Annual report 2021–2022

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 2021–2022 included:

- Aboriginal and Torres Strait Islander health services
- community health organisations
- community and social service organisations
- councils and other local governments
- the 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 homes
- specialist research and medical groups
- universities.

Disclaimer

Cover: Utopia Refugee and Asylum Seeker Health team, from left to right: Peita Pittella, Practice Manager; Dr Lester Mascarenhas, founder and GP; Juliette Moe, Practice Nurse.

Photo: Leigh Henningham

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Contents

From our Chair

It's been another difficult year. Thankfully though, the return to a somewhat more normal and predictable life and environment is underway. Lockdowns are behind us. We are back seeing our family and friends, travelling, visiting loved ones at residential aged care homes and hospitals, and seeing our colleagues, patients and clients face to face.

However, the significant societal and health care challenges of the past two years have changed 'normal' to a 'new normal', which we need to factor in as an organisation, a sector and a community.

Emergency departments and ambulance services are under extreme pressure. There are lengthy delays for access to hospital specialist outpatient and surgical services. This places further pressure on a depleted general practice and primary care workforce.

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Added to this, during the pandemic many people delayed and deferred their usual and preventative care. Modelling suggests more than 7,500 missed cancer diagnoses in Victoria. This will be mirrored in other areas, including heart and vascular disease, dementia, diabetes, eye disease, musculoskeletal disease, and mental health. The list goes on.

Over the next few years, this tsunami of disease progression will exacerbate the problems of timely, equitable and sustainable access to the quality care people need. Combined with workforce shortages across all health care sectors, worsened by accumulative COVID-19 needs, isolation and burn-out, this represents a massive challenge.

But with necessity the mother of invention, there are glimpses of optimism. Telehealth consultations have become embedded as an additional tool for patient consultations, improving access and convenience. The COVID-Positive Pathway model, designed in part by NWMPHN (page 49), placed GPs at the centre of the pandemic care team.

The model delivered a whole-of-person approach across medical assessment and management, prevention and social support. This innovation freed hospital capacity, but even more importantly, it provided patients and families with better care and support in the community. It developed partnerships and care pathways between hospitals and general practice, and between general practice and social supports. It also demonstrated to government the critical role, capacity and effectiveness of primary health care.

Only by substantially investing in and strengthening primary care can the system deliver improved health outcomes, equity, cost-effectiveness, patient and community satisfaction, and provider sustainability. The long-overdue recognition that this should be a priority is leading to welcome signs of increased state and federal cooperation. We are seeing this in service planning and funding in aged care and vaccine provision.

Both levels of government have accepted the need to fund GP-led respiratory clinics – a critical adjunct to general practice during the pandemic. We are very pleased that NWMPHN was chosen by the Victorian Government to oversee metro-wide the commissioning of its version of this project and for the upcoming priority primary care centres ('urgent care centres') in our region (page 18).

I am also greatly encouraged by the commitment of the Australian Government to strengthening Medicare. NWMPHN is part of multi-level discussions, advocacy and planning about how to better build and strengthen the general practice and primary care sector, including the implementation of ***Australia's Primary Health Care 10 Year Plan 2022–2032***, to deliver improved health for the community.

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

Examples of proposals currently under discussion include:

- pooled funding models across primary care and hospitals
- actionable relevant data for general practice to enable quality improvement
- transparency of waiting times to access care at hospitals
- single-point access to hospital specialist outpatient services
- secondary support models for general practice and primary care where hospital specialists provide timely advice to health practitioners about individual patients
- employment models that encourage young doctors and nurses to move into general practice.

In the mental health sector, however, the situation remains problematic. Despite the findings of the Royal Commission into Victoria's Mental Health System, system fragmentation persists, with few tangible moves towards integrated and comprehensive reform. NWMPHN will continue to raise these issues and advocate for change in this critically important area.

The challenges we face from the pandemic exacerbating pre-existing issues such as chronic disease and mental health on the background of a siloed health care sector do not have easy, simple or quick solutions. NWMPHN is committed to working closely with providers, organisations, communities and governments to design and implement the reforms and support needed to enable a well-functioning, strong and high-quality general practice and primary care sector, focused on the needs of people, particularly those who are at risk, disadvantaged or marginalised.

This year, after a decade, Nancy Hogan, a founding Board member of NWMPHN and Deputy Chair resigned. NWMPHN owes a great debt to Nancy's commitment and vision, which was pivotal to the organisation's successes. We extend our deep-felt thanks and best wishes to Nancy. We also welcome 3 new Board members: Abiola Akinbiyi, Chien Ho and Nancy Huang.

Every day I am deeply impressed by the knowledge, enthusiasm and commitment that collectively propel us to achieve optimal service and health care outcomes for our patients, clients, carers, families and communities. My deep and sincere thanks to all who have worked within, with or advised NWMPHN over the past year.

Dr Ines Rio
Chair
North Western Melbourne
Primary Health Network

From our CEO

In a fluid, dynamic and diverse region such as north, west and central Melbourne there will always be new social challenges and new health concerns to be met and managed.

This financial year has provided ample evidence of this contention. It is wishful thinking to characterise the COVID-19 pandemic as last year's news. The emergence of the Omicron variant (and its subvariants), combined with the challenges of rolling out boosters – including the changing guidelines around eligibility for the fourth – mean that the pandemic is not so much a challenge met as a constant stream of new challenges, all demanding fresh responses.

As I write this, coronavirus is not the only respiratory virus in play across Melbourne's inner, northern and western suburbs – the vast area that comprises North Western Melbourne Primary Health Network's catchment. After a couple of relatively quiet years, influenza has come roaring back, along with resurgent RSV and a host of other seasonal bugs that range in effect from mildly annoying to seriously debilitating.

The emergence this year of Japanese encephalitis and monkeypox are perfect examples of the notion that even the most assiduous epidemiological forecasting cannot encompass all possibilities.

Some forecasts, however, are possible. As we enter the second half of 2022, and look beyond, there are several that are causing concern across the primary and tertiary health care sectors. Both are, in one way or another, due to the pandemic, but their effects will extend well beyond the acute infection period.

The first is the snowballing impact of deferred care. Since 2020, because of understandable concerns regarding the need to minimise COVID-19 infection risk, many thousands of people have delayed seeing a GP or specialist, whether for specific symptomatic concerns, or routine screening.

For a proportion of these cases, the delay means diseases have advanced more than they otherwise have done if detected early – and these delays are now starting to impact the patients and the medical staff treating them. Even the quotidian matter of catching up on routine tests and scans is threatening to put further pressure on an already stretched sector.

The second issue is the emergence and accretion of long COVID – a syndrome that is an increasingly common syndrome among people who have passed the acute stage of the disease, and which affects multiple systems for as-yet indeterminate periods.

Long COVID symptoms range from aches and pains to cognitive deficits, and a suite of symptoms that mimic those of chronic fatigue syndrome. It is clear that over the next 12 months at least, demand for treatment of this still poorly defined syndrome is going to grow considerably.

These are clearly hefty challenges that call for a national response to strengthen and support primary health care workers, who are fatigued and, in some cases, fed up with inadequate funding.

Many feel unseen, especially given the persistence of headlines that focus on hospitals. It is true, of course, that the tertiary sector is facing unprecedented challenges – but it is equally true that these challenges would be substantially ameliorated by better support for primary care. Every dollar invested in primary health care means better health outcomes for our communities, reducing the trauma and expense of hospitalisations and tertiary care.

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

NWMPHN is united with the nation's 30 other Primary Health Networks, the Consumers Health Forum, the Australian Medical Association, the Royal Australian College of General Practitioners, Australian Association of Practice Nurses and other key peak bodies to work with the new Australian Government to finally address the crisis, including issues ranging from chronic illnesses to workforce problems and gaps in affordability and accessible care.

In the meantime, however, I pay tribute to the thousands of primary health care professionals in our region, who continue to provide care to the almost 2 million people who live here. As our latest ***Health Needs Assessment*** (page 30) reveals, our population is gloriously diverse but includes a significant proportion of people impacted by multiple forms of marginalisation. Their insights play an increasing role in helping us design and deliver better services and I thank them for their patience and trust.

Communication and collaboration lie at the heart of NWMPHN's actions, and we are particularly indebted to the voices of the primary care sector and the community who provide advice and feedback through our various expert advisory groups, and our councils (page 70).

Finally, of course, I thank all the team at NWMPHN, who have produced outstanding work and results for our communities – variously in the office and from home – throughout another challenging year.

Christopher Carter
Chief Executive Officer
North Western Melbourne Primary Health Network

Our region

Our population

1.9 million+ residents

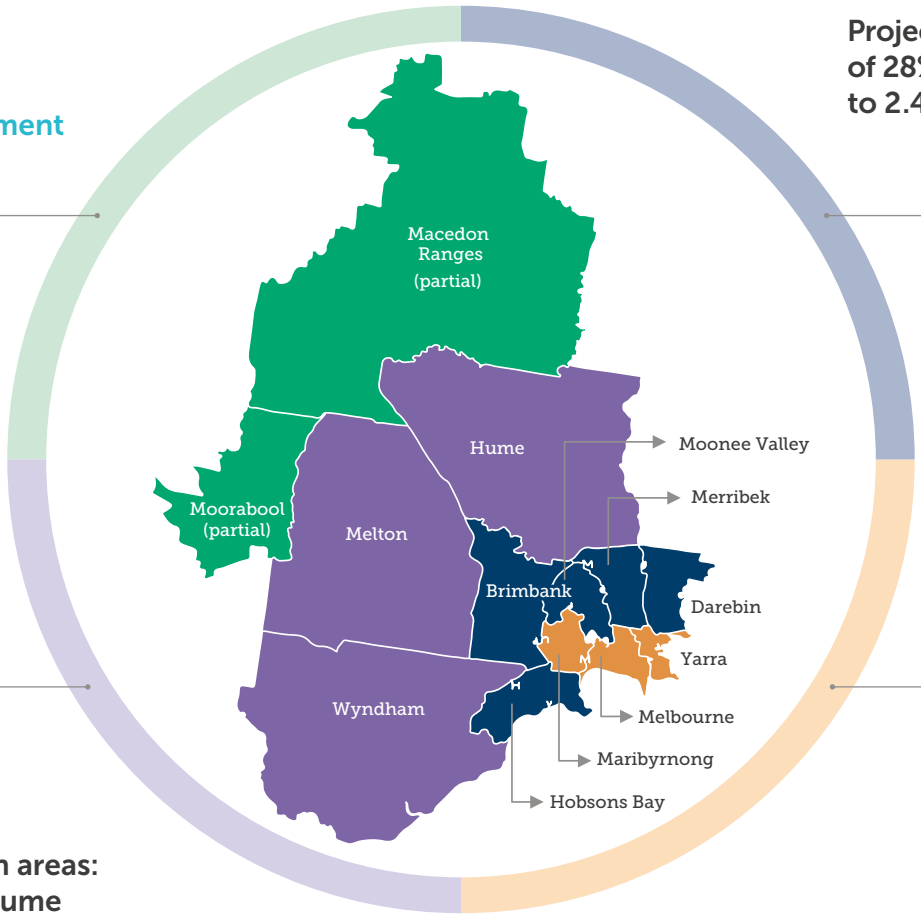
29% of Victoria's population live in our region

Projected growth of 28% by 2030, to 2.4 million

3,212
square kilometres

171
suburbs

13
local government areas



3%
live in peri-urban areas

41%
live in suburban areas

36%
live in growth areas: Wyndham, Hume and Melton

20%
live in inner-city areas

PHIDU 2021a

Priority populations

714,800+ born overseas and 220 languages spoken

30,500+ permanent migrants on humanitarian programs

12,300+ Aboriginal and Torres Strait Islander people

123,000+ LGBTIQ+ residents (Victorian Population Health Survey 2017)

216,300+ older people (over 65 years)

631,600+ children and young people (to 24 years)

9000+ people were experiencing homelessness

81,000+ people with a profound or severe disability

PHIDU 2021a; VAHI 2019

Index of Relative Socio-economic Disadvantage (IRSD) score

The IRSD is a general socioeconomic index that summarises a range of information about the economic and social conditions of people and households in an area. A lower score indicates relatively greater disadvantage in general.

- NWMPHN: 994
- Victoria: 1010
- Australia: 1000

Liveability Index

The liveability Index combines 6 domains associated with health and wellbeing outcomes including social infrastructure, walkability, public transport, public open space, housing affordability and local employment.

6 LGAs in growth and peri-urban areas rated below average.

Our health services

22
mental health inpatient service providers

1327
mental health outpatient service providers

375
pharmacies

3
super clinics

561
general practice clinics

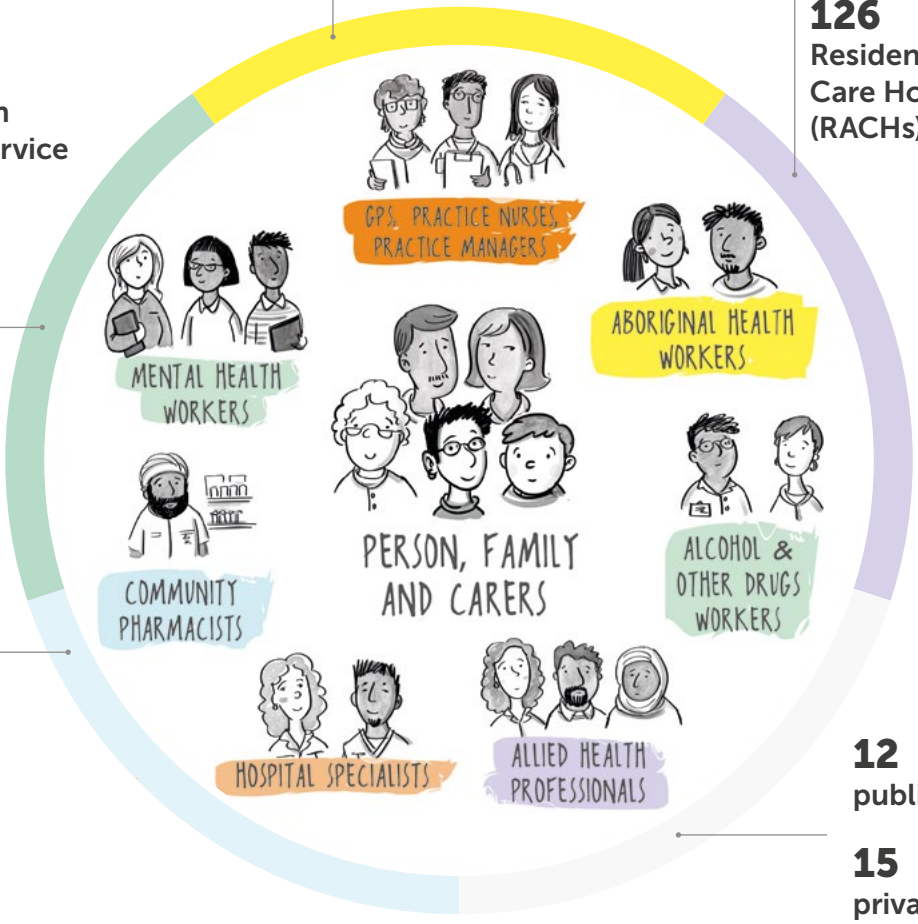
1437+
allied health services

11
community health centres

126
Residential Aged Care Homes (RACHs)

12
public hospitals

15
private overnight hospitals



NWMPHN's *Health Needs Assessment*

In 2021, NWMPHN published the ***Health Needs Assessment*** (HNA) (page 30). The HNA informs the types of programs and services NWMPHN commissions for our region. The HNA market engagement provided insight to the needs of our health providers and our residents. In particular, providers highlighted a range of demand and supply pressures and broader system challenges that continue to impact population health and the ability of the market to meet growing health needs.

Challenges

The most significant challenges facing organisations include:

- increasing complexity of consumer need
- increasing demand for services
- COVID-19 response and recovery
- funding uncertainty.

Barriers

Providers identified that clients faced a range of barriers to care. These fit broadly into 4 categories:

- Waiting times
- Travel distance
- Cost of services
- Navigation of the service system.

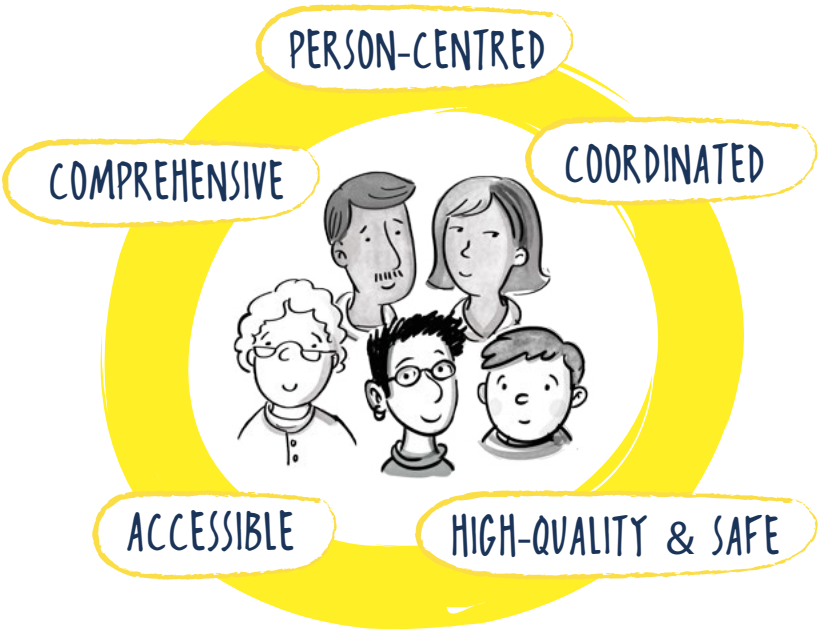
Transforming primary care

North Western Melbourne Primary Health Network (NWMPHN) aims to help people stay well by supporting providers to deliver better, more accessible primary care in Melbourne's north, west and inner-city areas.

