Annual report 2020–21

North Western Melbourne Primary Health Network

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NORTH WESTERN MELBOURNE

An Australian Government Initiative

North Western Melbourne Primary Health Network

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Acknowledgements

North Western Melbourne Primary Health Network (NWMPHN) acknowledges the peoples of the Kulin nation as the Traditional Custodians 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.

Our partners

Our work would not be possible without the collaboration and support of GPs, general practice staff, pharmacies, other primary health care providers and our many other partners who in 2020–2021 included:

- Aboriginal and Torres Strait Islander health services
- community health organisations
- community and social service organisations
- councils and other local governments
- Victorian and Australian governments
- health service providers
- local community groups
- Local Hospital Networks
- many individual community members
- other Primary Health Networks
- peak bodies and advocacy groups
- residential aged care facilities
- specialist research and medical groups
- universities.

Disclaimer

Cover: Aunt Dolly, a Wemba Wemba, Wiradjuri, Yorta Yorta, Plangermaireener woman, is a participant in the Integrated Team Care program. Photographed at the Footscray Arts Centre.

Photo: Leigh Henningham

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Contents

From our Chair

To describe the past year as 'challenging' for residents, communities, businesses and health care providers in our region is a considerable understatement.

It has also been demanding for the staff at North Western Melbourne Primary Health Network (NWMPHN) as they worked to enable and support frontline health providers and services providing quality care to over 1.6 million people in 13 local government areas. Because of the COVID-19 pandemic, along with the entire health care sector, they have had to adapt to rapidly changing needs and demands. Like so many others, they have had to do this for considerable periods, while working from home and simultaneously dealing with the myriad challenges and anxieties engendered by lockdowns. I am proud of their resilience, awed by their courage and thank them for their tireless work and commitment.

Our region has had about two-thirds of all COVID-19 infections in Victoria since the start of the pandemic. There are several contributing factors. These include outbreaks in high-risk settings such as nursing homes, schools and multi-storey social housing, and a relatively high proportion of multigenerational families and people in insecure casual employment across multiple sites. We also have large growth corridors with some of the youngest demographics in Victoria, factors contributing to higher infection and lower vaccination rates.

Along with rendering COVID-19-related care to patients and the community, our frontline health care workers, support staff and organisations have also had to provide usual care and care related to the significant mental and physical effects of the prolonged lockdown.

Dr Ines Rio is a local GP and senior clinician. Photo: Leigh Henningham

All of this while they are physically and emotionally taxed in dealing with concerns about infection to themselves, their staff and families; changing practices and protocols; uncertainties in finances; restricted mobility; and isolation from loved ones. That they have been able to continue to demonstrate care, compassion and empathy prompts deep gratitude and respect.

Since the beginning of the pandemic, NWMPHN has actively supported frontline primary health care staff. We have advocated for personal protection equipment, relaying concerns to policy-makers and ensuring lived experience is reflected. Our staff have linked and facilitated communication between expert bodies and doctors, pharmacists, nurses and allied health staff.

We filled a critical role in collaborating with general practice, hospitals, public health units and the Victorian Department of Health to design and implement better ways to manage patients with COVID-19. In doing so, we catalysed a model of care that sees mild cases managed at home by GPs along with family, social and welfare support. This **North West Melbourne COVID-19 Positive Care Pathway** (which is now called West Metro COVID-19 Positive Care Pathway) has already resulted in thousands of patients being cared for comprehensively in the community by their usual GP. It has also freed capacity for emergency departments and ambulance services to provide care for those who need them.

During the year, Royal Commission reports into mental health and aged care were handed down. They confirmed what health care providers, patients and carers have long known: both systems are hard to access and navigate; are fragmented, opaque and not person-centred; do not adequately support GPs; and frequently compromise quality and safety. In response, Victoria's 6 Primary Health Networks (PHNs) united to advocate for better system access, improved integration and boosted support to GPs and other primary care providers.

As a result of the increasing mental health impacts of COVID-19, the Victorian PHNs, supported by the Australian Government, recognised the need for increased mental health capacity as well as a 'single door' model. NWMPHN played a critical role in developing **HeadtoHelp** mental health service that provides a central intake and assessment and then finds and connects people to the best support for them. It has been highly successful and, along with self-referral, has become the preferred referral route for many providers, including GPs, Maternal and Child Health, Centrelink and housing services.

HeadtoHelp is a foundational element in our plan for significant redevelopment of the mental health service system across our region. Through 2022 and beyond, we will advocate and ensure our funds support the sector to become more person-centric and integrated, with improved links to GP and primary care and with 'no wrong door' for entry.

The health of our community and health care system rely on a well-supported and functioning general practice and primary care sector. I am pleased this is increasingly understood by hospitals, the Victorian and Australian departments of health, and policy-makers. Our challenge is to work collaboratively to solidify this understanding and guide and inform its conversion into policy and resource allocation that puts people and communities at the centre of care – and GPs and primary health services at the centre of the system.

In doing that, I am sure the team at NWMPHN will deliver with the same collaboration, commitment, courage and grace they demonstrated this past year. Once again, I thank them for their work, and hope that the coming year is brighter for all of us.

Dr Ines Rio
Chair
North Western Melbourne
Primary Health Network

From our CEO

Although the pandemic has dominated the headlines for a second year, other health issues, while less visible, were by no means less common.

Throughout the year, our dedicated team at North Western Melbourne Primary Health Network (NWMPHN) have continued to work across the primary care spectrum, addressing chronic and acute manifestations of physical and mental ill-health, while evolving our COVID-19 response.

Our commitment to transforming primary health care to deliver better outcomes for our diverse and growing community is undiminished. The virus, ironically, has created opportunities to push ahead with reforms.

HeadtoHelp, a new mental health service to support Victorians during the pandemic, is a case in point. Developed by Victoria's 6 Primary Health Networks, it is a statewide intake system with 15 physical hubs, made possible because we had done the groundwork. We know the needs of our community and we had the partners to implement a 'no wrong door' entry model. The Victorian HeadtoHelp model has since been extended to NSW.

The challenge now is to ensure that the Victorian Royal Commission mental health reforms deliver a similar 'no wrong door' system – and not more fragmentation.

The second half of 2020 brought a devastating wave of coronavirus infections that saw Melbourne go into 'hard lockdown' for more than 100 days. In the absence of a vaccine or effective treatment, all levels of the health care system – general practices, allied services, paramedics and hospitals – were severely tested.

To address the medical, social and welfare demands of the pandemic, we collaborated with partners to design the North West Melbourne COVID-19 Positive Care Pathway program (now called West Metro COVID-19 Positive Care Pathway), which emphasises coordinated home treatment for mild cases.

By 30 September 2021, 681 GPs from 334 practices successfully managed 1,472 COVID-19-positive patients.

As I write this in late September, we are bracing as the Delta variant and reopening are predicted to produce hundreds, perhaps thousands, of cases, despite increasing vaccination rates. We will again adapt to meet the needs of our dedicated health professionals and the communities they and we serve.

Shadowing the pandemic has been the 'infodemic' – the deluge of information and misinformation flooding the community, as well as our GPs and other primary care providers. From clarifying that personal protective equipment meant more than masks to interpreting confusing vaccine supply and eligibility criteria, we cut through the jargon, resolved inconsistent advice and delivered key public health messages.

This meant acknowledging when we didn't have answers and working behind the scenes on behalf of our primary care workforce to sort things out. It also meant – when it became clear there was a lack of engaging COVID-19 information for our diverse communities – creating multilingual assets, including videos in more than 20 languages. From our 'Stay Safe, Stay Home' videos at the start of the long lockdown to our most recent 'Goodbye COVID' vaccination videos, we worked with community and peak groups to ensure that the peer-to-peer messages resonated.

Importantly, as we responded, we continued to reinvent the ways in which we support and enable the primary health care sector. We created improved or new tools and programs to tackle the multi-layered medical and social needs of residents.

One of these refreshed and expanded programs was HealthPathways Melbourne – a portal designed to be used during GP consultations for clinical management and local referral. HealthPathway provides up-to-date, peer-to-peer local referral pathways and resources.

Many of the programs and approaches we developed or expanded during 2020–21 share a common aim: better integration of the system. HealthPathways is a good example of this, as is the Victorian HIV and Hepatitis Integrated Training And Learning (VHHITAL) program we host, which connects GPs with infectious disease specialists, and the Doctors in Secondary Schools program, which aims to provide students with early access to primary care.

Other new programs are upskilling GPs to identify patients at risk of family violence, or collaborating with the Royal Children's Hospital and the Murdoch Children's Research Institute to strengthen care for children. We also partnered with Aboriginal organisations, such as the Victorian Aboriginal Health Service and Dardi Munwurro, to share inspiring Aboriginal stories about regaining and maintaining mental health.

Key to these new programs was the inclusion, in every aspect of the commissioning process, of people with lived experience of the matter in focus. Consumer expertise is fundamental, from the research and design of new programs to drafting tender documents and, critically, ongoing evaluation.

Despite sometimes unprecedented challenges, I am confident that NWMPHN will continue to design and deliver world's best practice health care models for many more years to come.

None of this would have been possible without the magnificent team here, supported and guided by our Board, our Clinical and Community Councils and our Expert Advisory Groups. I am profoundly grateful to them.

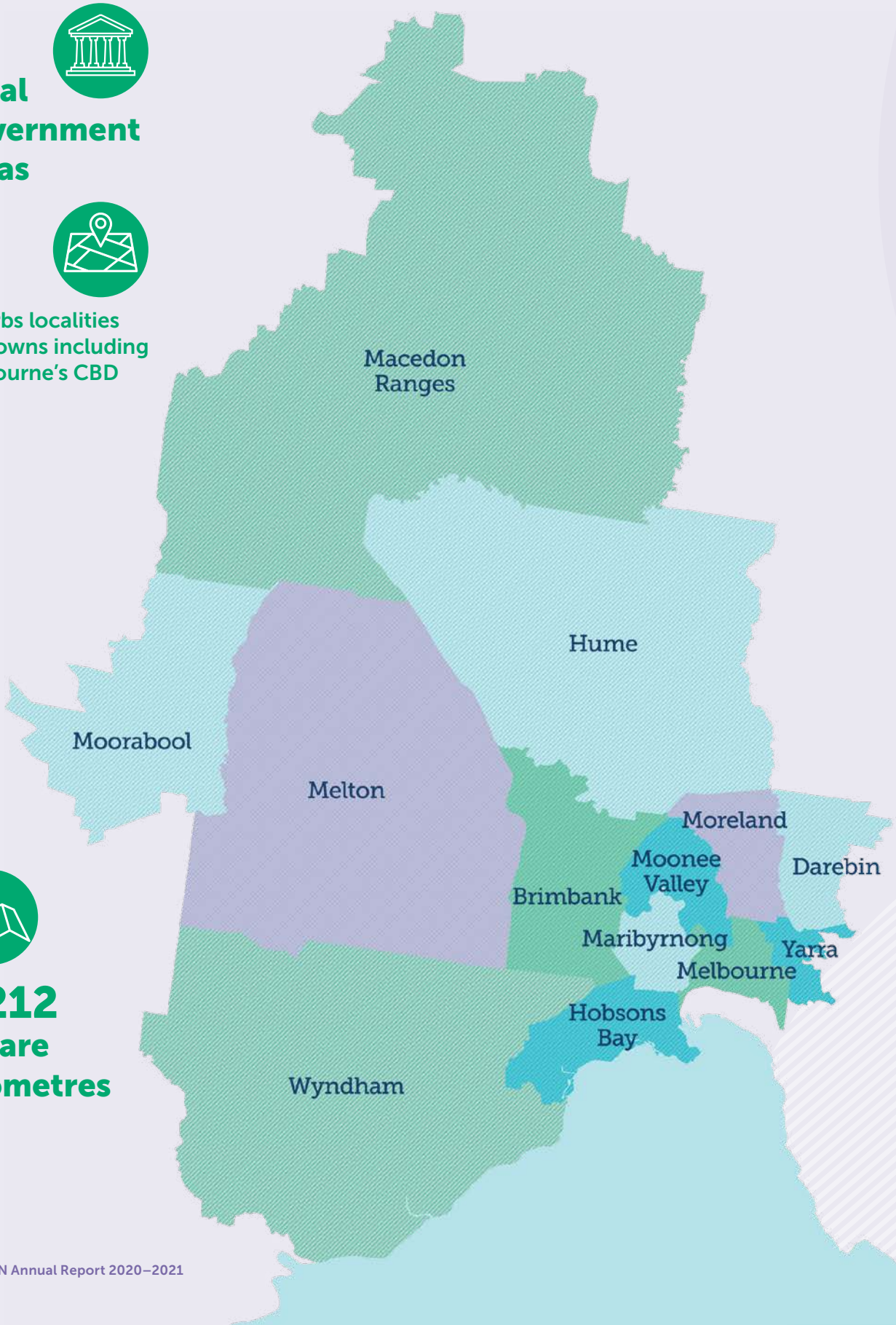
Christopher Carter
Chief Executive Officer
North Western Melbourne
Primary Health Network

CEO Christopher Carter has led NWMPHN since Primary Health Networks began operating in July 2015. Photo: Leigh Henningham

Our region

13
Local Government Areas

274
suburbs localities and towns including Melbourne's CBD



3,212
square kilometres

Our people

1.6+ million
residents

10,000+
Aboriginal and Torres Strait Islander residents

5
Indigenous nations

123,000+
LGBTIQ residents[1]

96,800+
older adults (over 75 years)

330,000+
children and young people (to 17 years)

220+
spoken languages

632,000+
residents born overseas

5,000+
bridging visa holders

More
humanitarian arrivals than anywhere else in Victoria

Our health services

550
general practice clinics

126
residential aged care facilities

1,327
mental health outpatient service providers

22
mental health inpatient service providers

12
major hospitals

15
private overnight hospitals

375
pharmacies plus

3
super clinics

1 Victorian Population Health Survey 2017.

Reforming the system

Two major health system reviews concluded in 2021: the Royal Commission into Victoria's Mental Health System and the Royal Commission into Aged Care Quality and Safety.

In broad terms, the recommendations made by the mental health Royal Commission corresponded with those outlined in NWMPHN's Blueprint for Better Health report, published in December 2020. Both concluded that the system is overwhelmed and, as well as expanding, it needs to be more responsive, integrated and person-focused.

There were also clear parallels between NWMPHN's overall vision, mission and strategy and the recommendations of both Royal Commissions – particularly relating to the need for regional focus, evidence-based commissioning, community engagement and integrated and person-centred care.

Government responses to the Royal Commissions will affect our work in many ways. There are significant opportunities, as well as challenges, in terms of collaboration, sharing and system reform.

In 2019–20 we consulted with 700+ people and service providers, which informed our Blueprint and our ongoing efforts to improve mental health care in our region.

From left: John, Nigel, Jody and Dave from the Council to Homeless Persons' peer education support program. Photo: Leigh Henningham

Kathleen Wunhym at home in Brookfield. Merri Health's Stepped Care for Older Adults service has helped Kathleen after the death of her husband, pictured. Photo: Leigh Henningham

Mental health

In May 2021, the Victorian State Budget announced $3.8 billion over the next 10 years in mental health and wellbeing services, with $1.5 billion focused on community-based care. Funding has been allocated to build the first 20 of up to 60 new local mental health and wellbeing services.

Regional Mental Health and Wellbeing Boards are to be established across 8 regions (which are yet to be determined). These will undertake many of the same roles as PHNs: needs analysis, planning, commissioning, monitoring and evaluation.

It will be vital to ensure that PHNs, and the needs of primary care and general practice, are well-represented on these boards. We are ready to facilitate integrated planning and a strategic, coherent joint approach.

PHNs will seek to ensure that the significant role GPs play in the diagnosis, care and management of people with mental illness is recognised and GPs are engaged with the process of redesigning and implementing regional services, then supported to work effectively in the new system.

Some of the other ways we are working to ensure the success of the reforms include:

- supporting the re-orientation from a system focused on crisis and risk to one that promotes access and recovery (drawing on what we've learned from implementing HeadtoHelp)
- offering our depth of experience in co-designing services with people with lived experience of mental illness
- offering our data insights and expertise
- drawing on what we've learned from our suicide prevention trials.

Aged care

In May 2021, the Commonwealth Budget announced $17.7 billion over 5 years to address the recommendations of the Royal Commission into Aged Care Quality and Safety. The Royal Commission estimates one in 3 people living in aged care experience neglect, physical abuse or emotional abuse.

At the centre of the Budget announcement was funding of an additional 80,000 home care packages over the next 2 years. Primary care will be central to this, and PHNs will need to support general practice and support services with training opportunities, clear pathways and referral support, and infrastructure.

As with Victorian mental health reforms, planning and delivery of aged care is to be largely decentralised. There is an opportunity for us to take part in new governance arrangements, and offer data, community insights and links to providers.

Transforming primary care

PAGE 10

Dr Vivienne Ndukwe and Central West Medical Centre in Braybook undertook a diabetes quality improvement project to further improve care for their patients.

Photo: Leigh Henningham

Supporting primary health care providers is one of our core roles. It's vital to our vision for a primary care system that is person-centred, comprehensive, coordinated, accessible, high-quality and safe.

We are always listening to our GPs, practice nurses, practice managers, other primary health care professionals and the people living in our region about the changes needed across the Australian health care system. Figure 1 (on page 12) explains the key improvement areas identified for primary health care, and our role in achieving these changes.

This section will look more closely at what we have achieved in:

- primary care health responses to COVID-19
- integrated care
- digital and technological health solutions
- quality improvement in general practice
- supporting the primary health care workforce.

Royal Children's Hospital paediatrician Dr Victoria McKay (hand raised) with the Gap Road Medical Centre team. Photo: Leigh Henningham

Our pandemic response

The 2020–21 year was bookended by coronavirus outbreaks, with the NWMPHN region the hardest hit in Australia. Through dedicated work, embracing innovation and integration, and taking a primary-health-first approach, the local system was able to respond and provide excellent care in the community for many thousands of people living with COVID-19.

The arrival of vaccines in early 2021 changed the game. As the year went on, the Australian Department of Health increased vaccine supplies for general practice, pharmacy and the state-run hubs, and the vaccine rollout started to gain momentum.

All of this required a rapid and multi-faceted response from NWMPHN. We helped to coordinate local health efforts, connected primary care and aged care with the Victorian and Australian governments and local Public Health Units, and advocated on behalf of GPs and other primary health care providers for improvements to the pandemic response.

Our General Practice Expert Advisory Group and Primary Care Think Tank remain central to planning and advocacy efforts, and help us to better understand how to provide the right support where it is needed.

This section details our direct actions to help the primary health care workforce to care for our community through the pandemic.

Figure 1: Key areas for primary health care improvement, and the role of NMWPHN

WE WILL WORK WITH PRIMARY CARE TO:

Undertake **data-driven improvement**, including a focus on Practice Incentive Program Quality Improvement (PIP QI) measures.

Provide people with **equitable access** to COVID-19 care and vaccination in the community.

Deliver **evidence-based care** supporting people to stay well and out of hospital.

Adopt **digital health initiatives.**

Collaborate with other primary health care providers and hospital colleagues to ensure an **integrated and seamless care journey.**

OUR ROLE:

CAPABILITY BUILDER

Ensuring providers have access to the best education, tools and resources. Promoting primary care as a rewarding career path.

COMMUNICATOR

Delivering timely and relevant localised information to health care providers.

Providing evidence-based, accessible information to inform and empower our diverse communities.

CHAMPION

Advocating for primary care as the foundation for a high-performing and sustainable health system.

COMMISSIONER

Commissioning co-designed local and regional solutions to address service gaps, better integrate health care and ensure equitable access.

COORDINATOR

Fostering strong partnerships and collaborations across local, state and federal governments – between primary health, acute and specialist services.

