGBTIQ Taskforce, which is made up of LGBTIQ services, researchers, people from LGBTIQ communities with close experience of suicide, and supporters of LGBTIQ communities.

Activities included commissioning a LGBTIQ-focused 'aftercare' program, mentorship support for individuals and families, LGBTIQ-specific suicide prevention training, the development of a LGBTIQ postvention plan and the development of affirmative practice training for frontline workers.

As well as identifying these areas as a priority and guiding the development of the interventions through their experience and insights, the Taskforce has also overseen monitoring and implementation of the activities.

"Our goal is for all LGBTIQ trainees to feel safe, included, and empowered to make a difference in any LivingWorks training they attend."

Shayne Connell,
LivingWorks Australia CEO

"Having all queer people in the workshop made it feel very safe and was one of the best parts of the training."

ASIST participant

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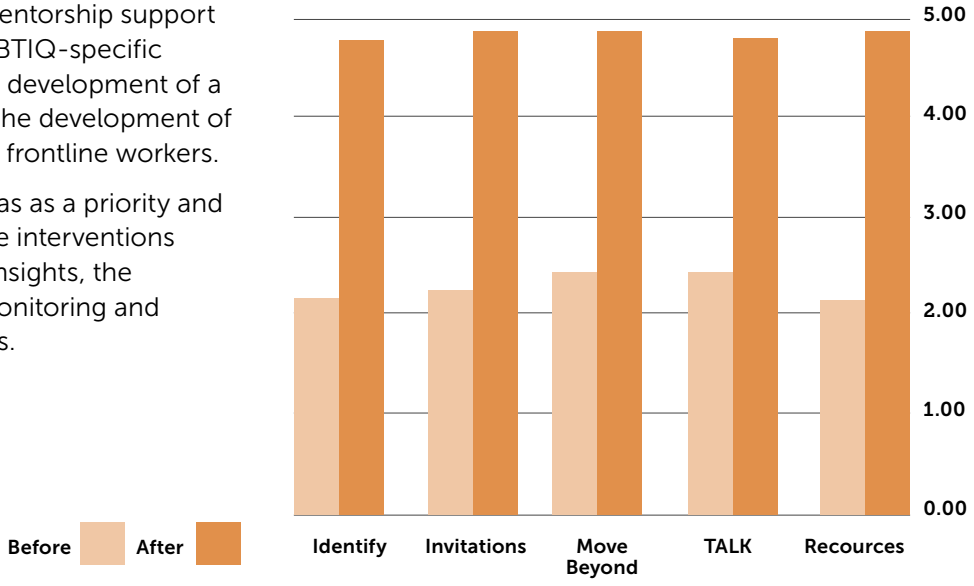
Table 1 | Confidence in suicide prevention measures for Gamblers Health Staff following ASIST training



- Aftercare

Mind Australia designed a model of aftercare in consultation and collaboration with LGBTIQ organisations and the LGBTIQ community. It offers immediate, targeted suicide support to members of the LGBTIQ community for up to three months.

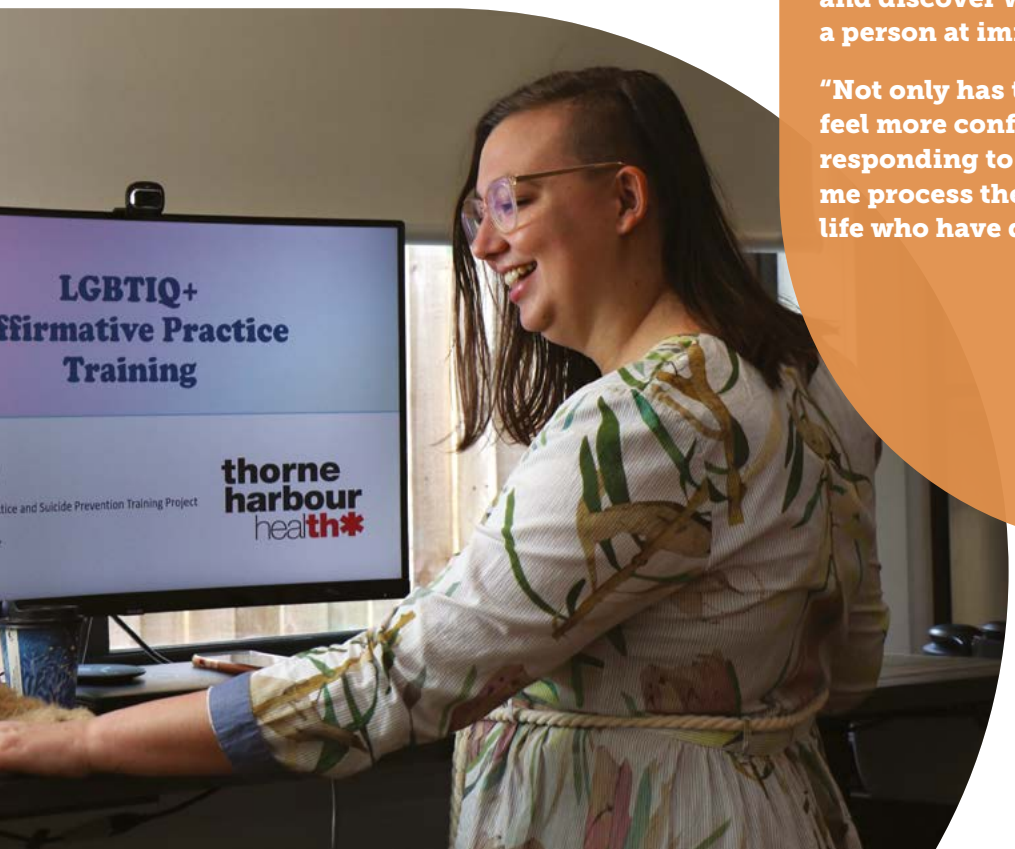
"Great support and a place where I could be heard without judgement ... Since finishing, I have managed an interaction with a crisis team well, reconnected with my social circle and arranged to rent privately with a close friend."

Mind Australia Aftercare client

- Suicide prevention training

LivingWorks Australia co-designed LGBTIQ suicide prevention and intervention training (ASIST and safeTALK) to better represent the needs of the LGBTIQ community. A total of 177 participants have been trained in LGBTIQ ASIST, and 29 in LGBTIQ safeTALK.

LivingWorks Australia are delivering ASIST Training for Trainers and safeTALK to representatives from LGBTIQ health organisations who, once qualified, will be delivering ASIST and safeTALK across the NWMPHN region.



Feedback from ASIST participants

"This model enabled me to learn and discover ways of assisting a person at immediate risk."

"Not only has this workshop made me feel more confident in addressing and responding to suicide, but it has helped me process the passing of people in my life who have died by suicide. Thank you."

The future of the System of Care

Health needs evolve over time, but mental health is particularly dynamic and responsive to social change. The COVID-19 pandemic and lockdown restrictions have had a major impact on the mental health of our community.

The System of Care is evolving to meet these changes, needs and circumstances, building on the extensive work already undertaken to fully realise a stepped care approach in our region.

As always, changes are informed by community participation, feedback from users and input from consultations across the region. (See **Part 2: Commissioning with our community** on page 15.)

Future directions in our mental health program will include:

- continued evolution of our referral, intake and assessment processes to support better matching of care to an individual's presenting needs and context (informed by a holistic assessment of a person's needs and context)
- a stronger focus on outcomes for commissioned services to ensure they are best serving and meeting the needs of our community
- a more diverse suite of services that support choice and accessibility, delivered in culturally sensitive and inclusive ways
- improved integration of services, so that care is better coordinated and can be 'stepped up', or 'stepped down', as a person's needs change
- an emphasis on enabling recovery and supporting the needs of carers and family members
- formalising partnerships and referral pathways with other services (including those funded by the Victorian Government and those delivered by the private sector)
- sharing more data on the performance of services
- care delivered in multidisciplinary team environments, supporting access to a broader range of skills, support and education including using peer workers (see **Peer-based support for low-intensity mental health** on page 20).

Greater engagement and integration with other related service sectors, such as housing, education, family violence and legal services will also be a focus, so we can better meet the complete needs of consumers and support improved outcomes.

Supporting GPs caring for patients with mental health needs will remain core to the System of Care. Mental health presentations remain the most common single reason for people to visit a GP.[9]

Flexibility will be key. Between the changes and lessons brought on by the pandemic, and the major system reform expected to flow from the Royal Commission into Victoria's Mental Health System, the mental health system five years from now may bear little resemblance to today's. A robust system of care will help us make it a change for the better.

Amelia Arnold is helping health care providers create more welcoming spaces for LGBTIQ people. Photo: Leigh Henningham

PRIMARY HEALTH CARE DEVELOPMENT

90%
of people see a GP at least once a year

Partnering with general practice

General practice is the cornerstone of our health system. GPs are the first point of contact for most Australians seeking medical attention: the RACGP Health of the Nation 2019 report found that almost 90 per cent of the population saw a GP at least once each year.

But the role and requirements of general practice are changing inline with changes to the primary care landscape. Our population is ageing, and the proportion of people with complex care needs is increasing. Mental health remains the most common issue managed by GPs, and demand continues to rise.[10] This is accelerating a long-term shift for GPs, from providing episodic care to providing chronic and complex care, as well as an aligned need to focus on preventative and proactive care, and broader population health outcomes. A more person-centred model of primary care can help manage some of these challenges, but a person-centred model can only work with supported and empowered GPs playing a central role.