To do this, we are working with general practices and other providers to achieve our vision of a primary care system that is:

- person-centred
- comprehensive
- coordinated
- accessible
- high-quality and safe.

We acknowledge that structural changes to the Australian health care system must be made to help achieve this vision. We are committed to helping make these changes a reality.



General practices:

561
general practices in our region

2,100+
full-time GPs

(DoH, 2021f)

Melinda Bucsko, Registered Nurse, with a patient at Sunshine City GP Respiratory Clinic (left).

Dr Lester Mascarenhas with a patient at Utopia Refugee and Asylum Seeker Health (right).

Photos: Leigh Henningham

Our role

NWMPHN's role in transforming primary health care can be described by a framework known as the 5Cs: Capability-builder, Commissioner, Champion, Communicator and Coordinator.

Because the health system is complicated and our community's needs are diverse, the role we play flexes in response to prevailing and forecast conditions.

"Thank you so much for all your help and support during this beautiful project. We have been able to achieve so much for our clinic and are so happy that all of this went so well – couldn't have done it without you."

Practice Nurse Shafina Ali at IPC Health, speaking about the family violence QI project

Capability-builder

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We support primary care providers to deliver the best care they can by providing timely and relevant education and training, tools and other resources. We promote primary care as a rewarding career path. Our engagement with primary health care professionals is focused on quality improvement (QI). Examples of this work include our data-driven QI cancer screening (page 26), our Strengthening Care for Children project (page 21) and our Family Violence Primary Care Pathways to Safety project (page 23).

This year, we organised webinars responding to emerging issues such as COVID-19 vaccination and antiviral treatment (page 14), established communities of practice on mental health for children and adolescents, and on family violence (page 25), and expanded our S100 prescriber training in response to continued spikes in sexually transmitted infections (page 62).

We also continued to refine and develop HealthPathways Melbourne (page 40).

Data-driven improvement

- 416 practices sharing de-identified data with NWMPHN (75%)
- 402 practices participating in Practice Incentive Program Quality Improvement (PIP QI) (72%)
- 368 practices receiving regular PIP QI reports (66%)
- 117 practices requested and received a PIP QI report discussion (21%)
- 5,138 log-ins to clinical audit tool CAT 4, and 29,932 log-ins to Top Bar

Education and training

- 3,049 participants attended education sessions
- 7,391 views online of education sessions held in 2021–22
- 308 virtual education events, webinars and in-practice sessions held, comprising 115 education and training events, 109 webinars and 84 in-practice sessions

Quality improvement (QI)

- 43 practices participated in structured QI projects
- 6 structured QI projects delivered to 80 practices
- 16 QI website activities resulted in 270 total downloads
- 8 QI guidebooks attracted 468 total downloads

Commissioner

Commissioning services is at the heart of our activities. We commission co-designed local and regional solutions to address service gaps, better integrate health care and ensure equitable access.

As a recognised leader in the field, we also coordinate commissioned activities at the statewide level. Examples include Doctors in Secondary Schools (page 53), Enhancing Mental Health Support in Secondary Schools (page 55) and General Practice Respiratory Clinics (page 18).

At a region level, we have commissioned dozens of services to meet the needs of our diverse communities. The fluid population growth, plus housing and other development in the region, for instance, led to the commissioning of mental health services for at-risk communities – including LGBTIQ+, African diaspora, Pasifika, and homeless cohorts – from organisations including Thorne Harbour Health, the Youth Support and Advocacy Service, Drummond Street Services and Odyssey House Victoria (page 34).

Of particular time-critical importance was the evidence that led us to commission general practices and pharmacies to deliver COVID-19 vaccinations to residents who are homebound because of illness or frailty. This service was extended where needed to people in residential aged care (page 15).

"Thank you for the excellent care I received today. The nurse was efficient and friendly, the doctor was caring and thorough, and the staff on the phone were also excellent. Thanks to you all."

Susan Peterson, GPRC patient

Champion

We advocate for primary care as the foundation for a high-performing and sustainable health system. This includes influencing state and federal investment in primary care and advocating for more flexible workforce models through our work with our expert advisory groups, community and clinical councils and other subject-matter experts.

This year, through advocating directly to state and federal ministers and their departments in response to feedback from our advisory groups, we have played a significant role in retaining and strengthening telehealth provisions for general practice, and in the introduction of a hotline for GP clinics affected by COVID-19 exposure.

We also continue to offer various forms of intensive media training for our expert advisers, empowering them to advocate more effectively for their teams, patients, clients or communities.

Digital health initiatives

Priority digital health initiatives for general practice and pharmacy teams included My Health Record registration and meaningful use, National Authentication Service for Health (NASH) and Medicare Online registration and renewal, e-script, e-requesting, e-referral and PRODA.

- 192 general practices received digital health readiness support and education
- 365 general practices received support for expiring NASH certificates
- 92% of general practices and pharmacies renewed NASH certificates

Communicator

We deliver timely and relevant localised information to health care providers so they can respond to emerging trends and patient needs. We do this through dedicated email newsletters, including the broad-reaching 'Network News', and sector updates for general practice, residential aged care facilities, our CAREinMIND mental health clinicians and other commissioned service providers.

We also create community awareness campaigns and consumer resources that increase access to and awareness of existing and new health services. These include permanent new resources – such as our award-winning Precious Time end-of-life service directory and resources (page 63) – and targeted promotions, such as our winter radio and digital campaign to promote GP Respiratory Clinics as a great option for people when they can't get into their regular GP as quickly as they would like (page 18).

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We also work to provide time-critical information to the public and sector by providing media releases and interview opportunities to metropolitan, suburban, regional and health-facing media outlets. This has resulted in coverage for NWMPHN-funded programs during the year in outlets as diverse as *The Age*, Channel 7 News, Sky News, the Star Weekly group, *Romsey Rag, Hospital + Healthcare, The Medical Republic, Health Advocate, Australian Doctor* and 98.9 North West FM.

We amplify the work of NWMPHN service providers, as well as other primary health networks, universities and research organisations, through posting and sharing across our Facebook, Instagram, Twitter, LinkedIn and YouTube channels.

Overall, our aim is to provide evidence-based, accessible information to inform and empower our diverse communities.

Communications

- 208 COVID-19 'eblasts' sent – open rate 38.12%
- 19 general practice newsletters sent – open rate 31%
- 3,532 interactions/posts across the practice nurse, practice managers and vaccine base camp facilitating connection between clinics
- 145,054 views on COVID-19 webpage

"A big thanks from my team for your support in promoting the vaccination in-reach site at the Islamic Museum in Thornbury this week. Bookings improved steadily in the days following your targeted Facebook ads and promotion through other channels. In looking at the client names and residential suburb, it's clear we've also reached our target demographic."

Cate Grindlay, Director, Care Integration and COVID Services, Your Community Health

Coordinator

Throughout the financial year we have fostered strong partnerships and collaborations across local, state and Commonwealth governments – between primary health, acute and specialist services. Examples of this work include the Victorian HIV and Hepatitis Training and Learning program, The Collaborative and many other partnerships.

It is worth noting that an earlier collaboration – between NWMPHN, Royal Melbourne Hospital and cohealth – received welcome peer-reviewed recognition this year. The collaboration, which began at the start of the pandemic, was aimed at finding better ways to triage people with COVID-19 in order to take some weight off the hospital system and allow general practice to take the lead role in managing mild cases. The result was the first COVID-Positive Pathway – a model that, with geographic modifications, quickly became the essential framework for pandemic management across Victoria. Now known as the West Metro COVID-Positive Pathway, since December 2021 it has seen 61.2 per cent of COVID-positive patients in our region cared for by GPs.

The creation of the first pathway was recognised in April 2022 by the Medical Journal of Australia.

The Pathway model not only remained robust through the Delta and Omicron waves, it is now informing other work on managing illnesses well removed from COVID-19, including heart disease, diabetes and mental health. It is something of which NWMPHN and its collaborators remain quietly proud.

11 communities of practice (CoP) sessions

- 2 family violence
- 9 GP Respiratory Clinics
- 6 mental health CoPs
- 1 accreditation

Engagement with practices

- 20,210 contacts with practices, covering phone, email, and practice visits (virtual and in person)
- 57% related to COVID-19 Positive Pathways support (11,470)
- 78 practices worked with NWMPHN on a practice partnership plan
- 89% of practices contacted on average, per quarter
- 204 stakeholders provided feedback about Primary Health Care Improvement services. Average net promoter score 82%

From pandemic to recovery

The pandemic continued to dominate much of the past year, as it has since COVID-19 appeared on our shores in early 2020.

The 2021–22 financial year presented an ever-changing series of challenges for the public and the health care sector, as increasing vaccine availability, emerging COVID-19 variants and periodic changes to support mechanisms contributed to an increasingly complex picture.

Determined to meet the challenges and, to the extent possible, mitigate the pandemic impacts for residents and health care workers, NWMPHN adopted a long-view strategic approach, beginning in July with the publication of a detailed overview titled ***COVID-19: Response to Recovery***. Behind the scenes, the organisation continued to reshape primary care through a quality improvement focus, and by supporting providers to do all the non-pandemic work that still needed to be done.

As restrictions have gradually lifted, the magnitude of deferred care – people who have delayed seeking treatment or screening for cancer and other conditions – has unfolded. Coupled with the accumulated toll of several challenging years on health care workers, and the highly infectious Omicron strain, all sectors of the health care system entered 2022 burnt out and dealing with workforce shortages. An early and virulent influenza season and the stalling of the COVID booster program, along with low uptake of the flu vaccine, created new challenges.

As we continue to navigate these difficulties, many of which can only be resolved by united government and sector action, here are some of the key programs we undertook to make sure that our community received the care they needed.

COVID-19 vaccinations: making sure no one is left behind

When it comes to infectious diseases, there is a very pertinent adage: no one is safe until everyone is safe.

This is especially so in the matter of the coronavirus pandemic, in which mass vaccination is an essential part of the public health response.

To achieve that end, multiple agencies, community health organisations, general practices and pharmacies combined to deliver a massive rollout of vaccination operations.

Despite that, however, some members of our community faced significant challenges in accessing vaccines. These were people who for a variety of reasons were isolated or disconnected from their neighbourhoods.

Often very vulnerable, they faced a very real prospect of 'falling between the cracks' and missing out on the protection from severe illness and death conferred by COVID-19 vaccines.

In order to reach them in the safety of their homes, NWMPHN partnered with state and Commonwealth agencies, and vaccine service providers, to rollout two valuable programs: the Vulnerable People's Homebound Vaccination Program and the Specific Targeted Activities program.

The Vulnerable Peoples Homebound Vaccination Program (VPHVP)

This Australian Government initiative was designed to reach people who could not safely or comfortably leave their place of residence because of disability, frailty or mental health challenges.

In November 2021, North Western Melbourne, Eastern Melbourne and South Eastern Melbourne Primary Health Networks (NWMPHN, EMPHN and SEMPHN) partnered to deliver VPHVP within their catchments.

To rollout the program within its region, NWMPHN commissioned 3 providers – Hume Medical Centre, Onsite Doctor and Maidstone Pharmacy.

The brief was to seek permission to visit homebound residents and administer, over time, 2 primary COVID-19 vaccinations, followed by a booster. Where appropriate, housemates and carers are also vaccinated.

The residents are initially identified by GPs, disability liaison officers in public hospitals, or welfare workers at local councils.

Details are passed to the NWMPHN Vaccine Preventable Conditions team, which then contacts the appropriate vaccination provider. A home visit is then arranged.

The NWMPHN team also linked up with the Western Public Health Unit to identify residential aged care homes with low COVID-19 booster dose rates. The providers offered in-house vaccination clinics for residents and staff.

Between November 2021 and the end of June 2022, the program delivered 869 vaccinations to vulnerable people in their homes. The figure includes residents and staff in residential aged care homes.

Miss P's story

Miss P, who is in the 40–49 age bracket, lives with physical disability and respiratory health issues. Walking is very difficult for her, even inside her home, with even short distances challenging.

She never leaves home, even for medical appointments, and shares the house with her elderly mother.

When the pandemic arrived, she became extremely anxious and fearful at the thought that carers and disability liaison officers, already providing support, could bring the virus into her home.

These feelings of panic were further heightened because she was unable to leave the house to access a coronavirus vaccination. She was much relieved when she was told that a vaccination could be delivered directly to her and her mother. Since then, she has used the in-home service for all her COVID-19 vaccinations, and has recommended it to others in her community.

The Specific Targeted Activities program

Funded by the Australian Government, NWMPHN established the Specific Targeted Activities program to reach at-risk groups not accessing vaccines through existing mechanisms.

The program ran from November 2021 to the end of January 2022.

It was designed to capitalise on established and trusted relationships, providing vaccinations in safe, familiar and culturally appropriate environments.

Nine providers across the western and northern suburbs of Melbourne submitted properly resourced expressions of interest – Preston Doctors Clinic, Utopia Refugee and Asylum Seeker Health, Victorian Aboriginal Health Service, The Water Well Project, Active Medical Centre, cohealth Footscray and Kensington, Interconnect Healthcare, and Merri Outreach Support Service.

Not all the participating organisations were vaccine providers. Some, such as The Water Well Project, designed and delivered virtual education sessions and in-language resources about COVID-19 vaccination and responding to a positive diagnosis in the home.

And one, Merri Outreach, designed a wonderfully innovative scheme that covered the transport costs of individuals and families, allowing them to travel to existing hubs. By the end, more than 1,750 people received COVID-19 vaccination.

Of course, in the overall context of Australia's vaccination program, the vaccinations delivered by the Vulnerable Peoples Homebound Vaccination Program and the Specific Targeted Activities program comprise a minuscule percentage of the almost 56 million doses so far delivered.

But that's not the point. Our vulnerable community members deserve to be kept safe – and in turn, help keep us all safe.

Dr Lester Mascarenhas with a patient at Utopia Refugee and Asylum Seeker Health.
Photo: Leigh Henningham

NWMPHN's winter preparedness campaign: the 5Cs in action

As the Victorian winter approached, there was clear consensus among epidemiologists and virologists that infection waves for COVID-19 and influenza were going to coincide.

This would clearly put additional strain on an already stretched health system so, in response, NWMPHN and its stakeholders put a multi-pronged plan into action in order to mitigate the impact. The plan was a prime example of how NWMPHN's '5Cs' approach works in real life.

The 5Cs are: Capability-builder, Commissioner, Champion, Communicator and Coordinator. (For more on this structure see page 11).

Capability-builder. Before the onset of the flu season, NWMPHN organised a series of preparatory webinars for primary care providers on vaccination and flu apps in medical software. Education sessions and videos were prepared on the impacts of flu in aged care, and among people with other conditions, from COVID-19 to COPD. Health Pathways data was updated, GP Respiratory Clinics were kept informed and a Basecamp platform was enacted to allow vaccine stocks to be swapped between outlets.

Commissioner. Priority populations at risk of missing out on influenza vaccinations were identified, and service providers engaged to cater to them. In particular, the homebound COVID-19 vaccination program (page 15) was adjusted to also accommodate the flu vaccine.

Champion. NWMPHN sought and received seats at the table at Victorian Department of Health meetings and other forums, advocating emphatically for the interests of residents in its catchment area, and for the primary health care providers who serve them.

Communicator. Existing influenza vaccination information assets were reviewed and updated. Dedicated emails were sent to primary care providers explaining vaccination timing, contraindications, symptoms, and the ordering and distribution process. The public was targeted through dedicated social media assets, a marketing campaign, and amplification of material produced by other bodies, including the Victorian Department of Health.

Coordinator. NWMPHN played a critical role in aligning the objectives and needs of many stakeholders – including the Victorian Department of Health, aged care facility operators, pharmacies, GP respiratory clinics and hospitals – to ensure that the influenza vaccination rollout was as efficient, effective and equitable as possible.

Outcomes from the preparedness campaign are now being reviewed to further improve the service design and delivery for the next flu season.

Countering pandemic isolation

In response to the impact of COVID-19 outbreaks and consequent restrictions, NWMPHN commissioned programs to deliver allied health services in residential aged care homes in the region.

Funded by the Australian Department of Health, we commissioned 5 allied health providers to conduct weekly group therapy sessions for aged care residents (page 37).

General Practice Respiratory Clinics (GPRCs)

As COVID-19 case numbers continued to swell in Victoria, it became clear that caring for people who developed respiratory symptoms represented an unprecedented challenge, placing heavy pressures on general practice clinics and hospital emergency departments.

Recognising this, the Victorian Government invested millions of dollars to rapidly establish another 28 specialist respiratory clinics run by GPs in suburban and regional locations to continue at least until 2023. Earlier in the pandemic, the Australian Government had funded 22 GPRCs across Victoria, 4 of which are in NWMPHN's region. These were funded to 30 September 2022.

The new state-funded respiratory clinics were to be open over extended hours and free to anyone, including people without Medicare cards, such as refugees and asylum seekers. GPs were invited to submit expressions of interest, meeting rigorous conditions. NWMPHN was appointed the statewide lead supporting the rollout, ensuring consistency, shared learning and diligence.

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Of the 28 Victorian Government-funded GP respiratory clinics open across Victoria, 12 are in the NWMPHN catchment. As the 2022 winter influenza season began early, and with ongoing challenges across hospitals, their utility was quickly demonstrated.

NWMPHN created a communications pack for all PHNs to promote the respiratory clinics, and in late June 2022 also launched an intensive 12-week campaign, including radio and digital advertising, to promote GPRCs in its region.