Coordinating care during COVID-19

The initial focus of the pandemic response was all about preventing our hospitals from being overwhelmed. However, about 80 per cent of people with COVID-19 would be and could be treated safely in the community – by GPs and other primary health care professionals.

To respond effectively, GPs needed to be kept up-to-date with the latest treatment guidance and stay connected to acute health services so they could act quickly if patients worsened. We lobbied for state testing sites to ask people for their GP details – so they could be notified if a patient's test was positive.

But the patients didn't just need their GP – they needed food, medicines, mental health support and simple human connection.

The COVID-19 pandemic required a holistic response to ensure people were able to stay safe and stay home. This is why the development of the North West Melbourne COVID-19 Positive Care Pathway program was so important for our community, and a great example of integrated care in action.

The pathway, now called West Metro COVID-19 Positive Care Pathway, was co-designed by NWMPHN, the Royal Melbourne Hospital (RMH), cohealth and the then Victorian Department of Health and Human Services. It expanded to include Western Health, Djerriwarrh Health Services and Mercy Hospital Werribee.

The pathway was then uploaded into the HealthPathways Melbourne (HPM) portal for easy access for GPs. The HPM team worked hard to ensure clinicians always had the latest advice at their fingertips.

The pathway program empowered local GPs to proactively manage and monitor their COVID-19 patients. This allowed for patients to be treated effectively in the community, and gave GPs clear processes to transition them to hospital care when necessary. Involving GPs early provided continuity of care and has been key to keeping people well while in isolation.

By 30 September 2021, more than 681 GPs had provided care to more than 1,472 COVID-19 patients in our community. As such, patients have been able to recover more comfortably in their own homes, sparing already burdened hospitals further admissions, and reducing the risk of further transmission at a time of record-high infections.

The experience of Dr Elizabeth Williams from Pascoe Vale is a useful illustration. Her practice managed many COVID-19-positive people over the year, including both existing patients and others referred as part of the pathway program. Dr Williams said having the pathway information within the HealthPathways Melbourne portal made it easy to manage these patients.

"I personally managed quite a number of COVID-19-positive patients through that time, using the [HealthPathways] portal primarily – which I found excellent, easy to use, and very helpful in terms of having a clear understanding of what to look out for and what to ask for."

Dr Williams

We also advocated on behalf of GPs to the Victorian Department of Health and the local Public Health Units to ensure the pathway remained responsive and effective.

The COVID-19 Care Pathway program proved that by taking a holistic view of a person's needs and circumstances; providing consistent, clear communication to patients and health professionals; and coordinating between providers, we can deliver excellent care to our community under the most trying of circumstances.

Dr Elizabeth Williams, PVH Medical in Pascoe Vale. Photo: supplied

COVID-19 vaccine rollout

In early 2021, the Therapeutic Goods Administration gave provisional approval to a COVID-19 vaccine, followed quickly by another. With these historic moments came renewed hope – and hard work for primary care. As the Australian Government laid out its plan for the country's largest ever mass vaccination effort, GPs, nurses, pharmacists, and support teams prepared for a marathon rather than a sprint.

NWMPHN played a crucial connecting role as we administered the set up process for general practices wanting to support the vaccine rollout. The Australian Government Department of Health required that practices complete a rigorous training and expression-of-interest phase to be approved to administer vaccines. By 30 September 2021, **389 practices**, and **159 pharmacies** had successfully applied and have joined the rollout in waves since March 2021.

Practices started with limited supplies of AstraZeneca (Vaxzevria) and a goal to vaccinate essential health care workers and at-risk populations. Supply was an issue for much of 2021; however, as the year went on, more vaccines started to arrive on Australian shores. Following extensive advocacy from NWMPHN and our partners, more doses landed in general practice – first AstraZeneca, and then Pfizer (Comirnaty).

While the general practice rollout gathered pace, NWMPHN was also supporting the administration of vaccines in aged care. Primary Health Networks across the country were the main contact point for private residential aged care facilities and played a key role in connecting aged care with contracted vaccination providers, local hospitals, GPs, and state and Commonwealth health authorities.

Photo: Shutterstock

By the end of June 2021, second-dose clinics were completed at all aged care facilities in our region. Much work remains, as it is critical that new residents and staff receive their vaccines. We are continuing to take a data-driven approach to proactively support everyone in aged care to get vaccinated.

Our primary health care improvement, integrated care and communications teams were central to our work with primary care and aged care as the vaccination effort ramped up. During the financial year we sent more than 100 e-bulletins to the primary health care workforce, and our team were in constant phone and email contact with general practices and aged care providers informing them of any changes to processes and government requirements. Our COVID-19 website hub had more than 180,000 visits during the period, and it remains a reliable source of information for vaccine providers and the community.

In 2021, the Victorian Government established mass vaccination hubs – something not seen since the 1,918 influenza pandemic. However, primary health care providers have administered more than half of COVID-19 vaccines in Australia, and will continue to spearhead the vaccination effort for months and years to come.

When vaccines for all diseases are considered, Australia has some of the highest rates of uptake in the world. This is thanks largely to our GPs, nurses and pharmacists, who know their patients and administer vaccines to them every day.

We will continue to advocate strongly for better support for primary health care providers to do what they do best. If we are to win the race against COVID-19, primary care must be empowered to set the pace.

"Thank you all for your amazing work with keeping me updated with – not just the latest covid and covid vaccination developments – but more importantly providing me only the relevant details I need. I greatly appreciate your approach – it is helping me no end!"

Dr Simon Wilding,
GP in CBD and community health

Telehealth uptake and support

The pandemic has seen telehealth – consultations between clinicians and patients using telephone or video – become an increasingly important alternative to face-to-face health consultations.

Potential benefits include improved access to health care, reduced costs and enhanced continuity of care.

Before COVID-19, only certain telehealth items were covered by Medicare, and only then if the consultation was by video. As COVID-19 spread, there was an urgent need to find an alternative to face-to-face services.

NWMPHN, along with others in the sector, advocated early and consistently for GPs and other primary health care providers to be able to offer telehealth during the pandemic and beyond. The Australian Government progressively approved new and expanded Medicare rebates for telehealth last year. GPs, mental health, aged care, maternity, Indigenous health and allied health services could now offer almost all services, including via telephone if video was not available. No specific equipment was required to provide Medicare-compliant telehealth services.

Throughout 2020–21, telehealth became the norm. Local GPs have said that even older adults have taken to 'seeing their doctor' via video or phone. Those who speak languages other than English have also been able to have a video conference with their doctor and an interpreter.

We've been supporting general practices and Aboriginal health services in our region to provide telehealth services through healthdirect's Video Call pilot program, a Commonwealth platform that is being provided free until the end of 2021.

The doctors we've supported have said telehealth has helped more people access health care than before the pandemic. These include people who are restricted by their work hours in getting a regular appointment, people who might struggle to get to a clinic, and others unwilling or reluctant to attend an appointment in person.

13,280
***healthdirect* telehealth consultations made**

724
individual service providers had access to a *healthdirect* platform through their workplace

192 health services got a *healthdirect* platform

171 general practices

21 allied health services

COVID-19 communications

A critical part of our pandemic response has been to help general practice and other primary health care providers get the right information as soon as it's available. During a prolonged health emergency there is sometimes inconsistent or conflicting official advice. Resolving and clarifying official advice for primary health care, being transparent when things are not clear, and advocating for improvements or changes on behalf of general practice, has been at the core of our communications for the sector. For our wider community, we have focused our efforts on reinforcing the stay at home rules and then the vaccination rollout.

700,000
people reached by COVID-19 social media posts

180,000
visits to the COVID-19 website hub

450,000
people reached by COVID-19 videos in 18 languages

100+ e-bulletins to primary care workforce

200 e-bulletins to GPs, pharmacy, primary care, allied health, aged care and commissioned service providers

COVID-19 vaccinations began in Australia from late February 2021. Photo: Unsplash

Since the start of the COVID-19 pandemic to 30 Sept 2021:

PAGE 16

107,181 accumulative cases in Australia
1,334 deaths

23%

24,906 cases in our region

64.8%

38,430 cases in Victoria
869 deaths

Items of PPE distributed to general practice, GP respiratory clinics, pharmacy and allied health:

1,244,934 total items distributed
*Since 1 March 2020**

900,140 Masks (Surgical & P2/N95)

41,805 Gowns

17,070 Goggles

**PPE distribution has been made available from the Australian Government's stockpile. Small numbers of gowns and goggles became available in the latter half of 2020. All PPE is distributed as soon as possible on request.*

Joining up the system

Australia's health system is one of the best in the world, but ensuring that its various parts work effectively as a whole is a considerable challenge. Here, we look at some of our key projects in 2020–21 that have helped services work together more often and more effectively to better support patients, clients and consumers.

Social prescribing

Loneliness, social isolation, financial stress and other similar non-medical issues aren't just detrimental to mental health; they can also affect your physical health.

Studies going back at least 30 years highlight loneliness as a predictor for developing illness and early death, but more recent work has also identified it as a direct cause of physical symptoms such as chronic inflammation, which is linked to heart disease, arthritis and type 2 diabetes.

To address this ever-growing issue, we funded IPC Health to deliver a 'social prescribing' program. The term 'social prescribing' acknowledges that a person's health is affected by a range of non-medical factors, including isolation, loneliness, financial issues and housing stress, and that many of these issues can't be improved through a strictly medical response.

The program enables GPs or other primary care health professionals to refer individuals to a range of non-medical services offered by community-based organisations. Importantly, it also helps empower consumers to manage their own health and wellbeing by increasing skills and confidence.

Phase 1 of the project commenced in 2019, with IPC Health's Deer Park clinic beginning to deliver the social prescribing program. In Phase 2, which started in November 2020, the project was expanded to IPC's Wyndham Vale GP clinic, and will continue until November 2021.

In the past year, IPC Health has adapted the social prescribing program to meet new demands created by the COVID-19 pandemic. Its social prescribing wellbeing coordinators have been actively supporting and monitoring the wellbeing of people adversely affected by COVID-19, helping them to meet their physical, mental health and social needs.

PAGE 17

nwmphn.org.au/lostandfound

164 social prescribing referrals

104 clients given a wellbeing plan (linking them with appropriate community groups, services and supports)

238 client contacts recorded by wellbeing coordinators

87 appointments (equivalent to 80 hours of client consultation time, either face-to-face or via telehealth)

The Merri Health Chronic Pain Program team (pre COVID-19). Photo supplied

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 navigating the daily challenges associated with their condition, these people are at increased risk of depression, anxiety, poor self-esteem and social isolation.

In June 2020, we commissioned Merri Health to provide a new chronic pain management service for people 18 and over who have non-cancer-related chronic or persistent pain and live in Hume, Darebin, Moreland, Yarra, Melbourne, Moonee Ponds or the Macedon Ranges.

The 'Living Well with Pain' service gives specialised chronic pain management in the community rather than a hospital setting, providing more people the expertise and support they need to manage their pain.

The service is facilitated by physiotherapists, working with psychologists trained in pain management. Collaboration with the Royal Melbourne Hospital, the Northern Hospital and GPs allows for medical input.

"It was great to connect with the group of lovely people. Thanks again for your concern, expertise and guidance."

Program participant

In 2020–21, 71 participants received important care and support in managing chronic pain. The program is commissioned until late 2022.

It provides:

- active management and a physical health and psychosocial approach
- options for individual, group and telehealth consultations
- medical consultation (if required) on site at Merri Health, in partnership with the Royal Melbourne Hospital
- options for involvement in case consultations and conferencing with the chronic pain service staff.

nwmphn.org.au/chronic

"The exercise program and mindfulness are both amazing. I thrived on the theory parts as well. The notes I will re-read and refer to for continued support – excellent resources!"

Program participant

Pharmacists in General Practice

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

Australian GPs issue 85.5 prescriptions for every 100 patient encounters.[2] Despite the many benefits of medications, including maintaining health, managing chronic disease and treating illness, medicine-related harms sometimes occur. More than 1.5 million Australians experience an adverse event from medicines each year, resulting in 400,000 general practice visits and 190,000 hospital admissions.

Evidence demonstrates that integrating pharmacists into general practice can reduce medicine-related problems through better medication management and coordination.

Since 2017, as part of our quality use of medicines program, NWMPHN has commissioned the Pharmaceutical Society of Australia (PSA) to deliver a program integrating clinical, non-dispensing pharmacists into general practices in our catchment.

Clinical, non-dispensing 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 (evaluations of drug use to ensure that medicines are used appropriately at the individual patient level).

In phase 2 of the program, delivered between June 2019 and October 2020, the Pharmacists in General Practice program delivered 251 patient education sessions and identified 253 instances of medicines adherence issues.

NWMPHN commissioned phase 3 of the program with 4 new general practices in 2021, increasing the number to 6. In the first 2 months (May to June 2021) of phase 3, the pharmacists delivered a total of 209 activities, including assisting in 60 MBS Item participation activities and 67 team-based collaboration activities.

2 Britt H, Miller GC, Henderson J, et al. 'General practice activity' in Australia 2014–15. Sydney: Sydney University Press, 2015.

"The Pharmacist in General Practice project was an opportunity for the practice to take advantage of what I can contribute in terms of quality use of medicines, which is beneficial to the practice and patients."

Pharmacist Diane Gargya

Kings Park Medical Centre in Hillside was one of the practices to join in 2021, with Diane Gargya becoming its first non-dispensing pharmacist. Ms Gargya had already been working at the centre as a Credentialled Diabetes Educator and Accredited Pharmacist on the Home Medicines Review project, so the Pharmacists in General Practice program was a natural next step.

nwmphn.org.au/pharmacistsinGP

PAGE 19

Pharmacist Diane Gargya. Photo: Leigh Henningham

Dr Scott Parsons, GP, Health Pathways Melbourne Clinical Editor, and lead for the new infant pathways. Photo: Matt Jasper

Digital and technological health solutions

HealthPathways

HealthPathways Melbourne is a collaboration between North Western Melbourne and Eastern Melbourne Primary Health Networks. It provides health professionals with a free, web-based portal with relevant evidence-based information on the assessment and management of common clinical conditions, including referral guidance and contact information for local services.

PAGE 20

The portal enhances clinical knowledge and promotes best-practice care, reducing the number of patients referred to specialist care who could instead be better managed in a primary care setting.

HealthPathways also assists clinicians to align their referrals with local hospital requirements, resulting in fewer referral rejections and greater patient satisfaction.

The pathways are designed to be used during a patient consultation and are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject-matter experts.

In 2020–21, HealthPathways Melbourne developed 16 COVID-19 and COVID-19 Vaccination pathways to support GPs in the pandemic response.

HealthPathways Melbourne also facilitated the COVID-19 Vaccine-Induced Associated Thrombosis with Thrombocytopenia Syndrome (TTS) webinar in late 2020, attended by 262 health professionals.

Other major HealthPathways launches in 2020–21 included Infant Health, Pregnancy and Postpartum Mental Health, Breastfeeding and Immunology.

Dr Scott Parsons, Royal Children's Hospital GP and HealthPathways Melbourne Clinical Editor, said the infant health pathways give primary care practitioners best-practice guidance for managing infants and providing family-centred care.

"These highly anticipated resources will help to fill the gap of information both for parents/carers and also clinicians in general practice," he said. "The pathways are also regularly updated so GPs don't need to worry about missing out on the latest information and referral guidance."

See more about infant pathways on page 28.

860+ HealthPathways Melbourne users

108 new pathways published

160 pathways reviewed by health professionals

6,200+ local users

323,497 total sessions

UP 82.3%

3,421 average monthly users

> 50% of local GPs use regularly

Dr Vivienne Ndukwe (front left) with the team at Central West Medical Centre, Braybrook. Photo: Leigh Henningham

Driving quality improvement in general practice

In 2019–20, following extensive consultation with more than 350 local primary care providers, we completely overhauled our way of working with general practice. Our engagement model now has data-driven quality improvement (QI) at its core.

In 2020–21, this model started to come of age. The improvements seen in many general practices during the period are testament to the dedication and professionalism of the workforce, which has continued to drive primary care forward while also providing the backbone of the COVID-19 response.

Each practice in our region can now work with a dedicated NWMPHN quality improvement officer and create a tailored practice plan. This identifies specific priorities, tools and objectives, which are based on the needs of the practice and its patients.

Our QI officers guide practices through improvement cycles to help them get the most out of their clinical and business systems. Our QI toolkits also support practices to complete self-guided activities. These were downloaded more than 700 times in 2020–21.

Twenty-seven practices completed Continuous Quality Improvement (CQI) activities in 2020–21. These provided opportunities for them to work with our expert partners on issues such as osteoporosis (with the University of Melbourne), suicide prevention (with Hope Assistance Local Tradies) and alcohol and other drug use (with Monash University).

We also worked closely with 57 practices on 5 intensive, fully supported quality improvement projects in this period. This led to significant improvements in primary care for some of the biggest health challenges faced by our growing region, such as diabetes, cancer, family violence and paediatric conditions. (See 2020–21 quality improvement highlights on page 23.)

PAGE 21

700
QI toolkits downloaded

70%
practices in our region participated in PIP QI

PIP QI reports: driving better care

The Practice Incentives Program Quality Improvement (PIP QI) Incentive is a new payment available to general practices that participate in quality improvement to improve patient outcomes and deliver best-practice care.

From July 2020, practices committed to submitting nationally consistent, de-identified practice data against 10 key improvment measures that contribute to local, regional, and national health outcomes. In 2020–21, 399 practices (around 70 per cent of those in our region) participated in PIP QI and submitted data to us using the Pen CS software suite.

There is a saying in health care: "If you can't measure it, you can't change it." So, in 2021 we launched our PIP QI data reports to support all practices participating in the program.

We now provide each practice that wants to use data to drive improvement with a customised PIP QI report each quarter. These reports give a clear overview of patient demographics, show how each practice is tracking against the 10 PIP QI Measures, and how they compare with other practices in the region. Our GP Adviser Dr Jeannie Knapp also writes regular case studies to help practices understand and make the most of their reports.

The Australian Institute of Health and Welfare recently published its report on the first year of data, for 2020–21. It brings together de-identified data collated by Primary Health Networks from more than 5,700 general practices across the 10 measures to help us better understand the impact on population health.

General practices in our region have been at the frontline of the COVID-19 response throughout this period and have had to respond to many challenges, including testing regimes, providing COVID-19 care and the constantly evolving vaccine rollout. Regular face-to-face care has been affected and the rise of telehealth – while welcomed – presented its own challenges.

Despite this, practices in the NWMPHN region demonstrated improvements in 8 out of 10 improvement measures. The biggest improvements were in body mass index (BMI) recording, and blood pressure recording for patients with diabetes.

It is fantastic to be able to see this data from a national perspective and use it to work with general practices to support their local response. The data shows that while many improvements have been made, many more are possible – and necessary for the future health of our region.

The Kings Park Medical Centre team in Hillside are involved in several NWMPHN-supported programs including Doctors in Secondary Schools; Pharmacists in General Practice; and Strengthening Care For Children. Photo: supplied

2020–21 quality improvement highlights

Diabetes

From October 2020 to March 2021, we supported 10 practices to complete an Intensive Quality Improvement (IQI) project in response to high rates of type 2 diabetes in our region.

Key achievements:

- 771 patients had their HbA1C, a key diabetes monitoring blood test, recorded during the project period, a 52 per cent improvement.
- 599 patients had a Urine ACR (a test to monitor kidney health) recorded during the project period, a 60 per cent improvement.
- Project activities resulted in the identification of 1,228 existing patients with type 2 diabetes who had been incorrectly coded or did not have a diagnosis of type 2 diabetes on their files.
- 710 diabetes care plans were developed by the practices, an 87 per cent improvement.
- 295 care plan reviews were conducted, a 129 per cent improvement.

More QI work is needed to further improve early prevention of type 2 diabetes. This will continue to be a focus for NWMPHN.