Being able to support GPs and other health providers to deliver safe, high-quality care in this ever-changing environment is an ongoing and continuously developing process. It is a process that begins with and relies on genuine engagement. Without that foundational relationship and trust, it is not possible to work together towards better care. That is why, over the past two years, we have completely overhauled the way we engage with general practice, putting personal connection and understanding at the forefront.

Once strong relationships are in place, we can support general practices to identify opportunities for improvement and implement plans to deliver those improvements for the practice, its staff and patients. These plans are informed by a provider's own data, which we support practices to access and analyse using powerful software tools such as the PEN CS Clinical Audit Tool (PEN CAT).

Having usable data helps individual GPs and practices drive improvements in the quality of the care they deliver, improving patient outcomes and provider and patient experience of care. And having access to de-identified data from providers across our region allows us to understand the needs of our population better and create more robust and relevant quality improvement, education and training programs.

The 2019–20 financial year has been a critical year for general practice and primary health care development. Reforms that started in late 2018 have begun to bear fruit, with greater engagement by GPs, and greater uptake of quality improvement activities in the second half of 2019.

As COVID-19 took hold in the first half of 2020, strong connections with GPs and practices became even more important. They allowed us to keep our health community informed and respond quickly to their needs in a continually shifting environment.

The pandemic has proven the value of our approach to engagement and development, and it has also shown the paramount importance of being able to continuously adapt and update that approach to meet changing circumstances. Our focus on quality improvement will always include improving the way we work with health providers and organisations, to ensure that even when COVID-19 is finally overcome, our local health system stands ready for the next challenge.

GP Ben Crowther from Neal St Medical in Gisborne reflects on a year like no other. Photo: Leigh Henningham

...helping practices and individual practitioners improve the way they operate ultimately leads to better, safer care.

Redesigned approach to engagement, and key achievements

Empowering our community to be at the heart of the work we do has been a driving force for our organisation throughout 2019–20. But when we talk about our community, we mean more than just the people who live in our region and access the services and programs that we commission.

Involving and engaging with our health community – the GPs, practice nurses, practice managers, mental health workers, allied health providers, pharmacists and others who make up our local health system – is equally critical to deliver better care, health outcomes and experiences.

It was working with this community nearly two years ago that led us to a major reform of the way we engage with and support general practices and primary care – changes which put us in a strong position to respond quickly and effectively to the challenges of COVID-19 and lockdowns.

At the end of 2018, more than 350 primary care providers let us know how they wanted us to support them, requesting help with quality improvement, reform implementation, advocacy and more. We used that extensive consultation to create a new primary health care improvement model, overhauling our organisational structure and the way we engaged with general practice.

Our general practice community wanted:

- greater clarity on the role of NWMPHN and support available
- to know how to get involved with NWMPHN
- to have a specific contact at NWMPHN
- assistance to implement health reforms and get ready for changes
- NWMPHN to advocate to government on their behalf
- to be able to access PHN events close to their home, work or online.

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General practice engagement and Quality Improvement 2019–2020

Number of general practice provided support
564

Eligible practices registered for PIP QI
388

Eligible practices sharing data with PHN
90%

Special e-bulletins sent Jan–June
50+

Quality improvement workbooks downloaded
234

Open rate on e-bulletins
38%

The new model started on 1 July 2019, with the establishment of the Primary Health Care Improvement Team as the key point of contact at NWMPHN for general practices and other primary health care providers, helping them to deliver the best possible outcomes for their patients.

The model includes:

- giving each practice in the NWMPHN region an opportunity to create a Practice Improvement Plan, identifying specific priorities, tools and objectives, which NWMPHN could support them to achieve
- assigning each practice a dedicated NWMPHN Quality Improvement Program Officer to work with them to tailor their plan to suit their needs and objectives, and to support their growth.
- providing free access to PEN CAT to enable data-driven quality improvement
- providing free access to clinical assessment, management and referral pathways via HealthPathways Melbourne
- free access to quality improvement self-guided toolkits
- opportunities to participate in facilitated intensive quality improvement projects on identified population health needs.

We also established new networks and advisory groups, providing an opportunity for primary health care providers to learn together through continuing professional development and facilitated networking. These included a general practice advisory group focused on support, program design, implementation and priority-setting for NWMPHN, and networks for practice nurses and practice managers with targeted training and consultation opportunities.

Practice manager Paul Kochskamper and staff at Darley Medical Centre have been going the extra mile to keep people safe from COVID-19. Photo: Leigh Henningham

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During 2019–20 we built on these foundations, using the new model to drive increased practice engagement across a range of activities and improvement initiatives.

We also made substantial changes to the way we communicate with general practice, in response to both our new engagement strategy and the COVID-19 pandemic.

In 2019–20, we sent our General Practice News e-newsletter to approximately 2,300 GPs, practice nurses, practice managers and other staff each month. This newsletter achieved an open rate of 32% and a click rate of 42%, both outstanding results.

Aside from our General Practice News, we also dramatically increased the number of other e-bulletins we sent to general practices and primary care providers this year.

We began doing this in early 2020 when the bushfire crisis unfolded, and have continued throughout the COVID-19 pandemic. We sent more than 50 e-bulletins between January and June 2020, with an average open rate of 38% and a click rate of 28%.

"Overall [I] felt the project was comprehensive, with excellent quality education provided and plenty of support."

Disease and cancer screening quality improvement program participant

This strategy has proven valuable; feedback from general practices in our region tells us that busy practice teams value short, regular email updates, and we will continue to provide these in 2021 and beyond.

Quality improvement

We bring a quality improvement mindset to everything we do, because helping practices and individual practitioners improve the way they operate ultimately leads to better, safer care. It also leads to a more connected, capable and responsive health system that is easier for patients and health professionals to use.

We take a data-driven approach to quality improvement, helping practices improve their data collection and management capabilities, then using that data to highlight further improvement and service opportunities.

2019–20 quality improvement highlights

Cancer Screening Intensive Quality Improvement program

Eight general practices took part in an intensive quality improvement program aimed at improving their cancer screening rates and processes. Some of the quality improvement activities they undertook included improving recall processes and letters, new patient registration and reception processes, and promoting and increasing service offerings.

All eight practices completed the program, and all demonstrated greater than 10 per cent improvement for at least two screening measures.

Results included:

- cervical screening: an extra 1178 patients having a cervical screen recorded at one practice – an increase of 78 per cent
- faecal occult blood test (FOBT): an extra 357 patients having FOBT accurately recorded at another practice – an increase of 35 per cent.

Feedback from practices in our intensive quality improvement programs

"It is amazing to see progress and the approach to the project from other clinics."

"This QI [quality improvement] project has benefited our practice a lot and contributed to our clinic's aim to improve our service in regard to disease prevention."

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Intensive Quality Improvement (IQI) – preventing chronic disease

Five practices partnered with our primary health team in a project aimed at preventing and managing chronic disease. The 12-month project concluded in November 2019. The practices focused on improving three chronic disease risk factors, with two education workshops and ongoing engagement during the project period.

Achievements:

- All practices saw increases in their recording of blood pressure results (highest increase: 18 per cent), smoking status (highest increase: 39 per cent), alcohol status (highest increase: 250 per cent) and BMI (highest increase: 45 per cent).
- Invitation letters were sent to 420 patients, and 170 completed osteoporosis screening with MeasureUp's DEXA van as a result. Thirty-seven patients were then diagnosed with osteoporosis and 79 with osteopenia.

IQI – Suicide prevention GP capacity-building project

An intensive quality improvement program was undertaken with 10 local practices in Melton/Brimbank and Macedon Ranges, as part of the two place-based suicide prevention trials in those areas.

Achievements:

- Workshops focused on capacity-building in suicide prevention for GPs and their practices – 23 participants were trained.
- Workshops included training reception staff in signs of suicidal crisis, flagging at-risk patients who cancel appointments, and ensuring patients have a mental as well as a physical screening when attending the practice.
- Advanced Training in Suicide Prevention was completed by all participants – a strong endorsement of the value and relevance of suicide prevention training to GPs in the practice setting.
- All participants reported an increase in knowledge, confidence and skills in the practice setting to support patients at risk of suicide.

Left: Nurse Jacqui Hill and Dr Pearly Cooray (right) from Romsey Parkwood Green Medical Medical have seen the benefits of intensive quality improvement for their practice.

Top: Practice Manager Elise Sloss (left) and Practice Nurse Lauren McCall from Neal St Medical in Gisborne. Photos Leigh Henningham

> **"The speaker was excellent, the information very clear and relevant."**
>
> Education event participant

Improvement guided by quality advice

A key component to the success of our quality improvement activities over 2019–20 was the growing involvement of our health provider networks and advisory groups. Part of the overhaul of our approach to engagement and support, these networks have become invaluable in helping to ensure our quality improvement efforts target the areas of greatest need and interest to our local health community.

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General Practice Advisory Group (GPAG)

One of our most important and active partner groups has been our GPAG, made up of local GPs, nurses and practice managers. In 2019–20, the GPAG played a key role in supporting implementation of our redesigned model for supporting primary care, with a focus on quality improvement, and providing input and advice on a wide range of organisational activities and consultations.

Dr Pearly Cooray (right) and Nurse Jacqui Hill from Parkwood Green Medical Romsey. Photo: Leigh Henningham

Five GPAG meetings took place in 2019–20. Consultation topics included:

- workforce development strategy, regional network proposals, Continuous Quality Improvement workbooks, Practice Incentive Payment QI reports
- a joint VTPHNA/Carers Victoria project
- regional mental health plan consultation and follow-up
- engagement and education with NDIS
- Royal Children's Hospital one-point referral for development delay in children
- NWMPHN's response to COVID-19 and advocacy for telehealth MBS items.