Figures from across the metropolitan area show that the state and Commonwealth-funded GPRCs collectively saw 38,711 patients between December 2021 and June 2022, providing 110,035 patient-related activities.

Voluntary patient survey data revealed 12.6 per cent of patients aged 15 or younger would have been taken to a hospital emergency department had a GPRC not been available. The same survey indicated that 9 per cent of adults would also have gone direct to an emergency department.

Statewide:

38
GPRCs in Victoria, December 2021 to 30 June 2022

26
state-funded GPRCs were operating by 30 June 2022

12
state-funded GPRCs in NWMPHN catchment

Metro-wide:

38,711
patients seen

110,335
activities undertaken
47,671 respiratory assessments

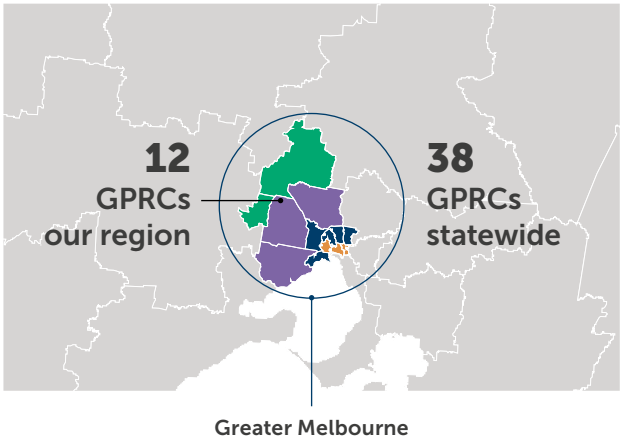
NWMPHN:

17,889
patients seen

37,069
activities undertaken

Top 4 diagnoses:
COVID-19, upper respiratory tract infection, cough and asthma

Data to 30 June 2022



Sunshine City GP Respiratory Clinic team, from left to right: Christine Alush, Practice Manager; Melinda Bucsko, Head Nurse; Dr Simon Benson, Clinical Director; Cindy Welsh and Cathleen Werahiko, Reception.

Photo: Leigh Henningham

Sunshine brought a ray of light for respiratory patients

As COVID-19 and influenza raged around the country, Sunshine Respiratory Clinic became the first state-funded general practice respiratory clinic (GPRC) in the NWMPHN catchment.

Clinical director Dr Simon Benson led a team of 3 GPs, a registered nurse and a practice manager, keeping the clinic open after-hours and on weekends. They swung into action in December 2021 to ensure every patient with respiratory symptoms could come in and safely see a GP face to face.

Dr Benson and his team prioritised comprehensive assessment, including COVID-19 testing, followed by immediate support to manage illness, including access to antiviral treatments. "Everyone is in proper equipment," he said. "Everyone has air filters. Everyone has air flow. Everyone has social distancing. The rooms are cleaned and sanitised between each patient. Our staff can spend time with patients because we know that behind our suit, we're protected."

Melinda Bucsko, Registered Nurse at the clinic, said feedback from patients was outstanding, with most relieved to be able to come in and see a doctor.

While telehealth is a great option, the clinic received reports that many people, especially families with young children, preferred to see a doctor face to face. "Patients say they don't know where they would have gone if it weren't for us," said Melinda. "They're really grateful that they have somewhere to go. To be seen, in person, by a GP, is amazing."

With general practices and emergency departments running at full capacity, patients said that without the GPRCs, they would have run out of places to go.

"If we didn't exist, more people would be going to emergency departments," Dr Benson said. "Even saving 10 people from going to the emergency department a day makes a massive difference on resources."

Some feedback from patients at the Sunshine City GPRC

"It's fantastic to be able to see a doctor in person, even when you have symptoms. You can't really be examined properly with a telephone consult."

"I'm just really glad the clinic was open. I was really concerned about my symptoms and couldn't get a test anywhere."

Mixing and matching disciplines in primary health care

One of the biggest barriers to the free flow of information and the delivery of optimal care is the idea that different disciplines belong in different workplaces. It is certainly convention that GPs operate in neighbourhood clinics, pharmacists work in pharmacies and specialists work in hospitals – but it is not mandatory.

Indeed, evidence being progressively gathered through projects led by NWMPHN strongly indicates that breaking down these 'silos' often results in better standards of care – and better economies.

The Strengthening Care for Children project, which facilitates weekly visits to general practices by usually hospital-based paediatricians for up to a year, has shown benefits for all stakeholders – but especially young patients and their families. (page 21).

Another scheme, in partnership with the Pharmaceutical Society of Australia, is placing non-prescribing pharmacists into general practices.

The Pharmacists in General Practice project has found that having a pharmacist on staff results in several benefits, among them improved patient health outcomes, improved patient medication adherence and reduced inappropriate prescribing.

Not only does the scheme increase knowledge and understanding for both patients and providers, it can also improve the bottom line, with participating practices reporting an increase in billings, along with invaluable – though harder to measure – outcomes, such as better adherence to medication and happier patients.

A shot from IPC Health's video 'Pharmacists in General Practice Pilot'. The pilot is a multidisciplinary team approach to keeping people well.

Wendy and her daughter April participated in the Strengthening Care for Children project at North Coburg Medical Centre.

Photo: Tessa Van der Reit

Strengthening Care for Children

Evidence gathered over several years revealed paediatric care delivered by general practice to be an area needing further support.

It showed that in some cases, GPs lacked confidence when it came to identifying and treating childhood illnesses, and therefore opted to refer young patients to paediatricians based at hospitals. This resulted not only in significant delays in consultations, but also disruption to the lives of the children and their families, who had to travel out of their communities to receive medical attention.

Starting in 2017, NWMPHN, with partners, began work on a pilot project that saw paediatricians leave their hospital rooms and become regular visitors to general practices. The success of this 2-year, 5-clinic project prompted the National Health and Medical Research Council to fund a much larger trial, now underway in practices across Melbourne and Sydney.

The project, known as Strengthening Care for Children (SC4C), embeds a paediatrician at a general practice for 12 months – weekly for the first half of the period, and fortnightly thereafter, with research showing multiple benefits for all parties. Having a paediatrician collaborate with the whole practice team increases capacity, capability and confidence to provide expert paediatric care in the community.

The increased knowledge-sharing often eliminates the need for a GP to refer a family to a hospital-based paediatrician. Children are treated sooner and in their own communities, parents are supported and reassured, the GPs and paediatricians are upskilled – and admissions to emergency departments and outpatient clinics are reduced, easing pressure on the hospital system.

SC4C is the result of a collaboration between NWMPHN, Murdoch Children's Research Institute, Royal Children's Hospital, University of New South Wales, the Sydney Children's Hospital Network and Central and Eastern Sydney Primary Health Network.

Experiences from GPs and families involved have been very encouraging. At the time of writing, two papers describing the model have been accepted for publication by the UK-based journal *BMJ Open*. If rolled out across Australia, SC4C could produce a minimum 4 per cent drop in GP paediatric referrals to hospitals. This equates to tens of thousands of children every year.

North Coburg Medical Centre team, from left to right: Dr Radwan Al-Musawy; Dr Victoria McKay (visiting paediatrician from the Royal Children's Hospital); Dr Parisa Guity; Dr Kamila Nizam.

Photo: Tessa Van der Reit

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Inside a participating practice

One of the early adopters of Strengthening Care for Children (SC4C) is the North Coburg Medical Centre in inner-suburban Melbourne.

Its team concurred that having Royal Children's Hospital paediatrician Dr Victoria McKay visit regularly has meant young patients do not have to wait 6 to 12 months for an appointment.

"The doctors have really embraced the project," said Karen Hoffmann, the centre's managing director. "As we know, parents are very anxious when children are sick, and reducing that waiting time to get expert advice is beneficial from a patient perspective, a practice perspective and the GPs' perspective."

"We know there are not enough paediatricians or psychologists to go around," Dr McKay said, "and we know that a lot of this very valuable work can be done with the GPs in their practice. Our aim is to reduce the number of referrals that aren't needed to the hospital system."

"The program was fantastic for us. Rather than getting a referral and having to wait, we could see a paediatrician straight away, and it meant that the issues she had were able to be dealt with much quicker."

Wendy, mother of April, 9, a patient at North Coburg Medical Centre

Quality improvement

Increasing and improving the capacity of the primary health sector to deliver the right care to the right people at the right time is the essence of NWMPHN's purpose.

NWMPHN consults and collaborates widely to identify areas of practice that can be sharpened and reformed, then works closely with researchers, general practice staff and specialists to co-design, review and implement fresh approaches to delivering safe care.

The result is an array of quality improvement (QI) projects across the full gamut of primary care, including mental health and alcohol and other drugs (AOD). Some of these are time-limited, others are continuous.

They include:

- Reach – a long-running program that enables and records upskilling for nurses working in general practice
- Hope Assistance Local Tradies (HALT) – a program that seeks to ensure that access to information and support services is never an issue for tradies experiencing mental health issues
- Terracotta – a project conducted in collaboration with Monash University, aiming to train practice nurses to better treat COPD patients, thus keeping them out of hospital
- Osteoporosis Risk and Management (ORMA) – a project that aims to enhance detection and improve management of osteoporosis in older adults. A collaboration with the Australian Institute of Musculoskeletal Science, Melbourne Academic Centre for Health, and the University of Melbourne.

Two quality improvement projects have been of special focus during the financial year. They concern family violence and cancer screening.

Family violence project – Primary Care Pathways to Safety

In Australia, family violence is recognised as the leading contributor to ill health for women. On average, one woman is killed by her current or former partner every week, and a child is killed by a parent on average every 2 weeks.

It is estimated that on average, a full-time GP in a busy suburban practice will see up to 5 women a week who are victims of family violence. However, not all these patients disclose their situation – and not all staff members will know how to respond if they do.

Studies have indicated that women are twice as likely to disclose family violence if asked by their GP. Although the majority of female patients attending general practices state they would not object to being asked about abuse, only a minority are actually asked.

To improve the knowledge and confidence of general practice team members in responding to family violence, NWMPHN, in conjunction with the University of Melbourne's Safer Families Centre, has delivered an intensive training and quality improvement project as part of its Primary Care Pathways to Safety program.

The whole-team approach helps all general practice staff respond appropriately to patients disclosing that they are subject to violence. It also introduces strategies for GPs and nurses to invite disclosure during appointments and routine health screenings – for example, as part of mental health plans and antenatal and postnatal checks.

Staff responses can range from handing over information on resources, to providing safety planning and routes into specialised crisis services.

An image from IPC Health Deer Park's video 'Steps to identify and support patients experiencing family violence'. Image: The Jasper Picture Company

To date, the family violence intensive training and quality improvement project has been undertaken by 179 team members from 26 practices in the region, and reactions from doctors, nurses, practice managers and receptionists have been uniformly enthusiastic.

They report increased confidence in supporting people experiencing domestic violence and better understanding of the benefits and effects of a whole-of-practice approach.

Based on the **Intensive Family Violence Quality Improvement Project 2021–22**, a **Self-Directed QI Toolkit** has been developed and is available to all practices. As a result of this project rollout in 6 PHNs nationally, funding for family violence response activities has now been provided to all primary health networks around the country.

In early 2022, staff at IPC Health in Deer Park worked with NWMPHN to create videos demonstrating and explaining how the family violence training and quality improvement project had changed their practice. The videos, available from the **NWMPHN website**, have been widely shared.

An ongoing communications campaign raises awareness of the role of primary care as part of NWMPHN's Primary Care Pathways to Safety Project. One video, '**Starting the conversation about family violence**', by Professor Kelsey Hegarty, was watched 2,252 times during the financial year.

Family Violence Communities of Practice

Multi-disciplinary sessions held in May 2022 drew together 39 professionals from general practice, mental health organisations, hospitals, local councils, community health and counselling services, as well as alcohol and other drugs experts, to work with experts in the field of family violence response.

Guided by the facilitators and an expert panel, the attendees discussed how to identify and respond to patients who use intimate partner violence. Participants also went into breakout rooms to examine a multi-faceted case study and the interlinked roles of multi-disciplinary services and networks.

Feedback from all participants was positive and enthusiastic. When asked whether they would recommend a session like it for a colleague, 100 per cent said 'yes'. Participants were also asked if they intended to make a change to their practice as a result of attending the session: 61 per cent said 'yes'.

"I was encouraged about the breadth of the perspective of the presenter," said one participant. "It was good to hear his views that did not just repeat commonly heard rhetoric about family violence."

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An image from IPC Health Deer Park's video 'Steps to identify and support patients experiencing family violence'.
Photo: The Jasper Picture Company

Quality improvement: cancer screening during COVID-19

The COVID-19 pandemic and the consequent restrictions on movement and interaction resulted in many people delaying normally routine health screenings.

This led to a 30 per cent reduction in cancer notifications, a 32 per cent drop in hepatitis B and C serology tests, and a 17 per cent dip in hepatitis B monitoring tests.

These decreases carry significant public health implications for at-risk population groups and the general community. Delayed diagnoses can lead to worse outcomes.

To tackle this, particularly in the cancer field, NWMPHN partnered with Cancer Council Victoria, the Australian Centre for the Prevention of Cervical Cancer (formerly VCS Foundation) and the Victorian Department of Health to encourage general practices in the region to engage more deeply in promoting and conducting screens. The focus was on bowel cancer, HPV self-collection, and hepatitis B and C.

Working with the sector, the organisations combined to develop a quality improvement project that creates a whole-of-practice proactive approach.

The project comprised a 2-hour education session, including training to assist with identifying Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) patients, plus workshops and ongoing support from an NWMPHN support officer. By the end of the financial year, 39 practices had completed the training.

The NWMPHN project team:

- helped practices connect to the National Cancer Screening Register
- showed participants how to use their PEN CAT4 to find under-screened patients and to clean up the data to produce more manageable lists for recall
- coordinated GoShare free SMS bundles. About 60 per cent of practices used these to contact patients to advise that screening was important and could still be done during the pandemic
- worked with our other partners in this project, including Cancer Council Victoria and the Victorian Cytology Service, to create and deliver practical education workshops, including 'Ask the question' training to help identify Aboriginal and Torres Strait Islander and CALD patients
- tailored support to each practice depending on how familiar staff were with the QI methodology and their own QI journey
- produced project-specific reports for each practice at the end of the 3 months so they could see the outcomes of their QI work.

Juliette Moe, Practice Nurse at Utopia Refugee and Asylum Seeker Health. Utopia was one of 39 general practices that did the cancer screening quality improvement project.
Photo: Leigh Henningham

The training results thus far show:

- increased orders from GPs for National Bowel Cancer Screening Program kits
- increased HPV self-collection tests completed for eligible patients
- increased numbers of patients with risk factors screened for hepatitis B or C
- increased cervical screening pathology request forms for Aboriginal and Torres Strait Islander and CALD patients.

Responses were very positive. One participant, Richmond General Medical Practice, said "PHN support on this project has been so valuable" adding that the "project had been an eye-opener for the new management team".

NWMPHN will now lead the statewide expansion of the Cancer Screening intensive quality improvement (IQI) project following the successful pilot, adding up to 80 practices in 2022–23. This includes leading a statewide community of practice including project partners the Victorian Health Department, University of Melbourne, the other 5 Victorian primary health networks, screening bodies such as Breastscreen Victoria, Cancer Council Victoria and the Victorian Aboriginal Community Controlled Health Organisation.

"The long-term aim is that the community of practice will support practices statewide to set up a sustainable network and approach to cancer screening in primary care."

Phil Flanagan, QI program officer

Utopia Refugee and Asylum Seeker Health Practice Manager Peita Pittella (standing) and Mo Harrison at reception.

Photo: Leigh Henningham

Boosting cancer screening

One of the unfortunate consequences of the COVID-19 pandemic was that people delayed seeing their GP for routine screening. In response to this troubling trend, NWMPHN engaged with 39 local general practices to initiate an intensive quality improvement project to increase screening.

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Between April and September 2021, participating practices chose to focus on bowel cancer, HPV self-collection or hepatitis B and C screening.

The practices also worked to increase the proportion of Aboriginal and Torres Strait Islander and culturally and linguistically diverse identification on cervical screening pathology request forms.

For the team at Utopia Refugee and Asylum Seeker Health in Hoppers Crossing, the latter goal was straightforward, as almost all their patients are from diverse backgrounds.

Utopia Practice Manager Peita Pittella said having the clinic connected to the National Cancer Screening Registry (NCSR) – allowing them to see a patient's screening status and results, a prerequisite for participating in the program – was invaluable.

"Having that as a button within our medical software just made it so much easier," Ms Pittella said.

Evidence-based commissioning

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Heavenly Queen Temple in Footscray. Photo: Rachael Ball

Our region enjoys immense geographic, cultural and socioeconomic diversity. It includes the dense, vertical built environment of Melbourne's CBD and the rural sparsity of the alluvial terraces around Bacchus Marsh.

Its residents speak more than 200 languages, and more than one-third of them were born overseas. Our work predominantly takes place across the lands of the Wurundjeri Woi Wurrung, Boon Wurrung and Wathaurong Peoples. The region has the highest number of asylum seekers and refugees in Australia. It contains relatively high-income populations in the city and areas such as Macedon Ranges, as well as pockets of deep disadvantage.

One thing the catchment is not, however, is static. It contains rapidly developing growth corridors in the west and north, shifting population mixes in more established areas, internal migration from urban to country areas (and vice versa), and an increasingly numerous residential cohort in the city and inner suburbs, facilitated by medium and high-density housing construction, which is expected to continue after the pandemic disruptions abate.

As the population shifts, so too does the need for primary health care services. One of NWMPHN's core objectives is to ensure, within the limits of available resources, that service providers are commissioned to supply the care that is needed, where it is needed, when it is needed.