Maximising cancer screening and hepatitis testing during COVID-19

Cancer screening and diagnosis dropped sharply during Victoria's COVID-19 stay-at-home restrictions in 2020, as did testing for hepatitis B and C. These decreases have significant public health implications for at-risk populations and the general community.

NWMPHN partnered with 27 general practices, Cancer Council Victoria, VCS Foundation and the Victorian Department of Health to address this concerning trend.

The project is ongoing. New systems and processes established during the intervention will be embedded in the participating practices to continue to boost screening rates. Another group of practices will participate in a second phase of this vital project in 2021–22.

"We found the support from the PHN to be really valuable. We learned how to use the Pen CAT tool to identify patients with care gaps, and we can now do this independently for quality improvement of other conditions."

Dr Stephanie Ting, Wellcrest Medical Tarneit

In all, PHN data shows a total number of potentially under-screened patients:

*Measurements are for March–July

Bowel cancer screening 2,232 patients (18 Practices)

HPV self-collection 391 patients (5 Practices)

Hep B (298) & C (5) 303 patients (4 Practices)

Total 2,926 patients screened

Dr Stephanie Ting speaks in a training video about her practice's QI activities. Photo: from a NWMPHN training video

Practice nurse Nicole Cross from Sunshine City Medical Centre and Sun Crescent Medical Clinic. Nicole is leading the family violence quality improvement work with NWMPHN's support in both practices. Photo: Leigh Henningham

"We have learned that small, realistic and manageable improvements are key to instating a sustainable QI project."

Dr Kirsty Tamis, Forsyth Park Medical Centre

"I actually learned a lot through the process and feel more confident accessing resources for my patients."

GP participating in the family violence quality improvement project

Intensive Quality Improvement – Family Violence

In Victoria, family violence is the leading contributor to death, disability and illness in women aged 15 to 44. Reports indicate that family violence presentations increased sharply during COVID-19 stay-at-home restrictions.

NWMPHN partnered with the University of Melbourne Safer Families Centre to respond to the high prevalence of family violence-related presentations in primary health care settings in our region. Five practices completed the project in 2020–21, with a further 25 to follow in 2021–22. (See also Communities of practice for child mental health, page 27).

In the first wave:

- 6 practices from Melton, Wyndham, Brimbank, Darebin, Melbourne and Moreland participated in the first phase of the project, with 5 completing the program
- 21 GPs, 13 nurses, 13 administration staff and 8 allied health professionals completed training provided by the Safer Families Centre
- practices implemented sustainable activities to improve their response to family violence and support the practice team
- practices connected with local family violence services including service navigation and secondary consultations from Women's Health West and Berry Street.

Outcomes:

- Family violence was put on the agenda for team meetings at 3 practices.
- Posters and pamphlets were placed prominently in female bathrooms and waiting areas, and a slide with family violence statistics was included on waiting room TV feeds, to improve awareness about available services. This led to several disclosures of family violence by patients at one practice.
- Family violence material was placed on GPs' desks, prompting both patients and GPs to ask about family violence.
- Practices used mental health treatment plans, antenatal appointments 6-week-postnatal checks as an opportunity to ask about family violence.

Fleeing family violence

'Sally' (not her real name) was in the city to attend her partner's appointment when they started fighting in the car. Her abusive partner of 10 years began repeatedly punching her. He then left for his appointment. Sally fled and ended up near The Living Room, a primary health service that undertook our QI program to improve its family violence response. Other Living Room clients saw that Sally was distressed and alerted staff. A staff member brought Sally in, made her a cup of tea, and initiated a call to **Safe Steps**, Victoria's family violence response centre.

Sally described how her partner would go from '0 to 100 angry' and would regularly assault her and verbally abuse her over small things. He would also monitor her online presence and often destroy her property. She had never disclosed the violence before, or sought help. She was too scared to speak to police and she had no friends or family to help.

While awaiting advice from Safe Steps, the practice nurse treated Sally's injuries. Staff escorted her to a taxi that Safe Steps had provided to take her to safe accommodation. Safe Steps provided a phone once she arrived.

Sally called to thank the service the next day, advise she was safe and book in with a GP for review. The staff member introduced Sally to a client support worker who later helped her get a Family Violence Order against her ex-partner. Sally was regularly seeing the GP and catching up with her support worker.

She hasn't returned to her ex-partner or had contact with him for over 4 months. Every breach of the Family Violence Order has been reported. Sally now looks brighter and healthier and she looks forward to being independent again.

Our Family Violence quality improvement program aims to make it easier for general practice to support those at risk.
Photo: Shutterstock

Supporting the primary health care workforce

While the pandemic seemed all-consuming at times in 2020–21, everyone in primary health care knows that we cannot afford to take our focus away from other projects essential to the health of our growing population. In this section we look at some of the programs that support the primary health care workforce.

Equipping the workforce

Education and training underpin our support of the local health workforce. In 2020–21, we continued to expand our suite of online continuing professional development and other webinars. As the pandemic and its flow-on effects evolved, we focused on delivering timely and accurate news and information to support and guide our health community. But we also kept up key training on all the other health issues that primary care continued to monitor for and treat.

While we would love to be able to work face-to-face, online training can be delivered safely and conveniently for our workforce. For many people, our online model has improved access to and engagement with subject-matter experts from across the health system. Participants can log in from anywhere and take part in discussions with their peers.

PAGE 26

In 2020–21, we delivered 104 sessions to a total of 5,023 participants. Feedback surveys were completed by 467 participants, with 76 per cent saying their learning needs were entirely met, and 23 per cent reporting their needs were partially met. As a result of attending a session, 60% of respondents said they intend to make a change to their practice.

Some participants also said they would like more 'cheat sheets' on hot topics, specific support from the NWMPHN team, and more time for interaction between practices. We embrace all feedback and look forward to further developing our education offering next year.

Our YouTube channel continued to gain in popularity this year, as we recorded and published more webinars than ever before (44). Our recorded material was watched more than 15,000 times in 2020–21.

"By far the best of the bunch of similar webinars I have attended."

"More confident in assessing and referring appropriately."

"Extremely well-structured lecture pitched at the right level."

Education and training:

15,000 webinar views

5,023 participants

104 sessions

467 participants completed feedback surveys

76% said their learning needs were entirely met

60% intend to make change to practice as a result of attending

Communities of practice for child mental health, family violence

We began collaborating with Murdoch Children's Research Institute and the Royal Children's Hospital in October 2020 to pilot a more integrated system approach to strengthen child mental health care. One element of this strategy was to co-design a community of practice for infant, child and adolescent mental health with clinicians. The first community of practice was in March 2021 and included 60 community clinicians (19 GPs, 19 psychologists, 11 paediatricians, 8 mental health clinicians, 3 counsellors). The session focused on improving the capacity of providers and understanding of referral pathways, including for the new statewide HeadtoHelp mental health service and the 3 HeadtoHelp hubs in our region.

"The community of practice has been extremely helpful in bringing together professionals with a common interest which is the mental wellbeing of children ... I feel a model like this has added immensely in my ability and confidence to address the complexity and various facets of child and adolescent mental health."

Community of Practice participant

In 2021, we also established a new community of practice for family violence. This group is helping to improve the capacity of primary health care providers to identify, respond to and refer victims and perpetrators of family and domestic violence.

We also aim to better integrate primary health care services with the broader community and social care services sector. Almost 50 health and other professionals and community members attended the inaugural sessions in April 2021. This led to productive examination of local case studies and ongoing collaboration.

"I would like to say, as a survivor, I found the seminar both informative and encouraging. It was so nice to see a range of professionals – from a cross-section of services – interested in making positive changes to what is a very broken system. It gave me hope that finally something is happening."

Person with lived experience

60 communuty clinicians

19 psychologists

11 paediatricians

8 mental health clinicians

19 GPs

3 counsellors

PAGE
28

Maternal child health nurses are able to access infant pathways including the guide to the 6 week infant checks.

Photo: Nataliya Vaitkevich

Pathways to caring for kids

This year, HealthPathways Melbourne launched a new suite of infant pathways – a significant boost for the primary health care of babies in our region.

The pathways were developed with local GPs, subject-matter experts, paediatricians, and maternal and child health nurses. They give health professionals a comprehensive new tool to call on at the point of care, streamlining the management and referral process and assisting family-centred care.

"These highly anticipated resources will help to fill the gap of information both for parents/carers and also clinicians in general practice."

Dr Scott Parsons, Royal Children's Hospital GP and HealthPathways Melbourne Clinical Editor

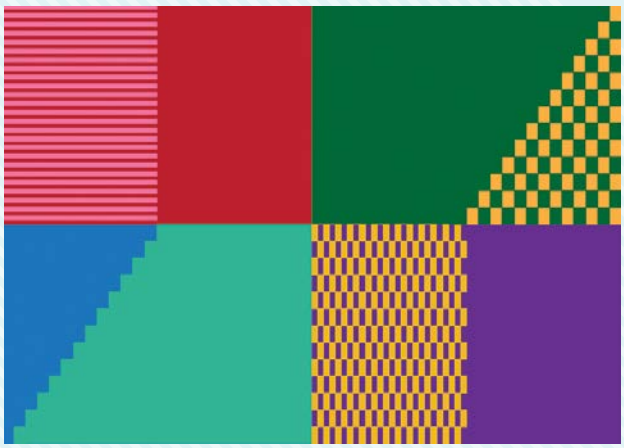
Many GPs are now using the Infant Routine Check pathway to support this common consultation. It contains the latest evidence and referral options for unsettled infants, rashes and skin lesions, sleep, nutrition and feeding concerns, low birth weight, premature infants and more.

The pathways are designed to help GPs by reinforcing their decisions and building the confidence of caregivers. They are regularly updated, so GPs don't need to worry about missing out on new information and referral guidance.

Better care for trans, gender diverse and non-binary people

In 2021, we launched a new online training module to help mental health professionals become more familiar with and sensitive to the diverse terminology, experiences, issues, standards, and referral pathways of TGDNB people.

A team of more than 20 authors, including community participants, academics, psychologists and GPs, contributed to its design. So far, **823 mental health workers** have enrolled and are now providing better care for the TGDNB community. In addition, 700 GPs have enrolled in our Trans GP Module, to become familiar with and sensitive to TGDNB terminology, experiences, health issues, standards and referral pathways.



Artwork for TGDNB model.

Artist Amery Johnston

Practice Manager Amy Woodleigh in front of the team at Gap Road Medical Centre in Sunbury with Royal Children's Hospital paediatrician Dr Victoria McKay (far left).
Photo: Leigh Henningham

Strengthening Care for Children – and easing the pressure on hospitals

There is a rapidly growing number of paediatric patients in our region. Yet Medicare data indicates that the proportion of child visits to primary health care is steadily decreasing.

This places pressure on hospitals, where children comprise the largest proportion of all emergency department attendances. At the Royal Children's Hospital (RCH), there has been a 100 per cent increase in the number of children attending outpatient clinics over the past 3 years. This has led to a significant increase in wait times.

To address these issues, we expanded our Strengthening Care for Children project, which was successfully piloted with general practices, the RCH and Murdoch Children's Research Institute between 2017 and 2019. The new phase is a randomised control trial, with funding from the National Health and Medical Research Council.

The trial aims to determine if an integrated GP–paediatrician model can reduce the need for referrals to hospital services, while strengthening GP skills and confidence in paediatric care. In 2021–22, 11 practices will join the project and receive onsite access to a RCH paediatrician for 12 months. GP–paediatrician co-consults and case discussions started in June 2021. By the end of September 2021, there had been 198 co-consults and 10 case discussions.

The team at Gap Road Medical Centre in Sunbury have loved working with RCH paediatrician Dr Victoria McKay as part of the program. Practice Manager Amy Woodleigh said it had been a privilege to be involved and the joint case discussions were invaluable for the whole team.

"Our patients have also benefited from this program and are extremely grateful to be able to have this opportunity … I would highly recommend this program to anyone who gets the opportunity," Ms Woodleigh said.

A well-trained and supported primary health care workforce underpins the universal provision of equitable and comprehensive health care for children. We look forward to continuing this project in 2021–23 to support better paediatric primary health care and ease the burden on our hospitals.

PAGE 29

Evidence-based commissioning

PAGE
30

Senior HeadtoHelp psychologist Natalie Lim, and Royal Children Hospital senior clinician Amanda Borg are collaborating to improve children's mental health in primary care settings.

Photo: Leigh Henningham

Through commissioning, we seek to find solutions to health problems and inequities in our region. Our principles and Framework guide us in implementing evidence-based programs and projects that are driven by local need and put people first.

We work closely with local providers, and engage and empower local communities, to develop, deliver, monitor and evaluate services, ensuring the best possible outcomes. And we strive to support health equity by commissioning services that focus clearly on particular groups or areas.

While our commissioning remains extensive – including for chronic conditions, children and families, and priority populations – this year's annual report highlights our commissioning of mental health, alcohol and other drugs, and suicide prevention programs.

We have continued our successful CAREinMIND™ mental health services, and worked closely and rapidly with the other 5 Victorian PHNs to launch HeadtoHelp – a new model of care that is paving the way for a more holistic, person-centred approach that connects and coordinates care across the mental health system.

Other highlights include new, community-driven suicide prevention projects, and a 'stepped' or 'staged' care approach to mental health for older adults living in the community.

LISTENING TO OUR COMMUNITY
Our Health Needs Assessment approach

Primary Health Networks use health needs assessments (HNAs) to understand regional needs and priorities, and develop appropriate responses, including commissioning services, programs or other initiatives. HNAs are fully revised every 3 years to draw in new data sources and insights.

The first half of 2021 saw us redevelop our approach to understanding need across the region. This year our HNA included:

- community engagement through surveys and focus groups
- engagement with the market in our region (providers and other stakeholders) to understand their views on community health needs, challenges and barriers to service delivery
- the collection and analysis of new and existing data to help us look closely at the non-medical 'social determinants of health' that influence health outcomes.

We are delighted with the strong response we have received from both community and health care professionals, as it will help to give us a solid evidence-based foundation for all our work.

Alcohol and other drugs: humanising, coordinated help

In 2020–21, we finalised the process for recommissioning alcohol and other drugs (AOD) services. Current services predated the establishment of NWMPHN, and we recognised and acted on the opportunity to enable improved access and outcomes for priority population groups and better integration of services overall.

From the outset, we worked closely with people with lived and living experience, as well as with subject matter and sector experts, who reflected the rich diversity and expertise of our community.

We first consulted and agreed on how we would ensure a safe, respectful and effective way of working. Together with the Association of Participating Service Users, Clear Horizon consulting and Harm Reduction Victoria, we held 6 workshops, plus testing and market feedback rounds.

The unifying theme from our discussions was to seek AOD services that are humanising and well-coordinated to meet the diverse needs of consumers. Together, we aggregated feedback into 8 key recommendations, which informed the request for tender and evaluation criteria for providers to meet in their applications for funding.

Tenders closed in June. Following tender evaluation and selection of preferred providers, new services will likely commence at the start of 2022. The participatory approach is continuing, through planned work with consumers on monitoring and evaluation, to ensure services are effective and delivering a person-focused model of care.

What we heard:

"Histories are so incredibly important. Although addicts need to leave the past behind, they also need to understand how it brought them to the present."

"Addiction is a lonely road, so feeling a part of something makes a huge difference ... Being valued is so important ... As addicts, we're made to feel undeserving or not important."

"They put me in touch with people who I wouldn't have known and contacted ... They celebrate wins."

"When I go to another service, I have to retell my story. The support worker should be passing on the information in a streamlined way."

"Family support is so incredibly important and we need more of it readily available."

Location, location

As well as asking how to best deliver services, we also need to address question of where they are delivered.

Current locations are skewed to reflect past needs and population centres. To inform the recommissioning strategy, we collated and analysed information including population data, crime statistics, hospital admissions, emergency department presentations and treatment service data. These factors were 'weighted' to create a 'relative need score' for each of the local government areas in our catchment.

The need score, along with advice and evidence from providers, communities, local governments and other stakeholders about where services are needed, informed our decision-making about where the greatest needs and gaps are located. This informs specifications in the tender requirements.

Photo: Studio Pixels

Key recommendations to improve AOD services

Consumers and subject-matter experts called for services that:

- attend to the holistic needs of the person
- understand and address individual histories and contexts
- collaborate with consumers' support networks
- support consumers in 'gap' moments, such as between referrals
- provide a warm and safe environment, with immediate links to support
- provide a team of workers who work together so consumers don't have to keep re-telling their stories
- are non-judgemental, compassionate and celebrate success
- have a learning culture, with practices regularly reviewed.

PAGE 33

331
AOD episodes of care
AOD commissioned services 2020–2021

38% of episodes had alcohol as the principal drug of concern

11.6% are Aboriginal and/or Torres Strait Islander

24.5% were born outside Australia

15% reported preferred language other than English

41% of clients self-referred

6% were referred by a medical practitioner

Commissioning for value and outcomes

Reliable, quantifiable key performance indicators and other reporting measures in our contracts help to demonstrate value and outcomes for our community. Highlights from our commissioning work this year show how we target investment to areas of greatest need, with mental health being a particular priority in 2020–21.

Ongoing support through CAREinMIND™

We continue to reach a significant number of people in need of mental health care through our range of CAREinMIND services. These are free for people of all ages who:

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

More than 69,000 CAREinMIND sessions were delivered during 2020–21 through our network of providers. This valuable support has been a mix of COVID-safe face-to-face, online and telehealth services that helped to ensure people of all ages had access to the care they needed, including through Melbourne's lockdowns.

You Said™ data for the period shows good experience and outcomes for CAREinMIND consumers, and a positive experience for providers. (The You Said tool, designed in collaboration with consumers and clinicians, collects consumer self-reported experience and outcome data, and is part of our performance and quality assurance for CAREinMIND services.)

You Said data collected 3 and 6 months after initial sessions shows consumers feel on the whole more hopeful about the future and better able to manage everyday life, and have an improved sense of wellbeing. The large majority of providers felt supported by us to deliver a high-quality service and develop insights to inform their work.

What CAREinMIND users said:

"Very helpful, supportive and good communication."

"The staff were understanding and respectful to who I am."

"My therapist first and foremost has given me a safe place to talk. I was very reluctant and fearful to start with."

What health professionals said they liked about CAREinMIND:

"Flexibility in enabling service provision for our vulnerable client group (asylum seekers). Providing interpreters."

"Provides an option via Targeted Psychological Support for patients on a low income to access counselling, and relatively quickly compared to the other options."

"Enables a smooth relatively easy pathway for GPs to free specialist mental health practitioners for their patients."

CAREinMIND™

Active clients per 100,000 population increased in 2020–21

23%
low-intensity support

8.8%
psychological therapies

14%
youth-specific mental health services

69,474
CAREinMIND sessions

32,936
Targeted Psychological Support Services (TPS)

Structured psychological therapies for people with diagnosable, mild to moderate mental ill-health.

5,235
Wellbeing Support Services (WSS)

Low-intensity counselling, 24/7 by phone or online, available without a referral.

27,551
Intensive Support Services (ISS)

Mental health nurse support for people with a diagnosis of severe and complex mental illness.

3,752
Suicide Prevention and Support Services (SPS)

For people at increased risk of self-harm or suicide (not a crisis service).

TPS and ISS feedback:

74%
said services were accessible

79%
said services were culturally appropriate

80%
said services were high-quality

88%
said services were safe

1,497
Suicide Postvention Support

Support and resources for people bereaved by the suicide of a loved one, to assist with recovery.

HeadtoHelp: support for all Victorians during the pandemic

As COVID-19 restrictions extended and deepened in 2020, more Victorians sought mental health support, and services generally could not keep up with need and demand.

The pandemic caused significant uncertainty and stress, with many Victorians experiencing, for the first time, emotional and psychological distress at a level needing intervention. For others, pre-existing conditions returned or worsened.

HeadtoHelp is a $26.9 million Australian Government initiative, overseen by a joint federal and state taskforce, established to give Victorians the care they desperately needed.