Primary Care Think Tank

Providers from across the primary care sector have also been advising us through our Primary Care Think Tank, which launched in late 2019. The Think Tank is ideal for providers who want to lend their perspective on local issues and be involved in the work of NWMPHN, but can't necessarily commit to an ongoing role in a group like the GPAG.

Think Tank currently has 33 members, including 17 GPs. Six opportunities to be involved with NWMPHN projects were promoted directly to Think Tank members:

- feedback and review of new infant pathways
- HealthPathways clinical editor opportunities
- request to review Continuous Quality Improvement workbooks
- opportunity to join our Clinical Council
- invitation to review Optimal Cancer Pathways and join the OCP 12-month review panel.

"Thank you for allowing me access to people with such in-depth knowledge and experience. So grateful!"

Webinar participant

Workforce development – education and training

Education and training are important ways we support the development of our local health workforce. As a result of the COVID-19 pandemic, rapid changes were required to ensure education and training programs were conducted safely, and so that timely updates could be provided given the lack of evidence for this novel virus.

We were already developing more online content to support improved access when the pandemic hit. Almost overnight, we were able to switch to 100 per cent delivery via webinar to support continued development and knowledge-sharing for all providers across our region.

We also developed a range of critical information events to help give our health community timely and accurate news and guidance as the pandemic unfolded.

For many participants, the shift to an online model has improved both access and engagement with training and education. Participants can log on from anywhere in our region and take part in discussions during sessions. Recording webinars also allows for broader participation.

Delivering events online is also much more cost-efficient than in-person events and requires less logistical organisation, allowing us to organise events faster and direct cost savings to other critical areas.

While we are all eager to see the end of this pandemic, the lessons we have learned for our education and training program will certainly shape our approach in the future.

Training spotlight

Telehealth webinar for mental health providers

COVID-19 restrictions made telehealth the preferred – and often the only – option for care for many providers for much of 2020.

To support our local mental health providers, many of whom had never or rarely delivered care via telephone or internet, we engaged with the Victorian and Tasmanian PHN Alliance and the Mental Health Professionals Network to develop a webinar on how to use telehealth. The webinar was delivered online in May 2020 and was a huge success, with more than 2,000 providers across Australia logging on. Several hundred were from our region, the most of any PHN region in Australia.

The event was the biggest, in terms of attendees, that we have organised as a Primary Health Network. More importantly, it provided critical information and practical strategies for improving outcomes for both practitioners and clients – including establishing and maintaining a therapeutic relationship via technology – at a time of great uncertainty.

More than 1,000 participants completed feedback surveys, with 69 per cent saying their learning needs were entirely met, and 30 per cent reporting their needs were partially met.

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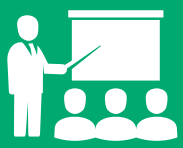
"Great session – wish I could make this mandatory for my colleagues and staff!"

Education event participant

GP education and training events 2019–20

Events conducted
92



Face-to-face events
36

Number of attendees*
1,898

**Does not include attendees of joint telehealth webinar for mental health providers described earlier.*

In-practice events	29
Webinar-only events	24
Combined F2F and webinar events	3

Average attendee professions 2019–20

Medical practitioner	46%
Nurse	27%
Admin/non-clinical	23%
Allied health	4%

Feedback from participants in 2019–20

"Thank you for ensuring the information was presented in an easy-to-digest manner. Highly relevant."

"Speaker on the evening was excellent. Information provided was very clear and relevant to what we should be practising at the frontline in medical practice."

"Inspiring, knowledgeable, and effectively communicated relevant info that was not copy-pasted from a webinar any one of us could run."

Integrated care

Future of integrated care

Our approach to integrated care builds on our general practice support and quality improvement work. This provides a sound foundation for general practice participation in integrated pathways of care to improve patient experience and outcomes.

The need for responsive, flexible and integrated care pathways has been emphasised by the COVID-19 pandemic. Improving the way people access timely care, move through the health care system and engage with different providers has always been a focus, but the direct impacts of the pandemic and related restrictions on the health workforce and patients has provided the impetus for meaningful change.

One key activity during 2019–20 was the development of care pathways for COVID-19 positive patients, initially co-designed between The Royal Melbourne Hospital, cohealth, NWMPHN and the Victorian Department of Health and Human Services, supported by management consultants PwC.

The pathway is designed to provide safe, high-quality care, including community-based care, for COVID-19 positive patients who are well enough to be managed at home, with mechanisms to escalate care if required.

This pathway was established in just three weeks in July and August 2020 and was then used as the basis for a model to roll out across Victoria.[11]

The speed at which this pathway was developed, and the coordination and goodwill between the partner organisations, indicate how integrated care and our health system more broadly is being shaped by this pandemic. New partnerships are being forged, and care pathways and outcomes for patients should improve as a result.

We need to ensure that our flexible approach to integration and willingness to work openly and cooperatively do not end with the pandemic. Some of the things we are working on to help carry the positive aspects of this period forward include:

- strengthening and expanding cross-sector governance structures
- creating data-sharing agreements and risk stratification tools
- developing clear clinical pathways and role delineation across primary and tertiary care
- testing shared care models and other means of enabling integration, such as case conferencing.

A key component of improving integrated care is developing and driving meaningful use of digital platforms and tools to support timely access to clinical information and shared care across the system. We need to ensure the use of these platforms and tools is optimised and allows us to capture relevant data to support ongoing regional planning and design.

The continued development and increasing use of HealthPathways Melbourne, and the uptake of data tools such as PEN CAT across our practices during 2019–20, point the way forward in this respect, with both initiatives to remain a key focus in coming years.

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Integrated care in action

HealthPathways

HealthPathways Melbourne (HPM) is a collaboration between NWMPHN and Eastern Melbourne Primary Health Network. HPM is a free, web-based portal for clinicians, with relevant and evidence-based information on the assessment and management of common clinical conditions, including local referral guidance.

The portal aims to enhance clinical knowledge and promote best-practice care, reducing the number of patients referred to specialist care who could be managed in a primary care setting.

It also assists clinicians to align their referrals with local hospital requirements, potentially resulting in fewer referral rejections and more timely access to care.

The pathways have been designed for use during consultation and are developed through collaboration between hospital and community clinicians.

The pathways are written by GP clinical editors, with support from local GPs, hospital-based specialists and other subject-matter experts.

HPM in 2019–20

- 18,238 users (up 50 per cent since 2018–19)
- 87 new pathways published, for a total of 756 localised pathways
- almost 700,000 pageviews (up 73 per cent since 2018–19)

Optimal Care Pathways

The journey for patients undergoing diagnosis and treatment of cancer is complex, and usually involves multiple health care providers and services. Optimal Care Pathways (OCPs) map this journey for patients with specific types of cancer. They provide an evidence-based guide to deliver consistent, safe, high-quality cancer care along the key stages of a cancer patient's journey.

NWMPHN is leading the use of the HealthPathways platform to provide an integrated approach for primary health adoption of Optimal Cancer Care Pathways at the point of care.

OCP in 2019–20

- Development and publication of nominated oncology pathways, inclusive of the OCP framework, on all Victorian HealthPathways websites and the South Eastern Melbourne PHN online care pathway platform.
- Development of a statewide communication and engagement plan implemented locally, to promote and raise awareness of the OCP HealthPathways among primary health practitioners.
- Five primary health care practitioner engagement events to gather qualitative data on the barriers and enablers to optimal cancer care in primary care.
- Commissioning of an external evaluation provider to formally evaluate implementation of the OCP HealthPathways project and make recommendations for future adoption efforts in primary health.
- Publication of 56 pathways with 14 OCP guidelines across the five platforms. This has resulted in 16,558 views of these pathways across the state.

The social prescribing team at IPC Health Deer Park, Patricia Anthony and Catherine Cotching. Photo: Leigh Henningham

"I feel good about the [NWMPHN] service. Very friendly staff."

Feedback from GP

Social connectedness and social prescribing

Person-centred care is the foundation of integrated care. We know that supporting people to make shared decisions that respect their personal goals is a key feature of a high-performing primary health care system. We also know that separating a person's health from their social context is a barrier for them in engaging with their health.

NWMPHN's Social Prescribing pilot with IPC Health seeks to address the broader context of a person's health. More than 100 people were referred into the program in 2019–20, engaging with a wellbeing coordinator to identify the social, emotional, and financial issues contributing to their health concerns. Many of these clients received 'social prescriptions' to address their needs and better connect them with their community.

As COVID-19 emerged, the program successfully moved to a broader community care model, with a wellbeing coordinator supporting vulnerable and high-risk clients to navigate support services during lockdowns. (Also see **The Quadruple Aim** in action: Social prescribing on page 11.)

Social prescribing 2019–20

- 39 contact sessions completed to help clients with a range of complex health and social needs
- 55 Community Care referrals between April and June 2020

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Feedback from GPs

"Works well when the timing is right for the client."

"It has been a great help with some of my chronic patients."

"Social prescribing has made a difference to their general outlook."

...separating a person's health from their social context is a barrier for them in engaging with their health.

Case Study

Situation

- A family of four on welfare income were about to be evicted from their rental property and couldn't find another home in the same school zone.
- Mother suffers from a complex mental health condition.
- Children were missing online schooling due to lack of internet access in their existing accommodation.
- Father was primary contact and was under significant pressure.