As a primary health network, we have national priorities set by the Australian Government. These are mental health, Aboriginal and Torres Strait Islander Health, alcohol and other drugs, older people, population health, health workforce and digital health. As well, we have local priorities that are informed by our *Health Needs Assessment* and ongoing conversations with our partners and community. These include children, young people and families; chronic conditions; LGBTIQ health and wellbeing; and culturally and linguistically diverse communities.

This means that a core function of NWMPHN is the commissioning and decommissioning of services in response to changing priorities and needs. NWMPHN does not practise 'fund and forget' approaches to service delivery. To work out what is needed and where, we continually gather evidence and intelligence to guide our work.

Collingwood housing estate, featuring artwork by Matt Adnate (left). Photo: Leigh Henningham

Gathering the evidence – Health Needs Assessment

A key resource is our ***Health Needs Assessment*** (HNA), developed every 3 years by our Insight, Performance and Digital Services team, and presented to the Australian Government's Department of Health.

The HNA is created using anonymised data from the Australian Bureau of Statistics, hospitals, primary care and allied health services, supplemented by interviews, workshops, forums and surveys involving hundreds of providers in the region across general practice, commissioned services, peak bodies, community health, acute health care and local government.

Community members are an integral part of this important evidence base and are invited to contribute their insights about their health and wellbeing, as well as their experience of accessing health care services.

We use the HNA to help inform which health services are most urgently needed, and in which areas, allowing us to better design and fund programs to support at-risk people. The HNA identifies service gaps and key issues, and sets our regional priorities, including our **commissioning of services**.

In 2016, NWMPHN had overall higher levels of disadvantage than Victoria, and there is socioeconomic inequity across and within LGAs.[1]

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13 %
of adults are daily smokers – breaking down to 15% of men and 11% of women[2]

20%
of adults are estimated to be obese and 30% overweight[2]

58%
of people reported living with at least one chronic disease[2]

95.5%
of 5-year-old children are fully vaccinated[3]

Around 28%
of adults have been diagnosed with anxiety or depression[2]

5 of 13
LGAs had overall increased risk of alcohol-related harm, greater than the Victorian average[2]

Hospitalisations

2020–21 has seen a reduction in hospitalisations and ED presentations[4]

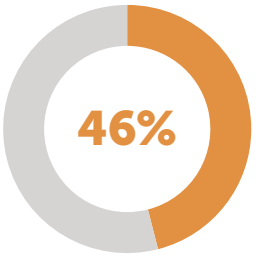
The number of potentially preventable hospitalisations dropped by 18% between 2019–20 and 2020–21[1]

1: PHIDU, 2021a
2: VAHI, 2021a
3: DoH, 2021e
4: VAHI, 2021b, 2021c

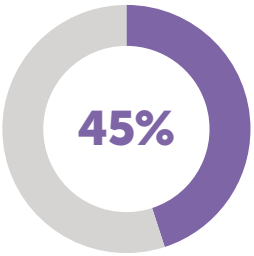
Health care services

The most significant challenges facing providers include:

Increasing complexity of consumer need

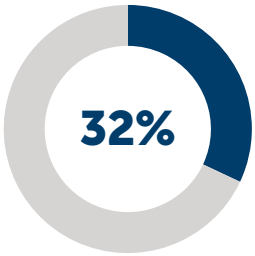


Increasing demand for services



COVID-19 response and recovery

Funding uncertainty



Market analysis based on 28 provider interviews, 418 survey responses and GP workforce planning workshops

Changing service delivery due to COVID-19

- Face-to-face services decreased
- Telehealth and phone consultation increased
- GPs in our region visited RACFs more than national and Victorian average

Medicare in our region

- Subsidies are not spread equally across LGAs
- Fewer people are accessing Medicare-subsidised services in our region than the national average

GPs rate highly in our region

(ABS, 2021 Patient Experience Survey)

- 91.5% of patients said their GP often or always listened carefully
- 94.9% said their GP showed respect for what they had to say
- 91.3% said their GP spent enough time during consultations

Key messages from the community

Health issues of most common concern in our community are:

- overall physical health
- mental health
- dental/oral health
- chronic health conditions.

Top barriers to accessing care when needed are:

- cost
- waiting time
- didn't know where to go
- can't get an appointment.

How do we use evidence?

Gathering data, insights and conducting analysis is a continuing process that NWMPHN undertakes for all its programs.

To do this, we collaborate with other primary health networks, state and federal departments of health and other stakeholders. As part of our robust commissioning approach, we also regularly review long-standing programs or services to ensure they are still delivering optimally for the community.

What are the social determinants of health?

Social determinants of health are the non-medical factors that influence health outcomes. NWMPHN uses the categories defined by the World Health Organization. They are:

- Income and social protection
- Education
- Unemployment and job insecurity
- Working life conditions
- Food insecurity
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict
- Access to affordable health services of decent quality.

These determinants frame and inform our triennial Health Needs Assessment. This foundation document summarises identified needs into 4 groups:

- health conditions
- population groups
- geographical locations
- health system and process.

Needs are then prioritised using a systematic and pragmatic process that helps eliminate the value-driven and subjective bias that sometimes occurs when making decisions about actions to take.

Specific and targeted programs may be developed in response to medium-priority and high-priority issues.

Low-priority issues may be addressed through our overall population health activities and by sharing information with other organisations.

Photo: Leigh Henningham

Alcohol and other drugs services: shifting service delivery across geography and demographics

NWMPHN's vast catchment area is not only wonderfully diverse, it is highly dynamic. Populations shift constantly, as residents move into growth areas, or migrate towards and away from the rural zones that make up one-third of the region. The population in the CBD and inner-city areas is also increasing.

These changes – reflected in the ***Health Needs Assessment*** – prompted a review and evaluation of the alcohol and other drugs (AOD) treatment options available in the area. Key to this was a focus on engaging with service users – because lived experience is a critically important information source –as well as identifying communities not well serviced by existing services. The study looked at whether AOD services were offering the right treatments in the right areas to meet the needs of the shifting and changing population.

As a result, in late 2021, the decision was made to decommission 14 previously funded service providers. Ten contracts were extended, and 2 new programs commissioned. The decommissioned services continued to be fully supported until the end of 2021, to support transition to the new ones starting in January 2022.

A word about intersectionality

'Intersectionality' refers to the ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation.

Recognising that many people can face multiple and interlinked obstacles when it comes to living a dignified, respected, safe and equitable life is a key insight for NWMPHN, informed by all its research and analysis.

Providing the range of services and supports needed by people facing complex issues is a priority. Where appropriate, NWMPHN looks to commission capable providers to provide targeted services. There are, however, other paths available. One of those is partnering with other organisations to strengthen their capabilities. An example of this launched in May 2022, to enable the national mental health service provider SANE to better reach one of the most at-risk cohorts in the region (page 35). Another example is our work supporting organisations to use the newly designed Cultural Responsiveness Assessment Tool (page 42).

New alcohol and other drugs recovery services help at-risk communities

Specialised programs to help community members struggling with alcohol or drug concerns launched in Melbourne's northern and western suburbs in May 2022.

They are part of a suite of new services available to help at-risk people overcome substance use challenges, delivered by 2 organisations funded by NWMPHN. The first is community-controlled Thorne Harbour Health. The second is a collaboration between Odyssey House Victoria, Drummond Street Services and the Youth Support and Advocacy Service (YSAS), with YSAS as the lead agency. It is known as the Zone Alliance.

Thorne Harbour Health introduced several therapeutic supports for the LGBTIQ+ community under a project called Rainbow Recovery.

The project recognises that some people face multiple barriers to accessing mainstream alcohol and drug (AOD) services and require a flexible and culturally appropriate approach. It also acknowledges that sometimes there needs to be a shared focus on AOD and mental health treatments.

Rainbow Recovery includes 2 time-limited peer support programs for specific LGBTIQ+ cohorts. The first, Rewired, was an 8-week group program for men who have sex with men and want to change their relationship with methamphetamine. The second, Drink Limits, was a 6-week group program for lesbian, bisexual and queer women (both cis and trans) who use alcohol.

Rainbow Recovery seeks to engage hard-to-reach LGBTIQ+ cohorts. As demand for AOD services across Victoria ballooned during the COVID-19 pandemic, people experiencing multiple structural barriers struggled to access treatment. The Thorne Harbour Health program moved to address some of these issues.

While available to all members of the LGBTIQ+ community, Rainbow Recovery prioritises people who are Aboriginal and Torres Strait Islander, trans and gender-diverse, culturally and linguistically diverse, or living with a disability.

Meanwhile, the collaboration led by YSAS offers programs tailored for people with intersectionality and who are experiencing alcohol and drug challenges.Geared primarily to young people between 12 and 25, the key program is described as "an intersectional care coordination platform".

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YSAS workers from The Zone, from left to right: David Beech, Primary Health Worker; Erin Burzacott, Acting Team Leader Day Program and Primary Health Service; Anyaak Abiel, Senior Practitioner; Menasik Dewanyang, Youth Worker; Slam Ross, Youth Worker.

Photo: Mario Gordon

It seeks to provide complex AOD support to young people and their families across the northern, western and CBD areas of Melbourne. It features services including community-based withdrawal, screening, assessment, treatment, supported referral and health promotion and education, all based on a harm minimisation framework.

The alliance aims to see young people supported through access to a wide range of case-appropriate services, including rehab, housing services, child protection, and community legal assistance.

The challenge is to reach young people experiencing serious disadvantage and at risk of not engaging with services, and help them access the resources and support they require to lead healthy and fulfilling lives.

The need to commission new services in the region was recognised after extensive consultation with the community, people in the region with lived experience of using drug and alcohol services and clinical experts.

After the health needs were identified, a tender opportunity was released. Following a rigorous evaluation process, Thorne Harbour Health and YSAS were awarded contracts to deliver these services.

Reaching those with complex needs

Residents of Melbourne's northern and western suburbs who live with complex mental health issues such as schizophrenia, bipolar disorder or obsessive-compulsive disorder can now access much-needed extra support.

NWMPHN partnered with national mental health organisation SANE to develop and design a new peer-support-guided service to help people with multi-faceted mental health challenges.

People who fall into this category can experience negative outcomes in a broad range of areas, including housing, employment and income. They constitute one of the most at-risk sections of the community and often 'fall through the cracks' of the general primary health care system.

The SANE guided program provides access to many different types of help, including counselling, peer support, health information, online forums, social groups and other activities. It complements medical care already being received, or provides immediate support in the period before formal care can be delivered.

The organisation's digital platform can be reached by phoning **Head to Health**, the Australian Government's national assessment and referral phone service that can link callers with a range of local mental health supports, including those commissioned by NWMPHN. (For more on Head to Health, see page 45.)

SANE's guided system is also designed to provide mental health support for the autistic community and those with intellectual disability.

Read more:
meltonmoorabool.starweekly.com.au/news

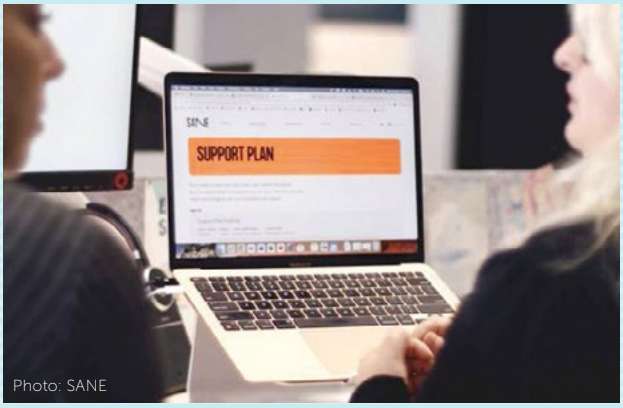

Photo: SANE

Enhancing Integrated Team Care

Integrated Team Care (ITC) is a national program managed by primary health networks to support Aboriginal and Torres Strait Islander people with complex chronic diseases to effectively manage their conditions. It does this by providing access to one-on-one assistance from care coordinators, as well as other supplementary supports.

The program built on its predecessors, the Care Coordination and Supplementary Services, and Improving Indigenous Access to Mainstream Primary Care programs.

In early 2020, NWMPHN shared its intention to recommission the ITC program, and in the interim commissioned a Complementary Program with existing ITC providers, focusing on addressing mental health concerns and providing additional self-management support through additional workforce and activities. In 2020, 2021 and 2022, the ITC Complementary program supported 104 ITC clients to access culturally appropriate mental health supports and activities. These supports were particularly needed during the many months of COVID-19 lockdowns that amplified social isolation.

To support recommissioning, Karabena Consulting, an Indigenous-owned consultancy, was engaged to evaluate the ITC program and found that it was meeting the needs of its clients – although with room for improvement. The consultants recommended refocusing the program to where client needs are highest, and increasing the focus on self-determination and social and emotional wellbeing.

To achieve this, the Aboriginal Health Team worked with our Insights, Performance and Digital Services data team to gather and analyse relevant data, including ITC reporting and the current *Health Needs Assessment*.

This data was analysed to understand where the greatest need was across the catchment, to assist in determining where the program should be focused.

Three domains were considered:

- Aboriginal and Torres Strait Islander population and distribution across our region
- current ITC client population and distribution across our region
- key health needs of existing ITC clients.

Mental health and asthma are 2 of the most prevalent chronic conditions. Others include arthritis, diabetes and heart disease. Across 2021–22, the ITC program supported approximately 1 in 5 people with kidney disease, 1 in 10 with diabetes and 1 in 10 with cancer. These complex and potentially life-threatening conditions often require intense medical support and intervention. The ITC program provides support and guidance to clients in the interests of them self-managing their conditions at home and out of hospital.

In addition to supporting these chronic conditions, the program helped clients through lockdowns by providing regular phone contact and emotional support. Across the financial year, the program supported approximately 80 per cent of clients to receive at least 2 doses of a COVID-19 vaccine, and to remain connected or reconnect with health professionals. This is testament to the strong and trusting relationships the ITC providers build and maintain with their clients.

Through various internal and external stakeholder consultations – including focus groups and interviews with ITC clients and providers – the decision was made that a recommissioned program would consist of the existing ITC program, complemented by culturally appropriate psychosocial support services within the program, increasing the focus on, and capacity to, provide holistic health services.

Presentation at the Elders lounge at IPC Health Wyndham Vale. Photo: IPC Health

What does the ITC Enhanced Program offer?

As well as mainstream medical approaches to managing chronic disease, the ITC Enhanced Program includes:

- care coordination, including clinical care, access to services, medical aids, translations of medical jargon, increased health literacy, and transport
- Aboriginal outreach, including attendance at medical appointments and advocacy
- social and emotional wellbeing activities, including exercise and art groups, one-on-one counselling sessions, and cultural engagements including excursions and yarning circles
- post-hospital or rehabilitation support
- linkage to primary health care, allied health care and community health care
- connection to vital services such as housing, legal and food security services.

The Enhanced ITC service providers began operating in July 2022.

Allied health services in RACFs

Aged care residents were hit hard by the pandemic and the restrictions severely curtailed normal activities. In many facilities, residents were confined mainly to their rooms for weeks at a time as an essential infection-protection measure. Access to the outside world and normal exercise routines were simply not possible, and this impacted both physical and mental health.

In response, we commissioned allied providers including physiotherapists, exercise physiologists and occupational therapists to conduct weekly group classes for residents in aged care homes affected by COVID-19 outbreaks. Five providers were commissioned: Plena Healthcare, Vivir Healthcare, Greenlight Physiotherapy, United Physiotherapy and Healthcare Australia.

Fifty-four residential aged care homes (RACHs) in our region were identified as eligible. In each, providers delivered group therapy sessions based on the Sunbeam Program – a peer-reviewed Australian program delivering progressive resistance and balance training to prevent falls among aged care residents. Sessions were conducted twice a week.

The program delivered benefits for residents and facility operators, and also boosted the capacity of the allied health providers to deliver group therapy to older adults.

Vaccinating the hard-to-reach

Data gathered during the pandemic revealed that there were cohorts of significantly at-risk residents who, for reasons of ill health, disability or family responsibilities, were unable to attend general practices, pharmacies or hubs to receive COVID-19 vaccinations.

To address this need, NWMPHN commissioned providers to carry out home vaccination visits. For more detail on this, see page 15.

Connecting and supporting carers

Carers Victoria was supported by NWMPHN to design and conduct a program to address social isolation, loneliness and disconnection among carers. This was very much needed because carers, even without the added complications of the coronavirus pandemic, often experience adverse physical and mental health impacts linked to the sacrifice of work, leisure and social opportunities their role demands.

The Carer Wellbeing and Connection Online program consisted of 4 sessions of 90 minutes, conducted weekly via Zoom, and facilitated by Carers Victoria.

Researchers in the Primary Care Mental Health Research Program at The University of Melbourne were commissioned to carry out an evaluation; this was completed in partnership with the ALIVE National Centre for Mental Health Research Translation in November and December 2021. The evaluation found that there were areas of program delivery and content that could be improved by greater co-design and carer input. This process is now underway.

Overall, however, statistical analyses showed that the support measures in the program had a positive impact on the psychological distress of carers. Specifically, the program significantly decreased levels of loneliness, decreased psychological distress and increased the level of support carers felt.

Chronic pain – Merri Health

NWMPHN commissioned and funded the Merri Health Chronic Pain Service (CPS) for people aged 18 and over who have chronic or persistent pain and live in Hume, Darebin, Moreland, Yarra, Melbourne, Moonee Ponds or the Macedon Ranges areas.

This community-based service provides clients with integrated multidisciplinary care, comprising assessment, care planning, support, treatment and review, based on the level of service needed. It offers:

- an active management and biopsychosocial approach
- options for individual, group and telehealth consultations
- care coordination, physiotherapy and psychology
- medical consultation (if required) on site at Merri Health in partnership with the Royal Melbourne Hospital
- options for involvement in case consultations/ conferencing with CPS staff.