Together with the 5 other Victorian PHNs, we mobilised rapidly to establish the new service, working closely with primary health care, hospitals, and the Victorian Mental Health Pandemic Response Taskforce.

PAGE
36

We used population health data to identify the areas of greatest need in our region. We also identified providers with the systems and workforce that would allow them to begin operating swiftly, while meeting COVID-safe operational and governance requirements.

Just one month later, a statewide central intake line (1800 595 212) plus 15 new dedicated mental health hubs opened in Victoria. This included 3 in the NWMPHN region – at Wyndham Vale, Broadmeadows and Brunswick East. At the same time, a multilingual campaign started, encouraging people to take action – and take back a bit of control – by calling the intake number.

HeadtoHelp has since proven very effective – not only at addressing need fuelled by COVID-19 restrictions, but also at modelling better integrated mental health care that addresses all the needs of individuals to regain their mental wellness in the long-term. In early September 2021 the model was rolled out in NSW.

A holistic approach

The HeadtoHelp intake line and hubs take a holistic approach. This means each person's unique psychosocial and other health needs are considered alongside their mental health. They may be seeking support for the first time or have had previous experience of mental ill-health.

When people first contact the HeadtoHelp service, usually via the 1800 595 212 number, they are assessed in a supportive conversation using a standardised initial assessment and referral support tool that explores the social and clinical context for the person. This holistic and person-centred approach allows the intake clinician, who has knowledge of the broad range of services available locally including at the HeadtoHelp hubs, to work out the best way to help.

The process ensures a consistent standard and quality of initial assessment. Callers are then connected with an appropriate service if needed, as close to home as possible. (While HeadtoHelp is not a crisis service, the process supports identification of callers at risk of immediate harm and supports them to access appropriate emergency or crisis support services.)

Unlike many other services, HeadtoHelp offers a supported handover from intake to referral, generally in the first call, so people avoid 'bouncing around' the system trying to get the right care.

The HeadtoHelp central intake is complemented by physical hubs that have multidisciplinary teams, which may include psychologists, mental health nurses, social workers, occupational therapists and alcohol and drug workers. This brings together expertise and skills of different professionals to assess, plan and manage care jointly as needed.

Hubs also work closely with existing providers, including GPs and hospitals, referring people to more intensive mental health care or social supports if necessary.

A Wyndham Vale tale

Psychologist Helen Vaxevanis, clinical lead for the HeadtoHelp hub at IPC Wyndham Vale, said of HeadtoHelp's intake and hubs:

"The funding model means we're able to respond much faster ... and because we're able to employ people such as wellbeing coordinators and peer support workers, it frees us up to see those clients that are needing that therapeutic support immediately.''

Helen cites the example of her client Mary (who agreed to share her story). Mary had suffered a traumatic health problem, ending in a long hospital stay – including a period in an induced coma – and several re-admissions.

HeadtoHelp at a glance:

- helps people of any age find the right mental health service for their current needs
- has a central, statewide intake system staffed by clinicians, open weekdays 8.30am to 5pm (call 1800 595 212)
- provides free onsite or telehealth services with multidisciplinary teams
- Medicare card not required.

"She was wanting to drop out of the whole of her medical services," said Helen of their first HeadtoHelp counselling session. "Together, we've rebuilt that trust around hospitals and doctors ... I link in with her GP and with the other professionals, and we've developed a shared care plan and keep each other up to date."

Helen said it's likely that without HeadtoHelp, Mary would have had to go on a wait list for counselling. (Or, she would have had to try to find an appointment with a private psychologist — a costly option, especially as Mary had been forced to stop working.)

"I've been through so much and I'm still adjusting," said Mary. "There were times when I felt like I just didn't want to live like this. I'm proud I'm now going out for daily walks ... I don't know where I'd be without Helen's support."

"The service is really filling a gap around people stepping to the next level of care – because otherwise there is no next level of care, in terms of what's available to most people. The next level is acute care – a psych unit, or the like – and that's not a space for so many people who are coming through."

Psychologist Helen Vaxevanis

Psychologist Helen Vaxevanis, clinical lead for the HeadtoHelp hub at IPC Wyndham Vale.
Photo: from a NWMPHN video about the service

Early success

An independent evaluation of HeadtoHelp in March 2021 by the Nous Group found that the multidisciplinary service had brought about 'significant improvement' in the mental health of several thousand people.

The evaluation noted the effort of the PHNs, which had been widely commended throughout the health sector. It also noted how the Initial Assessment and Referral Decision Support tool had the potential to radically improve how consumers enter and navigate the mental health service system.

From 14 September to 30 June 2021:

- 10,698 people called or made an enquiry to HeadtoHelp
- 5,750 people were referred to an appropriate service: 88 per cent to HeadtoHelp hubs, 12 per cent to other services
- 5,074 people received services such as counselling or psychology from HeadtoHelp hubs
- around 80 per cent of consumers who have completed their care with a HeadtoHelp hub have shown a significant improvement in their mental health.

Consumers also reported positive experiences of the intake process through feedback surveys:

- **77 per cent felt comfortable using service**
- **80 per cent felt listened to**
- **74 per cent said information supported needs**
- **76 per cent liked their overall experience.**

The Royal Children's Hospital's Amanda Borg with HeadToHelp's Natalie Lim. Photo: Leigh Henningham

Collaborating to fill a gap for children

With HeadtoHelp, we saw an opportunity to improve children's access to appropriate mental health care. Before COVID-19, the rate of paediatric mental health presentations at emergency departments had grown to 3 times greater than physical presentation rates.[3] These continued to surge, as physical presentations fell, amid COVID-19 restrictions.

Paediatricians, GPs and psychologists, in our region in particular, have consistently noted a 'missing level' of support for children. With limited access to care in the community, whether through public or private services, children are increasingly ending up in emergency or as hospital patients. Youth services, generally for 12 to 25 year-olds, have been struggling to meet demand, and there is even less available for those under 12.

As such, we sought to enable the workforce and infrastructure being used for HeadtoHelp, as well as our strong working relationships with The Royal Children's Hospital (RCH). Together, we devised an approach to improve hubs' abilities to cater for children, families and young people.

A multipronged strategy was developed to improve the capability and confidence of primary care-based clinicians to identify, respond and manage appropriate child mental health issues. The strategy included:

- co-design and implementation of a Community of Practice with a wide range of primary care-based clinicians (GPs, paediatricians and mental health professionals, supported by a child psychiatrist)
- establishment of a consultation and liaison service with child psychiatry for GPs and paediatricians working in primary care settings
- establishment of a senior mental health clinician to provide consultation and liaison to HeadtoHelp clinicians, which included mentoring, reflective practice sessions and targeted professional development opportunities based on presenting community needs.

3 Hiscock H, Neely RJ, Lei S, Freed G. 'Paediatric mental and physical health presentations to emergencay departments, Victoria, 2008–15'. Medical Journal of Australia [Epub] April, 2018.

As part of this, Amanda Borg, a senior child and adolescent mental health clinician at the RCH, was seconded part-time to provide consultation and liaison support to clinicians at the 3 NWMPHN hubs, as well as in the central intake team. The RCH's professional development training program around child and adolescent mental health was also opened to all hub clinicians.

"Access for children and adolescents to quality mental health care is really in crisis. HeadtoHelp is what many in the sector were hoping for ... a way to fill the gap for young people who are not unwell enough to need a tertiary level of care, who can't afford the private sector, or who can't wait, when there's no availability."

Amanda Borg

Since February 2021, Ms Borg has facilitated regular 'reflective practice' for the hubs and intake team, and provided one-on-one consultations to help clinicians with particular clients, including, if necessary, by taking part in appointments. "Some of the cases we're now seeing at the hubs are what we would eventually have seen through the RCH Mental Health department. They are really complex young people."

Senior Psychologist Natalie Lim, at the HeadtoHelp hub hosted by DPV Health in Broadmeadows, said Ms Borg's support has been invaluable. "Having Amanda's input has enabled our clinicians to support children with complex presentations that we otherwise would not have been able to provide service to.

"Through Amanda and the RCH, the HeadtoHelp clinicians have had access to learning evidence-based best practice in working with children and young people. This has built capacity and meant that families are receiving higher quality care and treatment."

Natalie adds that the HeadtoHelp program was proactively collaborating with and involving the network around the child, which includes not only family work but collaboration with schools and communities, which strengthens their respective capacities as well.

10,698 people called HeadtoHelp

80 % of callers have shown significant improvement in their mental health

REAL-TIME ANALYSIS
Leveraging data and insights

NWMPHN leads the data and analytics team for HeadtoHelp, working with the 5 other Victorian PHNs.

Together, we developed an integrated intake data ecosystem. This provides valuable insights about consumers, their pathways, and experiences.

Data is collected and reported using a statewide centralised intake system (a secure web application), a shared data analytics workspace and a consumer experience survey platform.

- Consumers provide feedback about their experience of intake, and about their experience of hub services, making them feel valued and heard.
- The data ecosystem is used to enhance understanding about service needs within the community and support decision-making.
- Analysis of data collected consistently over a period allows for real-time analysis and insights, including about how COVID-19 is affecting mental health.

"I feel better already after talking with you."

A single mother of 4, from an African background, speaking at the end of her initial assessment call. The woman had called about relationship issues, and inability to express her concerns for cultural reasons, and went on to receive care including counselling at a local HeadtoHelp hub.

Susanna's story

"I was so exhausted and burnt out, even calling the HeadtoHelp number took all of the strength I had," said Susanna, who had happened to see a story on the news about HeadtoHelp, and called the next day, when it launched. "I absolutely would not have had the energy to pursue looking for help in any further way."

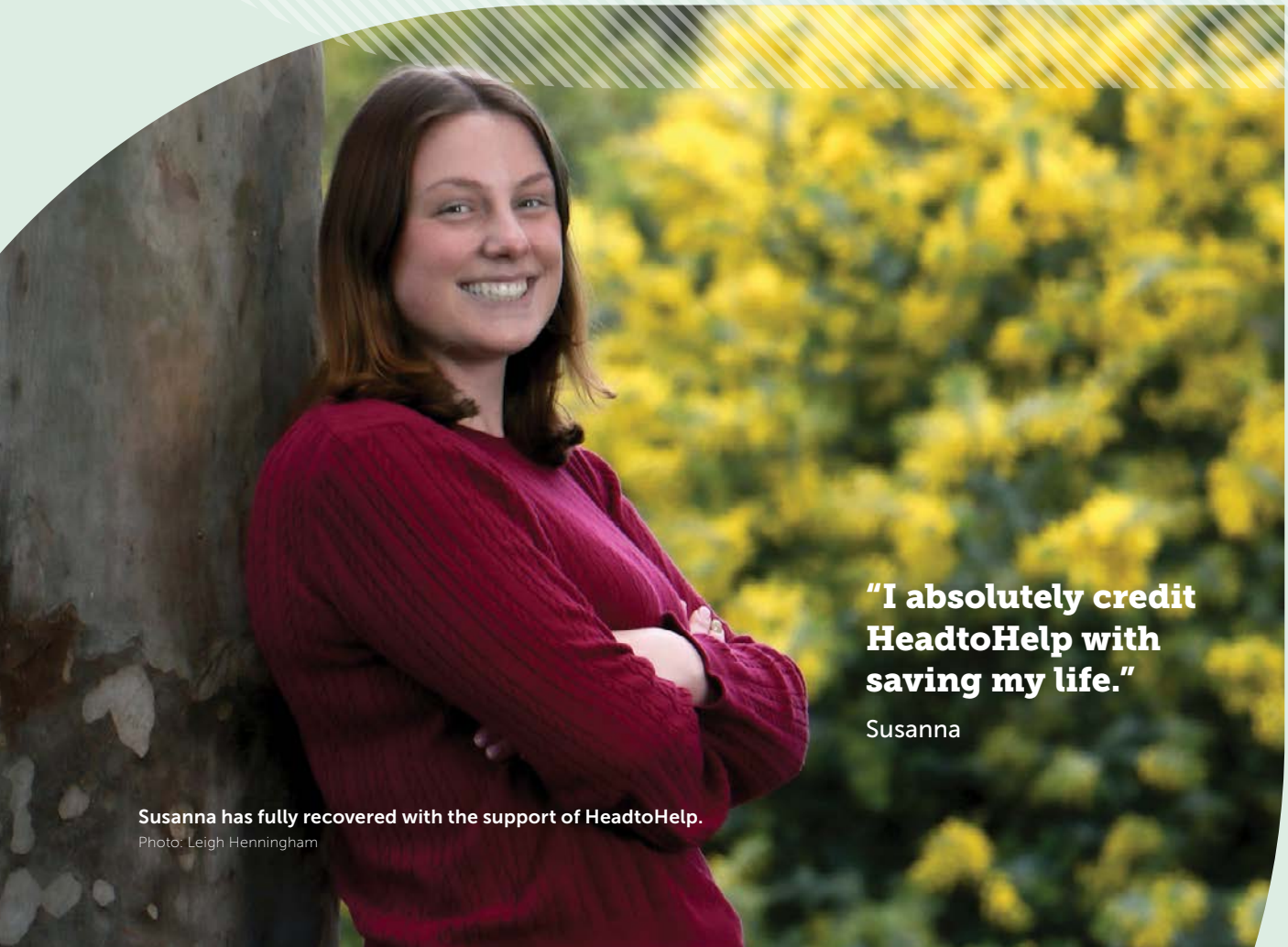
Susanna had moved from Canberra to Melbourne in early 2020 for an Honours year at uni. She soon found herself in lockdown, having not yet made any friends, and with uni running remotely. "I eventually bottomed out – I stopped functioning ... I didn't even watch TV. I just sat, very sad, numb to everything.

"There were points where I probably should have gone to emergency, because I was so unwell."

Now in her first job, with a first-class Honours degree under her belt, Susanna said she still marvels at the speed and effectiveness of the care she was given through HeadtoHelp. "Within 24 hours of calling I had my first appointment. And it was free: as a student without a proper job, that made such a big difference."

At first, Susanna saw a clinician at one of NWMPHN's HeadtoHelp hubs; together, they coordinated access for a psychiatry consult to support medication assessment and agreed she would start a course of anti-depressant medication and keep in close contact with the clinic for the first couple of weeks. "From there, I transitioned almost completely to just fortnightly talk therapy.

"There have been bumps along the way, and I definitely think I would have regressed if, say, I was limited to a certain number of 10 sessions, or if I had to go through any kind of rigmarole."



Susanna has fully recovered with the support of HeadtoHelp.
Photo: Leigh Henningham

Psychosocial support flexes in critical time

When COVID-19 struck we supported our providers who were providing psychosocial support to people in our region to adapt their services in the new pandemic environment.

From 2019 to end of June 2021 we commissioned 6 providers – cohealth, DPV Health, Merri Health, Mind, Neami and St Mary's House of Welcome – to deliver a suite of psychosocial support services to help people in our region build skills to manage mental illness, improve relationships with family and others, and increase social and economic participation.

All these services had been delivered face-to-face but lockdowns and other restrictions jeopardised vital interactions for people already suffering from isolation.

Telehealth was not the obvious solution. Many consumers had limited access to devices and to the internet, and some were also limited in their capacity to interact virtually. We also needed to find new ways of working with our commissioned services.

As providers sought to adapt their mode of delivery to ensure consumers remained connected, we increased the frequency of check-ins. We also narrowed the focus of our bi-monthly meetings, limiting them to our 6 providers, with a focus on working through issues and challenges, and developing solutions.

Flexibility was vital. We approved services that would normally not fall under the program's scope, such as food parcel deliveries, so consumers would continue to benefit from face-to-face interactions within the lockdown rules, while allowing for ongoing 'check-ins' to ensure people were managing. Services drew on their expertise to develop and distribute art and activity packs, and one service developed a wellbeing manual, which consumers greatly appreciated.

Community members supported by the psychosocial support program at cohealth. Photo: cohealth

People were supported to access the internet, and use it effectively. Group activities to stay connected included virtual cooking classes, board game afternoons, craft groups and coffee chats.

Service providers also worked hard to continue supporting people to apply for the National Disability Insurance Scheme – despite the challenges of evidence-gathering and obtaining additional allied health reports and assessments during lockdown.

PAGE 41

"My mental health support worker is currently Ian, and his taking the time to find out how I am travelling and engage in interesting conversation fills me with gratitude and has a positive effect on my mood, self-respect and feelings of acceptance."

Feedback from consumers during these challenging times remained overwhelmingly positive.

Kathleen Wunhym (front) at home in Brookfield. Kathleen received Merri Health Stepped Care for Older Adults service. She saw Rebecca Avery and Charles Levy for grief counselling. Photo: Leigh Henningham

Stepped Care for Older Adults

About 10 to 15 per cent of older Australians living in the community experience anxiety and depression. Yet most are either unaware of mental health services, or choose not to use them.[4]

To help address this, we commissioned Merri Health to pilot a new approach – Stepped Care for Older Adults.

PAGE 42

The model assesses personal, social and environmental factors, and offers psychological and psychosocial interventions across a stepped care continuum tailored to clients presenting needs. The intensity of interventions can be adjusted as needed to enable 'stepping up' or 'stepping down', sometimes referred to as a staged care approach.

The pilot had 123 clients, aged 61 to 90, born in more than 40 countries. At completion, most had reduced or significantly reduced psychological distress, and improved how they felt about their relationships and social connections. In the feedback survey, 100 per cent of clients agreed with statements such as 'they were treated with respect', 'they felt listened to' and 'they were helped to better understand issues'.

"I'd be lost without them," said Kathleen Wunhym, who was referred to the service via My Aged Care (the Australian Government aged care information and access service). Mrs Wunhym sees counsellor Rebecca Avery in her home. "She lets me open up about my husband's passing," she said. She also sees wellbeing officer Charles Levy, who has helped to line up a shopping buddy as well as social activities.

4 M. Polacsek 2020, 'Stepped Care: Wellness and Mind Care for Older Adults'. Literature review for Merri Health.

In the first half of 2021, Stepped Care for Older Adults was recommissioned, and is expanding to incorporate psychosocial and clinical group work. The service's catchment has also expanded to encompass the whole NWMPHN region.

Service providers have praised its flexibility, accessibility, individualised approach and the way it supports referrals and team connections, and makes the most of existing resources.

Commending the holistic, multidisciplinary approach, a service provider on the stakeholder reference group said: "Older persons' mental health can be overlooked in favour of medical concerns, or try to be addressed [only] by social options, which as a stand-alone intervention will not address the cause of depression and anxiety, and can even exacerbate it."

Lessons from the service as it evolves will guide future commissioning work. The proportion of older people living in the north western Melbourne region is growing rapidly, and we continue to look for ways to improve care for this group.

123
clients seen

574
Sessions with a community connector

2,230
Sessions with a mental health clinician

LGBTIQ+ suicide prevention

Suicide remains the leading cause of death for young people and older men in Australia. LGBTIQ+ people have higher rates of suicides than the broader community.

NWMPHN leads 3 suicide prevention trials: 2 are placed-based initiatives that seek to reduce suicide in the 'at-risk' regions of Brimbank/Melton and Macedon Ranges. These are funded by the Victorian Government.

The third is the National Suicide Prevention Trial funded by the Australian Government. LGBTIQ+ Australians have significantly poorer mental health outcomes and greater suicidality than the broader community. A large proportion of LGBTIQ+ Australians live in our region, so we selected this group as the priority population for this trial.

We have commissioned several key LGBTIQ+ suicide prevention activities this year. Our role is not simply to fund but to partner with and improve the capacity of LGBTIQ+ community-owned organisations, as well as non-LGBTIQ+ organisations.

Read about our Speaking Up Speaks Volumes campaign on **page 58**.

Postvention Response Plan

We commissioned Switchboard Victoria to undertake a community and peer-led research project. The resulting report. 'LGBTIQA+ Suicide Postvention Response Plan: Preliminary Findings', formulates general guidelines for communities and peer organisations involved in providing postvention support following suicide death of a LGBTIQA+ person.