Community care response

- A referral was made to a family services counsellor who spoke the mother's first language; family was also referred to housing support to find more affordable private rental nearby.
- Wellbeing coordinator successfully petitioned the school to allow the children to remain, even if they moved out of the school zone; internet access was negotiated with the current rental property owner for home-schooling.
- Two weeks after being referred to Community Care, the father made contact with the wellbeing coordinator to advise her what a significant difference her support, advocacy and problem-solving had made to him and his family.

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Carers Victoria program

NWMPHN recognises the pivotal role that social connectedness plays in our health and wellbeing, and how we experience our lives. Research has found that loneliness and social isolation may be as harmful as smoking and obesity for our overall health.

Carers are at high risk of loneliness and isolation, so we also collaborated with Carers Victoria on another major social connectedness program. Carers Victoria were engaged to develop and deliver an innovative program to improve social connectedness for carers experiencing poor health outcomes in the Hume and Wyndham local government areas.

The program began on 30 June 2019, providing participants with:

- a group 'cognitive reframing' program (4–6 sessions)
- individualised social connection activity planning and support
- follow-up support to address issues that may have emerged and to reinforce positive change.

The program is scheduled to run until 30 June 2021, with the aim of improving participants' health and wellbeing, social connectedness, motivation to make changes and address barriers to social participation, and confidence in engaging in social activities.

General Practice Pharmacist Laura Dean (centre) and team at cohealth Kensington. Photo: Leigh Henningham

"I think she really benefited from a pharmacist that had time to spend with her as often as was needed..."

Pharmacists in General Practice

Integrating care is about bringing together providers and health care services from across our local health system to improve coordination and efficiency, and thereby provide better, safer care for people in our community.

Often, care integration is about improving the interface as people move between different providers and services. But sometimes, we provide support for health care providers to be integrated in practical terms – as in the case of the Pharmacists in General Practice program.

Since 2018, the program, a partnership between NWMPHN and the Pharmaceutical Society of Australia, has seen non-dispensing pharmacists integrated into several general practices in Melbourne's northern, western and inner suburbs. These pharmacists support GPs and practice staff with Quality Use of Medicines activities such as:

- identifying and resolving medication use and safety problems
- conducting practice staff education sessions and answering medication information queries
- conducting Drug Utilisation Reviews, which are ongoing, systematic, criteria-based evaluations of drug use to ensure that medicines are used appropriately at the individual patient level
- providing advice on prescribing according to evidence-based guidelines.

The program is based on strong evidence that a team-based model of care is more cost-effective and can also improve equity and access to health services. Pharmacists can respond to complex medicinal queries, educate practice staff and support activities that enhance MBS billing.

The pilot program was extended into 2019–20 with several new general practices coming on board. One practice continued with the program to allow for clear, comparative evaluation.

There is no current funding mechanism for pharmacists in a general practice setting, so our Pharmacists in General Practice program has been critical to fill this service gap. Program funding helps establish the role within the practice, and also assists practices to identify sustainable ways to fund the service on an ongoing basis.

Pharmacists in general practice 2019–20

Number of activities	**2,058**
Number of patient consultations	**1,197**
Medication reconciliations	**262**
Team-based collaborations	**241**
Patient education sessions	**165**
MBS item participation activities	**482**
Practice-focused activities	**192**

Total hours in clinic

2,282

Case Study

Pharmacist: GP referred a man aged 80+ to me, who was starting on insulin. The appointment was attended instead by his daughter, who lives with and cares for him. She attended for education about starting insulin, injection technique, adverse effects such as hypoglycaemia, and BGL monitoring.

Once started on an initial dose of insulin, titration is normally required, dependent on blood glucose levels. With the GP's consent, I followed up with the daughter on a weekly basis by phone, to monitor the BGLs, but also to provide general support through a worrying time (she was particularly concerned about the possibility of hypos). Her father's renal function began to deteriorate, which affected the medicines he could take for his diabetes; she was also liaising with his endocrinologist.

I was able to keep the GP updated via emails and notes in her file of the endocrinologist's recommendations more immediately than waiting for his communications, which can change often when titrating insulin, particularly in certain patients with other complex issues.

If the GP needed to change insulin doses etc. on occasion, I was able to communicate this to her, and was also able to provide ongoing advice on the patient's options for oral medications, considering the degree of renal impairment.

The daughter often expressed how she appreciated my support and over the last months I have been in touch with her regularly, often from her calling specifically to talk to me or to come in and see me. I think she really benefited from a pharmacist that had time to spend with her as often as was needed, particularly through the last months with COVID-19 restrictions.

Pharmacist Penelope Wood is helping staff and patients at IPC Health with a range of medication and prescribing issues. Photo: Leigh Henningham

Case study above not related to Penelope Wood.

GLOBAL PANDEMIC, LOCAL ACTION

"You have to have primary care at the table to create an effective and sustainable response to any health crisis.

Adjunct Associate Professor Chris Carter

Taking local action

Since the beginning of 2020, COVID-19 has had a major impact on every part of our organisation and our work.

We've highlighted many of these changes, challenges and opportunities in this report, from the general practice response, to increased demand for mental health care and alcohol and other drugs services, to substantial changes in the focus of services and how they are delivered. We have also rapidly overhauled how we engage with and support our health community.

Our region has been the hardest hit in Australia, especially during the second wave of COVID-19 cases that was just beginning to build as 2019–20 ended. This required a rapid and multi-faceted response from NWMPHN, helping to coordinate local health efforts and acting as a conduit between the Victorian and Australian governments and health providers.

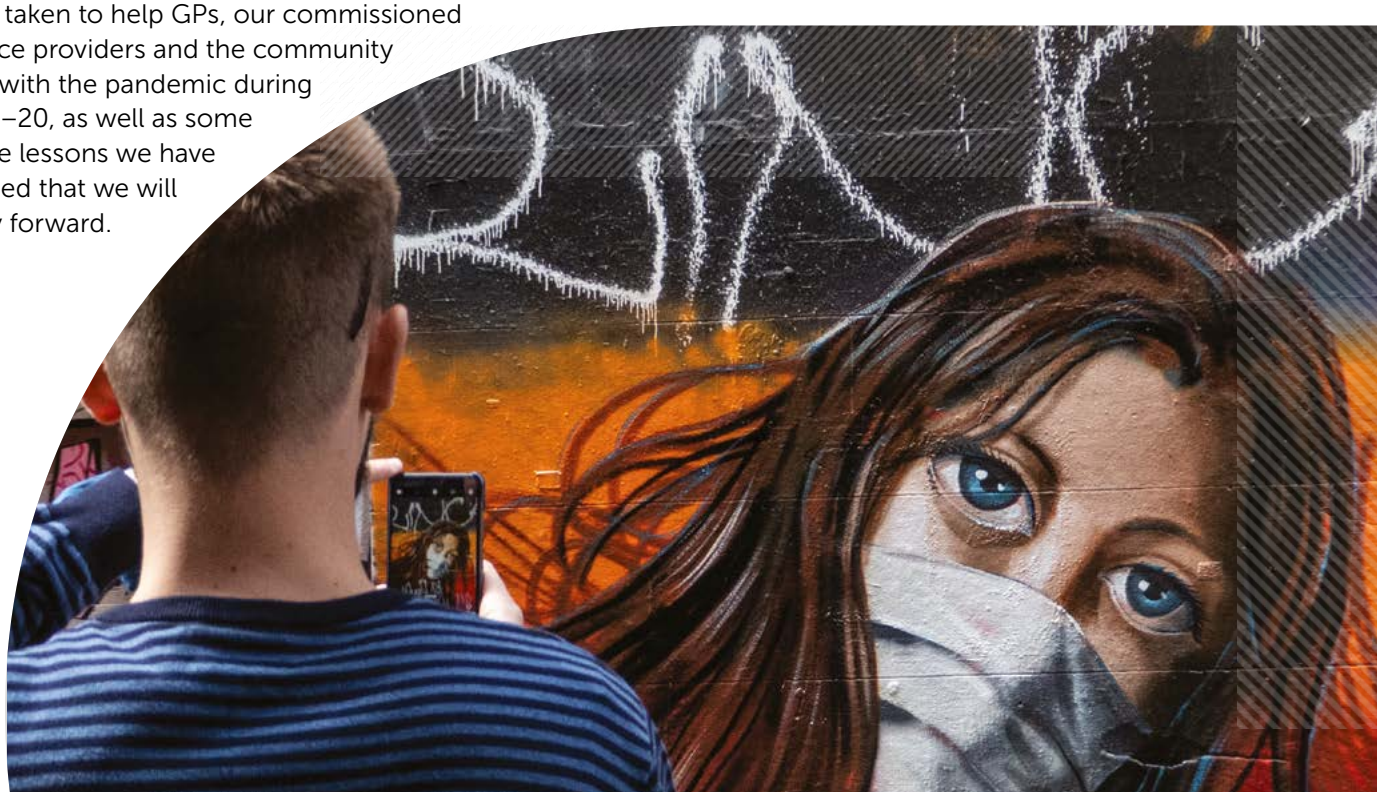
This section details the direct actions we have taken to help GPs, our commissioned service providers and the community deal with the pandemic during 2019–20, as well as some of the lessons we have learned that we will carry forward.

General practice, pharmacy and aged care

Since January our general practices have been on the frontline of the COVID-19 pandemic, facing and adapting to many challenges to help with both the COVID-19 response and also continue to provide high-quality general health care to their patients.

General practices were the first point of contact for COVID testing and care in the early stages of the pandemic, and remain a critical part of the response across testing, managing COVID-19 positive patients and assisting community education and communication.