The service began in November 2020 and has now been extended until 2024. By the end of the financial year, 86 clients had participated in the program. The average wait time was 21 days from referral to first appointment.

Photo: Unsplash

Strengthening HOPE for the LGBTIQ+ community

In 2021–22, NWMPHN completed a Hospital Outreach Post-suicide Engagement (HOPE) Lesbian, Gay, Bisexual, Trans and Gender-Diverse, Intersex and Queer (LGBTIQ+) capacity-building project.

This aimed to improve the capability of HOPE services to better respond to those in the LGBTIQ+ community at risk of suicide. The project is supported by an advisory group consisting of representatives from NWMPHN, Transgender Victoria, Switchboard, Austin Health, Grampians Health and the Department of Health.

In late 2021, a consultancy was engaged to undertake a rapid review of existing training, and to consult with representatives from HOPE services and the LGBTIQ+ community to develop recommendations for the design of appropriate training.

In early 2022, Thorne Harbour Health was contracted to undertake the pilot and evaluation phase of the project, including the development of the training program, its implementation at one metropolitan and one regional site, and facilitation of an external evaluation. The Austin Hospital and Grampians Health have been selected as the pilot sites.

Thorne Harbour Health is developing training modules that cover LGBTIQ+ cultural sensitivity and awareness, LGBTIQ+ affirmative practice, LGBTIQ+ suicidality, alcohol and other drugs use in the LGBTIQ+ community, LGBTIQ+ family violence, Aboriginal and Torres Strait Islander LGBTIQ+ communities, trans and gender diversity, multicultural and multifaith intersectionality and intersex.

The modules will be developed in collaboration with the LGBTIQ+ project governance steering group, which comprises members from partner organisations Zoe Belle Gender Collective, Australia GLBTIQ Multicultural Council and Intersex Human Rights Australia. It is anticipated that the project will be finalised in late 2022.

Tradies, down tools for a quick coffee in Collingwood.
Photo: Leigh Henningham

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Building the right tools for the job

As any tradesperson will attest, the best way of ensuring high-quality and consistent results is to use an expertly designed tool. NWMPHN has played a lead role in the implementation and use of clinical decision-support models, or tools, which go a long way towards ensuring access to health care is equal and appropriate for everyone.

The examples in this section represent just a fraction of the resources and tools that we develop across our priorities. Quality improvement workbooks, the ***Access and Equity Framework***, our emergency framework, and other ways to support communications by our commissioned services providers find space in our ever-expanding tool box.

HealthPathways: putting knowledge into practice

HealthPathways offers clinicians locally agreed information to make the right decisions together with patients, at the point of care.

The pathways are designed primarily for general practice teams, but are also available to specialists, allied health professionals and other health professionals in our region.

NWMPHN works continuously to expand and improve the HealthPathways resource. It now covers more than 800 conditions and diseases. During the financial year, hundreds of previously published pathways were reviewed and where warranted updated to reflect changed clinical advice and new treatments.

This process ensures that GPs have the most up-to-date guidance. HealthPathways is now well recognised as a gold-standard best-practice clinical tool.

During the financial year, the platform received 1,283,045 page views, with an average of 106,920 views each month. Pleasingly, 8 per cent of visitors were new users.

Standardising mental health assessments

The Initial Assessment and Referral Decision-Support Tool (IAR-DST) is a standardised approach for health professionals to ensure appropriate action for people requesting help for mental health issues.

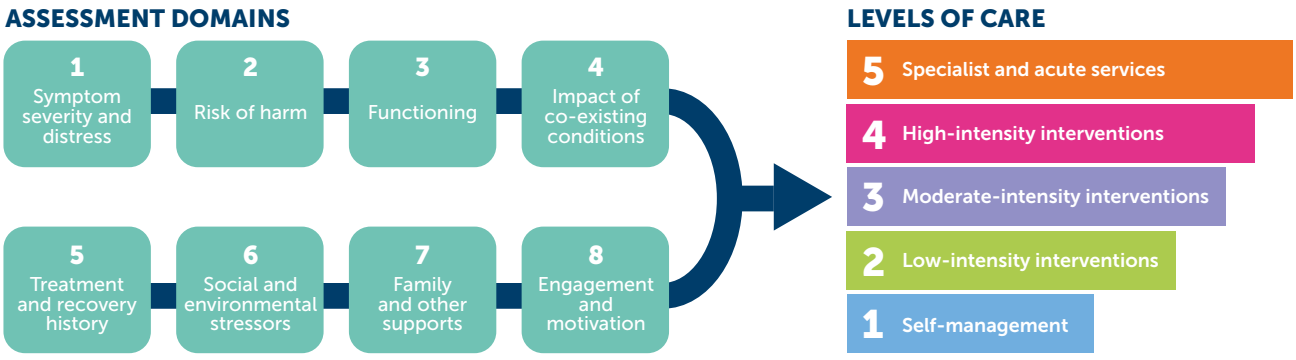
The IAR-DST was a critical component of the successful Head to Health network established by primary health networks across Victoria in September 2020.

It is an essential component of NWMPHN's approach to mental health and wellbeing, which is to ensure that every caller is referred to case-specific, tailored support – ensuring that there is 'no wrong door' into mental health care.

Used at capacity, the IAR functions not only as a tool for assessment, triage and referral, but also as a framework for system organisation. It optimises care, and streamlines management.

NWMPHN is now offering training in the use of the IAR-DST tool to GPs across its region. Under the Victorian and Australian Government mental health bilateral agreement signed in 2022, the Victorian Government has now also committed to using the IAR-DST, embedding it in the rollout of Victorian Adult and Older Adult Local Mental Health and Wellbeing Services (Locals).

Another tool, still in its trial phase, is the Culturally Responsiveness Assessment Tool (page 42). This was designed in response to research commissioned and funded by NWMPHN that found varying levels of awareness among primary care professionals when interacting with patients from culturally diverse backgrounds.



IAR-DST tool diagram.
Image: Murray PHN

Improving responses to culturally and linguistically diverse clients

The Culturally Responsiveness Assessment Tool came about because in early 2021, an interesting anomaly was detected in attendance data for hospital emergency departments in Melbourne.

The figures showed that people from culturally and linguistically diverse (CALD) communities were overrepresented on evenings and weekends. Many of them sought treatment for non-urgent conditions that could be treated as well, if not better, by general practices.

NWMPHN commissioned the Ethnic Communities Council of Victoria (ECCV), which partnered with Community-Owned Primary Health Enterprises to investigate. The researchers convened focus groups of CALD community members, and consulted widely with health care workers from organisations including the Multicultural Centre for Women's Health, Victorian Transcultural Mental Health and Odyssey House.

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What they discovered presented an urgent challenge for the sector. They concluded that Melbourne's primary health care system can be difficult to access for people from CALD backgrounds, potentially endangering care for some of the city's most at-risk communities.

They found that many frontline health workers – including doctors, nurses, mental health professionals and alcohol and drug counsellors – lacked training and resources to properly service people who find the English language challenging.

A widespread lack of translated materials or culturally trained advisers meant many people weren't properly inducted into primary health care services. The problem was particularly acute outside normal business hours.

With the cost of consultation now significantly greater than the Medicare rebates available to patients, low or unstable incomes sometimes serve as an additional disincentive.

As part of its response, NWMPHN again worked with ECCV to create the Culturally Responsiveness Assessment Tool, which helps health service providers recognise common barriers and develop approaches that take cultural background into account.

The tool is being tested by some of our commissioned service providers, including Merri Health, IPC Health, Catholic Care and Orygen.

The response has been uniformly positive. Typical is this feedback from Catholic Care:

"Activities included in the action plan were a great opportunity for the organisation to reflect upon service delivery offered to CALD communities and gaps. This activity has also enabled CC's capacity to critically analyse their cultural responsiveness and has provided tools to improve responsiveness over a wide range of domains."

Reconciliation Action Plan.
Artwork by Dixon Patten, Bayila Creative

Aboriginal ways of knowing, being and doing

NWMPHN works closely with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) on a variety of projects. One of these aims to develop a deeper understanding of Aboriginal ways of knowing, being and doing, and how these practices can be applied in both Aboriginal and non-Aboriginal organisations.

As part of this, VACCHO undertook comprehensive literature reviews and stakeholder consultations, which led to the development of 4 tools.

Two of these were summaries of how Aboriginal ways of knowing, being and doing can be incorporated into practice in culturally safe ways. The other 2 enabled better approaches to recruitment, and decision-making support for when to engage Aboriginal and Torres Strait Islander people in project activities.

For more about NWMPHN's engagement with Aboriginal and Torres Strait Islander communities, and its Reconciliation Action Plan, see page 56 and page 76.

The onsite team at headspace Collingwood, from left to right: Eliana, Claire, Liam, Michael, Pat, Natalie, Elizabeth, Denise, Penny.
Photo: Leigh Henningham

Using data to improve mental health services

NWMPHN is responsible for the contracting and performance management of headspace services in its region. It is also responsible for monitoring the effectiveness and productivity of each centre across core and enhanced activities.

Data is critical to all these functions, so in the second half of 2021, our Youth Mental Health and Insight, Performance and Digital Services teams created a revised approach to monitoring and reporting for headspace – aiming to strengthen and deepen insights into performance.

This process involved working closely with headspace lead agencies and centre managers to help them improve their data literacy, and to build a shared understanding of how to measure performance and track improvement. The result was a shift in culture through stronger relationships between NWMPHN and headspace service providers, meaning stronger alignments on objectives and better sustainability.

"This new approach gives us and our headspace operators more robust and transparent feedback on how they are meeting the needs of young people in our community,'' said George Howard, Director, Mental Health and Wellbeing.

In the next financial year, leveraging off this shift to improving data, monitoring and reporting, NWMPHN will work with headspace centres to bring about greater accountability to community. This will improve capability to demonstrate the effectiveness of headspace services and share insights across the region.

"This new approach gives us and our headspace operators more robust and transparent feedback on how they are meeting the needs of young people in our community."

George Howard, Director
Mental Health and Wellbeing

Natalie Harrod, Clinical Manager, headspace Collingwood.
Photo: Leigh Henningham

"Most kids prefer coming in and seeing us face to face."

Natalie Harrod

On screen or in person, headspace numbers are on the rise

For young people, the option of telehealth consults can be a bit of a mixed blessing, according to Natalie Harrod, clinical manager at headspace in Collingwood.

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During the pandemic, headspace services across Melbourne were faced with an increase in demand, coupled with a decreased ability to see clients in physical spaces. Telehealth provided an obvious answer, but for many it was a less than ideal option.

"Most kids prefer coming in and seeing us face to face," said Natalie. "A lot of young people live in different circumstances, so they don't feel that they have confidentiality. They may share a bedroom with a sibling or a cousin or even a parent at times, and so they don't feel like they have the space to have a private conversation.

"Their home life might be a bit different. There might be a bit of conflict. So, they might feel embarrassment if the clinician can hear things going on in the background potentially."

Regardless of their home circumstances, the pandemic has had a serious effect on an entire cohort of young people, resulting in ongoing developmental issues.

"We're seeing a lot of anxiety and worry," Natalie said. "A lot of people in their formative years were locked down for two years, and in that adolescent period, that 14 to 16 age range where people are sort of starting to individuate from their parents, that period was a bit stunted potentially for some people, because they weren't able to socialise."

Dr Liam O'Neill, access clinician at the Collingwood centre, noted that there had been a solid upswing in referrals.

"I think a lot of young people who maybe didn't need formal support or support from a mental health professional, prior to the pandemic, are seeking that additional support now," he said.

"The pandemic and everything that came with those lockdowns – social isolation, more time indoors and not being able to attend face-to-face school – definitely impacted young people in a way that their resilience probably didn't let them deal with themselves.

"It's been really great to be a part of the team that can support people to work through those difficulties that they might not have faced before."

Natalie also noted that support from NWMPHN has been significant and has bolstered the team's ability to deliver services, especially during the pandemic.

"headspace Collingwood really enjoys a positive working relationship with NWMPHN, and we're able to have very open discussion around what's working and what isn't," she said.

"We feel supported by the PHN and we know that they are always looking for ways to fund us and keep us going."

Head to Health

Head to Health services (formerly known as HeadtoHelp) were first established in Victoria through collaboration between the 6 Victorian PHNs in late 2020.

The free service includes a telephone-based initial assessment and referral function that connects people to the right service for them. Feedback from users reflects its effectiveness in supporting access to and navigation of the mental health system.

Between July 2021 and June 2022, the NWMPHN intake team answered 4059 calls from people in the NWMPHN area. This resulted in 1,316 completed initial assessments and referrals (IARs), with 930 referrals to Head to Health Hubs and 386 referrals to other services. In the coming year, the service will be reviewed and enhanced, adding navigation for AOD services.

Application of the Initial Assessment and Referral Decision Support Tool (IAR-DST) at scale has been a significant innovation. The Victorian Government committed in the bilateral mental health agreement signed with the Australian Government in April to adopt the tool throughout its Victorian Adult and Older Adult Local Mental Health and Wellbeing Services (page 41.)

This standardised, evidence-based and objective approach to working with someone seeking mental health support enables a consistent approach to assessing a person's needs, which ensures clients are connected to the right type of supports. These include digital information to support self-care, targeted psychological supports or access to specialist and tertiary services. NWMPHN will be supporting GPs and mental health professionals in the region to use and apply the tool systematically through training and other resources.

The Head to Health Data Management System – developed in Victoria and managed by NWMPHN – enables the sharing of IAR-DST information (with consumer consent) so people don't have to tell their whole story over and over again. This not only makes the process of accessing mental health care less traumatic, it also supports greater continuity. The Head to Health initial assessment and referral model and the 1800 595 212 phone number, established by Victorian PHNs, is now being rolled out across the country by the Australian Government. The national service will be enabled by the Head to Health Data Management System, with NWMPHN continuing its lead role in the process. NWMPHN also has responsibility for national telephony administration.

4,059 calls to Head to Health for NWMPHN region

1,316 IARs completed

930 referrals to Head to Health Hubs

386 referrals to other services

What next for Head to Health?

Head to Health hubs developed and established in Victoria will gradually transition to new Victorian Government-funded Adult and Older Adult Local Mental Health and Wellbeing Services.

This is part of a collaborative approach under the bilateral mental health agreement that seeks to better meet the needs of people with mental illness through joint planning and investment.

Better mental health for tradies

In August 2021, NWMPHN responded to a growing concern that tradies in our growth corridor required better access to mental health support, with a targeted campaign directing calls to HeadtoHelp. Despite trades strikes and demonstrations, the 'Lighten the load' campaign, resulted in over 2100 tradies, or their families, reaching support via the HeadtoHelp website or through the 1800 number.

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Zane and Jake lend a hand with the HeadtoHelp tradies campaign.
Photo: Ellis Jones Agency

Staged care mental health services through CAREinMIND™

The mental health services commissioned by NWMPHN include CAREinMIND, which continues to provide much-needed care to the region's priority populations and those experiencing financial hardship.

NWMPHN's vision for mental health services is a responsive, person-centred system of care that is easy to access, integrated and effective. We are committed to commissioning mental health service providers who can develop and deliver a system of care that aligns with these characteristics.

A 2020 review of CAREinMIND recommended that we undertake a redesign of the service to improve access to care, meet consumer preferences and needs, and increase integration with other mental health and non-mental health services delivered by NWMPHN and other organisations. (The need for these changes was reinforced by consumer feedback.)

The first stage of the Staged Care Mental Health Redesign project began on 30 June 2021 and ran for 12 months. During this time, the Mental Health Services team:

- reviewed and refreshed the CAREinMIND program model, including by developing a clear description for the 3 service delivery streams, reforming pricing and refining key performance indicators
- updated contracts to reflect changes to the program model
- created a new service improvement plan for NWMPHN's central intake
- developed a robust contract management strategy.

The commissioning of mental health services will continue to evolve over the coming year, informed by feedback from service users, service providers and input from expert advisory groups and other sources.

To ensure services continue to provide quality and equitable access, our areas of focus include the Quadruple Aim of:

- **Improved patient experience** – moving from a fragmented to an integrated system, including improving the referral process for consumers
- **Improved provider experience** – moving from unclear pathways with a focus on activity to holistic models of care focused on outcomes, supported by a contract management strategy and better engagement with referrers
- **Population health** – moving from a lack of diversity responsiveness to equitable access and responding to the physical health needs of people living with mental illness
- **Sustainable cost** – moving from unaligned federal and state services to a system with no gaps and no duplication, characterised by flexibility, value and outcome-based funding models.

What's next for CAREinMIND?

CAREinMIND will continue to evolve as the new Victorian Government-funded Adult and Older Adult Local Mental Health and Wellbeing Services are established. The service will continue supporting those most vulnerable and whose needs may not be met by other services.

As with the Head to Health Hubs transition, this evolution of CAREinMIND is part of a collaborative approach under the bilateral mental health agreement that seeks to better meet the needs of people with mental illness through joint planning and investment.

Activating community and partnerships

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NWMPHN is committed to engage fully with the primary health sector and the 1.9 million people who live in its catchment. Consultation and co-design are key elements in our approach to transforming health care to ensure everyone in our community has equitable access to the health services they need, when they need them.

Translating commitment into practical ways of working led us in 2021 to formally define the ways in which personal disadvantage can be measured, and the ways in which health care deficits and challenges can be assessed. The aim was to ensure that NWMPHN's goals of a fairer and more equitable health system – and especially of ensuring that those with complex challenges are seen, heard and supported – have practical and reproducible pathways to success.

The result was NWMPHN's first ***Equity and Access Framework***. Like the *Health Needs Assessment*, it serves as a foundation document, guiding our direction and establishing the key priority areas for action.