This research is the first of its kind in Australia. There is also a lack of comparable material around the world. This emphasises the significance of the LGBTIQA+ Suicide Postvention Response Plan in contributing to the global evidence-base for suicide postvention for affected communities.

Natalie and Colin tell their story of support for the Speaking Up Speaks Volumes campaign.
Photo: The Shannon Company

Lean on Me research project

Our LGBTIQ+ Suicide Prevention Taskforce identified an informal care network within the community that developed in response to an unwillingness to access LGBTIQ+ or mainstream health systems. Little was known about this network, so we commissioned and collaborated with the Australian Research Centre in Sex, Health and Society at La Trobe University to study the role of LGBTIQ+ community leaders and peers in suicide prevention. Thus was born the Lean on Me project.

Lean on Me had 2 phases. The first consisted of a survey in which more than 300 people participated. This identified the breadth and nature of suicide prevention and mental health-related peer support. Phase 2 centred on semi-structured, in-depth interviews with 25 people, all of whom had taken part in the survey. This more focused, qualitative study explored the lived experiences of people providing suicide prevention and mental health-related peer support in LGBTQ+ communities in Melbourne.

Lean on Me social graphic – friendship circle.

Key findings included that suicide prevention and mental-health peer support:

- can directly save lives
- can lead to significant 'burnout' for those who provide it
- can negatively affect the employment, education and relationships of those who provide it
- is often a response to exceptionally high levels of mental ill-health in LGBTIQ+ communities, or to inadequate mental health services for LGBTIQ+ communities
- is meaningful for those who provide it.

Our report provides evidence that the provision of suicide intervention training and affirmative practice training for thousands of individuals and community organisations is appropriate and useful. It will provide a basis for future commissioning.

LGBTIQA+ Aftercare

We commissioned Mind Australia to deliver the LGBTIQA+ Aftercare program, which was cited as an example of best practice by the **Royal Commission into Victoria's Mental Health System**. An evaluation of the program found that peer practitioners were the key to its success.

Peer support encompasses both offering and receiving support based on mutual understanding and an ethic of collective care. A unique rapport is often established, as both the peer worker and the client have experienced 'double discrimination' – the stigma of suicide and the experience of being LGBTIQA+.

Aftercare peer workers found that empathically connecting to a person's experiences of mental ill-health (rather than viewing them as a medical patient) led to an improved sense of community, reduced feelings of isolation, and increased self-advocacy skills and political empowerment.

Many clients also reported that earlier experiences involved being bumped from service to service. They spoke about the power of being able to access a service that was identity-affirming and validated their experiences of minority stress. The importance of the Aftercare Circle to provide ongoing group support therefore became critical.

Someone by your side

Charlie's mum died when he was in his early 20s. Charlie* had been her primary carer. Around the same time, COVID-19 hit. Charlie was socially isolated from peers his age, and from community members. He had limited opportunities to connect and was feeling suicidal.

After self-referring to the Aftercare program, he was provided a peer worker, who could meet with him in person, empathise with his distress and link him to community resources.

Over time, and after regular catchups in a variety of settings (a health centre office, a park, a café, a bookshop and a community hub), Charlie's confidence grew, and his anxiety reduced. Regular encouragement and validation around the benefits, value and importance of connecting with people in person and online, via social media and social networking apps, also helped him overcome his fears about these new and daunting experiences.

In addition, Charlie created some lasting and influential relationships, and made important peer connections and links to LGBTIQ+ people, both young and old.

Charlie no longer experiences thoughts of suicide and feels hopeful for the future. He has also started volunteering in the retail sector as a way of exploring ways to meet new people and get some transferable skills so he can look for employment in the future. He is now connected to a grief counsellor and has less fear about reaching out for suicide prevention support in the future, should the need arise.

**Name changed*

Photo: Shutterstock

Other commissioned work highlights

Drummond Street Services:

- 66 'mentor matches' across the family and individual mentoring projects
- 8 support groups ran throughout 2020–21.

Thorne Harbour Health:

- 2,184 first responders trained in 'affirmative practices'
- 43 participants trained in the LGBTIQ+ Affirmative Practice Train the Trainer Program
- Developed the LGBTIQ+ Affirmative Practice Online Module, to be shared with sector partners to continue to build the capacity of mainstream services to work in an affirming way with LGBTIQ+ consumers.

LivingWorks Australia:

- 295 participants trained in 21 LGBTIQ+ ASIST workshops
- 117 participants training in 15 LGBTIQ+ safeTALK workshops
- 60 LivingWorks Start licences issued
- 2 LGBTIQ+ Start Participant Debriefs developed and delivered.

PAGE 45

52 Aftercare clients seen

180 service contacts

16 Aftercare Circle groups

Place-based suicide prevention trials

Multiple activities were also undertaken this year as part of the place-based suicide prevention trials in the Melton/Brimbank and Macedon Ranges areas. Here, we describe 2 key activities.

Victoria University Suicide Prevention Project

This project, in partnership with LivingWorks Australia, aims to build the capacity of Victoria University students and workforce to recognise and respond to people at risk. A key component is safeTALK, a suicide alertness training program. We delivered:

- safeTALK (to students)
- safeTALK 'Train the Trainer' (for staff)
- ASIST 'Train the Trainer' training (including take-home kits)
- online Question, Persuade, Refer (QPR) training.

QPR and safeTALK are now part of the curriculum for the Bachelor of Nursing (Midwifery), and Victoria University is looking to extend to other disciplines. Staff who complete the 'train the trainer' course are required to deliver sessions annually to maintain the training registration.

An evaluation of the project is due in 2021–22, but our project partners report that students and staff have embraced the training, and that more people are engaging with the wellbeing team as a result of these training opportunities.

As of May 2021, more than 950 students and faculty members had completed QPR training, 15 staff had completed safeTALK Train the Trainer, and an additional 3 staff had completed ASIST Train the Trainer. Pending COVID-19 restrictions, by the end of the contract term, it is estimated that almost 430 students will have completed safeTALK.

Vietnamese Community Suicide Prevention Project

This project involved working with Vietnamese communities in our region to support members to take the lead in preventing suicide.

While focused specifically on the Vietnamese community, this project illustrates what a community-led approach can achieve for groups who can't – or don't – engage in large numbers with our mental health system.

How prevalent is suicide in Australian Vietnamese communities? We simply don't know. The same is true for other groups, because the coroner's office doesn't collect data about ethnicity or language background.

We approached Associate Professor Harry Minas, head of the University of Melbourne's Global and Cultural Mental Health Unit, at the University of Melbourne, to lead the Vietnamese-focused project. Professor Minas was already known to us through his extensive work in Vietnam and with immigrant communities in Australia.

"We are ... building our capacity now as a community to support each other."

Andrew Do, Vietnamese community leader

Andrew Do, volunteer executive on the peak advocacy body for the Vietnamese community. Photo: Leigh Henningham

"At most, we know that the rate of admission and use of mental health services by the Vietnamese community is about a quarter of the general community," Professor Minas said.

"But there is nothing to suggest the prevalence of mental ill-health is lower … A small proportion of those who require mental health services may be going to other sources of care – friends, family, their church or temple and so on. But, essentially, a lot of people who would benefit from treatment remain untreated, and that lack of contact is likely to result in very poor outcomes."

Professor Minas undertook a review of existing research and brought together an advisory group encompassing the diversity of Vietnamese communities, as well as Vietnamese and other health professionals. Some had lived experience of suicide and mental ill-health.

Together, they developed a mental health profile, a strategy and 'gatekeeper training' to help community members learn how to recognise suicide risk, and how to keep people safe until professional help is available.

Andrew Do, a volunteer executive on the peak advocacy body for the Vietnamese community, was part of the advisory group. "I think together we really gave the work a Vietnamese lens, to make it … a much more approachable and accessible way to get the community involved in these issues,'' Mr Do said.

"We are continuing to work through the strategy, building our capacity now as a community to support each other. One major call-out … is just the need to strengthen the capacity of those in the community who are actively involved in the [mental health] space, whether by profession or otherwise.

"Our survey found that mental health education was not strong at all in the community. There's stigma, misunderstanding and miseducation … We found that it was important for community leaders, medical professionals, priests, monks – whoever faces this issue day-to-day – to be educated as possible, with the best support and resolution paths we can offer."

The ASPIRE program supports children at the Good Samaritan Catholic Primary School in Roxburgh Park.
Photo: supplied

ASPIRE: from lockdown, big things grow

Since 2017, we've commissioned and collaborated on ASPIRE – a program at Good Samaritan Catholic Primary School in Roxburgh Park, a community with a strong refugee background.

The program supports the early identification of developmental vulnerability in pre-primary children and improves responses by bringing together services that target early childhood development, including maternal, child health and allied care services.

Among ASPIRE's most important activities are its playgroups, supported by bicultural workers. But from Term 2 onwards, COVID-19 lockdowns made face-to-face activities irregular, then impossible.

With funding and support from NWMPHN, and ongoing partnerships with DPV Health and Hume Council, ASPIRE rapidly adapted, creating a popular Facebook page and distributing fortnightly learning packs complete with craft materials, open-ended play ideas and materials, books and rhymes.

The combination of tangible materials with online support from the school's early years leader (translated into Arabic by bicultural workers) was so successful that it has become part of ASPIRE's regular activities, lockdowns notwithstanding.

PAGE 47

Good Samaritan Catholic Primary School in Roxburgh Park. Photo supplied

In 2020, 1,400 packs were distributed and the Facebook page grew to 115 members, with early years leader Nancy Greige responding to the 1,423 family posts.

PAGE 48

"Thank you so much," wrote one mother in response to Nancy's feedback on her children's activity pack work. "Both my husband and I enjoy working [with our children] and we look forward in helping them learn more and more every day."

Another parent wrote: "Do you know Nancy, every night before they are sleeping they ask me, 'Mama, what new activities will we do tomorrow?'".

Not only did ASPIRE retain its existing families during the second half of 2020, it added more, with the number of playgroups increasing from 5 to 7 by the beginning of 2021.

ASPIRE workers also seized opportunities to connect with parents as they came to pick up their packs, or reached out via phone to others at risk of disengaging. Parent information sessions continued online, with 839 views of 8 different sessions; there were also 31 referrals to maternal and child health services (important in 'catching' developmental issues).

"The danger in COVID was disconnection," said Good Samaritan principal Paul Sedunary. "Not only did we keep all our families, we boosted connection at a very difficult time. So it's gone from being an emergency response to an approach that's fundamental to how we work. Families love their weekly playgroup, but they no longer rely on it. Learning through play has become a way of being.

"ASPIRE in general shows what a great impact you can have if you put the child, and the family, at the centre of what you do, rather than work in the ways we always have.

"I think this is very much where we align with NWMPHN, and we look forward to finding ways to keep doing things outside the norm that have a big impact."

"ASPIRE ... shows what a great impact you can have if you put the child, and the family, at the centre of what you do, rather than work in the ways we always have."

Good Samaritan principal Paul Sedunary

Seeing a doctor at school

Since 2017, we've worked with the Victorian Department of Education and Training to lead the Doctors in Secondary Schools Program (DiSS).

The program allows students to independently seek care and is offered at 100 Victorian secondary schools with in-need cohorts. Its objectives are to make primary health care more accessible to students, help young people identify and address health problems early, and reduce the pressure on working parents.

In 2020–21, for the NWMPHN region, 2,320 DiSS consultations were provided, compared with 2,279 the previous year.

The reasons for young people visiting the doctor were:

- mental health (66 per cent, compared with 56 per cent in 2019–20)
- physical health (19 per cent)
- sexual health (5 per cent).

As Dr Balvinder Khaira, one of the program's GPs, said: "One does not have to look hard to see the enormous impact that these challenging times are having on our young people, and I firmly believe they need as much support as possible.

"I see the DiSS program as one of extreme importance. Although it is hard to measure the impact of early intervention and preventative medicine, I have personally no doubt that the early intervention we provide to these young people are planting the seeds for healthy bodies and minds in the future." (See also Communities of practice for child mental health, page 27. Supporting the primary health care workforce page 26.)

Caring for the carers: aged care workers

The COVID-19 pandemic has meant significant additional stress and challenges for those working in residential aged care facilities (RACFs) across our region. During the first wave of the pandemic, our region's aged care homes bore the brunt of COVID-19 cases and, tragically, deaths.

In response to the impact on the residential aged care sector and staff, we commissioned APMHA Healthcare, a not-for-profit, to deliver a Staff Wellbeing Access Program. This was targeted at people working in RACFs who do not have access to an employee assistance program or who can't afford other mental health supports. The program includes:

- onsite and telehealth support for mental health impacts on the workforce resulting from the COVID-19 pandemic outbreak in RACFs
- a range of group and individual mental health interventions to support aged care workers to develop coping strategies, including opportunities for one-on-one counselling and group debriefing sessions
- workshops and resources to improve workers' mental health literacy and skills to recognise mental health and wellbeing concerns in themselves and others
- access to referrals to alternative supports if required.

This service started in late January 2021, supporting staff in RACFs across the region. By June 30, 153 individuals had used the service.

Aged care workers wellbeing service:

26
residential aged care facilities engaged

31
group sessions

4
one-on-one manager coaching sessions

13
individual staff counselling sessions

153
staff used the service

From January to June 30, 2021.

Measuring and monitoring our impact

Measuring how our contracts perform, and monitoring the impact of work on the health of priority populations, is a vital part of the commissioning cycle.

Among the more extensive evaluations of programs in 2020–21 was the assessment we commissioned of the Integrated Team Care (ITC) program.

Culturally safe care for chronic conditions

The ITC program is a Commonwealth-funded, nationwide program, commissioned by PHNs. It aims to contribute to:

- improving health outcomes for Aboriginal and Torres Strait Islander peoples with chronic health conditions
- improving health access to culturally appropriate mainstream primary care services for Aboriginal and Torres Strait Islander peoples.

Since 2016, the ITC program commissioned by NWMPHN has helped Aboriginal and Torres Strait Islander peoples in our region manage complex chronic conditions more effectively through one-on-one assistance by care coordinators and through access to supplementary services.

Our ITC providers are: Banyule Community Health, cohealth, IPC Health, Victorian Aboriginal Health Service, Western Health and Your Community Health.

Lessons and future work

Our recommissioning process in 2021–22 will utilise the evaluation findings to continue to better understand the scope of ITC and the role of care coordinators. We will work closely with providers to improve our data collection processes to help provide a strong evidence base for the program.

The evaluation highlighted the importance of our commitment to reassessing community need and funding distribution in our recommissioning. Current structures may not reflect changing patterns of needs and uptake experienced by ITC providers (particularly in the western part of our catchment).

The recommissioning process will also examine how providing cultural activities through the ITC Complementary Program has helped support the holistic health needs of clients, and their wider community.

Aunt Dolly, left, with cohealth nurse Sally Berger from the Integrated Team Care program. Photo: Leigh Henningham

In 2020–21, we commissioned Karabena Consulting to evaluate the program ahead of its recommissioning in 2022–23. They found that ITC was extremely valuable in helping Aboriginal and Torres Strait Islander peoples with complex chronic conditions to manage their overall health. Almost all stakeholders, including consumers, regarded the program as culturally responsive and holistic.

What's working?

Aspects of the program working well include:

- flexibility (coordinators able to adapt the level of care as clients' needs fluctuated)
- clinical expertise (allowing clients' health needs, concerns and risks to be addressed effectively)
- multidisciplinary settings (allowing for more holistic care, timely communication, and referrals)
- access to communities of practice and professional development, facilitated by NWMPHN (encouraging collaboration, upskilling and support across providers).

What needs improvement?

While engagement with primary health care has been ongoing since ITC started, it was noted that better visibility of the program could provide opportunities to improve cultural safety in general practice, including through conducting Aboriginal Health Checks and highlighting the availability of the Closing the Gap Practice Incentive Program.

Complex chronic conditions often require ongoing care, and they are complicated by social and economic challenges. ITC staff reported that while some clients could self-manage quite well some would struggle if discharged from the program because it may leave them feeling isolated.

There is an opportunity to strengthen the program by further understanding the complexities associated with discharging clients, and their ongoing support needs.

At the start of 2020, we funded ITC providers to deliver mental health and wellbeing supports, and potentially reduce discharge distress through programs that allowed for more comprehensive self-management.

Unfortunately, the ITC Complementary Program was not long established before its activities were disrupted by COVID-19 restrictions. Overall, the pandemic changed how services were delivered in 2020–21: many moved to telehealth, demand for support was at an all-time high and consumers required additional support for loneliness, anxiety, stress and fear.

Aunt Dolly's story

Aunt Dolly, a Wemba Wemba, Wiradjuri, Yorta Yorta, Plangermaireener woman, credits the ITC program with keeping her healthy.

"Without you [the ITC program] I wouldn't be where I am today and my health would not be any better," she said.

"I have quite a few things going on, and having one person there I can ring when I'm not feeling well or need some help is something good ... It can be stressful dealing with so many people with so many things all the time ...

"What I like about the program is that ... I don't have to repeat myself all the time."

"How do you really show the impact of being able to walk to your letterbox when you haven't done that in 5 years? How do you capture the ... years that have been gained?"

ITC care coordinator

18,442
Integrated Team Care (ITC) sessions

Community and partnerships

PAGE
52

Abdi Farah has helped get reliable health information to the community.
Photo: Leigh Henningham

We involve our community in all that we do. This extends beyond asking people for their opinions: we support communities and individuals to not only influence and create new approaches, but to communicate health messages, and take action independently.

We work to strengthen our partnerships and forge new ones, while also encouraging collaboration between others, to improve the practices and integration of our health care system.

Some of the volunteers from our 'Stay Safe, Stay home' COVID-19 videos in 18 languages. Photos: Matt Jasper

PAGE 53

Collaborating on COVID-19 videos in 18+ languages

At the start of July 2020, our region had more than 60 per cent of Victoria's COVID-19 cases. New daily cases were in the hundreds and growing exponentially. Communities of people with a first language other than English were being blamed for spreading the virus. On 8 July 2020, we decided to create COVID-19 videos to meet the desperate urgent need for audio-visual information in community languages, which were then largely unavailable.

There was no time to outsource to an agency; instead, within just a month, we managed to produce and share high-quality videos in 18 languages. We worked with a trusted video partner, the Jasper Picture Company, and our community. The Stay Safe, Stay Home videos reached about half a million people in our region alone.

The rapid production and significant reach of the videos is testament to our widespread network and strong working relationships with culturally and linguistically diverse (CALD) partners. We worked flexibly to solve problems quickly, including:

- finding suitable volunteers to appear in the videos
- ensuring filming was COVID-safe and did not spread the virus
- ensuring translations and subtitling were appropriate.

Volunteers were sourced from regular newsletters and social channels, and through our CALD partner bodies. Enthusiastic responses to the initial call-out saw us expand our original list of 8–10 languages.

www.nwmphn.org.au/staysafe

Minimising the risk of spreading the virus was paramount. We were allowed to film under Victoria's Stage 3 restrictions on the grounds of public health work, and thought very carefully about our practices to ensure we and our volunteers were safe. We used boom instead of lapel microphones, travelled separately, checked temperatures regularly, and filmed outside.

Volunteers were asked multiple times about whether or not they had symptoms, were awaiting a test result or had tested positive. (One volunteer had to pull out after contracting COVID-19, and 2 others couldn't attend because their housemates were awaiting test results.)

We also took precautions to ensure the translations were correct and resonated with our audiences. We used translators certified by the National Accreditation Authority for Translators and Interpreters and paid for a second 'community check'.

The volunteers also checked the scripts: about a third were deemed too formal, and were amended. Volunteers and our CALD partners also reviewed the draft videos, with subtitles (in-language) done through the translation company.