Community pharmacies have also played a critical role in the crisis, helping to educate the community about COVID safety while maintaining medication supply and support.



NWMPHN COVID-19 support for general practice and pharmacy in 2020

- Provided general practices with accurate, timely and coordinated COVID-19 information.
- Distributed masks and other personal protective equipment (PPE) to practices and provided information on access for community pharmacy.
- Supported the establishment of four GP-led respiratory clinics in our region to enable people to get tested.
- Provided active assistance with the shift to a primarily telehealth mode of service delivery, including software support and telehealth training webinars.
- Advocated for more access to PPE, better communication and improved processes to place general practice at the centre of the pandemic response.
- Ensured the views and experiences of general practices were being heard by governments, public health units, hospitals and other stakeholders.
- Provided proactive virtual support for all 563 practices, as well as frequent education and training via webinar on key COVID-19 related topics to support general practice to respond to COVID-19 in real time.

NWMPHN quickly established a COVID-19 website hub, which we have updated at least daily since January. There were 94,530 visits to this hub to 30 June, and many in general practice came to rely on it as a one-stop shop for the latest guidance on testing, PPE, outbreaks, telehealth, clinical and business advice, and updates from Victoria's Chief Health Officer.

Having asked each practice to identify a COVID-19 'lead person', we sent more than 50 email bulletins to practices between January and June. On average, more than 1,300 primary care workers in our region read each one of these bulletins, which contained highly localised and actionable information.

Our Primary Health Care Improvement Team remained in constant contact with practices, providing vital phone and email support. This included the sometimes-challenging tasks of clarifying health guidelines when there was conflicting or unclear advice, and dealing with a limited supply of PPE – especially in the first part of the year.

Our HealthPathways Melbourne team also excelled, with our GP clinical editors publishing new COVID-19 pathways, which needed to be updated frequently to reflect changing clinical advice. The HealthPathways platform was a critical source of information for GPs. There was a 30 per cent increase in traffic during the pandemic.

NWMPHN received shipments of masks from the Commonwealth's National Medical Stockpile and our team worked tirelessly to get them to practices across our region. However, sourcing enough of the full complement of PPE to test patients for COVID-19, or to continue everyday care safely, was a constant challenge for many primary health care providers in 2020.

Even Melbourne's famous street art has been transformed by the pandemic. Photo: Leigh Henningham

> **"Emails from the PHN help me keep in touch with things as they evolve. I'm a solo GP, so they're really important."**

COVID-19 Model of Care

Among our key goals in the first half of 2020 was making general practice central to the development of COVID-19 models of care.

We rapidly changed our model of support specifically to provide proactive support to GPs caring for COVID-19 patients. We also facilitated the development of the pathway and ensured a GP-led approach with more than 80% of COVID-19 patients cared for by their GP.

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Model of care in action

- As of 20 October 2020, 261 community-based GPs have managed the care of 422 patients with COVID-19. These 261 GPs are providing continuity of care for their existing patients and also providing a critical safety net for patients who do not have a usual GP. This figure does not include cohealth GPs.
- 747 clients connected to clinical care, 9 per cent required inpatient care, 91 per cent were cared for at home (80 per cent by primary care with an emphasis on linking with patients' usual GP and 11 per cent by RMH virtual care and RMH@Home).
- 37 per cent had no regular GP, including 26 per cent who were ineligible for Medicare.
- 31 per cent required an isolation plan and referrals to support services to ensure they were able to isolate successfully.
- NWMPHN hosted seven case-based webinars with GPs and hospital specialists with 370 participants in attendance and 585 views online.

After initial challenges, we saw significant improvement in this area. Working with our Clinical Council, General Practice Advisory Group and the Victorian and Tasmanian PHN Alliance, we were able to successfully advocate for improvements to the public health response, including better communication and data-sharing between the Victorian Department of Health and Human Services and general practice.

Aged care response

The COVID-19 pandemic has been most harmful for older Australians, particularly those living in residential aged care facilities. While the most devastating outbreaks took place just after 2019–20, we worked to support the aged care response from the beginning of the pandemic, with a particular focus on enabling continuity of care with residents' usual GPs.

Our work included:

- developing a comprehensive table of service and system issues, potential solutions and PHN roles
- advocating for improved communication, coordination and processes with GPs and mental health services working in RACFs
- conducting a needs assessment of RACFs in our region to identify needs, issues and to connect with the GPs who provide care to their residents
- working with all Victorian PHNs to develop a statewide webinar hosted by NWMPHN for GPs working in aged care

- developing a RACF and GP Information hub on the NWMPHN COVID website for information, advice, and tip sheets on topic including:
  - advice for GPs working in aged care
  - advice for RACFs working with GPs
  - provision of care by telehealth (for RACFs)
  - RACF tip sheets developed on infection control and PPE, advice to managers and practical tips for RACFs in the event of an outbreak from the need's assessment
  - RACF tip sheets developed on mental health of residents, families and staff in draft
- commissioning mental health services for residents and staff of RACFs.

Credit and thanks go to the GPs, practice nurses, practice managers, allied health professionals and other staff who have responded to the pandemic with professionalism and passion for patient-centred care. NWMPHN will continue working to ensure general practice has access to the tools and support needed to provide better care, every day, for their patients with COVID-19.

Primary health care services and providers

Our commissioned services support our community in myriad ways, including through mental health counselling and support programs, alcohol and other drugs treatment, and programs for suicide prevention, social prescribing, chronic disease management and much more.

As COVID-19 began to spread widely in Victoria in March 2020, it became apparent that these services would have to rapidly and radically change the way they operated to continue providing crucial care safely and effectively.

PPE supplied

P2 masks

To general practice, ACCHOs and GPRCs

29,420

Surgical masks

To general practice, ACCHOs and GPRCs

253,190

26,650 to **425** pharmacies

5,900 to **120** allied health practices

Aboriginal Community Controlled Health Organisations (ACCHOs)
General practice respiratory clinics (GPRCs)

"@NWMelbPHN … has been a critical source of information."

We supported providers in many ways, including by:

- increasing direct contact with providers by contract managers, who gave support and information, and helped providers establish plans for business continuity and review service delivery targets
- providing active assistance with the shift to a primarily telehealth mode of service delivery, including software support and telehealth training webinars
- establishing a regular COVID-19 newsletter for commissioned service providers, covering information specific to their fields and clients. More than 20 updates were sent between March and June 2020
- maintaining regular contact and checking needs as infection rates and restrictions on service delivery changed over the first six months of 2020.

General practice and commissioned service providers have also acted as an excellent conduit for information about COVID-19 health advice, restrictions and requirements to the community. Many of our commissioned services support people from culturally and linguistically diverse groups, and are based in locations that have recorded high numbers of COVID-19 cases.

Their support has helped us 'get the word out' to some hard-to-reach groups and ensure our messaging and communication activities have been relevant and appropriate for their clients.

Community

Our region was among the PHNs with the most confirmed cases of COVID-19 in 2019–20. This presented enormous challenges for our diverse community, even before the 'second wave' of the pandemic started in our region right at the end of the financial year.

"I come on 20 mins early to read your emails. They're great, all official information in one place."

Since March, people from all walks of life have had their lives upset. We've all had to make many sacrifices as we adapt to the "new normal".

NWMPHN played critical roles in:

- making it easier for people to access COVID-19 testing facilities
- providing clear and timely information to diverse communities
- supporting continuity of physical and mental health care for people at risk.

We established a COVID-19 website hub in early March, and our screening clinics page quickly became a go-to source of information for people looking for advice on where to get tested in our region.

We updated our website at least daily as the number, type and opening hours of screening clinics changed regularly. By June 30, 58,810 people had visited the page to get the latest information on where to get tested.

With calls for people with even the mildest symptoms to get tested for COVID-19, our community responded by turning up to testing centres in their thousands every day, leading to Victoria having one of the highest testing rates per capita in the world.

We focused on our priority populations and helped to raise awareness of the vital need for everyone to get tested by running digital advertising in many languages. We also heavily promoted our CAREinMIND Wellbeing Support Service, as well as the importance of the influenza vaccination for everyone in 2020 to avoid the dangerous double-up of COVID-19 and flu. These advertisements reached more than 200,000 people in our region who speak languages other than English.

It's OK to See Your GP

While the response to calls to get tested was extraordinary, we also saw worrying trends in people putting off their usual care during the pandemic. While our GPs and mental health practitioners quickly made the switch to delivering services by telehealth, the data showed that patients were delaying or cancelling critical appointments. Falls in cancer screening and immunisation rates were particularly concerning.

In early May, NWMPHN launched the 'It's OK to see your GP' campaign to raise awareness of the importance of keeping in touch with health providers. With support from local clinicians, community leaders and health care organisations, this campaign reached more than 500,000 people by 30 June.

Physical distancing became a way of life in the first half of 2020. Photo: Leigh Henningham

Lessons

For CEO Adjunct Associate Professor Chris Carter, the pandemic has reaffirmed how quickly our people and systems can adapt and innovate – from the primary health care team transforming the support provided to GPs to enable their participation in local COVID-19 models of care; to distributing masks; to rapidly developing COVID-19 HealthPathways to support our frontline GPs and other primary care professionals.

"A key lesson is that you have to have primary care at the table to create an effective and sustainable response to any health crisis,'' A/Prof Carter said.

He is hopeful that a legacy of the pandemic will be better coordination and integration between the Victorian and Australian governments and the primary and acute health sectors.