COVID-19: pathways through the pandemic

In mid-2020, faced with the spread of COVID-19 – a previously unknown disease with neither vaccine nor effective treatment – an urgent, improvised collaboration between a Melbourne hospital, a primary health network and a community health organisation created a system that supported thousands of lives and ensured the city's health care ecosystem didn't collapse.

The multi-dimensional constructed model, which included financial, social and mental health supports, resulted in more than 80 per cent of COVID-19 patients being treated successfully in their own homes, monitored by GPs, leaving hospitals free to care for the seriously ill.

Called the West Metro COVID-Positive Pathway, the model was quickly adapted by other health services and is now the standard tool for pandemic management across Victoria. In a paper published in 2022 in the ***Medical Journal of Australia***, a team of experts led by the pathway's architects revealed that the approach is now being adapted to improve management of other infectious or chronic diseases.

The pathway was originally designed by NWMPHN, the Royal Melbourne Hospital and community health organisation cohealth, supported by the Victorian Department of Health.

It went into operation on 3 August 2020, as the Victorian Government declared a state of disaster.

A month later, 3 more organisations joined in – Djerriwarrh Health Services, Western Health, and Werribee Mercy Hospital. By that stage, the pathway covered 7 municipalities containing more than one million people.

What made the pathway design effective for patient care and resource allocation was that it embraced 3 clinical skill sets: hospital-based acute care, GP-based primary health care, and community-health-based psychosocial supports.

From its inception, the pathway model operated as an inclusive, multi-pronged process. The entry point for patients was a positive PCR result, followed by a contact-tracing phone call. If the patient consented, cohealth workers conducted a standardised risk assessment for severe disease and any psychosocial problems that might preclude home-based isolation.

People with financial problems or other challenges such as drug and alcohol dependencies were referred for specialised support, as was anyone without a Medicare card.

Following triage, enrolled participants were allocated to low, medium or high tiers of care according to their symptoms and risk factors for severe disease.

Low-risk participants were monitored by telehealth services (most provided by regular GPs) every second day during the second week of illness.

Photo: Leigh Henningham

People at risk of severe disease and those with moderate symptoms were referred to hospital outreach services. Those already seriously ill were placed in wards or ICU.

The *Medical Journal of Australia* paper was written by a team of 14, including Royal Melbourne Hospital respiratory physician Dr Alistair Miller, Professor Benjamin Cowie from the Peter Doherty Institute for Infection and Immunity, and others from the WHO Collaborating Centre for Viral Hepatitis, Djerriwarrh Health Services, Western Health, Werribee Mercy Hospital and Vrije Universiteit Amsterdam.

61.2%

of COVID-positive patients were provided care in the community by their GP.

The pathway model was quickly adopted and adapted as the standard model across Victoria. It is now informing the management of heart disease, lung disease, mental health issues and other chronic conditions.

The Access and Equity Framework: the story so far

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In September 2021, NWMPHN's first **Access and Equity Framework** was launched. It builds on the organisation's long-standing commitment to ensuring equitable access to health services and good health outcomes irrespective of a person's personal circumstances.

The Framework takes a social determinants of health approach, recognising that a person's health is impacted significantly by non-medical factors such as household income, education level and housing tenure, among other things. Health inequities are often experienced by people who are exposed to most disadvantage and are at risk as a result.

The document includes a 3-year Action Plan containing 33 actions aimed at reducing health inequity in the region. Some of these actions have already been completed, and many more are underway.

Highlights include:

- establishing a social determinants of health approach for the 2021–24 *Health Needs Assessment* to sharpen our focus on the needs of priority populations more likely to experience inequitable health outcomes
- conducting targeted recruitment to enhance diversity within the Community Council (page 72) and People Bank (page 74) to ensure that members of priority populations can more readily influence policy and practice
- conducting a survey to understand the current level of staff knowledge and capability in relation to access and equity, priority populations, social determinants of health, community participation and reconciliation. (The findings are now informing staff training to build capability)
- strengthening our approach to community participation throughout the commissioning process
- applying an 'equity lens' to key internal policies and processes as part of embedding equity considerations into everything we do
- starting a conversation about diversity and how we can enable a more diverse organisation where all employees can thrive.

In June 2022, a working group was established with staff from across the organisation to accelerate implementation of the 3-year Action Plan. We look forward to sharing more about what has been achieved in the next Annual Report.

Photo: Leigh Henningham

Photo: Leigh Henningham

The crucial role of lived experience

NWMPHN recognises that involving the end-users of services is critical to achieving effective and positive outcomes. Without insight from people with lived experience, whether of service and system issues, or of the nature of an illness, we risk building structures that do not address the needs of those they are intended to help.

The design and delivery of effective health programs needs to be treated as a continuous process, from conception through to rollout, performance monitoring and evaluation.

Since its establishment in 2015, NWMPHN has continuously refined its approach to commissioning services. This involves expanding the participation of people with lived experience, and inviting them to sit alongside clinical experts. The concept of 'client expertise' is now deeply embedded in our process.

By bringing together clinicians and clients at the earliest stages of program design, we move beyond simple consultation to a genuine and authentic engagement. Design and evaluation become a dynamic and dialectic process, in which the divide between service users and service providers is dissolved and replaced by a continuous flow of shared knowledge and insight.

The *Access and Equity Framework* and the *Health Needs Assessment* have underpinned multiple sector and community partnerships, collaborations and co-designs this year. Here is a selection.

Improving children's physical and mental health

NWMPHN plays a leading role in developing, commissioning, funding and overseeing – in some instances, across Victoria – programs designed to improve primary health care for infants, young children and adolescents.

These programs have been built with the enthusiastic collaboration of universities, hospitals, the education sector, mental health service providers and, of course, parents and children. Here are five of them.

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COMPASS

The '**Connecting mental health paediatric specialists and community services**' (COMPASS) project is a collaboration that illustrates the widespread benefits of community and hospital services working together.

COMPASS involves the Murdoch Children's Research Institute, Royal Children's Hospital and NWMPHN and has multiple facets. These include:

- a community of practice that brings together practitioners who work in children's mental health, regardless of who funds them or where they work
- the Royal Children's Hospital's child and adolescent mental health psychiatry liaison service, which gives GPs access to specialists to support their care of children in the community
- NWMPHN's ongoing education activities, and access to support from a senior child mental health clinician for Head to Health clinicians.

Strengthening Care for Children (SC4C)

SC4C (page 21) is the result of a collaboration between NWMPHN, Murdoch Children's Research Institute, Royal Children's Hospital, University of New South Wales, the Sydney Children's Hospital Network and Central and Eastern Sydney Primary Health Network.

Primary Care Pathways to Safety

This is a partnership between NWMPHN and Safer Families, of the University of Melbourne. Clinicians from the University of Melbourne and family violence workers from GenWest and Berry Street co-delivered intensive in-practice education at 26 practices as part of the Primary Care Pathways to Safety Project (page 23).

Nurse Priscilla Javni with student Angelina Trifunoski at Reservoir High School. Photo: Leigh Henningham

Doctors in Secondary Schools

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Doctors in Secondary Schools (DiSS) provides a GP and practice nurse for 100 Victorian government secondary schools considered most in need. It complements existing student wellbeing programs aimed at preventative health and improving health literacy.

The program is funded by the Victorian Department of Education and Training and implemented by Victoria's 6 primary health networks, with NWMPHN in the lead role.

DiSS aims to provide equitable, accessible and professional primary health care services to young Victorians in secondary schools. In each case, a medical practice, selected through a rigorous expression of interest process, nominates a general practitioner or eligible registrar to provide services in a 'satellite clinic' within the school for 4 hours weekly. A practice nurse is also supported to spend a full day at the school.

From 1 July 2021 to 30 June 2022, the DiSS service delivered 11,049 GP consultations – mainly for mental health reasons (comprising 51.2 per cent of consultations), followed by matters related to physical health (28.9 per cent) and sexual health (9.1 per cent). There were also 4,655 referrals made by DiSS clinicians to secondary care including pathology, headspace, school-based or external psychologists and counselling, school health, mental health and wellbeing services and mental health practitioners in schools.

The DiSS program's objectives are to:

- make primary health care more accessible to students
- provide assistance to young people to identify and address any health problems early
- reduce the pressure on working parents and encourage young people to have a regular connection with general practice.

The Victorian Government has confirmed that DiSS will continue through to 2025, allocating $43.4 million to the program.

Health care at Reservoir High is a class act

"I think from the different variety of presentations that I've seen so far, to me it seems like a good idea to have doctors in secondary schools," said Dr Jenni Lyne, sitting at a table in the medical centre at Reservoir High School.

"Access to health care can be very difficult for young people. They are at school when clinics are open – many of which don't have after-hours appointments. And if they do manage to book a time outside of school hours, getting themselves physically there can be challenging."

Dr Lyne is part of a Doctors in Secondary Schools (DiSS) team. She works part-time at 2 clinics – Reservoir Medical Group, and IPC Health in Deer Park. She spends one day a week at the local high school as an extension of the first residency, and another at Laverton College P–12 as part of the second.

"The main benefit to me with these roles is really just being able to feel like you are providing a service that is of need," she said. "A lot of these young people don't normally access health care – or don't even realise that they need to access health care until you start asking all the questions."

Many DiSS participants find working with young people as they emerge from childhood into adulthood rewarding. Practices are expected to sign up to the project for a year, but most stay for at least 2.

Nevertheless, from time-to-time vacancies arise. For this reason, NWMPHN – the lead agency in the DiSS project – kicked off a rolling expressions of interest scheme in 2022, inviting eligible general practices to register their availability ahead of possible opportunities.

"It's an important matter of equity and access to medical care," said NWMPHN's Marie-Louise Neary, who heads the recruitment drive.

"Many families are under significant pressure and for a variety of reasons sometimes this makes it difficult for young people to get the attention they need. Missing out on care has lots of knock-on effects, not only for health but also for education and social connection."

And sometimes, even with parents happy and willing to ferry a young person to a medical clinic, having access to care on campus is still the best option.

"It gives them the opportunity to come and see us confidentially," said Priscilla Javni, a nurse at Reservoir Medical Group who does DiSS duty with Dr Lyne.

"A lot of the problems they are having are school problems – or they might be home problems – but in either case they are things they need to talk about but they don't want their parents knowing."

(Teenagers have certain age-dependent legal rights around health care and confidentiality. DiSS personnel, as well as school principals, full-time school nurses and wellbeing officers, are trained to navigate and respect these.)

Andrew McNeil, Principal of Reservoir High, acknowledged the value of the program:
"It provides a safe space for our students to see the doctor. Our students are very comfortable at school. It is something they are very familiar with. They don't have to go to a new clinic. They don't have to do anything different."

Dr Jenni Lyne, Doctors in Secondary Schools program, with Andrew McNeil, Principal of Reservoir High School.
Photo: Leigh Henningham

Secondary school student Che at headspace Collingwood.
Photo: Leigh Henningham

Enhancing Mental Health Support in Schools

The Enhancing Mental Health Support in Schools (EMHSS) program provides access to mental health services to all 335 government secondary schools across Victoria.

Initiated in 2018, EMHSS provides support to school communities to enable them to respond effectively to students' mental health concerns. Underpinning the support offered is an understanding that early identification and response to mental health concerns improves educational, developmental and wellbeing outcomes.

The EMHSS program provides:

- mental health interventions through headspace centres, commissioned by PHNs
- a regional telephone service for students of rural and regional schools, delivered through eheadspace
- education and training to build the capacity of school staff, delivered through headspace National.

These three components intertwine, with headspace centres, headspace National, the Victorian Department of Education and Training and primary health networks collaborating to deliver the EMHSS objectives. NWMPHN, on behalf of the Victorian Tasmanian Primary Health Network Alliance, leads the statewide implementation of the EMHSS program, including supporting Victorian PHNs in their commissioning of headspace centres to deliver the service.

During 2021–22, EMHSS was accessed by 1,457 young people, with clinicians conducting 5,449 occasions of service. In the NWMPHN region, the service saw 479 young people and delivered 2,257 occasions of service.

At the end of the financial year, the Victorian Government again extended its funding of the program until 2024.

Collaborating for Aboriginal and Torres Strait Islander wellbeing

NWMPHN works extensively to support and enhance primary care services so they are safe and culturally appropriate for the region's Aboriginal and Torres Strait Islander communities.

Of significant interest this financial year has been a multi-pronged collaboration with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to develop an Aboriginal Social and Emotional Workforce Strategy Implementation Plan for the NWMPHN region.

VACCHO consulted with Victorian Aboriginal health and wellbeing sector organisations, Aboriginal Community Controlled Organisations and 'mainstream' groups to complete an analysis of the Aboriginal health and wellbeing sector in the region. This assessed the gaps, needs and opportunities to strengthen the Aboriginal health and wellbeing workforce.

The project identified 10 strategic priorities to improve Aboriginal health and wellbeing workforces. These included increasing the number of Aboriginal people in the workforce across all levels, roles and functions; creating workplaces in which people can thrive; and equipping non-Indigenous people to provide services that are effective and culturally safe.

NWMPHN's next steps include assessing how this implementation plan can be utilised within the organisation, how it aligns to other strategic plans, and how it can be promoted to services and organisations within the region.

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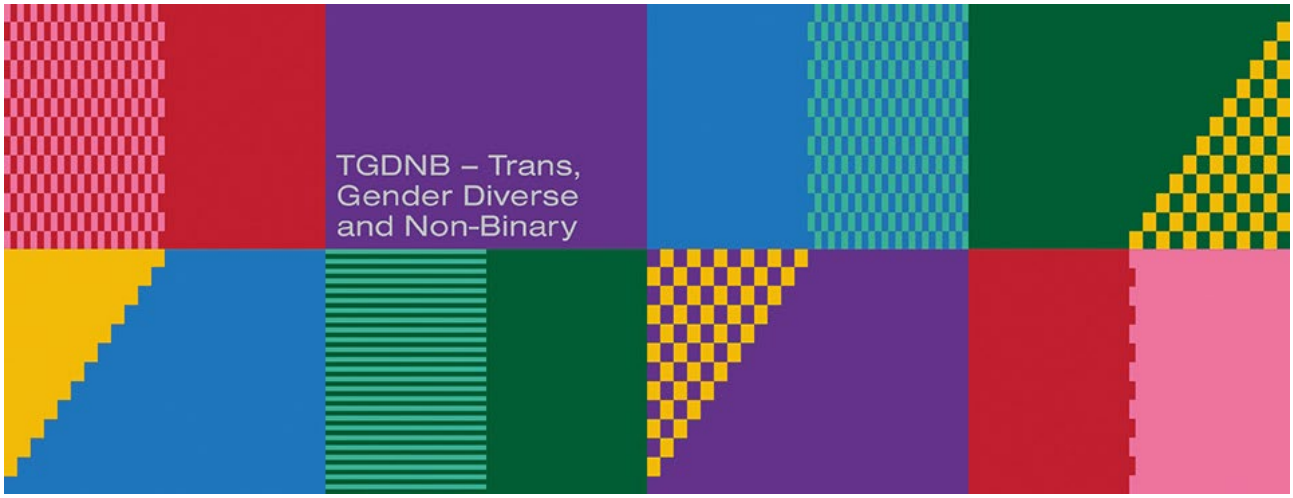
Photo: VACCHO



TGDNB module graphic by artist Amery Johnston

LGBTIQ+ communities, art bombs and barbers

Tackling suicide in the LGBTIQ+ community

June 2022 marked the formal conclusion of a unique series of projects – enabled and co-designed by NWMPHN – aimed at better understanding suicide and suicidal ideation among LGBTIQ+ communities.

The projects were part of the 5-year National Suicide Prevention Trial (NSPT), an initiative funded by the Australian Government across 12 different sites nation-wide.

NWMPHN applied to be part of the NSPT in 2017, and advocated for LGBTIQ+ communities to be included. It became the only primary health network in the trial to have a sole focus on the particular needs and stresses of this demographic.

The primary aim of the projects that resulted was to increase the community's access to health care while removing barriers and stigma. This was achieved through extensive consultation with LGBTIQ+ health care service providers and the broader LGBTIQ+ population, particularly those members who brought with them the voices of lived experience.

Among others, some of the key initiatives included the development of an LGBTIQ+ suicide Aftercare program, a mentoring program for LGBTIQ+ young people and their families, the LGBTIQA+ Suicide Postvention Response Plan and the development and delivery of LGBTIQ+ specific suicide prevention training programs.

The LGBTIQ+ Aftercare Program was delivered by Mind Australia and was designed to support LGBTIQ+ people who may be experiencing thoughts or intentions of suicide. During the national trial, the Aftercare program supported 52 clients with 570 direct client support hours, 350 hours of psychological support and 50 hours of group sessions.

The LGBTIQ+ Mentoring Projects were developed to provide formal peer and mentoring support to LGBTIQ+ people and families. Delivered by Drummond Street Services, people were matched with a mentor to reduce the effect of certain factors, such as social isolation, which are known to contribute to suicide planning or attempts. During the trial, 102 mentors supported 237 mentees, and 172 groups and events were delivered.

The LGBTIQA+ Suicide Postvention Response Plan was developed at the conclusion of a qualitative research project by Switchboard and NWMPHN. The plan provides a set of guidelines, actions and procedures that can be implemented following the death to suicide of someone with connections with the LGBTIQ+ community, to help alleviate distress, reduce risk of imitative suicidal behaviour, facilitate bereavement and promote recovery of communities and those left behind to grieve.

As well as these projects, NWMPHN partnered with organisations to create training modules focused on LGBTIQ+ suicide prevention.