The videos launched in early August 2020 and were shared widely, including on ABC News Breakfast. Not only did they go on to reach more than a third of our region's total population, they strengthened our relationships with CALD peak groups, and provided the foundation for subsequent multilingual video projects, including a series for mental health videos and COVID-19 vaccination videos, in 20 languages. (See also More than translation: COVID-19 mental health on page 63.)

Access and equity: part of our DNA

We believe that all people – every individual, every group, every community – should have a fair chance to reach their full health potential without being disadvantaged by social, economic and environmental conditions. This is the principle of 'health equity', and it is the concept that guided us in developing our Access and Equity Framework.

Recognising that addressing health inequities is complex, and we all have a part to play, we took an organisation-wide approach, in the early part of 2021, to develop the Framework. We engaged our Clinical and Community Councils, contacted volunteers from our community PeopleBank and received specialist subject matter expertise from Sarah Simpson, Director of EquiACT.

The Framework enables us to tackle the challenges inherent in ensuring equal access to health services in a culturally and geographically varied community. Across the region, significant differences in health status exist between and across population groups:

- Some groups have shorter lives and poorer health than others.
- Some have limited access to health care.
- Some services are not used by all those that need them.
- Some localities and communities have a very high burden of disadvantage.

The Framework aims to address these differences through a 3-year action plan and commits NWMPHN to 5 priorities:

- to show leadership and commitment to equity
- to embed equity into everything we do
- to use data and evidence to support action
- to engage with communities, including people with lived experience, and to partner with collaborators
- to build capacity and skills.

We will monitor and measure the impact of our actions across our region.

nwmphn.org.au/accessequity

Collaborating for consistency

Victoria's system of referring patients to public hospital specialist clinics is difficult to navigate and does not ensure fair access or the best experience for users.

To address this, the Victorian Department of Health has been developing statewide referral criteria for acute adult specialist clinics.

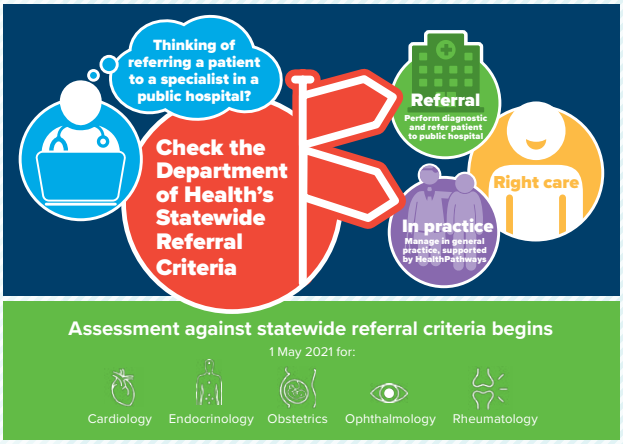
Since 2018, we've been leading work in partnership with the other 5 Victorian PHNs on activities to maximise the impact of these reforms. This has included making sure HealthPathways (the go-to clinical management and referral resource for GPs and others in Victoria) supports and promotes the use of the new criteria.

In total, 126 clinical and 70 referral pathways have been developed and published, supporting statewide referral criteria for 11 specialties.

In 2020–21, our focus was on supporting implementation of best care guidance into HealthPathways, which provides evidence-based information for Victorian health care professionals and consumers in relation to elective procedures. This work aims to:

- inform clinicians about what are considered best care pathways in relation to the identified procedures based on current evidence
- support clinicians and their patients to discuss available options and make informed health care decisions together
- empower Victorians to feel well-informed about the best management of their health care needs.

Through close consultation and strong working relationships with the other PHNs, we've also led activities to support general practices and maximise the impact of the ongoing reforms.



These include developing resources, such as a statewide communications 'toolkit' and a communication campaign for new referral criteria, and consultation with health services and primary care on letters to GPs about waiting lists for public specialist clinics.

We've also been working hard to consolidate existing relationships with health services, peak bodies and the Victorian GP Liaison Network to enable collaboration and support implementation of the referral criteria.

Janelle Devereux, our Executive Director of Health Systems Integration, said the impact of COVID-19 restrictions has made use of the criteria, and the supporting HealthPathways, even more critical.

"These criteria enable GPs to refer their patients to the best specialist clinic most efficiently so people get the best care, regardless of where they live," she said. "This is especially important now, when we are addressing surgical waitlists and risk associated with deferred care caused through COVID-19.

"The supporting clinical and referral pathways on HealthPathways ensure that patients not suitable for public specialist services are not disadvantaged but will continue to receive high-quality, evidence-based, appropriate care in the primary care setting."

Renewing People Bank

People Bank is a register of volunteers who want to help us with our work. Members might be asked to take part in anything from surveys to events and workshops, with interpreters available for those who need it.

In 2020–21, we refreshed and expanded People Bank, to ensure we have people available who represent our region's diversity. This meant a significant social media campaign, plus promotion through our internal and partner networks.

As part of the promotion, Ken Taylor, a suicide survivor and People Bank member, speaks in a video about his experience.

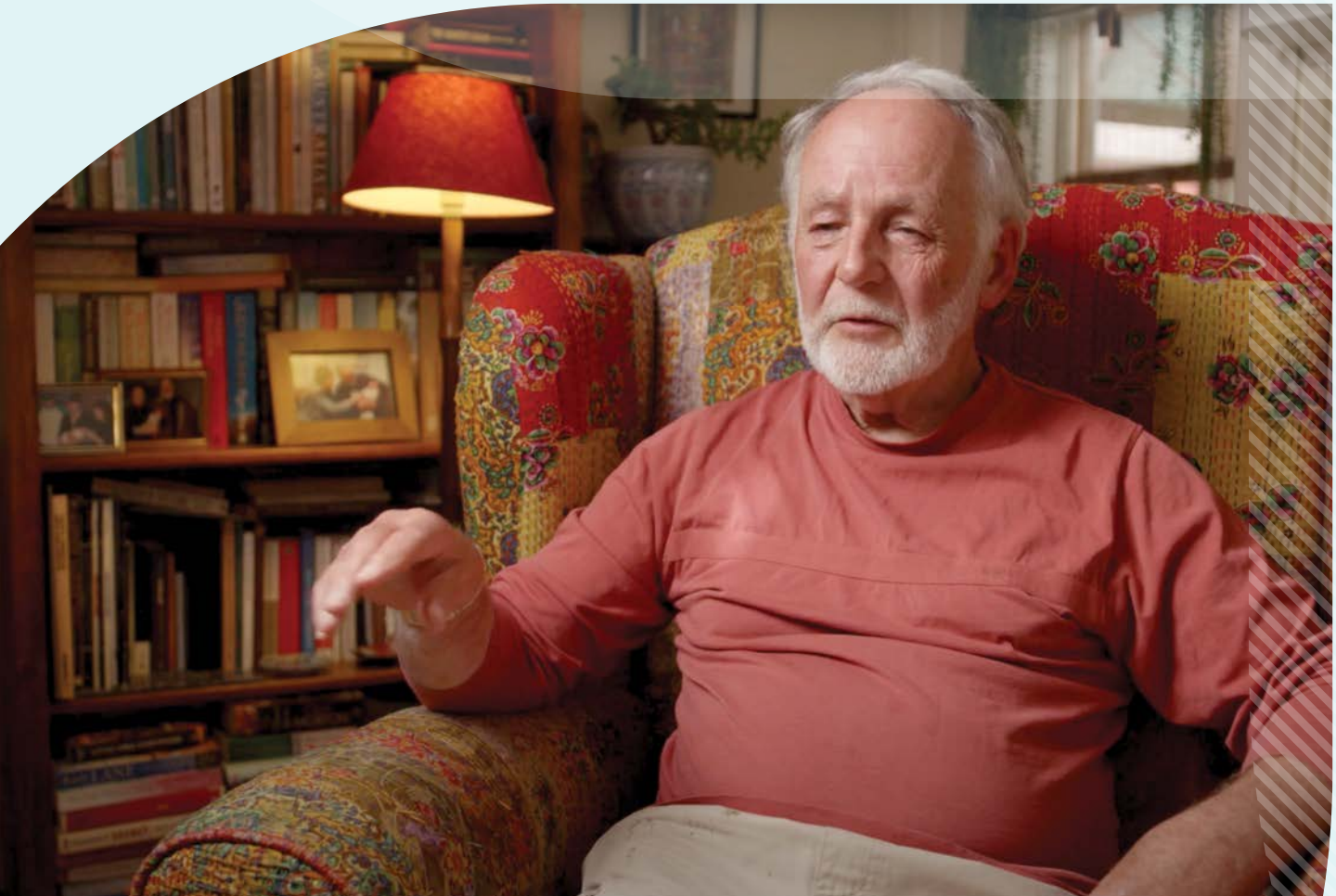
Ken has since contributed in other ways, including attending a second, longer forum about suicide prevention, which included many more 'civilians'. He encourages others to sign up and lend the benefit of their experiences. "There's the real possibility that you can take the challenge – that you can offer something useful, and come away with it feeling that you are more able than before you went there," he said.

"I was invited to a forum about suicide prevention ... turned out I was the only civilian in the room. I was given a lovely opportunity to present my views, and then read my written statement. I tried for humour, and it was reasonably successful, I came away from that with a real jump-up boost to my confidence."

Ken Taylor, People Bank member

nwmphn.org.au/people-bank

Community volunteer Ken Taylor speaks about his experience in a video to promote People Bank. Photo: Matt Jasper



Expanding peer work

Emerging evidence suggests that peer workers play a key role in establishing a recovery-oriented culture within mental health services. However, their role in primary mental health services is less well-documented than it is in in-patient or tertiary services. This led NWMPHN to fund service providers to engage peer workers in priority population groups.

The peer workers are trained and supported to build rapport and hope by drawing on their lived experiences of mental illness and recovery. They also support organisations and clinicians to take a more consumer-centred and recovery-oriented approach to delivery of care.

Three services submitted proposals and were funded in June 2020.

Orygen was funded to support the families of young headspace users. The program is delivered by 7 part-time peer workers at the 5 headspace sites Orygen is commissioned to operate across the NWMPHN catchment – in Craigieburn, Glenroy, Melton, Sunshine and Werribee – and at its Parkville hub. The peer workers deliver one-on-one support to families, enable family-inclusive practice at those sites through clinical case review meetings, and deliver training such as the Tuning into Teens program.

Cohealth employed 2 peer workers from the LGBTIQ+ community who undertook training in areas such as negotiation, crisis intervention and wellbeing coaching. They also benefitted from mentorships with key LGBTIQ+ stakeholders (such as the Zoe Belle Gender Collective) as part of the capacity building initiatives funded. The project has now delivered 197 low-intensity mental health support interventions to the community. As one consumer reflected: "It is so nice to talk to someone who just gets it."

Foundation House recruited a bicultural project coordinator and 2 peer workers from refugee backgrounds representing the Assyrian Chaldean Syriac communities and the Muslim community from Iraq. The peer workers were employed to facilitate the delivery of 4 separate culturally responsive group interventions and online workshops over 12 to 15 weeks. These were targeted to at-risk individuals within the community.

The group programs included:

- education about how pre-arrival experiences can cause psychological distress
- opportunities for participants to share their experiences
- building social connections to reduce social isolation
- self-care strategies as an early intervention strategy.

Although the pandemic has caused significant delays with the project, consumers who participated in the first workshops reported: "We felt very comfortable talking about our worries in the group, it makes us feel better."

These programs are being evaluated by 2 external peer evaluators in collaboration with NWMPHN's evaluation and research team. Early indications are that the programs have provided:

- extra support to a range of community members in north western Melbourne
- increased and improved organisational capacity to provide peer work, among agencies with, and without, previous experience of peer work
- an increased number of individual peer workers, who have gained work experience, supervision and training in providing low-intensity mental health support.

Speaking Up Speaks Volumes

"Can you be a better ally for LGBTIQ+ people?" This was the question we put to our community in the Speaking Up Speaks Volumes campaign early in 2021. The campaign emerged from the LGBTIQ+ Suicide Prevention Framework, which we co-designed with the LGBTIQ+ Suicide Prevention Taskforce. The taskforce comprises representatives of LGBTIQ+ organisations and advocacy bodies plus people with lived experience of suicide.

We commissioned behaviour change experts The Shannon Company to design and implement a campaign that would promote supportive and responsive communities by reducing stigma towards and improving understanding of LGBTIQ+ people's poorer mental health and suicidality.

Research shows that grass roots campaigns are most successful in suicide prevention, so the aim was to raise awareness and activate silent supporters to change behaviour that excludes, discriminates or isolates people who are LGBTIQ+.

We drew on confronting statistics: LGBTIQ+ Australians are twice as likely to experience mental health disorders; those 16 to 27 are 5 times as likely to attempt suicide; and transgender people over 18 are nearly 11 times more likely to attempt suicide.

We also sought feedback on the campaign's concepts from more than 1,000 people from different walks of life in the wider community.

About 80 per cent said they recognised the high level of stigma and discrimination faced by LGBTIQ+ people, and more than 60 per cent said they would speak up in support.

The campaign shone light on many inspirational stories and showed how support, considerate words and actions from friends, workmates, community (virtual and physical), school and home can make a huge difference.

Take, for example, the story of student and school principal Natalie and Colin: Natalie's campaigns for LGBTIQ+ rights and awareness at her school triggered a wave of hatred – to the point where she was afraid to attend. Colin took immediate, decisive action, rallying teaching staff and speaking in support of the LGBTIQ+ alliance at assembly. Soon the school was covered in posters that read "I stand with my LGBTIQ+ students".

The campaign website also told stories of simple actions, such as people calling out discriminatory language, publicly supporting those confirming their sexuality or gender, or matter-of-factly correcting people who insist on using the wrong personal pronoun.

Speaking up on social media

1.5 million
Facebook views

413,000
video views

Christina and her work colleague Farah shared their story as part of the campaign. Photo: The Shannon Company

Photo: Shutterstock

Partnering for innovation and connection

We've reaped significant benefits this year from new and existing partnerships, which have created new care pathways, including for shortness of breath (dyspnoea) and COVID-19, and supported GPs and others to deal with the syphilis epidemic in Melbourne that has spread to more communities.

The Collaborative

Since 2012, we've been part of 'The Collaborative' with The Royal Melbourne Hospital (RMH), cohealth and Merri Health. The Collaborative takes an innovative approach to problems, aiming to work together flexibly to redesign services around people's needs.

Its focus recently has been on systems-based solutions to rising rates of complex chronic disease, and unsustainable rates of hospital readmission. As with so many areas of work, COVID-19 had a significant impact on projects, including twice halting work on pathways being developed.

Despite this, the group succeeded in developing a pilot pathway for people experiencing complex dyspnoea caused by congestive heart failure (CHF) or chronic obstructive pulmonary disease (COPD) – both of which are frequent causes of hospital admissions among older people.

The pathway aims to:

Improve the clinical management of patients with COPD or CHF in the community by supporting GPs to manage them through enhanced discharge summaries, clear management and escalation pathways to acute care, access to telephone advice from General Medicine doctors, and provision of support, education and training.

Improve the psychosocial management of patients with COPD or CHF in the community by providing access to a 'community navigator' to undertake a psychosocial needs assessment and refer to a range of local community health and non-health services to help address social determinants impacting wellbeing.

Improve patient experience by linking existing pathways, improving information flows between professionals involved in patient care, and by providing high-quality care closer to home.

The strong relationships developed through the ongoing collaboration also helped us work with RMH and cohealth to design a primary-care focused COVID-19 care pathway for north western Melbourne. (See Coordinating care during COVID-19 on page 13.)

collaborative.org.au/dyspnoea

Dr Melanie Bissessor, Melbourne Sexual Health Centre, with Bernard Gardiner, VHHITAL program Lead, (right).

Photo: Danielle Karalus

"Thank you for some of the best teaching I've had in ages. It was aimed at my level, with excellent teachers and relevant topics. Much appreciated."

s100 HIV Prescriber, regional Victoria

Responding to rising rates of sexually transmitted diseases

PAGE 60

Sexually transmitted diseases such as HIV and hepatitis B and C continue to be public health issues despite less social interaction because of COVID-19 restrictions. Responding to the current syphilis epidemic has been a particular focus for the past year for the Victorian HIV and Hepatitis Integrated Training And Learning program (VHHITAL), a statewide consortium that NWMPHN is proud to host and lead.

The consortium, comprising the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine; The Doherty Institute; Alfred Health; Melbourne Sexual Health Centre; and NWMPHN, focuses on educating and training the primary health care workforce, especially GPs and nurses.

The re-emergence of syphilis in men who have sex with men has been continuing for a decade, but it is now also affecting Aboriginal and Torres Strait Islander communities, plus heterosexual men and women in the outer suburbs of Melbourne, including the Brimbank and Melton areas. Congenital syphilis, where women with syphilis can pass it to their babies, is also on the rise.

While last year's cases were slightly down from the 2019 record of 1,671, infectious disease experts are concerned this is only because testing rates have dropped off during the long periods of lockdown.

Dr Bernard Gardiner, Lead of VHHITAL, said the aim is to make sexual health part of everyday practice. GPs trained to prescribe drugs for HIV and hepatitis B and C are awarded 's100' accreditation. Continued accreditation is contingent on regular refresher courses.

"The VHHITAL program gives GPs and nurses the skills to gain the trust of key populations so they can effectively test and treat,'' said Dr Gardiner.

Highlights over the past year:

- accredited s100 HIV prescribers: 109 (up 8 per cent)
- s100 HBV prescribers: 61 (up 15 per cent)
- telehealth provided by 98 per cent of s100 HIV prescribers and 96 per cent of s100 HBV prescribers
- 21 training sessions (7 on blood-borne viruses, 9 on sexually transmitted infections and 5 on syphilis)
- 10 case study/practice community evenings.

VHHITAL has also collaborated with:

- the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to deliver sexually transmitted infection and blood-borne viruses training to Aboriginal Controlled Organisations
- LiverWell for the launch of their app to support self-care
- Positive Living Victoria to highlight how the PozQol scale can help improve health care.

CALD partnerships drive changes to primary care

To properly support people from culturally and linguistically diverse (CALD) backgrounds, primary care workers – including doctors, nurses, mental health professionals and alcohol and drug counsellors – require appropriate training and resources.

This was a key conclusion from a report we commissioned the Ethnic Communities' Council of Victoria (ECCV) to prepare this year. The authors also found that:

- primary health care can be difficult for CALD consumers to access and navigate
- services do not respond consistently to cultural needs
- general practice needs to improve how it responds to the needs of CALD consumers
- interpreters are not used consistently or are underused.

We commissioned the report after analysis of data on after-hours health care provision showed that a disproportionate number of consumers making GP-type presentations in emergency departments were from CALD communities. We wanted to understand the reasons for this and find ways to improve how CALD consumers experience and access primary care.

It was vital that this work was driven by those who would benefit from it. Our partnership with ECCV, which seeks to represent the voices of multicultural Victoria, was integral to this. ECCV also worked with Community-Owned Primary Health Enterprises, a group working to increase community influence in primary health care.

Together, they consulted widely, holding focus groups with community members, and hearing from health care workers and GPs from a range of organisations, including the Multicultural Centre for Women's Health, Victorian Transcultural Mental Health and Odyssey House.

Culturally Responsive Assessment Tool

As part of the project, ECCV drew on expert advice and the report's findings to create a Culturally Responsive Assessment Tool, plus supporting resources.

The tool is a starting point for providers. Rather than seek to address specific cultural needs, it helps them recognise common barriers, and develop approaches that take cultural background into account.

The tool sees providers rate their strengths, weaknesses and areas for improvement across 10 indicators, with the view to developing a quality improvement action plan.

Seven of our commissioned primary health providers were selected to test and implement the tool in the 6 months between June and December 2021, ahead of further refinement and expansion.

PAGE 61

Dr Jeannie Knapp has helped raise awareness of long COVID.