For Bianca Bell, Director of Primary Health Care Improvement, the pandemic has highlighted how adaptable and resilient general practice is, and how critical it is for NWMPHN to be responsive and to communicate clearly.

"There is lots of 'noise' and it is really important to have clear, succinct communications for general practice. We've had positive feedback that our communications are cutting through that noise." Bianca Bell, Director of Primary Health Care Improvement

COVID-19 has also accelerated some internal changes and reforms. We had already begun increasing the proportion of education and training sessions available online, so when restrictions were first imposed, we were able to convert all our education and training quickly and effectively to webinar format.

We also discovered how many of us could work productively from home – with the right supports. Our staff's safety and wellbeing, and that of the community we serve, has driven our decisions as an organisation. We have emphasised the need to look after ourselves and to stay in touch with each other, with activities ranging from online film nights to web-meeting 'townhalls' with the executive. We've worked hard to keep everyone informed about the impacts of COVID-19 on our workplace, and our role in the response to COVID-19.

Cutting through the noise

"I'm getting the emails from you. I come in 20 minutes early to read them. They're great as it's all official information in one place. There's so much misinformation around; it's good to get it from you as yours is all the relevant stuff."

"[the emails from the PHN] help me feel like I'm in touch with things as they evolve, even though I'm a solo GP – so they're really important."

"There's so much misinformation around; it's good to get it from you as yours is all the relevant stuff."

Strict lockdowns and fear of infection brought Melbourne's CBD to a near standstill. Photo: Leigh Henningham

PEOPLE AND CULTURE

"We will never forget the lessons of this time, and the efforts made by so many to get us all through this period."

Our greatest asset

There have been many ups and downs in the five years since we became a Primary Health Network, with major changes to the structure of our organisation, the role that we play in the system, and the external health environment.

Yet nothing compares to the upheaval of the first six months of 2020. Limiting the impact of COVID-19 on our community has felt nearly all-consuming for our organisation at times, to the extent that personal efforts can sometimes be overlooked.

We are all feeling the impacts of this pandemic: its uncertainty and tragedy, and the fear and frustration it has produced. But through this our people have kept going and excelled, whether working directly on our COVID-19 response or effectively maintaining our broader programs and services amid extremely challenging circumstances.

For now, we are focusing on the things we can do and enjoy, while hoping we can return to our normal (or at least COVID-normal) lives again in the not too distant future. But we will never forget the lessons of this time, and the efforts made by so many to get us all through this period.

Supporting our people through a pandemic

It was clear early in the COVID-19 outbreak that we would need not only to support general practice, primary health care providers and the community, but also to ensure our staff were safe, informed and supported to play a key role in the public health response.

Our team mobilised rapidly to:

- create a COVIDSafe plan
- make the office safe by installing sanitiser stations, marking out distancing requirements, creating physical barriers, reallocating office space to allow for physical distancing and creating new protocols for sharing common areas
- ensure common areas were cleaned and sanitised frequently
- offer two weeks paid COVID-19 leave for those who tested positive or needed to isolate.

We boosted our internal communications channels, including a COVID-19 intranet hub, where we curated information to support staff, regular staff updates from the CEO, health advice and tips, and a daily updated map of our region with case numbers.

By March, we had to rapidly develop safe and practical working-from-home arrangements, then adjust as circumstances and restrictions changed – often rapidly. This included setting up processes to provide and track office equipment that went to people's homes, and arrangements to move all our education and training events online.

There were often tricky human resources issues to work through, and as the pandemic unfolded, new challenges arose. Virtual 'town halls' (meetings) with the executive were used as needed to bring people together at short notice for major announcements and changes.

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NWMPHN staff taking to the streets as part of our Croakey GO event. Photo: Norm Oorloft.

We emphasised to staff the importance of staying in touch with each other and their managers, and reading internal communications. We also supported managers through tools such as our employee assistance program's coaching function, to proactively monitor and respond to people's individual circumstances.

Our Culture Club adopted new approaches to staff engagement, including activities such as Virtual Team Trivia to recognise the end of the financial year. The club also redesigned many of its regular activities, with offerings including virtual social club and online yoga and meditation.

Our guiding principle during the pandemic has been to uphold the safety and wellbeing of our staff and that of the community we serve. Yet we needed clear parameters for our external work and communications, and an accompanying principle has been "that the Victorian Department of Health and Human Services (DHHS) and the Victorian Chief Health Officer, plus the Australian Department of Health (DoH), are the source of the most reliable and up-to-date advice".

To communicate more effectively, we often summarised information from the DHHS and DoH, or drew on health and communications expertise to 'translate' it to plain English. This often involved the challenging task of clarifying unclear or conflicting information with governments.

Artwork designed by Dixon Patten bayila.com.au. Dixon is a Yorta Yorta and Gunnai man and his artwork depicts North Western Melbourne PHN's commitment to health and well-being outcomes for Aboriginal and Torres Strait Islander communities.

Reconciliation matters

Engaging and supporting the region's Aboriginal and Torres Strait Islander community has been embedded in our work since inception.

Our Reconciliation Action Plan (RAP) helps us to realise our vision of better health and equity in the region. Using the RAP framework, we create meaningful relationships, deepen understanding and respect, and promote sustainable opportunities for Aboriginal and Torres Strait Islander peoples.

We completed our second RAP in 2019–20, the Innovate RAP. In this, we commit to focusing on three areas:

Relationships

Working in partnership with our local Aboriginal and Torres Strait Islander communities to better understand local health issues, work towards our goals for reconciliation and close the health gap.

Respect

Acknowledging and understanding our history and its impacts on the health outcomes of local Aboriginal and Torres Strait Islander communities is key to building understanding and developing long-term relationships based on respect.

Opportunities

This means creating and fostering new opportunities to both improve health outcomes for Aboriginal and Torres Strait Islander peoples, and create a more inclusive work environment.

Through our Innovate RAP we have:

- continued to build strong relationships with Aboriginal Community Controlled Organisations (ACCHOs) across the region: Victorian Aboriginal Health Service (VAHS), Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and Victorian Aboriginal Child Care Agency (VACCA); Dardi Munwurro; and Aboriginal-led networks
- celebrated culture and strength through National Reconciliation week and NAIDOC week, and by attending the opening of the Victorian Aboriginal Health hub in Epping, and the Wunggurrwil Dhurrung Centre in Wyndham
- improved opportunities for our staff to understand and appreciate Aboriginal and Torres Strait Islander peoples' cultural protocols, histories and achievements by providing continuous cultural learning opportunities, such as cultural training sessions and bush food workshops
- improved opportunities in the way we work by implementing an Aboriginal employment and retention strategy, ensuring our procurement policies incorporate Aboriginal and Torres Strait Islander suppliers, and providing more opportunities for ACCHOs to participate in commissioned activities.

Our RAP is championed by our CEO, Executive Team, Closing the Gap Program Officer and Aboriginal Health Coordinator. Our next RAP will also be an Innovate RAP – to deepen relationships, understanding and opportunities over the next two years.

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Leading by example

Our people are our greatest asset. NMWPHN is committed to developing the skills and capacity of staff and the organisation to foster leadership. This, in turn, helps us lead reform and support our health community.

We do this through a combination of:

- formal training and development
- organisational support for those in leadership positions
- opportunities for leadership of short-term projects and initiatives
- cross-functional internal working parties
- specific-interest groups within our organisation.

NWMPHN offers good opportunities for job promotion and career progression, with roles communicated and advertised internally, and internal applications encouraged.

In 2019–20, 31 per cent of roles were filled by internal candidates. Staff are encouraged to take on temporary leadership opportunities to cover extended leave of managers, including annual leave and parental leave. Unsuccessful internal candidates are given specific feedback, which often leads to opportunities to be involved in other projects and initiatives.

There are also many opportunities for staff to be actively involved in and take on leadership roles in working groups that sit across multiple teams. These range from the Child Safe Working Group and the Work Health and Safety Group, to Team Enviro and social clubs.

Formal training and development remains a focus. Regular, scheduled, face-to-face training sessions ran onsite in 2019, and as videoconferences during the COVID-19 pandemic.

Key topics included 'Having difficult conversations', Aboriginal Cultural Safety Training, and 'Commissioning with curiosity'.

This training has been supplemented by external training such as 'Commissioning for outcomes', facilitated by management consultants PwC, and attended by staff from other Primary Health Networks.

Less formal, but still significant in terms of developing staff, are our 'Lunch and Learns' where people or teams share their program expertise or approaches, or invite external guests. In 2019, invited guests talked about subjects including the health impacts of climate change, cultural diversity, and community participation.

In 2020, we implemented an online Learning Management System (LMS). 'Core' training for all staff included compliance modules on cyber security, workforce bullying, office and work-from-home ergonomics, child safe standards and COVIDSafe protocols. (The LMS now offers more than 700 learning modules, including internally developed content.)

Monthly all-staff meetings have moved online, and continue to provide an opportunity for staff from across the organisation to present key results from their work, as well as speak on topical areas. Presentations have been made on subjects including diabetes prevention and management, and suicide prevention activities.

The Board of Melbourne Primary Care Network (operators of NWMPHN). Clockwise from top left - Dr Catherine Hutton, Damian Ferrie, Dr Ines Rio (Chair), Nancy Hogan (Deputy Chair), Robert Gerrand, Paul Montgomery, Dr Kathy Alexander, Genevieve Overell AM.




GOVERNANCE AND ACCOUNTABILITY




Open, accountable and data-driven

As an organisation entrusted to deliver system improvements and commission health services on behalf of the Australian and Victorian governments, we never lose sight of the fact that our funding ultimately comes from the public.