LivingWorks delivered LGBTIQ+ adaptations to their existing safeTALK and ASIST programs. These were delivered to 412 people across 36 workshops. Eleven safeTALK and 15 ASIST trainers are now registered to deliver the content.

In partnership with Thorne Harbour Health, an LGBTIQ+ Affirmative Practice training package was designed and delivered to mainstream service providers to build their capacity to provide gender-affirming care. By the end of the financial year, 1,687 people had completed the training through 79 sessions.

In partnership with the University of Melbourne, 2 training modules were developed to support health workers who are engaged with trans, gender-diverse and non-binary (TGNB) clients. Early in financial year 2022–23, the modules were added to the university's School of Medicine mobile learning platform.

What next?

Information relating to the suicide prevention trials is available on the NWMPHN website. This includes an extensive evaluation of all activities in the LGBTIQ+ National Trial, trial guides developed to support those interested in implementing similar activities, and general information about the activities and lessons from the 2 place-based trials.

Lessons from the LGBTIQ+ National Trial are being used to inform NWMPHN's Suicide Prevention Action Plan, ensuring that our suicide prevention, response and postvention activities work to address and support system challenges that impact those who have experienced suicidal ideation, have attempted suicide, or are bereaved by suicide.

Brimbank-based artist Manny Sison took part in the NWMPHN Art Bomb mental health project. Photo supplied

Macedon Ranges Art Bomb Project artists Aimee Timpson, Fiona Farrugia and Mark Ingall are pictured with Sine O'Dowd (second from right), who will be facilitating a mental health awareness art installation with local secondary students. Photo: Sylvia Franzen

Taking a local approach to suicide prevention

NWMPHN was responsible for implementing 2 place-based suicide prevention trials, one in the Brimbank-Melton local government areas and the other in Macedon Ranges LGA.

These areas were selected because they experience higher-than-average or accelerating rates of suicide and self-harm. The trials focused on local needs and priorities to develop solutions that work towards reducing rates of suicide and self-harm and improve communities' resilience and wellbeing.

Each trial site was supported by locally based network groups. These were responsible for developing and implementing responses and evidence-based strategies. The groups comprised community members and local workers, plus people with lived experience of suicide. This ensured activities across each site were highly tuned to local conditions and priorities.

The trials ran for 5 years, and concluded in June 2022.

The Art Bomb Project: raising awareness and celebrating artists

Art practice can be a powerful therapy, and a robust form of communication that speaks to everyone by bypassing the written word.

In the second half of 2021, NWMPHN's suicide prevention team launched the **Art Bomb Project** – a campaign that celebrates the work of artists who have lived through mental health challenges.

The project makes several valuable contributions to community life, not least of which are fostering understanding of mental health services and how to access them.

The first Art Bomb rollout involved 2 artists who live in the western suburbs of Melbourne. It was strongly supported by Melton and Brimbank councils, which contributed expertise, administrative support and, most importantly, venues for the work to be displayed.

In each case the works were mounted, accompanied by QR codes. These led to more information about the art and artists, but also to information about support services and NWMPHN's suicide prevention work.

Melton artist Lisa Fitzpatrick working on her painting, *Nature's Beauty*, as part of the Art Bomb mental health project.

Photo supplied

The first exhibition in November 2021 featured the three-dimensional paper artwork of Brimbank artist Manny Sison. It was held at the Sydenham Library in the Water Gardens shopping complex.

The Art Bomb Project aims to:

- encourage community participation and create opportunities to change narratives about suicidality and mental illness
- provide messages of hope and community resilience in times of uncertainty, and reinforce the importance of accessing support
- support and promote local artists
- target at-risk communities including Aboriginal and Torres Strait Islander peoples, LGBTIQ+ people, and culturally and linguistically diverse people
- raise awareness of mental health support services.

Starting a few weeks later, NWMPHN funded a parallel 'art bomb' in the Macedon Ranges local government area, coordinated by Benetas Macedon Ranges Health and Macedon Ranges Suicide Prevention Action Group.

This campaign featured artists from Romsey, Gisborne and Kyneton.

Both campaigns attracted significant media coverage, spurred by press releases developed and distributed by the NWMPHN communications team, with articles and photographs running in suburban and regional newspapers.

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What next?

Information relating to the suicide prevention trials is available on the NWMPHN website. This includes an extensive evaluation of all activities in the trial guides developed to support those interested in implementing similar activities, and general information about the activities and lessons from the 2 place-based trials.

Lessons from all our suicide prevention trials are being used to inform NWMPHN's Suicide Prevention Action Plan. This ensures that our suicide prevention, response and postvention activities work to address and support system challenges that impact those who have experienced suicidal ideation, have attempted suicide, or are bereaved by suicide.

Cut The Silence: celebrities and barbers unite to tackle men's mental health

Actor and Macedon Ranges resident Stephen Curry got his first job when he was 10 years old, sweeping the floor of the local barbershop in the Melbourne suburb of Deepdene.

It was, he recalled, the first time he heard men opening up about their worries and concerns.

Curry – star of *The Castle*, *The King* and *Spreadsheet* – made this observation during a conversation in a barbershop with another Australian film and television identity, Shane Jacobson.

The pair – clad in capes while reclining in barber chairs – address mental health and manly behaviour as part of a series of short videos promoting a new campaign in the Macedon Ranges, dubbed '**Cut The Silence**'.

The concept came from Gisborne resident and advertising creative Mat Garbutt. It was supported by Macedon Ranges Suicide Prevention Action Group and funded by NWMPHN through the Macedon Ranges place-based suicide prevention trial.

Cut The Silence recognises that barbershops have traditionally been one of the few spaces in which men can talk about how they are feeling and coping – or not. The campaign identifies the businesses as gateways to professional support services for men at risk of experiencing a mental health crisis.

Five businesses signed up to the campaign: Ace Barber in Lancefield, Joe's Barber Shop in Kyneton, Danny's and Nor'West Barbers in Gisborne, and JD Hair & Barber Studio in Romsey.

The barbers received training on how to identify and talk to customers who appear to be struggling with their mental health. While they do not take the place of counsellors or mental health professionals, they now have information and resources to guide customers towards help if they want it.

"I think that men find it easier to talk in a barbershop, as we are strangers to them and whatever they tell us is discreet, without any judgement they may feel their mates have," said Janine Vincent from JD's Hair & Barber Studio.

Shane Jacobson talks to Tom Gleeson and other friends, who sat in the barber's chair for the Cut The Silence campaign in the Macedon Ranges. Photo: Deadpan media

"I think the Cut The Silence training will help us to look for signs of someone not really coping, as sometimes it's the funny guy who's depressed."

Joe Woods from Joe's Barber Shop agreed. "It's not too often we are approached by our clients with mental health issues," he said. "However, we are often aware they may have some issues and I tend to ask if anything may be wrong, and that may start a conversation."

Shane Jacobson and Mat Garbutt rallied some high-profile Macedon Ranges friends for the videos. As well as Stephen Curry, others featured are comedian Tom Gleeson, mental health advocate Jeremy Forbes, former AFL player Matt Dick, musician Pat Devlin, and international garden designer Paul Bangay.

Joe Woods from Joe's Barber Shop Kyneton was one of 6 barbers trained in suicide prevention and part of the Cut The Silence campaign. Photo: Deadpan media

Better primary health care for sexually transmitted infections

The Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL) program, developed and run by NWMPHN, **delivers comprehensive education and training** for the primary health care workforce for the diagnosis, treatment and management of HIV, hepatitis B, hepatitis C and sexually transmitted infections (STIs).

It includes the provision of training and certification for practitioners who prescribe highly specialised drugs administered under Section 100 (S100) of the *National Health Act 1953*.

In 2021–22, VHHITAL delivered 33 sessions involving 530 participants.

It also developed, in collaboration with Dr Melanie Bissessor from the Melbourne Sexual Health Centre (MSHC), a package addressing the need for more information on *mycoplasma genitalium* and drug-resistant STIs. The package will be launched during the first quarter of 2022–23.

VHHITAL team members worked with the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), together with MSHC's Dr Jacqui Richmond and Shauna Hall to plan training packages specific to nurse education on hepatitis B and C viruses. The pilot, focused on HCV, was successfully delivered in mid-2022. The full product will be rolled out in 2022–23.

Promotional graphic for VHHITAL's STI videos.

Three new primer videos were developed to support the VHHITAL suite and are available online. The first, focusing on chlamydia and *mycoplasma genitalium*, was uploaded in March 2022 and has received more than 1200 views.

Communities of practice in the areas of STIs and HCV are being established to support health workforce education and collaboration, and build on the successful communities already in place in HIV and HBV for s100 prescribers.

A first in Australia, in 2022 VHHITAL began piloting a group-mentoring program for newly accredited HIV s100 prescribers. This involves quarterly discussion sessions among peers, to support their independent management of patients living with HIV during their first 12 to 18 months of practice.

s100 prescriber numbers grew to 130 for HIV and 97 for HBV prescribers during 2021–22, an increase of 30 and 55 respectively.

Actor Lotus Hall in a scene from the VHHITAL STI video series.
Photo: Atticus Media

Precious Time campaign graphic by Icon Agency.

Precious Time: end-of-life resources in one place

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Precious Time is a website that provides information, options and education about end-of-life support. It is designed to ease communication and planning for people who have received a terminal diagnosis, and for those who love and care for them.

It was developed by NWMPHN after a community consultation panel, called Dying Well, indicated that locating and accessing information relevant to the sudden concerns of people who have received an end-of-life diagnosis was unnecessarily challenging.

With input from experts on the physical, mental and cultural impacts of ageing and death, the website helps patients, friends, family and carers create care plans and understand the social, religious and secular beliefs that influence how each person wishes to be cared for in their final days. This may include options for medical interventions, and how they want their remains treated.

Precious Time also contains an extensive directory of services and support offered by a wide range of organisations, so family and carers can best meet the wishes of the dying person. Some of these focus on the north, west and central Melbourne regions, but are broadly applicable across the state.

The directory will continue to grow. Service providers can list for free.

The Precious Time website was created by NWMPHN, in collaboration with Melbourne digital design agency Portable.

More than 60 people participated in the 'goodbye COVID' video. Photos: The Jasper Picture Company

Saying 'goodbye COVID' in many tongues

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Almost one-third of those living in the NWMPHN catchment area were born in countries in which English is not the predominant language. So translating health messages – and doing so in culturally appropriate ways – is a key activity.

This is particularly the case given the critical need to promote vaccinations as a primary measure of reducing the harm caused by COVID-19. To achieve this, clear communication to all communities, including to those that speak languages other than English, was a challenge that had to be met.

NWMPHN has kept this awareness at the centre of its work, ensuring it is developing clear, timely and accessible communication for communities.

In mid-2021, we launched a series of vaccination videos in 20 languages. The "Goodbye COVID" series featured more than 60 volunteers from culturally and linguistically diverse communities explaining in their own language why they're getting vaccinated.

Producing videos in many different languages is difficult, but it needs to be done. And it's not just about simple translations. People from culturally diverse backgrounds must have access to clear information in their own language.

Languages featured in the videos include Arabic, Cantonese, Greek, Hindi, Italian, Mandarin and Vietnamese, all spoken widely in Melbourne's inner, northern and western suburbs.

The communities that speak these languages are also those that have been most severely affected by the coronavirus pandemic in Australia.

The Goodbye COVID videos added to NWMPHN's considerable library of COVID-19 messaging in many languages. NWMPHN's 'Stay Safe' videos were seen by more than 600,000 people in 2020. More recently, NWMPHN worked with the Centre for Culture, Ethnicity and Health to produce multilingual videos on the importance of looking after our mental health and wellbeing during the pandemic.

The Goodbye COVID videos have been viewed more than one million times.

Bibha Sharma, on location in Coburg, filming a 'Goodbye COVID' video. Photo: Mary-Anne Toy

Organisational excellence

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The work outlined in this report would have been impossible without NWMPHN's talented and dedicated staff, supported by our governing and advisory groups.

NWMPHN strives to ensure there are processes and tools in place to enable and support staff to work to the highest standards. This enables us to provide effective care to the residents in our catchment, and to the primary health care sector that serves them.

As a not-for-profit organisation, with the majority of its funding derived from government, NWMPHN is always mindful that it is entrusted with public money. This is a responsibility that we aim to acquit diligently by:

- allocating funds according to the highest standards of probity and governance
- ensuring that the programs and services we commission create the best possible health outcomes while remaining economically sustainable.

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 all our broad-scope planning, reflected in our *Strategic Framework*, *Access and Equity Framework* (page 50), *Reconciliation Action Plan* (page 76) and *Health Needs Assessment* (page 30).

Progress is overseen by NWMPHN's Board of Directors, guided by several key groups, including our Clinical and Community Councils, Expert Advisory Groups, and People Bank.

We work closely with our commissioned service providers and actively seek to involve people with lived experience of the physical and mental health conditions that we are trying to support.

Whenever possible, we aim to co-design programs with the people who will deliver and use the services we design and fund.

Access and equity priority areas

Access and equity priority areas are ...

Priority Area 1
Show leadership and commitment to equity as a strategic priority

Priority Area 2
Embed equity into everything we do

Priority Area 3
Use data and evidence to support action

Priority Area 4
Engage with communities 'including people with lived experience' and partner with collaborators

Priority Area 5
Build capacity and skills

Pharmacist Angelo Pricolo is a member of NWMPHN's Clinical Council (left).
Photo: Leigh Henningham

Academic excellence

As well as being actively engaged in analysing trends and needs in its large catchment area (illustrated by the *Health Needs Assessment*), NWMPHN is also an active collaborator in several areas of foundational academic research.

This was well demonstrated in early 2022 when the *Medical Journal of Australia* accepted a paper co-authored by Janelle Devereux from NWMPHN, Seok Lim from Royal Melbourne Hospital, and Nicole Allard from cohealth, recounting their development of Victoria's first COVID-19 Positive Pathway for the effective management of pandemic patients.

At the end of the financial year, NWMPHN's Strengthening Care for Children (page 28) researcher Stephanie Germano was listed as a co-author on 2 papers under peer review at the *British Medical Journal*.

Earlier in the year, NWMPHN also formed part of the governance group that oversaw the development of quality improvement indicators for general practice, with a resulting paper published in the journal PLOS.

NWMPHN researchers also made presentations at major conferences, including at the Australian Practice Nurses Association Conference Roadshow in Melbourne in May 2022, and at the Overcoming Indigenous Family Violence Forum in February 2022.

Of note, too, was a presentation about COMPASS (page 52) – Australia's first online community of practice for child mental health. Jag Dhaliwal, NWMPHN's Executive Director, Service Development and Reform, and Professor Harriet Hiscock from the Murdoch Children's Research Institute, made the joint presentation at the Safer Care Victoria (Giant Steps) conference in May 2022. The co-designed COMPASS approach to supporting child mental health in the community has led to improved care for children and reduced referrals to mental health services.

NWMPHN's work in the family violence space (page 23) was also recognised internationally, with the New York State Office for the Prevention of Domestic Violence formally requesting that our video 'LGBTIQ+ People Talk About Their Experiences Accessing Health Care' be incorporated into its training module on gender-based violence.

Each year NWMPHN, along with Brisbane North Primary Health Network and the Australian Healthcare and Hospitals Association, bestows the Jeff Cheverton Memorial Scholarship on an early-career researcher working on a topic relevant to primary health, mental health, aged care, Aboriginal and Torres Strait Islander health or LGBTIQ+ health.

The 2022 recipient was Isabelle Schaefer, who is researching the standards of palliative care offered in NSW prisons.

Finally, NWMPHN Vaccine Preventable Conditions project officer Shinae Tobin-Salzman completed her Master's thesis, for which she was accorded the Deakin University Berni Murphy Award for the Top Project by a Master of Public Health Student.

The thesis, on asymptomatic SARS-CoV-2 infections, was under peer review at a major international journal at the time of writing, and so may be the first paper to continue NWMPHN's reputation for research excellence in the new financial year.

Shinae Tobin-Salzman, NWMPHN Vaccine Preventable Conditions project officer and Deakin University Berni Murphy Award winner. Photo: supplied

Board of Directors

NWMPHN operates under a parent company, Melbourne Primary Care Network, and its Board of Directors is our governing body. It is committed to our vision of ensuring that the health care needs of our community are met.

Our Board actively supports all our work, including our advocacy for critical improvements to the primary health system.

The Board comprised 8 members, led by Chair Dr Ines Rio, until the retirement of one of our founding directors, Nancy Hogan, in March 2022. Three new directors were appointed: Abiola Akinbiyi and Chien Ho were welcomed in July, and Nancy Huang joined in August 2022.

The Board brings together many years of expertise in health practice and management, public leadership and administration, finance and community services. It includes 2 general practitioners and one member of the Order of Australia.

The Board supports us in the implementation of our Strategic Framework, and also in the implementation of our 4 capability frameworks covering alcohol and other drugs, mental health, older adults, and primary care.

Each of these frameworks, also known as Strategic Staircases, describes the activities required to achieve our vision in the particular focus areas. They are critical elements of NWMPHN's overall strategic planning process, and are supported by detailed implementation and risk plans. This year we completed 75 per cent of the activities in our workplan (29 activities in total), with another 25 per cent postponed to the next financial year.

Melbourne Primary Care Network Board members, 2021–2022

Dr Ines Rio
Chair

Ms Nancy Hogan
Deputy Chair
(retired March 2022)

Mr Damian Ferrie
Deputy Chair

Dr Kathy Alexander
Director

Mr Robert Gerrand
Director

Mr Paul Montgomery
Director

Dr Catherine Hutton
Director

Ms Genevieve Overell AM
Director

Welcome to the new Board members

Ms Abiola Akinbiyi
Director

Dr Nancy Huang
Director

Dr Chien Ho
Director

Clinical Council

The Clinical Council plays an essential role in guiding NWMPHN's work. It provides key insight and feedback in our mission to strengthen primary health care and forge better interconnections across the system.