1 in 3
people who contract COVID-19 will experience ongoing symptoms

Understanding long COVID

It's been estimated that up to 1 in 3 people who contract COVID-19 will experience ongoing symptoms such as fatigue and respiratory issues for weeks and even months. This post-viral syndrome is known as 'long COVID'.

PAGE 62

We wanted to understand the needs of people with long COVID, and help to improve care and support of these patients.

In March 2021 our region had 60 per cent of total Victorian cases or 42 per cent of all cases nationally. We convened and coordinated a regional long COVID working group to drive a collaborative and best-practice approach to care for people after a COVID-19 diagnosis.

The working group included experts across primary care, community health and local hospital networks. Hearing from people in our region with experience of long COVID proved difficult, but through our good relationship with Djerriwarrh Health (a partner in the West Metro COVID-19 Positive Care Pathway) program, supporting COVID-19 patients through a 'Hospital in the Home' service), we were able to identify and interview 6 people who fit the criteria.

Experiences varied among the small sample. As well as ongoing symptoms (including 'brain fog', poor memory, chronic pain, fatigue and shortness of breath), participants endured social effects, such as stigmatisation or misunderstanding by family and employers. Some saw their problems as just 'part of COVID' and were not seeking medical help.

As one participant said: "I have tried to finish my studies, but I can't concentrate. I can't put things into words." Another participant, with particularly severe symptoms, reported: "The person I am today is nothing to what I was, in every sense."

The consultation, together with our working group's insights, helped to inform our next steps. We developed:

- a community awareness campaign to encourage people with long COVID symptoms to seek help (with advice on where to turn)
- a campaign to improve the understanding of health professionals.

We also maintained and refined our post-COVID and supporting pathways on HealthPathways Melbourne, our key clinical and local referral web-based resource for GPs and other primary health care professionals.

Dr Jeannie Knapp, a Richmond GP, appeared in one of our videos. "The best thing to do is to go and see your GP," she said, adding that doctors will work to check that it is genuinely long COVID, and not something else. GPs can then "link people in with the correct resources – allied health is a really useful resource ... to try to help them pace themselves and get back to their normal function."

More than translation: COVID-19 mental health

Health campaigns can overlook the needs of culturally and linguistically diverse groups – or put them in one basket. Translating information helps but is not enough. That's why we used our allocation of funding under the National Mental Health and Wellbeing Pandemic Response Plan to put communities in the driver's seat to create COVID-19 mental health resources.

We funded 2 organisations we often work with – MyCentre Multicultural Youth Centre and the Centre for Culture, Ethnicity & Health (CEH) – to work with communities and us to produce mental health videos and other resources.

In a short timeframe, we used shared data and knowledge to identify the most appropriate language groups to target across both PHNs (Eastern Melbourne PHN had asked to join our project as they valued the approach). Among them were Dinka speakers from the South Sudanese community, which had suffered a recent spike in suicides.

MyCentre and CEH then engaged volunteers from these language groups in workshops.

MyCentre produced videos, posters and printed materials in Arabic, Turkish, Somali and Urdu while NWMPHN, working with the Jasper Picture Company, produced videos in Vietnamese, Cantonese, Mandarin, Hindi and Dinka.

The resources went beyond mere translation of mainstream messages. They were written to address specific cultural concerns, stigmatisation, misconceptions and gaps in understanding.

"If it's about us, without us, it's not for us."

Workshop participant

"One of the key principles of Islam is to safeguard the wellbeing of individuals and communities. This includes mental health," reads a poster in Arabic, Turkish, Somali and Urdu, for example.

Bibha Sharma, a practice nurse in Coburg North, has been sharing the material in Hindi and other languages with patients at her practice. "I am very grateful to be part of these videos ... The smiles on our patients' faces when they learn something new, or when they nod their heads as important messages resonate – it's something so simple, but so valuable."

Abdi Farah, a MyCentre volunteer who was instrumental in managing the Arabic, Turkish, Somali and Urdu resources, said its impact has already been felt, and will extend beyond the videos and posters.

"What we're seeing is an increasing number of people calling MyCentre for mental health support, including one who wanted to know whether it was acceptable in our religion to commit suicide," Mr Farah said. "We are able to link people with doctors – and the doctor who appeared in some of the videos has told us he's had an increased number of mental health care plan referrals."

Abdi Farah, MyCentre volunteer, has been creating and sharing resources and helping local communities.

Photo: Leigh Henningham

Bibha Sharma speaks to the Hindi Community about why she is vaccinated. Photo:Matt Jasper

Mr Farah said the partnerships the PHN had helped them develop, including with local doctors and other similar groups, were also invaluable. "It's created a community conversation within the Muslim community ... There is a lot of goodwill, especially in the Muslim leadership, and people are very keen to take action, because they can see there's a real need."

Piergiorgio Moro at CEH agrees the project's impact will continue as we look to reach more communities – and sub-communities – effectively. "The outcome from this project has been very good – and the take-home message is that flexibility and community partnerships are key," he said.

"Our partnership with the PHN was so valuable because we had our community knowledge, and trust ... They supported us and guided us through the validation of the information, so it was evidence-based and accurate."

Abdi Farah, MyCentre volunteer

nwmphn.org.au/covid-19-mental-health-videos

Dardi Munwurro podcasts and videos

During 2020–21, we commissioned Dardi Munwurro, which works with Aboriginal men on family violence and intergenerational trauma, to create broader mental health resources.

Tapping into its strong connections, the group consulted with Aboriginal communities across Victoria, then produced a series of videos to encourage help-seeking, as well as a series of podcasts that examine the use of telehealth by the community.

"We had found since the start of the lockdowns that there were a lot of men, and families, in the community really struggling," said Dardi Munwurro's Jay Estorninho.

"Working with the PHN was really positive, and really constructive … The community consultations were time-consuming, and we had to dig deep during lockdowns, but they were also the most rewarding part … We spoke to a lot of people in the community about what they would like to see in these products and messages, and if they'd like to contribute to the [video] scripts, or questions to the podcasts."

The resources capture a diverse range of voices and compelling stories from Aboriginal youth, LGBTIQ+ people, parents, elders and health professionals.

Uncle Bootsie Thorpe, a Gunnai man, tells the camera: "If you're feeling down and disconnected from culture, don't be ashamed to ask for help. Your shame will keep you down. We're here to support you in a culturally respectful way. Reach out to an elder, just like we used to as young fellas. It's our way, our culture and your choice."

Lillian Arnold-Rendell, a young Dharug and Kamilaroi woman, appeals to her generation: "It's OK to rest, have a Netflix marathon or eat those donuts … Above all else, though, reach out to your family, your mob, to your community … Mental, emotional, spiritual health isn't something we have to manage alone."

The videos were distributed widely across Dardi Munwurro's extensive network, receiving excellent feedback. Meanwhile, the podcasts heard valuable insights about ways to better engage Aboriginal people in telehealth.

Lillian Arnold-Rendell speaks to her peers about reaching out to your mob for support. Photo: Dardi Munwurro video

This was important because the pandemic meant that face-to-face appointments were often not available, or people were reluctant to leave home to see their doctor or other health care provider. Telehealth became critical to helping people keep in touch.

On one podcast, Cecily Nelson, a Yorta Yorta and Yuin elder, describes how she has grown to love telehealth – as long as it's via phone and not video. She elaborates on how the idea of videoconferencing, and people seeing into her home, triggers memories of official visits, in which an untidy house could be a premise for taking children from parents.

"Although we've got a different way of living now, the thought's still there. I look around and I've got to make sure things are tidy. I don't know what the feeling is … Those thoughts are always in my mind."

nwmphn.org.au/dardi-munwurro-videos

Uncle Bootsie Thorpe with a message from the heart about asking for help. Photo: Dardi Munwurro video

Organisational excellence and impact

PAGE
66

Belinda Tominc, nurse and Clinical Council member.
Photo: Leigh Henningham

The work outlined in this report would be impossible without NWMPHN's talented and passionate staff and without the support of our governing and advisory groups. As an organisation, we strive to ensure there are systems and processes in place to support and enable our staff to work effectively and to the highest standards. This is made possible by strong, imaginative, ethical and compassionate leadership. This section highlights some of the key improvements that we undertook internally to help us achieve our vision of 'A healthy community, a healthy system'.

As a not-for-profit organisation we are always mindful that our funding, largely from government, is public money. This means that we:

- aim to meet the highest standards of governance and probity in how we allocate funds
- that the programs and services we commission create the best possible health outcomes and are value-for-money.

Our governance structures include multiple layers of oversight and input, beginning with the targets and reporting requirements established by the Australian Government, our main funder. These are built into our Strategic Framework 2021–2024 strategic objectives and our annual work plans.

Our progress is overseen by our Board of Directors and guided by several key groups including our Clinical and Community Councils and our Expert Advisory Groups.

Strategic Framework 2021–2024

Vision
A healthy community, a healthy system

Mission
Better care, every day in every way

Values
Equity
Respect
Collaboration
Innovation

Strategic Objectives

Transform primary health care
Support the delivery of high-quality, integrated and person-centred primary health care services in the north western Melbourne region

Evidence-based commissioning
Undertake strategic, evidence-based and targeted commissioning for priority populations that improves health outcomes, delivers high-quality, equitable and accessible care, that demonstrates value

Activate community and partnerships
Contribute to the development of an interconnected health care system in the north western Melbourne region through our community and stakeholder engagement, research activities and partnerships

Organisational excellence and impact
Strive for excellence in our organisational capability and culture to deliver impact

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 our vision of ensuring that the health care needs of our communities are met. Our stable and experienced board of 8 members, led by Chair Dr Ines Rio, shares years of expertise in health practice and management, public administration, finance, and community services, and includes 2 practising general practitioners and one Member of the Order of Australia. Our board has actively supported and guided all of our work especially our pandemic response and advocacy for critical improvements to the health system.

During 2020–21, we revised our Strategic Framework, which provides clear direction to our organisation across our 4 strategic objectives over the next 3 years. Under the leadership of the Board, we have also developed 4 Capability Frameworks across: Alcohol and Other Drugs (AOD); Mental Health; Older Adults; and Primary Care.

The capability frameworks, known to us as strategic staircases, describe our vision for each of the focus areas and outline the activities required to achieve the vision. The capability frameworks are a critical part of the overall NWMPHN strategic planning process and are supported by detailed implementation plans and environmental impact and risk analysis.

Melbourne Primary Care Network Board members, 2020–2021

PAGE 68

Dr Ines Rio
Chair

Ms Nancy Hogan
Deputy Chair

Mr Robert Gerrand
Director

Dr Catherine Hutton
Director

Mr Paul Montgomery
Director

Dr Kathy Alexander
Director

Mr Damian Ferrie
Director

Ms Genevieve Overell AM
Director

Figure 2: Four Capability Frameworks or 'Strategic Staircases'

Alcohol and Other Drugs (AOD) Our vision is a system that is responsive to the individual, in their context, and provides integrated, effective, evidence-based treatment.	**Mental Health** Our vision is a responsive, person-centred system of care that is easy to access, integrated and effective.
Older Adults Our vision is for a high-quality, safe and coordinated health system for older adults that is informed by evidence and supports them to live their best lives.	**Primary Care** Our vision is to advocate for and enable a primary care system that is consumer-centred, comprehensive, coordinated, accessible, high-quality and safe.

Clinical Council

The Clinical Council plays an essential role in helping to guide NWMPHN's work and ensure our efforts to strengthen primary health care and connect services across the health care system are successful.

Established in September 2015, the Council consists of 14 representatives across primary and acute health services whose focus is to provide advice and support to NWMPHN to better meet the needs of our communities.

Dr Ines Rio, Chair of the Clinical Council and the MPCN Board, said members are appointed for their individual skills, expertise in clinical engagement and experience in driving reforms in primary health care.

"The wide variety of clinicians who have deep insights into the health challenges of their communities and what the system barriers and enablers are to providing the best care guide the work of our organisation and remind us why we are here," she said.

Belinda Tominc, a nurse working in north western Melbourne, joined the Clinical Council in 2020 because she wanted to provide her perspective on health systems and policies.

"The Clinical Council allows me to collaborate with a broad range of clinicians working within north western Melbourne and offer my own insights and knowledge," she said.

"I am passionate about improving health access and outcomes for all people in my community, particularly people experiencing homelessness and other forms of marginalisation.

"By listening and providing feedback to policy and project managers at NWMPHN, I am able to advocate for people working within the community. Seeing outcomes take effect in practice is very satisfying."

Belinda Tominc, Clinical Council member

Nurse Belinda Tominc is a member of NWMPHN's Clinical Council to improve health access and outcomes for the community. Photo: Leigh Henningham

During the year, the Clinical Council provided valuable insight and knowledge about what it was like for health care providers at the frontline of the pandemic and their experiences in responding to the outbreak. This, in turn, helped us to more effectively work out where best to direct support.

The Clinical Council also helped inform the development of NWMPHN's Access and Equity Framework and to develop the critical Health Needs Assessment, currently under way to understand the needs of our community and where there are gaps.

In an annual survey conducted in late 2020, results showed that Clinical Council members feel satisfied that they are providing a crucial role in ensuring the organisation understands the needs of clinicians and the health care system.

The Council meets 4 times a year to respond to issues, provide clinical insight and direction, and discuss health practitioner engagement to support our objectives. It also provides advice and support between meetings to ensure we are kept abreast of emerging priorities at the frontline and to ensure our activities are informed by the realities faced by clinicians and the community across the region throughout the year.

Clinical Council members to 30 June 2021

- **Dr Ines Rio** – Chair; also Chair, MPCN Board
- **Elizabeth Barson** – Senior Clinical Psychologist, Team Leader Clinical and Health Psychology, the Royal Melbourne Hospital
- **A/Prof Yvonne Bonomo** – Director of Addiction Medicine, St Vincent's Hospital Melbourne
- **Professor John Catford** – Emeritus Professor, Chair in Health Development, Deakin University
- **Maureen Convey** – Maternal Child Health Nurse, Maribyrnong Council
- **Dr Jon Cook** – Specialist, Head of Unit, Addiction Medicine Western Health
- **Dr Heather Dowd** – GP, cohealth
- **Kaye Frankcom** – Independent clinical and counselling psychologist
- **Jenny Hunt** – Clinical Director, Victorian Aboriginal Health Service
- **Tung Le** – General Manager of Service Delivery, Australian Primary Mental Health Alliance
- **Angelo Pricolo** – Pharmacist, Brunswick Advantage Pharmacy
- **Mark Round** – Physiotherapist and Managing Director of Symmetry Physiotherapy
- **Matthew Stewart** – Registered Nurse, Hillcrest Health Centre
- **Belinda Tominc** – Registered Nurse, Royal Children's Hospital and North Melbourne Family Medical Centre
- **Dr Raymond Wen** – GP, East Brunswick Medical Centre; NWMPHN General Practice Expert Advisory Group

Community Council

Working with our community is a crucial part of our efforts to strengthen primary health care and connect services across the system. One of the most important ways we collaborate with community leaders is through our Community Council.

The Council's 11 members reflect different voices in our region and play an integral role in directing our work and promoting the role of community participation.

The Council provides insight and direction on the unique needs of the region, and principles and mechanisms for engaging consumers, carers and local communities.

Its community members are appointed for their individual skills, particularly for guiding NWMPHN's engagement, and experience of using health services.

Nancy Hogan, who has chaired the Community Council since its establishment in 2015 and is also a member of the Melbourne Primary Care Network (MPCN) Board, said the Council has played a critical role in helping NWMPHN to better understand how to engage the community in its work.

"Community Council members bring an enormous amount of experience and energy, which then directly impacts how NWMPHN designs, monitors, and evaluates its programs, ensuring these are innovative, evidence-based and capable of making substantive changes to service delivery," she said.

The Council acts as a focal point for regional community engagement and advocacy to support NWMPHN's objectives and work across the commissioning cycle.

Over the past year, with the COVID-19 pandemic at the forefront of a lot of the work we were doing, the Community Council was able to provide a sense of how the pandemic affected communities, and which particular communities might need additional support.

Through hearing about what was happening 'on the ground', we were able to better direct our responses to the pandemic to meet the needs of those most at risk.

In an annual survey conducted in late 2020, results showed that the members of the Community Council felt satisfied knowing their input helped to ensure NWMPHN's insight into the needs of the community, and how to meet them.

Community Council members to 30 June 2021

- **Nancy Hogan** – Chair; Depty Chair, MPCN Board
- **A/Prof Helen Dickinson** – Professor, UNSW Canberra
- **Marc Florio** – Independent consumer
- **Chris Gibbs** – Independent consumer
- **Craig Holloway** – Manager and Community Leader, VACCHO
- **Joanne Kenny** – NWMPHN resident and Operations Manager, Austin Health
- **Maryanne Tadic** – General Manager, Healthy Community, Merri Health
- **Danny Vadasz** – CEO, Health Issues Centre
- **Frankie Freeman** – Victorian Mental Illness Awareness Council

Welcome to new members who joined August 2021

- **Andrea Calleja** – Social Planning Officer, Melton City Council
- **Kinda Haroun** – advocate for multicultural communities including Assyrian and Arabic
- **Dr Amrooha Hussain** – local GP; Board Member, Muslim Health Professionals Australia
- **Bernice Murphy** – Manager, Centre for Cultural Ethnicity and Health (CEH)

Ms Nancy Hogan, chair of the Community Council.

Expert Advisory Groups

Three expert advisory groups (EAGs) provide subject matter expertise, advice and guidance for our work in key priority areas. They support our operational model and service design, and are focused on safety, quality, and integration.

The General Practice Expert Advisory Group (GPEAG) 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.

The Alcohol and Other Drugs Expert Advisory Group and the Mental Health Expert Advisory Group include members from a range of aligned organisations and health providers. These EAGs support and advise NWMPHN on service planning opportunities, approaches to the commissioning of alcohol and other drugs (AOD) and mental health services, and also to support community and practitioner engagement and advocacy.

Expert Advisory Group members to 30 June 2021

Alcohol and Other Drugs

- **A/Prof Yvonne Bonomo** – Director of Addiction Medicine, St Vincent's Hospital Melbourne
- **Sam Biondo** – Executive Officer, Victorian Alcohol and Drug Association
- **Sione Crawford** – Chief Executive Officer, Harm Reduction Victoria
- **Dr John Furler** – General Practitioner, North Richmond Community Health
- **Rose McCrohan** – AOD and Mental Health Nurse Practitioner, Nurse Practitioner Collaborative
- **Stefanie Johnston** – General Manager, Knowledge Development, Pharmaceutical Society of Australia
- **Dr Michael Aufgang** – Independent General Practitioner

Mental Health

- **Kaye Frankcom** – Independent clinical and counselling psychologist
- **Elliott Ainley** – Industry Liaison Officer, Australian Counselling Association
- **Greg Cantwell** – Chief Executive Officer, Peer Support Australia
- **Larissa Taylor** – Director of Policy, Mental Health Victoria
- **Samuel Hockey** – Mental Health Ambassador, National Mental Health Commission
- **Rachel Reilly** – Manager, Social Policy and Advocacy, Australian Association of Social Workers
- **A/Prof Genevieve Pepin** – Occupational Therapist, Occupational Therapy Australia
- **Marie Piu** – Chief Executive Officer, Tandem Carers
- **Frankie Freeman** – Victorian Mental Illness Awareness Council

General Practice

- **Dr Raymond Wen** – General Practitioner, East Brunswick Medical Centre
- **Natalie Simpson-Stewart** – Nurse, Summit Medical Group
- **Sally Cordina** – Practice Manager, North Richmond Community Health
- **Dr Gursel Alpay** – General Practitioner, Somerton Road Medical Centre
- **Matt Stewart** – Nurse, Hillcrest Health Centre
- **Karen Hoffman** – Practice Manager, North Coburg Medical Centre
- **Dr Simon Benson** – General Practitioner, Sunshine City Medical Centre
- **Danielle Siler** – Nurse, IPC Health (Deer Park)
- **Laura Paton** – Practice Manager, Hoppers Lane General Practice

Our people, our greatest asset

Our dedicated and hard-working staff have achieved much in 2020–21, despite life being upended by the COVID-19 pandemic.