This means that we not only need to meet the highest standards of governance and probity in how we allocate funds, but also that the programs and services we commission and deliver create the best possible health outcomes while delivering sustainable value-for-money.

Governance

Our governance structures include multiple layers of oversight and input, beginning with the targets and reporting requirements established by the Australian Government, which inform our overall goals and strategic objectives. Our progress towards these objectives is then overseen and guided by several key groups.

Board of Directors

Melbourne Primary Care Network (MPCN) is the parent body that operates NWMPHN. MPCN's Board of Directors is our governing body, committed to working towards our company vision of ensuring that the health care needs of our communities are met, and every resident has a person-centred medical home.

Led by Chair Dr Ines Rio, our board has deep and broad experience in health practice and management, public administration, finance and community services, and includes two practising general practitioners among its eight members.

During 2019–20, the board adopted a framework to develop strategic plans for four key focus areas: Alcohol and Other Drugs, Mental Health, Older Adults, and Primary Care. This includes identifying the capabilities which NWMPHN must develop to achieve its strategic objectives for these areas within three years.

Our advisory bodies

Our Clinical Council and our Community Council are each made up of key health and community representatives in our region, to ensure that our work and activities are connected to and supported by the communities we serve.

Over the past two years, they have been joined by a range of expert advisory groups, providing expertise, advice and guidance of our work in key priority areas.

Community Advisory Council

The Community Council plays an integral role in directing our work and promoting the role of community participation. Currently, the council has eight members, each of whom reflect different voices in our region:

- **Nancy Hogan** (Chair) – Deputy Chair, MPCN Board
- **A/Prof Helen Dickinson** – UNSW Canberra
- **Marc Florio** – Independent consumer
- **Chris Gibbs** – Independent consumer
- **Joanne Kenny** – NWMPHN resident and Operations Manager, Austin Health
- **Marie Piu** – CEO, Tandem Carers
- **Maryanne Tadic** – General Manager, Healthy Community, Merri Health
- **Maggie Toko** – CEO, Victorian Mental Illness Awareness Council
- **Danny Vadasz** – CEO, Health Issues Centre.

The council meets formally four times a year and acts as a focal point for regional community engagement and advocacy to support NWMPHN's objectives and work across the commissioning cycle.

Clinical Council

Established in September 2015, the Clinical Council consists of 13 clinical leaders and representatives who focus on providing advice and support to NWMPHN on a broad range of activities and organisational plans. The council comprises:

- **Dr Ines Rio** (Chair) – Chair, MPCN Board
- **Dr Yvonne Bonomo** – Physician in Addiction Medicine and Adolescent Medicine, St Vincent's Hospital Melbourne
- **Professor John Catford** – Emeritus Professor, Chair in Health Development, Deakin University
- **Heather Dowd** – cohealth, NWMPHN General Practice Advisory Group
- **Kaye Frankcom** – Psychologist in private practice
- **Jenny Hunt** – Clinical Director, Victorian Aboriginal Health Service
- **Tung Le** – General Manager of Service Delivery, Australian Primary Mental Health Alliance
- **Angelo Pricolo** – Brunswick Advantage Pharmacy
- **Raymond Wen** – East Brunswick Medical Centre, NWMPHN General Practice Advisory Group

Members of the council are appointed for their skills and experience in guiding health system improvement and reform, along with their expertise in clinical engagement.

The members of the council bring rich perspectives across several clinical professions, rather than representing the interests of their employing organisations. Members give expert advice on the unique needs of the region and the areas that they believe need attention.

The council meets formally four times a year to respond to issues, provide clinical insight and direction and discuss clinical engagement to support NWMPHN's objectives. It also helps us identify and respond to emerging issues via informal channels, which has been invaluable during COVID-19.

Council activities

In 2019–20, the advice and input from the Community Council and Clinical Council focused on several strategic priorities including:

- our Blueprint for better mental health, alcohol and other drugs, and suicide prevention care
- our new Strategic Staircase Framework, which guides the development and implementation of key prioritised strategic directions
- our Line of Sight performance management framework, which monitors our alignment towards achieving the vision, mission and strategic objectives across the organisation
- commissioning and program design, such as chronic pain and improving inclusive practice, as well as community participation within our approach
- informing consultation responses for new state and national policies and strategies, such as the 10-year National Preventive Health Strategy.

Expert advisory groups

General Practice Advisory Group (GPAG)

Our GPAG is made up of local GPs, nurses and practice managers and plays a key role in guiding our support for primary care and our quality improvement initiatives. It gives direct practitioner input across the full breadth of our programs and activities.

Five GPAG meetings took place in 2019–20. Consultation topics included:

- workforce development strategy, regional network proposals, Continuous Quality Improvement workbooks, Practice Incentive Payment QI reports
- a joint Victorian and Tasmanian Primary Health Network Alliance/Carers Victoria project
- regional mental health plan consultation and follow-up
- engagement and education with NDIS
- Royal Children's Hospital one-point referral for development delay in children
- NWMPHN's response to COVID-19 and advocacy for telehealth MBS items.

Mental Health Expert Advisory Group

The group is chaired by Kaye Frankcom, a local psychologist who is also a member of our Clinical Council. Its objectives are to:

- provide support and advice to NWMPHN for planning, service development and collaborative opportunities to coordinate the provision of mental health services within the regional System of Care
- work with key NWMPHN personnel to address strategic priorities and provide advice and guidance on proposed approaches for the commissioning of local services
- inform and support community and practitioner engagement and advocacy.

Examples of recent work include:

- providing feedback to inform NWMPHN's trial of a new Initial Assessment and Referral Decision Support tool for mental health
- providing input to the Mental Health, Suicide Prevention and AOD regional plan – the Blueprint for Better Health
- informing approaches to supporting mental health practitioners 'pivoting' to telehealth in response to COVID-19 social-distancing and self-isolation requirements.

Alcohol and Other Drugs Expert Advisory Group

This group is chaired by Dr Yvonne Bonomo, a physician specialising in addiction and adolescent medicine. Its objectives are to:

- support and advise NWMPHN on planning, service development and collaborative opportunities to coordinate the provision of alcohol and other drugs (AOD) services
- work with key NWMPHN personnel to address strategic priorities and provide advice and guidance to proposed approaches for the commissioning of local services
- inform and support community and practitioner engagement and advocacy.

Examples of recent work include:

- providing input to the Mental Health, Suicide Prevention and AOD regional plan – the Blueprint for Better Health
- informing development of an outcomes framework for commissioned AOD services
- informing development of strategies for workforce capacity-building.

Evidence-based commissioning

Reliable and up-to-date data is critical to ensuring our commissioning and system-improvement activities are based on evidence and represent the most effective use of public money. Evidence-based commissioning is about using evidence about what works. This includes identifying which services are best-placed to deliver optimal care, and to whom.

Our access to and use of service-level data, and the impressive skills we have in the areas of data analytics, are increasingly coming to the fore to help us understand what services are most needed and where, and how effectively they are meeting community need. Examples of activities undertaken include:

- building capacity to interrogate and assess health output and health outcome data to better ascertain provider performance and efficacy of services, through the Primary Mental Health Care Minimum Data Set
- integrating the collection and use of data throughout all organisational activities, from data-driven quality improvement – a key focus of NWMPHN's Primary Health Care Improvement Team – to the design, establishment and monitoring of programs enacted by our commissioned service providers.

See **Quality Improvement** on page 53 for more information about how data is improving practice performance in our region.

Internal quality improvement, auditing and accreditation

Quality improvement is a continuous and important part of our organisational management processes. It leads to improvements and innovation in our internal processes, helping us more effectively and efficiently manage contracts, relationships and all other aspects of our work.

Ultimately, our internal quality improvement helps us to improve the quality of care of people in our community. It also improves probity and trust in our organisation, reduces risks and supports us in 'living our values' as an organisation.

ISO 9001 accreditation

ISO 9001 accreditation is a certification of quality assurance in the "provision of health systems capacity and business support for general practices, health care, and health service professionals; the commissioning of health services including mental health, alcohol and other drugs, children and families, indigenous community health, priority populations, and suicide prevention".

NWMPHN was one of the first Primary Health Networks in Australia to achieve ISO accreditation, and has been accredited for the past five years. This demonstrates our ability to consistently provide services that meet customer and regulatory requirements.

As part of the requirements of ISO Standards, NWMPHN conducts an annual program of internal audits and manages a Quality Management System. We are also externally audited each year; a full certification audit is conducted every three years.

'Shining a light' on the details – internal quality improvement audits

Each year an internal audit program is developed to support our ISO certification and to drive quality improvement and risk management across our organisation. The 2019–20 program included 16 internal audits across key areas of the organisation.

In 2019–20, the range of changes and improvements included:

- Business continuity planning (BCP): This audit provided an opportunity to critically examine all current IT systems and the processes required to ensure these could be accessible under various scenarios. COVID-19 became a 'live' BCP scenario. The audit highlighted areas that needed focus in the early days of shifting to work-from-home, such as some staff not having portable devices, and the need for remote access to office-specific technology platforms.
- Payroll processing: A key risk for any organisation when it comes to payroll is incorrect payments, mainly due to the configuration of the payroll system, or misinterpretation of legislation. Underpayment of wages and incorrect superannuation accounting have featured in recent media reports, so an in-depth audit was undertaken of payroll processing and payroll system configuration to ensure correct application of legislation. The audit demonstrated sound payroll practices are being applied with rigorous checkpoints.