The Council was first established in 2015. It comprises 14 leaders from across primary and acute health services, including GPs, practice nurses, a maternal and child health nurse, a pharmacist, a psychologist, a physiotherapist, clinical directors and university professors. The group brings incredible expertise and insight across diverse areas including Aboriginal health, addiction and harm minimisation, older adults and multi-disiplinary care. It is chaired by Dr Ines Rio, who also chairs the Melbourne Primary Care Network Board of Directors.

The Council meets 4 times a year. It is tasked with responding to relevant issues, providing clinical insight and direction, and discussing health practitioner engagement. Between its meetings, it also provides additional insight and advice to ensure NWMPHN is kept abreast of emerging priorities.

The Council is also a window to the realities of professional life for those working in general practice, allied health and hospitals in our region.

This expertise and insight allow us to tailor and adapt our activities to better support the sector, including through targeted communications, commissioning, and advocating for reform directly to government when needed.

Long-time member of NWMPHN's Clinical Council Angelo Pricolo runs two pharmacies in the north western Melbourne region.

He has been in business for more than 20 years, and in 2008 was named Australian Pharmacist of the Year. He is a branch member of the Pharmacy Guild of Australia and Harm Minimisation Committee member of the Pharmaceutical Society of Australia. Angelo is also a sessional tutor at Monash University.

"When we look after a patient, we try and have the patient at the centre of the health care system and work in a multi-disciplinary team," he said.

"The reason I accepted the position in the council was because I think it's important that pharmacy has a voice in the primary care sector. I think that's the formula for the council – where we have professions and people with different backgrounds coming together.

Photo: Leigh Henningham

"Hopefully we can identify problems and issues and solve them – sometimes in novel ways, but hopefully in better ways."

Angelo Pricolo

Clinical Council members to 30 June 2022

- **Dr Ines Rio** – Chair; also Chair, MPCN Board
- **Dr Elizabeth Barson** – Head of Psychology, Peter MacCallum Cancer Centre
- **Associate Professor Yvonne Bonomo** – Director of Addiction Medicine, St Vincent's Hospital; Medical Head, Women's Alcohol and Drug Service, The Royal Women's Hospital; Chair, NWMPHN Alcohol and Other Drugs Expert Advisory Group
- **Professor John Catford** – Emeritus Professor, Chair in Health Development, Deakin University
- **Maureen Convey** – Maternal Child Health Nurse, Maribyrnong City Council
- **Dr Jon Cook** – Head of Unit, Addiction Medicine, Western Health
- **Dr Jagdeesh Singh Dhaliwal** – General Practitioner; Chair, NWMPHN Older Adults Expert Advisory Group
- **Kaye Frankcom** – Clinical and Counselling Psychologist, Independent Psychologist Practitioner; Chair, NWMPHN Mental Health Expert Advisory Group
- **Jenny Hunt** – Clinical Director, Victorian Aboriginal Health Service
- **Tung Le** – General Manager of Service Delivery, APMHA Healthcare; Chair, APMHA Healthcare Board
- **Angelo Pricolo** – Community Pharmacist; Brunswick Advantage Pharmacy; Branch Member, Pharmacy Guild of Australia; Harm Minimisation Committee Member, Pharmaceutical Society of Australia
- **Mark Round** – Physiotherapist and Managing Director, Symmetry Physiotherapy; Vice President, Australian Physiotherapy Association
- **Matthew Stewart** – Registered Nurse, Ranges Medical, New Gisborne; NWMPHN General Practice Expert Advisory Group
- **Belinda Tominc** – Registered Nurse, Royal Children's Hospital; North Melbourne Family Medical Centre
- **Dr Raymond Wen** – General Practitioner, East Brunswick Medical Centre; Chair, NWMPHN General Practice Expert Advisory Group

Dr Kathy Alexander. Photo: Julie Sucksmith

Community Council

Working with and listening to the community is one of the key ways we identify gaps in primary health delivery, and facilitate greater connections between services and consumers.

Our **Community Council** is an important element of this ongoing conversation. The Council has 12 or 13 members, which reflect different voices and concerns from the region. It provides insight and direction about the unique needs of the area, and underpins our principles and mechanisms for engaging consumers, carers, communities and service providers.

The Council acts as a focal point for regional community engagement and advocacy, supporting NWMPHN's objectives and work across the commissioning cycle. This has been particularly valuable over the past year, given the need to hear diverse impressions and ideas about the ongoing effects of the pandemic on daily life.

The Community Council is chaired by Dr Kathy Alexander (pictured above) following the retirement of Nancy Hogan.

An experienced hand: Dr Kathy Alexander

Newly appointed Chair of NWMPHN's Community Council Dr Kathy Alexander is highly experienced in the public and not-for-profit sectors.

She is a director of the Melbourne Primary Care Network, and has previously worked as CEO of the Royal Children's and Royal Women's hospitals in Victoria, and of other health services in South Australia. Among many other appointments she has also headed both the City of Melbourne and the City of Geelong.

"The purpose and role of these community councils is to advise the Board on issues that it needs to know – in regards to strategy, but also in terms of how we play our role to support primary care as well as we can," Dr Alexander said.

"These advisory councils are built into our governance structures, to advise us and comment on what it is we're doing, as well as designing, commissioning, purchasing and evaluating services. Not many other organisations actually have that built into their governance requirements.

"I think it's been incredibly helpful. I think it makes a huge difference to the way we play our role in primary care."

Community Council members to 30 June 2022

- **Dr Kathy Alexander** – Chair; Director, MPCN Board
- **James Atkinson** – CEO, Aboriginal Community Elders Services
- **Andrea Calleja** – Community Infrastructure and Service Planner, Melton City Council
- **Prof Helen Dickinson** – Professor of Public Service Research, UNSW Canberra
- **Marc Florio** – Independent consumer
- **Chris Gibbs** – Independent consumer
- **Kinda Haroun** – Community Volunteer and Leader
- **Dr Amrooha Hussain** – General Practitioner and Board Member of Muslim Health Professionals Australia
- **Joanne Kenny** – Local resident; Operations Director, North Eastern Public Health Unit
- **Bernice Murphy** – Manager, Centre for Culture, Ethnicity and Health
- **Maryanne Tadic** – General Manager, Healthy Communities, Merri Health
- **Danny Vadasz** – CEO, Health Issues Centre
- **Craig Wallace** – CEO, Victorian Mental Illness Awareness Council; NWMPHN Mental Health Expert Advisory Group

Expert advisory groups

Five expert advisory groups (EAGs) provide subject-matter expertise, advice and guidance for our work in key priority areas. They support NWMPHN's operational model and service design by focusing on safety, quality and integration.

The **General Practice EAG** comprises local GPs, nurses and practice managers. It plays a leading role in guiding our support for primary care and quality improvement initiatives, providing direct practitioner input across all our programs and activities.

The **Aboriginal Health**, **Alcohol and Other Drugs**, **Mental Health** and **Older Adults** EAGs comprise representatives from a range of clinical and service-user experts. They advise and support NWMPHN about service planning opportunities, and approaches to commissioning services. They also support community engagement and practitioner advocacy.

We are delighted that so many clinicians, community members and other experts have agreed to work with us, and thank them for their time and passion.

Expert Advisory Group members to June 30, 2022

Aboriginal Health

- **James Atkinson** (Chair) – Chief Executive Office, Aboriginal Community Elders Services Inc (ACES)
- **Leanne Brooke** – General Manager Indigenous Affairs Advisor, The Long Walk Essendon Football Club
- **Karen Bryant** – Senior Aboriginal Liaison Officer, Narrun Wilip-iin Aboriginal Support Unit, Northern Hospital
- **Jacara Egan** – Statewide Mental Health Social Work Educator, The Centre for Mental Health Learning
- **Matthew Lloyd** – Deputy Chief Aboriginal Health Advisor, Victorian Department of Health | Aboriginal Health Division
- **Sheree Lowe** – Executive Director, Social and Emotional Wellbeing, Victorian Aboriginal Controlled Community Health Organisation (VACCHO)

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
- **Abdi Aziz Farrah** – Executive Director, Care First Support Services
- **Jarrod McMaugh** – State Manager, Pharmaceutical Society of Australia
- **Dr Michael Aufgang** – General Practitioner, Meadows Medical Centre
- **Professor Nicole Lee** – Chief Executive Officer, 360Edge
- **Matthew Corbett** – Manager – Lived Experience & Advocacy, Self Help Addiction Resource Centre (SHARC)

General Practice

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

Mental Health

- **Kaye Frankcom** – Independent clinical and counselling psychologist
- **A/Prof Genevieve Pepin** – Occupational Therapist, Occupational Therapy Australia
- **Marie Piu** – Chief Executive Officer, Tandem Carers
- **Craig Wallace** – Chief Executive Officer, Victorian Mental Illness Awareness Council Inc
- **John Foley** – Acting Deputy CEO, Mental Health Victoria
- **Jo Rasmussen** – Mental Health Advocate and Lived Experience Consumer
- **Gehan Roberts** – Paediatrician, The Royal Children's Hospital
- **Lyn O'Grady** – Community Psychologist, Independent Psychologist Practitioner

Older Adults

- **Dr Jagdeesh Singh Dhaliwal** – Aged Care GP, Independent Practitioner
- **Dr Terence Ahern** – General Practitioner, Moreland General Practice
- **Josie Barbagallo** – Manager, North West Aged Care Assessment Service
- **Jenny Gowan** – Consultant Pharmacist, Gowan & Associates Pty Ltd
- **John Hall** – Partnerships Manager, Thorne Harbour Health
- **Sharon Kehoe** – General Manager – AHS Operational Performance, Bolton Clarke
- **Jiamin Liau** – Project Pharmacist, Aged Care Quality and Safety Commission
- **Dr Peter MacIsaac** – General Practitioner, Clinical Informatics Advisor/Consultant, Moreland West Medical Centre
- **Belinda Scott** – Director – Mental Health, Northern Health
- **Louise Taresch** – Nurse Manager – General Practice and Dermatology, Glass Street Medical Clinic

Lee Schleger, Work Health and Safety Coordinator, has been integral to NWMPHN for almost 10 years. In her new role, she is ensuring we all keep well and safe.
Photo: Julie Sucksmith

Our people: our greatest asset

We have been able to deliver an incredible portfolio of work to the community over 2021–22 through the efforts of an amazing group of people – our staff.

With working-from-home skills well-honed in the first year of the pandemic, staff quickly adapted to the new hybrid model, seamlessly switching and adapting to working partly at home and partly in the office, according to the latest government advice.

Our internal HR, Work Health and Safety, and Communications teams worked diligently to ensure we kept our staff updated on the latest government advice and what this would mean to the way we worked. This meant constantly reviewing and amending our COVID Safe protocols and updating our messaging and resources accordingly. Staff responded very positively about our communications, the flexibility and support provided to them, and the caring nature of our leaders. Even after official work-from-home government directives ceased, NWMPHN offered new Flexible Work Agreement arrangements to staff where this supported business requirements, including best practice and staff's individual needs, and after discussions with their manager.

The flexibility was embraced by the teams working on NWMPHN's new Enterprise Agreement (EA), certified by Fair Work in May 2022 following an overwhelming 'yes' vote in March 2022.

Some of the benefits of the new EA are significant increases to paid parental leave for primary and secondary carers, cultural leave for Aboriginal and Torres Strait Islander staff, increased paid family and domestic violence leave, and the introduction of a new type of leave, 'life leave', with up to 4 additional days per year for family, cultural or special celebrations, plus annual general pay increases across the 3 years of the agreement.

NWMPHN continues to run annual Staff Engagement Surveys through an external consulting organisation. The participation rate in the latest voluntary survey was an excellent 83 per cent, and results show that staff continue to be highly engaged compared to those working in other not-for-profit organisations.

As for many other organisations in the health sector, recruitment of high-calibre staff has been challenging over the past 12 months, with many industry professionals drawn to pandemic-related government roles.

Nevertheless, we have been able to continue to attract and retain a highly qualified and experienced team. There are good opportunities for job promotion and career progression within the organisation, with roles communicated and advertised internally and internal applications encouraged.

In the financial year, more than 25 per cent of roles were filled by internal candidates. Opportunities to step up to leadership positions are particularly encouraged to cover extended leave of managers, including annual leave and parental leave. Any internal candidates who are unsuccessful in selection processes are provided specific feedback on their application, which often opens opportunities for them to be involved in other projects and initiatives.

NWMPHN has a great range of social club and topic-specific interest groups and activities. These include those with a strong focus on health and wellbeing, such as 10,000-steps events, team-based challenges, yoga and meditation. Other initiatives have included 'lunch and learn', 'ask me anything' and 'lunch and watch' sessions, organised by the Culture Club, with topics including suicide prevention, transgender issues, accessing mental health services and human-centred design.

Reconciliation Action Plan: ensuring cultural safety

In 2021, NWMPHN launched its second Innovate Reconciliation Action Plan (RAP). A key action in the new plan, which continues to 2023, is undertaking a Cultural Safety Audit.

The audit is an opportunity for NWMPHN to better address cultural safety, risk management, governance and internal processes when working with Aboriginal and Torres Strait Islander people and communities.

In January 2022, Bundyi Girri Consulting was engaged to conduct the audit – a process that will run until September. At that stage, NWMPHN will submit recommendations for improving current internal processes, including advice for further improving cultural safety.

Maaike Wallace (left) and Alex Thomson from the Aboriginal Health Team in front of art by Dixon Patten of Bayila Creative.
Photo: Leigh Henningham

Internal quality improvement, auditing and accreditation

ISO 9001:2015 certification

In February 2022, NWMPHN underwent a surveillance audit against the ISO 9001:2015 standards by SAI Global. There were no minor or major non-conformances identified.

The audit found that NWMPHN:

- demonstrates that senior management provides leadership, commitment and understanding with respect to the Quality Management System
- demonstrates a commitment to ensuring customer satisfaction – gaining feedback and information from stakeholders
- has determined its risks and opportunities and has identified controls and treatments to mitigate risks
- conducts internal audits at planned intervals to ensure conformance to planned arrangements and the requirements of the ISO 9001:2015 standard.

Prompt: a new document management system

In June 2022, a new document management system, Prompt, was implemented to help manage NWMPHN's policies, procedures, forms and templates.

The system has built-in workflows, document ownership, approval processes, system notifications to review documents and reporting functions. Feedback from staff about the new system has been positive, with many noting its ease of navigation and how it improves access to document libraries, making working life easier and more enjoyable.

Rohan Watson, QMS Officer, and Melissa Elliott, Manager, Quality, Risk and Performance.

Photo: Julie Sucksmith

Members of the IPDS team: from left to right, back, middle and front: Ruben Hidalgo, Paul Waite, Ekin Masters, David Hack, Naveen Yadav, Brendon Wickham, Abdul Munam, Lee Patrick, Harpreet Gill, Sandra Henley-Smith and Ariana Mancarella.

Insights, performance and digital services

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Aligned to the NWMPHN strategic objectives, our vision is to capture, interpret and respectfully share data and insights that empower internal and external stakeholders to make evidence-based decisions that improve the health and wellbeing of those in our region.

Our Insights, Performance and Digital Service Team delivers this through 4 capabilities: planning and strategy, research and evaluation, data, analytics and reporting and information and communications technology (ICT) and system development.

Strengthening our internal ICT frameworks and governance

NWMPHN continues to make leaps and bounds in its capacity and capability in data, systems and analytics. In 2021, we reviewed and refreshed our ICT policies and procedures, including by developing a new cybersecurity framework, which helps reduce NWMPHN's exposure to cyber-attacks and promotes the governance and security of data collected and managed by us.

We also shared with providers our first set of live data-based reports. These support our quality improvement activities and performance monitoring – both key parts of our commissioning cycle.

Statewide GP Respiratory Clinic analytics

In September 2021, NWMPHN took on the lead role for General Practice Respiratory Clinic data collection and reporting processes. We are responsible for data collation, reporting, analysis and engagement with the Victorian Department of Health on behalf of all Victorian primary health networks (PHNs).

National Head to Health telephony, data and analytics services

In May 2022, after successfully leading the Victorian PHNs in the development of the Head to Health Intake and Assessment Data Management System, the Australian Department of Health appointed NWMPHN as the national Head to Health data, systems and analytics lead. NWMPHN became responsible for the Head to Health telephony system and for making the Head to Health Intake and Assessment Data Management System available to PHNs nationally.

To set up the national phone system, we engaged and supported all 31 PHNs to adopt the telephony system and developed comprehensive reporting that will be accessible to PHNs and Head to Health phone service teams. This will help them monitor and analyse calls.

We have also brought across 24 primary health networks to the Head to Health data management system, which gives us 75 per cent coverage of phone service and navigation data nationally. This will enable us to better understand the mental health needs of the community nationally and understand their benchmarking and quality improvement nationally, just as we have been doing across Victorian and NSW networks.

People Bank: listening to community voices

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.

The group was renewed and boosted during 2020–21 – a process that continued this financial year, with membership increasing substantially from 86 to 113.

An ad from a campaign to engage our local community in our HNA survey through People Bank.

Financial report

Melbourne Primary Care Network, the operating organisation for North Western Melbourne Primary Health Network, produces a full financial report each year. This report is submitted to the Australian Government and published on the NWMPHN website. View the 2021–2022 Financial Report: nwmphn.org.au/financial-report2022.

References

To access the hyperlinks throughout this document, please refer to the digital version of the Annual Report.

nwmphn.org.au/about-nwmphn/key-documents

Back Cover: Melinda Bucsko, Registered Nurse at Sunshine City GP Respiratory Clinic. Photo: Leigh Henningham

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