Our staff have excelled, not only continuing with their day-to-day responsibilities working from home but putting in extra effort and many hours to help ensure that essential services remain open and COVID-safe. We have supported general practices, our commissioned service providers and other health services, including hospitals, throughout the pandemic to continue to offer the best health care possible for people in our region.

When the Victorian Government implemented the 'Stay Safe, Stay Home' initiative, we immediately worked out how best to ensure staff would still be able to carry out their important work from homes rather than from the office.

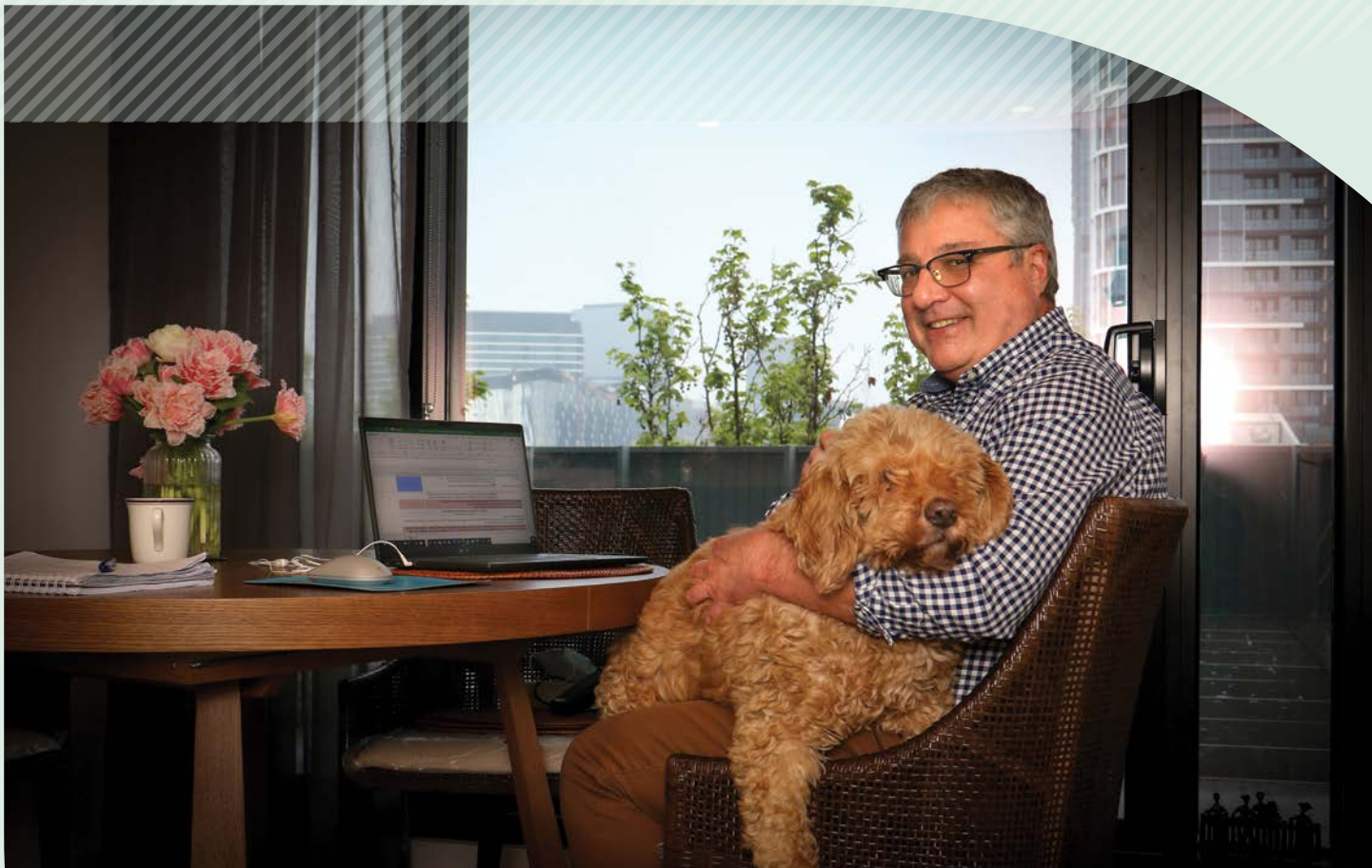
Our systems team created a COVID-19-Safe Plan for the office, reinforcing our mission to maintain a safe workplace. This included preparations and protocols for a plan if a positive case attended our workplace.

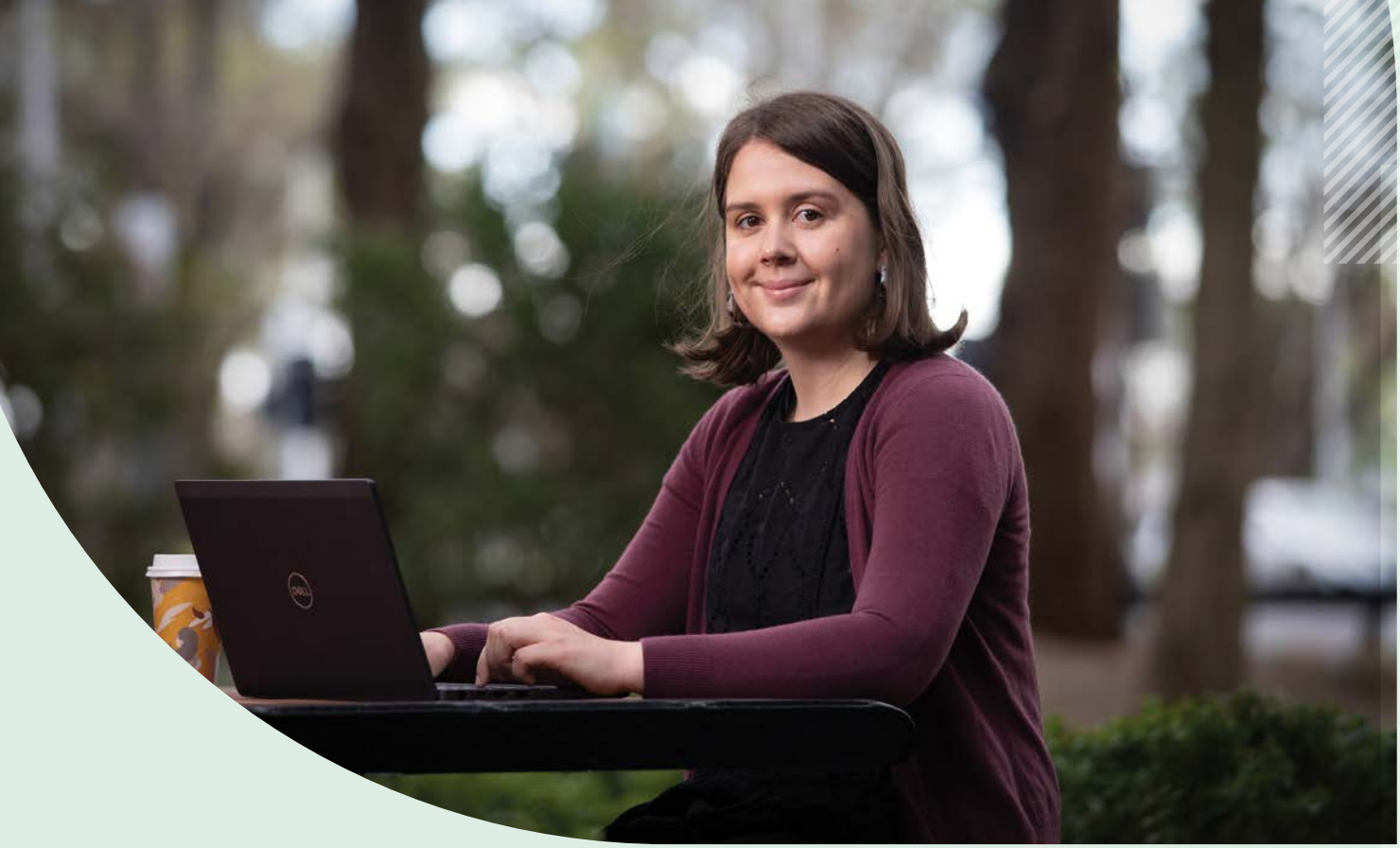
Our Information Communication and Technology (ICT) team ensured that all staff had the necessary equipment and systems to support remote working arrangements. And they have since reconfigured our telephone and video-conferencing systems to support hybrid working when we return to the office.

Our Human Resources (HR), Senior Leadership and Communications teams worked together to ensure staff were kept informed and supported. We communicated key information about restrictions regularly through all-staff updates from the CEO, virtual 'town hall' meetings and a staff COVID-19 intranet hub.

As restrictions eased in late 2020, the HR team created a formal working-from-home policy. The policy outlines NWMPHN's view that providing options to help staff achieve a good work-life balance is integral for productivity. It also supports the view that flexible work arrangements (such as working from home part of the time) could be a viable longer-term option for some staff members, provided they can still meet their role requirements and ensure NWMPHN's business imperatives are met.

Craig Walker, Executive Director, Systems. Enjoying the benefits of working from home. Photo: Leigh Henningham





Angie Gillis, as part of the Human Resources team at NWMPHN, working out of the office during the pandemic. Photo: Leigh Henningham

PAGE 74

HR Manager Andrea Hatcher said it had been very important over the past year to ensure staff were kept updated on what the latest government advice meant for our organisation and our work.

"We wanted to make sure everyone knew what the new rules were as soon as we found out ourselves, so that they could adapt their work processes with internal and external stakeholders," Ms Hatcher said.

"We were really pleased with the positive feedback from staff on our communications, which came through strongly in our staff engagement survey results this year. I think the pandemic highlighted to our staff the critical role our organisation plays in the community."

Fortuitously, we had implemented a new Learning Management System just before the pandemic hit, allowing staff to continue education and training via a virtual platform. Pandemic-related training modules were quickly created covering topics such as COVID-safe workplace protocols and ergonomic home office set-up. Group training sessions, usually conducted in person, successfully 'flipped' to online Team or Zoom formats, including Aboriginal Cultural Safety training and new-starter inductions.

With all meetings becoming mostly virtual in 2020, NWMPHN sought to find new ways to keep staff engaged and to reduce 'silos' within the organisation.

Our workplace culture working group, Culture Club, organised lunch time trivia games and virtual 'lunch-and-learns', 'murder mystery' nights and more.

Our regular health and wellbeing activities also went virtual, with online yoga and mindfulness sessions provided free for staff.

In the annual staff survey at the end of 2020–21, results showed that most employees enjoy working at NWMPHN, are highly satisfied with their jobs and are proud to work for the organisation. They also really valued the support of their managers over the past year.

Vale Melissa Knight

Melissa Knight was our former suicide prevention and intervention coordinator. Her work included our place-based suicide prevention trials in Melton, Brimbank and Macedon Ranges. Her passion, energy and innovative approach live on in our work and our community.

Reconciliation Action Plan

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

Innovate RAP 2021–23 continues our reconciliation journey. It builds on our achievements and lessons learnt to improve our engagement with and support of Aboriginal communities in our region.

"We look forward to strong, effective, empowering collaborations as we continue working to make reconciliation practices intrinsic to our organisation."

Christopher Carter, CEO North Western Melbourne Primary Health Network

As a Primary Health Network, we can create opportunities for equitable, accessible and culturally sensitive health care for Aboriginal and Torres Strait Islander peoples.

nwmphn.org.au/innovate-rap2021

Through our new Innovate RAP we plan to:

- continue building relationships and increase opportunities for Aboriginal and Torres Strait Islander peoples and communities to work with us. We value our connection with Aboriginal Community Controlled Organisations (ACCHOs) across the region including the Victorian Aboriginal Health Service (VAHS); Victorian Aboriginal Community Controlled Health Organisation (VACCHO); Victorian Aboriginal Child Care Agency (VACCA); Dardi Munwurro; and other Aboriginal-led networks
- provide more opportunities for our staff to better understand and appreciate Aboriginal and Torres Strait Islander peoples' cultures, histories and achievements through continuing education. Staff are also encouraged to celebrate culture and strength through National Reconciliation Week and NAIDOC Week
- refine our engagement framework to provide effective, appropriate and culturally sensitive principles to guide our work. This includes implementing an Aboriginal employment and retention plan; ensuring our procurement policies incorporate Aboriginal owned and led businesses and organisations; and providing more opportunities for ACCHOs to participate in commissioned activities.

Our RAP is championed by our CEO, Executive Team and Aboriginal Health Team. The RAP working group has 10 members.

PAGE 75

Artwork created for our RAP by Dixon Patten, Bayila Creative.

Internal quality improvement, auditing and accreditation

Quality improvement is a continuous and important part of our organisational management processes. It helps us more effectively and efficiently manage contracts, relationships and all other aspects of our work.

Internal, ongoing quality improvement reduces risks and supports us in 'living our values' as an organisation, ultimately improving the quality of care of people in our community.

ISO 9001 accreditation

NWMPHN has long held ISO 9001 accreditation, which is a certification of quality assurance. We are accredited 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".

We have been accredited for 6 years, demonstrating our ability to consistently provide quality services that meet customer and regulatory requirements.

We are externally audited each year, with a full certification audit conducted every 3 years. This is underpinned by a robust internal audit program and our Quality Management System.

Details drive change: internal quality improvement audits

To support our ISO certification and to drive quality improvement and better manage risk across our organisation, we have an internal audit program.

Audits are conducted by internal staff and external consultants. The 2020–21 program included 17 internal audits across key areas of the organisation. Highlights from the 2020–21 audit program include:

- **Procurement probity:** It is essential to achieve the best possible health outcomes for our community that our procurement adheres to strict standards of honesty, integrity and decency. A key part of this is building trust within our market that our procurement process upholds the highest standards of probity. Outcomes must be fair and transparent. To this end, we engaged a consultant to review a range of contracts. The audit demonstrated high standards of probity in procurement.
- **Primary Health Insights 'onboarding':** As the PHNs have matured, so has the need to increase the role of data analytics in how we operate. A key project that focuses on this need is the development of the National Primary Health Insights data storage and analytics platform. To join this platform, NWMPHN was required to demonstrate compliance to national data governance criteria: an audit showed we have high standards of data governance procedures and processes in place.
- **Audit framework:** Reviewing our internal audit program led us to create new templates, processes and tools to provide greater visibility and insight at all levels of the business.
- **Commissioning and contract management:** A key area for improvement identified by our 2020–21 audit program was contract risk management. New tools and training for staff managing contracts were developed and are to be piloted by key teams before being rolled out to the rest of the organisation. In 2021–22, key audits will review these areas and document the progress we make.

Quality Management System

Our Quality Management System (QMS) is integral to how we maintain and improve organisational excellence and impact. A quality management and improvement approach is embedded in all our work. An example is our Commissioning Framework.

nwmphn.org.au/commissioning

A key component of our QMS is its suite of online tools, templates, policies and procedures that supports every area of our work. In 2020–21, our document management has been significantly improved, including through enhanced control and tracking processes and increased use of metrics.

New policies and procedures have also been developed for areas including working-from-home, whistleblowing, work health and safety, and critical incident management.

Information and communications technology (ICT)

Technology is critical for any organisation. When pandemic restrictions hit, our ICT team was able to quickly support the entire organisation to work from home. Once restrictions lifted, the transition to a hybrid model of working (with some in the office, and some at home) was managed and supported through upgrading our telephone, videoconferencing and meeting-room technology.

This year, we have also made significant progress on our digital services roadmap. Highlights from 2020–21 include:

- **Security:** Multi-factor authentication has been enabled across the organisation and our firewalls upgraded to include intruder detection. We have also refreshed our ICT policies and procedures and enhanced our Cyber Security Framework.
- **Business systems:** We have upgraded our Customer Relationship Management system for improved functionality and interoperability with all our business systems. We now have the capability to centralise our data dashboards and reports, and we are working towards enabling secure access to these for relevant stakeholders outside of the organisation.
- **ICT asset management:** We have commenced ICT asset management and asset life-cycling for improved forecasting and budgeting.

Lee Patrick, ITC Manager, working from his home office to ensure we are all connected.

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 2020–21. These statements should be read in conjunction with the full report's 'Notes to the Financial Statements'.

https://nwmphn.org.au/financial-report2021

Statement of financial position

As at 30 June 2021

PAGE
78

Assets	Notes	2021 ($)	2020 ($)
Current Assets			
Cash and Cash Equivalents	(4)	3,345,033	4,119,370
Trade and Other Receivables	(5)	1,186,999	830,422
Investments – Term Deposit	(6)	39,053,197	26,257,999
Investments at Fair Value	(6)	5,215,778	4,452,439
Other Assets	(7)	128,131	124,231
Total Current Assets		**48,929,138**	**35,784,461**
Non-Current Assets			
Property, Plant & Equipment	(8)	321,437	482,979
Right-of-Use Assets	(8)	1,262,009	1,720,921
Other Assets	(7)	281,646	281,646
Total Non Current Assets		**1,865,092**	**2,485,546**
Total Assets		**50,794,230**	**38,270,007**

The attached notes form part of these financial statements.

Statement of financial position

As at 30 June 2021

Liabilities	Notes	2021 ($)	2020 ($)
Current Liabilities			
Trade and Other Payables	(9)	7,992,085	6,817,241
Other Liabilities	(10)	32,313,930	21,292,949
Provisions	(11)	2,623,302	2,576,019
Employee Benefits	(12)	967,226	913,695
Lease Liability	(13)	462,084	418,499
Total Current Liabilities		**44,358,627**	**32,018,403**
Non-Current Liabilities			
Lease Liability	(13)	921,295	1,383,379
Employee Benefits	(12)	171,492	108,354
Total Non-Current Liabilities		**1,092,787**	**1,491,733**
Total Liabilities		**45,451,414**	**33,510,136**
Net Assets		**5,342,816**	**4,759,871**
Equity			
Reserves	(14)	274,720	(11,268)
Retained Earnings		4,771,139	4,460,835
Current Year Surplus/(Deficit)		296,957	310,304
Total Equity		**5,342,816**	**4,759,871**

The attached notes form part of these financial statements.

Statement of profit or loss and other comprehensive income

For the year ended 30 June 2021

	Notes	2021 ($)	2020 ($)
Revenue From Operating Activities			
Grants	(3a)	57,741,276	58,329,472
Provision of Services	(3a)	268,879	601,575
Investment Income	(3a)	148,936	46,502
Other Income	(3b)	173,812	190,442
Total Operating Revenue		**58,332,903**	**59,167,991**
Expenses From Operating Activities			
Program Expenses	(3c)	54,928,162	55,987,939
Depreciation	(3c)	735,103	625,481
Impairment of Goodwill	(3c)	5,000	5,000
Accountability and Administration Expense		1,950,612	1,836,129
Other Expense		330,792	296,117
Finance Costs	(3c)	86,277	107,405
Total Operating Expenses		**58,035,946**	**58,858,071**
Surplus Before Non-operating Items		**296,957**	**309,920**
Non-Operating Activities			
Net Gain/(Loss) On Sale Of Fixed Assets		–	384
Surplus From Non-operating Activities		**–**	**384**
Surplus Before Income Tax		296,957	310,304
Income Tax Expense	(1c)	–	–
Surplus After Income Tax		**296,957**	**310,304**
Net Other Comprehensive Income for the Year, Net of Tax	(14)	285,988	(11,268)
Total Comprehensive Income Attributable to Members of the Entity		**582,945**	**299,036**

The attached notes form part of these financial statements.

Back cover: The ASPIRE program supports early childhood development in Roxburgh Park.
Photo: courtesy of Good Samaritan Catholic Primary School.

phn
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MELBOURNE

An Australian Government Initiative

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