Practice Nurse Lauren McCall, GP Ben Crowther and Practice Manager Elise Sloss from Neal St Medical in Gisborne. Photo: Leigh Henningham

Commissioning framework stage

Plan

QMS activity: Analysis of current state, use of Health Needs Assessment

Do

QMS activity: Stakeholder input/decision-making, contract management

Study

QMS activity: Evaluation including feedback, complaints, review of outcomes

Act

QMS activity: Innovation and integration

- Commissioning and contract management: In 2018–19, document management and version tracking was identified as an area for improvement for one of our teams. In 2019–20, the team was re-audited to check progress. The team had introduced a contract management system that ensured all current versions of documentation were easily accessible, and that payment tracking against contract deliverables was transparent.

Quality Management System

A key component of our Quality Management System (QMS) is its suite of online tools, templates, policies and procedures that supports every area of our work. In 2019–20, a working group was set up to review all approved documents in the QMS. The aim is to review approved documents to ensure they remain relevant and fit-for-purpose, and to identify any gaps in policies and processes that may require new policies and procedures. This work is ongoing.

Our QMS is integrated at many levels, from reviewing the inputs and outputs of our organisation, to guiding the way we commission services. Our Commissioning Framework is an example of QMS in action. (See **The commissioning cycle** on page 18.)

Vale Nicole Varrasso

We would like to pay our respects to our dear friend and colleague Nicole Varrasso, who, as the Management Systems Coordinator at NWMPHN, brought humour and expertise to the whole organisation, and especially to the Systems Team, Internal Audit Team and QMS Working Group. She will be greatly missed.

Catherine Cotching and Patricia Anthony, Wellbeing Coordinators at IPC Health Deer Park. Photo: Leigh Henningham

Key financial statements

Every year, Melbourne Primary Care Network, the operator of NWMPHN, produces a full financial report, which is submitted to the Australian Government and published on our website.

Here, we have presented the key financial statements from the Financial Report 2019–20. These statements should be read in conjunction with the full report's 'Notes to the Financial Statements'. The Financial Report 2019–20 is available in the 'About' section of our website at nwmphn.org.au, under the heading 'Key Documents'.

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Statement of profit or loss and other comprehensive income

For the year ended 30 June 2020

	Notes	2020 ($)	2019 ($)
Revenue From Operating Activities			
Grants	(3a)	58,329,472	48,716,360
Interest Income	(3a)	601,575	1,133,552
Realised Gain on Investments	(3a)	46,502	–
Other Income	(3b)	190,442	123,456
Total Operating Revenue		**59,167,991**	**49,973,368**
Expenses From Operating Activities			
Program Expenses	(3c)	55,987,939	46,560,816
Depreciation and Goodwill Amortisation	(3c)	630,481	179,534
Accountability and Administration Expense		1,836,129	2,014,776
Other Expense		296,117	672,665
Finance Costs	(3c)	107,405	–
Total Operating Expenses		**58,858,071**	**49,427,791**
Surplus Before Non-Operating Items		**309,920**	**545,577**
Non-Operating Activities			
Net Gain/(Loss) On Sale Of Fixed Assets		384	19,608
Surplus From Non-Operating Activities		**384**	**19,608**
Surplus Before Income Tax		310,304	565,185
Income Tax Expense	(1j)	–	–
Surplus After Income Tax		**310,304**	**565,185**
Other Comprehensive Income for the Year, Net of Tax		(11,268)	–
Net Other Comprehensive Income For The Year, Net of Tax		**(11,268)**	–
Total Comprehensive Income Attributable to Members of the Entity		**299,036**	**565,185**

Statement of financial position

As at 30 June 2020

ASSETS	Notes	2020 ($)	2019 ($)
Current Assets			
Cash and Cash Equivalents	(4)	4,119,370	39,923,310
Trade and Other Receivables	(5)	830,422	328,212
Investments – Term Deposit	(6)	26,257,999	–
Investments at Fair Value	(6)	4,452,439	–
Other Assets	(7)	29,878,013	20,834,818
Total Current Assets		**65,538,243**	**61,086,340**
Non-Current Assets			
Property, Plant & Equipment	(8)	482,979	462,611
Right-of-Use Assets	(8)	1,720,921	–
Other Assets	(7)	16,661,201	17,283,798
Total Non Current Assets		**18,865,101**	**17,746,409**
Total Assets		**84,403,344**	**78,832,749**

LIABILITIES	Notes	2020 ($)	2019 ($)
Current Liabilities			
Trade and Other Payables	(9)	25,654,770	26,499,006
Provisions	(10)	35,952,975	30,741,392
Lease Liability	(11)	418,499	–
Total Current Liabilities		**62,026,244**	**57,240,398**

Statement of financial position

As at 30 June 2020

LIABILITIES	Notes	2020 ($)	2019 ($)
Non-Current Liabilities			
Lease Liability	(11)	1,383,379	–
Provisions	(10)	16,233,850	17,131,516
Total Non Current Liabilities		**17,617,229**	**17,131,516**
Total Liabilities		**79,643,473**	**74,371,914**
Net Assets		**4,759,871**	**4,460,835**
Equity			
Reserves	(12)	(11,268)	–
Retained Earnings		4,460,835	3,895,650
Current Year Surplus/(Deficit)		310,304	565,185
Total Equity		**4,759,871**	**4,460,835**

Statement of changes in equity

For the year ended 30 June 2020

	Notes	Retained Earnings 2020 ($)	Financial Asset Reserve 2020 ($)	Total 2020 ($)
Opening balance		4,460,835	–	4,460,835
Total comprehensive income for the year				
Surplus attributable to members		310,304	–	310,304
Total other comprehensive income		–	(11,268)	(11,268)
Total comprehensive income for the year attributable to members of the entity		**310,304**	**(11,268)**	**299,036**
Closing balance		**4,771,139**	**(11,268)**	**4,759,871**

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	Notes	Retained Earnings 2019 ($)	Financial Asset Reserve 2019 ($)	Total 2019 ($)
Opening balance		3,895,650	–	3,895,650
Total comprehensive income for the year				
Surplus attributable to members		565,185	–	565,185
Total other comprehensive				

Statement of cash flows

For the year ended 30 June 2020

	Notes	2020 ($)	2019 ($)
Cash Flows from Operating Activities			
Grants Revenue Receipts		61,482,274	57,350,619
Receipts from Other Operating Activities		265,556	340,534
Interest Receipts		799,811	975,867
Receipts from Financial Investments		46,502	–
Payments to Employees, Directors and Creditors		(67,106,868)	(51,110,530)
Net Cash Provided by / (Used in) Operating Activities		**(4,512,725)**	**7,556,490**
Cash Flows From Investing Activities			
Payments for Office Equipment, Furniture & Fittings		(192,736)	(87,140)
Proceeds from the Sale of Office Equipment, Furniture & Fittings		1,183	19,823
Payments for investments – term deposit		(26,257,999)	–
Payments for investments at fair value		(4,463,707)	–
Net Cash Provided by / (Used in) Investing Activities		**(30,913,259)**	**(67,317)**
Cash Flows From Financing Activities			
Lease payments		(377,956)	–
Net Cash Provided by / (Used in) Financing Activities		**(377,956)**	**–**
Net Increase (Decrease) in Cash Held		**(35,803,940)**	**7,489,173**
Cash Held at the Beginning of the Year		39,923,310	32,434,137
Cash Held at the End of the Year	**(4)**	**4,119,370**	**39,923,310**

References

Our region (pages 1–4)

1 *https://www1.health.gov.au/internet/main/publishing.nsf/Content/2789EE5B2E3110A4CA257F150004140A/$File/North%20Western%20Melbourne.pdf*

2 *https://nwmphn.org.au/wp-content/uploads/2019/01/NWMPHN-Suicide-Prevention-Area-Profile-2019.pdf*

Mental health (page 35)

3 *https://nwmphn.org.au/wp-content/uploads/2019/01/NWMPHN-Suicide-Prevention-Area-Profile-2019.pdf*

Mental health in our region (pages 36, 39, 40)

4 *https://www1.health.gov.au/internet/main/publishing.nsf/Content/2789EE5B2E3110A4CA257F150004140A/$File/North%20Western%20Melbourne.pdf*

5 *https://nwmphn.org.au/wp-content/uploads/2019/01/NWMPHN-Suicide-Prevention-Area-Profile-2019.pdf*

6 *https://nwmphn.org.au/wp-content/uploads/2019/01/NWMPHN-Suicide-Prevention-Area-Profile-2019.pdf*

7 *The University of Queensland. (2019). Introduction to the National Mental Health Service Planning Framework – Commissioned by the Australian Government Department of Health. Version AUS v2.2. The University of Queensland: Brisbane.*

8 *Public Health Information Development Unit (PHIDU) 2019*

The future of the System of Care (page 48)

9 *Victorian Emergency Minimum Dataset (VEMD) 2016 – 2109*

Partnering with general practice (page 50)

10 *General Practice Health of the Nation 2019, RACGP, accessed 29/10/20 at https://www.racgp.org.au/FSDEDEV/media/documents/Special%20events/Health-of-the-Nation-2019-Report.pdf*

Integrated care (page 58)

11 *https://nwmphn.org.au/news/gps-centre-covid-19-response-melbournes-north-west/*

Back Cover: Yom Maker Adeng from the Centre for Culture, Ethnicity and Health (CEH) is helping her community access culturally appropriate and responsive health care. Photo: CEH

phn
NORTH WESTERN MELBOURNE

An Australian Government Initiative